

PIMACH Project Progress Report

- **Name of Implementing Organisation: Freehearts Africa Reach Out**

Foundation (FAROF)

- **Project Title: Partnering to Effectively Strengthen the Primary Healthcare System for an Improved Maternal and Child Health in Kaduna State, Nigeria. (PIMACH)**
- **Project Location: Kaduna State, Nigeria**
- **Reporting period: January –December 2023**
- **Report Prepared by: Eunice Idan**
- **Date: 2nd January 2024**
- **Contact Details: no. 38 Gwari Avenue, Barnawa Kaduna**
 - **Email: info@farof.org**
 - **Phone: 07081333335**
- **Sign: Light A. Michael (SDM)**

Contents

ACKNOWLEDGMENT	2
1.0. STRATEGIC PROJECT PLANNING MEETING WITH MULTI STAKEHOLDERS IN KADUNA STATE	3
2.0. BUY-IN OF STAKEHOLDERS	5
2.1. CONTINUOUS ADVOCACY	5
2.1.1. ADVOCACY TO THE NASARAWA COMMUNITY COUNCIL	5
2.1.2. SANITATION OF PHC NASARAWA	6
2.1.3. ADVOCACY TO THE FARAKWAI COMMUNITY COUNCIL	6
2.1.4. ADVOCACY TO KADUNA AGRICULTURAL DEVELOPMENT AGENCY (KADA)	8
2.2. ONE DAY SENSITIZATION WORKSHOP FOR COMMUNITY LEADERS ON FISTULA AWARENESS AND CONTRACEPTIVE USE	8
3.0. FOLLOW UP MEETINGS	11
4.0. RENOVATION OF PRIMARY HEALTH CARE DELIVERY ROOMS	14
4.1. PRE-ASSESSMENT VISITS TO PRIMARY HEALTHCARE CENTRES.	14
4.2. RELAUNCHING OF PHC RAFINGUZA AND PHC NASARAWA DELIVERY ROOM	17
4.3. OUTCOME FROM THE RELAUNCHING OF PHCs DELIVERY ROOM	21
4.4. TY DANJUMA TEAM VISIT	21
5.0. IMPROVE UNDER 5-YEAR MALNUTRITION AND THE PREVENTION OF MALNUTRITION IN PREGNANT AND BREASTFEEDING MOTHERS	22
5.1. ASSESSMENT OF ELIGIBLE PHCs FOR NUTRITION SUPPORT	22
5.2. COMMUNITY OUTREACH FOR THE IDENTIFICATION OF MALNOURISHED CHILDREN	23
5.3. DISTRIBUTION OF THERAPEUTIC FOOD/MICRONUTRIENT POWDERS AND/OR FORTIFICATION OF COMPLEMENTARY FOODS:	24
5.4. SUSTAINABILITY:	26
5.4.1. DISTRIBUTION OF VITAMIN A MAIZE SEEDLING	26
5.4.2. ONE DAY TRAINING FOR VULNERABLE MOTHERS WITH MALNOURISHED UNDER-FIVE YEAR OLD CHILDREN & HEAD OF NUTRITION CORNERS AT PHC LEVEL	27
6.0. INCREASE THE PHC ATTENDANCE OF WOMEN BY 85%	28
6.1. VULNERABLE WOMEN ASSESSMENT	28
6.2. DISTRIBUTION OF DELIVERY KITS AND NIGERIAN BREWERIES PRODUCTS.	29
6.2.1. Distribution of Delivery kits	29
6.2.2. Distribution of Maltina drinks	29
7.0. STRENGTHENING THE REFERRAL SYSTEM FOR AN IMPROVED ACCESS TO THE NEAREST HEALTH FACILITY IN KADUNA STATE	31
8.0. MONITORING	31
8.1. FARM SITE VISIT	31
8.1.1. MONITORING VISIT BY FAROF TEAM TO BENEFICIARIES' FARMS (VITAMIN A MAIZE FARM)	31
8.1.2. VITAMIN A MAIZE FARM MONITORING VISIT (HARVEST)	32
APPENDIX A-UTILIZATION OF ETS	35
APPENDIX B-MONTHLY ANTENATAL CLINIC AND DELIVERY REPORT	36
APPENDIX C-RESULTS ACHIEVED FROM THE IMPLEMENTED ACTIVITIES (CONSISTENT WITH THE INDICATORS FOR EACH PROJECT).	0
APPENDIX D-SUCCESS STORIES	0
APPENDIX E-LESSONS LEARNT	3
ANNEX A PICTURE GALLERY	4
ANNEX B-ANTENATAL REPORTING TOOL	8
ANNEX C. VULNERABLE PREGNANT WOMEN ASSESSMENT CARD	15

ACKNOWLEDGMENT

We wish to appreciate the management of the **TY Danjuma Foundation** for providing the financial grants towards the actualization of this project; the **Nigeria Breweries plc** for supporting Antenatal care activities through the provision of Maltina drinks; and, the Kaduna state Ministry of Health and the Kaduna **state primary health care board** for supporting project through supportive supervision.

. We also wish to use this medium to appreciate our able Patrons and the staff of FAROF, including community stakeholder for making the project a success, while owning it with deep sense of commitment and responsibility.

List of summarised activities implemented during this period 2023:

1.0. STRATEGIC PROJECT PLANNING MEETING WITH MULTI STAKEHOLDERS IN KADUNA STATE

The strategic planning meeting held with multi-stakeholders in Kaduna state was held on 1st February, 2023. In attendance at the meeting were stakeholders drawn from the Kaduna State Primary Healthcare Board, CIHP and representatives from the Nigerian Breweries and Kimberly Clark. The meeting commenced at 10: 23 am, in attendance were 8 females and 9 males (17 persons). The following were the outcomes of the meeting:

- ❖ The audience broadly endorsed the approach of channelling resources through government systems as well as the proposed collaboration between public-private organizations such as NBplc, Kimberly Clark Corporation and others.
- ❖ The need to link the initiative to related ongoing or future MNCH initiatives was also emphasized with strong effort of collaboration towards the attainment of its goals and objectives.
- ❖ Another contribution stressed the importance of MNCH related capacity building in general at the grassroots and state level in particular. In that regard, comprehensive tools are needed to empower frontline health workers, including TBAs in ensuring safer child birth.
- ❖ The high maintenance costs of labour rooms and infrastructures in the PHCs were mentioned as an optimal importance.
- ❖ The need to improve the management of PHCs in order to maintain or increase the delivery services they provide is a very important sustainability issue for the PIMACH project.
- ❖ Capacity building for healthcare workers should be top priority to minimize the negative attitude of healthcare workers and improve interpersonal relationship between the healthcare workers and the clients to improve the quality of service rendered at the primary healthcare facility level.

Regarding the future management of the project, the following preliminary structure was endorsed for working purposes

- ❖ The Primary Health care board will work closely with FAROF to visit the primary healthcare centres to identify facilities whose labour rooms are eligible for renovation.
- ❖ The officials of the state primary healthcare board pledged to visit some of the facilities to assess the delivery rooms for the state support

- ❖ The community engagement person of the primary Healthcare board (Mrs. Adetoun Akor) will serve as the focal person for FAROF, she will serve as a link between FAROF and the community from the Local Government to the Ward level.
- ❖ FAROF is to set up a meeting with the nutrition focal person (Mr. Adams George) for the nutrition/Malnutrition activities to be implemented and for continuous strengthening of the nutritional arms of the PIMACH Project.
- ❖ The project's work plan should be shared with the Primary Healthcare Board for alignment with the Board's activities for the year.
- ❖ FAROF to continue to share reports on the challenges with the ETS with recommendations.
- ❖ The primary healthcare board will conduct a high-level discussion concerning the ETS and give FAROF feedback on or before March 2023.
- ❖ PIMACH Project Data and achievements should be shared with the Board on a monthly or quarterly basis.

The PIMACH team will organize follow up meetings with stakeholders such as the CIHP, Nigeria breweries, Nutrition officer (ASNO), SCEFP and representatives from other identified partners.



