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Grant Number: <u>PR1118409</u> Grant Amount: <u>\$35,730</u> Today's Date: <u>January 13, 2012</u>	
OCCF Grant Program Name:	SL Gimbel Foundation Fund – Maternal Outreach Grant Program
Organization Name:	Planned Parenthood Federation of America (PPFA) - Nigeria Office
Project Title:	Increasing Access to Comprehensive Contraceptive Information and Services in Northern Nigeria
Grant Period:	January 1, 2011 – January 1, 2012
Contact Name & Title:	Marianne Shearer, Director of International Giving
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Dates covered in report:	January 1, 2011 – December 31, 2011
OCCF Funded Project Description Summary (no more than 75 words):	This project, funded in part by OCCF, sought to reduce maternal morbidity and mortality by increasing access to comprehensive sexual and reproductive health services — including longer-term methods of Family Planning (FP) and Post-Abortion Care (PAC) — for indigent women and adolescents in Northern Nigeria. In collaboration with local partners, the program trained health care providers, upgraded and strengthened existing health systems and facilities, and broadened outreach through a network of community-based peer health educators and promoters.
Summary of Final Accomplishments (no more than 150 words):	The project was implemented by PPFA's proposed local partners in five states in Northern Nigeria: Borno, Benue, Gombe, Jigawa, and Nassarawa. All achievements outlined below are a sum of activities from each of the five sites. Overall, the project trained 31 health care providers — 6 doctors and 25 mid-level providers — on long-term FP methods, PAC, and infection prevention. In addition, 150 community based distributors (CBDs) were trained on community mobilization and outreach; and 25 clinics were upgraded with IUD insertion, Manual Vacuum Aspiration (MVA) kits, and Misoprostol tablets. The project served a total of 3,412 IUD clients and 1,225 implant clients. 3,700 PAC clients were also served, out of which 2,990 (81 percent of total clients served) received post procedure contraceptives. There were 86 formal information, education and communications (IEC) events, 58 informal IEC events, eight specific location campaigns, and six rallies held as community sensitization events.

Objectives Worksheet

List the objectives as stated in the original proposal. Include a brief summary of the action taken and evaluation of each. Attach additional pages if needed.

Objective 1:	To increase access to, and utilization of, longer-acting family planning methods by women and youth of reproductive age
Action:	<p>To achieve the objective above, the following actions were taken:</p> <ol style="list-style-type: none"> 1. Conducted educational campaigns to heighten awareness of contraceptive services through educational campaigns <ul style="list-style-type: none"> ➤ <u>Formal educational sessions</u>: seminars, workshops, health talks, and meetings were held with key stakeholders, religious and community leaders, women and youth groups, and trade associations. In total, 76 formal educational sessions were held, including five seminars, one workshop, two health talks, and 68 one-on-one sessions. ➤ <u>Informal educational sessions</u>: Sporting events, special day celebrations, community meetings, and social gatherings were utilized as opportunities for informal educational sessions to reach women, men, and youths of reproductive age with Reproductive Health (RH) education, especially FP and the benefits of long-term methods. In total, 58 informal educational sessions were held, including nine sporting events, four World Population Day celebration rallies, and 45 community meetings. ➤ <u>Specific location campaigns and rallies</u>: Eight specific location campaigns and six rallies were held during the grant period, as well as 10 media events (radio, TV). 2. Purchased and supplied contraceptive commodities <ul style="list-style-type: none"> ➤ Intra-Uterine Devices (IUDs) and units of Implanon were purchased from SFH, a NGO with marketing rights for FP commodities in Nigeria, and then distributed to partners. In total, 3,412 units of IUDs, 500 units of Implanon, and 725 Jadelle (totaling 1,225 implants) were distributed amongst partners. ➤ PPFA partners have been trained on Commodity Logistics Management Supply (CLMS) and, by virtue of this, empowered to pull additional FP commodities from the state ministry of health warehouses using funds recovered from sale of initial stock. Thus, this project benefitted from FP commodities drawn from these sources in addition to those purchased with project funds.
Evaluation:	Progress and Financial (PF) report templates were shared with partners to help track their client base and monitor their financial health. PPFA staff reviewed the data and provided technical assistance to ensure that the organizations were on track and that milestones were reached. PPFA also conducted bi-monthly monitoring visits to partner sites and offered technical assistance as needed for project activities.
Objective 2:	To build capacity of health care providers and upgrade health care facilities for the provision of long-range contraceptives and post-abortion care
Action:	1) Trained 31 health care providers on IUD and implant insertion and post-abortion care, including infection prevention

