



TYDF Project Progress Report

1. **Name of Grantee:** Antof Rural Resource Development Centre (ARRDEC)

2. **Project Title:** To promote uptake of ANC and PMTCT services at 3 PHCs each in Mkpat Enin, Abak and Ibesikpo Asutan LGAs of Akwa Ibom State for improved IMNCH in 12 months

3. **Project location (Community & LGA):**

Mkpat Enin LGA = Ikot Akpaden, Minya and Ikot Obio Ndoho communities
Abak LGA – Midim, Ikwek Afahaobong 2 and Afaha Obong 1 communities
Ibesikpo Asutan LGA – Ikot Akpa Edung, Ikot Obio Edim and Mbiererebe Akpawat communities

4. **GIS location:**

Mkpat Enin LGA:	Lat.: 4.7051,	Long.; 7.7634
Abak LGA:	Lat.: 4.9823,	Long.: 7.7892
Ibesikpo Asutan LGA:	Lat.: 4.9188,	Long.: 7.9484

5. **Reporting period:** **February, 2022 to January, 2023**


6. **Report Prepared by:** Elizabeth Adebanjo

7. **Date:** January 25, 2023

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1. Project Goals and Objectives

List project goals and objectives

Goal: To promote uptake of ANC and PMTCT services at 3 PHCs each in Ibesikpo Asutan, Abak and Mkpato Enin LGAs of Akwa Ibom State for improved IMNCH in 12 months

Objectives:

- I. To ensure 700 pregnant women made at least 4 ANC visits to three PHCs in Ibesikpo Asutan, Abak and Mkpato Enin LGAs by the end of 12 Months.
- II. To ensure at least 90% of identified HIV-positive pregnant women accessed PMTCT services at three PHCs in Ibesikpo Asutan, Abak and Mkpato Enin LGAs by the end of 12 Months.
- III. To strengthen three PHCs each in Ibesikpo Asutan, Abak and Mkpato Enin LGAs by the end of 12 Months.
- IV. To build the capacity of at least 4 community structures each in Ibesikpo Asutan, Abka and Mkpato Enin LGAs to continuously drive the demand for ANC and PMTCT by the end of 12 Months

2. Project Activities Implemented

A. Sensitization meetings with religious leaders, community leader, women associations, LG officials, state officials, etc –



ARRDEC Program Officer, Mr Joshua Inim, meeting with LACA coordinator, Mkpato Enin LGA

Sensitization meetings were carried out in three communities each of Ibesikpo Asutan (Ikot Akpaden, Minya and Ikot Obio Ndoho communities), Abak (Midim, Ikwek Afahaobong 2 and Afaha Obong 1 communities) and Mkpato Enin (Ikot Akpaden, Minya and Ikot Obio Ndoho communities) Local Government Areas of the state by the project team. Key Opinion Leaders including; Community Leaders, Religious Leaders, relevant LG Officials, Community Women Leadership, etc. were visited by the Project Team.

The sensitization meetings introduced to the stakeholders the project aim, objectives, duration, sponsors and implementers as well as soliciting their support and partnership with emphasis on ownership of the project for sustainability.

A total of nine (9) key opinion leaders/gate keepers and influencers comprising three (3) community heads, three (3) LGA officials three (3) LACA coordinators and

some community members were visited across Ibesikpo, Abak and Mkpato Enin LGAs of Akwa Ibom State.

Also sensitized on the project were; the Reproductive Health Unit of Akwa Ibom State Ministry of Health, Akwa Ibom State Agency for the Control of AIDS (AKSACA) and Akwa Ibom State Primary Healthcare Development Agency.

The sensitization activities were carried out from February 15th – 25th, 2022.



ARRDEC staff meeting with Chief at Abak LGA

B. Baseline Assessment

A baseline assessment was conducted by ARRDEC Team in the month of February 2022. The target populations visited and interviewed included focal staff/officer-in-charge of Primary Healthcare Centres and Traditional Birth Attendants (TBAs)/Mission Homes Operators in 3 LGAs of Ibesikpo Asutan, Abak and Mkpato Enin of Akwa Ibom State.

The objective is to establish the situation (baseline data) before project implementation commences. The information from this survey would be used to measure performance of the project as well as inform future project development.

The methodology used was one-on-one interview using a questionnaire which contained structured questions targeting the following key performance indicators:

- Number of pregnant women enrolled for ANC in the last 12 months
- Number of pregnant women who made at least 4 ANC visits in the last 12 months
- Number of pregnant women delivering at the PHCs in the last 12 months
- Number of pregnant women counseled, tested for HIV and received results in the last 12 months.
- Number of pregnant women who tested positive to HIV in the last 12 months.
- Number of HIV-positive pregnant women accessing PMTCT services in the last 12 months
- Number of identified HIV-exposed infants who received early infant diagnosis within 2 months of birth in the last 12 months.
- Number of identified HIV-exposed infants received antiretroviral prophylaxis in the last 12 months
- Number of community structures/groups with strengthened capacity to drive demand for ANC and PMTCT in the last 12 months.
- Number of PHC strengthened to drive demand for ANC and PMTCT in the last 12 months

FINDINGS - TBAs Filled Questionnaire Analysis:

A total of six (6) 1) TBAs and one (1) mission home operator were visited and interviewed using a questionnaire.

The data collected from the TBAs revealed that 4 (57.1%) were educated against 3 (42.9%) that were not all that were educated had primary school as the highest

educational qualification. None of the women interviewed have had any formal training in the last 12 months, 4 (57.1%) had some formal training on universal precaution in a very long time ago, whereas 3 (42.9%) have never had any form of formal training since they began this work. On delivery tools, none of the TBAs had recommended delivery set kits other than local delivery tools such as mat, bows, razor and soap. Furthermore, all TBAs interviewed did not have knowledge about how to detect and manage pre-eclampsia in pregnancy. The most common challenges reported included: poor record-keeping and lack of delivery instrument sets.

Data collected on key performance indicators revealed that in that last 12 months, a total of 134 pregnant women visited these 7 traditional birth attendants, and they made 114 referrals to Primary Health facilities and had 85 deliveries.

FINDINGS - PHCs Filled Questionnaire Analysis

Ten (10) Primary Health Facilities including the operational base were visited across the three LGAs and data collected revealed that all the ten facilities visited offer ANC services, 9 offer PMTCT services, 10 take deliveries, and 9 offer Post natal care services.

Excluding the operational base, data from the 9 PHCs revealed a total of 953 pregnant women were enrolled for ANC across the 9 facilities in the last 12 months, and out of this figure, only 262 made at least 4 ANC visits indicating a 72.5% difference. The total deliveries recorded across 8 facilities within this period were 78.