2.0. BUY-IN OF STAKEHOLDERS

This objective under this PIMACH Project will pull diverse community stakeholders including religious, traditional and influential leaders, men and husbands, facility Managers to work together towards improving access to integrated MNCH services, such as antenatal care ANC, Child Nutrition, contraceptive use and Facility delivery in Kaduna state

2.1. CONTINUOUS ADVOCACY

2.1.1. Advocacy to the Nasarawa Community Council

FAROF team paid an advocacy to the Nasarawa community traditional council (Chikun Local Government Area) on 13th April, 2023. The meeting commenced at 11:15 am, in attendance were 3 females and 6 males (9 persons). The FAROF team led by the strategic development manager intimated the council members of the PIMACH project and the roles of the council in sanitizing the environment around PHC Nasarawa before the commencement of the renovation of the delivery room, the dumping ground around the clinic will need to be cleared to provide a safe and hygienic environment for women to deliver. The CEO of FAROF suggested that the community members should be engaged for the clean-up, the community town crier should make announcement for the community members to desist from disposing waste close to the clinic and a fine should be set for defaulters. The community leaders pledged to immediately proceed with implementation. As regards the Emergency Transport System (ETS), the community leaders will raise the funds needed for the repairs and also the MOU signed by the Local Government Chairman will have to be retrieved and given to FAROF before the ETS will be released to the community for repairs to commence. FAROF will also pilot a nutrition program in the community with the provision of Wonder Food for the treatment of moderate acute malnutrition, farmers within the community especially women will be trained and provided with bio-fortified maize seedlings and orange fleshed potatoes vines for the prevention of malnutrition in families. The community leaders promised to provide a farming space for the farmers.



2.1.2. Sanitation of PHC Nasarawa

The community members of Nasarawa carried out a sanitation exercise to clean up the environment surrounding the facility following the outcome of the meeting with the community leaders.





2.1.3. Advocacy to the Farakwai Community council

- FAROF team paid a courtesy call to the Farakwai community council on 26th April, 2023 (Igabi Local Government Area). The meeting commenced at 11:30 am, in attendance were 4 females and 3 males (7 persons).
- The FAROF team led by the Strategic Development Manager intimated the council members on the PIMACH project and the roles of the council in the project, the team was received by the village head of Farakwai.
- The meeting commenced with the discussion on the repair of the ETS (Emergency Transport System) stationed at PHC Farakwai, FAROF made the community leaders aware that if the ETS is not fixed by the end of June, it will be retrieved from the community and it will be given to another community that is willing to fix it, the Ward Development Community chairman promised that the community will raise funds for the ETS to be fixed for its continuous usage in the community.
- A quotation was given to them through FAROF by the company in Kaduna that will do all the major repairs on the ETS. On nutrition, the community leaders promised to provide the farmland for the cultivation of the fortified grains.
- FAROF will engage the community volunteers for the identification of severe and moderate malnutrition in children in Farakwai

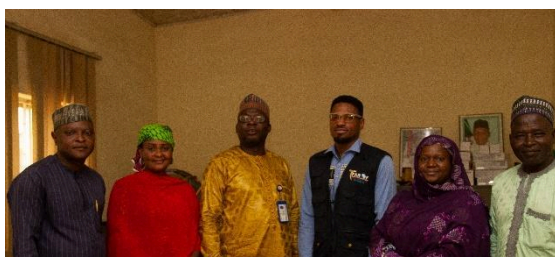
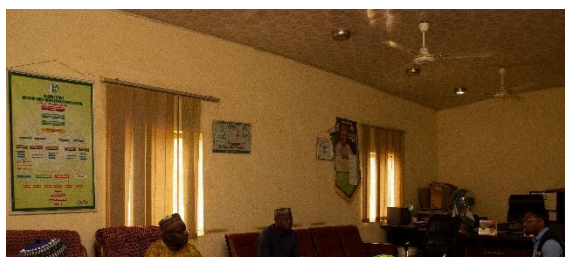
community to be placed on treatment using therapeutic food provided by FAROF. The community farmers will also be trained and given seedlings of bio-fortified grains and orange fleshed potatoes vines to be planted in the community for the prevention of nutrition in the community and also as a sustainability plan for the nutrition program.

- The major challenge faced by FAROF at Igabi Local Government Area is the lack of proper hand over, the new reproductive coordinator is not aware of FAROF nor its project in Igabi Local Government Area.



2.1.4. Advocacy to Kaduna Agricultural Development Agency (KADA)

The FAROF team led by the Strategic Development Manager paid an advocacy to the Kaduna Agricultural Development Agency on 22nd May, 2023. The meeting had 7 persons in attendance comprising of 3 females and 4 males. In attendance at the meeting were the General Manager KADA, the Director and the deputy KADA, the head, women in Agriculture and her assistant. The General Manager commended FAROF for the engagement of small scale farmers and for partnering with small scale and Nigerian businesses for the acquisition of the micronutrients. They made a commitment to provide FAROF with all the needed support especially in the provision of the vines for the orange fleshed potatoes and the seedlings for the vitamin A corn, they will also provide support in the area of trainings for the farmers and they will also be part of the technical working group. They also commended FAROF's approach that will encourage value addition and also encourage not just the farming of the crops but also consumption for an improved nutrition in the community.



2.2. One Day Sensitization Workshop For Community Leaders On Fistula Awareness And Contraceptive Use

A one-day sensitization workshop on engaging community leaders as advocates for contraceptive use and fistula prevention for an improved maternal health in Kaduna State was carried out for community leaders in Rafinguza and Nasarawa. The workshop was held on 2nd and 3rd August, 2023 at the Rafinguza, Government Secondary School Hall and the Nasarawa village head's palace. A total of 50 community leaders were in attendance comprising of 15 females and 35 males at both Nasarawa and Rafinguza communities. It was an engaging session with a lot of questions and comments from the community leaders.

The following were the outcome of the training.

- Early marriage is one of the major causes of Fistula, therefore, community leaders will raise awareness on the dangers of early marriage.
- The community leaders will set up laws at the community level to prevent early marriage and ensure the implementation of such laws within the community.
- The women community leaders who are members of the Ward Development Committee (WDC) will carry out a step-down training during their next monthly meeting.
- The community leaders agreed to raise awareness in the mosque and within the community on the value of contraceptive use and all the leaders present will encourage their wives to go to the clinic for counselling and family planning uptake.





3.0. FOLLOW UP MEETINGS

FAROF carried several follow up meetings concerning the repair of the ETS donated to Farakwai and Nasarawa community in both Chikun and Igabi Local Government Areas respectively. The first point of call was the Health Secretary, Chikun Local Government Area, the Meeting with the Health Secretary, Chikun Local Government Area was held on 8th May 2023, 7 females and 2 males (9 persons) were in attendance at the meeting. The Health secretary was not aware of the deadline that was fixed for the repair of ETS that was set during the planning meeting with the Kaduna State Primary Healthcare Board due to a lack of communication from the Primary Healthcare Board, the following were the outcome of the meeting;

- The community leaders represented by the Ward Development committee pledged to fix the ETS within the stipulated time, that is, the end of June 2023.
- Part of the fund for the repair of the ETS will be requested from the basic healthcare provision fund.
- The community leaders will also raise the remaining funds through donations from community members.
- The quotation from the company that will do the repairs has been shared to the facility management and the community leaders.
- The Health Secretary promised FAROF that the ETS will be fixed before the end of June 2023.

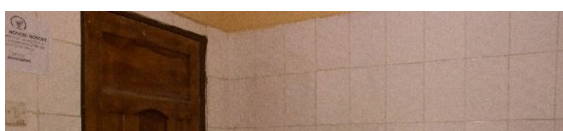


FAROF proceeded to a meeting with the Director, Maternal and Child Health, Kaduna Primary Healthcare Board. The meeting was to follow up on the repairs of the ambulances and also to address the challenge of lack of proper handover and miscommunication between the Primary Healthcare Board, the PHCs and the local government, why FAROF has not been invited to the quarterly meetings with other CSOs. The following were the outcomes of the meeting:

- The director called for a virtual meeting to be organized by the State Reproductive Health coordinator inviting all the local government reproductive Health coordinators for a training on the overview of FAROF and all her interventions in the state.
- The reproductive health coordinator will also follow up on the facilities and the communities on the repair of the ETS within the stipulated time.
- FAROF will support the Primary Healthcare Board to carry out the Technical Working Group meeting.
- The date for the relaunching of the labour room was set for Tuesday, 16th May, 2023.



