



## Project Amendment Template

**PIN:** N 3 - 505

**Project Title:** Community Strengthening For Improved Access to RH and Education Services

**Grantee Organization:** Society for Women Development and Empowerment of Nigeria  
(Swoden)

**Project Director:** Hajiya Fatima Adamu

**For office use only**

**MOD Number:**

**New Project Commitment Dates:**

**Current LC Commitment:**

**PMA Amendment Amount:**

**New LC Commitment Total:**

**SUBPROJECT SUMMARY:**

**(1) GRANTEE SUMMARY:**

*The Society for Women's Development and Empowerment of Nigeria (SWODEN) is a non-discriminatory and not for profit community based health organization founded in 1995 with the aim of improving the health status of women and young people in the communities, who constitute a large percentage of the population and are mostly neglected during policy formulation and implementation. We are currently providing various Community based health services in Eight Local Government areas of Kano and Jigawa states. The organization has registered members in Kano and Jigawa States and is currently working with women and youth groups in Eight LGAs of Kano State and two LGAs in Jigawa State. Activities are conducted through grassroots participation and mobilization through community health service providers taking into consideration religious and cultural sensitivities. SWODEN has staff strength of 21 (full-time and part time) activities are backed by a well structured MIS. The organization with funding from Cedpa and other donors has conducted the following activities:*

- *Conducted a reproductive health and STIs/HIV/AIDS awareness campaign to adolescents in 20 local government areas of Kano and Jigawa States.*
- *Conducted training for 255 health educators with funding from CEDPA in 2 LGAs:*
- *Conducted refresher training for peer health educators with funding from CEDPA in Nassarawa LGA*
- *Conducted training for 40 traditional birth attendants and 60 Peer health educators with funding from Pathfinder International in: Bunkure LGA, Kumbotso LGA, KuraLGA, Rano LGA.*

Carried out field testing and piloting of Northern Youth Strategy literacy Programme (Gari-ya-waye) involving 240 out-of-school youths sponsored by CEDPA in: Warawa LGA

- Service provision and community mobilization for polio immunization in 5 Local Governments areas sponsored by BASICS/CEDPA in: Rogo LGA, Warawa LGA, D/Kudu LGA, Wudil LGA, Nassarwa LGA.
- Mitigating impact of HIV/AIDS on people infected and affected through awareness creation, home based care, skill transfer in 3 LGAs in Kano: Nassarawa, D/kudu, and Ungogo; and 3 LGAs in Jigawa: Dutse, Gumel and Kazaure sponsored by NPT (World Bank Assisted project)
- Renovated six community clinics in six LGAs to serve as referral centres for youth friendly reproductive health services.
- Upgraded the clinic at SWODEN's offices to provide other, more permanent, contraception.
- Nutrition Programme instituted in all project sites.

*All the renovated clinics are currently carrying out the following services:*

- STIs/HIV/AIDS counseling and management
- Antenatal services/Post natal services
- Child welfare
- Education on reproductive health, reproductive rights and safe motherhood.

*The organization is currently operating a youth friendly reproductive health clinic at its premises; they also assist in managing some of the community-based clinics for effective service delivery.*

- (2) **Project Summary:** This is a six months community RH and education-based project designed to improve access to RH information and services and the educational status of the girl child in SIX communities of two LGAs in Kano State. This will be achieved through increased grassroots participation and ownership. Access to Reproductive Health (RH) information, STIs/HIV/AIDS prevention and management, integration of youth-friendly services into existing clinics, provision of home based care through local service providers. The capacities of 25 teachers from the two sites will be built through training on RH issues to enable them integrate it into their teachings. Family planning services will be provided through community clinic and community based distributors (ie CHEWS and TBAs), the capacity of 60 NURTWs will be build through training to service as a male motivators.

SWODEN, will extend its services to two communities of Danhassan and Imawa in Kura LGA

#### **PROGRAM PERFORMANCE TO DATE:**

(1) Include a chart of objectives and achievements, organized by COMPASS Objectives (Quality, Enabling Environment, Demand, Access) and Specific Objectives **from the previous project period**. Include new targets for the proposed project timeframe under the column "Revised Targets". These revised targets

should be realistic targets that can be achieved in the project year, using past achievement as a guideline. See sample below.

