

**SOCIETY FOR WOMEN DEVELOPMENT AND EMPOWERMENT OF
NIGERIA
(SWODEN)**

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PROJECT TITLE

SWODEN FAMILY WELFARE/KYAUTATAWA IYALI PROJECT

SUBMITTED TO

CEDPA/PACKARD FOUNDATIO

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ORGANIZATIONAL BACKGROUND

Society for Women Development and Empowerment of Nigeria (SWODEN) is a non-discriminatory and not-for-profit community based health organization. The organization is founded in 1995 with the aim of improving the health status of women and young people in the communities since they constitute a larger percentage of the population and are mostly neglected during policy formulation and implementation. We are currently providing service in eight local governments in the state i.e. Bunkure, Kumbotso, Kura, Rano, Tarauni, G/Mallam, Ungogo and Tudun Wada in Kano state. Activities are carried out through grassroots participation and through the community health service providers taking into consideration their religious and cultural norms to ensure sustainability. SWODEN has staff strength of 21 (full and part time staff) and 360 registered members from different fields that serve as volunteers and it's currently working with 5 women groups and 9 youth groups. The activities of the organization are backed by articulated management information systems (MIS).

The organization has worked in Tarauni local government in four communities providing qualitative reproductive health services through the community health service providers and the use of four community clinics to provide clinic based services with support from CEDPA. The mission of the organization is to improve access to qualitative reproductive health information and services to women and youth at the grassroots level.

Our targets are the women of reproductive age and the youths and our main areas of program focus include:

- Community sensitization and mobilization
- Male involvement
- Networking/ collaboration with existing organizations
- Capacity building of community service providers
- Health facilities up grading
- Clinic based health service
- Home visits
- Behavioral change communication strategies through use of locally acceptable IEC materials

Project summary

A community-based Reproductive health service delivery system will be **established in six additional local communities in addition to the four that already exist. The project will focus on providing qualitative long term family planning methods through home visits, referrals** to the clinics by the community health care providers and provision of basics consumables and F/P commodities at the clinic level. A strong and sustainable referral system will be established with the secondary health facilities that will provide more permanent family planning methods. The clinic service providers will provide ante natal/ post natal care, family planning services, nutritional education and counseling for mothers, especially those from the extremely low income areas. It is expected that through the providing of information to the mothers that it will be possible to have a direct and positive effect on the well being of the whole family. The reproductive health needs of the young people will be integrated into all the services offered in the project to provide access to youths.

SWODEN will utilize the services of the existing community health care providers in the different communities i.e. Traditional Birth Attendants, Peer health Educators, Community Health Extension Workers, clinic service providers and the existing health facilities to serve

as referral centers. Each of the service providers will be expected to successfully participate in training programs at the beginning of their work with the communities and the ones already trained will undergo refresher training. This training program will provide basic information on reproductive health issues and skills for managing clients and also documentation and referrals. Providers will be provided with logistics commodities that will assist them in reaching out to women and youth in their communities. The referral centers will be renovated and provision for regular maintenance of quality of care will be made through supply of consumables. A proper monitoring and evaluation system will be put in place to collect and collate data through the use of supervisors, Data Collection tools, and regular monitoring visits.

The project will adequately build the capacities of religious and community leaders through training and continues interaction to enable them engage families and the entire community to recognize the benefits of family planning and utilize the services available.

Regular feedbacks will be made to the communities during monthly meetings and community sessions to the communities and through quarterly financials and program reports to CEDPA

Challenges

- ❖ The numbers of health service providers trained are inadequate to service the population of the local government
- ❖ Local governments do not employ nurses so we had to utilize the CHEWS for clinic service delivery. It took us a lot of efforts and resources to build the capacities of the CHEWS to provide clinic services.
- ❖ The other felt needs of the communities were not addressed in the project. SWODEN had to mobilize additional resources to address the basic felt needs of the people such as revolving funds for ante natal drugs, income generation, data collection materials etc to enable the service providers work efficiently and motivate the women to access services.
- ❖ The issue of incentives or allowances to the service providers at the clinic level was not considered and this has prone as a challenge to us of how to keep them motivated through out the project
- ❖ There is inadequate IEC materials in the local language

Achievements

Our organization has undergone series of transformation from the level we were to the present level as a result of the benefits we derived from the project such as

- Technical Assistance on systems development – the organization has standardized its management information system both programmatic and financial.
- The quality of care we offer at the different levels has greatly improved.
- Financial and material resources made available to us has enabled the organization to function well
- Human resource development – the capacities of the staff has been built through trainings, workshops, exchange visits and networking with other groups.