- The team proceeded to the office of the state Nutrition Officer, Kaduna Primary Healthcare Board and she explained that the reason why the RUTF sometimes runs out of stock is because it is imported. The nutrition officer shared with FAROF the contact details of the desk officer of the Kaduna Agricultural Development Agency (KADA) for FAROF to schedule an advocacy and also officers at Global Alliance for Improved Nutrition (GAIN). The need for more community volunteers at Farakwai was discussed, there are only five community volunteers working with PHC Farakwai as against the thirty volunteers working with PHC Nasarawa. There are 8100 community volunteers that have been trained on CMAM and the feeding program, some of the volunteers are not active due to lack of remuneration provided by the state.



- A meeting was also held at the office of the State reproductive health coordinators office, the objective of the meeting was to follow up on the meeting with the reproductive health coordinators, and a zoom meeting was set for Tuesday 9th May, 2023. A link will be shared with all the reproductive health coordinators across the 4 local government areas. The in-person technical working group meeting supported by FAROF is scheduled for June 2023.



- Virtual Meeting with the reproductive health coordinators was held on 9th May 2023 via zoom. The meeting had 7 persons in attendance comprising of 6 females and 1 male. The objective of the meeting was to give an overview of FAROF and its activities in Kaduna state. The strategic Development Manager of FAROF gave an overview of FAROF, followed by a discussion on the repairs of the ETS. The ETS at PHC Television will be moved to a hard to reach community, the reproductive health coordinator asked that they should be given time and if the ETS is still underutilized then it can be moved to a different location.

4.0. RENOVATION OF PRIMARY HEALTH CARE DELEVERY ROOMS

As part of the **PIMACH Project Objective** of renovating 12 Primary Health care located in hard to reach and underserved communities of Kaduna state, we carried out the following activities:

4.1. Pre-Assessment Visits To Primary Healthcare Centres.

Assessment of Primary Healthcare Centres Delivery Rooms

The FAROF team with the support of the Kaduna State Primary Healthcare Board represented by the Local Government Reproductive Health Coordinators carried out various assessment visits to the primary healthcare centres to inspect some targeted Labour rooms before the renovation. Some of the Labour rooms of some facilities visited were: PHC Rafingusa, PHC farakwai, PHC television, PHC Nasarawa, PHC sabo gari, PHC Badarawa.

The objective of the visit was to assess the eligibility of the facility for the renovation and equipping of the delivery room.

- The team paid a visit to Primary Healthcare Centre Nasarawa, Chikun Local Government Area to assess the eligibility of the facility for the renovation and equipping of the delivery room and also to assess the nutrition program available in the facility.

- From PHC Nasarawa, the team proceeded to PHC Sabon Gari Chikun Local Government Area to assess the eligibility of the facility for the renovation of its delivery room, it was decided after the assessment that the facility is not eligible for the renovation



due to some factors such as; the facility is in a temporary site, the delivery room at the facility is not conducive for delivery. The outcome of the visit is the facility management will pay an advocacy to some of the industries and companies situated around the facility to raise funds for the renovation of the facility and FAROF will partner with them for the advocacy when a letter is sent and a date is fixed.

- The team visited PHC Farakwai to assess the eligibility of its delivery for renovation, renovation cannot commence immediately as the

facility will be moving to another location, renovation will commence immediately FAROF is notified of the relocation.

NASARAWA FACILITY DELIVERY ROOM ASSESSMENT VISITS



FARAKWAI FACILITY DELIVERY ROOM ASSESSMENT VISITS



RAFINGUSA FACILITY DELIVERY ROOM ASSESSMENT VISITS



4.2. Relaunching of PHC Rafinguza and PHC Nasarawa Delivery Room

The Kaduna State Primary Healthcare Board commended FAROF for the renovation and equipping for the delivery rooms, they are particularly grateful for the provision of the suction machine and the oxygen cylinder with its accessories to both the PHC Nasarawa and PHC Rafinguza and a very welcome innovation as it will be recorded as the first PHC in the entire Kaduna state to have oxygen in case of emergency to prevent asphyxiation in the mother and child. (Source: Kaduna state primary health care Board).



LAUNCHING AT NASARAWA PHC



LAUNCHING AT RAFINGUZA PHC

LABOUR ROOM ITEMS



HERE ARE IMAGES OF DELIVERY ROOMS BEFORE AND AFTER
THE RENOVATION

RAFINGUSA PHC



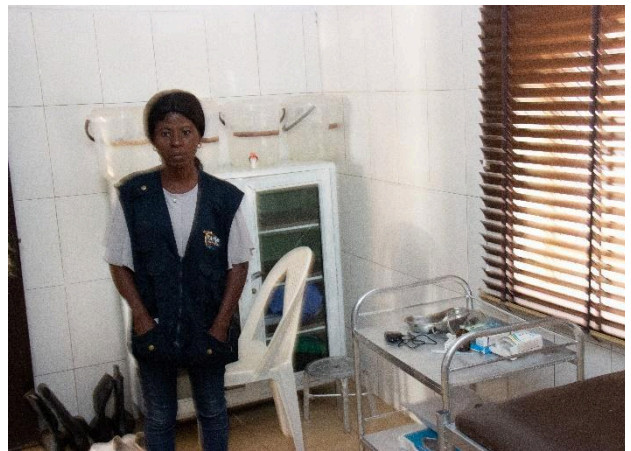
BEFORE



AFTER



BEFORE



AFTER



BEFORE



AFTER



**IMAGE DURING THE REFURBLISHMENT OF DELIVERY BEDS AT
REFANGUZA PHC**

NASARWA PHC

BEFORE



AFTER



BEFORE



AFTER



BEFORE



AFTER



**VISIT BY REPRESENTATIVE FROM THE KADUNA STATE
PRIMARY HEALTH CARE BOARD & COMMUNITY HEAD**

4.3. OUTCOME from the Relaunching of PHCs delivery room

The relaunching of the delivery room at PHC Rafinguza was held on 27th June, 2023. In attendance at the event were the CEO of FAROF, the TY Danjuma Foundation team led by the CEO, representatives from the Kaduna State Primary Healthcare Board, representatives of the Nigerian Breweries, the Rafinguza Ward Development Committee and the facility staff.

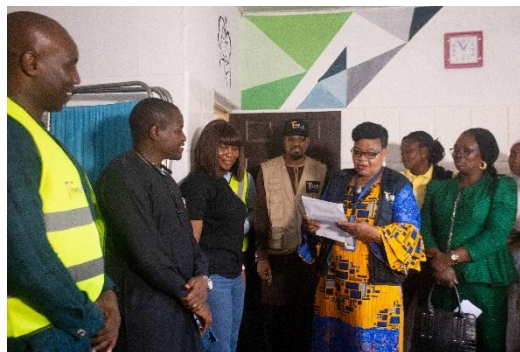
- The CEO of FAROF handed over the renovated delivery room and equipment to the Kaduna State Primary Healthcare Board who in turn handed it over to the community leaders and the facility.
- The following Equipment such as the suction machine, oxygen cylinder and its accessories, baby weighing scale, window blinds, notice board, refurbishment of delivery beds and others fixtures were donated to the facility.

- The community leaders, the Kaduna State Primary Healthcare Board, the Local Government and the facility management signed an MOU to ensure the maintenance of the delivery room.
- The Kaduna State Primary Healthcare Board will take up the responsibility of training the staff on the use of the oxygen and the suction machine.

4.4. TY Danjuma Team Visit

The TY Danjuma team carried out a monitoring visit on 26th and 27th June, 2023:

- The team comprising of the programs and media team carried out a documentary on the PIMACH project being implemented by FAROF at PHC Nasarawa and PHC Rafinguza.
- During the visit to PHC Rafinguza, the team led by the CEO, TY Danjuma Foundation, Mr. Gima attended the relaunching of the renovated PHC Rafinguza delivery room.
- The FAROF monitoring team in partnership with the TY Danjuma team paid a visit to assess the growth of the vitamin A maize distributed to farmers in Nasarawa and Rafinguza communities.



5.0. IMPROVE UNDER 5-YEAR MALNUTRITION AND THE PREVENTION OF MALNUTRITION IN PREGNANT AND BREASTFEEDING MOTHERS

5.1. Assessment of Eligible PHCs for nutrition support

The objective of the visit was to assess the eligibility of the facility for Nutritional support

The team paid a visit to Primary Healthcare Centre Nasarawa, Chikun Local Government Area to assess their eligibility. During the visit, the team had a meeting with the facility nutrition officer, who made the team aware that nutrition clinic is carried out every Monday at the facility and they carry out monthly community outreaches for screening. The facility is a Community Based Management of Acute Malnutrition (CMAM) site, where they distribute the Ready to Eat Therapeutic Food (RUTF) but for very severe cases they refer to a secondary facility for treatment.