### Year One - Summary of Achievements (Example)

Specific Objectives:	# Expected Achievements	# Achieved (insert reporting dates)	% Achievement	Revised Targets
1. To increase the number of women of reproductive age in four communities of Kano state who know at least 3 modern methods of child spacing and have access to qualitative services from its current level by 2%.	2%	6578	65%	50%
2. Improve the quality of clinical services offered at the community clinics in the project sites.	40 CHEWS, 10 CSPs	40 CHEWS, 10 CSPs	100%	10 CHEWS, 4 CSPs
3. To increase the number of girl child that have access to qualitative education and equal participation in four communities in Kano state.	5%	90	16.98%	10%
4. To increase the number of families using modern family planning methods at least by 2.5% in four communities in Kano state	2.5%	1,997	19.9%	20%
<b>Quality</b>				
Training of clinical service providers/Teachers	10 csps, 25 Tectors	10 csps, 25 teachers	100%	30
Refresher training of clinical service providers/Teachers	-	-	-	-
Schools implementing basic standards	-	-	-	-
<b>Enabling Environment</b>				
# of traditional leaders attending workshops on girl friendly services	80	105	125%	120
<b>Demand</b>				
Increase number of parents informed about girls ed.	80	80	100%	100
# of girls enrolling for the 1 <sup>st</sup> time	-	90	16.98%	20%
<b>Access</b>				
Condoms distributed	-	1870	18%	2500
Referrals for long-term methods	-	42	0.5%	2%

### (2) CHALLENGES:

- The project did not address other felt needs of the communities' e.g. micro credit for income generation, malaria drugs etc.
- Care of orphans.

### (3) ACHIEVEMENTS:

1. The organization was able to achieve enabling environment for project implementation through advocacy visit to local govt. councils, traditional and policy makers.

2. Inception of family planning services in health post in the community after training of clinic services providers especially in Gama, Badawa and Karfi health post.
3. People reached with RH information and benefit of girl child education through home visit by trained traditional birth attendants and CHEWS, sensitization seminars to traditional, opinion makers and parents' teachers association.
4. Providing basic equipments to project sites health posts which assures quality of care. (B/P apparatus, weighing scale, dressing trays with forceps, foetal street scope etc).
5. Training of traditional birth attendant which help in identifying dangers signs and knowing women at risk for referral which has been noticed by the community members

#### **JUSTIFICATION FOR AMENDMENT:**

##### **Problem Statement**

The zone has estimated population of 32,481,910 in 2003 which is about 25.7% of the National Population of 126,152,845 projected for mid 2003. In terms of educational status 72% of female and 50% of male aged 6years and above have no formal education. The proportion of children age 6-11 years attending primary school is 34% for female and 46% for male while the proportion of children age 12 to 17 years in secondary schools is 10% for female and 20% for male. Literacy level is 21% for female and 86% for male. Moreover, 27% of both male and women lack exposure to mass media.

Kano state is one of the most populated States in country with 44 local government areas. The target sites are Nassarawa and Kura Local Governments. The population of Nassarawa local government is placed at 704,575 and Kura local government area at 559,468 (National Population Commission 1991 Census)

Despite its metropolitan nature, cultural norms, beliefs and taboos are widely practiced and due to these adolescents do not get access to information about their body and their sexuality. This important aspect of child development is usually treated as silent and non-existent. Most of these are left for the adolescents and their peers to interpret for themselves.

The women of childbearing age also experience the negative effect of traditional norms and beliefs especially as they affect their reproductive health. In most cases the tradition does not allow the woman to take decisions on issues that affect her health. Such decisions are left to the husbands who don't always know the implications of poor reproductive health to the life of a woman.

The incidence of early marriage of the girl child is very high which often results in pregnancy complications and sometimes death. This has accounted for the high rate of maternal morbidity and mortality.

The current situation of our health care service has complicated issues because clinics lack basic equipments, trained personnel and drugs to take care of the reproductive needs of the people. The people are poorly informed of their basic reproductive health needs due the ignorance of the health providers because most of them are untrained to be able to provide qualitative RH services

Most of the girl child education stops at the primary level and Islamic School. The girl child is often engaged in petty trading to generate income that will pay the school fees of her brothers because she is viewed as somebody's property. This is as a result of ignorance among parents, a teacher and also the current situation in our public schools does not provide adequate education on all aspects of life to

students that will bring out their potential. As such, parents become discouraged with the performance of their children and just marry the girls off and the boys sometimes roam about without anything to do.

