Photos: Nosa Owens-Ibie

Ebonyi State

Mother and Child Care Initiative

(MCCI)

Nigeria

Final Report – October 2010

Documentation commissioned by The United Nations Population Fund (UNFPA)

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Song
Calling VVF Patients to Come Out for Screening and Repairs

Igbo

1. Oge izondu, oge eruwo
Puta k'ideye aha, oge eruwo

Chorus

Oge eruwo!
Oge izondu, oge eruwo
Puta k'ideye aha, oge eruwo

2. A zoo nne, a zoo nwa, oge eruwo
Puta k'ideye aha, oge eruwo

English

1. The time for saving lives, the time has come
Come out and register to save your lives

2. Mothers are saved, children are saved

Composed by Hon. Chief (Mrs) Cecilia Akanu

List of abbreviations and acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARFH	Association for Reproductive and Family Health
ALGON	Association of Local Governments of Nigeria
ANC	Antenatal care services
ARV	Anti-retroviral treatment / medication
BEmOC	Basic Emergency Obstetric Care
CEmOC	Comprehensive Emergency Obstetric Care
CO	UNFPA Country Office
CP	UNFPA Country Programme
CPAP	Country Programme Action Plan
EOC	Emergency Obstetric Care
FMC	Federal Medical Centre
FMoH	Federal Ministry of Health
GF	The Global Fund
H.E.	Her Excellency, Chief (Mrs.) Josephine Elechi, The Wife of the Governor Ebonyi State
HERA	Health Research for Action (Belgium)
HIV	Human Immunodeficiency Virus
LGA	Local Government Area
MCCI	Mother and Child Care Inititative of Ebonyi State
MMMMC	Maternal Mortality and Morbidity Monitoring Committees
MoH	Ministry of Health
MWA&SD	Ministry of Women Affairs and Social Development
N	Naira (Nigeria local currency)
NAPEP	National Poverty Erradication Programme
NDE	National Directory of Employment
NDHS	Nigeria Demographic and Health Survey
NDLEA	National Drug Law Enforcement Agency

NOA	National Orientation Agency
OF	Obstetric fistula
OVC	Orphans and Vulnerable Children
PLHIV	Persons Living with HIV
RVF	Recto-vaginal Fistula
SE	South East
SMoH&E	State Ministry of Health and Environment
TBA	Traditional Birth Attendants
TOR	Terms of Reference
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTH	University Teaching Hospital
VVF	Vesico-Vaginal Fistula
WHO	World Health Organisation

Ebonyi State, The Salt of the Nation

Created 1st October 1996	
Area:	5,932 Km^2
Estimated Population 2009:	2.3 million
Senatorial Zones	3
Development Centres	77
Local Government Areas (LGA)	13
Health Wards	296

Summary

The Mother and Child Care Initiative of Ebonyi State (MCCI) is an example of an integrated approach to address issues related to maternal health, including obstetric fistula. Under the leadership of the Wife of the Governor, Her Excellency Chief (Mrs.) Josephine Elechi, MCCI has undertaken a number of interventions in seven areas of work: safe motherhood, elimination of obstetric fistula, early detection of breast and cervical cancer, girl-child education, youth and women empowerment, HIV and AIDS, orphan and vulnerable children.

The main approaches of the work of MCCI include: a strong leadership and political will from both the Wife of the Governor, as well as, the Governor, commitment by the State Government reflected in investments made in programme activities and promoting relevant legislation, involvement of relevant State Ministries in the implementation of MCCI activities, building partnerships with all sections of society (state and local government, non-governmental organisations, the private sector, religious and traditional leaders, local organisations, and individuals), selecting the poor and most vulnerable as priority targets for interventions and a sustained state-wide grassroots mobilisation. MCCI took obstetric fistula as an entry point to address issues of maternal health.

MCCI activities started in 2007. In spite of this short period of implementation, positive outcomes are already obvious as a result of the strategies and interventions implemented. For example, as a result of the community mobilisation, sensitization, and provision of free maternal care in mission hospitals, the number of deliveries in all types of health facilities in the State has doubled in 2009 as compared to 2006. Similarly the number of antenatal care attendances has tripled in the same period. The South East Fistula Centre was built and equipped for the provision of treatment for obstetric fistula patients. The Centre was inaugurated in 2008 and between then and June 2010, a total of 524 women from Ebonyi State and thirteen other States have had their fistula repaired at the Centre. In 2009, the number of reported maternal deaths in the State shows a decrease when compared with the number of maternal deaths reported in 2008.

The State House of Assembly has enacted the Ebonyi State Maternal and Child Health Initiative and Related Matters Law. The Law includes key requirements that could have a direct impact on reduction of maternal mortality and prevention of obstetric fistula. For example, the Law requires registration of every pregnant woman with a proper health facility and it also requires timely referral of women during prolonged labour (to be done at the latest after ten hours of labour). The Law also makes reporting of maternal deaths obligatory and failure to report is considered an offence. Maternal Mortality and Morbidity Monitoring Committees are also established by the Law with the purpose of facilitating its enforcement. These Committees have been established and are functional at the ward, Local Government Area and State level.

The MCCI experience showcases a number of strategies and interventions that could be scaled up in similar settings to practically address the challenges of delivering quality and affordable maternal and child health services. This report presents the results of a documentation exercise commissioned by the UNFPA Country Office in Nigeria with the purpose of providing an overview of MCCI activities. The report focuses on documentation of lessons learnt, best practices, key results delivered at present, as well as, facilitating and constraining factors to implement the initiative.

Milestones in the implementation of MCCI, 2007 –July 2010
2007
- MCCI conceptual document
2008
- Advocacy visits and stakeholders meetings - Base line survey (household survey, fistula screening) - Safe Motherhood Workshop/ Safe Motherhood Walk - Grants to 6 Mission Hospitals to provide free maternal health services - Ebonyi State Mother and Child Care Initiative and Related Matters Law 2008 (Amended 2009) - Mobilisation in 13 Local Government Areas (LGAs) - Opening of the South-East Fistula Centre (by former First Lady) - Expanding partnership base (e.g. UNFPA,UNICEF, USAID /Acquire Fistula Care Project, Rentmeester Foundation of Netherlands, the AFRH/Global Fund) - Identification of Skill Acquisition Centres in LGAs - Identification of OVCs - Provision of relief packages for PLHIV
2009
- Training and inauguration of Maternal Mortality and Morbidity Monitoring Committees at State, LGA and Ward levels - Advocacy to NDE, NAPEP,NDLEA - Free mobile grassroots clinics - Empowerment of 20 former fistula patients - Training of Fistula Centre staff - NTA Abakaliki Igbo phone-in programme and Unity FM monthly programmes
2010
- Public presentation of the MCCI Law - National Council of Health approves SE Fistula Centre as National Fistula Centre - Presentation of MCCI at Women Deliver Conference in Washington, DC - Congressional briefing in the US - Purchase of thirteen ambulances, one for each LGA - Federal MoH technical team assessment of the SE Fistula Centre as a National Fistula Centre

1. Background

Introduction

In 2007, the Wife of Ebonyi State Governor, Chief Mrs. Josephine N. Elechi established a non-governmental organisation, the Mother and Child Care Initiative (MCCI) with the objective of fostering partnerships across a broad spectrum of stakeholders to promote improved health outcomes of mothers and children of Ebonyi State. The strategies adopted and the interventions implemented by MCCI have been comprehensive and integrated in such a way that a synergy has been created with relevant government interventions both at state as well as local government levels. In an effort to sustain the achievements and continue the work on behalf of women and children, MCCI has been converted into a government agency by an act of the Ebonyi State House of Assembly.

The MCCI experience provides a number of strategies and interventions that could be scaled up in similar settings to practically address the challenges of maternal and child health care delivery. This report presents the results of a documentation exercise commissioned by UNFPA Country Office (CO) in Nigeria with the purpose of providing an overview of MCCI activities against the background of government activities and the State population and development programme supported by UNFPA. Additionally it focuses on documentation of lessons learnt, best practices, key results delivered at present, as well as, factors facilitating or constraining the implementation of the initiative.

The documentation is based on the review of documents and information gathered through interviews conducted during a field visit to Ebonyi State between June 22 - July 10, 2010. During this visit the documentation team[1] interviewed key informants including members of the MCCI Coordination Team, Ebonyi State Government Officials, LGAs´officials, Chairpersons, members of the Maternal Mortality and Morbidity Monitoring Committees (MMMMC), traditional leaders, religious leaders, and treated fistula patients. Site visits to mission hospitals; public health facilities and the South East Fistula Centre were also carried out. The team had the opportunity to participate in a working session with major MCCI stakeholders.

Ebonyi State, the Salt of the Nation


Ebonyi River

Ebonyi State located in the South East Zone of Nigeria was created in 1996. Its population, estimated at 2.3 million[2] is mainly agrarian, and made up of hardworking and industrious people. Ebonyi State has borders with Benue State in the North, Cross River State in the East, Abia State in the South and Enugu State in the West. The soil content within the state is suitable for growing a variety of both cash and food crops like yam, cassava, rice, cocoyam, mango, pears and others. It is also good for animal husbandry. A number of rivers surround and cut across the State, providing a potential for agriculture production and industrialisation. In addition to the agricultural potential, there are unexploited solid mineral deposits in the State. The State also has a rich cultural heritage, including the Nkwa Umuagbogho dance of Afikpo, Ogbaligbo, Itutqra, Obadara, Igede, Okperegede, Igbiri, Edege, as well as, the Nkwa Nwite dance.

[1] Dr. Nosa Owens-Ibie, Communication Expert and Dr. Marta Medina, Public Health Specialist.
[2] Estimates provided by the Ebonyi State Ministry of Health & Environment (ESMoHE).

2. The Mother and Child Care Initiative (MCCI)

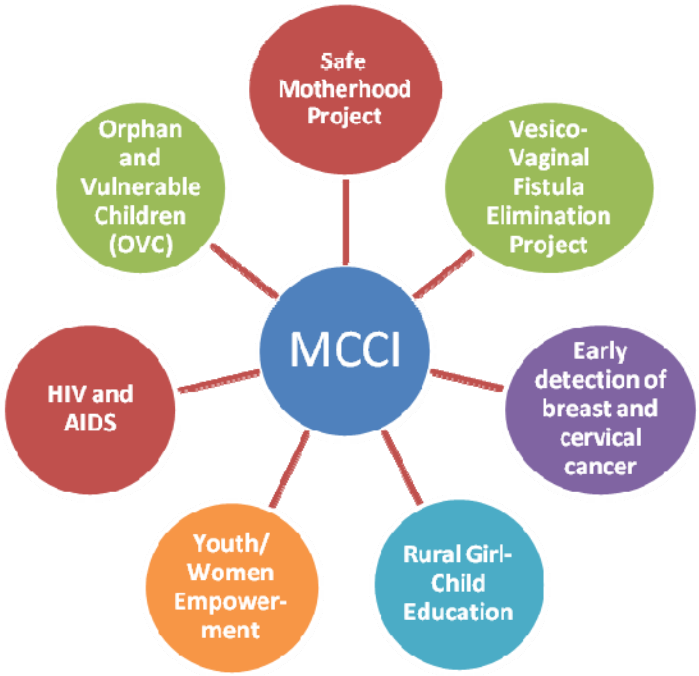
MCCI´s **vision**[3] is "*to facilitate the creation of an optimised environment that will allow for the attainment, fulfilment and self actualisation of the Ebonyi woman and child*"

The **objectives** for MCCI are:

1. To reduce maternal mortality
2. To promote an environment that will allow for the eradication of maternal morbidities like vesico-vaginal fistula
3. To facilitate the establishment of functional primary/comprehensive health facilities in the state and promote effective referral systems
4. To promote mother and child survival
5. To facilitate the establishment of cancer screening centres in the state
6. To conscientise the public on unhealthy life styles
7. To empower the Ebonyi woman
8. To facilitate the development and empowerment of the Ebonyi youth

MCCI´s vision and objectives are being achieved through the implementation of strategies, interventions and activities in seven projects/components as shown in the figure below.

FIGURE 1 MOTHER AND CHILD CARE INITIATIVE - PROJECTS/COMPONENTS



Women and children, particularly those poor, vulnerable and marginalised are the priority target groups for MCCI´s efforts. A summary of the main strategies and interventions implemented in each one of the components as well as their respective results are presented below.

[3] MCCI´s vision, objectives, components are described in the concept document "Mother and Child Care Initiative (MCCI) of Her Excellency Mrs. Josephine N. Elechi, Wife of the Ebonyi State Governor", November 2007.

2.1 Safe motherhood

Nigeria loses 2,300 under-five year olds and 145 women of childbearing age every day, making Nigeria the second largest contributor to the under-five and maternal mortality rate in the world. Annually, an estimated 52,900 Nigerian women die from pregnancy related complications[4]. The main causes of maternal mortality in Nigeria are: haemorrhage (23%), infection (17%), unsafe abortion (11%), obstructed labour (11%) and toxaemia/eclampsia/hypertension (11%). Malaria (11%), anaemia (11%) and others including HIV and AIDS contribute to about (5%)[5]. Many of these complications occur during pregnancy, labour and delivery. It is therefore important that women should have access to skilled attendants at birth, as well as, access to quality obstetric care. This care should not only be accessible but also affordable.

The 2008 Nigeria Demographic Health Survey (NDHS) reveals the existing gap in access to obstetric care by Nigerian women. According to the Survey[6], 35% of births in Nigeria occur in a health facility and three in five births (62 %) occur at home. However, there are zonal variations. The South East Zone has the highest proportion of institutional deliveries (74 %), followed by South West (70 %), while North West has the lowest proportion (8 %). Women in urban areas are more than twice as likely to deliver in a health facility as their rural counterparts (60 % compared with 25 %). The proportion of births occurring in a health facility increases steadily with increasing wealth quintile, from 7 % of births in the lowest wealth quintile to 80 % among those in the highest quintile. The majority of women who received no antenatal care (ANC) delivered at home (96 %).

In addition to place of birth, skilled attendance during childbirth is an important factor influencing the birth outcome and the health of the mother and infant. A skilled person providing assistance during delivery determines whether complications are properly managed and hygienic practices are observed. The 2008 NDHS reports that only 39 % percent of births are attended by a skilled health worker (doctor, nurse, midwife). In the absence of a skilled health worker, a traditional birth attendant was the next most common person assisting a delivery (22 %). Nineteen percent of births were attended by relative or other persons, and an equal proportion of births were attended by no one.

There are also other factors underlying maternal deaths, including lack of awareness about complications in pregnancy and on the need to seek medical intervention early. Lack of transportation to the health facilities where maternal health care can be provided (e.g. good roads and vehicles) is also a major challenge for pregnant women. Similarly, ability to pay for services is a major impediment to accessing health care.

MCCI is taking actions to address some of the gaps mentioned above. The aim of MCCI´s safe motherhood component is to contribute to the reduction of the high maternal and neonatal morbidity and mortality in Ebonyi State. The strategies and interventions implemented include:

[4] Integrated maternal, newborn and child health strategy, Federal Ministry of Health Abuja, 2007
[5] Idem
[6] Nigeria, Demographic and Health Survey 2008 National Population Commission, Federal Republic of Nigeria, Abuja, Nigeria, ICF Macro, Calverton, Maryland, USA, November 2009

- Grassroots advocacy and sensitization, detailed in section 7 of this document.
- Developing partnerships with local governments, line ministries and other stakeholders, detailed in section 6.
- Free access to antenatal care and delivery services (particularly comprehensive Emergency Obstetric Care, CEmOC) in mission hospitals detailed in section 2.1
- Approval of the Ebonyi State Mother and Child Care Initiative and Related Matters Law 2008 (Amended 2009), discussed in section 4.
- Creation and functioning of the Maternal Mortality and Morbidity Monitoring Committees (MMMMC), described in section 4.

