



Evaluation of TYDF Maternal and Child Health Interventions

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Acronyms



ANC – Antenatal Care

CHEWs – Community Health Extension Workers

FCT – Federal Capital Territory

FGDs – Focused Group Discussions

FP – Family Planning

HTS – HIV Testing Services

IDP – Internally-displaced Person's

IPC – Infection, Prevention and Control

M&E – Monitoring and Evaluation

MMR – Maternal Mortality Rates

MNCH – Maternal Newborn and Child Health

NDHS – Nigeria Demographic Health Survey

OVC - Orphans and Vulnerable Children

PHC – Primary Healthcare Center

PMTCT - Prevention of mother-to-child transmission

PPMVs – Patent and Proprietary Medicine Vendors

RH – Reproductive Health

RUTF - Ready-to-Use Therapeutic Food

SRH – Sexual and Reproductive Health

SRHR – Sexual and Reproductive Health and Rights

TBAs – Traditional Birth Attendants

TYDF - Theophilus Yakubu Danjuma Foundation

WHARC – Women Health and Action Research Center

Executive Summary

The burden of maternal and child health diseases has continued to affect many countries across the globe.

Countless number of mothers and children die annually from pregnancy related cases and preventable causes.

As part of efforts to address maternal and child health deaths in Nigeria, the TY Danjuma Foundation (TYDF) is committed to providing funding support in this regard. Over a 10-year period (2010-2019), the Foundation has supported 29 projects in 8 states (Akwa- Ibom, Borno, Cross River, Edo, Gombe, Niger, Taraba) and the Federal Capital Territory (FCT) aimed at improving maternal and child health in the grassroots.



Maternal and newborn child Interventions provided by TYDF has been Of huge benefits to individuals and communities

To evaluate the impact of these interventions, EpiAFRIC adopted a mixed method of assessment involving a desktop review of relevant publications as well as qualitative and quantitative approaches.

For an effective assessment, the TYDF maternal and newborn projects were categorized into six intervention areas which included training, infrastructure (construction and renovation), service delivery, distribution of consumables, campaign awareness and community mobilization etc. Based on the categorized intervention areas, projects were randomly selected across the FCT, and Akwa Ibom, Edo, Kano, Niger, and Taraba States for the evaluation.

The results of the evaluation showed that the maternal and newborn child interventions provided by TYDF has been of huge benefits to individuals and communities across the states visited. One of the outstanding best practices of the intervention is community ownership and participation. Testimonials were received from community members, community leaders, health workers, implementing organizations who were interviewed. This really gave credence to the support TYDF provided in the states.

Reducing maternal and child health mortality requires a collective effort of all stakeholders including the government, internal and national partners, civil society organizations, faith-based organizations, and communities. There would be huge gains in maternal and child health interventions when there are more partnerships among stakeholders leveraging each partner's strength and expertise in tackling the scourge of maternal and child death in Nigeria.

This report recommends that TYDF considers adopting a “hub and spoke” model in its maternal and neonatal and child health (MNCH) funding priorities. The model describes a central health facility as a hub from which maternal healthcare would be provided to neighboring communities, and community outreaches launched from the central health facility as the spoke. This model is a

replica of the health system model operationalized in Rwanda which has contributed to improving Rwandan health system over the years.

In addition, TYDF should partner with other indigenous and international organizations that fund MNCH interventions. Such partnerships would help her leverage funds, expertise, networks, and goodwill of other funders to deepen the MNCH interventions. It is also important for TYDF to harness the pool of grantee organizations and ensure that the existing relationship is sustained to improve the Foundation's grant making processes.

Reducing maternal and child health mortality requires a collective effort of all stakeholders.



A health specialist demonstration care of newborn during training of health workers in Akwa Ibom State

Background



Pregnant women testifying to the impact of the project during the 2021 Safe Motherhood Day in Uruan LGA, Akwa Ibom State

Over the years in Nigeria, maternal newborn, and child health (MNCH) indices have shown little progress despite efforts by different stakeholders.

Globally, a decline in the frequency of maternal deaths have been reported from more than 532,000 to 295,000 between 1990 and 2017.

