

Advancing HEALTH

A NEWSLETTER OF TARGETED STATES HIGH IMPACT PROJECT (TSHIP)

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L Hauwa Bala learns to listen to the fetal heart sound using a fetoscope
Photo credit: Timothy Daret, TSHIP Bauchi

R Hauwa Bala weighs a newborn at the Boto health facility. Two other women volunteers like Hauwa provide routine antenatal and postnatal care services at the Boto health facility.
Photo credit: Timothy Daret, TSHIP Bauchi

Women will no longer die giving birth! An initiative by three volunteers

Having witnessed the risks associated with deliveries from home as well as a shortage of manpower at the Boto general hospital in Bauchi state, 45 year old Hauwa Bala (and two other women) offered to assist health services providers to improve services provided to clients at Boto health facility. Hauwa gave birth to all of her ten children (she lost two) at home using traditional herbs with assistance from a traditional birth attendant. “I want to help women who need care, and advocate for them to deliver at a hospital because it saves lives,” said Hauwa.

The women made the offer to volunteer during a town hall meeting organized by the ward development committee (WDC). The meeting was organized to discuss priority health concerns and explore opportunities for addressing them. The WDC was reactivated by the USAID-funded Targeted States High Impact Project (TSHIP). Launched in 2009, TSHIP is a five-year health systems strengthening project being implemented in all 20 Local Government Areas (LGAs) in Bauchi State and 23 LGAs in Sokoto State. The overall objective of TSHIP is to increase the use of high impact integrated maternal, newborn and child health, family planning, and reproductive health interventions.

The women volunteers received basic orientation from the health workers and swung into action by assisting with routine tasks like dispensing antenatal care drugs, monitoring women and children during and after delivery, weighing pregnant women and babies, washing and sterilizing delivery kits and other instruments, coordinating flow of clients to ensure timely provision of services, and conducting household education on the importance of seeking skilled health care services at the health facility.

Ten months ago, a resident in the area Jemila Al Hassan had a spontaneous labor at home. Without any means of transportation, neighbors hurriedly called Hauwa at 2:00 a.m. to come to the rescue. On her arrival, Jemila had delivered a baby but the placenta was retained in the uterus. Hauwa helped to expel the placenta and cleaned the baby, and then took Jemila and the newborn to the hospital, where they were provided with more care. “I am really grateful to Hauwa. She saved my life,” said Jemila.

The women volunteers have been providing services in the general hospital for a year now. “I have handled twenty deliveries and assisted many more” said Hauwa.

“Although I am not paid, I enjoy what I do here and will continue to assist,” said Hauwa. Another volunteer commented that “the community now respects us a lot. I want my children to become doctors!”

According to one of the midwives at the health facility, “the rate of deliveries has gone up in the past year since the volunteers have been assisting here. Earlier there were six to eight deliveries in a month. Now there are about ten in a week!”

Reacting to his wife’s new role in the community, Hauwa’s husband said, “I now stand tall among my friends and several persons in the community as they thank me for my wife’s assistance to them.” Community leader Maryam Sulaiman sums it up, “The women have reduced the workload on the few staff at the health facility and also provide household education in the community. They are our champions! We hope other communities will replicate this initiative.”

Contents



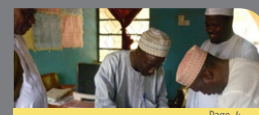
Page 2

Housing for health workers: a motivation to provide services in rural areas



Page 3

Empowering households in Bauchi state in the fight against malaria



Page 4

Encouraging systemic data storage and documentation in health facilities



Page 5

Urgent response to cut back maternal morbidity and deaths in Bauchi state: the case of Alkaleri LGA

PHOTO STORIES



The Emir of Bauchi being shown how to measure the mid upper arm circumference (MUAC) of a child during the Maternal and Newborn Child Health (MNCH) week flag-off event at Kofar Ran Urban Maternity in Bauchi. MUAC is a quick and simple way to determine whether or not a child is malnourished using a simple colored plastic strip.
Photo credit: Dr. Sa'adatu Ringim, TSHIP Bauchi