From PHC Nasarawa, the team proceeded to PHC Sabon Gari Chikun Local Government Area, in regards to nutrition, they only refer the patients to PHC Nasarawa because the facility is not a CMAM site and they do not carry out community outreach for the identification of malnourished children within the community.

The team visited PHC Farakwai, the facility is not a CMAM site, patients are referred to PHC Jaji for treatment and currently there is no nutrition officer at the facility.

5.2. Community Outreach For The Identification Of Malnourished Children

FAROF carried out a community outreach in Nasarawa and Rafingusa community on **29th March-2nd May 2023**.

- The team along with the Nutrition officers of PHC Nasarawa and some community volunteers carried out a house to house assessment and screening of under 5-year-old children within Nasarawa community.
- Out of 277 children assessed at specific locations, a total of 100 malnourished children were identified during FAROF's screening and assessment exercise and were enrolled for treatment.
- During the visit, 59 children were identified with moderate acute malnutrition and others were severe acute malnutrition.

- The children were immediately enrolled for treatment at PHC Nasarawa and Rafingusa for treatment using the wonder food and micronutrients for moderate acute malnutrition provided by FAROF.



5.3. Distribution of therapeutic food/Micronutrient powders and/or fortification of complementary foods:

A total of 100 malnourished children were identified during FAROF's screening and assessment exercise and were enrolled for treatment under this Project in the month of March-May 2023.

- FAROF began the distribution of Wonder Food Cereal produced by **LUTAM Farms** and Micronutrients by **Cognito** to malnourished children at PHC Nasarawa, the wonder food cereal was distributed for the treatment of moderate acute malnutrition. FAROF continued with the distribution of wonder food and micronutrients for the treatment of under 5 moderate acute malnutrition.
- **Wonder food Cereal and Micronutrient powders** were distributed to screened and identified malnourished children at PHC Nasarawa and PHC Rafinguza., while through strengthened partnership;
- **Ready to Use Therapeutic Food (RUTF)** were provided for distribution by the Kaduna State Primary Healthcare Board base on availability.

5.3.1. Administration Strategies of WFC:

- Those measuring less than 10.5cm on the MUAC tape continued treatment with the RUTF while those measuring at

10.50cm or more on the MUAC tape were switched to the **Wonder Food Cereal**, while new patients measuring above 10.5cm were placed on treatment using the **Wonder Food Cereal-WFC**

- The WFC is bag in 1kg pack, which is meant to last for 5 days (at 200g consumption per day for a child), using the approach of mother returning to the facility every Friday for a refill; in addition, 5 pieces of the micronutrients were also given to mothers on a weekly basis, whereby she is to return all empty sachets to the facility for a refill. This approach is to strengthen monitoring and to ensure good success towards the reduction of under 5-year malnutrition in Kaduna State.

5.3.2. Challenges:

The children with severe acute malnutrition were not placed on treatment the same day due to the unavailability of the RUTF at the state and local government level. Another challenge faced by the staff in the treatment of the treatment of malnutrition in Nasarawa and Rafingusa community was the lack of adherence to treatment by some of the parents.





Table showing under-five year old malnourished children treated and recovered from May to December 2023:

FACILITY	No of malnourished children identified	No of those on treatment using RUTF	No of those who received treatment using wonder food	No of fully recovered
PHC Nasarawa	51	28	23	51
PHC Rafinguza	49	13	36	49
Total	100	41	59	100

5.4. Sustainability:

As part of our measure for sustainability, Mothers with Malnourished children were provided with Vitamin A seedlings for Planting and transition training.

5.4.1. Distribution of Vitamin A Maize Seedling

Through the strengthened partnership with **LUTAM farms who supported project with Pro-Vitamin A maize seedling**, FAROF team in partnership with the community volunteers distributed the Pro-Vitamin A maize seedling to women with malnourished children and farmers in Nasarawa and Rafinguza communities. The team held a meeting with the community farmers of Nasarawa where the seedlings were also distributed to the farmers. The objective of the distribution is for the sustainability of the nutrition program. The seeds will be planted in the

community so as to have the vitamin A maize readily available in the community for the prevention of malnutrition in children.

- A total of 16 farmers were given vitamin A maize seedling comprising of 8 community farmers and 8 mothers of malnourished children in Nasarawa community.
- A total of 30 women farmers were given the vitamin A maize seedling in Rafinguza community comprising of 15 community volunteers and 15 mothers of malnourished children, the community volunteers in Rafinguza community were paired with the mothers and they continued the monitoring of the mothers to ensure the farm is well maintained.

The farmers agreed to remit some quantity of the grains after harvest for accountability purpose and for the seeds to be readily available for the next farming season



PHC NASARAWA



PHC RAFNGUZA



5.4.2. One-day training for Vulnerable Mothers with Malnourished under-five year old Children & head of Nutrition Corners at PHC Level

- A total of 56 vulnerable mothers with malnourished under-five children and head of nutrition corner were trained on how to use staple food to make ready-to-use complementary food (RUTF) at PHC Nasarawa and PHC Rafinguza respectively.
- The women were trained to use readily available staple foods such as soya beans, maize and groundnut to make complementary food for their children.
- The beneficiaries were trained on the use of the 6:3:1 ratio (60% Maize, 30% soyabeans and 10% groundnut)
- They were also given refresher training on good hygiene practice and the proper method of preparation of the wonder food with practical sessions facilitated by one of the women.

The outcome of the training:

- The women have agreed to hygienically prepare their children food by ensuring the washing and drying of grains before processing;
- Ensure to dispose any left over of meals served to their children;
- Ensured to use the 6:3:1 ratio for the preparation of the tom brown meal



For more impact stories under this Activities/objectives kindly visit <https://farof.org/success-stories/> or any of our social media platforms on: [instagram@freeheartsafrica](#), [facebook@farofnigeria](#), and [Youtube page @ farofnigeria](#)

6.0. INCREASE THE PHC ATTENDANCE OF WOMEN BY 85%

As part of the **PIMACH Project Objective** which is to Increase the attendance of women by 85% “at least 10, 000 expectant mothers” to Antenatal care and child birth by skilled attendants at the facility level in fifteen (15) Communities of Kaduna state.

6.1. Vulnerable Women Assessment

Assessments were carried out during ANC before distribution of delivery kits at the various facilities to assess the number of vulnerable women among the pregnant women who have attended 75% of ANC on their 6th or 7th visit. A total of 380 vulnerable pregnant women were identified;

Month	No. of vulnerable women			
	PHC Nasarawa	PHC Farakwai	PHC Television	PHC Rafinguza
February	7	11	8	10
March	10	12	10	10
April	9	10	8	9
May	8	11	6	9
June	9	9	7	8
July	10	11	9	10
August	11	11	10	13
September	11	12	9	11
October	6	10	5	5
November	6	8	4	7
December	5	5	5	5
Total	92	110	81	97

6.2. Distribution Of Delivery Kits And Nigerian Breweries Products.

Delivery kits were distributed to vulnerable pregnant women following data collected at the Primary Healthcare centres and the vulnerable pregnant women assessment carried out by FAROF.

6.2.1. **Distribution of Delivery kits** were distributed to vulnerable pregnant women who attended 75% of Antenatal Clinic (ANC) on their 6th or 7th visit, the delivery kits with the names of the women written on it were handed over to the facility to be kept at the facility to ensure that the women return the facility for delivery.

To encourage more vulnerable women to deliver at the facility, FAROF is also providing baby clothes for the mothers that cannot afford to buy them.

Delivery kits were distributed to women at PHC Nasarawa, PHC Farakwai, PHC Rafinguza and PHC

Television. A total of 380 delivery kits were distributed from January to December 2023.

6.2.2. **Distribution of Maltina drinks** from the **Nigerian Breweries plc** were also distributed to the women during antenatal clinic, a total of 1248 Maltina drinks have been distributed during antenatal clinic across the facilities from January to December, 2023.