Free access to antenatal care (ANC) and delivery services (including comprehensive Emergency Obstetric Care, CEmOC) in mission hospitals

A large proportion of Ebonyi State population live in rural areas, where issues of poverty, cultural preferences, inadequate transport and lack of education contribute largely to low utilization of health facilities for antenatal and delivery care, as well as, utilisation of non-skilled attendant at birth.

Women accessing ANC or delivery services at a government or privately owned health facility have to pay a fee for these services. Many pregnant rural women cannot afford these fees. In many cases government owned health facilities located in rural areas are operating under very poor conditions. Among others, poor infrastructure, inadequate equipment, lack of medical supplies and inadequate human resources for health (in quantity and skills) prevent these facilities from providing quality care in general and particularly emergency obstetric care. The Ebonyi State Ministry of Health & Environment (SMoH&E) has put in place a plan to address some of these issues, though implementation is currently slow.

Grants as elixir


ANC clinic at Mater Hospital

Six Mission hospitals in Ebonyi State have received a new lease of life courtesy special grants given by the State government.

Maria Anwara, ANC attendee at Mater Miserricordiae Hospital, Afikpo is pregnant with her third child. She came for ANC for the first time after hearing of the free maternal services offered by the hospital. Monica Agbishi a patient from Ikwo who has been on admission for two months had an ovarian cyst removed ahead of delivery. She is full of praises for the quality of service at St Vincent Hospital, Ndubia. A previous experience of successful evacuation of a stillbirth in the hospital convinced her to come back. She is a beneficiary of the free maternal care.

The number of ANC and deliveries services provided by both hospitals has increased significantly since receiving the grants. St. Vincent Hospital provided 7 times more ANC services and performed 8 times more deliveries in 2009 as compared to 2008. At Mater, the hospital has recorded over 100% increase ANC attendances and a 300% increase in number of deliveries performed since the introduction of free maternal services, says Theresa Akpelu, matron.

There is a network of rural mission hospitals providing health services in Ebonyi State, with strong focus on provision of maternal health care services. MCCI has taken these facilities on board in its pursuit of improved maternal and child health services.

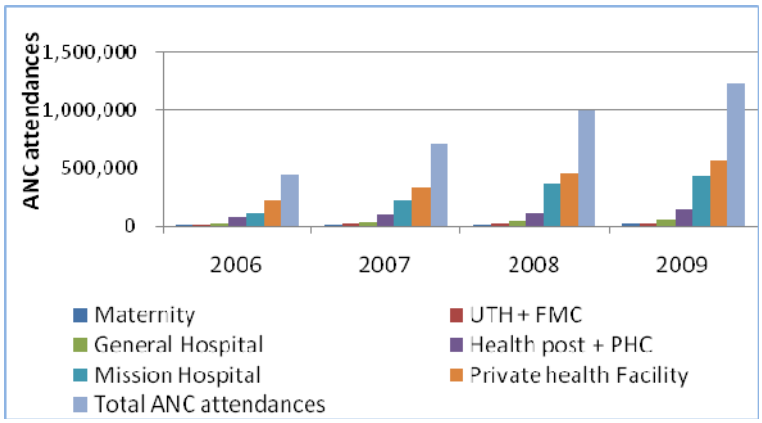
MCCI in collaboration with the Ebonyi State MoH&E, advocated with the State government for the allocation of grants to six mission hospitals for the provision of free maternal health care services (antenatal care and delivery services, including caesarean sections) to women who cannot afford these services. The grants are used to improve conditions for health service provision to current and potential clients.

The mission hospitals receiving grants include: Mater Misericordiae Hospital (Afikpo), Presbyterian Joint Hospital (PJH, Uburu), Mile 4 Hospital (Abakaliki), Sudan United Mission Hospital (Onuenyim, Izzi), Rural Improvement Mission Hospital (Ndiagu, Achara Ikwo) and St. Vincent Hospital (Ndubia). In the period September 2008 - June 2010 they have received seven instalments totalling Naira (N) 700 million.

With the grants received, the hospitals have carried out renovation of infrastructure (e.g. laboratory services and delivery rooms); acquired equipment and medical supplies (e.g. blood bank refrigerator, caesarean section surgical kits, electric generator); acquired drugs (e.g. magnesium sulphate, misoprostol) and hired additional staff (e.g. gynaecologists, midwives, nurses) thus allowing them to provide CEmOC.

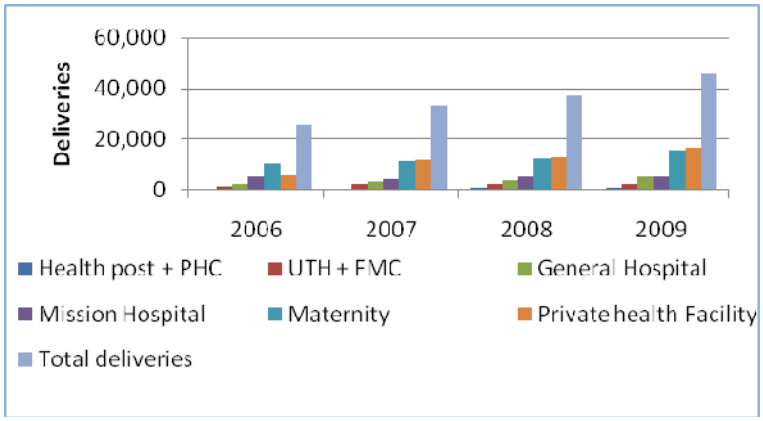
The combination of all these strategies and interventions is already yielding results. According to data provided by Ebonyi State MoH&E, the overall number of ANC attendances in Ebonyi State has tripled in 2009 as compared to 2006, (Fig. 2). Similarly, the number of deliveries in health facilities has doubled in the same period (Fig. 3). For 2009, the caesarean section rate in health facilities was 1%, which may be an indication that access to CEmOC is still insufficient.

FIGURE 2 EBONYI STATE ANC ATTENDANCES IN HEALTH FACILITIES 2006 -2010



Source: Ebonyi State MoH&SE

FIGURE 3 EBONYI STATE HEALTH NUMBER OF DELIVERIES IN HEALTH FACILITIES, 2006 -2009



Source: Ebonyi State, MoH&E

The number of reported maternal deaths in health facilities decreased in 2009 as compared to 2008 (25 deaths versus 33 respectively), but increased as compared to 2007 and 2006 (23 and 21 maternal deaths reported respectively). Since there is more interest in accounting for maternal deaths in health facilities it is likely that to a certain extent the increased number of reported deaths is a result of improved reporting. Though a lot has been achieved through the activities of MCCI, there still remains a large proportion of deliveries taking place outside the health facilities and a large proportion of births attended by unskilled personnel. Also, there are many barriers to sexual reproductive health & child spacing practices resulting in low access

and utilization of family planning services. Aditionally, lack of human resources, equipment and ability to pay for services are barriers to accessing EmOC**.**

A model health worker


Maria flanked by volunteer workers

Maria Umeh is the epitome of competence in a health system in need of role models. At Ezzamgbo Maternity, Ohaukwu LGA of Ebonyi State where she is Chief Community Health Assistant (CCHA), Maria covers a target population of 3230 and catchment area consisting of nine adjoining villages.

With her team of five Community Health Extension Workers (CHEWs), three of who were deployed there in June, and 8 trainee CHEWs from the nearby School of Health Technology; Maria attends to 50-60 new and old ante-natal clinic (ANC) attendees monthly and 30-40 children for immunization weekly. There are 10-15 deliveries per month. A delivery costs between 900-1000 Naira depending on materials used. Complicated cases are referred to other facilities. Not many clients come for family planning counselling and though there is a preference for injectibles, stock outs are sometimes recorded. The maternity tracks the dropout rate through an immunization monitoring chart. Mondays are for immunization, Tuesdays for registration of new pregnancies for ANC and revisits for ANC on Wednesdays. Family planning counselling holds on Thursdays and outpatient services are held on Fridays. Home visits are conducted.


Maria Umeh at an outreach

Maria is organized and responds to questions at a blink. Records on services are properly kept and produced when required. Available equipment is well maintained and the overgrowths round the facility were promptly cleared by the female staff when attention was drawn to it.

Outreaches conducted in villages by the CHEWs twice monthly attract sizable attendance. In one such outreaches supervised by Maria on July 6, 2010 at Ndegu Ode Health Post in Okposhi Ward, 105 women came with their children for immunization. Health talks and ANC services are also offered. She normally rides to such outreaches in her personal motorcycle.

Although Maria recently participated in a Life Saving Skills Training and knows about the use of the partograph for monitoring pregnant women in labour, she is not using this skill because there are no partograph forms.

There is public electricity but water supply is a problem. The rehabilitation of the facility has taken two years and led to the relocation of the maternity to a four-room building close by. The temporary facility houses a delivery room and six beds for in-patients. A solar fridge preserves vaccines. There is no sign of activity in the building being renovated.

2.2 Vesico-vaginal fistula (VVF) elimination

The vast majority of vesico-vaginal fistula is caused by prolonged and obstructed labour. This type of fistula is typically referred to as an 'obstetric fistula' (OF)[7]. It is estimated that

[7] In this document we will use the term fistula to indicate obstetric fistula/vesico vaginal fistula

obstructed labour occurs in approximately 4.6 per cent of deliveries worldwide.[8] When the obstructed labour is unattended to by medical intervention, the pressure of the baby's head against the woman's pelvis can cause extensive tissue damage. If a woman survives such a labour, she may be left with a fistula between her vagina and bladder and/or vagina and rectum, resulting in incontinence of urine and/or faeces. Women that experience an obstetric fistula have typically survived an average of three to four days of labour and some longer than a week[9]. In as many as 90 per cent of cases the baby is stillborn or dies within the first week of life[10].

Women living with fistula experience both medical and social consequences due to their condition. In addition to incontinence, the medical consequences of obstetric fistula include frequent bladder infections, painful genital ulcerations, kidney failure and infertility. The prolonged, obstructed labour may also cause a variety of health problems, such as stress incontinence, amenorrhea, pelvic inflammatory disease, secondary infertility, vaginal stenosis, and foot-drop.[11] The smell caused by the constant leaking of urine and faeces combined with misconceptions about the causes of birth complications often results in stigma and ostracism by communities and spousal abandonment.

While robust population-based measurements of prevalence and incidence are lacking, it is generally accepted that at least two million women worldwide are suffering from obstetric fistula.[12] The World Health Organisation (WHO) estimates an annual incidence of approximately 73,000 new cases.[13] Obstetric fistula occurs most often in areas where maternal mortality is high, such as sub-Saharan Africa and South Asia, where 86% of the annual 536,000 maternal deaths occur and maternal mortality ratios often exceed 300 per 100,000 live births.

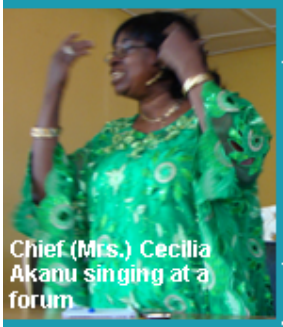
Obstetric fistula is a major public health problem in Nigeria, the situation being more evident in the Northern part of the country. It is estimated that Nigeria accounts for 40% of the worldwide fistula prevalence.Prevalence estimations range from as low as 100,000 to as much as 1,000,000 cases[14]. Most of the authors quote 400,000 - 800,000 whereas Dr. Kees Waaldijk[15] states firmly that the backlog is 200,000 to maximum 250,000 patients. The incidence is estimated at probably 20,000 new cases a year. With approximately 2,000 - 4,000 fistula repair surgeries being carried out yearly, the problem is aggravating progressively.

Before MCCI initiated activities, not many have heard about OF in Ebonyi State. However, some people knew of its existence, such as Chief (Mrs.) Cecilia Akanu, Special Adviser to the Governor on Women Affairs who still remembers that when she was in primary school a woman in her village was mobbed because she "smelled". Also, in 2002, as an initiative of Dr. Ileogben Sunday-Adeoye a Fistula Unit was established at the Ebonyi State University

[8] Abou Zahr, C. Global Burden of Maternal Death and Disability. British Medical Bulletin 2003; 67 (1).
[9] Wall LL, Arrowsmith SD, Briggs ND, Browning A, Lassey A. The Obstetric Vesico-vaginal Fistula in the Developing World. Obstetrical & Gynaecological Survey 2005; 60 (S1): S1-S51.
[10] Wall LL, Karshima JA, Kirschner C, Arrowsmith SD. The obstetric vesico-vaginal fistula: characteristics of 899 patients; American Journal of Obstetrics and Gynaecology 2004; 190(4): 1011-9.
[11] Arrowsmith S, Hamlin EC, Wall LL. Obstructed Labour Injury Complex: Obstetric Fistula Formation and the Multifaceted Morbidity of Maternal Birth Trauma in the Developing World. Obstetrical & Gynaecological Survey 1996; 51 (9): 568-574.
[12] Wall LL. Obstetric vesico-vaginal fistula as an international public-health problem. Lancet 2006; 368: 1201-1209.
[13] Abou Zahr C. 2003.
[14] Report on the meeting for the prevention and treatment of Obstetric Fistula. UNFPA. Addis Ababa, November 2002. Nigeria: page 29.
[15] Dr. Waaldijk is a fistula surgeon who has been working in Northern Nigeria since 1983.

Teaching Hospital (UTH) where fistula patients were treated. However, services were not provided on continuous basis as external funding was necessary for its operation.

A Mobilizer's battle cry


Chief (Mrs.) Cecilia Akanu singing at a forum

Ebullient Cecilia Uka Akanu, 59 is used to awards and for her eliminating fistula is a task that must be done. There is no missing her in the many campaigns to give maternal care new impetus in Ebonyi State in South-Eastern Nigeria. She rouses the women into singing and clapping each time she takes centre stage.

Her first encounter with a VVF patient was as a primary school pupil. In the midst of the ridicule the woman was subjected, Cecilia used to sneak in to greet her. When the wife of the Governor took the critical step of taking on the challenge of demystifying the problem, Cecilia remembered the old woman in her village. Today the woman is smiling again after successfully undergoing treatment 45 years later.

The former winner of the nationwide Bournvita Teacher Award for 2004 in the Secondary School category, knew that claims that fistula was not a problem in the southern part of Nigeria was not true. She has joined the train of those encouraging sufferers to show up and come out for help. Her first involvement with fistula was on a duty tour to Kano and Katsina as a national officer of the National Council for Women Societies (NCWS).As Commissioner for Women Affairs and Social Development in Ebonyi State in 2006, she did a survey which revealed 169 untreated and 51 treated fistula cases and reported her findings to the Federal Ministry of Women Affairs and Social Development. The Minister sent 20 mattresses and 20 sewing machines for the women's rehabilitation. Times have changed. Cecilia is now seeing treated fistula patients becoming respectable members of society. They used to be called "onye ohuisi" (a person whose private part is smelling), she declared.

For **MCCI,** obstetric fistula has been the entry point to advocate for and address mother and child health care issues. The approach taken has been to develop and implement simultaneously strategies and interventions in several areas including advocacy, community mobilisation, prevention, and treatment and rehabilitation.

Advocacy, social and community mobilisation have been key areas of work. These activities have required a great deal of direct contact and on-site grassroots mobilisation, they have had a state-wide coverage and have touched all segments of society (all levels of government sector, private sector, civil society organisations, NGOs, traditional and religious leaders, communities, individuals). Detailed discussion on these issues is found in section 7.