Despite the progress made, millions of children and mothers continue to die from preventable diseases such as pneumonia, malaria, and diarrhea as well as pregnancy and birth related complications annually. More than 6.1 million children below age 15, including 5.2 million children under age 5, died in 2019. Also, an estimated 810 women die daily from pregnancy and childbirth causes.

Over the years in Nigeria, maternal newborn, and child health (MNCH) indices have shown little progress despite efforts by different stakeholders. The 2018 Nigeria Demographic Health Survey (NDHS) recorded a maternal mortality ratio of 512 deaths per 100,000 live births. This means that approximately 5 of 1,000 women die during pregnancy, childbirth or within 42 days after childbirth. The report also estimated a neonatal mortality rate at 39 deaths per 1,000 live births, an infant mortality rate of 67 deaths per 1,000 live births, and an under-5 mortality rate at 132 deaths per 1,000 live births. To put this into context, this implies that more than 1 in 8 children in Nigeria die before their 5th birthday.

The 2018 NDHS shows a variance in the MNCH indicators across five states (Kano, Niger, FCT, Edo and Akwa Ibom) in which TY Danjuma Foundation (TYDF) implemented MNCH projects, as shown in the chart below. The indicators are as follows: Antenatal Care (ANC) by a skilled birth attendant, delivery by a skilled birth attendant, health facility delivery, and all basic vaccinations.

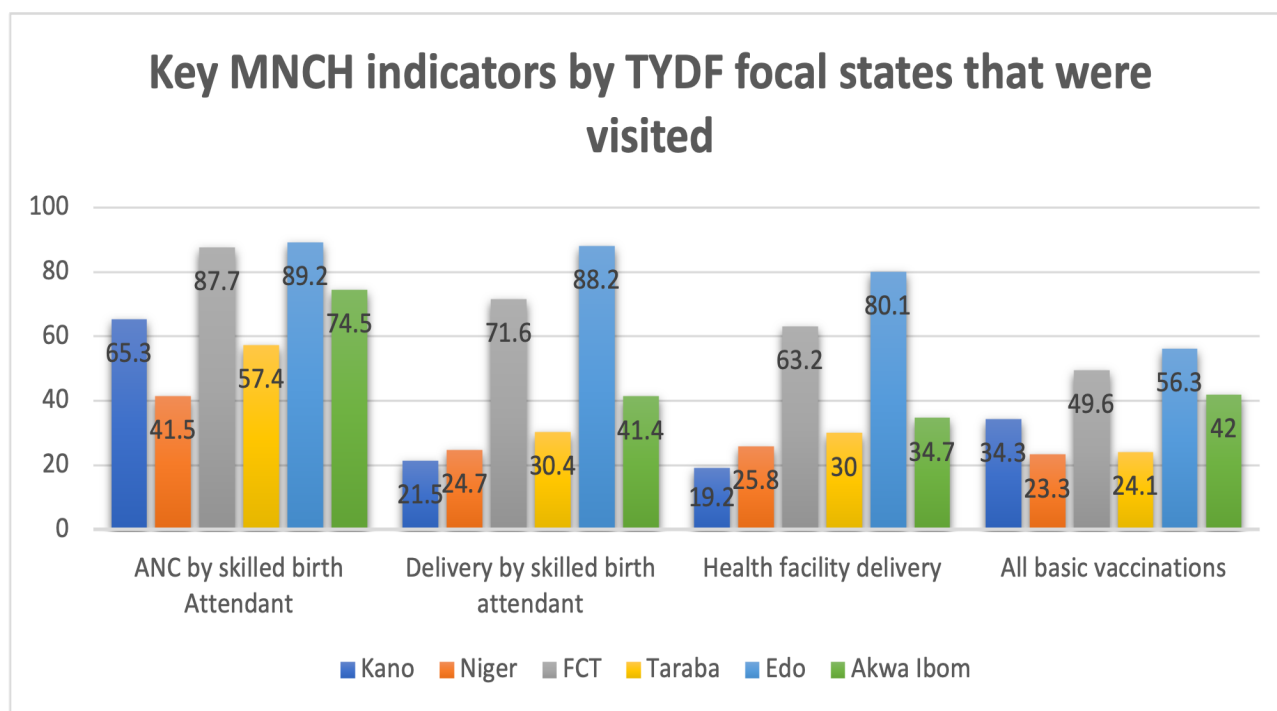


Figure 1: Showing 2018 NDHS MNCH indicators in FCT, Kano, Niger, Edo and Akwa Ibom States