USAID Mission Director Dr. Ray Kirkland accompanied by USAID's Ms. Celeste Carr, Ms. Minnie Wright and Garba Abdu as well as the TSHIP Deputy Chief of Party (Sokoto) Dr. Abubakar Maishanu, during a visit to the Bagarawa clinic (Bodinga LGA). The team inspected interventions by TSHIP including the oral rehydration therapy corner.
Photo credit: Sameer Mohammed Bello, TSHIP Sokoto



Kangere community drama group staged a play to educate the community on their role in malaria prevention and the importance of malaria treatment with artemisinin combination therapy (ACT).
Photo credit: Ahmed Mohammed Ahmed, TSHIP, Bauchi



Practical session during training of trainers on 'helping babies breathe' in Sokoto. Helping Baby Breathe (HBB) is an initiative to improve newborn care especially at birth when the baby is either not breathing or having a difficult and abnormal breathing pattern.
Photo credit: Kamil Shoretire, TSHIP Sokoto

Housing for health care workers: a motivation to provide service in rural areas



Midwife Rhoda Jibril attending to a client
Photo credit: Aastha Sharma, TSHIP Central Project Office



Rhoda and other service providers in front of a renovated house for midwives
Photo credit: Joseph Augustus, TSHIP Central Project Office

Emperical evidence demonstrates the benefits of having skilled service providers to improve health outcomes. Dramatic inequalities and insufficient numbers of health personnel negatively impact the performance of health systems worldwide.

In Nigeria, there is a geographic and residential divide in the distribution of health workers. Urban areas have a high concentration of health workers and rural areas, which constitute a significant proportion of Nigeria's population, have a very low concentration. According to the Federal Ministry of Health, less than 50 percent work in the northern part of the country (Health Workforce Country Profile for Nigeria, 2008).

Not having enough skilled health workers contributes to Nigeria's high maternal mortality and infant mortality rates. In response to this, the National Primary Health Care Development Agency (NPHCDA) established the Midwives Service Scheme (MSS) to mobilize newly qualified, unemployed and retired midwives and deploy them for one year to understaffed health facilities, especially in rural communities.

Despite its good intentions, the MSS scheme has met some challenges. In Sokoto, many midwives have either resigned before their year of service is up or simply refused to be posted in rural areas because of housing issues. Housing was either nonexistent or in very poor condition.

To improve the situation, TSHIP successfully advocated to the State Ministry of Local Government which directed all local government areas (LGAs) to allocate one house per LGA to midwives, for a total of 23 houses in the state. Since some LGAs did not have any suitable housing at all for midwives, TSHIP complemented the government's efforts by renovating staff houses along with health facilities. So far, ten houses attached to primary health care centers (PHCs) Wauru, Gawaku, Yartsakuwa, Wababe Danchadi, Salame and Gagi as well as Dagawa dispensary have been renovated and are now occupied by service providers.

Midwives posted to these rural facilities are now motivated to provide 24-hour services. According to midwife Rhoda Jibril who is posted to the PHC in Wauru, "I now have a more conducive accommodation and have been providing services to clients irrespective of the time of day. I will be delighted to continue working in this area if I am offered a permanent appointment".

According to health facility statistics, the number of antenatal care clients at PHC Wauru increased by 61% from 90 in April 2011 (before the renovation of the facility and accommodation) to 145 (after the intervention). Similarly, deliveries have increased by 58% and family planning clients have increased by 71%. The availability of 24-hour services at PHC Wauru means women have access to delivery and child care services during emergencies, especially if they occur at night. What a relief for the families in this community!



Drama group staging a play on the importance of using LLINs during 2011 World Malaria Day
Photo credit: Ahmed Mohammed Ahmed, TSHIP Bauchi



Representative of the first lady testing her blood for the malaria parasite at a malaria diagnosis site at central primary school in Kangere district
Photo credit: Ahmed Mohammed Ahmed, TSHIP Bauchi



Demonstration of the use of LLINs during 2011 World Malaria Day
Photo credit: Ahmed Mohammed Ahmed, TSHIP Bauchi

Empowering households in Bauchi state in the fight against malaria

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alaria continues to be the leading cause of death in African children. Of the estimated 781,000 malaria-related deaths reported in 2009 worldwide, 91% occurred in the continent, while 85% were among children under the age of five (World Malaria Report 2010).

