



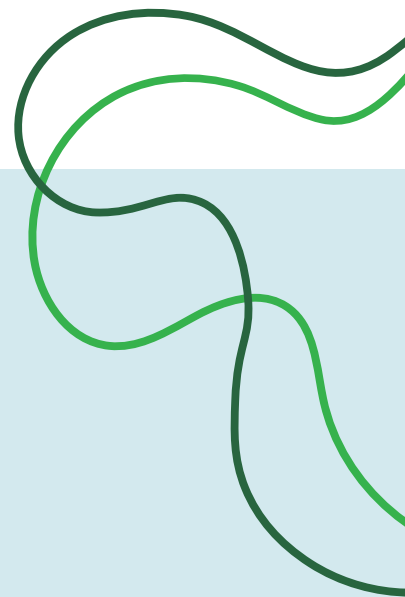
WOMEN'S VOICES

FOR ACTION:

ADVOCACY AND
COMMUNICATIONS FOR
BETTER MATERNAL HEALTH
CARE

END OF PROJECT REPORT

9th January 2023- 30th
September 2023



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02

EXECUTIVE SUMMARY

In December 2022, Nigeria Health Watch was engaged by White Ribbon Alliance to implement the Women's Voices for Action: Advocacy and Communications for Better Maternal Health Care project—the project aimed to elevate reproductive and maternal health in Niger State through concrete policy and accountability wins. Specifically, the objectives were to improve midwife availability and retention, availability and functionality of community Maternal, Perinatal and Child Death Surveillance and Response (MPCDSR) committees and mobilisation of responses for the What Women Want campaign. This was achieved through a mix of approaches, including desk review and research, stakeholder mapping and engagement, policy engagement and dialogues, editorials and social media campaigns. The set objectives were actualised by the end of the project duration – two supportive supervisions for nurses/midwives have been conducted in 100% of the PHCs, commitments have been made to set up and maintain community MPCDSR committees and over 150,000 responses on “What Women Want” were mobilised from women in Kebbi and Niger States.

INTRODUCTION

This report aims to provide White Ribbon Alliance with a comprehensive narrative record of updates, results, and challenges encountered during the implementation of the Women's Voices for Action: Advocacy and Communications for Better Maternal Health Care project from January – September 2023. This report will be an opportunity to:

·Provide a comprehensive overview of the "Women's Voices for Action" project, encompassing its objectives, technical approaches, activities, and outcomes to provide a deep understanding of the project's scope and impact.

·Highlight achievements and outcomes, including changes realised through advocacy and communication efforts, especially policy wins, increased awareness, and other measurable impacts on maternal and reproductive health in Niger and Kebbi State.

·Share key insights and recommendations derived from the 'What Women Want' campaign and other Niger and Kebbi State activities for future initiatives and policies to improve maternal and newborn health.

·Document the lessons learned during the project's implementation, including challenges faced and strategies that proved effective.

PROJECT BACKGROUND

In December 2022, with support from the Bill & Melinda Gates Foundation through White Ribbon Alliance, Nigeria Health Watch initiated the Women's Voices for Action: Advocacy and Communications for Better Maternal Health Care project with the goal of elevating reproductive and maternal health in Niger State through concrete policy and accountability wins. The project's focus was to build on the outcomes, insights, and recommendations of the 'What Women Want' and 'Midwives Voices' campaigns and the community-informed maternal death review - Why Are Women Dying While Giving Birth in Nigeria? Report.

The project was implemented in partnership with the Niger State Primary Health Care Development Agency (now known as the Niger State Ministry of Primary Health Care), women and girls at the community level to raise awareness for gaps in better maternal health. The project focused on prioritising the needs and priorities of women and girls.

Utilising advocacy and communications, the project aimed to carry out the following initial objectives:

·**Objective 1:** The Niger State Ministry of Health increases by at least 10% the budget line in the 2024 Niger State health budget on the improvement of Water, Sanitation, and Hygiene (WASH) facilities in PHCs in Niger State by December 31, 2023.

·**Objective 2:** The Niger State Ministry of Finance increases the funding released for Family Planning (FP) services by at least 10% for the 2023 Niger State health budget by December 31, 2023.

·**Objective 3:** The Niger State Ministry of Health reconstitutes and makes fully functional community Maternal and Perinatal Death Surveillance and Response (MPDSR) committees in at least three communities in Niger State by December 31, 2023.