Furthermore, the data revealed ANC services were not free as 8 out of 9 facilities but PMTCT services are free of charge across the facilities. Though ANC fee were not uniform across these facilities, 4 facilities charge N500 as ANC fee which covers registration and card, 1 charges N600 ANC fee, 1 Charges N200, and 3 admitted that ANC is not free of charge but did not disclosed any fixed amount.

However, the minimum and maximum ANC registration fees across the 3 LGAs are: 200 and 600 naira respectively. On facility strengthening, available data revealed that only 4 facilities have received any form of strengthening in the last 12 months from external sources and out these 4, only 1 facility received staff training against 3 that received consumables and painting of the facility walls.

Four PHCs reported to have functional and complete delivery instrument set against five that claimed not to have. Also, six PHCs reported to have functional desk sphygmomanometer against three that reported not to have. On ANC days, the average ANC days is 5, Mondays to Fridays as reported by six facilities against 6 days (Mondays to Saturdays) and 1 day (Mondays and Wednesdays) as reported by three facilities respectively.

The most common challenges faced by all the PHCs as reported included: shortage of staff, security, lack of electricity, water supply, low patronage by pregnant women as they prefer the services of TBAs to facilities.

The findings are summarized in tables 1.1 and 1.2 below.

Table 1.1 - Data from Individual Facility

Indicator Questions	Ibesikpo Asutan LGA			Abak LGA			Mkpat Enin LGA			Totals
	PHC, Mbierebe Akpawak	PHC, Ikot Obio Edim	PHC, Ikot Akpa Edung	PHC, Midim	PHC, Ikwek, Afahaobong II	PHC, Ikot Akpan - Afahaobong I	PHC, Minya	Health Centre, Ikot Obio Ndoho	PHC, Ikot Akpadem	
Number of pregnant women enrolled for ANC in the last 12 months	48	136	103	193	123	49	121	69	111	953
Number of pregnant women who made at least 4 ANC visits in the last 12 months	20	47	3	65	17	3	79	6	22	262
Number of pregnant women delivering at the PHCs in the last 12 months	15	15	1	17	2	0	4	2	9	65
Number of pregnant women who were counselled, tested for HIV and received results in the last 12 months	10	0	20	65	60	40	121	17	98	431
Number of pregnant women who tested positive to HIV in the last 12 months	1	0	2	11	10	0	5	1	0	30
Number of HIV-positive pregnant women who received ARV in the last 12 months	0	0	2	11	10	0	0	1	0	24
Number of identified HIV-exposed infants who received early infant diagnosis within 2 months of birth in the last 12 months	0	0	0	11	1	0	0	0	0	12
Number of identified HIV-exposed infants who received antiretroviral prophylaxis in the last 12 months	0	0	0	3	3	0	0	0	0	6
Number of community structures/groups with strengthened capacity to drive demand for ANC and PMTCT in the last 12 months	0	0	0	0	0	0	0	0	0	0
Number of PHC strengthened to drive demand for ANC and PMTCT in the last 12 months	0	0	0	0	0	0	0	0	0	0

Table 1.2 - Data from Individual TBAs/Mission Homes

<i>Indicators</i>	kotEkeduk Midim	Ikot Ekeduk Midim	Iwek, Afahaobon g 2,	Iwek Afahaobo ng 2, Abak	Afahao bong 1, Abak	Ikot Akpan Ikpong Afahao bong 1, Abak	Zion Road Mbiererebe, Ibesikp	
Number of pregnant women who visited the centre in the last 12 months	21	31	8	31	7	21	15	134
Number of pregnant women referred to PHC for ANC in the last 12 months	16	30	8	31	3	21	5	114
Number of deliveries in the last 12 months	11	30	8	20	3	8	5	85

C. Mapping and Identification of Community Structures –



ARRDEC Team with PHC in-charge, Ward Development Officer during the structure mapping at AfahaObong 11 community, Abak LGA

ARRDEC team conducted mapping and identification of community structures and well as facilities across Ibesikpo Asutan, Abak and Mkpato Enin LGAs from March 04, 2022 to March 21, 2022. The activity identified community structures such as Primary Healthcare Centres (PHCs), Mission Homes, Private Patent Medicine Vendors (PPMVs), Traditional Birth Attendants (TBAs) and support groups, which the project would work with for referral and linkages for ANC and PMTCT services and for continuous demand creation for these services.

The identified and selected community structures were informed of the project, its aim, and objective, target beneficiaries, funders (TY Danjuma Foundation), implementing NGO (ARRDEC), the project duration and roles to be played by each of the identified structure.

A total of twenty three community structures were visited and out of these, nine (9) health centres were selected, about seventeen (12) TBAs and Nine (9) Community Volunteers were selected to participate forth coming capacity building training.



ARRDEC Staff, Bassey Mbeku, in the middle to the left, with PPMV, TBA and in-charge during the structure mapping at Ikot Ndoho community, Mkpato Enin



ARRDEC Program officer, Joshua Inim, with Health Post in-charge during the structure mapping at Ikot Ndoho community, Mkpato Enin

D. 2-Day Capacity Building for 9 PMTCT Outreach Team Members and 12 Community Structures



Mrs. Ruth Enyongekere, an experienced Nursing Officer in the state, facilitating the sessions on ANC and Standard Precautions on March 31, 2022 at the IMFI Hall, Uyo, Akwa Ibom State

The capacity building training held on March 30, 2022 and March 31, 2022 at IMFI Academy Hall, Uyo LGA, Akwa Ibom State. The participants comprised of Traditional Birth Attendants (TBAs), Community Volunteers and Counsellor/Testers drawn from Mkpato Enin, Abak and Ibesikpo Asutan LGAs. The activity was successful as all the community structures invited were in attendance and all sessions were handled professionally and interactively by the facilitators.

DAY 1

Arrival and registration of participants. A brief prayer with warming choruses was led by ARRDEC' Program Officer – Joshua Inim. Setting of Ground rules was done. Thereafter was self-introduction by the participants.

Pre-test evaluation was administered which was followed by the overview of TYDF Project 2022, comprising of Project background, Goal, Objectives, Target population, Strategies, Partners and Stakeholders' Engagement etc, which was led by ARRDEC staff. Overview of HIV/AIDS (Basic facts, definition of terms, mode of transmission, Risk factors, Most at Risk Population, Prevention of Mother to Child Transmission of HIV/AIDS) with practical demonstration of HIV Testing Services (HTS), was facilitated by Mr Esin Johnson, a trained/certified lab technologist and Executive Director, Quick Response Organization.