Across all four indicators, Edo state performed better than other four states, scoring more than 50% across all indicators, and 88% for delivery by skilled attendant. In contrast, Taraba State scored less than 50% across all indicators except for ANC by a skilled birth attendant.

The World Health Organization (WHO) alludes that 80-90% of an individual's healthcare needs for a lifetime can be provided at the primary health care (PHC) level. MNCH services are core services provided at the PHC level, thereby reducing the burden on secondary and tertiary care levels. Unfortunately, the Nigeria primary health care system has not lived up to expectations. It is faced with several challenges including barely functional facilities, insufficient

human resources, regular commodity stock-outs, unavailability of essential medicines, poor power and water supply, inadequate diagnostic equipment, and general poor standard of care.

The TYDF interventions were focused on addressing the PHC challenges and providing opportunities for better healthcare services for the underserved in the project focal states. To conduct this impact evaluation, all 28 projects funded by TYDF were grouped in thematic areas: training, infrastructure, service delivery, distribution of consumables, campaign, awareness, and community mobilization, etc.

Table 1: Grouping of TYDF Projects and Grantees by Themes

Training (8)	Infrastructure (construction and renovation) – (5)	Service delivery (10)	Distribution of consumables (2)	Campaign, Awareness and community mobilization (2)	Others (3)
Training programs for traditional birth attendants to improve maternal and neonatal health in Cross River state and Breast/Cervical Cancer screening in Wukari, Taraba state	To undertake renovation of Oligie Primary Health Centre to strengthen the (WHARC - TYDF funded) project aimed at preventing maternal mortality in Orhionmwon LGA in Edo state	The project aimed to increase access to Integrated Maternal, Newborn and Child Health (MNCH) for 500 pregnant women in Oron and Udung Uko and Okobo Local Government Areas of Akwa Ibom State through the provision of ANC and prevention of Mother-to-Child-Transmission of HIV services in Akwa Ibom State	To distribute micro-nutrient-based food and general food items to displaced households in Shagari-Low-Cost Housing B, Maiduguri To treat identified malnourished children according to standard protocol and improve the nutritional status of 5,000 IDPs and under-five children using Vitamin A Supplement and Albendazole - Deworming treatment (Borno 2017- 2018)	Community health campaign against breast, cervical, and prostate cancer through awareness and screening of 1300 community dwellers for cancer (breast, cervical and prostate). Carrying out appropriate referrals, as well as training of 66 primary health workers across the LGA on cancer screening and equipping them with cancer screening kits in Orhionmwon LGA (Edo State, 2019)	To improve the health, social and economic status of 100 women and girls who have suffered from the trauma of Obstetric fistula [vesico-vaginal fistulae (VVF)], thereby allowing them to take an active role in the development of themselves, their families, and their communities. (Kano, 2012)
To improve maternal health care through the training of community health workers (CHEWs) and traditional birth attendants (TBAs) from three communities (Anviawu, South Uneme and Ekperi, Etsako Central LGA) in Edo State	Construction of a functional maternity at Takum LGA (Taraba, 2016 – 2020)	To distribute micro-nutrient-based food and general food items to displaced households in Shagari-Low-Cost Housing B in Maiduguri To treat identified malnourished children according to standard protocol and improve the nutritional status of 5,000 IDPs and under five children using Vitamin A Supplement and Albendazole - Deworming treatment. Borno state	To reduce Maternal, Neonatal and Child mortality and morbidity by 75% through the provision of emergency transportation, capacity building, and distribution of delivery kits to 4000 women in Mashegu, Lavun and Munya LGAs (Niger State, 2019)	Community mobilization for the uptake of maternal health services that will improve the health and well-being of mothers of under-5 children and women of childbearing age (Ovia Northeast LGA) (Edo State, 2013)	Strengthening Traditional Birth Attendants (TBAs) and Community Health Extension Workers (CHEWs) for maternal health and newborn care in I Uhumwode and Etsako Central LGAs (Edo State, 2013)
Strengthening Primary Health Care system through training of health care workers on prevention, detection and management of malnutrition and provision of nutrition services to identified malnourished children and caregivers in Bali LGA (Taraba State, 2019)	To renovate a primary healthcare centre in Sabon Gurusu community, Niger State and provide basic delivery equipment aimed at reducing high maternal and child mortality rates (Niger State, 2019)	To reduce the high rate of maternal mortality in Edo State through free maternity care, and prevent maternal mortality in rural areas (Edo State)			Strengthening primary health centres (PHC) to deliver maternal and child health care services in Orhionmwon LGA (Edo State, 2013)
To build the capacity of TBAs on universal safety precaution and safe assisted delivery, supply of delivery kits after the training, and establish linkages between TBAs and Health care centres that will contribute to a reduction in maternal and infant mortality in Taraba State (2017-2019)	Renovation of PHC in Uzea, Esan Northeast LGA, provision of basic drugs for antenatal clinics, and delivery, and provision of information materials on safe motherhood practices and nutrition. (Uzea, Esan Northeast and Irrua, Esan West LGA) (Edo State, 2013)	To provide free qualitative and preventive health care services to 5,000 people thereby improving the standard of maternal and child health care To provide education for Orphans and Vulnerable Children (OVC) in Zing and Yorro LGAs of Taraba State (2017-2019)			
Building the capacity of CHEWs to improve maternal and child health to address the problem of high maternal and child mortality rates in Taraba State through radio drama series. (2014)	Increasing the uptake of maternal and healthcare services by renovating a health facility and nurse's quarters for improved service provision for maternal care in Ilishi community, Esan East LGA (Edo State, 2019)	To provide an objective backbone for the delivery of a sustainable yet reliable system to channel the delivery of community health outreach services that are realistic and workable to reach even those in the difficult to reach areas. (Zing & Lau LGAs of Taraba State) 2012 and 2014			