·**Objective 4:** The Niger State Government hires and deploys at least one midwife in each of the state's 274 focal primary health care centres by December 31, 2023.

TECHNICAL APPROACH

The above objectives were achieved through a mix of approaches, including desk review and research, stakeholder mapping and engagement, policy dialogue, bottom-up advocacy, mobilisation and a channel mix, through which key advocacy messages will be disseminated and amplified.

DESK REVIEW AND RESEARCH

1. LANDSCAPING ANALYSIS

A landscaping analysis was carried out in January 2023 to guide the implementation of project activities through a broad look at the current situation in Niger State. The landscaping analysis employed two methods: desk reviews and in-depth interviews (IDIs) with key stakeholders across the initial project objectives over a 5-day period (16th January 2023 to 20th January 2023).

As part of the desk review, approved Niger State budgets from 2018 to 2022 were reviewed, and key stakeholders in the state were identified to conduct Key Informant Interviews for a baseline assessment. These stakeholders included the State Accountant General, the Niger State Primary Health Care Development Agency (NSPHCDA) Executive Secretary, the Director of Planning, Research, and Statistics, the Maternal Neonatal and Child Health (MNCH) Coordinator and the Family Planning Coordinator.

The significant output of this activity was the landscaping analysis report and findings, which were presented virtually to the White Ribbon Alliance team on the 23rd of January, 2023.

Objectives of the Landscaping

The overall objective of the landscaping was to understand the situation of the Niger State budget for WASH and FP and the availability of a functional community MPDSR committee and midwives in the state. Specifically,

01 The Niger State health budget allocation and release for Water, Sanitation, and Hygiene (WASH) facilities in PHCs

02 The Niger State health budget allocation and release for family planning (FP) services in Niger state

03 Community Maternal, Perinatal and Child Death Surveillance and Response (MPCDSR) committees in Niger state

04 Availability of midwives in the 274 focal primary health care centres in Niger State

Findings from the landscaping

Based on the Approved Niger State budget from 2018 to 2022, neither the Ministry of Health nor any other health MDA has a budget line for WASH. However, the Ministry of Water Resources and the Niger State Planning Commission (NSPC) had budget lines for WASH. While there were allocations for WASH for some of these years, less than 1% was released. Additionally, stakeholders confirmed that the WASH programme is domiciled in the Ministry of Water Resources; however, they work in collaboration with the health promotion/education unit and the Integrated Management of Childhood Illness (IMCI).

According to the approved Niger State budget from 2019 to 2023, family planning had budgetary allocations from 2018 to 2022; however, there were releases for only 2019 and 2020, at an average of 12.75% of the annual budget.

Even though there is a functional State MPCDSR committee in Niger State, there are no community MPCDSR committees. Despite this, the NSPHCDA (now known as the Ministry of Primary Health Care) had community MPCDSR activities in the annual operational plan for 2023.

More so, findings showed that the state only had 81 nurses/midwives providing skilled health services for the 274 focal PHC facilities. Although recruitment was ongoing through other pathways (the Niger State government, the Basic Health Care Provision Fund (BHCPF), GAVI, the Vaccine Alliance and Expanded Midwives Service Scheme (eMSS)) to increase the number of nurses/midwives.

Based on the findings, the WASH objective was eliminated for efforts to be focused on the objectives with programmes that are domiciled at the NSPHCDA.

2. BASELINE ASSESSMENT

Mixed-method research – quantitative and qualitative - was conducted to ascertain the current state of affairs in the state. Quantitative data was obtained from the approved state health budgets over a four-year period (2019 to 2022) at the NSPHCDA and the Niger State Planning Commission (NSPC), while qualitative data was obtained from key informants who were purposively sampled. Six (6) Key Informant Interviews (KIIs) were conducted at the State level; some of the key informants included the Executive Secretary, the Director of Planning Research and Statistics, the MNCH Coordinator at the NSPHCDA, the Director of Planning Commission, the Chairman, State MPDSR Committee and the State Accountant General. At the community level, nine (9) Focus Group Discussions (FGDs) were carried out across three (3) Local Government Areas (LGAs) (Suleja, Lapai and Borgu LGAs). Focus groups included women of childbearing age, traditional leaders and skilled birth attendants.