OUTCOME:

- The participants got more acquainted with the goals, aim and objectives of the project. Also got to know the project funder and the implementing partners.
- The Traditional Birth Attendance (TBAs) realized their roles in reduction of maternal mortality rate and pledged their support for the project.
- The participants learned the meaning of HIV/AIDS, types, mode of transmission, etc. and were taken through practical demonstrations.
- The need for confidentiality in relating with every partner on the project was highlighted by one of the participants during the recap session.
- The participants gave feedback of having learned so much beyond their previous knowledge of HIV/AIDS including its types (HIV 1 and HIV 2).

Day one sessions were closed with prayer led by Mr. Manasseh Akpan, Community Volunteer/ Counsellor Tester from Afaha Obong 11, Abak LGAs. The training ended at about 2:45pm.



Cross section of the participants.



Mr. Esin Jonhson the Executive Director of Quick Response, facilitating on the overview of HIV/AIDS

Day 2

Started at about 10.00am prompt with an opening prayer. Registration, recap of day 1 activities was being led by Mr. Inim, ARRDEC' Program Officer. The first training session was facilitated by Mrs. Enyonenkere, ARRDEC Technical Advisor who is an experienced senior nursing officer in the state. She facilitated two

sessions which covered; detection, management and prevention of pre-Eclampsia, HIV in pregnancy and other complications in pregnancy. The second session was on Ante-natal Care (ANC), principle, WHO recommended and Standard Precautions.

Monitoring, evaluation, report, reporting registers, reporting tools, tracking and follow up was handled by Mr. Joshua. Post evaluation test was administered. Closing prayers was led by Joana Monday, a Community Volunteer from Minya, Mkpato Enin LGA. Group photograph was taken with the participants.

OUTCOME:

- Participants learnt about Pre-Eclampsia, most of them for the first time.
- After being informed on the signs and symptoms of pre-eclampsia, some TBAs confirmed having seen such cases but did not know exactly what it was.
- Encouragement for adoption of best and standard practice as well as universal precautions
- The participants responded that adhering to these practices and precautions was for their own safety from infections and other diseases.
- The volunteers got acquainted with the reporting tools.

The capacity building training had great impact on the participants' knowledge of the topic as evident in their scores in the pre and post-tests. The TBAs had an average pre-test score of 54.67% while 74.89% was their average post-test. This showed 20.22% improvement on their knowledge of the topics treated. The Community volunteer/counsellor testers had an average score of 77.12% in the pre-test while they had 92.56% as average post-test score. The showed 15.44% improvement on their knowledge of the topics treated.

It was successful, no challenge or risk was encountered. The participants vowed unflinching partnership in achieving the overall goal of the project and beyond.

The training had total of 21 persons (19 females, 2 males) in attendance excluding ARRDEC Team and the facilitators.



ARRDEC Staff, Joshua Inim, facilitating the session



Group photograph of the participants, facilitators and ARRDEC staff after the training

E. Mobile Outreaches to Create Demand for ANC and PMTCT Uptake

The trained and equipped Outreach members commenced outreaches in April, 2022 to conduct mobile HTS and simultaneously gave referrals for uptake of ANC and PMTCT services at the selected primary Healthcare facilities across Mkpat Enin, Abak and Ibesikpo Asutan LGAs.

The report on the number of women who visited Primary Healthcare Facilities for ANC and who were also provided with HTS in the period being reported is tabulated below:

PREGNANT WOMEN WHO ATTENDED ANC SESSION AND THOSE ENROLLED FOR PMTCT FROM APRIL 2022 TO DECEMBER 2022																
Health Facility	April 2022		May 2022		June 2022		July 2022		Aug. 2022		Sept. 2022		Oct. 2022		Nov./Dec 2022	
	ANC	PMTCT	ANC	PMTCT	ANC	PMTCT	ANC	PMTCT	ANC	PMTCT	ANC	PMTCT	ANC	PMTCT	ANC	PMTCT
Mkpat Enin LGA																
PHC Ikot Akpaden	27	2	21	0	16	0	11	0	14	0	5	0	21	1	32	1
PHC Minya	6	1	10	0	10	1	10	0	10	0	8	1	13	1	20	0
PHC Ikot Obio Ndoho	4	0	12	0	4	0	11	0	10	0	5	1	23	0	28	0
Abak LGA																
PHC Midim	18	0	23	1	23	0	20	1	12	2	15	1	14	1	28	1
PHC Ikwek, Afahaobong 2	17	0	19	0	20	1	10	1	18	1	19	1	14	2	17	1
PHC Afahaobong 1	9	0	10	1	21	1	27	1	27	1	10	1	8	0	17	1
Ibesikpo Asutan LGA																
PHC Ikot Akpa Edung	17	0	14	0	12	0	16	0	14	0	13	1	13	1	24	0
PHC Ikot Obio Edim	11	0	12	1	15	1	10	1	15	1	10	1	10	1	14	0
PHC Mbierebe Akpawt	5	0	3	0	5	1	7	0	6	0	9	0	9	1	9	0
TOTAL FOR ANC FROM APRIL, 2022 – DEC., 2022													1020			
TOTAL ENROLLED FOR PMTCT FROM APRIL, 2022 – DEC., 2022													39			
NUMBER OF DELIVERIES													103			

NO. OF ANC VISITS						
PREGNANT WOMEN ENROLLED FOR ANC, APRIL 2022 TO DEC., 2022						
LGA	Health Facility	Total no. enrolled for ANC	No. of Pregnant Women on 2 nd Visit	No. of Pregnant Women on 3 rd Visit	No. of Pregnant Women on 4 th Visit	No. of Pregnant Women on more than 4 Visits
Mkpat Enin	PHC – Akpaden	147	131	121	115	26
	PHC Minya	87	80	80	64	49
	PHC Ikot Obio Ndoho	97	83	65	58	15
Abak	PHC Midim	153	152	151	147	287
	PHC Ikwek, Afahaobong 2	134	125	110	104	29
	PHC Afahaobong 1	129	126	121	111	2
Ibesikpo Asutan	PHC Ikot Akpa Edung	123	119	105	88	41
	PHC Ikot Obio Edim	97	93	83	68	5
	PHC Mbierebe Akpawt	53	45	42	42	29
TOTAL		1020	954	878	797	483

F. Tracking and Follow-up Visits to Identified HIV Positive Pregnant Women by Mentor Mothers

A total of 39 HIV positive pregnant women were identified on the project; 9 in Mkpat Enin LGA, 20 in Abak LGA and 10 in Ibesikpo Asutan LGA.