World Malaria Day is commemorated on April 25 every year to create awareness about this devastating disease and its impact on the lives of more than three billion people worldwide – half of humanity. In Nigeria, despite steady progress to reduce the effect and impact of malaria, the numbers of infected persons are still alarmingly high. Malaria causes the deaths of an estimated 250,000 children under the age of five every year, according to UNICEF (2009). National estimates suggest that on average, children younger than five have 2 to 4 episodes of malaria annually (Nigeria Malaria Strategic Plan 2010).

Only 8.3% of children in Bauchi received antimalaria medication on the same or following day of detection of fever and, of those, a mere 0.3% received the recommended artemisinin-based combination therapy (ACT).

Although donor activities to combat malaria in various states have increased dramatically in recent years, the number of children not receiving timely treatment remains high.

TSHIP is supporting the State Ministry of Health (SMOH) and its agencies (Bauchi State Agency for the Control of Tuberculosis Malaria and HIV/AIDs, State Primary Health Care Development Agency, and the Hospitals Management Board) in implementing their malaria strategy. Specifically, TSHIP focuses on revitalizing donor forums, strengthening referrals, training providers in malaria case management, developing advocacy kits, and distributing malaria drugs and long lasting insecticide treated nets (LLINs) to health facilities. The project also supports the implementation of specific activities such as those held on World Malaria Day.

To empower families and communities with more knowledge about how to prevent, recognize, and initiate malaria treatment, on June 1, the Bauchi SMOH and its agencies joined other partners to commemorate this year's World Malaria Day event themed: 'Achieving Progress and Impact: Play your part'

As a key partner in strengthening the health system for improved malaria prevention and control, TSHIP provided technical and financial support towards commemorating the day. Specifically, the project participated in live media phone-in discussion sessions on malaria-related issues reaching an estimated 1.75 million people (radio coverage), provided onsite malaria

diagnosis at the central primary school in Kangere District in Bauchi LGA and based on the diagnosis, treated 86 people. Additionally, sophadoxine pyrimethamine (SP) was distributed to 114 mothers. TSHIP on behalf of the SMOH also supported a stage drama on malaria control and prevention reaching an estimated 1500 people, and community-level sensitization meetings on environmental sanitation in nine communities to prevent mosquito breeding sites and curb malaria.

The 2011 event especially reminded parents, teachers, students, pregnant and lactating mothers, and community leaders about the socio-economic loss caused by episodes of malaria and called for increased use of LLINs, SPs during antenatal care, treatment of malaria using artemisinin combined therapy (ACT), and education on the home management of malaria.

USAID through TSHIP will continue to support efforts by Bauchi state in reducing the impact of malaria as one element towards achieving the Millennium Development Goals 4 and 5: 'reduce child mortality and improve maternal health.'

About TSHIP

TSHIP is a USAID-funded five-year health systems strengthening project focused on improving the use and access to high impact maternal and newborn, family planning, and reproductive health services. In its second year of implementation, TSHIP works in all local government areas in Bauchi and Sokoto states with the objective of reaching every ward with quality health care services.

The Project works closely with government partners, health care administrators, traditional and religious leaders, other USAID implementing partners and donor agencies.



TSHIP's Senior Policy Advisor Dr. Benson Ojile hands over the microphone to one of the child spacing champions to make his presentation on World Population Day
Photo credit: Aastha Sharma, TSHIP Central Project Office



A cross-section of participants at the three-day advocacy workshop in Sokoto
Photo credit: Benson Ojile, TSHIP Sokoto

Child Spacing Champions begin advocacy campaigns in Bauchi and Sokoto

In Sokoto state, two child spacing champions presented focused messages on the effects of rapid population growth on the state's economic and health status during the 2011 World Population Day celebration. Seventy stakeholders including government officials, health sciences students, policymakers listened with rapt attention as they explained how population growth is going to affect Nigeria's and Sokoto's health status in the coming years.

The two presenters, working with government owned Rima radio, and the National Orientation Agency, are 'child spacing champions' meaning they have trained to advocate for family planning and reproductive health. The event, titled 'Counting on Each Other', was a symposium organized by the Ministry of Budget and Economic Planning in collaboration with United Nations Population Fund (UNFPA) and TSHIP to commemorate the World Population Day on July 13, 2011.