In the area of ***prevention***, MCCI focus has been on prevention of obstructed labour. It is known that obstructed labour and lack of access to emergency obstetric care are the main causes for obstetric fistula. **MCCI is addressing the three delays during prolonged labour that impede women´s access to quality care**:

- Decision to seek care from a skilled attendant: the work carried out in this area has included a strong grassroots campaign to raise awareness on the importance of pregnant women to register for ANC and to deliver at a health facility. Other messages given address the need to prepare for the delivery (e.g. save money for user fees, where applicable and other needs), to refer patients early when complications in labour and delivery appear and to encourage men to support their pregnant wives. MCCI has also reached out to traditional birth attendants (TBA) in order to make them aware of the signs of obstructed labour and the need for early referral of patients to hospitals and primary health care centres. In 2008 more than 600 TBAs from all over the state participated in a safe motherhood workshop. The fact that the MCCI and Related

Matters Law mandates any midwife or caregiver to immediately refer cases of labour up to ten hours to a higher level of medical care is also a contributing factor to seek care from skilled attendant because apart from the TBAs being aware of the law, the MMMMCs monitor every pregnancy and delivery in their respective catchment areas.

- Reaching a health care facility: through community mobilization activities community leaders as well as individuals have been encouraged to support the transportation of women for delivery, particularly in cases of emergency. In some communities a vehicle to be used if necessary, has been identified. In some cases the MMMMC have been provided with mobile phones or motorcycles to make it easier to help in cases of emergency. The Association of Local Governments (ALGON) in collaboration with the Development Centres also donated 13 ambulances for ease of referral of cases during emergencies, with each LGA getting one. .

- Receiving emergency obstetric care (EOC) at the facility: consequent on the grants to mission hospitals, pregnant women can receive free EmNOC in these facilities.

Pregnant with fistula


Jane Ekoyo

Even with fistula, Jane Ekoyo, had 15 pregnancies with three of the children surviving. Labour for other deliveries lasted not more than 24 hours but the first one which preceded the fistula went on for three days. She was just 15 years old then.

A traditional birth attendant (TBA) took the delivery. It was not the practice then to go to hospitals, and the closest hospital was quite some distance. When the fistula happened, her relations blamed the TBA and wanted her arrested but the idea was dropped since the TBA was a relation.

The years of carrying the fistula burden were painful for Jane. Tears well up in her eyes as she recollects how she had to continue with life as a farmer despite the daily ridicule. All she could do was to cry. Some neighbours gave her a shoulder to cry on.

After the 15th pregnancy her husband married another wife when she turned down his request to try for more children. By the time she heard about the South East Fistula Centre she didn't know what to believe anymore. But she came all the same and found that hers was not a hopeless case even at 60. Her surgery was successful.

Securing provision of ***treatment*** in the State has been a major challenge. On one hand - and probably more challenging- it has been necessary to identify the fistula patients, let them know that fistula can be treated as well as that free treatment is available. They also have to be motivated to show up and access treatment. On the other hand, it was necessary to establish treatment facilities with adequate infrastructure, equipment and personnel.

With so many myths and taboos surrounding fistula in the State, women with fistula have been hidden and invisible. Many of them did not know that the condition could be treated, or where treatment could be provided. For women to come out to access fistula treatment it was necessary to break the stigma, shame and ignorance attached to it. Through the community mobilisation activities, MCCI carried out an extensive sensitisation in each LGA bringing a better understanding on the causes of fistula as well as that the condition could be treated and that treatment was available in Ebonyi State. The Wife of the Governor went to wards and communities to spread this message. Community leaders also spread the same

message. A screening campaign was organised, where a multidisciplinary team went to all LGAs to screen for fistula patients. Contact was made with Chairpersons[16] in each LGA to coordinate with community leaders in the identification of women "leaking" as well as requesting them to encourage and bring the identified women for screening. As a result of this exercise more than 400 women with fistula were identified, most of them older women. The young fistula patients were initially reluctant to believe this was true. However, when the provision of treatment started (as fistula treatment campaigns) this trend started to change.

MCCI took on the task of building and equipping a new Centre for the treatment of fistula patients. For this it was necessary to embark on a fund raising campaign to mobilize the necessary funds for the construction as well as building support for this enterprise. Many stakeholders joined, providing cash or in-kind contributions (e.g. equipment, vehicles). The Centre was built within a few months and inaugurated on December 5th, 2008. Initially it was not possible to provide treatment on regular basis. The availability of staff was a problem, just as necessary funds for the timely procurement of drugs, medical supplies, food and other patient´s needs. The decision was made to offer treatment during treatment campaigns, organised specifically for this purpose. In the treatment campaigns, fistula surgeons from within and outside Nigeria joined the State fistula management team to treat and repair a large number of patients over a period of one to three weeks. A total of thirteen treatment campaigns have taken place between August 2008 and June 2010, providing treatment to 524[17] women coming from Ebonyi as well as thirteen other States[18] in the country. Provision of routine treatment at the Centre has commenced.


South East Fistula Centre

Securing availability of adequate staff - in number and with the proper skills - for the South East Fistula Centre has been a challenge. Initially, nursing staff were brought on commission from various facilities in the State and therefore had to be trained on the specific care of fistula patients. Similarly fistula surgeons have to be trained (as there was only one fistula surgeon in the State) or their knowledge and skills upgraded. Selected nursing and medical staff have been sent for training in Katsina under the tutelage of Dr. Kees Waaldijk.The treatment campaigns serve also as training opportunities for the local staff. The South East Fistula Centre Currently has four doctors and 30 nurses (including theatre nurses), amongst other key staff.

Staff training has also been supported by UNFPA and USAID Engender Health/Acquire Fistula Care Project. USAID Engender Health has also sponsored treatment campaigns. It has provided support for the introduction of an information system, facilitated the installation of a satellite connection and is supporting the development of radio socio-cultural dramas on issues of maternal health (including fistula).

[16] Chairpersons are the wives of the Chairmen of LGA. In each LGA, they are acting as liaison/coordinators of MCCI activities in each LGA.
[17] This number includes also patients treated since the start of routine treatment.
[18] Abia, Enugu, Imo, Anambra, Cross River, Bayelsa, Bauchi, Lagos, Delta, Edo, Anambra, Kogi and Benue States.

Nursing them

Just weeks earlier, the women now at the post-operative ward of the South Each Fistula Centre were leaking urine. But now at this ward, there are only traces of urine in the air, and the stench was overpowering. The difference was an operation to plug the source of the leak, though the scars are still evident in the calculated walk of the recovering patients.

It is in the midst of these that nurses spend their working day. Chika Peace Uzim, a 27-year old Staff Nurse, found the adjustment difficult. Her nursing education had nothing on fistula and she admits that she came to the Centre just in search of employment. "I didn't know that the problem was this serious until I started working here," she confesses.

Helen Udu Emegha, acting matron, was trained by renowned fistula surgeon, Dr Kees Waaldjik. But she still found the job both challenging and interesting. Helen reels the history and details of the care provided.

"No relation is allowed to stay with the patients", she explains. The moment they are brought into the Centre, the patients undergo tests for sugar, blood pressure, haemoglobin and HIV. They are prepared physically and psychologically for the operation. Their supplies include toiletries, feeding and drugs. After the operation they undergo bladder training to learn how to urinate on their own and are advised to drink lots of water. Complications are quickly treated with some referrals to treat other conditions. All of these are free.

When it is time to leave, the women are counselled not to get pregnant till after six months and given appointment for check-ups. A graduation ceremony is organized, during which the women receive some foodstuff, transport money, clothing and discharge drugs. The occasion offers some of the women the opportunity to meet the Wife of the Governor for the first time.

Through it all, the patients have found true friends in the nurses. It is to the nurses many of them recount stories of their life of rejection in homes they thought they had

Treatment at the Centre is free, such that when a woman is admitted to the South East Fistula Centre all her expenses are covered (including medical care, drugs, laboratory tests, food). On arrival she receives a small bag with personal items (e.g. Soap, sanitary pads, a plastic container for storing water[19], etc). After surgery, the women stay at the hospital for at least three weeks, when they can be discharged. At the time of discharge from the Centre, every woman receives a package containing a bag of rice, a piece of clothing material and funds to help them to pay for transportation to their homes. All of these items are provided by MCCI. In some cases, women are brought to the Centre through making contact with the ward coordinator and the Chairperson for the respective LGA. In this case, such authorities provide support for transportation to and from the Centre and help to integrate them back to their communities.

[19] Before and after surgery, women need to drink 5-6 litres of water every day.

Forty-five years later


Grace Ugwoma Ewa

She lived 45 of her 65 years on earth carrying the burden of a fistula, but now Grace Ugwoma Ewa is healthy again. The problem started when during her second pregnancy at 20 she went ahead to fetch firewood despite the onset of labour pains. The pains worsened in the bush and she could not move till people found her. She lost the baby and her capacity to urinate normally. Her mother had to bring her to the family house when she was abandoned by her husband. She never remarried. As Grace recounted her life with fistula before a crowded hall in Afikpo, there were repeated sighs. But she was all smiles at the end of her story as she sat flanked by four others who were also treated at the South East Fistula Centre.

One of them Ugo Ogbonnia Oko developed fistula following her eighth pregnancy. When it was time to deliver she locked herself up during labour and delivered herself of the baby. That was the beginning of her problems. By the time Ugo was repaired she was a month into another pregnancy. Her surprise was that the pregnancy survived the fistula repair. Based on medical advice during the treatment, she went for a caesarean section when it was time to deliver. Today Ugo was smiling as she clutched the baby. She overcame vesico-vaginal fistula (VVF) and rectovaginal fistula (RVF). Her days of shame are over.


Ugo Ogbonnia Oko and child

The long term vision for the South East Fistula Centre is to become a centre of excellence providing treatment and training for obstetric fistula, as well as carrying out research. Presently seven research initiatives are on-going including one on microbial patterns in VVF surgery and another one analysing the outcome of fistula repairs.

In March 2010, the National Council of Health approved the South East Fistula Centre as a National Fistula Centre. In July 2010, a team from the Federal Ministry of Health carried out a technical assessment of the Centre and initiated discussions on the handover of the Centre. A time table towards this end was agreed upon.

MCCI is developing mechanisms to secure support for ***rehabilitation and social reintegration*** of treated fistula patients. The main strategy for achieving this is liaison with existing programmes working on women empowerment. Through collaboration with the National Poverty Erradication Programme (NAPEP) twenty former fistula patients received grants of N 20 000 each for the initiation of small businesses. It is expected that NAPEP will continue this support to benefit a larger number of women. MCCI is also collaborating with LGAs, Ministry of Women Affairs and Social Development (MWA&SD), the Office of Economic Empowerment & Poverty Reduction, and the National Directorate of Employment (NDE) in order to include former fistula patients in skills acquisition programmes or micro-credit schemes.

Some former fistula patients are acting as fistula advocates in their communities. They share their experiences with other women and men and are also advocating for and encouraging

safe motherhood practices. Through these they contribute to breaking the stigma and discrimination against fistula patients.

Still Radiant


Agnes Nwaobasi

The peace Agnes Nwaobasi of Idembia Village, Ezza North LGA of Ebonyi State radiates at 55 is in spite of the troubles of her past. At 11 when she was still trying to understand what being a woman is all about she became a victim of early marriage despite being just in primary school.

Three years later she became pregnant at the end of which she developed fistula. Agnes attended antenatal clinic and had been told by the doctor the last time she went that she was due though there was no sign of labour. Twenty-four hours of labour at home later and the TBA pulled out the baby. It was an instant invitation to VVF which kept her in physical and emotional misery for years. She had another miscarriage and has remained childless. Agnes took concoctions while seeking help for the fistula. In the midst of it all her husband, just like her neighbours, was a pillar of support. Her husband rejected all calls to send her away. It has been a love not defined by circumstances. Although he married another woman who gave him two children, that woman died and Agnes today takes care of the children and three others she has adopted.

A song by Chief Cecilia Akanu during an MCCI campaign was what convinced her to come to Abakaliki for help. She did not only get repaired, but is a beneficiary of grants from NAPEP which she uses for petty trading. The day she met the Governor's wife after receiving treatment, Agnes broke protocol and embraced her.

2.3 Early detection of breast and cervical cancer


The cancer screening centre under construction

Ebonyi women who develop breast or cervical cancer are usually diagnosed very late into the disease, most likely when treatment options can be of little help. If these conditions are detected early, valuable and timely treatment can be provided thereby prolonging the lives of the women. MCCI is encouraging women to go for screening of breast and cervical cancer. MCCI is also working on the construction of a cancer screening and blood bank centre located within the premises of the South East Fistula Centre in Abakaliki. Some LGAs have already donated equipment for the cancer screening centre. The long term goal is to provide cancer screening services in each senatorial zone.

2.4 Rural-girl child education

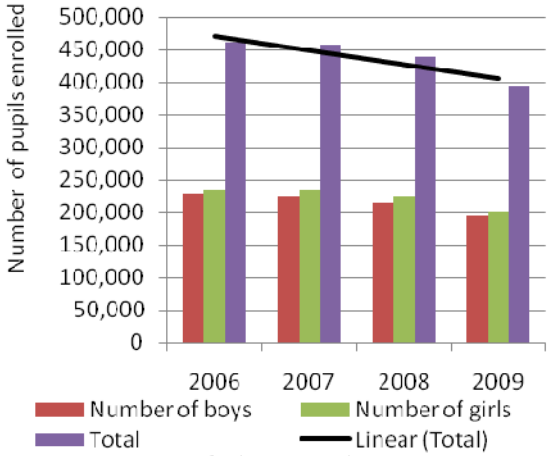
Sensitisation of communities and individuals on the importance of sending children, especially girls, to school, is the core MCCI strategy to foster rural-girl child education. This is usually done as part of the mobile clinics as well as during the community mobilisation and sensitisation tours of LGAs and Development Centres by Mrs. Josephine Elechi or the MCCI Team (see section 7). The message is yet to impact on an increased intake of children into primary and secondary schools. Since 2006 there has been a decline in the number of children enrolled in public primary and secondary schools. The trend for enrolment of pupils

in public primary schools in the period 2006-2009 is presented in Figure 4. A number of factors, especially poverty, seem to play roles in preventing parents from sending children to school, forcing parents to send their children to help on the farm or to do some work to bring additional income to the family.

MCCI also assists girls who have gained admission into higher institutions, but cannot afford the fees as well as support to OVC to keep them at school (see section 2.6).

The importance of girl child education has been highlighted by findings referring that women with higher levels of education are more likely to deliver in a health facility than women with less education or no education. According to the 2008 NDHS, women with more than secondary education (90 %) are nine times more likely to deliver in a health facility, compared with women with no education (10%).Therefore, the promotion of rural – girl child education is also an intervention that in the long run would contribute to reduction of maternal mortality in the State.

FIGURE 4 EBONYI STATE, ENROLMENT OF PUPILS IN PUBLIC PRIMARY SCHOOLS 2006 - 2009



Source: Ministry of Education, Ebonyi State

2.5 Youth and women empowerment

MCCI conducted an assessment of the status of the skill acquisition centres in each of the 13 LGAs, with the aim of refurbishing them to serve as training sites for Ebonyi youths, out-of-school OVCs, women, as well as former obstetric fistula patients. In these efforts the alliance with local government structures has been critical. MCCI is encouraging LGA´s councils to invest in refurbishing or constructing these centres, and providing adequate staffing and equipment. This is already taking place for example in Ebonyi LGA. MCCI is also creating awareness on the existence of these centres and is mobilizing youth, women and treated fistula patients for skills acquisition.