Objectives of the baseline assessment were:

- 01 To understand the trend and drivers of budget allocations and releases for family planning (FP) services in the state
- 02 To understand the current realities of community Maternal, Perinatal and Child Death Surveillance and Response (MPCDSR) committees in Niger State
- 03 To determine the baseline for the equitable distribution of midwives in the 274 focal PHCs and conduct of supportive supervision in Niger State.

Baseline Assessment Results:

Findings were discussed based on the objectives. According to the 2019 to 2022 State budget, the allocation for family planning increased annually with a slight dip from the 2020 allocation by 26.34% in 2021. However, budget releases were low, with only 33% and 18% releases for 2019 respectively. Insights from qualitative data showed that poor releases were due to limited resources released to the NSPHCDA as well as bureaucratic procedures for funds releases. More so, findings showed that resources are released to the NSPHCDA rather than on a programme basis, and programmes are further prioritised for the limited resources within the Agency.

Focus group discussions revealed that the majority of the women prefer homebirths. This is in line with the NDHS 2018 report, which stated that 74% of the births in Niger State occur at home, and 62.5% of all births in the state are assisted by relatives. The baseline assessment revealed that even though the majority of the births are at home with the assistance of relatives, there are no community MPCDSR committees to provide accountability for deaths. Findings from the situation analysis highlighted some of the potential challenges of institutionalising C-MPCDSR committees, including the unavailability of data collection tools, lack of external motivation, refresher trainings and exit of already trained personnel.

Findings from the qualitative data revealed that even though there were only 81 nurses/midwives, they needed to be equitably distributed across the focal PHCs. Also, over 500 nurses and midwives were in the process of being recruited through four channels, and equitable distribution will be required to ensure at least one nurse/midwife is in each of the focal PHCs. More so, respondents highlighted the issue of retention

for the nurses/midwives, especially in rural and hard-to-reach areas in the state. As a result, there is a need to establish supportive supervision mechanisms, such as regular supervisory visits to midwives, to improve retention and reduce absenteeism/chronic ghost workers, particularly in the 274 focal PHCs.

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Key Findings and Recommendations

The assessment provided valuable insights into the state of maternal health in Niger State and revealed the following recommendations for the NSPHCDA, which included:

- Request for funds early in the year to increase the chances of releases.
- Prioritise funds for family planning, C-MPDSR and supervision of nurses and midwives when the funds are released to the NSPHCDA.
- Set up fully functional C-MPDSR committees in at least three communities in the state (functional means to hold monthly verbal autopsy review meetings where recommendations are made and responses are provided and monitored).

Final Policy Objectives Based on the Baseline Assessment

OBJECTIVE 01

The Niger State Ministry of Finance increases the funding released to the Niger State Primary Health Care Development Agency for family planning services by at least 6% by December 31, 2023.

OBJECTIVE 02

The Niger State Primary Health Development Agency equitably deploys at least one midwife in each of the 274 focal primary health care (PHC) facilities in the state and conducts two supportive supervision visits in 25% of the focal PHCs by December 31, 2023.

OBJECTIVE 03

The Niger State Ministry of Health institutionalises and makes fully functional community Maternal and Perinatal Death Surveillance and Response (MPDSR) committees in at least three communities in Niger State by December 31, 2023. (functional means to hold monthly verbal autopsy review meetings where recommendations are made, and responses are provided and monitored)

OBJECTIVE 04

Mobilize at least 50,000 responses from women and girls across the life cycle from Kebbi state about what they most want for their health and well-being by June 30, 2023.



Stakeholder Engagement and Advocacy

As part of the landscaping, stakeholders were mapped, ranking them based on the power interest matrix. Following the landscaping, we commenced stakeholder engagements. The first stakeholder engagement and advocacy visit was to the NSPHCDA, and the purpose was to obtain State buy-in from the stakeholders in Niger state to ensure State ownership of the project. Stakeholder engagements and advocacies continued throughout the project's lifespan to ensure project objectives' achievement.

Midterm Review

A mid-term review of the project objectives was conducted to evaluate the feasibility of achieving all set project objectives, considering the elections in the country and the transition of government. As a result, the Family Planning objective was removed, and a second phase of the What Women Want campaign was included.