There is a general improvement in the working environment of the organization through renovations of the office, purchase of a generator, additional computer, and purchase of an office bus, motorcycle, and bicycles to improve communication. We also acquired two phone lines for the office.

The youth section was also improved with the acquisition of snooker and table tennis, satellite and additional televisions.

Justification for Phase 111

The project so far implemented in four communities of Tarauni Local Government has been widely accepted by the communities and the target groups; this has resulted in increase in demand for services due to the high turn out of people in our referral centers, increase demand for FP commodities and the number of people reached by the community service providers.

The communities we serve have indicated need for expansion of our services to more communities due to the fact that most of our referral centers are the only centers of excellence were women, men and youth access qualitative Reproductive health information and service at no additional cost.

The organization has wealth of experience, learnt a lot of lessons and has identified best practices in implementing reproductive health projects in different communities in Kano that will enable us scale up our coverage.

There is also the need for sustainable reproductive health interventions in these communities to make reasonable impact.

PROJECT GOAL

To increase access and use to qualitative family planning and RH services for women, men and adolescents by providing good quality services in the project sites within 24 months.

Objectives

- Increase by 5% the use of modern contraceptive methods by young and married couples in the project site in two years
- Increase the capacities of the service providers to provide qualitative RH services in the project sites in two years
- Increase community support for Family Planning services and RH activities in the project site in two years

Objective 1

Increase by 5% the use of modern contraceptive methods by young and married couples in the project site in two years

Subproject Changes:

The organization has critically evaluated its achievements in all the project sites through focus group discussions, interviews with the different class of beneficiaries in the communities. Based on the lessons learnt from the previous projects, there will be some amendments in the approach to implementing this project as follows:

six new communities have been identified for the project bringing it to a total of ten (10) communities as follows

- Kauyen Alu attached to U/Uku clinic
- Hotoro NNPC to be attached to Tarauni clinic
- Sallare and babban giji to be attached to hausawa clinic
- Unguwarn GAno and Gyadi Gyadin Kudu to be attached to Gyadi Gyadi clinic

The use of community health service providers for information dissemination and basic service delivery will continue, but the number of CHEWS will be increased and their

capacities to be built to conduct home visits and also provide technical assistance to the TBAs and PHEs who are all resident in the communities and also make referrals to the clinics. All the community health service providers will continue to organize group meetings, provide one on one counseling, distribute non prescriptive FP commodities and make referrals.

Clinic Service providers will give health talk and counseling during post natal visit by mothers at our clinic when parents come for Immunization. The health talks would include the importance of FP to the health of the Mother , child and entire family this way people who would not have access to health facilities for family planning would get the information needed for them to make informed decisions,

Referral systems

The organization will set up a viable referral system between the community health providers, the clinics and the general hospitals and private health facilities to increase access to more permanent Family Planning services. The Hospitals identified include:

- Murtala Mohammed Specialists’ clinic
- Aminu Kano Teaching Hospital
- AL NOURY Hospital

The organization will work with the ante natal/Maternity section of the hospital to provide technical assistance and logistics

The issue of contraceptives logistics management will be addressed to prevent stock outs. This can be achieved through standing agreement with society for family Health on direct re-ordering by the organization

Objective 2

Increase the capacities of the service providers to provide qualitative RH services in the project sites in two years

Refresher trainings will be conducted for all service providers trained from the existing sites. The number of community health service providers (CHSP) who will participate in the project will be increased i.e. TBAs, PHEs, CHEWs, CSPs. The possibility of giving allowances to the CHSP will be considered and a system for replenishing their consumables will be strengthened.

The additional Community Health Service Providers will be recruited in collaboration with the health department of the Local Government, the community leaders as well as NGO’S so that to some extent after the life span of the project some degree of sustainability is attained.