Ebonyi LGA. Skills acquisition ce

2.6 Orphan and vulnerable children

Addressing the needs of OVC (orphans, street children, hawkers, those working at the quarry sites and rice mill) is another area of concern for MCCI. A survey to identify all OVC in the State was undertaken in 2009 in all LGAs as an initiative of MCCI. A committee with oversight for the survey was established. A data collection instrument was developed, which made it possible to determine the degree of vulnerability of the children identified. In this first exercise 6,000 OVC were identified. A preliminary analysis of approximately half of their records revealed that 14% of the children are considered to be vulnerable, 63% more vulnerable and 22% most vulnerable.

The Rentmeester Education Foundation, MCCI and the Association for Family and Reproductive Health (AFRH) / Global Fund (GF) are collaborating in a programme to support

OVC primarily to ensure that they attend school. The first phase of the programme has provided support to 1,000 OVC (from those identified in the OVC survey). The support consists of T-shirts, exercise books, writing materials, school bags, cash (N 1,000 for primary school children and N1,500 for secondary school children). Sometimes children found in especially difficult circumstances receive ad-hoc support (e.g. payment for medical care, support to attend boarding school).

Orphaned but no more vulnerable

At 12, **Gloria Ekuma** is in primary three at Okpaugwu Urban Primary School, Abakaliki, courtesy of the OVC component of the Mother and Child Care Initiative of Chief (Mrs) Josephine Elechi, wife of the Ebonyi State Governor. She is in the group of close to 6,000 such children in the state who have so far been identified as OVCs.

Gloria now lives with the Secretary of MCCI, Mrs. Flora Egwu at the instance of the First Lady. When the MCCI Team heard her story and went for her, Gloria was with fever and lying down alone in a corner of her late parent's residence. Gloria had been abandoned by her grandmother who had relocated to Cross River State to join her daughter. She was taken to the hospital.

A system for supervision of school attendance of the children enrolled under this initiative is in place. It involves the Chairpersons of the respective LGAs, members of MCCI Coordination Team and members of the multidisciplinary team that carried out the OVC survey.

In order to sustain the OVC programme, MCCI has held advocacy meetings with a number of line Ministries, government agencies and policy makers, such as the immediate past Minister of Women Affairs and Social Development[20], the National Directorate of Employment (NDE), The National Poverty Eradication Programme (NAPEP), National Drug Law Enforcement Agency (NDLEA), the National Orientation Agency (NOA) to seek collaboration and assistance for the programme. Other line Ministries approached include the State Ministry of Health and Environment (SMoH&E), Ministry of Information, Ministry of Justice, Ministry of Youth and Sports, Ministry of Agriculture and Ministry of Education. Advocacy visits have also been carried out to LGA´s chairmen and chairpersons.

[20] This was the first of such visit by a Governor´s wife. The Ministry released N 1 million for the OVC programmed and three ambulances for the Safe Motherhood Project.

Orphaned but no more vulnerable

Chukwuebuka Agu, 15, now attends Ekumenyi Secondary School , Okpuitumo where he is in the first year of Junior Secondary School. He was covered in sores and already stopped schooling when he was located. His uncle has 15 children of his own and could not afford to add the burden of Chukwuebuka's education.

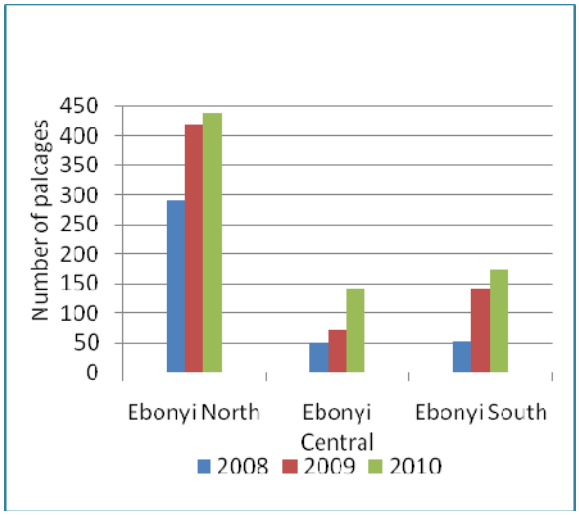
With the OVC programme which is also supported by the Rentmeester Foundation of Netherlands and Association of Family and Reproductive Health (AFRH)/The Global Fund, more of such children are likely to find help. Already Chukwuebuka is catching up in his studies just like Gloria. In his first full semester in the school, he was 6th in a class of 47.

The OVC programme appears set to identify and add more children to the primary and secondary school enrolment figures in the state. By the end of 2009 enrolment figures of such schools had witnessed a decline. Urgent steps are necessary to reverse this trend.

2.7 HIV and AIDS

There are several organisations working in Ebonyi State on the prevention, treatment and provision of social support to people living with HIV (PLHIV). MCCI´s main strategy has been to collaborate with UNICEF, to support Development Centres and LGAs in carrying out sensitization on HIV and AIDs, identifying PLHIV and providing them with relief packages in order to contribute to improve their nutritional intake as well as foster adherence to their treatment schedule. The packages are supplied quarterly and include health talks, information on linkages to receive anti-retroviral (ARV) medication, provision of food supplies (e.g. soya beans, high protein biscuits) and a transportation allowance of N5000 (to enable PLHIV receiving treatment to collect their medication regularly). More than 1700 relief packages have been distributed in the period 2008 – first half of 2010 as illustrated in Figure 5.

FIGURE 5 RELIEF PACKAGES DISTRIBUTED TO PLHIV, BY SENATORIAL ZONE, 2008-2010



Source: MCCI. 2010: data only for half a year

3. Leadership

The driving force behind MCCI, has been H.E. Chief (Mrs.) Josephine Elechi, who has reached out to government, private organizations, local leaders, communities and individuals to build partnerships and advocate for the empowerment of Ebonyi women and the welfare of women and children in the state. Through coordinated efforts and encouraging stakeholders involvement, she is translating the ideas into action.

Taking on the challenge

Partners for maternal health. Governor Martin Elechi, left, UNFPA Representative Dr. Agathe Lawson and Chief (Mrs.) Josephine Elechi.

Her humility is disarming, so disarming that the worrisome indicators for maternal and child health are improving in Ebonyi State. Chief (Mrs.) Josephine Elechi, wife of the State Governor, who with her dedicated team saw obstetric fistula as a reality among Ebonyi women, when many either denied its existence or said that it cannot be cured, is being daily vindicated.

There is the South East Fistula Centre opened by the former 1st Lady, Hajia Turai Yar'Adua, there is a Breast and Cervical Cancer Centre under construction, there is a working Ebonyi State Mother and Child Care Initiative and Related Matters, No 002, 2008 Law (amendment in 2009) in place. There are functional State, LGA and Ward Maternal Mortality and Morbidity Monitoring (MMMM) Committees. Orphans and Vulnerable Children (OVCs) and physically challenged persons are getting succour; youth and women empowerment is receiving a boost, just like HIV and AIDS prevention and control efforts.

In the beginning, Mrs Elechi advocated with the Federal Ministry of Health. She went to Katsina to see how things worked at the Fistula Centre there, and met with the UNFPA Representative and other potential partners, armed with vision and determination. Five times she has gone round the 13 LGAs in the state preaching maternal and child care and fishing for fistula patients.Now her voice is being further heard. In June 2010, she was at the Women Deliver Conference where she told the world about the strides of MCCI. She capped her American visit with a Congressional Briefing. More partners are enlisting in the MCCI agenda. Services remain free at the Centre irrespective of where the patients come from. So far, clients have come from 14 states including Lagos, Bauchi, Benue, Kogi and Cross River. She is delighted about the remarkable transformation in the lives of treated fistula patients and the fact that no one has died receiving treatment. The new status of the Centre thrills her and she hopes that it will become a Centre for Excellence, attracting the best brains and providing training opportunities.

Mrs Elechi has an ally in the visiting Minister for Health, Professor Onyebuchi Chukwu who restated the commitment of the federal government to the effective sustenance of the Centre. Those who have been part of its vision, the minister said, will remain a part of its future.

Mrs. Elechi, is challenging the status quo and is also a change agent. Among others she is advocating for the elimination of harmful practices such as female genital cutting, encouraging parents to send their girl child to school (particularly in rural areas), advocating that no Ebonyi woman should die giving birth and encouraging women with obstetric fistula to come out and get treatment. Not less important is her message to government officials that “we are here to serve”. This is has motivated government officials to deliver their respective services to the citizens. MCCI has also joined the State-wide crusade to promote Attitudinal Change.

4. Policy

The main policy contribution of MCCI has been to promote legislation in support of mother and child care. To achieve this it partnered with the executive and legislative arms of government. Through these efforts, the Ebonyi State House of Assembly enacted the Ebonyi State Mother and Child Care Initiative and Related Matters Law 2008 (Amended 2009).

A supportive legislature

The Mother and Child Care Initiative and Related Matters Law 2008 (amended in 2009) is another symbol of the collaboration of the executive and legislative arms of government in Ebonyi State. It was introduced as an Executive Bill.

The Speaker, Ebonyi State House of Assembly, Barrister Augustine Nwankwagu, says the Law was subjected to due process. The Law has made MCCI a legal entity. According to him, the South East Fistula Centre "has come to stay". Members of the House were part of the Stakeholders which had interactive sessions before the launch of the Law.

As part of its oversight function, the House monitors the activities and expenditure of MCCI. The feedback, he says, shows that "there is accountability and prudence" in the management of the funds for the Initiative and its components. The legislators intend to continue to ensure that all funds for activities are properly used.

Hon. Nwankwagu has so far visited the Centre five times officially and privately the same number of times. He has even introduced a patient from his Izzi LGA to the Centre.

The Law includes key requirements which will have a direct impact on the reduction of maternal mortality and prevention of obstetric fistula. The Law requires registration of every pregnancy with a proper health facility. It requires any pregnant woman "***to register her condition of pregnancy*** *with any government-owned General or Teaching Hospital or Medical Centre or Maternity Home or appropriate Clinic of her choice,* ***within five months of pregnancy***" and register this pregnancy with the corresponding MMMC.

The Law also makes provision for measures to prevent obstructed labour and other obstetric emergencies by means of timely referral of pregnant women during labour. It establishes that "*It shall be the duty of any midwife or care giver to* ***immediately refer any woman under his or her care whose labour has lasted up to ten (10) hours*** *to a higher level of medical care*". Similarly "*it shall be the duty of any medical practitioner, nurse/midwife* to immediately **refer any woman in labour under his or *her care with obvious signs of complications to a higher level of care if the health institution does not have the facilities/expertise to manage such complications***". The Law further points out that "*It shall be* ***the duty of any husband, guardian or relation of a woman… to immediately transfer such a woman to a higher level of medical care***". Failure to refer is considered an offence.

The Law also creates the Maternal Mortality and Morbidity Monitoring Committees (MMMMC) at State, Local and Ward levels and stipulates their membership, composition and mechanisms to facilitate Law enforcement.

The Law establishes MCCI as a body corporate with primary funding from Government, securing its continuity and sustainability beyond the present State Government. It also stipulates that any LGA benefiting from MCCI projects should make annual budget provisions for them. The Law authorises MCCI to source for funds from individuals, as well as local and international organisations

5. Coordination

The overall leadership for MCCI rests with H.E. Chief (Mrs.) Josephine Elechi. A Coordination Team has been established for the day to day management and activities of MCCI. The administrative structure is made of a Coordinator, a Secretary and an accountant. A technical committee of three persons from the line ministries of Health, Education, Agriculture, Youth and Sports, Women Affairs and Social Development was established to facilitate linkages between MCCI and these ministries and strengthen and increase inter-sectoral collaboration and partnership. Ad-hoc committees are also established when necessary, for example for carrying out the baseline and midline MCCI survey (members were drawn from the relevant State government Ministries, Departments or Agencies).

A Dream Realized


Dr. Ileogben Sunday-Adeoye

Dr Ileogben Sunday-Adeoye, gynaecologist and fistula surgeon, university teacher, and Coordinator of the Mother and Child Care Initiative (MCCI), was one of those conferred with national honour of Member of the Niger (MON) as part of Nigeria's 50th Independence Anniversary. The MCCI is the initiative of the Governor's wife, but Ileogben has been a key foot soldier.

The journey started in 2002 when he pioneered a Fistula Unit in the Ebonyi State University Teaching Hospital. Initial support came from the United Nations Development Programme (UNDP) and Rotary Club of Abakaliki but the need for more support was obvious. He suggested the establishment of a Fistula Centre as recommended in the National Strategic Framework and Plan for VVF Eradication in Nigeria 2005-2010, which proposes one such centre in each of the six geo-political zones in Nigeria.

It's been hard work. In 2008, the MCCI Team led by the wife of the Governor went round the state to among others, raise awareness on prevention and screen women for fistula, breast and cervical cancer, and promote girl child education. Over 400 fistula cases were confirmed. Most of those who presented were older women. At the end of the over one month activity, Ileogben needed time to recover.

Today his is a familiar face at the Centre, shuttling between meetings, the theatre, receiving the many guests to a place that took only months to build but has now been approved as a National Fistula Centre.

His commitment to maternal and child health is deeply appreciated by a state he first came to in 1994 and has adopted as his own. He feels fulfilled but is committed to MCCI getting better results. Those who know him know that this man never gets too tired to do that extra bit.

The Coordinator is responsible for the elaboration of the annual plans and budgets, as well as for the follow-up and monitoring of implementation of activities. The Secretary provides assistance to the Coordinator and is responsible, among others for keeping contact with the stakeholders as well as ensuring relevant information on MCCI activities are adequately disseminated.

Interactive sessions with the stakeholders are held on regular basis with the purpose of discussing plans and their implementation and the need for further action. This forum is also

used for information sharing and strengthening of mutual collaboration. Management Committee Meetings are also held regularly.

The Chairpersons are responsible for the coordination of MCCI activities in the LGAs. They liaise with the Chairmen of LGA, the Council, the ward coordinators, community leaders and, local organisations in order to mobilise their support and engagement in the implementation of MCCI activities.

6. Partnership and synergies

The work of MCCI would not have been possible without building a partnership base with a variety of stakeholders as illustrated in Figure 6. This broad participation has secured a comprehensive and multisectoral involvement in addressing mother and child health care needs in the State.

Through this partnership, Federal and State government ministries, departments and agencies now play roles to achieve the MCCI vision. Each one contributing to implementation activities within their respective mandate. For example, the Ministry of Justice and the State House of Assembly played an important role in the enactment of the legislation on maternal care. The State Planning Commission has played an important role in carrying out both the baseline and the mid-line survey. The MWA&SD plays an important role in receiving women when they come for treatment to the Fistula Centre and in coordinating efforts for their reintegration. Among others, the SMoH&E is involved in health education activities with the communities and working on improving maternal and child health service delivery in government owned facilities. Some government officials have also made individual financial contributions to MCCI and motivated other colleagues to do the same.

Partners at local level have included local government authorities as well as local leaders and local organisations. They have been crucial to the implementation of MCCI activities at the ward and community level. These partnerships have made it possible to reach out to communities and individuals all over the state with advocacy, community mobilisation, health education and services.

Partnership with international organisations (UNFPA, USAID EngenderHealth / Acquire Fistula Care Project, UNICEF) has provided important support for the equipment and operation (e.g. sponsorship of treatment campaigns, support for training of staff) of the SE Fistula Centre. The OVC project has as partners the Rentmeester Foundation of The Netherlands and the AFRH / The Global Fund. UNICEF has donated drugs for the mobile clinics, motorcycles and an operating table for the Fistula Centre.