	<ul style="list-style-type: none"> ➤ Two sessions of a one-week training course were held for 31 health care providers on IUD and implant insertion and removal. Of the 31 health care providers trained, six were doctors and 25 were nurses or midwives, five were male and 26 were female, 12 were Christian and 19 were Muslim. Also, seven were from the public sector and 24 were owners of private clinics. ➤ Two additional sessions of a five-day training course on PAC and infection prevention were held for all 31 health care providers previously trained on IUD and implant. <p>2) Trained 150 community-based distributors (CBDs) on community outreach around new services</p> <ul style="list-style-type: none"> ➤ Five sessions of a three-day training course were held for 150 CBDs. 30 people from each of the five partner groups were recruited and trained on community mobilization, sensitization, and referrals. Of the 150 trained; 58 were male and 92 were female, 12 were depot holders — a unique group of artisans and workmen (e.g. barbers, hairdressers, vulcanizers etc) who help distribute non-prescriptive FP methods, 28 were traditional/mission birth attendants (TBA/MBAs), 40 were Community Health Extension Workers (CHEWs) and 50 were youth peer educators (YPEs). ➤ The CBDs were mainly engaged in the IEC events and outreach activities. Every CBD is affiliated to a nearby static facility where they get their commodities and submit their client records. They reached clients with FP education, counseled peers, provided non-prescriptive methods, and referred clients to static facilities for longer-term FP methods. <p>3) Made health care facilities upgrades, including equipment purchase and supply</p> <ul style="list-style-type: none"> ➤ 25 facilities — five from each partner — were equipped with MVA kits, IUD insertion kits, and Misoprostol tablets. This helped to empower the trained providers from these facilities to provide special and desired services to clients.
Evaluation:	<p>Progress and Financial (PF) report templates were shared with partners to help track their client base and monitor their financial health. PPFA staff reviewed the data and provided technical assistance to ensure that the organizations were on track and that milestones were reached. PPFA also conducted bi-monthly monitoring visits to partner sites and offered technical assistance as needed for project activities.</p>

Modification to Objectives *(if needed)*

If there are any modifications to an objective (i.e. number of clients served, timeline, etc.) please explain in detail in the box below.

Values clarification and attitudinal transformation training

- Prior to engaging providers for the long-term FP methods and PAC trainings, we conducted a one-day training on values clarification and attitudinal transformation for 40 clinical providers. The outcome of the training resulted in the final list of participants for the trainings. Thus, all providers trained were inclined to provide the services for which training was conducted, and therefore we reached more FP and PAC clients than were initially targeted.

Narrative

Provide a brief description of the program for which you received funding and the impact of this funding to date. Be sure to include your successes as well as any obstacles encountered and how they were addressed.

Brief Description of Project:

By building the capacity of health care providers and upgrading health facilities, this project expanded our partners' ability to provide longer-term FP methods, including IUD and implant insertion and removal. Also, providers' post-abortion care skills were sharpened in order to better serve women and girls of reproductive age. The project leveraged our well-established system of community-based distributors across our partner sites to increase community awareness of the availability of post-abortion care and to generate demand for longer-term methods of contraception. This community-based system extended access to FP and PAC services to hard-to-reach communities.

Partners engaged in this project included the following.