New Requirement

S/N	Categories	Existing	Recommended	Total
	Clinic service providers	4	4	8
	Traditional birth attendants	12 (one dead, one disabled)	3	15
	Community health extension workers	5	5	10
	Male motivators	20	20	40

SWODEN TRAINING PLAN

Groups to be trained	Type of Training	Duration of the training	No. to be trained	Resource persons required	Location	Timing
Project staff PAC team	Start up workshop	days	10	CEDPA	Kano	1 st Quarter
Traditional Rulers, Community leaders religious leaders.	Sensitization and Advocacy	1 day	40	SWODEN team	Tarauni LGAs	1 st Quarter
TBA	Refresher training	5days	15	‘‘	‘‘	
Male Motivators	Inter-personal communication awareness creation	5 days	40	Trainers	Tarauni LGA	2 nd quarter
CHEWs	Demand creation, distribution of non prescriptive methods	5 days	5	SWODEN/Trainers	Tarauni LGA	1 st Quarter
CHEWS	Refresher training	3days	5			
Nurses Midwives	Clinical Service Providers	6 weeks	8	Consultants Resource Persons	Tarauni LGA	2 nd Quarter

Objective 3

Increase community support for Family Planning services and RH activities in the project site in two years

The organization will continue to engage with the different groups in the communities we are working in based on their sensitivities, needs and wants.

The capacities of the youth groups trained in the Phase 1&2 will be further strengthened and more youths will be engaged in the new communities for training to ensure that youths are adequately reached.

Male involvement is key to ensuring community support for increased use of FP and enables them to make informed decisions regarding Reproductive Health Issues and advocate for increased utilization of FP/RH commodities and services. The capacities of the already trained Male motivators will be further enhanced through refresher training and new ones will be identified from the communities especially amongst islamiyya teachers, religious leaders, traditional leaders, opinion leaders and male groups to undergo training.

Behavioral Change Communication

Public education strategies through the use of radio and television will be included in addition to the current group talks and one on one counseling with a view to reaching more people. We will organize special radio programmes and jingles targeting community leaders. The organization will develop or adapt existing IEC materials in collaboration with the

communities that are specific to their needs for local consumption. These materials will be culturally and religiously sensitive.

Skills transfer will be introduced to address the economic empowerment needs of the women and youths in the communities. This will be used through networking with locally available professionals, CBOs, NGOs and government outfits where available. Women and youths will be grouped based on similarity of interest or already existing trades and their capacities will be built. The organization will explore other avenues for micro financing.

Result Framework

SN	OBJECTIVES	INDICATORS	STRATEGIES/ ACTIVITIES	OUTPUTS
1.	Increase by 5% the use of modern contraceptive methods by young and married couples in the project site in two years	. - No. of new and continuing clients. -- Couple years of protection. -- Contraceptive method mix.	-- Advocacy visits to community leaders, LGA, religious leaders, CBOs. -- PHEs, TBAs CHEWS, CSPS counsel women on various modern methods -- Home visits and motivational talks.	-- Number of women counseled - number of new acceptors - number of continuing acceptors -- Number of referrals to clinics for services or information -Number of referrals for permanent methods Number of young people receiving FP
2.	Increase the capacities of the service providers to provide qualitative RH services in the project sites in two years	Number of service providers trained by categories	- Distribution of IEC materials. - Training of CSP, TBAs, PHEs and CHEWS	- No. of IEC materials distributed. - No. of CSPs, staff and CHEWS, TBAs and PHEs trained. .
	Increase community support for Family Planning services and RH activities in the project site in two years	Number of advocacy meetings conducted Trainings conducted by type	Awareness campaigns IEC materials -- Production and distribution of - training of male motivators -Community sessions -Youth rallies	. Number of radio and TV programme aired Number of community meetings conducted - Estimated number of of people reached through the media programmes -Number of FP/RH events

STRATEGIES AND ACTIVITIES

During the funding period, the objectives of the project will be achieved through the implementation of the following activities:

(1) **Start up workshop for key staff**

The Project Director, Project Coordinator and other key staff will attend a 5 day project start up workshop to be conducted by CEDPA in the first quarter. The workshop objective will be to orient and acquaint the project management team with the project implementation strategy.

(2) **Advocacy Visits**

The organization will organize advocacy visits to the:

- Local government council
- Community leaders
- Religious leaders
- Other opinion leaders.

This is to solicit for their support for the project.

(3) **Mobilization/Sensitization Workshop**

In order to strengthen the community and increase awareness of the benefit of the project among the community members. A one day advocacy and sensitization workshop will be organized for a total of 40 leaders from all the communities. The objectives of the workshop will be to create awareness and sensitize participants on the dangers of too frequent child birth, dangers associated with teenage unwanted pregnancies, unsafe abortion and spread of STIs/HIV/AIDS people of reproductive age.