FIGURE 6: MCCI PARTNERSHIPS

7. Advocacy and community mobilisation

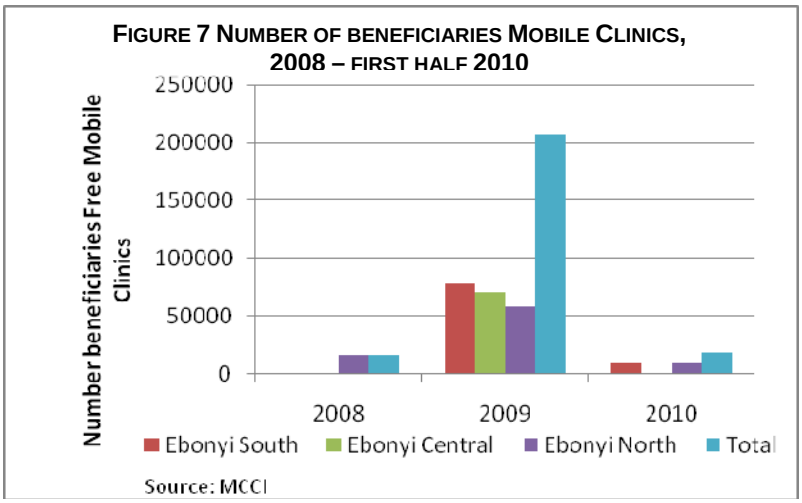
Advocacy and community mobilisation have been at the core of MCCI activities. These activities have been characterised by reaching out to all sectors of society, through state-wide coverage, direct communication with local leaders and the general public and the use of local languages for communication of the messages.

A milestone for the advocacy activities was the 3-day Safe Motherhood workshop organised in 2008 and attended by decision makers, opinion makers, health care providers (including TBAs) for the purpose of creating awareness and sensitising them on the unacceptable maternal mortality and morbidities in the State and discussing ways to reduce these problems. This workshop was kick-started with a Safe Motherhood Walk in Abakaliki the State capital, led by H.E. Chief (Mrs.) Josephine Elechi, accompanied by the Deputy Governor and other Ebonyi men and women. Similar walks took place simultaneously at all LGAs in the State. These events helped to project issues of maternal mortality and morbidities .in the State and gave them greater visibility.

Since 2008, MCCI has undertaken advocacy visits to the 13 LGAs to sensitise and mobilise the public and enhance community participation in the MCCI thematic areas. The fact that H.E. Chief (Mrs.) Josephine Elechi participates in these visits and delivers the messages not only motivates increased participation from community members and community leaders but also brings additional credibility to the messages delivered during these visits. For example in 2009, key messages delivered related among others to the need for pregnant women to attend antenatal clinics and deliver at the hospital, dangers of teenage pregnancy, dangers of female genital cutting, need for girl-child education, causes of obstetric fistula and the need to support women with fistula, and breast self-examination.

The Free Mobile Clinics is another mechanism used for awareness raising and community mobilisation. Through the Mobile Clinics a number of health care services are brought down to the communities in the various LGAs and Development Centres. Services provided by the clinics include deworming of school children, medical consultations and provision of drugs, health education and nutrition talks. Occasionally local performers present dramas addressing the various issues related to safe motherhood as well as obstetric fistula. Approximately 63 Mobile Clinics took place in 2009. This pace was reduced in the first half of 2010 (in part due to restrictions imposed by the local elections) but it is expected that the momentum will be re-

FIGURE 7 NUMBER OF BENEFICIARIES MOBILE CLINICS, 2008 – FIRST HALF 2010



gained in the second half of 2010. Figure 6 presents the number of beneficiaries from Mobile Clinics in the period 2008 – first half 2010

At the local level key actors working on advocacy and grassroots mobilisation for mother and child include religious and traditional leaders, ward coordinators, Development Centre Coordinators, members of the MMMMC and the Chairpersons. The Chairpersons play a key role in coordination of MCCI efforts at local level.

The activities carried out to disseminate the MCCI Law and Related Matter as well as the training of the members of the MMMMC has been another important mechanism for community mobilisation.

Chairpersons for mothers and children

In Ebonyi State they are called chairpersons and for these wives of LGA chairmen there is no business like the business of keeping mothers and children alive. Tina Igberi, Chairperson of all Chairpersons in the State though heavily pregnant had visited an elderly treated obstetric fistula patient before a hospital visit. She would later climax it with a meeting of the Maternal Mortality and Morbidity Monitoring Committee (MMMMC) she presided over. In her Ikwo LGA Tina is at ease with the women and knows the treated fistula patients up to their households no matter how remote the villages. She is not alone. Fatima Nwogbaga, chairperson of Izzi LGA showed her familiarity with the issues of maternal and child health at another meeting with the LGA's MMMMC. Her roles were probably best captured by the spontaneous embrace she got from Iziogo Ofoke-Ori, the elderly treated fistula patient whom she visited in Okpoduma Village. In Afikpo North LGA, Eucharia Obinna has been instrumental to the repair of 18 fistula cases, one of whom was so overwhelmed by her turnaround that she came with gifts to the traditional ruler who politely turned it down, telling her to rather use the resources to care for her family. Eucharia is working closely with her husband and LGA Chairman, Hon Obinna Agha to mobilize treated patients to benefit from the Skill Acquisition Centre which offers training in various vocations.


Fatima Nwogbaga, left, and Iziogo Ofoke-Ori


Tina Igberi


Chioma Eze

A key to the activities of the chairpersons is to mobilised the support from their husbands. Chioma Eze, wife of the chairman of Ivo LGA who acknowledged this also spoke of the support of James Aro-Nweke a State Commissioner from the LGA, and the Governor's wife. Chioma is quick to admit that though she knew that the problem of fistula existed, she didn't even know the name for it!

Radio and TV jingles have been produced in English and local languages to enhance publicity and awareness on issues of maternal health. The NOA, Ebonyi State has collaborated with MCCI in the translation of messages to local languages (including the translation of the MCCI and Related Matters Law) and the dissemination of information. Two radio programmes are hosted by MCCI to address the thematic areas of MCCI (the Igbo phone-in programme “Ihe na eme eme” on NTA Channel 43 Abakaliki on the second Saturday of each month and the “Ka osi aga” programme on FRCN (Unity FM) Abakaliki on the last Sunday of each month).

The advocacy efforts have also reached out to the Federal Government, such as the advocacy visits made by the Wife of the Governor to the Federal Ministry of Women Affairs and Social Development. Advocacy meetings were held with the Federal Ministry of Health, for the recognition of the SE Fistula Centre as a National Centre. The Wife of the Governor has also participated in national and international activities to advocate for mother and child issues.

8. Monitoring and evaluation

The existing MCCI monitoring and evaluation system is made of several initiatives. In 2008, MCCI carried out a baseline survey. This was actually a household survey, carried out in a sample of households from all LGAs, gathering information, among others, on socio-economic characteristics, safe motherhood, obstetric fistula, and girl child education. Information on the situation of health facilities and schools was also collected. Unfortunately, the analysis of the data from the baseline survey is yet to be completed and an official report is still pending. Some of the reasons for the delay include the lack of technical and financial support. A mid-line survey was on-going in July 2010 in seven LGAs. It is expected that the comparative analysis of both surveys will provide useful information on the progress made so far and the remaining gaps.

A computerised information system for recording data on hospital admissions and discharges has been established at the SE Fistula Centre with the support of USAID Engender Health. Additionally other registers are kept manually, such as a register from the operation theatre. The main weakness of this system is that the available data is not sufficiently analysed.

The tracking of pregnant women as well as maternal deaths by the MMMMC is also an important monitoring function. The ward committees keep a register with this information. The Committees have only recently started functioning and therefore the analysis and reporting mechanisms are yet to be consolidated.

Al local level the Chairpersons are involved in follow-up of activities. There are yet no systematic mechanisms in place.

A number of efforts have been made by MCCI to establish a monitoring and evaluation system. It seems that MCCI could benefit from developing a more systematic monitoring and

evaluation system where there is a clear definition of indicators to monitor, where responsibility for data collection and reporting are also determined, as well as periodicity for reporting and data analysis. It seems that a number of line ministries could be involved in an effort of this nature, as they are already collecting relevant information. The State Planning Commission in collaboration with the MCCI team might play a coordinating role for this task.

9. Ownership

The fact that MCCI now has a legal framework for operation is certainly a sign of ownership of the programme by the State. Under MCCI leadership a number of activities have been carried out in order to secure ownership of the MCCI and Related Matters Legislation through disseminating the Law, its purpose and contents to policy makers, community leaders, MCCI stakeholders and general public. The establishment and functioning of the MMMMC in all wards, LGAs and at State level has been another mechanism to promote ownership of the Law.

The fact that the State government is investing in some of the MCCI activities is also a strong sign of ownership, for example, the grants to mission hospitals to provide free maternal care. LGAs are also investing in MCCI activities through supporting the identification and follow-up of fistula patients, rehabilitation of skills acquisition centres, rehabilitation of primary health care facilities, and donation of ambulances. The fact that the SE Fistula Centre has been recognised as a National Centre by the FMoH is also another strong sign of ownership.

Not only words

Two cases now before the courts are the first major tests of the determination of the Ebonyi State Government to bite should anyone choose to continue to put the lives of women and children at risk.

One of them who claimed to be a pastor from Ekka in Ezza North LGA operated a pregnant woman while another who claimed to be a nurse from Amasiri in Afikpo North LGA delivered another woman. Both women died.

Caution is now the word. Before the enactment of the Mother and Child Care Initiative and Related Matters Law, the death of the two women may well have been another statistic. Not anymore. Now, quackery is not tolerated and the life of those who give life is as important as the life they give birth to. Section 21 of the Law, makes it an offence for anyone "who handles the treatment and deli-very of a pregnant woman either at ante-natal, intra-partum or post-natal stage that ended in maternal mortality" not to report such death "within two months to the appropriate authority".

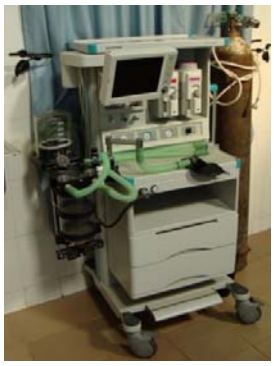
The news of the Law is spreading even as 13 new cases await the attention of the courts. Mrs Nwigboji Nkweke, a traditional birth attendant in Ikwo, admits that the fear of the law has become the beginning of wisdom for local midwives like her.

10. Resource mobilisation

MCCI has been successful in mobilising organisations, institutions, and individuals in support of its activities. MCCI has reached out to the public and private sector, non-governmental organisations, and local and international organisations in order to get support for the implementation of its activities. Support has been provided in terms of financial or in kind contributions (e.g. equipment, vehicles). Government grants have been received, along with individual donations, donations from the private sector as well as from international organisations. Additional resources have also been generated through the organisation of fund-raising events and goodwill messages. In the period 2008 – June 2010 a total of N 200.4 million have been mobilised by MCCI for implementation of activities.

11. UNFPA's support to MCCI

The first contact Chief (Mrs.) Josephine Elechi had with UNFPA was during her visit to Katsina, were she was challenged by the former UNFPA Representative in Nigeria, that if she was going to engage in building a fistula centre in Ebonyi State, UNFPA was going to partner with her by providing the equipment. UNFPA was pleasantly surprised that the Centre was built within a year of that discussion. UNFPA fulfilled its promise to provide equipment for the Centre. Support to the SE Fistula Centre has since continued in areas such as provision of a vehicle for the Centre, sponsorship of treatment campaigns, supporting the training of staff. The UNFPA partnership with MCCI has evolved and extended now to a partnership with Ebonyi State Government. In the present 6th UNFPA Country Programme (2009 – 2012), Ebonyi State is one of the twelve States where UNFPA is providing integrated support in the areas of reproductive health, population & development and gender equality. In this new partnership, the support to MCCI has been integrated within the programme of work with the Ministry of Health.



In June 2010, and as part of the advocacy efforts, UNFPA invited Chief (Mrs) Josephine Elechi to present the MCCI experience at the Women Deliver Conference in Washington, D.C.

12. Best practices

The following "best practices" resulting from the implementation of the MCCI have been identified. They are suggested as best practices that could be promoted in other settings in and outside Nigeria. They have been discussed in previous sections.

- **Strong leadership and political will (see section 3)**
- **Ebonyi State Mother and Child Care Initiative and Related Matters Law (see section 4)**
- **The Grants to mission hospitals. An example of public-private partnership (see section 2.1)**
- **Coordination of Chairpersons as a catalyst for community mobilisation and access to services (see section 7)**
- **Emergence of fistula advocates (see section 2.2)**

13. Lessons learnt

The following are lessons learnt from the implementation of the MCCI experience in Ebonyi State:

- **MCCI has shown that efforts to guarantee safe motherhood and reduce maternal deaths require**:
  - Leadership and political will
  - Active involvement of all stakeholders
  - Targeted advocacy and sensitisation activities
  - Communication using local structures/languages to reach the rural poor
  - The willingness of stakeholders to volunteer services and resources is important to achieving ownership
  - Active community involvement in discussing and resolving their challenges
  - Implementing measures to remove barriers to access services (e.g. cultural barriers, transport, distance to health facilities, user fees)
  - Skilled health personnel and adequate facilities available when services are demanded
  - Increased women and men´s awareness and involvement in issues of maternal health

- **The MCCI experience could be used to advocate for:**
  - Increased investment and commitment to reduce maternal deaths
  - Implement measures to prevent obstructed labour (law, use of the partograph)
  - Access to free maternal services
  - Access to skilled attendance at birth
  - More facilities adequately equipped to provide both CEmOC as well as BEmOC
  - Strengthening of public-private partnership
  - Regular monitoring of maternal deaths
  - Continuation/access to free fistula treatment

- **MCCI has shown that the elimination of obstetric fistula requires:**
  - Systematic and on-site approach for identification of patients (e.g. initial survey, community leaders, chairpersons) and continuous monitoring
  - Use of different communication techniques (e.g. person to person, radio, health talks in mobile clinics, schools)
  - Referral system (coordination between the community mobilisation structures and established referral mechanism)
  - Adoption of measures to prevent obstructed labour both to prevent obstetric fistula as well as maternal deaths
  - Address taboos associated with causes for obstetric fistula
  - Awareness of the availability of treatment for obstetric fistula
  - Free treatment

- **The legal framework of MCCI activities offers good prospects for attitudinal-behavioural change, ownership, accountability and sustainability**.