Following the mid-term review, the final project objectives were revised as follows:

OBJECTIVE 01

The Niger State Primary Health Development Agency equitably deploys at least one midwife in each of the 274 focal primary health care (PHC) facilities in the state and conducts two supportive supervision visits in 25% of the focal PHCs by December 31, 2023.

OBJECTIVE 02

The Niger State Ministry of Health institutionalises and makes fully functional community Maternal and Perinatal Death Surveillance and Response (MPDSR) committees in at least three communities in Niger State by December 31, 2023. (Functional means to hold monthly verbal autopsy review meetings where recommendations are made, and responses are provided and monitored)

OBJECTIVE 03

Mobilize at least 150,000 responses from women and girls across the life cycle from Kebbi state about what they most want for their health and well-being and for their economic empowerment by August 14, 2023.



POLICY DIALOGUE:

On the 14th of August 2023, a policy dialogue-

“Strengthening Community Accountability Mechanisms for Quality Primary Healthcare -Spotlight on Niger State”-

was conducted with all relevant stakeholders, discussing the community accountability for maternal, perinatal and child health as well as the way forward and highlighting stakeholder commitments. The objectives of the dialogue were to:

·Highlight what’s working and the difficulties rural health facilities face in providing care.

·Present policymakers and stakeholders with evidence around the experiences of community members accessing healthcare in rural communities.

·Discuss and proffer recommendations on how to improve accountability for improved healthcare delivery at the community level.

·Discuss how accountability for maternal, perinatal and child deaths can be fostered through community MPCDSR committees.
·Proffer actionable recommendations for improved PHC service delivery in communities in Niger state.

Panel Discussion 1

Improving community access to health through PHC demand strengthening. This panel deliberated on the policies and programmes designed to strengthen PHC services and fulfil the health needs of rural communities.

Panel Discussion 2

Strengthening community accountability mechanisms for quality maternal health care. This panel discussed the state of maternal healthcare accountability mechanisms in the community. This provided for deliberation on the benefits of setting up and maintaining functional community maternal, perinatal and child death surveillance response (MPCDSR) committees.

Partners Engaged

Niger State Primary Health Care Development Agency, Niger State Ministry of Health, Niger State Ministry of Women Affairs and Social Development, Coalition of Civil Society Organisations, Niger State Contributory Health Scheme (NiCare), Niger State Media Coalition, Officers in Charge of Gwari and Kpakungu PHC, Niger State MPCDSR Committee, Ministry of Local Government and Chieftaincy Affairs, Association of Persons Living with Disabilities, Faith Based Organizations, Christian Association of Nigeria (CAN) and Jama'atu Nasril Islam (JNI), Community Health Watch Reporters, Ward Development Committees and Women Community Leader, Chanchaga LGA.

Commitments from the Policy Dialogue:

the leadership of the Agency made commitments to achieving the following by quarter four (4) 2024.

Adequate community engagement: The Ministry of Primary Health Care needs to work in synergy with facilities and communities. This will ensure an improved feedback mechanism between the Ministry and the WDC.

Adequate inclusion of women groups in the community MPCDSR committees: To amplify women's voices, the community MPCDSR committee should take into consideration the different women groups in the different communities.

Sustainable financing for community MPCDSR: Given the opportunity of evolving into a Ministry in this new administration, the Ministry of Primary Health Care committed to allocating a dedicated budget line for community MPCDSR to ensure its long-term sustainability. It will also leverage Niger State Contributory Health Scheme (NiCare) and BHCPF community outreach activities to strengthen financing for community MPCDSR.

Set up community MPCDSR committees with political leadership: The Ministry of Primary Health Care will ensure the conduct of MPCDSR training at different levels in the state and set up functional MPCDSR committees by the next quarter. Additionally, the leadership of the State MPCDSR committee should be a 'political leader on health' because political will drives impact.

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MOBILISATION CAMPAIGN

PHASE I: WHAT WOMEN WANT-HEALTH AND WELLBEING CAMPAIGN IN KEBBI STATE

Between April and June 2023, the “What Women Want – Health and Wellbeing Campaign” was implemented in Kebbi state. The campaign sought to mobilise the responses from women and girls across the life course on their top requests for their health and wellbeing.