*In these communities contraceptive use among sexually active teenagers is generally low and widespread unprotected sexual activity among adolescents causes high levels of teenage pregnancies and abortions. Sexually transmitted diseases are also widespread among young boys and girls. It was also realized through hospital records and through community sessions conducted that at least 50% of women of reproductive age had contracted and sought treatment for STDs. Despite a fairly high level of knowledge of modern family planning in the municipality, the use of modern FP methods is also low among women of child bearing age. This is probably due to resistance from husbands, fear due to rumors, religious and cultural barrier, poor availability and access to reproductive health services. Inadequate and poorly equipped health facilities have also contributed high rate of maternal morbidity and mortality, which is 1700: 100,000 live births due to problems related to child bearing.*

### **Proposed Solution**

From the foregoing it would appear that among the major problems of adolescents and women of child bearing age in these LGAs are lack of information on Reproductive Health and sexual health, as well as lack of access to facilities that can provide services, and cultural barriers to RH services to women. Aggressive efforts are needed to break the conspiracy of silence and shyness, which will open up avenues for discussion on the issues of reproductive health at early age to allow them take control of their lives.

Girl child education shall be advocated and create awareness on the importance of girl child education.

- ❖ TBAs will be trained to be able to reach the mothers in their homes to demonstrate information and make referrals in the new selected site ie Danhassan and Imawa communities.
- ❖ Clinic service providers will be trained to provide clinic based RH services of good quality.
- ❖ Community health extension workers will be trained to provide RH community-based services of good quality to women in purdah to create awareness, dispense non-prescriptive methods and also make referrals
- ❖ At the same time, community sessions will be conducted with parents, guardians, religious and traditional leaders to educate them on RH issues such as the consequences of early marriage and the health benefits of birth spacing, girl child education and solicit their cooperation.
- ❖ Information, Education and Communication (IEC) materials would be developed, produced and distributed within the project sites.
- ❖ NURTWS members will be trained as male motivators to enhance male involvements in RH issues and distribute condoms.
- ❖ Parents and guardians will be sensitized and mobilized on the importance of the girl child education through community sessions.

### **SUBPROJECT CHANGES:**

SWODEN will extend her activities to two more communities in Kura LGA using the same strategic of the last phase, in addition NURTWS will be train as male motivators to enhance male involvement in RH issues

### **OBJECTIVES FOR PROPOSAL AMENDMENT PERIOD:**

1. To increase the number of women of reproductive age in four communities of Kano state who know at least 3 modern methods of child spacing and have access to qualitative services from its current level by 2%.
2. Improve the quality of clinical services offered at the community clinics in the project sites.

3. To increase the number of girl child that have access to qualitative education and equal participation in four communities in Kano state.
4. To increase the number of families using modern family planning methods at least by 2.5% in four communities in Kano state

**WORKPLAN:****SWODEN ACTIVITY WORK PLAN**

<i>S/N</i>	<i>ACTIVITY</i>	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>PERSON RESPONSIBLE</i>	<i>REMARK</i>
1.	<i>Funding of Proposal</i>	X						COMPASS	
2.	<i>Project start up</i> <i>- Signing of LNA</i> <i>- Opening of account</i> <i>- Project orientation</i> <i>- Provision of materials</i>	X						PD, PC, Project accountant	
3.	<i>Start-up Workshop for Key Project Staff</i>	X						COMPASS/PO(H), PC, DPC	
3.	<i>Advocacy visit to local govt. councils, schools Community leaders, other opinion leaders</i>	X						SWODEN Consultants, PD, PC.	
4.	<i>Mobilization/Sensitization workshop for traditional leaders, religious leaders and community leaders.</i>	X						SWODEN Trainers, Counseling Specialist	