TSHIP, in collaboration with the State Ministries of Health in Bauchi and Sokoto states, has identified committed and influential persons from various organizations and professional fields and engaged them as child spacing champions. TSHIP's aim is to facilitate the process of advocacy for child spacing policies through these champions. At the state-level, 15 influential people in Sokoto and 17 in Bauchi have been trained as champi-

ons. These people include, the Emir of Dass (Bauchi), the Chief Imam of Bauchi and other religious and traditional leaders, personnel from the State Primary Health Care Development Agency, Ministry of Women Affairs, Ministry of Education, and National Orientation Agency, have been trained as champions. TSHIP is also planning to initiate a similar process at the zonal level to reach out to a wider audience.

The champions are to advocate for developing policies that encourage child spacing. They were trained using an evidence based advocacy tool called RAPID: Resources for the Awareness of Population Impacts on Development. The RAPID model uses demographic projection software to establish the future needs of infrastructure and family planning commodities.

The champions were also trained to identify targets (through stakeholder analysis) and opportunities for advocacy initiatives. At the end of the training sessions in both states, the champions developed action plans for implementing their advocacy campaigns. According to the Permanent Secretary of the Bauchi State Ministry of Health Hajiya Amina Abubakar, "The presentation (RAPID) is an eye opener and wakeup call on the effect of rapid population growth in Bauchi state".

Urgent response to cut back maternal morbidity and deaths in Bauchi state: the case of Alkaleri local government area



Drama by youth to create awareness about the Emergency Transport Service in Alkaleri local government area
Photo credit: Ladu Rejoice Mari, TSHIP Bauchi

Although Bauchi state implements a free maternal health policy, most women do not access maternal health care services due to lack of money for transportation.

Child birth often happens at home with the assistance of traditional birth attendants who are unskilled and sometimes practice harmful traditional delivery practices.

During a town hall meeting attended by community members and leaders, the five ward development committees (WDCs) in Alkaleri discussed key challenges to accessing health care services in the LGA. According to Gar WDC chairman Sule Abubakar, "...we all came to an understanding that our wives suffer especially during delivery and we agreed that obtaining transportation to the nearest health facility was a huge challenge we wanted resolved".

Responding to the community's need for transportation, the National Union of Road Transport Workers (NURTW), commercial motorcyclists and members of the WDCs in the

LGA volunteered to transport pregnant women and children under the age of five to the nearest health facility free of charge. To request the free transportation service, the husband of the expecting woman should contact the WDC chairman or ward head who in turn contacts any of the volunteers under the transportation scheme. Periodically, the WDC will pay subsidized rates to the volunteers for them to cover the cost of fuel. On its own, the WDC generates funds mostly through personal contributions from its members.

During a formal launch of the emergency transport system (ETS) in June 2011, pregnant women and other community members in the area excitedly assembled at a park to celebrate this new incentive to seeking skilled health care services. The event was held to create the necessary awareness on the emergency transport system and to educate community members of the importance of accessing health care services.

According to Chairman Abubakar, all members of the NURTW volunteered to participate actively in the ETS. During the launch event, cell phone

numbers of ward development committee members and drivers under the scheme were listed for ease of contact. Inspired by the development in Alkaleri, a visiting chairman from Bara WDC, Mallam Haruna Katukan Bara said: "I am here to learn about this unique system and also help my ward to replicate it".

According to reports from the WDCs, following the public launch, 22 women from Kungibar, Dan, Yuli, Pali West and Gar wards have benefitted from the ETS. Most women transported so far were in labor. However, there have been other referral cases, ranging from pregnancy-related complications such as high blood pressure and severe anemia, to prolonged labor. Additionally, a child with a chronic sickle cell crisis was transported to the clinic for treatment.

Our Partners

Program implementation of program activities have been exceptionally smooth because of successful coordination and collaboration with government agencies including the State Ministry of Health, State Primary Health Care Development Agency, Hospitals Management Board, and State Agency for the Control of HIV/AIDS and Tuberculosis and Malaria in both States. To avoid duplication of efforts and maximize results, we especially partner with other USAID-funded implementing partners and donor agencies in each supported State.