The HIV positive pregnant women were tracked and followed up by Mentor Mothers and ARRDEC team members to ensure they adhered to Antiretroviral Regimens and their HIV-exposed babies are born negative. The initial fear of stigma expressed by some of the HIV-positive pregnant women was allayed with the help of their assigned Mentor Mothers.

6 HIV exposed babies have been delivered to HIV positive pregnant women and they and the babies have been placed on antiretroviral drugs. The HIV positive pregnant women who are yet to be delivered of their babies are also on antiretroviral regimen.

G. Refresher Training for Health Workers



Mrs. Enobong Eshiet, Akwa Ibom State Ministry of Health Family Planning Coordinator, facilitating a session on Focused Ante Natal Care (FANC) on April 05, 2022 at PHC Nung Uode, Ibesikpo Asutan LGA, Akwa Ibom state

The Refresher Training held in Ibesikpo Asutan LGA at the operational Base, PHC Nung Udoe on April 04 & 05, 2022; in Mkpat Enin LGA at the Operational Base, PHC Mkpat Enin on April 06 & 07, 2022 and in Abak LGA at the Operational Base, PHC Ebom Avenue on April 21 & 22, 2022. A total of thirty (30) females participated in the Refresher Training across the three LGAs.

The Refresher Training re-enlightened the participants on ethics, code of conduct, best practices, Focused Antenatal Care (FANC), sign/symptoms of pre-eclampsia, management of pre-eclampsia at the PHC level as well as hands-on session on care of new born. The training which had the theme; ***“Maternal and Newborn Care in PHCs with Focus on Pre-Eclampsia”*** was anchored by Mrs. Enobong Eshiet and Mrs Grace Okon, the Family Planning Coordinator and the Reproductive Health Coordinator of the Akwa Ibom State Ministry of Health Public Health Directorate, respectively.

Highlight of some of the key information shared during the training are;

- Focused Ante Natal Care (FANC)
 - Meaning and aim of FANC
 - Basic principles and advantages of FANC
 - Steps in FANC services
 - Objectives and procedures in each FANC service.
 - The four goals of ante-natal care
 - FANC an entry point to other critical services
 - Factors causing late ANC attendance and delivery outside health facilities
 - Making ANC more user friendly

- Cucumber and glucose taken in the morning can aid in reducing high blood pressure in pregnant women
- Husbands should be advised and encouraged to attend ANC with their wives
- The participants were urged to work hand in hand with TBAs. Getting close to TBAs, carrying out test periodically for greater reach of pregnant women in their communities and to promote adequate PMTCT service delivery
- Facilities without PMTCT should have a strong referral system
- Signs of pre-eclampsia include Oedema, high BP, Protein in Urine
- Normal weight of a baby is 2.5kg to 3.5kg. A baby below 2.5kg is underweight, while above 3.5kg is overweight
- Based on weight, temperature and physical examination, a newborn baby can be classified into three categories;
 - Normal (well or having no problem)
 - Abnormal baby (having problems)
 - Baby needing advanced care (showing danger signs)
- The classification of a baby should be done within 90 minutes
- In full blown eclampsia; practice “ABCCD”
 - A – Airway positioning, use bandage to separate the teeth from the tongue,
 - B – Breathing. Monitor blood pressure and other vital sciences,
 - C – Circulation. Make sure there is proper blood circulation.
- In management of pre-eclampsia, refer immediately to the secondary facility but if already fitting (having seizures), administer Magnesium Sulphate, then refer immediately.
- Methylated Spirit is no longer encouraged for use in cord care. Chlorhexidine Gel is what should be used for babies cord care.

Essential Care for Every Baby

- Initiate breastfeeding – one hour after birth,
- Provide eye care – 90 minutes after birth, to help prevent eye infections
- Provide cord care – within 90 minutes after birth to prevent infection
- Give vitamin K – within 90 minutes after birth to prevent bleeding after birth
- Examine the baby – within 90 minutes of birth to tell if a baby is well or has problem
- Measure temperature within 90 minutes to tell if baby requires special care
- Weigh the baby within 90 minutes to identify babies with higher risk
- Classify the baby to determine further care still within 90 minutes after birth
- Maintain normal temperature to prevent the baby from becoming too cold or too hot
- Proper breastfeeding position
- Within one day after child birth, begin immunization
- Reassess the baby before discharge
- Give parent guidance for home care
- Etc.

The training sessions also entailed simulation/practical demonstration on essential care for every baby using a baby mannequin.

The training impacted positively on the knowledge and skills of the 30 participants as evidenced in the pre and post-scores. In Ibesikpo Asutan LGA, the average pre-test score was 54.2% while post-test score was 86.9% showing an average

improvement of 32.7% on knowledge. In Mkpato Enin LGA, the average pre-test score was 44.3% while post-test score was 93.2%, showing average knowledge gain of 48.9%. In Abak LGA, average pre-test score was 33.9% while post-test score was 79.8%, showing average knowledge gain of 45.9%



Mrs. Grace Okon of the Akwa Ibom State Ministry of Health facilitating a session on Focused Ante Natal Care (FANC) on April 04, 2022 at PHC Nung Uode, Ibesikpo Asutan LGA, Akwa Ibom state



A participant, Blessing Nseyo, practising resuscitating a baby at the Refresher training in PHC Ebom Avenue, Abak LGA, Akwa Ibom State on April 22, 2022



Mr. Gima Forje, TYDF Chief Executive Officer, addressing participants at PHC Mkpato Enin, Mkpato Enin LGA, Akwa Ibom state on April 07, 2022



TYDY CEO, Mr. Gima Forje, (middle, front row) and TYDF POH Mrs. Christiana Inegbeboh (1st right, front row) in a group photograph with participants at the Refresher Training in Mkpato Enin LGA, Akwa Ibom State on April 07, 2022

H. Celebration of Safe Motherhood Day



Cross section of pregnant women at the Safe Motherhood Day Celebration in Akwa Ibom State on April 11 2022

The Safe Motherhood (SMH) Day Celebration held on Monday, April 11, 2022 at PHC Ikot Obio Edim, Ibesikpo Asutan LGA, Akwa Ibom State. The theme of the SMH Day was, “**Access to Quality Maternal Care, A Right for Every Pregnant Woman**”, having ‘Save the mothers, save the future’ as slogan.