5.	<b><u>TRAINING</u></b>								
(a)	<i>Training of Project Staff</i>	X							SWODEN Trainers
(c)	<i>Training of Traditional Birth Attendants in RH issues, referrals.</i>		X						SWODEN Trainers, Counseling Specialist
(d)	<i>Training of CHEWS (Females) on RH Issues and Prevention of STIs/HIV/AIDS demand creation</i>		X						SWODEN Trainers, Counseling Specialist
(f)	<i>Training of clinic service providers on long-term clinic spacing methods and referral system from PHEs, CHEWs TBAs and male motivators.</i>		X						SWODEN Trainers, Counseling Specialist COMPASS
(g)	<i>Training of primary school teachers</i>		X						
6.	<b><u>SERVICE DELIVERY</u></b>								
(b)	<i>Awareness creation on availability of counseling/RH services</i>		x	x	x	x	x		TBA/CHEWS/ PD/PC
(d)	<i>Counsel clients on FP and Contraceptive commodities</i>			x	x	x	x		Clinic service providers
(e)	<i>Set up services for clinic based FP clients.</i>			x	x	x	x		PC/DPC, Clinic Nurses,
(f)	<i>Establish commodity supply system</i>			x	x	x	x		COMPASS/S WODEN
(g)	<i>Set up tracking system for defaulters</i>		x	x					CHEWS/ CSP/PC/PD
(g)	<i>Provide care and advice to clients as well as STIs/HIV/AIDS information</i>			x	x	x	x		TBAs, CHEWS, CSPS, Male motivators
7.	<b><u>IEC</u></b>								
(a)	<i>IEC development and production</i>		x	x					TBAs, CHEWs & MM
(b)	<i>Distribute IEC materials</i>			x	x	x	x		TBAs, CHEWS, MM, Teachers
8.	<b><u>COMMUNITY MOBILIZATION</u></b>	X	x	x	x	X	x		PD/PC Male Motivators, TBAs, PHEs, CHEWS
	<i>Monthly meetings with CBDs</i>	x	x	x	x	x	x		
	<i>Quarterly community sessions</i>			X			X		
9.	<b><u>MONITORING AND SUPERVISION:</u></b>								
(a)	<i>Monitor and supervise activities continually</i>		x	x	x	x	x		PC/DPC/supe rvisors



(d)	Monitor and Supervise activities of Teachers.		x	X	x	x	x	PC/PD/Supervisors	
(e)	Monitor and supervise activities of TBAs		x	X	x	x	x	PD/PC/Supervisors	
(f)	Monitor and Supervise activities of community health extension workers (CHEWS)		x	X	x	x	x	PD/PC/Supervisors	
(g)	Supervise and monitor activities of CSPS, equipments.		x	X	x	x	x	PD/PC	
10.	Send Quarterly report to COMPASS			x			x	PD	
11.	Monthly Financial Reports to COMPASS	x	x	x	x	x	x	PD/Accountant	
12.	Periodic Project Review			x			x	Project Team/COMPASS	
13.	Evaluation						x	Project Team/COMPASS	

**FINANCIAL PERFORMANCE:**

(1) Provide summary of expenditures using the chart below. Please refer to latest complete GFR.

Budget Category	Current LC Commitment	Expenditures to Date (specify dates)	Balance as of (date)
Salaries	387,000	193,500	193,500
Benefits	-	-	-
Travells	40,000	14,000	26,000
General Admin	102,000	57,307.88	44,692.12
Purchased Services	6,500	-	6,500
Supplies and Equipment	148,000	124,000	24,000
Education and Training	895,000	819,000	76,000
<b>Total</b>	<b>1,578,500</b>	<b>1,207,807.88</b>	<b>370,692.12</b>

(2) The change by budget category in general Admin was due to a new works sites, so a lot of other stationeries were added to the turn of N6,000.

(3)

Cost share commitment	Cost sharing this period	Cost sharing to date	Performance
657,000	143,833	143,833	21.89%

**EXPLANATION OF BUDGET CHANGES:**

Include an explanation for new budget items, removal of items from prior years, and significant changes in item costs. There must be an obvious connection between the workplan and budget.

**DETAILED BUDGET AND BUDGET NOTES:**

Provide a detailed budget and budget notes for the new project period using the attached Budget Format. Again, the budget should reflect all activities for the project period, including those carried over from

previous year(s). In the workplan and narrative, each activity that has budget implications should be stated in the budget. Please use the same titles in the budget and budget notes that are used in the narrative and workplan.

Workshops, trainings, and/or meetings should have the breakdown costs for each expense listed individually. For example, transport and snacks should be itemized separately and not lumped into one expense.

Each line item in the budget should be explained in the budget notes.

e.g. Workshop for 40 TBAs on Home-Based Care (HBC): A 3 day training for TBAs will be held to review HBC. A total of 40 participants and 5 volunteers will be attending the training. The training will require two facilitators. Workshop materials, transport, hall hire, lunch and snacks will be required for the training. The facilitators will receive an honorarium in addition to transport costs, lunch, and tea break. Volunteers will be included in the breakdown for transport, tea break, and lunch.

#### **SIGNATURES**

Please write and sign your name with the date.

**ATTACHMENT:** Budget Format