

NATIONAL STRATEGIC FRAMEWORK AND PLAN FOR THE ELIMINATION OF OBSTETRIC FISTULA IN NIGERIA
LOG FRAME MATRIX

Hierarchy of Aim	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Risks & Assumptions
<p>To contribute to the promotion of quality of life of women through the elimination of obstetric fistula (VVF) in Nigeria.</p> <p>1. Decrease in the</p>	<p>incidence of VVF cases by 80% by the year 2010.</p> <p>2. Decrease in the prevalence (backlog) of VVF cases by 80% by 2010.</p> <p>3. Proportion of VVF patients with permanent disability rehabilitated.</p>	<p>NDHS reports.</p> <p>Community-based survey reports.</p>	<p>Stable and committed government.</p> <p>Political will and commitment to VVF intervention programmes by all stakeholders.</p> <p>Political and Economic stability</p> <p>Adequate funding budgeted and released by government and stakeholders.</p> <p>Reduced poverty levels and enhanced status of women.</p>
<p><u>Purpose</u> To establish an enabling environment for provision of preventive, curative and rehabilitative care for obstetric fistula at all levels.</p> <p>1. Proportion of</p>	<p>women whose delivery are supervised by skilled attendant increased to 60%.</p> <p>2. Emergency obstetric care services accessed by at least 80% of women requiring emergency interventions during labour/ deliveries.</p> <p>3. Number of health facilities offering holistic care for the management of VVF patients increased to 40.</p>	<p>Surveys.</p> <p>Surveys.</p> <p>Facility inventory.</p> <p>Project reports.</p>	<p>Relevant stakeholders participate and support the project.</p> <p>PHC is revamped and maternal Health services improved.</p> <p>Enhanced male involvement and participation in Reproductive Health Services.</p>

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	<p>4. Three training and research centers for VVF developed in the country.</p> <p>5. The Federal, States and LGA plans for VVF.</p> <p>6. Budgetary allocation and release for fistula services at Federal, State and LGA levels.</p>	<p>Surveys.</p> <p>NGO inventory.</p> <p>Government statistics</p> <p>Budget Office Report.</p>	<p>Women utilize obstetric care services.</p> <p>Enhanced community support and participation.</p>
<p><u>Output 1</u> Individuals, families, communities and civil society organizations mobilized for VVF responsive - activities and positive behavioural change.</p>	<p>1.1 80% of people in the community are knowledgeable about VVF.</p> <p>1.2 Positive attitude to VVF by the community.</p> <p>1.3 Greater family and community support for VVF patients.</p> <p>1.4 Number of NGOs involved in VVF related work increased by 100%.</p> <p>1.5 Number of media houses producing programmes on VVF and frequency of airing/publishing.</p>	<p>NDHS survey.</p> <p>Survey.</p> <p>Testimony of VVF patients.</p> <p>Programme reports.</p> <p>NGO reports.</p> <p>News reports.</p> <p>Programmes aired and features published.</p> <p>Inventory report of media slot.</p>	<p>Availability of NGOs and civil societies committed to VVF work.</p> <p>Resource support for NGO work available.</p> <p>Committed media houses.</p> <p>Media houses committed to VVF eradication.</p> <p>Functional infrastructure (electricity, roads, etc).</p>

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<p><u>Output 2.</u> Relevant policies Guidelines and action plans for VVF at all levels.</p>	<p>2.1 Advocacy packs for different target audience.</p> <p>2.2 Advocacy visits to policy makers at all levels.</p> <p>2.3 Number of VVF policies and laws enacted at national and state levels.2.4 Number of states with VVF plans of action.</p> <p>2.5 Budgetary allocation and timely release for VVF programs and activities at all levels.</p>	<p>2.1. Reports of advocacy visits.</p> <p>2.2 Government policies and policy briefs, gazette of bills, laws and bye laws.</p> <p>2.3 Budgetary reports.</p>	<p>Policy makers committed to improving service quality and access for reproductive health generally and VVF in particular..</p> <p>Political and economic stability.</p> <p>Policies effectively put into practice.</p>
<p><u>Output 3</u> Increased availability of skilled health professionals for the management and rehabilitation of VVF patients.</p>	<p>3.1 Number of health professionals trained by cadre and per facility</p> <p>.3.2 Number of skilled personnel actively involved in VVF- related work by cadre.</p>	<p>Training reports.</p> <p>Monitoring reports.</p> <p>Surveys.</p>	<p>Health personnel available and willing to be trained.</p> <p>Governments willing to support trained professionals to remain in VVF centers.</p>