Participants will be drawn from across the various wards in the local government areas. Implementation of these activities will be closely monitored and documented. Resource persons for this activity will be drawn from experts in reproductive health/FP issues and STIs/HIV/AIDS.

TRAINING

Project implementation workshop for project staff:

A 2 day start up workshop will be organized for the project staff which includes the Project Director, Project Coordinator, Accountants, Clinic staff and Supportive staff to acquaint them with the Project Financial management, MIS and Project Implementation.

Training of Peer Health Educators

Within the first quarter, 30 new out of school youth will be trained in peer health educators on adolescent reproductive health and STDs/HIV/AIDS issues for five days each. The selection of PHEs will be based on the capability in comprehension and record keeping, knowledge of local norms, logistics, interest and relations with others. They will be trained on functions of the reproductive system, pregnancy, STDs/HIV/AIDS, safe sexual habits/safe sex values and goal setting and abstinence skills, gender roles, relationships and intimacy. The manuals will be adapted for the training. The existing PHEs (30) will be given refresher training.

Training of Traditional Birth Attendants

Within the first quarter a total of 17 new TBAs will be trained for ten days. They will be trained on RH issues to enable them provide quality abstinence and non-prescriptive family planning methods, and also make referrals for other methods to the identified clinics for other methods. The adapted training manual produced by Muslim Sisters Organization of Nigeria (MSO) which incorporate anti-natal and post natal care, record keeping, counseling, family planning information, STIs/HIV/AIDS prevention and referrals will be used.

Participants will be identified in collaboration with the community leaders in and local trainers will be engaged to conduct the training. At the end of the training each of the TBA will be provided with a kit containing the initial supply of commodities and IEC materials to facilitate their work.

The existing 12 TBAs will be given refresher training for five days

Training of Community Health Extension Workers (Women) CHEWS

Within the second quarter, a total of 5 new CHEWs will be trained for five days each. They will be trained on RH issues and prevention of STIs/HIV/AIDS. This group has access to women in purdah and will therefore be used in demand creation, distribution of non prescriptive methods and referrals to identified clinics. The community health extension workers training manual will be used for the training by local trainers. Participants will be identified in collaboration with the Health department of the two local governments. At the end of the training, each of the CHEW will be provided with a kit containing the initial supply of commodities and IEC materials.

The 5 existing CHEWS will be given refresher training for 3 days

Training of Male Motivators

Within the second quarter, a total of 20 new male motivators will be trained from the new sites. The training will focus on gender issues, male involvement in reproductive health issues, mobilization, demand creation and referrals.

The selection of participants will be done in collaboration with community leaders and influenced by show of interest, communication skills, knowledge of local norms and good personality. Training manuals will be sourced from CEDPA and local trainers will be engaged for the training.

The existing male motivators will be given refresher training for 2 days

A network of the trained Male Motivators will be established within the communities and meeting schedules will be developed with them to sustain their activities and constant peer education. The activities of the Network will be monitored and the project team will constantly provide technical assistance. This will increase male participation in issues of reproductive health and increase demand for family planning services

Training of Clinic Service Providers (CSP)

SWODEN will maintain the number of our referral clinics, but will train 4 additional service providers to address the problem of shortage of staff at the clinic level we faced in the second phase as a result of which we lost some clients. This will also ensure adequate counseling for the long term methods and referrals

A clinic service provider (CSP) training will be conducted in the second quarter for 8 nurses/midwives (sourced from our referral clinics) for a period of six weeks at SWODEN office. They will be trained on various long-term child spacing methods and referral systems from PHEs, CHEWs, TBAs and male

motivators. During the training they will be exposed to the protocols of referral to the identified referral hospitals and visits to the referral centers

INFORMATION, EDUCATION AND COMMUNICATION

COMMUNITY SESSIONS

SWODEN will conduct community sessions (once every quarter). The sessions will be in form of seminars, and discussions in the LGA. Each session would bring together a minimum of 25 participants. These meetings will involve all the TBAs, PHEs, CHEWs, MM and members of communities during which lectures and demonstrations will be used to address RH issues and assess project impact and also disseminate findings.

SERVICE DELIVERY

RH services in the project will be provided through TBAs, CHEWS, PHEs and clinic service providers immediately after the training. Clients will be referred to the general of private hospitals for more permanent services

FAMILY PLANNING CLINIC

The project will extend and improve family planning and related reproductive health services. Special emphases will be placed on the integration of adolescent reproductive health services into the present system as well as integrating HIV/AIDS into the RH/FP services.