Our Approach

Four sub-objectives provide the framework for TSHIP program interventions.

Capacity building focuses on addressing needs and gaps in the areas of health services management, human resources and training, health facility improvements and equipment, and commodity security.

Service access and utilization seeks to increase sustained use of quality and affordable maternal, newborn and child health as well as family planning and reproductive health services at the household, community and health facility levels.

Community participation increases community involvement and participation in service promotion and use.

Enabling environment works to assure increasing availability and allocation of required human, financial and other resources for health care services.

Additionally, a set of crosscutting activities are provided under the project support component, focuses on monitoring and evaluation, knowledge management and communication, and operations research both internally (within TSHIP) and externally (with government agencies).



Filing and documentation at a health facility by Monitoring and Evaluation Units in Sokoto north senatorial district
Photo credit: Shafa'atu Abache, TSHIP Sokoto



Display of files after filing and documentation exercise at Rinjim Sambo clinic
Photo credit: Shafa'atu Abache, TSHIP Sokoto

Encouraging systemic data storage and documentation in health facilities

Accessibility and analysis of quality data contributes to evidence-based decision making which has implications for an organization's ability to

mobilize resources and achieve its objectives. Therefore, it is imperative that health-care service delivery programs place more emphasis on record keeping, timely and accurate data collection, and analyzing data for planning, monitoring and administering of services.

As a critical step towards improving documentation in the public health care sector in Sokoto, TSHIP supported 23 Local Government Area (LGA) monitoring and evaluation (M&E) officers to provide on-the-job training for service providers on filing, record keeping and documentation in 115 health facilities. The documentation gaps were identified during an assessment of health facilities conducted between November 2009 and January 2010 in which LGA M&E Officers participated. Furthermore, the need for documentation was highlighted through a TSHIP and LGA planning meeting to discuss and identify opportunities for addressing gaps in data quality and availability of health facility records.

To address the gaps, TSHIP initially provided on-the-job training for all twenty-three M&E officers on appropriate filing and documentation. The training included sessions on data analysis by comparing data submitted by the health facilities over specific periods of time and asking key questions: why, what and how data submission increased or decreased. Additionally, they developed a schedule for providing step-down training to service providers in their LGAs.

Through tracing and filing previous records the health facilities documented: (i) monthly health management information system

(HMIS) summaries, (ii) integrated disease surveillance and response (IDSR) summaries, (iii) specific program reports, (iv) community linkage activities, and (v) community level data.

The process brought to light some loopholes of the current documentation system such as submission of data to the local government area (LGA) without keeping reference copies at the health facilities, unavailability of data in central storage areas and inadequate data storage. These were rectified through the specification of roles at both LGA and health facility levels to ensure consistency in data collection, analysis, interpretation, and storage. At the LGA level, the health management information system (HMIS) officer is responsible for the HMIS forms, the M&E officer is responsible for reports from community linkages, and the disease surveillance notification officer is responsible for IDSR summaries.

According to the M&E officer for Tambawal LGA Mallam Murtala Malami, 'the situation of reporting and keeping records has remarkably improved and my capacity to analyze data has increased. I now look at health facility reports with the objective of evaluating performance and to ascertain areas with shortfall. We now have increased number of health facilities that are reporting on time'.

The health facilities supported now have copies of data collecting tools sent to the LGA and have begun to receive feedback on analyzed data. At the LGA level, the M&E officers now have a clearer picture of the situation at the health facility and are able to provide evidence-based advice to the LGA management on decisions that could improve health care service delivery. TSHIP will support the M&E officers to replicate this intervention in all health facilities in Sokoto state.

Male providers expand access to child spacing services in rural Sokoto



A male CHEW educating a client on one of the various child spacing options. Photo credit: Sameer Mohammed Bello, TSHIP Sokoto

In Sokoto state, child spacing services are traditionally provided through secondary and middle-level primary health care facilities which are mostly located in urban and semi-urban areas. These facilities provide services to about 27% of the state population of 3.7 million (2008 Nigeria Demographic Health Survey).