Figure 1. The chart below shows the distribution of delivery kits across the facilities

Distribution of delivery kits

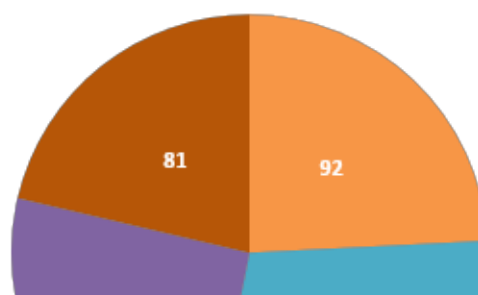
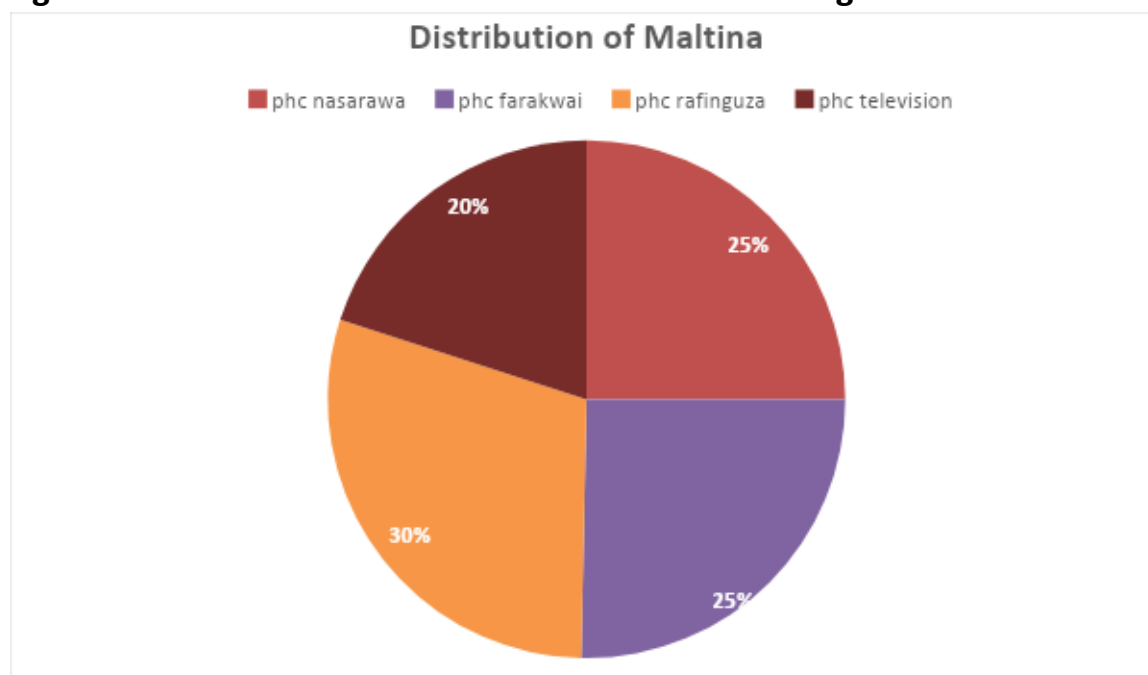


Figure 2. The chart below shows the distribution of Nigerian Breweries Products



7.0. STRENGTHENING THE REFERRAL SYSTEM FOR AN IMPROVED ACCESS TO THE NEAREST HEALTH FACILITY IN KADUNA STATE

The objective which is to refer/link/escort at least 10,000 pregnant women and newborn across targeted Local Government Areas LGAs to take up Antenatal care service, PMTCT service, Childbirth and, timely immunization for under 2years at the facility level.

FAROF team supported the distribution of quarterly performance incentives to 33 mothers who's under 2years child have received all required dosage of Vaccine from May to December 2023

Challenges: We were unable to support larger volume of women due to the limited budget and prospective partner who we are currently advocating for their investment to support activities

8.0. MONITORING

8.1. FARM Site Visit

8.1.1. Monitoring Visit by FAROF Team To Beneficiaries' Farms (Vitamin A Maize Farm)

The FAROF monitoring team paid a visit to assess the growth of the vitamin A maize distributed to farmers in Nasarawa and Rafinguza communities.



Vitamin A maize farm Nasarawa

8.1.2. Vitamin A Maize Farm Monitoring Visit (Harvest)

The FAROF team visited the Vitamin A maize farm in Nasarawa and Rafinguza communities to monitor the harvest of the crops. Some of the women farmers harvested their maize earlier because the maize was being stolen. The women brought some of the maize they harvested to the facility to be stored for distribution in the next farming season.

Videos available on **Youtube** page: [@FAROFNIGERIA](#)
and on **Instagram**: [@freeheartsafrica](#)



APPENDIX A–UTILIZATION OF ETS

A total of 422 women used the ETS at both PHC Rafinguza and PHC Television from January to December, 2023.

Month	Number of women who utilized ETS	
	PHC Rafinguza	PHC Television
January	30	29
February	28	26
March	35	23
April	33	30
June	15	14
July	11	14
August	20	18
September	16	12
October	12	10
November	14	13
December	10	9
Total	224	198



Beneficiaries of Mothers who used ETS

APPENDIX B-MONTHLY ANTENATAL CLINIC AND DELIVERY REPORT

PHC Rafinguza

Month	No of new ANC (New uptake)	No. Of revisit	No of deliveries
January	58		25
February	72	163	28
March	77	154	30
April	63	127	25
May	102	123	31
June	44	60	35
July	34	71	30
August	57	97	38
September	85	119	40
October	45	136	34
November	38	115	39
December	26	72	30
Total	701	1237	355

PHC Nasarawa

Month	No of new ANC (New uptake)	No. Of revisit	No of deliveries
January	40		23
February	18	67	25
March	31	77	18
April	36	64	19
May	54	95	26
June	38	88	35
July	65	104	29
August	26	48	32
September	29	55	33
October	31	96	25
November	28	86	28

December	25	78	24
Total	431	858	317

PHC Television

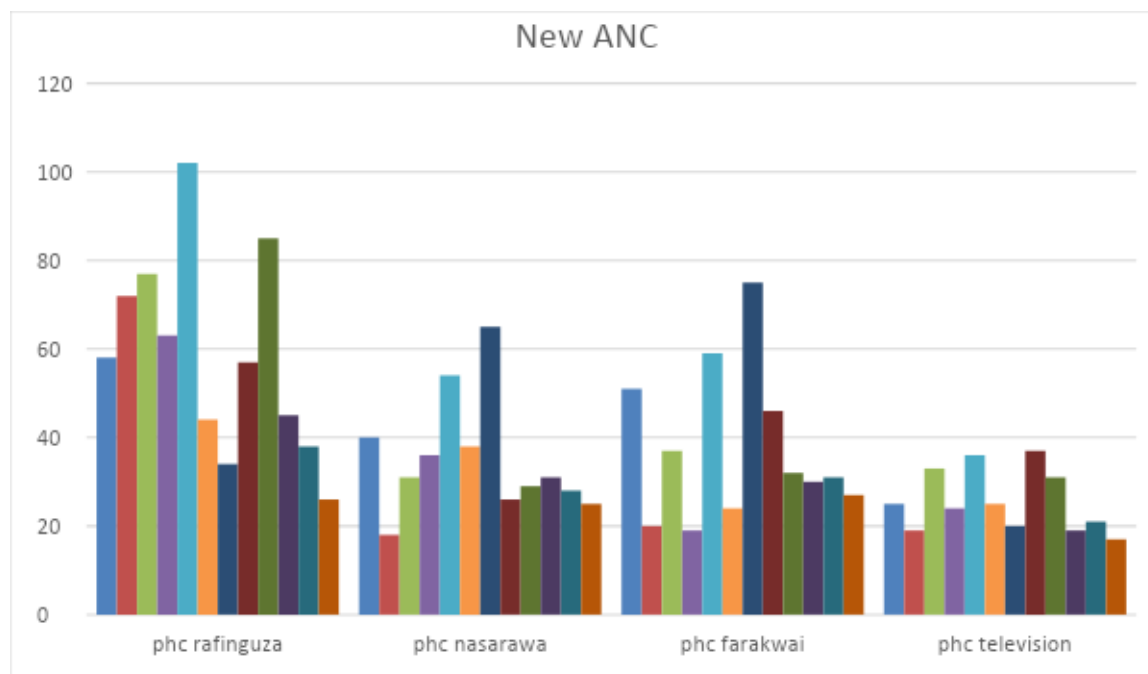
Month	No of new ANC (New uptake)	No. Of revisit	No of deliveries
January	25		18
February	19	101	25
March	33	76	22
April	24	63	18
May	36	92	20
June	25	62	25
July	20	105	22
August	37	117	21
September	31	75	28
October	19	74	19
November	21	74	17
December	17	70	18
Total	307	909	253