To build the capacity of TBAs and contribute to the reduction of Maternal Mortality Rate (MMR) in underserved communities in 2 LGAs of Gombe state. (Balanga & Yamaltu/ Deba LGAs (2012)		To promote sexual and reproductive health service delivery in Taraba state (2011)			
To strengthen the capacity of CHEWs and TBAs for effective maternal & child health care and effective referrals with PHC in Okpekpe and Imiegba communities in Etsako East LGA (Edo State, 2017)		To increase sexual and reproductive health services within internally - displaced persons' (IDPs) camps in the FCT. (2018)			
Training and empowerment of 30 TBAs and 40 CHEWs at Uhumwonde, Igueben and Ovia Northeast LGAs.		To strengthen the provision of family planning services to 2,000 beneficiaries in Udo/A T & P PHC Ovia Southwest LGA (Edo State, 2018)			
To organize a seminar for 30 Youth Corps members and 5 NYSC officials and an estimated 3000 persons which include children, women, youth, and men are expected to benefit from the project. (EDO, 2016)					
		To promote the uptake of maternal health services in Egoalohor Community, Uhumwode LGA (Edo State, 2016)			
		To promote the uptake of maternal health services in Ughogua community, Ovia Northeast LGA (Edo State, 2015)			



Cross section of pregnant women during the 2021 Safe Motherhood Day in Uruan LGA, Akwa Ibom State

Evaluation Objectives

The objectives of the impact evaluation are to:

1

Demonstrate the impact of the TYDF's investments in maternal and child health.

3

Assess the sustainability of supported projects over time.

2

Identify factors that facilitated or hindered the achievement of the set objectives.

4

Highlight good practices and lessons learned by partners and communities.