The Executive Chairman of Ibesikpo Asutan LGA, who was represented by Elder Emem Akpan, in his welcome address appreciated all the participants and specifically

thanked TY Danjuma Foundation and ARRDEC while emphasizing the need for quality maternal care for every pregnant woman.

The other highlights of the SMH Day Celebration were Keynote address by the Executive Secretary of Akwa Ibom State Primary Healthcare Development Agency (AKPHCDA) who was represented by the Agency's Admin. Director, Mrs. Regina Udoukpo; remarks by Local Government Service Commission Health Services Director; remarks by Ibesikpo Asutan PHC Director; Goodwill messages from ARRDEC and the Councillor representing Ikot Obio Edim Ward; Play let by Safe Mothers; testimonials and presentation of gifts to pregnant women.



Play let by Safe Mothers at the SMH Day on April 11, 2022 at Ibesikpo Asutan LGA,



Mrs Regina Udoukpo, rep. AKSPCDA Executive Secretary, presenting gifts to pregnant women



Group photograph of SMH Day participants with the Executive Secretary of AKSPHDA, represented by Mrs. Regina Udoukpo, in the middle (in blue dress)

I. Quarterly Cluster Meeting with PHCWs, TBAs/Mission Homes, and Community Volunteers/ Counsellor Testers

Quarterly cluster meetings held to sustain the demand for PMTCT services through effective feedback on tracking, referral and linkages of identified HIV-positive pregnant women, amongst all the other efforts targeted at ensuring pregnant women attended ANC sessions. Participation was drawn from Primary Health Care Workers (PHCWs), TBAs/Mission Home Operators, Mentor Mothers, CVs and ARRDEC team. The discussions included the experience gathered, lessons learnt, challenges and solutions fostered and successes recorded on the project.

The major highlight of the meetings were;

Mkpat Enin LGA

- The in – charge Ikot Akpaden, Mrs. Eno Anietie said the project has helped the facility tremendously in that they have recorded more clients in revisits than other years. On a personal level she has improved on her deliverables.

- Mentor mother, Elizabeth Nduese, added that the project has made her achieved much with reactive mothers/clients.
- The in –charge of Minya was very grateful to TY Danjuma and ARRDEC for awarding her a Healthy Mother, Healthy Child Champion. She said it was her first time of receiving an award, that she will not forget ARRDEC/TY Danjuma in a hurry. She also mentioned that the mama kits actually helped to boost their ANC sessions in her facility and that TBAs were partnered with her in referring clients to the facility.
- The CV at Minya, Mrs. Joana, said there was overwhelming turnout of clients from the remote villages who visited the facility and also said she wished the project continued in the New Year.

Abak LGA

- The Officer-in-charge of PHC Midim lamented that some of the TBAs were not adhering to the standard safety precautions, and there was need to ensure they were not spreading HIV through their practices.
(In response, ARRDEC team requested her to gather the TBAs and then invite the team to have a brief talk with the TBAs).
- The CV of Ikwek Afahaobong 2, mentioned that some of the pregnant women who visited the facilities and learnt that they were to pay a token in addition to the card registration already paid for them through the project, always came back shouting at him, because they thought the project paid for everything.
(ARRDEC team responded by requesting the CV to give the pregnant women the correct information on what the project paid for, which was payment for registration. He should duly inform the pregnant women that they were to pay for the treatment required by the PHCs).
- The officer- in – charge Ikwek Afahaobong 2 said ARRDEC/TY Danjuma project had impacted on their ANC positively, though a lot should be done in incorporating all the TBAs, because the pregnant women were still patronizing these centres, without the knowledge of their status and other relevant benefits they could get by visiting the facility.
- The mentor mothers complained that some of the reactive pregnant women gave fake phone number, address(s) and even names, thereby making it difficult for home visit in order to encourage them to adhere to their ART regimen.

Ibesikpo Asutan LGA

- The Officer-in-charge of PHC Ikot Obio Edim also lamented that the project would be for just few more months and that the project would be concluded when a lot of pregnant women would have been mobilized and would result in, influx of pregnant women at the PHC, whereas there would be no more free card registration for the pregnant women. *(ARRDEC Team re-emphasized sustainability on the part of the health workers)*
- The Officer-in-charge of PHC Mbierebe Akpawat complained of low patronage at the facility because of activities of a very prominent TBA in the community who had not yet identified with the project. She however, said she and the CVs working with her were doing their best possible to mobilize pregnant women. Hence, she wanted to know if ARRDEC team could pay visit to the TBA, so she could identify with the project
(ARRDEC team encouraged her not to give up and confirmed that a visit to the TBA would be a good strategy).

- The Officer-in-charge of PHC Ikot Akpa Edung complained of the far distances the CVs go to get pregnant women that the CVs go beyond their catchment area.
(She was equally encouraged to keep up the selfless service to her people)
- The Officers-in-charge of the PHCs wanted to know if payment for the registration of the pregnant women would stop once the targeted number of pregnant women have been reached.
(The ARRDEC team affirmed that the project would end as planned but that the Officers-in-Charge of the PHCs should focus on sustainability, since their service to the people would continue).

The following table summarized participation in the Cluster Meetings across the three LGAs.

CLUSTER MEETINGS ACROSS MKPAT ENIN, ABAK AND IBESIKPO ASUTAN LGAS							
S/N	LGA	CLUSTER MEETING	DATE	VENUE	NO. OF PARTICIPANTS		
					F	M	T
1.	Mkpat Enin LGA	First Cluster Meeting	September 14, 2022	PHC Base	7	0	7
		Second Cluster Meeting	January 19, 2023		8	0	8
2.	Abak LGA	First Cluster Meeting	June 30, 2022	Ikwek, Afahaobong 2	7	2	9
		Second Cluster Meeting	January 18, 2023		6	2	8
3.	Ibesikpo Asutan LGA	First Cluster Meeting	June 29, 2022	Ikot Obio Edim	9	1	10
		Second Cluster Meeting	September 13, 2022		7	0	7
Total					44	5	49



Ward Development Officer, Edet Udosen, requesting incorporation of more TBAs into the project at the Ibesikpo Asutan LGA Cluster Meeting on June 29, 2022



Cross section of the participants during the opening prayer at the cluster meeting at PHC Ikwek Afahaobong 2, Abak LGA on June 30, 2022



ARRDEC PO, Joshua Inim, addressing the participants and sharing each facility score card during the cluster meeting in Ibesikpo Asutan LGA on September 13, 2022



Mr. Manasseh Monday CV, Ikwek Afahaobong 2, Abak LGA sharing his experience during the cluster meeting on January 18, 2023.