The campaign provided a platform for women to voice their healthcare preferences and priorities. This empowered the women to articulate their needs, priorities and concerns regarding healthcare services, particularly maternal and reproductive health. Beyond understanding their healthcare needs, the campaign created awareness on the importance of empowerment for women to attain their topmost needs, including their desire to access education and the need to be financially independent to better support their families and communities. The campaign utilised community mobilisers who went into the communities to collect the responses using a data collection tool- POKET Application.

The mobilisation took place across six (6) Local government Areas (LGAs) in Kebbi State. The LGA breakdown is highlighted below:

REGION	LOCAL GOVERNMENT AREA	GEOGRAPHICAL REGION
KEBBI CENTRAL	BIRNIN KEBBI	URBAN
	ALIERO	RURAL
KEBBI NORTH	SURU	URBAN
	DANDI	RURAL
KEBBI SOUTH	ZURU	URBAN
	SHANGA	RURAL

PHASE II: WHAT WOMEN WANT: ECONOMIC EMPOWERMENT IN KEBBI AND NIGER STATE

Based on responses from the first phase of the campaign, the What Women Want-Economic Empowerment Campaign commenced from July to August 2023 in Niger and Kebbi States. The goal of the campaign was to gather responses from women and girls on their biggest economic ambition.

It is important to note that the What Women Want: Health and Wellbeing Campaign was ongoing simultaneously in Niger state.

The mobilisation took place across six (6) Local government Areas (LGAs) each in Kebbi and Niger State. The LGA breakdown is highlighted below:

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STATE	LOCAL GOVERNMENT AREA
KEBBI CENTRAL	BIRNIN KEBBI, KALGO, SURU, DANDI, YAURI AND SHANGA
KEBBI NORTH	BIDA, CHANCHAGA, KONTAGORA, LAPAI, SHIRORO AND WUSHISHI

PROJECT ACCOMPLISHMENT

Project accomplishment by objectives, is detailed below:

OBJECTIVE 01

The Niger State Primary Health Development Agency equitably deploys at least one midwife in each of the 274 focal primary health care (PHC) facilities in the state and conducts two supportive supervision visits in 25% of the focal PHCs by December 31, 2023.

OUTCOME SUMMARY	
Activity	Description/Accomplishments
Support the BHCPF team to conduct supportive supervision - 25% of the facilities in Q3	The Niger State Primary Health Care Development Agency, with support from the National Primary Health Care Agency (NPHCDA) and the Bill and Melinda Gates Foundation (BMGF), has conducted two Integrated Supportive Supervision visits (May 2023 and August 2023) to over 100% of the 274 focal facilities in Niger.
Develop a brief on the supportive supervision - highlighting insights and gains of the supervision.	A thought leadership editorial was published on <u>“Transforming Maternal Care: Empowering Midwives in Niger State through supportive supervision”</u> . The article provided recommendations on the areas of focus for the NSPHCDA to sustain midwives’ retention in the states, particularly in hard-to-reach communities.

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Partners Engaged

·Basic Healthcare Provision Fund (BHCPF) team, the State Emergency Maternal and Child Health Intervention Centre (SEMCHIC), and the Niger State Primary Health Care Development Agency.

Impact on women and communities

·Through collaborative efforts, healthcare facilities that underwent supportive supervision recorded the retention of nurse/midwives at their service delivery points.

·Through the Basic Health Care Provision Fund, the National Primary Health Care Development Agency (NPHCDA) is tracking quality improvement of Primary Health Care facilities that are receiving Decentralised Facility Funding (DFF) from the NPHCDA through the State Primary Health Care Development Agency, ensuring the accountability and proper utilisation of funds. There is also the willingness and to include midwives' supportive supervision with a view to improve retention at these facilities.

OBJECTIVE 02

The Niger State Ministry of Health institutionalises and makes fully functional community Maternal and Perinatal Death Surveillance and Response (MPDSR) committees in at least three communities in Niger State by December 31, 2023. (Functional means to hold monthly verbal autopsy review meetings where recommendations are made, and responses are provided and monitored)

OUTPUT SUMMARY	
Activity	Description/Accomplishments
Advocacy and Stakeholder Engagement	The baseline assessment provided insights into the three target communities to understand their dynamics and existing systems of accountability for maternal deaths.
Identify and Mobilise community-based organisations to lead Advocacy and Sensitisation for CMPDSR in the three communities.	Community-Based Organisations with a strong interest in maternal and perinatal health and a history of community mobilisation were identified as potential partners.