Methods

The evaluation was conducted using mixed methodology:

1

Desktop reviews

3

Qualitative research

2

Quantitative research

Desktop review: An in-depth review which comprehensively analyzed existing studies, data reports, project activity reports, project M&E reports and other relevant publications.

Quantitative research: Structured online survey with heads of grantee organizations was conducted using a questionnaire with closed-ended questions.

Qualitative research: In-depth interviews and focus group discussions with key stakeholders at the state, local government area, community-based organizations, and community levels were conducted, using interview guides with open-ended questions to explore information from all respondents.

Study Setting

The evaluation was implemented at the FCT, and Akwa Ibom, Edo, Kano, Niger, and Taraba States.

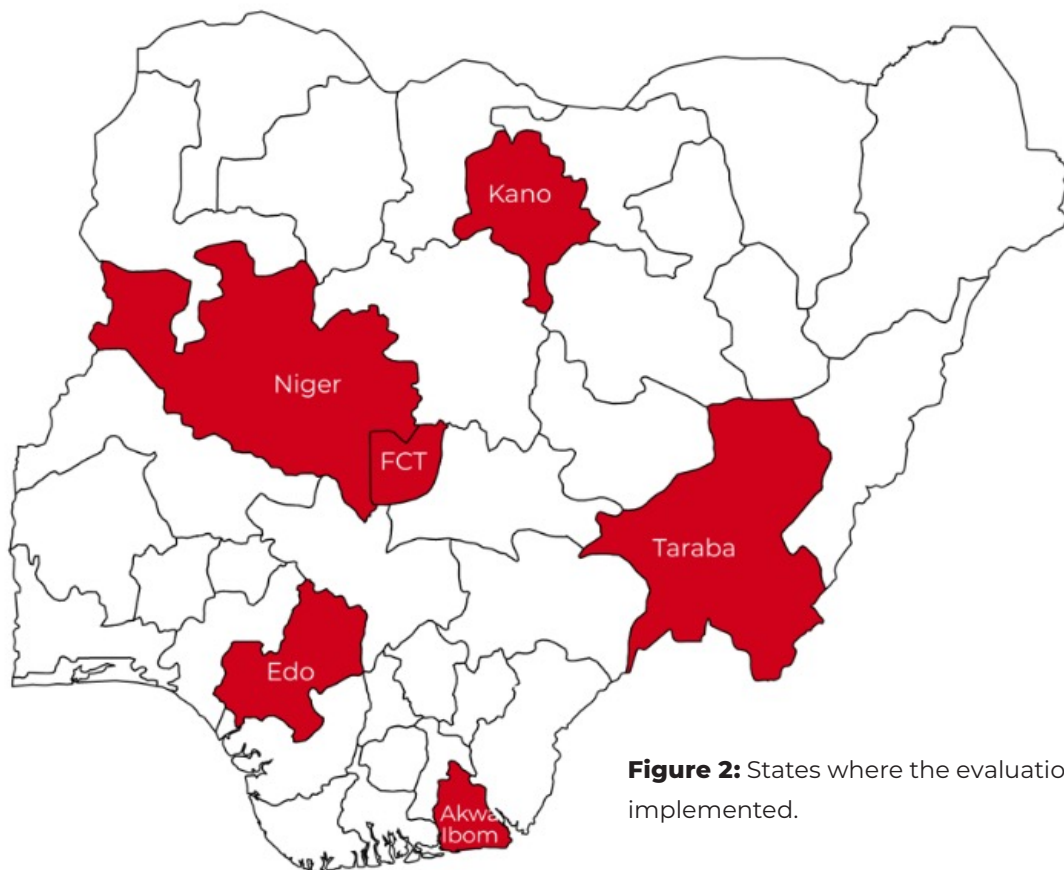


Figure 2: States where the evaluation was implemented.

Ethical Considerations

Confidentiality, Privacy and Consent

Consent was obtained from all participants by enumerators who read the consent form in languages that respondents were most comfortable with. The consent form detailed evaluation objectives, and the rights of participants to confidentiality and anonymity. The participants were informed of the right to decline participation and to withdraw at any point during the interview. Participants signed or thumb-printed the consent form to confirm their willingness and consent to be interviewed. Interviews were conducted in locations and times that were most convenient for respondents.