J. Quarterly Health Talk & HIV Testing Services (HTS) for Various Women Groups in the LGAs:

Health Talks were carried out to sensitize women of reproductive age on Antenatal Care (ANC) with emphasis on a minimum of five (5) ANC visits to the facility before delivery. Also emphasized were complications which could arise during delivery, if ANC sessions were neglected; breast feeding; immunization (for the mother during pregnancy and for the baby after delivery); HIV/AIDS (causes and modes of transmission); Prevention of Mother to Child Transmission of HIV (PMTCT); family planning and child spacing, nutrition; personal hygiene and COVID – 19 pandemic (safety precautions).

The health talks also entailed sessions for interactions, questions and answers. The number of participants at the health talks in the various communities is summarized in the table below

HEALTH TALKS ACROSS MKPAT ENIN, ABAK & IBESIKPO ASUTAN LGAS					
LGAs	Community	Date	No. of Participants		
			F	M	Total
Mkpat Enin LGA	Ikot Akpaden	June 02, 2022	25	1	26
	Ikot Akpaden	October 28, 2022	21	1	22
	Ikot Akpaden	November 23, 2022	20	1	21
Abak LGA	Ikot Akpan Ikpong	June 01, 2022	23	3	26
	Ikwek, Afahaobong 2	October 26, 2022	26	1	27
	Ikwek, Afahaobong 2	November 23, 2022	26	1	27
Ibesikpo Asutan LGA	Ikot Akpaedung	May 31, 2022	24	1	25
	Mbierebe Akpawat	October 27, 2022	21	1	22
	Ikot Obio Edim	November 22, 2022	20	1	21
Total			206	11	217



Mrs. Eno Anietie Inyang, the Officer- in-charge of PHC Ikot Akpaden, Mkpat Enin LGA, facilitating the health talk on June 02, 2022 and a cross section of participants



Mrs. Blessing Silas Silas, the Officer-in-charge of PHC Mbierebe Akpawat, Ibesikpo Asutan LGA, facilitating the health talk on October 27, 2022



Mrs. Mfon Paul Nseyo, the Officer-in-charge of PHC Ikwek – AfahaObong 11, Abak LGA, facilitating the health talk on October 26, 2022

K. Quarterly Meeting with Male Partners for Behaviour Change and HTS (Men.care forum)

The male partners of pregnant women were sensitized on the following areas: Reproductive health, Use of Insecticide Treated Nets (ITNs) in their homes, correct and consistent use of condom as well as advice on child spacing. They were encouraged to shun risky behaviours which may endanger their lives and in return affect their spouses.

The sensitization was facilitated by Joshua Inim, ARRDEC’s Program Officer and Mrs. Bassey Mbeku, with support by the officers-in-charge of the different PHCs as well as Ward Mobilization Officer supporting the team to reach the men.

Highlight of the meetings are as follows;

- Men should encourage their wives during pregnancy to attend ante-natal care at the facilities. The facilities linked to the TYDF project were mentioned.
- Pregnant women need encouragement and support. They should not be abandoned and left for hard labour especially during pregnancy.
- The benefit of family planning was emphasized. The use of condom as a birth control measure as well as for preventing contracting of STIs/STDs was also emphasized, especially for those who couldn’t keep to one partner.
- The importance of the use of mosquito net for the family’s health. Their wives should not be allowed to use the mosquito nets to protect their gardens.
- The men were encouraged to know their HIV status and that if their HIV result came out positive, it was not the end of their lives.

Some of the responses from the men are as follows;

- As they have been informed, they are aware the project target women as primary beneficiaries, but that there should be a program designed specifically for them too.
- They promised to mobilize their wives, sisters, neighbours for ANC at the PHCs.

They appreciated and thanked TY Danjuma Foundation for bringing such a program to their community and pleaded with ARRDEC to always remember them if such lofty program came up again.

The participation by the men at the Fora is summarized below.

MEN.CARE FORA ACROSS MKPAT ENIN, ABAK & IBESIKPO ASUTAN LGAs			
LGAs	Community	Date	No. of Participants
Mkpat Enin LGA	Ikot Akpaden	August 30, 2022	10
	Ikot Akpaden	January 20, 2023	10
Abak LGA	Afaha Obong 2	July 28, 2022	10
	Afaha Obong 1	August 31, 2022	11
Ibesikpo Asutan LGA	Ikot Obio Edim	July 29, 2022	10
	Ikot Obio Edim	January 18, 2023	8
Total			59



The officer-in-charge of Ikot Akpaden PHC, Mkpat Enin LGA, Mrs. Eno Anietie Inyang, addressing the men from the community on August 30, 2022



ARRDEC Staff, Mrs. Bassey Sample, addressing men at Ikot Akpan Ikpong, Afahaobong 1, Abak LGA on August 31, 2022



ARRDEC PO Joshua Inim addressing men during Men's Care Forum at IKot Obi Edim, Ibesikpo Asutan LGA on January 18, 2023



Cross section of the participants during the Men's Care Forum at Ikot Akpaden, Mkpat Enin LGA on January 20, 2023

L. Selection and Recognition of IMNCH Advocates at Project Close-Out



GROUP PHOTOGRAPH OF THE SOME PROJECT BENEFICIARIES (LEFT) AND AWARDEES (RIGHT) AT THE TYDF 2022 HEALTHY MOTHER, HEALTHY CHILD PROJECT CLOSEOUT AND AWARD CEREMONY HELD ON NOVEMBER 24, 2022 IN UYO, AKWA IBOM STATE

Project Close-out and Award Ceremony held on November 24, 2022 at Board Room 2, Ibom E-Library, IBB Way, Uyo, Akwa Ibom State. The activity held to officially close the project, communicate project gains and challenges to stakeholders, strengthen already established commitment of stakeholders so as to ensure project sustainability and reward persons who had showed outstanding commitment to the health of mothers and babies especially with regards to Antenatal Care and immunization of children.

7 persons were awarded as Healthy Mother, Healthy Child Champions for their commitment to promoting Antenatal Care (ANC) attendance and Child Immunization, amongst others. The awardees were;

1. Mrs. Solomon Okon
2. Mr. Aniebiet Ime Donald
3. Mrs. Anthonia Aniefiok Bassey
4. Mrs. Margaret uwem Etim
5. Mrs. Justina Edet Bassey
6. Mrs. Grace Sunday Thompson
7. Mr. Anthony Sylvester Ekpo

ARRDEC Executive Director, Revd. Okon Ekerendu(S), in his welcome address thanked the Foundation for the project which he attested was in its 4th year. ARRDEC Board Chair, Engr. Utin Nt fon, equally thanked the Foundation and all the other stakeholders while affirming that the project has been implemented in 12 LGAs of Akwa Ibom State and hopefully expressed that the project would go round the remaining LGAs in about 5 years.