- Nongo Kristu Ken Sudan Hen Tiv (NKST), a faith-based organization in Benue state
- Guidance and Counseling Development Association (GCDA), Gombe state
- International Clinics and Hospitals (ICH), Jigawa state
- Family HealthCare Foundation (FAHCI), Nassarawa state
- Planned Parenthood Federation of Nigeria (PPFN), Borno state chapter

Successes:

Specifically, the OCCF funds helped us to

- Train and equip providers for the provision of long-term FP methods and PAC
- Significantly increase community awareness and demand for these methods
- Greatly enhance access to these services, thus contributing to our overall project and organizational goals
- Meet and/or surpass all project targets
- Provide services (FP and PAC) that will outlive the OCCF grant period — our partners and trained providers continue to utilize the CLMS trainings they have received to draw commodities from the state government commodity pool using income generated from cost recovery systems in place

Impact:

Our long-term family planning clients increased from 11 percent of total FP clients served annually to 15 percent within the year as a result of our efforts. With more couples taking long-term methods of FP, longer couples years of protection is guaranteed with minimal investment.

Challenges:

Among the major challenges faced were security issues in one of our partner states – Borno. These security issues stemmed from frequent bombings and killings by the terrorist Islamic sect, Boko Haram. Some of the unrest disrupted plans for rallies and/or IEC educational events and some of our static facility sites were vandalized. It also restricted movements in major cities of the state and compromised safety of monitoring and evaluation trips to Borno. As a result, other forms of monitoring were adopted, including telephone calls and e-mails. IEC events that involved gatherings were suspended, and more one-on-one sessions were encouraged. PF reports were still submitted and analyzed, however.

Financial Report

The financial report is an accurate depiction of the income and expenses related to the funded project.

Organization Name: Planned Parenthood Federation of America (PPFA) Nigeria

Grant Amount: \$35,730

Funding Period: January 1 2011 through January 1, 2012

Project Income Sources	Project Income	Actual Funds Received to Date
<i>OCCF</i>	\$35,730	\$35,730
<i>Government Grants</i>	0	0
<i>Contributions</i>	\$290,069	\$290,069
<i>Revenue from Dues</i>	0	0
TOTAL INCOME	\$ 325,799	\$ 325,799
Project Line Item Expenses	Project Budget	Actual Funds Spent to Date
<i>Personnel, benefits</i>	\$86,710.5	\$86,710.5
<i>Supplies/Equipment</i>	\$30,080	\$30,080
<i>Consultants/ subcontracts</i>	\$2,250	\$2,250
<i>Travel</i>	\$11,850	\$11,850
<i>Other: sub grants to partner agencies</i>	\$90,000	\$90,000
<i>Other: Direct costs (printing, rent, utilities, vehicle, generator, communication)</i>	\$21,955	\$21,955
<i>Other: Trainings</i>	\$21,144.5	\$21,144.5
<i>Other: Facility upgrades</i>	\$3,600	\$3,600
<i>Other: IEC materials development & dissemination activities</i>	\$1,800	\$1,800
<i>Other: Documentation of best practices</i>	\$15,000	\$15,000
<i>Other: General and administrative costs</i>	\$37,835	\$37,835
<i>Indirect: Overhead @10%</i>	\$3,573	\$3,573
TOTAL EXPENSES	\$ 325,799	\$ 325,799
<p>*Please note that only \$35,730 of the \$39,700 requested was approved by OCCF. This translates to 90% of funds requested. Thus, 10% of each budget line item was deducted to arrive at the approved amount.</p>		

Orange County Community Foundation Reporting Guidelines



All reports must be submitted by the due date via mail or hand delivery. Late reports are unacceptable and may jeopardize future funding to your organization. If more time is needed to complete a report, OCCF must receive notification at least two weeks prior to the due date. If there are changes to the grant period or contact information, please e-mail OCCF immediately.

Please mail or deliver your report to:

Orange County Community Foundation
Attn: Marisa Conner
4041 MacArthur Blvd., Suite 510
Newport Beach, CA 92660

Final Report

The final report is intended to be a concise depiction of how objectives were met and any challenges faced. The report and financial information should reflect funds expended during the grant period only.

The report should include the following:

- Cover Page
- Objectives Worksheet
- Narrative
- Financial Report (*a sample can be found on page 6*)

*An electronic version of the Reporting Guidelines is available on our website at www.oc-cf.org.