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<p>State Sensitisation and Engagement Meeting on C-MPCDSR</p>	<p>The Niger State Primary Health Care Development Agency invited stakeholders and partners for a one-day sensitisation and engagement meeting.</p> <p>From the National Training of Trainers, 8 LGAs were selected to set up the C-MPCDSR and the Selection criteria for LGAs, Wards and Communities were discussed. Due to fund constraints, the Niger State Primary Health Care Development Agency is currently sourcing for funding support from partners to carry out the State Training of Trainers and the LGAs cascade training.</p>
<p>Policy Dialogue: To discuss how accountability for maternal, perinatal and child deaths can be fostered through community MPCDSR.</p>	<p>During this dialogue, a clear call was made for communities to be involved in the design and decisions made for reporting maternal, perinatal and child deaths. At the state level, the dialogue emphasised the need for implementing the recommendations of the MPCDSR Committee.</p>

Partners Engaged

NSPHCDA Director Health Planning, Research and Statistics, Coalition of Civil Society, Faith Based Organizations, State MPCDSR Committee, PM SEMCHIC, National Population Commission, Hospital Management Board, NSPHCDA M&E Officer and Clinton Health Access Initiative

OBJECTIVE 03

Mobilise at least 150,000 responses from women and girls across the life cycle from Kebbi state about what they most want for their health and well-being and for their economic empowerment by August 14, 2023.

Phase I:

Mobilize 50,000 responses from women and girls across the life cycle from Kebbi state about what they most want for their health and well-being.

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ACTIVITY	DESCRIPTION
<p>Collect at least 50,000 responses from women and girls across the life cycle from Kebbi state about what they most want for their health and well-being.</p>	<p>52,880 responses were collected from May 11th to June 14th, 2023. (Find the LGA breakdown below)</p> <p>Aleiro-8,644, Birnin Kebbi-8,671, Dandi- 8,542, Shanga- 9,090, Suru-9,161, Zuru-8,772</p>
<p>Obtain five personal testimonials and 25 photos of women holding the sign showing their topmost health and wellbeing priority.</p>	<p>Five personal testimonials and 25 photos were collected.</p>

Phase II:

Mobilize at least 100,000 responses from women and girls in Kebbi and Niger State on their biggest economic ambition and 50,000 what they most want for their health and well-being in Niger State by August 14, 2023.

ACTIVITY	DESCRIPTION
<p>Collect at least 100,000 responses from women and girls on their biggest economic ambition.</p>	<p>In total, 102,766 responses were collected for both campaigns in Niger and Kebbi State. Here is a further breakdown of the data recorded by the state. Niger- 50900 and Kebbi- 51866</p>
<p>Collect at least 50,000 responses from women and girls across the life cycle from Niger state about what they most want for their health and well-being.</p>	<p>51497 were collected in Niger State from women and girls on their topmost request for their health and well being</p>
<p>Documentation and communication deliverables</p>	<p>Collected 50 photos of participating women and girls holding their WEE and Women’s Health and Wellbeing campaign demands on a sign, 15 pictures of process-based content and three personal or impact stories from campaign participants.</p>

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Partners Engaged

Niger State Primary Health Care Development Agency, Kebbi State Primary Health Care Development Agency, local community leaders and women's groups.

Impact on women and communities

·The campaign provided findings and highlighted key issues and concerns raised by women in the state. It also created an avenue to listen to the voices of women and girls, which is a core component of the project's goals and objectives.

·The campaign findings will provide information to support advocacy efforts to policymakers and healthcare providers to bring about improved health outcomes for women and girls.

·The campaign conducted training sessions for mobilisers on active listening and trauma-informed response. This created a sense of safety for the women to share their requests.

·The state committed to using the data generated from the campaign to advocate for resources and support for activities beyond maternal health.