- **MCCI strengthens people´s perception on credibility of the government.**

14. Recommendations

The documentation team proposes the following recommendations:

- **Disseminate MCCI experience to other States in Nigeria as well as other countries in Africa and beyond.** Possible strategies to carry out this dissemination activities include:
  - Elaborate policy briefs
  - Elaborate short video documentary
  - Feature MCCI experience in relevant national and international publications
  - Facilitate participation of MCCI staff in relevant events to share experience
  - Disseminate through the internet (MCCI web page, UNFPA web page with links to relevant sites)
  - Disseminate to local and international media
  - Conduct targeted dissemination e.g. for policy advocacy, resource mobilisation, technical discussions

- **Strengthen MCCI capacity to monitor and evaluate activities (in collaboration with State Planning Commission and support from UNFPA and other partners)**
  - Provide support to finalise analysis and elaboration of report for both baseline as well as mid-line survey
  - Set indicators to monitor performance of the programme on regular basis (define responsibilities for line ministries and agencies)
  - Establish mechanisms for regular monitoring, reporting and evaluation of performance
  - Appoint an MCCI desk officer in each line Ministry

- **Explore UNFPA support to the SE Fistula Centre in the following areas:**
  - Elaboration of a three-year rolling plan detailing specific input of each collaborating partner
  - Support the SE Fistula Centre with competent staff to undertake the processing, analysis and reporting of data
  - Strengthen routine information system and data analysis
  - Training of medical and nursing staff
  - Research.
  - Analysis of existing research data and elaboration of report for publication
  - Sharing Ebonyi Experience on fistula programming in national and international fora (e.g. ISOFs conference, National Council for Health)

- **Increase the number of treated fistula patients that receive support for rehabilitation and social reintegration:**
  - Introduce a vulnerability index for the selection of treated fistula patients that require economic empowerment support
  - Actively engage treated patients for skills acquisition.
  - Increase coverage of grants, micro-credits to the youth and fistula patients
  - Train treated fistula patients as fistula advocates

- **Line Ministries and Agencies should target specific deliverables on maternal and child health and women/youth empowerment**.

- **Expand the coverage of free maternal care to government owned health facilities.**

15. This is our story (life with fistula)

Additional stories of fistula patients are presented below.

Her name is mother

In the less than an hour they spent at the South East Fistula Centre, Patience Okenwa, 23, had a change of clothing. The not so obvious padding beneath her jeans trousers was not enough to stop the flow of urine and mother and daughter had a plastic bag and enough clothes ready for the expected.

Her overwhelmed mother Ebere, determined to wade through the dilemma, spoke slowly. With two other wives and many children, her husband stopped supporting after paying the bill for the operation which saved her life. For two years, Ebere has had to borrow and beg in their Agbede village, Nkanu West LGA of Enugu State to seek help for her still trendy daughter. She had been told to come with the girl the first time she came to know if what she heard about the Centre was real.

Patience got pregnant midway in secondary school, and went for ante-natal care in a nearby clinic. While in labour, with the baby's head sticking out, she could no longer push. As a health worker sat on her stomach, two others sat on both legs to assist the delivery. She came up unable to walk, lost the baby and developed fistula.

She has managed to keep the ugly secret from her friends but has since stopped going to school. Her only insurance against stigma has been to go out of their house only for short periods at a time.

Well, their waiting will soon be over as Patience who has been assured that treatment is free, is likely to be in the next group to be admitted.

The smell of rejection

It was usual for those on her row in the congregation to relocate the moment she sat with them. When she went for daily paid job, she was served separately when it was time to eat. Others simply turned in another direction the moment she emerged.


Elizabeth Mbizu

Elizabeth Mbizu got married before she started menstruating. Trouble began with complications during labour which lasted for days. The TBA tried to help but the baby would not come out fully. Her husband was not ready to take her to the hospital despite her impassioned plea. It was when she was dying that Elizabeth was rushed to Mater Misericordiae Hospital, Afikpo. It was too late. The baby died and she started leaking urine. The husband sent her away, and people started mocking. Despite the fistula, Elizabeth got married again to a man who though aware of the problem promised to care. What she and her three children got instead was hatred. The fact that the man was childless from his first marriage did not stop him from consigning Elizabeth to a hut despite giving him children. The only silver lining was in 2000 when he paid her bride price after the third child. One of the children however died.

What she lost in a husband's love she however gained when despite her ignorance of any possible cure and abject poverty, someone who went for a MCCI mobilization campaign told her of the South East Fistula Centre. Although she has been repaired since 2008, her husband still does not care. She remains an outcast in her home. But help has come through grants from the National Poverty Eradication Programme (NAPEP) which has so far given her N 40 000. From the gains from her small-scale business she is somehow taking care of herself and children.

Age mates

It is June 2010 at the South East Fistula Centre and they are separated by a bed. Anayo Ovu from Amalekwuma Ameka in Ezza South LGA and Chika Elias from Isinkwo Ukawu in Onicha LGA, in Ebonyi State are both 20 years and the youngest patients.

Chika was 13 and in Primary 6 when the son of the couple she was servant to, impregnated her. Anayo, the only child of her parents who are now late, cannot even tell where the boy who got pregnant is now. The boy impregnated her while in Onitsha on a visit to a relation.

In 2008, after two days of labour, Anayo developed complications which the TBA could not handle. She had a stillbirth and did not even get to know the sex of the baby. She began to leak urine soon after and her world changed for the worse.


Anayo Ovu


Chika Elias

Chika's nightmare started with four days of labour with a TBA who eventually took her to the hospital where she had a caesarean section and thereafter had fistula. The baby which should have been her first, died. She had ironically been registered in a health centre by the boy who got her pregnant. Chika was sacked by her employers and came back to Ebonyi State to continue farm work with her mother.

Both of them have learnt their lessons. Anayo who never went to school plans to go back to the farm after full recovery. She is not aware of family planning since such issues are not encouraged for single girls where she comes from. The soft-spoken girl intends to abstain from sex till she gets married and have children. She will also advise any pregnant woman she encounters to go for ante-natal. Chika who longs to go back to school, says she will advise girls to be careful with boys.

A Sticky Affair


Iziogo and her children and grandchildren

When it was time to deliver her second child, the first TBA stopped trying after a long while. When the second TBA took over, she inserted her hands in the birth canal, and came up with the verdict that the baby was still "far". When there was no progress, the TBA took a sharpened stick to pierce the baby right in the womb. It was her way of saving the life of the mother. That was the beginning of the uncontrollable leaking of urine by Iziogo Ofoke-Ori. Efforts thereafter to live a normal life were checked by a community that turned her into an outcast. She locked herself in just to avoid the torment. It was a blow too many. Iziogo had lost the three children from her first marriage before the second marriage, where she had this experience. Sunday, her son from the new union was regularly reminded by neighbours that her mother was always smelling. He tried to raise funds to help his mother before the South East Fistula Centre came to her rescue.
Now, Iziogo is the toast of Okpoduma Village and Izzi LGA. She lives with her children and grandchildren.

Although she never had the opportunity of ante-natal care since there was no health facility near her then, she came back after treatment to tell her daughter not to mutilate the genitals of her daughters since that could spell trouble.
Sunday sums up the mood of the family, "I pray God to bless those who helped my mum to become a woman again. I have nothing to give the Governor's wife. Only God can reward her."

Sobered by fistula


Maria Nwobeji telling her story

At 17, Maria Nwobeji, then a student about to end her Junior Secondary School 3 class got pregnant. She didn't even know she was pregnant but when reality stared her, she withdrew from school. Her father had to bear the burden of seeking medical help. But even when the time to deliver came, Maria didn't know she was in labour. Labour lasted for five days and she had a stillbirth. The result was that she developed fistula. It was again her father who sought help till eventually she was treated at the South East Fistula Centre.

As she addressed the audience at the Ebonyi LGA Secretariat, Maria now 19, sobbed when she talked about how she almost wasted her future and the shame she endured. Her father had been through so much that he is not keen on returning her to school. But Maria is now sober and much wiser. She promised to study should the LGA Chairman, Dr (Mrs) Adaeze Nwuzo convince her father to send her to school again.

Right, but...


Rose Adah

She did all the right things, but Mrs Rose Adah, 28, with just a surviving child from four pregnancies, is today a fistula patient. Rose registered for ante-natal care and delivered in hospitals. The first was a stillbirth, the second survived, the third was a miscarriage and the complications from the fourth one who died eventually led to the fistula. In the latter case, she was in labour for two days, one of them in the hospital. She had pleaded with the doctor to admit her after labour was established but the plea was rejected. By the time the doctor was convinced that she needed to be confined, things just got out of control despite having a caesarean section.

The fistula has been treated and Rose is hoping to fully heal from stress incontinence before leaving for her Bayayam home in Obanliku LGA of Cross River State. She is praying hard and keeps her Bible close. Rose is convinced that her problems are more spiritual than normal. But she is determined to overcome and is eager to reunite with her child and husband with whom he has phone conversations daily.

Love like no other

Samuel Nworie offered his only landed property as collateral for the N1, 000 charged by the private hospital for his wife's caesarean section. But things got complicated in this 12th pregnancy and the resulting fistula turned a new chapter in their marriage. The men of his village advised him to send her away and marry another wife. Even his father-in-law joined their chorus. They even wanted him to build a house for her in the forest. But he stuck to his marriage vow, promising that no fistula would separate them. His faith in God was unwavering and he kept telling all who cared to listen that his wife will be whole again. That wait took all of 17 years. A first attempt at the Akwa Ibom fistula facility was unsuccessful


Samuel Nworie

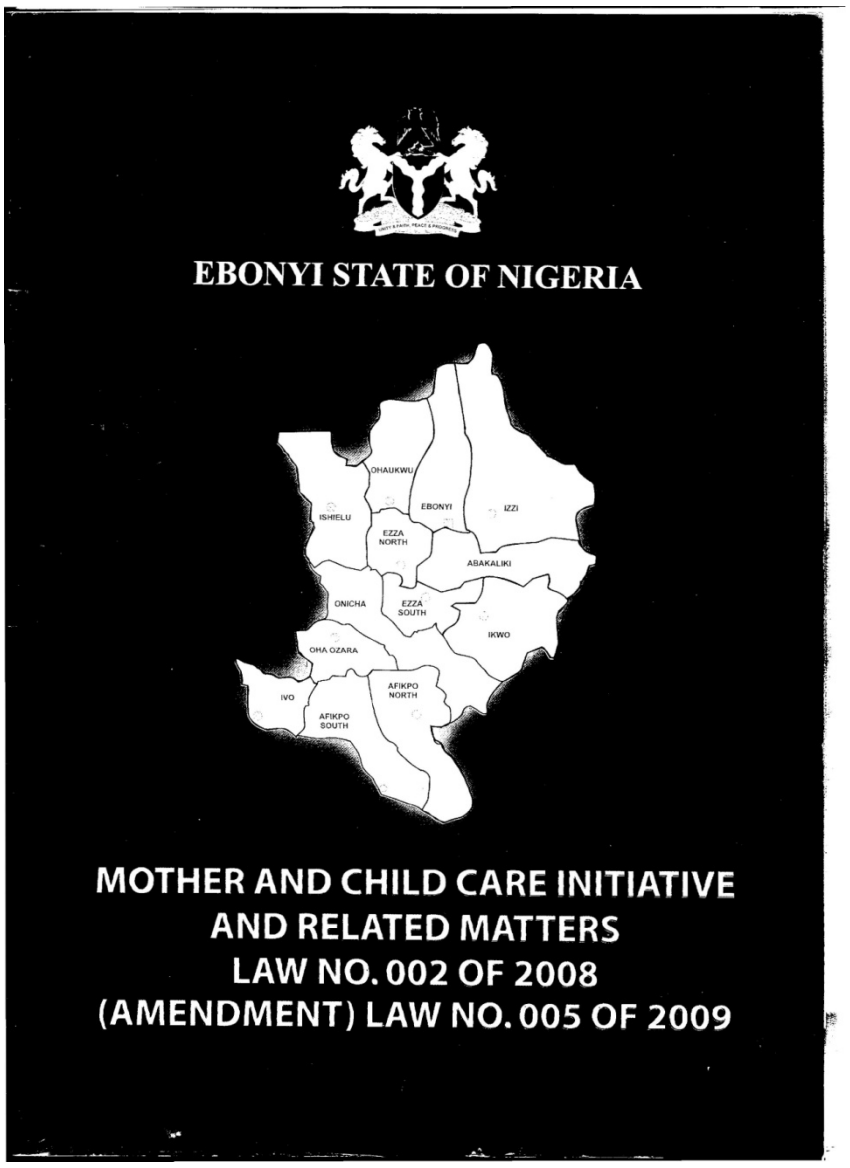

Anna Nworie

At the South-East Fistula Centre, Anna had to be stabilized because of her blood pressure. Her extended stay only strengthened her faith and staff of the Centre fondly remembers her as the gospel-singing woman with a sonorous voice.

The couple have been sharing their testimony in churches. The days are gone when Samuel locked his wife indoors and came back from the farm to bath her. At 70 he has now reclaimed his property and his eyes sparkle as he recounts their joy at the treatment that gave them a new lease of life. These days he says, his love for his smiling Anna which he estimated at 50% at the height of the leak, is now 100% or even more.

ANNEXES

Annex 1 The Mother and Child Care Initiative and Related Matters Law



RATIONALE FOR ESTABLISHING THE MATERNAL MORTALITY AND MORBIDITY MONITORING COMMITTEE IN EBONYI STATE.

Maternal mortality is one of the major indices of the status of Maternal Health of any country. Nigeria has one of the highest Maternal Mortality Ratios (MMR) in the world. Although Nigeria constitutes 2% of the world's population, its maternal mortality in 2000 was 800 per 100,000 live births *((FMOH*/*WHO* 2000) estimated to be about 10% of the world's MMR. However results of the 2008 Nigeria Demographic and Health Survey (NDHS) estimate the current national MMR to be 545 per 100,000 live births. This national estimate has not been disaggregated into zonal and states figures.

MMR for different geo-political zones of thecountry varies. UNICEF /*MICS* 1999 reported that the MMR was l65.in the South West, 285 for South East, 1025 for North West and 1549 in the North East. Despite these daunting figures, some Public Health Workers have argued that the estimates of maternal deaths are under reported by as much as 50% because most maternal deaths occur in rural areas and out of health facilities.

For women who survive the ordeal of pregnancy and labor, a substantial number suffer long-term morbidity including vesico-vaginal fistula (VVF), infertility and chronic pelvic disability. Nigeria accounts for 40%'of the global burden of Vesico-Vaginal Fistula, which translates, to an estimated 800,000 'women, and 20,000 new cases annually (IMNCH 2007). Generally, maternal mortality and morbidity in Nigeria are due to various medical causes namely Hemorrhage (excessive bleeding), Infection (Sepsis), Complications from unsafe Abortion, Hypertensive Disease of .pregnancy (ECLAMPSIA), Toxemia (Fits) Obstructed Labour, Anemia (Insufficient blood levels) and Malaria. Other contributory factors relate to socio cultural, economic, political and systemic circumstances.

In an effort to address the maternal mortality and morbidity issue in Ebonyi State, the wife of the Governor Mrs. Josephine Elechi, championed advocacy on the passage of the Mother and Child Care Initiative(MCCI) and related Matters Law,2008. The law which was passed by the State House of Assembly and assented by Governor Chief Martin Elechi in June 2008 was amended in September 2009 to include issues of maternal morbidity.

The Mother and Child Care Initiative (MCCI) and related Matters Law, 2008, makes it mandatory to report Maternal death and disability promotes free obstetric care services encourages early referral of clients in labour and delivery at health facility assisted by skilled personnel. The law also promotes community involvement in data collection to aid policy formulation and decision making on appropriate intervention. The implementation of these aspects of the law is through the maternal mortality and morbidity monitoring committee from the ward, local government and state levels.

With support from the USAID *IACQUIRE* Fistula Care Project, UNFPA and UNCIEF, the Mother and Child Care initiative organized a 2-dayworkshop to develop data capturing tools as well as equip members of the committee (from the ward to the state level) with the necessary information to commence their assignment. It is believed that this law when fully implemented and working in tandem with the free obstetric Care services as well as effective referral system would lead to significant reduction in Maternal mortality and morbidity in Ebonyi State.