THE EXECUTIVE SECRETARY OF AKSPHCDA, DR. ENO ATTAH, GIVING HER SPEECH AT THE CLOSEOUT CEREMONY ON NOVEMBER 24, 2022 IN UYO, AKWA IBOM STATE



TYDF CEO, MR. GIMA FORJE, PRESENTING AWARD TO MRS. GRACE SOLOMON OKON, MOH REPRODUCTIVE UNIT COORDINATOR (RTD.) AT THE CLOSEOUT CEREMONY ON NOVEMBER 24, 2022 IN UYO, AKWA IBOM STATE

Overview of the TYDF 2022 Healthy Mother, Healthy Child Project was presented by ARRDEC Program Manager, Mrs. Elizabeth Adebajo. Her presentation showed the project score card, the results/outcome as well as the impact of the project. Mrs. Adebajo specifically thanked all the stakeholders especially the Ministry of Health and the Akwa Ibom State Primary Healthcare Development Agency (AKSPHCDA). She implored the community partners to ensure the sustainability of project gains in their communities.



ARRDEC BOARD CHAIR, ENGR. UTIN NTOFON, PRESENTING AWARD TO MRS. ANTHONIA ANIEFIOK BASSEY, AT THE CLOSEOUT CEREMONY ON NOVEMBER 24, 2022 IN UYO, AKWA IBOM STATE

The honourable Commissioner for Health, Prof. Austin Umoh, who was represented by Dr. George Ekanem, appreciated the Foundation for its support in contributing to the reduction in maternal and new born mortality in the state through the Healthy Mother, Healthy Child Program, while also congratulating the Awardees.

Goodwill message was given by the Executive Secretary (ES) of AKSPHCDA, Dr. Eno Attah, who also presented an award to one of the recipients

Testimonials regarding the 2022 project were given by some of the beneficiaries of the project; Akon Edet Essien, Esther Michael Asuquo & Unyime Dominc Okon (Ibesikpo Asutan LGA); Aniefiok David Use (Mkpat Enin LGA) and Glory Anthony Gabriel (Abak LGA). In their speeches, they all thanked the TY Danjuma Foundation for the support during their ANC visits, the free card registration, the mama kits, heamatinics, etc. They prayed that God would keep the Foundation.

The Chief Executive Officer (CEO) of TYDF, Mr. Gima Forje, remarked that the Foundation was appreciative of the results from the project in Akwa Ibom State and pledged that the Foundation would do more to support reduction in maternal and new born mortality in the state. Also, TYDF Health Program Officer, Mrs. Christie Inegbeboh, also commended ARRDEC, making particular reference to the testimonies shared by the beneficiaries from the different communities. She encouraged ARRDEC to keep up the good work.

The feedback from the participants on next steps were;

- The CEO of TYDF, Mr. Gima Forje acknowledged that ARRDEC was doing a fantastic and excellent job but that the disparity in the number of women attending ANC and the number of deliveries was too much. The number of deliveries captured in the project newsletter was 75 whereas 831 pregnant women made ANC visits.
- The Officer-in-Charge of Ikot Obio Edim said they the facilities are trying but most of the deliveries were taken by the TBAs.
- The POH of TYDF, Mrs. Christie Inegbeboh, said deliveries at the TBAs could also be taken in to account at the facilities with regards to the Healthy Mother, Healthy Child Project, when the women visit the facilities with their babies for immunization and vaccination after delivery.

- Mrs. Grace Solomon informed that the TBAs were initially not reckoned with in the state until they were trained to serve as agents of referral. Hence, the TBAs need regular meeting with the officers-in-charge of PHCs/health workers for training and retraining as well as mentorship on the kind of delivery they should handle, and should also have note books for record keeping.
- The representative of Comfort FM, Uyo, Mr. Tony Esin, said there was need for deeper media engagement and partnership in order to reach more rural communities.
- Mrs. Grace Solomon Okon, an award recipient and the Reproductive Health Coordinator of Akwa Ibom State Ministry of Health (retired), requested that male engagement and involvement in subsequent phases of the project should be more prominent. She also said there was need for distinct activities for Family Planning on the project.
- TY Danjuma Foundation Health Program Officer, Mrs. Christiana Inegbeboh in her feedback to ARRDEC and the other stakeholders observed that there were high cases of teenage pregnancy among those who presented for ANC, hence, she requested that ARRDEC should liaise with other development actors in the state to implement activities to help address teenage pregnancy in the state.

In addition to the presentation of Healthy Mother, Healthy Child Awards to individuals, PHCs in the project sites were also presented with delivery instrument sets, desk sphygmomanometers and stethoscopes.

Closing remarks were taken by ARRDEC PM. She thanked the Almighty God for the project's achievements in 2022 and appreciated every participants and prayed for journey mercies back. Closing prayer was offered as the event ended at about 12:50 pm.

A total of 31 persons (9 males, 22 females) were at the Project Close Out and Award Ceremony.

3. Progress made in achieving project objectives

- i. What results have been achieved from the activities implemented?
 - 1020 pregnant women visited PHCs for ANC session; 954 pregnant women made the second ANC visit, 878 pregnant women the third ANC visit, 797 pregnant women made four ANC visits and 483 pregnant women made at least five ANC visits on the project.
 - 103 babies were delivered at project selected PHCs and by trained TBAs across the three LGAs.
 - A total of 331 pregnant women in Mkpato Enin LGA, 416 pregnant women in Abak LGA and 273 pregnant women in Ibesikpo Asutan LGA received HTS on the project.
 - 39 HIV-positive pregnant women were identified and enrolled for PMTCT services at project selected PMTCT sites
 - 6 HIV exposed babies placed on antiretroviral regimen.
 - 30 nurses were retrained on maternal and newborn care with focus on management of pre-eclampsia.