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ACCOMPLISHMENT SUMMARY

OBJECTIVE	QUARTER	BIG WINS	SMALL WINS
<p>The Niger State Primary Health Development Agency equitably deploys at least one midwife in each of the 274 focal primary health care (PHC) facilities in the state and conducts two supportive supervision visits in 25% of the focal PHCs by December 31, 2023.</p>	<p>QUARTER 1</p>	<p>Stakeholder support and buy-in</p>	<p>Baseline assessment and Landscaping analysis</p>
	<p>QUARTER 2</p>	<p>Successful deployment of midwives to 274 BHCPF facilities</p> <p>Supported the NSPHCDA to request approval to carry out supportive supervision to 25% of the BHCPF facilities.</p>	<p>Published article featured on the solutions journalism public health section</p>
	<p>QUARTER 3</p>	<p>Supportive supervision was successfully carried out in 25% of BHCPF facilities.</p>	<p>Laid the groundwork for sustainable change in the quality of maternal health.</p>
<p>The Niger State Ministry of Health institutionalises and makes fully functional community Maternal and Perinatal Death Surveillance and Response (MPDSR) committees in at least three communities in Niger State by December 31, 2023. (Functional means to hold monthly verbal autopsy review meetings where recommendations are made, and responses are provided and monitored)</p>	<p>QUARTER 1</p>	<p>Adequately aligned project plans with the NSPHCDA Annual Operations Plan.</p>	<p>Focus Group Discussions were held in the three target communities.</p>
	<p>QUARTER 2</p>	<p>NSPHCDA engagement meeting with stakeholders to discuss the need for institutionalising a functional CMPCDR</p>	<p>Eight (8) LGAs have been identified to set up CMPCDR Zone A: Lavun and Again Zone B: Chanchaga or Bosso, Rafi and Paikoro Zone C: Rijau, Mashegu and Magama</p>
	<p>QUARTER 3</p>	<p>NSPHCDA have started sourcing for funding to carry out state training of trainer, which will be further cascaded to the LGAs. NSPHCDA has committed to PHC finance allocation for setting up and maintaining functional community MPDSR committees in the state.</p>	<p>Convened a policy dialogue and achieved increased public discourse on the need for improved maternal and perinatal death surveillance and accountability.</p>

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<p>Mobilise at least 50,000 responses from women and girls across the life cycle from Kebbi state about what they most want for their health and well-being by June 30, 2023.</p>	<p>QUARTER 2</p>	<p>Collected 52,880 responses from women across the reproductive cycle on their top request for their health and well-being to be used to guide advocacy for improved healthcare for women and girls in Kebbi State</p>	<p>Strengthened relationship with Kebbi State Primary Health Care Development Agency (KBSPHCDA)</p>
<p>Mobilise at least 100,000 responses from women and girls in Kebbi and Niger State on their biggest economic ambition and 50,000 what they most want for their health and well-being in Niger State by August 14, 2023.</p>	<p>QUARTER 3</p>	<p>Collected 154263 responses from women and girls from both campaigns in the two states</p>	

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PROJECT CHALLENGES AND MITIGANTS

CHALLENGES	MITIGANTS
Security: some target communities faced security issues, making it challenging to conduct field activities and engage community members in those areas.	Security-compromised LGAs were excluded from the baseline assessment and subsequent implementation.
Unavailability of budgets and budget performance for landscape analysis.	The team leveraged existing relationships with the NSPHCDA to retrieve the budget allocation data.
Unavailability of stakeholders due to competing priorities.	Available stakeholders were adequately engaged, based on mutually convenient schedules with team members.
Bureaucratic challenges, including delays in obtaining necessary approvals and navigating complex administrative procedures.	The team leveraged existing staff capacity in Niger State, responsible for liaising with government agencies and addressing administrative requirements.
Project implementation in a political year	The project coincided with a political year in Nigeria, which was marked by heightened political activities and sensitivities. This also impacted stakeholder engagement. The team created clear communication channels with relevant permanent government officials to ensure project continuity and support. This close communication also informed the removal of the initial 1st objective.

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MEDIA ENGAGEMENT

Over the course of implementing the project by Nigeria Health Watch, social media was one of the critical tools we explored to carry out the advocacy, and platforms such as Twitter, Instagram, and LinkedIn were leveraged. This is to broaden the project's reach and ensure that the advocacy reaches all stakeholders and the necessary audiences. The hashtag #WomensVoicesForAction was used to track the progress of the advocacy and ensure greater engagement and impact.

Providing time to time a detailed analysis of the social media activities carried out while implementing the project is critical, thus this report. The date range of this social media report is from February 1st, 2023, to September 30th, 2023.