PHC Farakwai

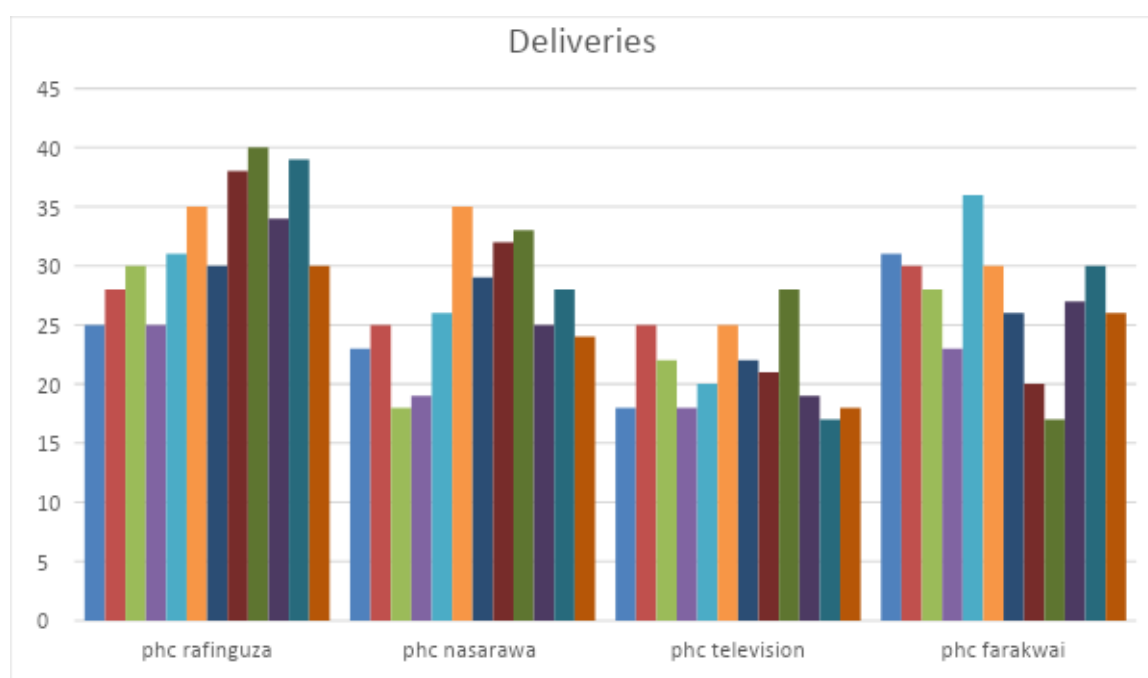
Month	No of new ANC (New uptake)	No. Of revisit	No of deliveries
January	51		31
February	20	126	30
March	37	45	28
April	19	46	23
May	59	73	36
June	24	57	30
July	75	51	26
August	46	75	20
September	32	63	17
October	30	56	27
November	31	81	30
December	27	88	26

Total	451	761	324
-------	-----	-----	-----

The chart below shows the new antenatal clinic registration across the facilities:



The chart below shows the number of deliveries across the facilities:



APPENDIX C-RESULTS ACHIEVED FROM THE IMPLEMENTED ACTIVITIES (CONSISTENT WITH THE INDICATORS FOR EACH PROJECT).

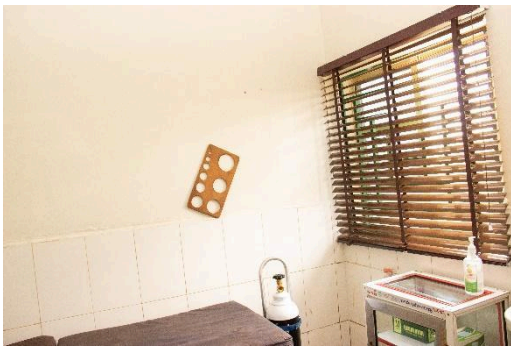
PROGRAM INDICATORS January to December 2023	
1.	Number of women with improved access to ANC services 1,890
2	Number of women with improved access to PMTCT services
3.	Percentage of HIV pregnant women adhering to their treatment and delivering HIV negative babies
4	Number of women who deliver at the health facility assisted by skilled birth attendants 1,249
5.	Number of Children screened and treated for malnutrition including number of women benefiting from improved nutrition 150
6.	Number of health workers trained and retrained for improved maternal and child care
7.	Number of TBAs trained for improved maternal and child care and effective referral
8.	Number of health facilities renovated and strengthened with delivery equipment 2
9	Number of people reached with live saving information on maternal and child healthcare 774
10.	Number of mothers who receive LLIN and insect repellent
11.	Number of maternal deaths recorded in the target PHCs 0
12.	Number of under 5 mortalities recorded in target PHCs 0

13.	Number of infants surviving past 1 month in target communities or PHCs	700
14	Number of children fully immunized at 24 months in target communities	780
15	Number of women who utilizes the Postpartum Family Planning (PPFP) service at the facility level	612
16	Number of stakeholders who supports projects as evidence of their buy-in	50

17	Number of mothers who receive Delivery kits	380
18	No of mothers who's under 2years child has received all required dosage of Vaccines received performance incentives materials	45
19	No of women who utilized ambulance	422
20	Number of under-five malnourished children who fully recovered	100
21	No of mothers with under-five malnourished children who received vitamin A maize seedling	46
22	No of community Leaders trained on fistula and contraceptive use	50
23	No of vulnerable mothers with malnourished under-five children trained on how to use stable foods to make Ready-to-Use Complementary for their children and Prevent malnutrition in pregnant and breastfeeding mothers.	56
24	No of women who received referral incentives	10

APPENDIX D-SUCCESS STORIES

- The Kaduna State Primary Healthcare Board commended FAROF for the renovation and equipping for the delivery rooms, they are particularly grateful for the provision of the suction machine and the oxygen cylinder with its accessories, PHC Nasarawa is the first PHC in Kaduna state to have oxygen in case of emergency to prevent asphyxiation in the mother and child.



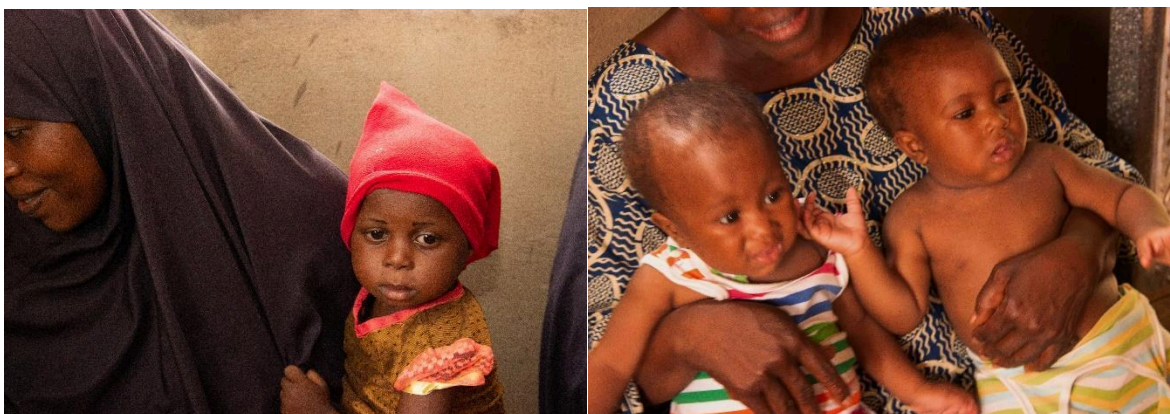
- During the house to house sensitization and screening of children FAROF was able to identify malnourished children who were immediately admitted into treatment. Nasarawa community has a high rate of children suffering from malnutrition within the community. Hauwa'u Abdullahi was one of the children identified and screened during one of FAROF's community outreach, Hauwa'u is 7 months old and she has 13 siblings, one of the factors that contributed to Hauwa'u's malnutrition is poverty. She was admitted and has been receiving treatment at PHC Nasarawa.