Results

Desktop Review

The table below shows a breakdown of results of 19 out of the 28 MNCH projects funded by TYDF.

Table 2: Table showing summaries of 18 MNCH Projects Funded by TYDF

S/N	Grantee	Theme	Results
1.	Social Welfare Network Initiative	Distribution of consumables	<ul style="list-style-type: none"> 535 Households were registered, and food was distributed to 4,473 beneficiaries. Distribution of birth kit and multivitamin capsules to 157 pregnant women. Distribution of vitamin A supplement and Albendazole tablets to 648 under-5 children
		Training	<ul style="list-style-type: none"> 2,367 beneficiaries were trained
2.	Women Trafficking and Child labour Eradication Foundation	Training	<ul style="list-style-type: none"> 30 TBAs were trained on referral and linkages of pregnant women to the primary health care centre, ANC, labor and delivery, follow-up for live birth registration, immunization, and other post-natal care for both mother and child
3.	Antof Rural Resource Development Centre	Sensitization and awareness	<ul style="list-style-type: none"> Through the mobile outreaches conducted between April 2019 and December 2019, 735 pregnant women disaggregated into 191 pregnant women in Okobo, 272 pregnant women in Oron and 272 pregnant women in Udung Uko LGAs were provided with HTS and the 735 pregnant women reported at the facilities for ANC session. Of these pregnant women, 47 were reactive and were promptly referred for PMTCT services. More than 430 women of reproductive age were sensitized directly on the benefits of ANC, immunization, family planning/spacing, nutritional education, etc. Behavioral change was communicated to more than 170 male partners (at least 140 men at the men's forum and 31 men at bi-monthly health talks with women)
		Training	<ul style="list-style-type: none"> Thirty-two TBAs, 2 Mission home operators, 4 PPMVs, 1 support group and 15 outreach team members were trained.
4.	Centre for Research and Preventive Health Care	Monitoring and identification	<ul style="list-style-type: none"> 20 persons identified as either PPMVs, TBAs or other non-formal health services providers in Udo, AT&P & environs 403 pregnant women referred to PHC for ANC uptake 325 children were monitored to have completed immunization within the intervention period. 30 women identified as HIV+ were followed up for treatment
		Sensitization and testing	<ul style="list-style-type: none"> 730 individuals were counseled, tested, and received their test results. A 2-day sensitization workshop held for 20 persons identified as either PPMVs, TBAs or other non-formal health services providers in Udo, AT&P, & environs
5.	Raise Foundation		<ul style="list-style-type: none"> Outputs not clearly stated
6.	Hope for the unborn Child Foundation (2013)	Training	<ul style="list-style-type: none"> Capacity training for eight (8) HUCF staff Renovation and purchase of one room apartment for the matron in ORIA PHC Distribution of IEC materials to 12 health centres
		Community mobilization and sensitization	<ul style="list-style-type: none"> Community mobilization of 45 members of the community
		Distribution of consumables	<ul style="list-style-type: none"> Presentation of drugs to the PHC of Olinlin-Uzea and Oria-Ubiaja
7.	Hope for the unborn Child Foundation (2016)	Training, distribution of consumables	<ul style="list-style-type: none"> Advocacy visits to the Edionwele of both communities that make up Eguaholor, local government council National Primary Healthcare Development Agency, State Primary Healthcare Coordinator and representative of UNICEF A 15-member Village Development Committee was inaugurated and trained by the PHC Coordinator in charge of the local government. Renovation of 2 PHCs
8.	Hope For the unborn Child Foundation (2019)	Sensitization, distribution of consumables and equipment	<ul style="list-style-type: none"> Advocacy visit to the chief and elders of the community and to the Local Government Council. Renovation of existing PHC and the Nurses' quarters in the community. Construction of borehole Provision of generating set. Provision of bed and mattress for the matron Distribution of IEC materials
9.	Ideal Development and Resource Centre (IDRC)	Training, sensitization, distribution of consumables	<ul style="list-style-type: none"> Advocacy to government health officials (LGA Chairman, LGA Supervisor for health, PHC Coordinators and Matrons) to secure government recognition and involvement in the project. Advocacy to community leaders and TBA group leaders to garner their support for and participation in the project. Sensitization sessions (via FGDs, IPCs or group meetings) with the TBAs, women, men, and health workers to communicate & identify their critical roles in the project and to identify the peculiar needs & challenges, and opportunities they will bring into the project. Training of CHEWs and TBAs on the importance of antenatal clinic attendance, danger signs in pregnancy and referral, care of the newborn, treatment of common childhood diseases, family planning and immunization Provision of delivery kits to TBAs Development and production of a training and referral/resource manual for TBAs and CHEWs Training of Nurses, CHEWs and TBAs on referral skills / referral systems and effective team building. Production of referral cards and files for systematic recording and tracking of referrals. Support visits to TBAs and PHCs to sustain the work and referral partnership between TBAs and PHC. Sensitization campaigns on prevention of teenage & unplanned pregnancy among girls, women & men
10.	Miradex Multi-purpose Corporative Society	Training	<ul style="list-style-type: none"> A total of 120 cases of severe acute malnutrition were treated within the period of the intervention. 21 of the PHC staff were trained, improved knowledge on CMAM/ IYCF skills, improved knowledge of 75 CORPs and 150 caregivers on identification of malnourished children and use of locally- available foods to treat malnutrition.