581 of 716 health facilities in the state are dispensaries (low-level health facilities) which mostly provide routine immunization and treatment of minor ailments and are mostly located in the rural areas. Moreover, Nigeria is facing a shortage of skilled manpower, with the northern part of the country having less skilled health workers due to the low literacy levels and poor health worker training facilities.

To expand the provision of child spacing services to reach the underserved rural population, TSHIP is implementing an integrated grassroots approach focusing on the involvement of male community health extension workers (CHEWs) to provide non-prescriptive child spacing services at the dispensary level. The approach integrates child spacing services with immunization services that are already available at the dispensaries and brings child spacing services closer to households.

Between March 2010 and May 2011, 409 community health extension workers (CHEWs), most of them males, were trained in the provision of basic child spacing services such as counseling, pills and injectables. TSHIP is building the capacity of male CHEWs because they constitute a larger proportion of the health workforce when compared with their female counterparts, particularly at the dispensary level.

Overall the literacy level is very low in the state with only 9% for women and 45% for men. Eighty-seven percent of women are without education, compared with 48% of men. This limits the number of females who have access to training as skilled health workers. In northern Nigeria, the use of male service providers to provide child spacing services is unusual because of socio-cultural and religious taboos. Although this potentially challenges the level of acceptance of services provided by male providers, interestingly, preliminary discussions with male service providers during integrated supportive supervision visits indicate that an increased number of husbands are aware and supportive of male service providers providing child spacing services. The same male CHEWs provide other services such as routine immunization and treatment of minor ailments.

Preliminary findings of rapid focus group discussions aimed at creating a better understanding of the acceptability of male CHEWs in the provision of child spacing methods by the community indicate that husbands in the area preferred the services of male CHEWs. According to them, 'male CHEWs provide more accurate information and are more culturally sensitive'.

Furthermore, using in-depth interviews the study investigated the attitude and perception of male CHEWs toward their roles and responsibilities in providing child spacing services. The findings indicated that the male CHEWs are motivated by the work they do. They clearly understand and articulate the importance of child spacing within their communities and at household levels. The respondents indicate that the benefits of using child spacing methods reach far beyond the individual level for women and their families. In addition, they indicate that child spacing increases economic opportunities and enhances the social and economic status of households and improves the well-being of families.

Male community champions promote acceptance of child spacing within households



Community leaders share their experiences
Photo credit: Kemi Abasiama-Anwan, TSHIP Central Project Office, Bauchi

Women in Nigeria, as elsewhere in Africa receive the bulk of directed messages about reproductive health and child spacing while men are often overlooked. In northern Nigeria as in other parts of the country, men have great influence on decisions about family size and child spacing. To bridge the gap in information, education and provision of child spacing services directed at men, the USAID-funded Targeted States High Impact Project (TSHIP) is pioneering the Expanded Male As Partners (EMAP) Initiative in Bauchi State.

The EMAP initiative recruits and trains volunteer male ‘foot-soldiers’ who promote and support child spacing information, education and service

provision activities and also provide referrals to health facilities in their communities. One major thrust of this outreach program is the dispelling of myths, norms and cultural beliefs that prevent women from accessing and using child spacing services. Using a peer-based approach, 150 male community champions (MCCs) covering 50 wards target men in their communities to tell them about the benefits of having child spacing discussions with their peers - other husbands.

Additionally, they work together with community leaders to garner support for their activities and the messages being shared with their male counterparts. The male community champions report their activities to the ward development

committees (WDCs). The WDCs are government structures at the ward level and are responsible for coordinating, documenting and reporting all community development activities to the LGA. This coordination mechanism sets the framework for sustainability.

Preliminary findings from rapid focus group discussions show that communities are highly accepting of MCCs and very much support and understand the role of MCCs in improving health outcomes in the community. Additionally, community members, particularly men, were favorably disposed to child spacing ideas as a result of interacting with the MCCs. Focus group participants recommended involving more males and stakeholders in the EMAP approach.

TSHIP Consortium: JSI Research & Training Institute, Inc., JHPIEGO, Futures Group International, LLC, Center for Development and Population Activities (CEDPA), and Management Strategies for Africa (MSA).

TSHIP

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