- Habiba Shuaibu from Nasarawa community was admitted into the nutrition program on 7th June, 2023. She was placed on treatment using the wonder food. Maryam had severe acute malnutrition with a weight of 4.3 kg and MUAC at 10.5 cm, within 5 weeks of treatment “**with the use of wonder food**” she moved from 10.5 cm to 11.5 cm with a weight of 5.0 kg. Habiba Shuaibu has been discharged. Videos available on **Youtube** page: @[FAROFNIGERIA](#) and on **Instagram**: @[freeheartsafrica](#)



- The children admitted into the nutrition program at PHC Nasarawa have 100% recovery and were successfully discharged, the mothers went through transition training to ensure that there is sustainability and the nutritional needs of the children are met using affordable and readily available staple foods. A total of 59 children from PHC Nasarawa and PHC Rafinguza have successfully been discharged from June to September 2023.

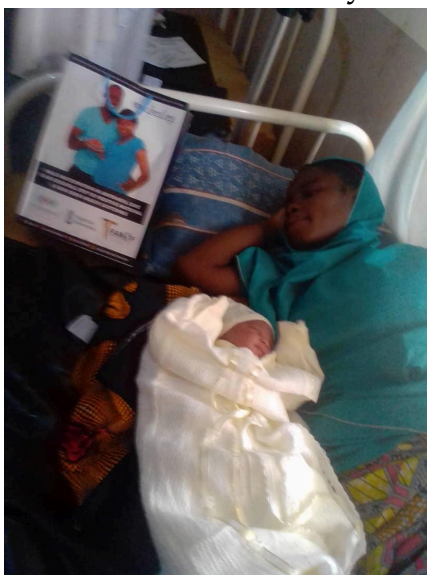


- Ramatu Abdullahi is a mother of 14 children from Nasarawa community, Chikun Local Government Area. She is a beneficiary of the Vitamin A maize. She has started using the Vitamin A maize she harvested from her to make pap for her 12 months old daughter who has severe acute malnutrition and there has been an improvement in

her baby's appetite. Videos available on **Youtube** page: [@FAROFNIGERIA](#) and on **Instagram**: [@freeheartsafrica](#).



- PHC Rafinguza have recorded more deliveries at the facility after the renovation of the labour room, more vulnerable women are comfortable to come to the clinic for their deliveries because as a result of the distribution of the delivery kits and the baby clothes.



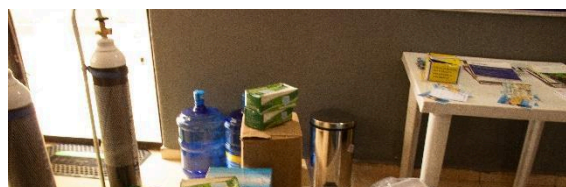
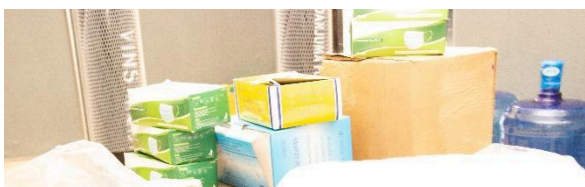
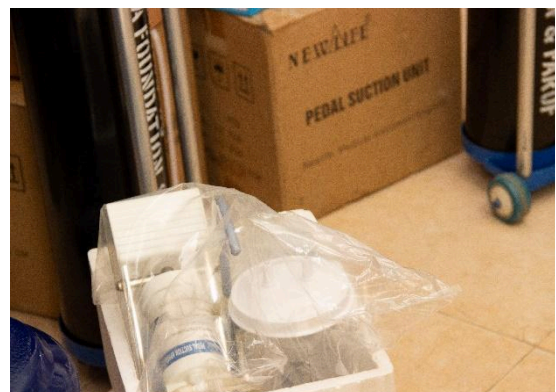
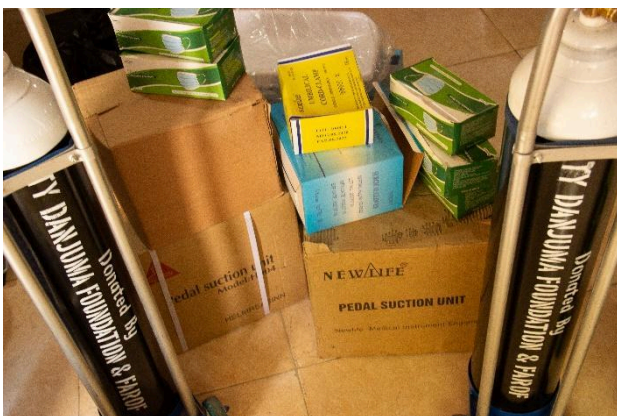
1. What lessons were learnt from the implementation of project activities?

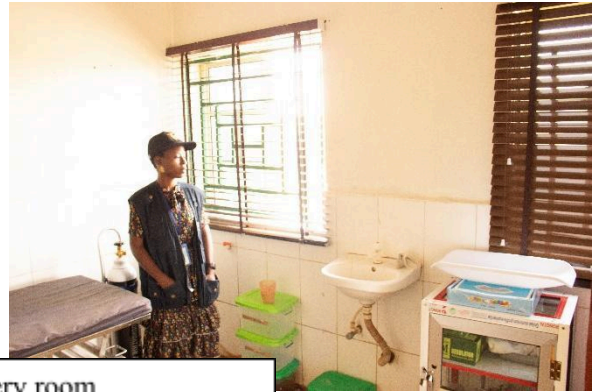
APPENDIX E-LESSONS LEARNT

- The lack of proper handover of program files at the local government level called for the need for training of the reproductive health coordinators on proper documentation and hand over of program documents.
- The engagement of community volunteers has provided an ease in the identification of malnourished children within Nasarawa community.

- Follow up meetings are important for the identification of gaps and issues that need to be addressed in the course of the implementation of the project.
- Through interviews during antenatal clinic with staff and pregnant women, FAROF is able to learn and address some of the factors preventing women from attending antenatal clinic and delivering at the facility.
- Through regular monitoring and provision of the wonder food, and vitamin A seedling, there has been a significant improvement in the nutrition program of PHC Nasarawa and PHC Rafinguza.
- The inclusion of baby clothes in the delivery pack has helped to reduce home delivery among vulnerable women.
- As a result of the training for vulnerable mothers with malnourished under-five children on how to use staple food to make ready-to-use complementary food (RUCF) specifically the hygiene session given by FAROF, there has been less record of reactions such as diarrhoea during treatment.
- The renovation of the delivery rooms has worked well in increasing deliveries at PHC Rafinguza and PHC Nasarawa.
- The engagement of community volunteer in the monitoring of the vitamin A maize farm has worked to ensure a good yield from the farm and the availability of the seed for the next farming season

ANNEX A Picture Gallery





Newly renovated delivery room





During Nutrition clinic



Group pictures during relaunching of PHC Nasarawa delivery room



Nutrition clinic PHC Rafinguza



Relaunching PHC Rafinguza delivery room





Nutrition transition training



ANNEX B-ANTENATAL REPORTING TOOL

PHC RAFINGUZA

Month	No of new ANC (New uptake)	No. Of revisit	comments
January	58		
February	72		

		1st Visit	130
		2 nd visit	61
		3 rd visit	43
		4 th visit	29
		5 th visit	9
		6 th visit	10
		7 th visit	5
		8 th visit	6
March	77		
		1st Visit	77
		2 nd visit	47
		3 rd visit	46
		4 th visit	32
		5 th visit	13
		6 th visit	5
		7 th visit	5
		8 th visit	6
April	68		
		1st Visit	68
		2 nd visit	51
		3 rd visit	35
		4 th visit	24
		5 th visit	9
		6 th visit	4
		7 th visit	2
		8 th visit	2
May	102		
		1st Visit	102
		2 nd visit	53
		3 rd visit	29
		4 th visit	21
		5 th visit	10
		6 th visit	8
		7 th visit	1
		8 th visit	1
June	44		
		1 st visit	44
		2 nd visit	25
		3 rd visit	15
		4 th visit	11
		5 th visit	7
		6 th visit	2
		7 th visit	0
		8 th visit	0
July	34		