EBONYI STATE OF NIGERIA LAW NO. 002 OF 2008

Ebonyi State Mother and Child Care Initiative And Related Matters Law, 2008 ***Title***

BE IT ENACTED by the Ebonyi State House of Assembly and by the Authority of same as follows: ***Enactment***

SECTION 1

There is hereby established for Ebonyi State a programme known as the Mother and Child Care Initiative (MCCI). ***Establishment***

SECTION 2

This Law may be cited as the Mother and Child Care Initiative and Related Matters Law No. 002 of 2008. ***Citation***

SECTION 3

The Law shall come into force on Wednesday, the 21st day ofMay, 2008. ***Commencement***

SECTION 4

In this Law, except the context otherwise requires: ***Interpretation***

"Appropriate Authority" means Ebonyi State Maternal Mortality and Morbidity Monitoring Committee and its equivalent Local Government and Ward chapters;

"Caregiver " means any person who is not a medical doctor or midwife who renders assistance to a woman in labour;

"Governor" means the Governor of Ebonyi State;

"Higher level of medical care" means from primary to secondary, or to tertiary health facilities; or to any emergency obstetric care;

"House of Assembly" means the House of Assembly of Ebonyi State;

"Maternal Morbidity" in this context refers to a state of disease condition or complication suffered by a woman related to pregnancy, labour and delivery such as fistula or a state of a disease condition not related to pregnancy, e.g.malignancies;

"Maternal Mortality" means death of a woman during pregnancy, labour or delivery and within six(6)weeks of delivery;

"Ministry of Health'' means Ebonyi State Ministry in-charge of Health matters;

"Programme" means Mother and Child Care Initiative (MCCI) as established under Section 1of this Law;

"State **"**means Ebonyi State of Nigeria.

SECTION 5

Facilitation

The Programme shall be facilitated by the office of the wife of the Governor of Ebonyi State and shall undertake projects which shall include the following:

(1) Maternal and Child Mortality Reduction.
(2) Vesico-Vaginal Fistula(VVF) Eradication.
(3) Girl-Child and Adult Education.
(4) Youth and Women Development and Empowerment.
(5) , Cancer Prevention and Control.
(6) HIV/AIDS Prevention and Control.
(7) Assisting Orphans and Vulnerable Children (OVC) And Physically-Challenged Persons.
(8) Promoting Mother and Child Survival.

SECTION 6

Officers of the Programme

The wife of the Governor shall be the Chief Executive and Facilitator of the Programme, and without prejudice to other provisions of this Law, shall have power to appoint.

1) Coordinator of the Programme;
2) Other designated officers as may be deemed necessary;
3) An Advisory Board of Trustees;
4) A committee of line ministries.authority or officials of government, organizations or groups as may be necessary for the attainment of the goals of the Programme

SECTION 7

The appointment of any person as an officer of the Mother and 'Child Care Initiative (MCCI) Programme shall specify the conditions in terms of fulltime,part-time, secondment or ad-hoc,and tenure of office.

SECTION 8

Terms of Appointment

The remuneration payable to any officer or committee of this Programme shall be as may be determined by the Governor.

SECTION 9

Remuneration

The Chief Executive and Facilitator of the Programme in liaison with any person or committee appointed in accordance with Section 6 shall formulate necessary policies and make regulations for the attainment of the goals contemplated by this Law. .

SECTION 10

Policies and Regulations

The Mother and Child Care Initiative shall be a body corporate with acquire and hold property.

SECTION 11

Body Corporate

The State Government shall make budgetary provisions in the annual appropriation Law to enable the Mother and Child Care Initiative (MCCI) to execute its identified projects in each fiscal year.

SECTION 12

State budgetary Provisions

A Local Government which is a beneficiary of any project under the Programme shall make annual budgetary provisions to partner with and/or facilitate such project.

SECTION 13

Local Government budgetary provision Funding

(1) The primary funding of the Programme shall be by the State Government, but the Programme is empowered to source for funds from individuals, private and public organizations, both Local and International.

(2) Such monies, grants or aids received by way of donations by

.~ MCCI or any of its committees from either Local or International donors shall be supervised by the Mother and Child Care Initiative (MCCI).

SECTION 14

Pre-natal and post-natal requirement

As from the commencement of this Law, and subject to other provisions herein, any pregnant woman in the State shall:

(1) Before child birth:

(a) Be required to register her condition of pregnancy with any government-owned General or Teaching Hospital or Medical Centre or Maternity Home or appropriate Clinic of her choice, within five months of pregnancy.

(b) If registered with a Maternity Home, private Hospital or appropriate Clinic, shall also be required to report such registration to the Maternal Mortality and Morbidity Monitoring Committee of the Ward, Local Government or State, as the case may be, within one month of such registration.

(c) Not withstanding the provision in Section 14(1)(b) of this Law, the Ward Maternal Mortality and Morbidity Monitoring Committee shall obtain data of ante-natal registration in all private/public health institutions.

(d) Upon compliance with the requirement of paragraphs (a) or (b) of this sub-section, be required to attend ante-natal appointments specified for her by the relevant hospital or clinic.

(2) Not be subjected by any person or authority to any form of torture, battery or forced labour whatsoever and howsoever.

(3) After childbirth, be placed under suitable post-natal care and supervision (with her baby) in the relevant hospital or clinic where the birth occurred or any other health facility she is referred to.

SECTION 15

Establishment of the Committees

(1) There is hereby established for Ebonyi State a committee to be known as Ebonyi State Maternal Mortality and Morbidity Monitoring Committee (EBSMMMMC).

(2) There is also hereby estab lished for each Local Government Area, a Local Government Maternal Mortality and Morbidity Monitoring Committee (LGMMMMC).

(3) There is hereby established for each electoral ward in the State a Ward Maternal Mortality and Morbidity Monitoring Committee (WMMMMC).

(4) The Maternal Mortality and Morbidity monitoring Committees of the State, Local Government and Ward shall be under the Mother and Child Care Initiative (MCCI).

SECTION 16

Members of the Committees

(1)Members of the State Maternal Mortality and Morbidity Monitoring Committee shall be appointed by the Governor as a working committee under the MCCI Programme,

(2) The State Maternal Mortality and Morbidity Monitoring Committee shall comprise the following:

(a) A Chairman who must be a Consultant Gynaecologist and Obstetrician with a minimum of five (5) years experience;
(b) A Public Health Physician;
(c) A representative of the State Ministry of Health;
(d) A Nurse Midwife with a minimum of ten (1 0) years expenence;
(e) A female representative of civil society organizations;
(f) A representative of the wife of the Governor of Ebonyi State;
(g) A representative of the Clergy;
(h) A representative of the State Planning Commission;
(i) A representative of the State Ministry of Women Affairs and Social Development.

(3) The Mother and Child Care Initiative (MCCI) shall, in conjunction with Chairman of a Local Government Council, appoint members of the Local Government Maternal Mortality and Morbidity Monitoring Committee (LGMMMMC).

(4) (a) The Local Government Maternal Mortality and Morbidity Monitoring Committee shall comprise the following:

(i) a medical doctor,
(ii) nurse/midwife,
(iii) supervisory councilor for health,

(iv) a representative of the clergy,
(v) a woman leader,
(vi) a traditional ruler,
(vii) a representative of the wife of the Governor.

(b) The Committee shall monitor the state of maternal health in the Local Government Area and report findings to the State Maternal Mortality and Morbidity Monitoring Committee within seventy-two (72) hours after receipt of such report.

(c) The Committee shall be headed by a medical doctor within the Local Government Area.

(5) The Local Government Chairmen shall in consultation with Coordinators of Development Centres and Ward Councilors, appoint members of the Ward Maternal Mortality and Morbidity Monitoring Committee.

(6) The Ward Committee shall comprise the following:
(a) a Man-clergy as Chairman,
(b) one woman leader in the ward,
(c) .a retired or serving teacher in the ward,
(d) the councilor in-charge of the ward, and
(e) a representative of the wife of the Governor.

SECTION 17

Functions of the State Committee

The State Maternal Mortality and Morbidity Monitoring Committee shall perform the following functions:

(1) Conduct confidential inquiry into all maternal deaths in the State, through its experts Sub-Committee;

(2) Monitor the level of ante-natal care in the State, ***to wit***, whatever concerns a woman's health during pregnancy, labour, delivery and within six(6)weeks of delivery;

(3) Render such advice as it may consider necessary through the Mother and Child Care Initiative (MCCI) to the State, Federal Government and other relevant agencies of maternal health care;

.(4) Take the statistics of maternal mortality and morbidity, and keep proper annual record of such mortality and morbidity and render same through MCCI to the State;

(5) Produce and publish annually relevant information on maternal health, Mortality and morbidity in the State.

SECTION 18

Powers of the Committees

The State, Local Government and Ward Maternal Mortality and Morbidity Monitoring Committee shall have power

(1) to co-opt other Ad-hoc members when necessary for purposes of carrying out its functions;

(2) to visit all health institutions in the State for on-the-spot assessment of the level of maternal health care in such institutions;

(3) to collect data on maternal mortality, morbidity and other relevant data from all formal and informal health establishments in Ebonyi State;

(4) to report offenders of this Law to the relevant government agency; and

(5) to perform any such function which in the opinion of the Committee is reasonably proper for the realization of the goals and objectives of the Programme.

SECTION 19

Meeting of each Committee

(1) Each Committee shall hold meeting at least once every three (3) months at such place and at such time and at such days as the Chairman may decide.

(2) Without prejudice to sub-section (1) above, a special meeting of the committee shall be convened by the Chairman whenever the need arises or at the instance of three members of the Committee requesting the Chairman in writing to convene a meeting of the Committee.

(3) The quorum at committee sittings shall be one-half of the membership, and in the absence of the Chairman, members shall elect one from among themselves to preside.

(4) The Committee shall have power to regulate its own proceedings including the power to evolve rules for its operational guide as are not inconsistent with the general purpose of this Law.

SECTION 20

Duties of Controllers

(1) It shall be the duty of any midwife or care giver to immediately refer any woman under his or her care whose labour has lasted up to ten (10) hours to a higher level of medical care.

(2) Any midwife or caregiver who fails or neglects to refer a woman in labour as specified in sub-section (l) of this section, commits an offence.

(3) It shall be the duty of any medical practitioner, nurse/midwife or caregiver to immediately refer any woman in labour under his or her care with obvious signs of complications to a higher level of care if the health institution does not have the facilities/expertise to manage such complications.

(4) Any medical practitioner, midwife or caregiver who fails to refer a woman in labour as specified in sub-section (3) above commits an offence.

(S) It shall be the duty of any husband, guardian or relation of a woman as referred to in sub-sections (1) and (3) above to immediately transfer such a woman to a higher level of medical care.

(6) Any husband, guardian or relation of a woman under labour as specified **in** sub-section *(S)* of this section who fails or neglects to immediately transfer asrequired, commits an offence.

SECTION 21

Offences

(1) It shall be an offence not to report any death of a woman either during pregnancy, labour or delivery or within six weeks of delivery, to the Ward, Local Government or State Maternal Mortality and Morbidity Monitoring Committee.

(2) Any person either by trust in his profession or otherwise who handles the treatment and delivery of a pregnant woman either at ante-natal, ***intra-partum*** or post-natal stage that ended in maternal mortality and fails to report such death within two months to the appropriate authority, commits an offence.

(3) Any person being the husband or guardian of such woman or otherwise so closely connected with her having knowledge of her death and fails to report such death within two months to the appropriate authority, commits an offence.

(4) Any hospital, maternity, clinic or caregiver where such maternal mortality took place and fails to report such death within one month to the appropriate authority,commits an offence.

SECTIO 22

(1) Any person who commits an offence under this Law shall on ***Punishment*** conviction be liable to a fine of N10,000.00 (Ten Thousand Naira) or to imprisomnent for a term not exceeding one month or to both such fine and imprisonment.

(2) Where an offence under this Law has been committed by a medical practitioner, nurse/midwife or caregiver, such offender shall on conviction be liable to a fine of N 20,000.00 (Twenty Thousand Naira) or to imprisonment for three months or both.

(3) Where an offence under this Law has been committed by a corporate body, it shall be liable to a fine of N50,000.00 (Fifty Thousand Naira).

SECTION 23

Object and Purpose
The Object and Purpose of this Law is to provide for the Mother and Child Care Initiative and Related Matters Law, 2008.

SCHEDULE

FORM A

This printed impression has been compared by me with the Bill which has been passed into Law by the Ebonyi State House of Assembly and found by me to be a true and correctly printed copy of the said Bill.

CHIEF BARR. GODWIN O. OGBAGA
CLERK OF HOUSE OF ASSEMBLY EBONYI STATE OF NIGERIA.

Dated this ; day of. , 2008

FORM B

Assented to by me this ::::': : day or : :., *2008*

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CHIEF MARTIN N. ELECHI *MFR*
GOVERNOR, EBONYI STATE OF NIGERIA

FORM C

I withhold my assent

GOVERNOR
EBONYl STATE OF NIGERIA

Dated this day of ·····, 2008

SCHEDULE

FORM A

This printed impression has been compared by me with the Bill which has been passed into Law by the Ebonyi State House of Assembly and found by me to be a true and correctly printed copy of the said Bill .

MRS. ROSE NNENNIA NWOKPORO
CLERK OF HOUSE OF ASSEMBLY EBONYI STATE OF NIGERIA.

Dated this ….day of …… 2009

FORM B

Assented to by me this 3rd day of September 2009

CHIEF MARTIN N. ELECHI *MFR*
GOVERNOR, EBONYI STATE OF NIGERIA

FORM C

1 withhold my assent

GOVERNOR
EBONYI STATE OF NIGERIA

Dated this… day of…… , 2009

Annex 2 Programme of work for field visit and list of people met

Date	Place	Name	Organisation	Position
22 June 2010	Abuja	Dr. Agatha Lawson	UNFPA Nigeria	Resident Representative
	Abuja	Dr. Bannet Ndyanabangi	UNFPA Nigeria	Deputy Representative
	Abuja	Dr. Aham Isika	UNFPA Nigeria	Consultant
	Abuja	Kori Habib	UNFPA, Nigeria	Media Officer
23 June 2010	Abuja	Dr. Nnenna Ogbulafor	Federal Ministry of Health, Government of Nigeria	SA to Hon. Minister of Health
	Abuja	Oluyomi EO	Federal Ministry of Health, Government of Nigeria	
	Abuja	Dr. Chris Isokpunwu	Federal Ministry of Health, Government of Nigeria	
	Abuja	Dr. Okara Dogara	Federal Ministry of Health, Government of Nigeria	
	Abuja	Dr Isah Adamu	USAID ACQUIRE-Fistula Care Project (EngenderHealth)	Deputy (Country Office Programme)
	Abuja	Iretioluwa Soetan	USAID ACQUIRE-Fistula Care Project (EngenderHealth)	Monitoring and Evaluation Advisor
	Abuja	Prof. Oladosu A. Ojengbede	Department of Obstetrics and Gynaecology,Centre for Population and Reproductive Health, College of Medicine, University of Ibadan, Nigeria	Director
24 June 2010	Abakaliki, Ebonyi State	Dr. Ileogben Sunday- Adeoye	Office of the Wife of the Governor of Ebonyi State	Coordinator of the Mother and Child Care Initiative, Director South East Regional Fistula Centre
		Brief visit to workshop for surveyors for Mid-term MCCI survey		
25 June 2010	Abakaliki	Her Excellency, Ms. Josephine N. Elechi	Office of the Wife of the Governor of Ebonyi State	Ebonyi State Governor's Wife
	Abakaliki	Dr. Sunday Zihl Nwangele	Ebonyi State Ministry of Health	Hon. Commissioner for Health
	Abakaliki	Felix N. Mkpumah	Ebonyi State Ministry of Health	Permanent Secretary
	Abakaliki	I.N.Echegu	Ebonyi State Ministry of Health	Director of Medical Services