- 1 PHC each in Mkpato Enin LGA, Abak LGA and Ibesikpo Asutan LGA received delivery items, desk sphygmomanometer and stethoscope for system strengthening.
- The capacity of 21 community structures comprised of TBAs, Mission Home Operators, Support Groups and Community Volunteers were built to continually drive the demand for ANC and PMTCT.
- 217 women of reproductive age were sensitized directly on ANC importance and benefits, immunization, family planning/child spacing, nutritional education, personal hygiene and COVID – 19 safety precautions.
- 6 persons comprised of Primary Health Care Workers, TBA, Community Volunteers and Mentor Mother were awarded Healthy Mother, Healthy Child Champions to motivate them to sustain sensitization on the importance of ANC and child immunization in their respective communities across the LGAs.
- Behavioral Change was communicated to 59 male partners at *Men.Care* Fora.
- Myths on HIV which were peculiar to the project locations were demystified.
- The project impacted positively on Akwa Ibom as a beneficiary state;
 - The Reproductive Health Unit of the Akwa Ibom State Ministry of Health (AKMOH) and the Akwa Ibom State Primary Healthcare Development Agency commemorated Safe Motherhood day in collaboration with TY Danjuma Foundation and ARRDEC on April 11, 2022.
 - ARRDEC was appointed into the State's Technical Working Group on Family Planning.
- The project brought to fore the essential roles of community structures in driving the demand for ANC and PMTCT.
- Trained TBAs were quite appreciative of their recognition on the project and were supportive of helping to sustain project gains.

4. Monitoring

i. What tools were used to gather data and measure progress?

- ANC Referral Card
- ANC Register
- Attendance Register
- Daily HTS Reporting Sheet
- Lessons/Best Practice Register
- Request and Result (R&R) Form
- PMTCT Register
- HIV Positive Client Tracking and Follow-up Form
- Attendance Register

ii. Who measured the progress?

- TY Danjuma Foundation team
- Directors of the Primary Healthcare Centres in Mkpato Enin, Abak and Ibesikpo Asutan LGAs
- The Reproductive Health Unit of Akwa Ibom State Ministry of Health.

- Akwa Ibom State Primary Healthcare Development Agency

**Please attach Means of verification.

5. Stakeholders

- i. What has been the role of stakeholders (Government /Community) in this reporting period?
 - Akwa Ibom State Ministry of Health (AKMOH) Reproductive Health Unit - facilitated the refresher training for health workers on Focused Antenatal Care (FANC) with emphasis on Management of Pre-eclampsia.
 - Akwa Ibom State Primary Healthcare Development Agency mobilized primary healthcare workers for the refresher training.
 - Officers-in-Charge of Health Facilities – facilitated health talks, ensured ANC and PMTCT services were provided for the pregnant women.
 - Community Head – facilitated the reaching of women groups and women leadership for Behavioral Change Communication and Health Talk. They also helped reached the male partners of pregnant women for the *Men.Care* Fora.
 - Community structures such as TBAs and Community Volunteers/Counsellor Testers helped reached pregnant women with HTS and also encouraged them to attend ANC.
 - Mentor mothers followed up on HIV positive pregnant women to ensure adherence to ART regimen.
 - The Akwa Ibom State Ministry of Health through its Reproductive Health Unit, partnered with TY Danjuma Foundation for the Celebration of the 2022 Safe Motherhood Day in the state.
 - Quick Response to Community Development Health Initiative – anchored the training of TBAs and Community volunteers on HTS
 -

6. Risk management

- i. Did any of the risks identified in the proposal occur?
- ii. If yes, how was it managed?

- iii. Did the project suffer from any unexpected challenges?
1. Officers-in-Charge of PHCs requested part of the incentives for the pregnant women be in form of haematinics.
 2. Some of the reactive pregnant women gave fake phone number, addresses and even names, and made it difficult for mentor mothers to embark on home visit in order to encourage them to adhere to their ART regimen.
 3. Some TBAs who voluntarily identified with the project were not adhering to the standard safety precautions.
 4. Some pregnant women reacted harshly towards officers-in-charge of PHCs when requested to pay for treatment, because they thought the project covered all their expenses at the PHCs.
- iv. If yes, how were they handled?
1. With approval from the Foundation, ARRDEC team converted part of the incentives for the pregnant women to haematinics.
 2. The mentor mothers re-tracked such reactive women when they came for refill at the PHCs.
 3. ARRDEC team together with Officers-in-Charge of PHCs sensitized the TBAs on the project and enlightened them on standard safety precautions.
 4. ARRDEC team requested Community Volunteers to give pregnant women correct information on what the project paid for, as they encouraged pregnant women to visit the PHCs.

7. Learnings

- i. Describe what has worked well?
- Sensitization of stakeholders such as Ward Development Committee and others, on the project and the involvement of community structures such as Traditional Birth Attendants (TBAs) and Mission Home Operators in the project.
 - Collaboration between the community structures (TBAs, CVs) and the PHC staff helped in reaching the pregnant women.
 - Timely release of project funds by TY Danjuma Foundation.
 - Technical guidance and supportive monitoring by the TY Danjuma Foundation team.
 - Technical guidance and support by the Ministry of Health.
- ii. Do you have an impact story from beneficiaries to share? If yes, please state the beneficiary' name, narrate the story and attach pictures.

My Second Twin Baby Survived because I Delivered at the PHC



Mrs Esther Michael Asuquo and her twin babies after delivery at Ikot Obio Edim PHC, Ibesikpo Asutan LGA on August 04, 2022

“I would have lost the second twin baby if I had delivered at a TBA centre”. “Abasi sosono!”

These were the words of Mrs. Esther Michael Asuquo after she was delivered of a set of twins at Ikot Obio Edim PHC in Ibesikpo Asutan LGA. Mrs. Asuquo already has two children who were delivered at a TBA centre and she had never attended ANC at any facility until she was mobilized on the Healthy Mother, Healthy Child Project. She also confessed, she kept coming for ANC at the PHC because she was given Mama Kit.

On August 04, 2022, while in labour, she visited the PHC where she was delivered of a set of twin. The first baby was a girl who had a normal Apgar score of 8/10, while the second baby, a boy was delayed. After she gave birth to the boy, eventually, he had a very low Apgar score and had to be resuscitated by the midwife. It was after the delivery of the boy that Esther Asuquo thanked God that she visited the PHC for the first time for delivery and that, had she not, she would have lost the baby boy.

She pledged she would go ahead and encourage other women too, to deliver at the facility.

iii. What needs to be improved?

Inclusion of haemathenics in the incentives for the pregnant women.

iv. Was any modification made in the project? If so explain –

8. Future plans

What are the next steps towards realizing project goals and attaining sustainability?

- Continuous sensitization on the importance of ANC by community structures.
- Continued follow up on HIV positive pregnant women for adherence by community structures.
- Continued follow up for EID results by community volunteers.
- Extension of the project to more LGAs across the three Senatorial Districts of Akwa Ibom State by TY Danjuma Foundation/ARRDEC.

9. Feedback on the Foundation

How can the Foundation better support you to realise the project goals?