		1 st visit	34
		2 nd visit	26
		3 rd visit	24
		4 th visit	9
		5 th visit	3
		6 th visit	2
		7 th visit	7
		8 th visit	0
August	57		
		1 st visit	57
		2 nd visit	44
		3 rd visit	25
		4 th visit	18
		5 th visit	4
		6 th visit	4
		7 th visit	1
		8 th visit	1
September	85		
		1 st visit	85
		2 nd visit	62
		3 rd visit	28
		4 th visit	17
		5 th visit	7
		6 th visit	2
		7 th visit	1
		8 th visit	2
October	45		
		1 st Visit	45
		2 nd visit	41
		3 rd visit	36
		4 th visit	22
		5 th visit	18
		6 th visit	11
		7 th visit	5
		8 th visit	3
November	31		
		1 st Visit	31
		2 nd visit	27
		3 rd visit	20
		4 th visit	16
		5 th visit	10
		6 th visit	5
		7 th visit	2
		8 th visit	1
December	26		
		1 st Visit	26
		2 nd visit	24
		3 rd visit	19
		4 th visit	12
		5 th visit	9
		6 th visit	6
		7 th visit	1
		8 th visit	1

PHC TELEVISION

Month	No of new ANC (New uptake)	No. Of revisit	comments
January	25		

February	19		
		1st Visit	44
		2 nd visit	24
		3 rd visit	23
		4 th visit	16
		5 th visit	9
		6 th visit	12
		7 th visit	8
		8 th visit	9
March	33		
		1st Visit	33
		2 nd visit	24
		3 rd visit	15
		4 th visit	20
		5 th visit	5
		6 th visit	6
		7 th visit	3
		8 th visit	3
April	24		
		1st Visit	68
		2 nd visit	27
		3 rd visit	7
		4 th visit	13
		5 th visit	9
		6 th visit	4
		7 th visit	2
		8 th visit	1
May	36		
		1st Visit	36
		2 nd visit	23
		3 rd visit	21
		4 th visit	16
		5 th visit	14
		6 th visit	10
		7 th visit	6
		8 th visit	2
June	25		
		1st Visit	25
		2 nd visit	15
		3 rd visit	13
		4 th visit	12
		5 th visit	9
		6 th visit	4
		7 th visit	4
		8 th visit	5
July	20		
		1st Visit	20
		2 nd visit	35
		3 rd visit	28
		4 th visit	20
		5 th visit	9
		6 th visit	6
		7 th visit	4
		8 th visit	3
August	37		
		1st Visit	37

		2 nd visit	30
		3 rd visit	32
		4 th visit	11
		5 th visit	12
		6 th visit	14
		7 th visit	10
		8 th visit	8
September	31		
		1st Visit	31
		2 nd visit	25
		3 rd visit	12
		4 th visit	20
		5 th visit	8
		6 th visit	5
		7 th visit	3
		8 th visit	2
October	19		
		1st Visit	19
		2 nd visit	20
		3 rd visit	17
		4 th visit	12
		5 th visit	11
		6 th visit	9
		7 th visit	3
		8 th visit	2
November	21		
		1st Visit	21
		2 nd visit	19
		3 rd visit	22
		4 th visit	17
		5 th visit	10
		6 th visit	4
		7 th visit	2
		8 th visit	0
December	17		
		1st Visit	17
		2 nd visit	20
		3 rd visit	18
		4 th visit	11
		5 th visit	10
		6 th visit	8
		7 th visit	2
		8 th visit	1

PHC FARAKWAI			
Month	No of new ANC (New uptake)	No. Of revisit	comments
January	51		
February	20		

		1st Visit	71
		2 nd visit	37
		3 rd visit	24
		4 th visit	34
		5 th visit	11
		6 th visit	9
		7 th visit	2
		8 th visit	9
March	37		
		1st Visit	37
		2 nd visit	16
		3 rd visit	14
		4 th visit	4
		5 th visit	4
		6 th visit	4
		7 th visit	2
		8 th visit	1
April	19		
		1st Visit	19
		2 nd visit	21
		3 rd visit	11
		4 th visit	8
		5 th visit	5
		6 th visit	1
		7 th visit	0
		8 th visit	0
May	59		
		1st Visit	59
		2 nd visit	31
		3 rd visit	20
		4 th visit	14
		5 th visit	2
		6 th visit	3
		7 th visit	0
		8 th visit	3
June	24		
		1st Visit	24
		2 nd visit	32
		3 rd visit	9
		4 th visit	5
		5 th visit	6
		6 th visit	3
		7 th visit	1
		8 th visit	1
July	75		
		1st Visit	75
		2 nd visit	14
		3 rd visit	19
		4 th visit	10
		5 th visit	3
		6 th visit	1
		7 th visit	2
		8 th visit	2
August	46		
		1st Visit	46
		2 nd visit	40
		3 rd visit	14

september	32	4 th visit	12
		5 th visit	4
		6 th visit	3
		7 th visit	1
		8 th visit	1
		1st Visit	32
		2 nd visit	23
		3 rd visit	22
			11
		4 th visit	2
October	30	5 th visit	2
		6 th visit	1
		7 th visit	2
		8 th visit	
		1st Visit	30
		2 nd visit	16
		3 rd visit	17
		4 th visit	10
		5 th visit	6
		6 th visit	3
November	31	7 th visit	2
		8 th visit	2
		1st Visit	31
		2 nd visit	27
		3 rd visit	20
		4 th visit	16
		5 th visit	10
		6 th visit	5
		7 th visit	2
		8 th visit	1
December	27		
		1st Visit	27
		2 nd visit	25
		3 rd visit	20
		4 th visit	16
		5 th visit	13
		6 th visit	9
		7 th visit	3
		8 th visit	2

PHC NASARWA

Month	No of new ANC (New uptake)	No. Of revisit	comments
January	40		
February	18		

1st Visit	58
2 nd visit	25
3 rd visit	17
4 th visit	10
5 th visit	6
6 th visit	4
7 th visit	3
8 th visit	2

March	31	1st Visit	31
		2 nd visit	28
		3 rd visit	20
		4 th visit	12
		5 th visit	11
		6 th visit	3
		7 th visit	2
		8 th visit	1
April	36	1st Visit	36
		2 nd visit	26
		3 rd visit	21
		4 th visit	10
		5 th visit	4
		6 th visit	2
		7 th visit	1
		8 th visit	0
May	54	1st Visit	54
		2 nd visit	35
		3 rd visit	20
		4 th visit	15
		5 th visit	13
		6 th visit	8
		7 th visit	4
		8 th visit	2
June	38	1st Visit	28
		2 nd visit	24
		3 rd visit	21
		4 th visit	19
		5 th visit	12
		6 th visit	8
		7 th visit	2
		8 th visit	2
July	65	1st Visit	65
		2 nd visit	40
		3 rd visit	28
		4 th visit	13
		5 th visit	10
		6 th visit	9
		7 th visit	3
		8 th visit	1
August	26	1st Visit	26
		2 nd visit	16
		3 rd visit	10
		4 th visit	8
		5 th visit	7
		6 th visit	5
		7 th visit	1
		8 th visit	1
September	29	1st Visit	29
		2 nd visit	13

		3 rd visit	11
		4 th visit	15
		5 th visit	10
		6 th visit	4
		7 th visit	2
		8 th visit	0
October	31		
		1st Visit	31
		2 nd visit	28
		3 rd visit	22
		4 th visit	19
		5 th visit	12
		6 th visit	8
		7 th visit	4
		8 th visit	3
November			
		1st Visit	28
		2 nd visit	25
		3 rd visit	21
		4 th visit	16
		5 th visit	11
		6 th visit	9
		7 th visit	3
		8 th visit	1
December	25		
		1st Visit	25
		2 nd visit	22
		3 rd visit	19
		4 th visit	15
		5 th visit	10
		6 th visit	7
		7 th visit	3
		8 th visit	2

ANNEX C. VULNERABLE PREGNANT WOMEN ASSESSMENT CARD

1. Client name: -----
2. Age: -----
3. Number of weeks for pregnancy: -----
4. EDD: -----/-----/-----
5. Educational level: -----
6. Living/ housing situation: -----
7. Number of children: -----
8. What is your family's major source of income? -----
9. Have many times have you been pregnant? -----
10. Have any of them been miscarriages, still birth or early infant death?
11. For your previous pregnancies, did you attend antenatal clinic? (If no, why?)
12. When did you enroll for antenatal clinic for this pregnancy?
13. For your previous deliveries, where did you deliver your baby? If at home, why?
14. For your previous deliveries, were you able to afford delivery items? If no, why?
15. What were you using as an alternative?
16. Have you gotten your delivery items for this pregnancy?

17. Where do you intend to deliver this baby?