Date	Place	Name	Organisation	Position
	Abakaliki	C.E. Achi	Ebonyi State Ministry of Health	Director Primary Health and Disease Control
	Abakaliki	Boniface Uguru	Ebonyi State Ministry of Health	Director Planning, Research, Statistics
	Abakaliki	Ewa Nworie	Ebonyi State Ministry of Health	Public Relations Officer
	Abakaliki	Chief (Mrs) Cecilia Akanu	Ebonyi State Governnor´s Office	Special Adviser to the Governor on Women Mobilisation
	Abakaliki	Theresa Kaka Effa	USAID ACQUIRE-Fistula Care Project (EngenderHealth)	Policy and Advocacy Advisor
	Abakaliki	Brief encounter with participants in Script writers workshop for radio drama serial on fistula and related issues	USAID ACQUIRE-Fistula Care Project (EngenderHealth)	
26 June 2010	Abakaliki	Dr. Ileogben Sunday-Adeoye	Office of the Wife of the Governor of Ebonyi State	Coordinator of the Mother and Child Care Initiative, Director South East Regional Fistula Centre
	Abakaliki	Helen U. Emegha	South East Fistula Centre	Sister In-Charge post-operative ward
	Abakaliki	Sandra Nte	South East Fistula Centre	Records Officer
	Abakaliki	Dr. Francis Okoro	South East Fistula Centre	Principal Medical Officer
27 June 2010	Abakaliki	Chika Peace Uzim	South East Fistula Centre	Staff nurse
	Abakaliki	Jane Ekoyo		Fistula patient
	Abakaliki	Anayo Ovu		Fistula patient
	Abakaliki	Rose Adah		Fistula patient
	Abakaliki	Stakeholders meeting		
	Abakaliki	Dr. Aliyu Yakubu	UNFPA Nigeria,	Zonal Team Leader, Abia Zonal Office
28 June 2010	Abakaliki	Lawrence E. Igem	State Planning Commission, Government of Ebony State of Nigeria	Executive Secretary
	Abakaliki	Egwu Chukwu	State Planning Commission, Government of Ebony State of Nigeria	Director of Research and Statistics
	Abakaliki	Rt. Hon. Barr Augustine Nwankwagu	House of Assembly	Speaker
	Abakaliki	Hon. Michael Udeh-Umanta	House of Assembly	Representative Onicha West
	Abakaliki	Hon. Emmanuel Aleke	House of Assembly	Representative Ezza South West
	Abakaliki	Hon. Sylvester Omeri	House of Assembly	Representative Afikpo North

Date	Place	Name	Organisation	Position
	Abakaliki	Hon. Chike Ogiji	House of Assembly	Representative Ikwo South
	Abakaliki	Hon. Gabriel Edeh	House of Assembly	Representative Ishielu South
	Abakaliki	Elizabeth Mbizu		Fistula patient
	Abakaliki	Agnes Mwaobasi		Fistula patient
	Abakaliki	Chioma Eze	Ikwo Local Government Area	Chairperson
	Izzi LGA	Meeting with members of Maternal Mortality Monitoring Committees (MMMC) from both the LGA and wards, among others:		
		Patrick Banu	Ward MMMC	Chairman of Ezza Inyimagu Ward
		Fatima Nwogbaga	Izzi Local Government	Chairperson
		Ijeoma Nwiga		
	Opoduma Village, Izzi LGA	Iziogo Ofoke-Ori		Fistula patient
	Ebonyi LGA	Meeting with members of Maternal Mortality Monitoring Committees from both the LGA and wards, among others:		
		Dr (Mrs) Adaeze Benedette Nwuzor	Ebonyi Local Government	Chairman of the Council
		HRH. Eze Emmanuel Odomokeye		Traditional ruler
		Justina Wendy	Ward MMMC	Member of ward MMMC
		Nkechi Aneke	Ward MMMC	Member of Abakpa Ward MMMC
		Ngozi Akputa	Ward MMMC	Member of Echiaba Ward MMMC
		Agnes Gwudu	Ward MMMC	Member of Enyibeechiri Ward One MMMC
		Bernard Nwofoke Enyibechiri	Ward MMMC	Member of Enyibeechiri Ward Two MMMC
		Agnes Nwiboko	Ward MMMC	Member of Ndegu Ward MMMC
		Maria Mwobeji		Fistula patient
29 June 2010	Ebonyi LGA	Dr. Ndukwe Nwigboji	St. Vincent Hospital	Medical Officer
	Ebonyi LGA	Monica Agbishi		Patient in the pre-natal ward at St. Vincent Hospital
	Afikpo North LGA	Barr. Obinna Gerald Agha	Afikpo Local Government	Chairman

Date	Place	Name	Organisation	Position
	Afikpo North LGA	Meeting with members of Maternal Mortality Monitoring Committees from both the LGA and wards, among others		
		Eucharia Obinna Agha	Afikpo Local Government	Chairperson
		Rev. Henry Awaluku		
		Ibbi Oziza		
		Ugo Ogbonnia Oko		Fistula patient
		Grace Ugwuoma Ewa		Fistula patient
		Ndubuisi Urom		Chairman of the Afikpo Local Government MMMC
	Afikpo North LGA	Joseph M. Onya	Skills Acquisition Centre Afikpo	Principal
	Afikpo North LGA	Father Charles Otu	Mater Misericordiae Hospital	Hospital Administrator
	Afikpo North LGA	Theresa Akpelu	Mater Misericordiae Hospital	Matron
30 June 2010	Abakaliki	Gloria Ekuma	Student	Beneficiary of OVC programme
	Ekumenyi Secondary School	Chukwuebuka Agu	Student	Beneficiary of OVC programme
	Ekumenyi Secondary School	Pius Orogwu	Ekumenyi Secondary School	School Principal
	Ndogbu Noyo, Ikwo LGA	Anna Nworie		Fistula patient
	Ndiegechara Town, Ikwo LGA	Dr Ifeanyichukwu Eze	Rural Improvement Hospital	Medical Officer
	Ikwo LGA	Meeting with members of Maternal Mortality Monitoring Committees from both the LGA and wards, among others:		
		Tina Igberi	Ikwo Local Government	Chairperson
		Nwigboji Nkweke	Ikwo Local Government	Traditional birth attendant
		Rev. J.C.N. Oke		Chairman Ndufu Echara Ward

Date	Place	Name	Organisation	Position
		Hon. Chief Opofe Aloh		
		Eze D. Ogalegu		
		Justina Ogboji	Ikwo Local Government	Head of Department – Health
	Ikwo LGA	Dr. Sunday Nweke	Igboji Ikwo General Hospital	Medical Officer
	Ikwo LGA	Patience Ogbeze	Igboji Ikwo General Hospital	Matron
1 July 2010	Abakaliki	Dr. Henry Uro-Chukwu	The Directorate of Free Health Care of Ebonyi State/ The Grassroots Mobile Clinic, Office of the Governor	State Programme Coordinator
	Abakaliki	Ebere Okenwa		Mother of fistula patient from Enugu
	Abakaliki	Dr. I. Sunday-Adeoye	MCCI, SE Fistula Centre	Coordinator MCCI, Director SE Fistula Centre
2 July 2010	Abakaliki	Dr. Sunday Nwangele	Ebonyi State Ministry of Health & Environment	Hon. Commissioner
	Abakaliki	Interaction session with FMOH delegation		
3 July 2010	Abakaliki	Team work		
	Abakaliki	Gala Function in honour of Federal Minister of Heatlh		
4 July 2010	Abakaliki	Team work		
5 July 2010	Abakaliki	Chief Hyacinth E. Ikpor (KSJ)	Ebonyi State Ministry of Education	Hon. Commissioner
		Members of the Universal Education Board and Secondary Education Board		
	Abakaliki LGA	Okoroafor Christian	Medical Officer	General Hospital Ezzangbo Ohaukwu
	Abakaliki LGA	Maria Umeh	Chief Community Health Assistant	Izzamgbo Maternity
6 July 2010	Okposhi Ward, Ohaukwu LGA	Field visit to Ndegu Ode Health Post		Outreach

Date	Place	Name	Organisation	Position
	Abakaliki	Team work		
7 July 2010	Abakaliki	Debriefing session MCCI		
8 July 2010		Travel to Abuja		
9 July 2010	Abuja	Debriefing UNFPA CO		

Annex 3 Documents available to the team

MCCI documents

Agenda for several MCCI management meetings

Instrument for enumeration/need assessment of orphans and vulnerable children in Ebonyi State, MCCI

List of repaired VVF patients for NAPEP CCT grants

Mother & Child Care Initiative brochure

Mother and Child Care Initiative (MCCI) of Her Excellency Mrs. Josephine N. Elechi (Wife of the Ebonyi State Governor), Concept Document, November 2007

Mother and Child Care Initiative (MCCI), workplan for 2007-2009

Mother and Child Care Initiative (MCCI), workplan for 2009

Mother and Child Care Initiative (MCCI), workplan for 2010-2016

Progress reports of activities carried out by Her Excellency Mrs. Josephine Elechi from 2007-2009 in Ebonyi State

Report of a two day training workshop organise by the MCCI for baseline survey for field workers on the 16th-17th January 2008 at the Women Development Centre, Abakaliki, Ebonyi State

Report of Her Excellency´s Visit to Katsina

Report of the Courtesy call on her Excellency by the Zonal Director, NTA Enugu Zonal Office on Thursday 4th June 2009

Report on MCCI activities for 2008

Report on the 4th Fistula Campaign

Report on the courtesy call by Her Excellency, Mrs. Josephine Elechi to USAID Mission Director, Mrs. Sharon Cromer on the 1st of April 2008 at Mambilla Street, Aso Drive, Abuja

Report on the Safe motherhood Walk / 3-day Safe Motherhood Workshop

Report on the South East Fistula Centre Three-day strategic meeting by stakeholders within and outside the state, 27th-28th January 2009

Government of Ebonyi State of Nigeria

Familiarization Visit to the South East Fistula Centre by the Hon. Minister of Health Prof. Babatunde Osotimehin, Government of Ebonyi State, 21st August 2009
Law No. 003 of 2010, Ebonyi State Child Rights and Related Matters Law, 2010, Ebonyi State of Nigeria

Maternal Mortality / Morbidity Monitoring Law, Public Presentation of Ebonyi State, organized by the Ebonyi State Government in collaboration with MCCI with support from USAID/The Acquire Project/Fistula Care, February 18th, 2010
Mother and Child Care Initiative and Related Matters Law N. 002 of 2008 (Amendment) Law No. 005 of 2009, Ebonyi State of Nigeria.

State Medium-term Development Plan 2010-2013 and the 2010 Capital Budget, Government of Ebonyi State of Nigeria

Federal Government of Nigeria

Integrated Maternal, Newborn and Child Health Strategy. Federal Ministry of Health, Abuja, 2007

National Policy on the health and development of adolescents and young people in Nigeria, Federal Ministry of Health, Abuja, Nigeria, 2007

National Strategic Framework and Plan for VVF Eradication in Nigeria 2005-2010, Federal Ministry of Health, Abuja, Nigeria, December 2006

National Strategic Framework on the health and development of adolescents and young people in Nigeria 2007-2011, Federal Ministry of Health, Abuja, Nigeria, 2007

Nigeria Demographic and Health Survey 2008, National Population Commission, Federal Republic of Nigeria, Abuja, Nigeria, ICF Macro Calverton, Maryland, USA, November 2009
Nigeria, Health System Assessment 2008, Federal Ministry of Health, Federal Republic of Nigeria, USAID

The 2008 Situation Assessment and Analysis on Orphans and Vulnerable Children (OVC) in Nigeria. Key findings, Federal Ministry of Women Affairs and Social Development, December 2008, with support from MDG office (The Presidency), National Agency for the Control of AIDS (NACA), UNICEF, USAID

UNFPA documents

Ebonyi State 2010 UNFPA Annual Workplan, UNFPA 6th Country Programme – Four Year Action Plan (CPAP)

HERA/ICRH, Thematic Evaluation of National Programmes and UNFPA Experience in the Campaign to End Fistula, Assessment of National Programmes, Vol II: Synthesis Report, Final Report, April 2010 (Work commissioned by UNFPA HQ)

HERA/ICRH, Thematic Evaluation of National Programmes and UNFPA Experience in the Campaign to End Fistula, Assessment of National Programmes, Vol VI : Nigeria Country Assessment, Final Report, April 2010 (Work commissioned by UNFPA HQ)

UNFPA Nigeria: Draft 6th country programme document for Nigeria, 6 March 2008 and Nigeria Country Programme Action Plan 2009-2012.

UNFPA, Final Country Programme document for Nigeria. 6th cycle of assistance 2009-2012. Aug 8th, 2008.

Other documents

A lecture on Early Detection of Breast/Cervical Cancers given by Dr. F.E. Iyare on the 14th February 2008 during the Safe motherhood workshop in Ebonyi State

A paper on “Rural Girl-Child Education”, delivered by the Special Adviser to the Executive Governor of Ebonyi State on Women Mobilisation, Hon. Chief Mrs. Cecilia U. Akanu at the Safe motherhood workshop organised by the office of Her Excellency, the Wife of the

Governor of Ebonyi State, Chief Mrs. Josephine N. Elechi, held at WDC, Ezza Road, Abakaliki on 13-15 February 2008

Report on WHO/FMOH Workshop in Lagos, 10-11 December 2008

The Youth: Understanding Development and Control, Prof. Egwu U. Egwu, PHD., FISQ & PA Deputy Vice Chancellor, Ebonyi State University, Abakaliki,

Annex 4 MCCI Songs

MCCI Songs
Composed by Hon. Chief (Mrs) Cecilia Akanu

First Song:
Calling VVF Patients to Come Out for Screening and Repairs

Igbo

1. Ogle izondu, oge eruwo
   Puta k'ideye aha, oge eruwo

Chorus

Oge eruwo!
Oge izondu, oge eruwo
Puta k'ideye aha, oge eruwo

2. A zoo nne, a zoo nwa, oge eruwo
   Puta k'ideye aha, oge eruwo

English

1. The time for saving lives, the time has come
   Come out and register to save your lives
2. Mothers are saved, children are saved
   Come out and register to save your lives

Second Song:
Calls for Adequate Support of MCCI Projects/Programmes

Igbo
MCCI, MCCI, MCCI
Biko kwadonu ya
MCCI, MCCI
Kwadonu ya mgbe nile

English

1. MCCI has come to save the lives
   Of the mother and the child
   MCCI has come to save lives
   Support the programme all the same

Chorus

MCCI, MCCI, MCCI
Support the programme
MCCI, MCCI
Support the programme all the time

Third Song:
A Joyful Song After Successful repairs of VVF

Igbo

Ihie uwa adiworo ayi mma
Ezinne ayi ehichewo ayi anya
E e, ihie uwa adiworo ayi mma
Ezinne ayi ehichiewo ayi anya

English

All things are well with us
Caring mother wiped our tears
Oh yes, all things are well with us
Caring mother wiped our tears

Fourth Song:
Calls for Prevention of Maternal Death

Igbo

K'ayi gbochie nwanyi
Inwu n'ime
Ezinne yere iwu nwanyi
Anwula n'ime

English

Let's prevent maternal death
Caring mother has law
Against such death in the state

Documentation commissioned by The United Nations Population Fund (UNFPA)

UNFPA LOGO & ADDRESS **MCCI LOGO & ADDRESS**