The project will also use TBAs, CHEWS, PHEs and MM who will continuously carry out motivational talks in their environments focusing on demand generation of FP methods, distribute non-prescriptive methods and talk on STIs/HIV/AIDS prevention. They will also make referrals for counseling at the clinics/Hospitals and services

MIS

The Project Director with assistance of the Project Coordinator and Accountant will compile the reports and submit quarterly to CEDPA Country Director through the Kano Field Office in compliance with agreed reporting requirements. The CEDPA Program Officer will analyze both programmatic and financial reports at the Kano Field Office and response will be passed to the Project Management Team. Areas requiring technical assistance or special attention will be highlighted and corrective action taken to improve programme implementation.

FINANCIAL MANAGEMENT

SWODEN will continue to operate two separate bank accounts in the name of SWODEN/CEDPA Reproductive Health Project.

1. A current account for project implementation and disbursement
2. A Saving account for revolving fund on profit from sales of family planning commodities and provision of service

The Project Director will acknowledge the receipt of all funds disbursed to the project. Accounting and financial management of such project funds will be in accordance with CEDPA/PACKARD

accounting system and procedures. CEDPA will provide to the extent possible financial tools and technical assistance to ensure financial management practices.

There will be three (3) signatories to the project account two of whom can at any given time approve and sign cheques for funding of approved activities, one of these being the Project Director. The project will also operate an imprest accounts.

FAMILY PLANNING COMMODITIES AND LOGISTICS

The Project Director will manage logistics for obtaining and distributing contraceptives with technical assistance and support from PSI/SFH different accounts and records will be kept for the different projects. The commodities will be stored in different drugs and commodities cupboards. The Project Director and Project Coordinators will review commodity records and stock on a periodic basis to ensure consistency.

Procedures for commodities reporting, inventory control and managing commodity supply will be as recommended by CEDPA.

EVALUATION/DOCUMENTATION

The quality of care checklist will be used to assess service delivery at the management provider, and client levels.

The sub-project will be assessed both qualitatively and quantitatively on a continuous basis through routine programme reports, service statistics and field visits by the project management team. Results will be used to improve on-going work and documented to assess the possibility of project expansion. There will be a final evaluation of the project prior to phase out.

DOCUMENTATION

Sub-project activities and their impact on project staff and the target population will be carefully documented with appropriate illustrations. The reports will be sent quarterly to CEDPA for further dissemination.

M&E

Monitoring and Supervision

In this project effective monitoring and supervision has been essential to ensure adequate and accurate data collection and compilation.

Field Supervisors

There will be four Field Supervisors in the project. The Field Supervisors will submit their monitoring plan with a schedule of fortnightly visit to TBAs, PHEs, Male Motivators, CHEWS, Clinics to monitor progress. The supervisor will then report to the Project Coordinator to assess project implementation and evaluate data collected from the TBAs, PHEs, Male Motivators, CHEWS. Field supervisors shall. The existing data collection form will be used for the project. They will also supply commodities to clinics, CHEWS, TBAs, PHEs, during such visits. They will collect monies from the sale of child spacing commodities and make returns to the Project accountant.

Project Management Team

There will be a regular monthly management team meeting attended by Project Director, Project Coordinator, Project Accountant, and members of the Project Monitoring Committee. These meetings will enable the management team to review monthly progress in the individual project sites as well as in the overall project, make recommendations and modifications to improve output, discuss major

issues and constraints and plan activities and interventions for the coming month. Quarterly meetings to review progress by the PHEs, TBAs, CHEWS, Male Motivators, and the program management team to review progress of the activities.

The Project Management

The Project Director and Project Coordinator will manage the project with active support from the community and PAC members who will meet on quarterly basis to review activities. The Accountant will be responsible for handling funds, recording transactions and preparing monthly financial reports. He will make all approved project payments and maintain an interest bearing account for income generated from the sales of family planning commodities. He will also keep an inventory of project equipment and commodities and assist CEDPA in project auditing as required. The Secretary will type all reports emanating from the project activities and maintain the filing system for all correspondences.

Record Keeping and Reporting

The project will utilize a record-keeping system designed with technical assistance from CEDPA to enable it to track sales, determine number of clients served by types and methods and the number of people and/or youths reached with information about reproductive health and STD/HIV/AIDS prevention and control. A target will be set on a monthly basis in order to control the implementation process.