Below is the detailed report.

#WOMENSVOICESFORACTION OVERVIEW



·**Tweets:** number of tweets containing the hashtag
(238)

·**Timeline deliveries:** total possible number of times
someone could have viewed a particular tweet
(4,446,381)

·**Reach:** number of unique followers who received a
timeline delivery of at least one tweet/post
regarding the hashtag (663,610)

·**Contributors:** Number of people who tweeted or
re-tweeted a message with the hashtag (101)



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In summary, this report demonstrates that the content we have created for the #WomensVoicesForAction project has been both captivating and strongly connected with our target audience. We are committed to intensifying our efforts to ensure that this advocacy message reaches every relevant stakeholder capable of influencing maternal health outcomes for women in Nigeria.

EDITORIAL

EDITORIAL ENGAGEMENT MATRIX (SEPTEMBER 28TH, 2023)

ARTICLE	URL	PUBLICATION DATE	AUTHOR	TOTAL VIEWS	TOTAL ATTENTION PER STORY (M)	AVG READ TIME (M)
Accessing Quality Maternal Health Care in Niger State: Womens Voices for Action	https://articles.nigeriahealthwatch.com/womens-voices-for-action-and-access-to-quality-maternal-health-care-in-niger-state-a-baseline-assessment/	4/5/2023	Dabri Ohanu. Oluoma Omeje'	127	9	0.07
Transforming Maternal Care: Empowering Midwives in Niger State Through Supportive Supervision	https://articles.nigeriahealthwatch.com/transforming-maternal-care-empowering-midwives-in-niger-state-through-supportive-supervision/	6/28/2023	Dabri Ohanu Nanzing Lucas haruna-Mamdam'	33	36	1.08
Strengthening Community Accountability Mechanisms for Quality Primary Healthcare; A spotlight on Niger State	https://articles.nigeriahealthwatch.com/strengthening-community-accountability-mechanisms-for-quality-primary-healthcare-a-spotlight-on-niger-state/	8/31/2023	Oluoma Omeje	47	10	0.22

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Recommendations from project implementation

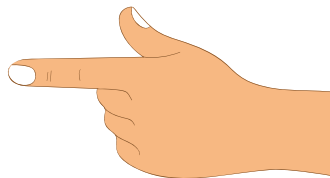
- Commence project with stakeholder mapping and engagement to ensure buy-in, ownership and continuity of the project.
- Utilize bottom-up and top-bottom advocacy to ensure system-wide awareness during project implementation.
- Routine and regular engagement with key stakeholders ensures that project objectives are kept on the front burner especially for advocacy programmes.

CONCLUSION

The Women's Voices for Action project successfully achieved its goal to advocate for better maternal health care in Niger State. The partnership between White Ribbon Alliance, communities, government agencies, and stakeholders has significantly improved midwife deployment and community engagement as well as laid emphasis on the importance of setting up a fully functional CMPCDSR committee in the state. As the project concludes, its positive impact will continue to be felt in the improved health and well-being of women and families in Niger State.

**ALL PROJECT PHOTOS ARE
AVAILABLE:**

HERE



<https://nhwat.ch/3tK0a6h>



Baseline Assessment in Niger State



Baseline Assessment in Niger State



Focus Group Discussions with opinion leaders and service providers



Focus Group Discussions with opinion leaders and service providers



Baseline assessment presentation to the Niger State Primary Health Care Development Agency (NSPHCDA)



Baseline assessment presentation to the Niger State Primary Health Care Development Agency (NSPHCDA)



Care Development Agency (NSPHCDA) for the What Women Want Campaign



Training of mobilisers for the What Women Want Campaign in Kebbi State



Training of mobilisers for the What Women Want Campaign in Kebbi State



Story collection for the What Women Want Campaign in Kebbi State



Advocacy to traditional rulers at Dandi and Yauri Local Government Areas for the What Women Want: Health and Wellbeing Campaign and Economic Empowerment Campaign in Kebbi State



What Women Want: Health and Wellbeing Campaign and Economic Empowerment Campaign in Niger State



Mobilisation of responses for the What Women Want: Health and Wellbeing Campaign and Economic Empowerment Campaign in Kebbi State



What Women Want: Health and Wellbeing Campaign and Economic Empowerment Campaign in Niger State

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