11.	Initiative for the development of the next generation	Training, distribution of consumables	<ul style="list-style-type: none"> • Training and capacity building of PHC staff: 45 PHC staff selected from 33 PHC in the LGA. • Kits, reagents, and other materials needed for screening were provided to 10 PHCs across the LGA
12.	Initiative for the development of the next generation	Training, distribution of consumables, sensitization and screening	<ul style="list-style-type: none"> • The capacity of 49 primary health care workers was built on testing for cervical and prostate cancer in Esan Northeast LGA. • 6 PHCs have been empowered with reagents and tools to carry out cervical and prostate cancer testing in Esan Northeast LGA. • 2,277 people were reached with information on cancer prevention and care. • 10,546 secondary school students were reached with information on cancer prevention and care. • 1,816 people were screened for either cervical, prostate or breast cancer. • 57 people were referred for further treatments
13.	Women and Youth Concerns	Training, sensitization, and screening	<ul style="list-style-type: none"> • The capacity of 6 PHC workers and 10 TBAs was built on safe reproductive and sexual health care in Udo and AT&P communities • A total of 1,199 people were reached with information on safe reproductive and sexual health in Udo and AT&P communities • A total of 613 secondary school students were reached with information on sexual and reproductive health (SRH) • A total of 356 people were screened for HIV and 223 people had their blood pressure checked
14.	St. Monica's Health Centre, Yakoko	Training, interventions	<ul style="list-style-type: none"> • Caesarean section for six (6) pregnant women and one (1) ectopic pregnancy • 30 TBAs (3 women each) project catchment areas were trained on how to take delivery at their respective villages with the delivery kit for safe and hygienic practice, for prompt and efficient referral process and good and proper documentation.
15.	Social Welfare Network Initiative (SWNI)	Training, distribution of consumables	<ul style="list-style-type: none"> • Food and non-food items were distributed to 480 households with a combined population of 5,000 persons at the end of the project. • Mid-upper arm screening and provision of vitamin A supplementation and deworming treatment (Albendazole tablets) was done for 1,980 under-5 children. • Training was conducted for 230 women on Infant and Young Child Feeding in Emergencies practices and how to prepare nutritious food distributed to prevent malnutrition. • Facility-based approach was used to reach 150 pregnant women with birth kit and multivitamins

Quantitative Research

A self-administered online questionnaire with a hybrid of close-ended and open-ended questions was developed and shared with the heads of 19 grantee organizations through emails. The questionnaire was designed using Survey Monkey and opened for a month (April 26th to May 25th, 2021). Ten of the 19 organizations that received MNCH funding from TYDF responded. This shows a response rate of 52.6%.

Below are the analyses of their responses.

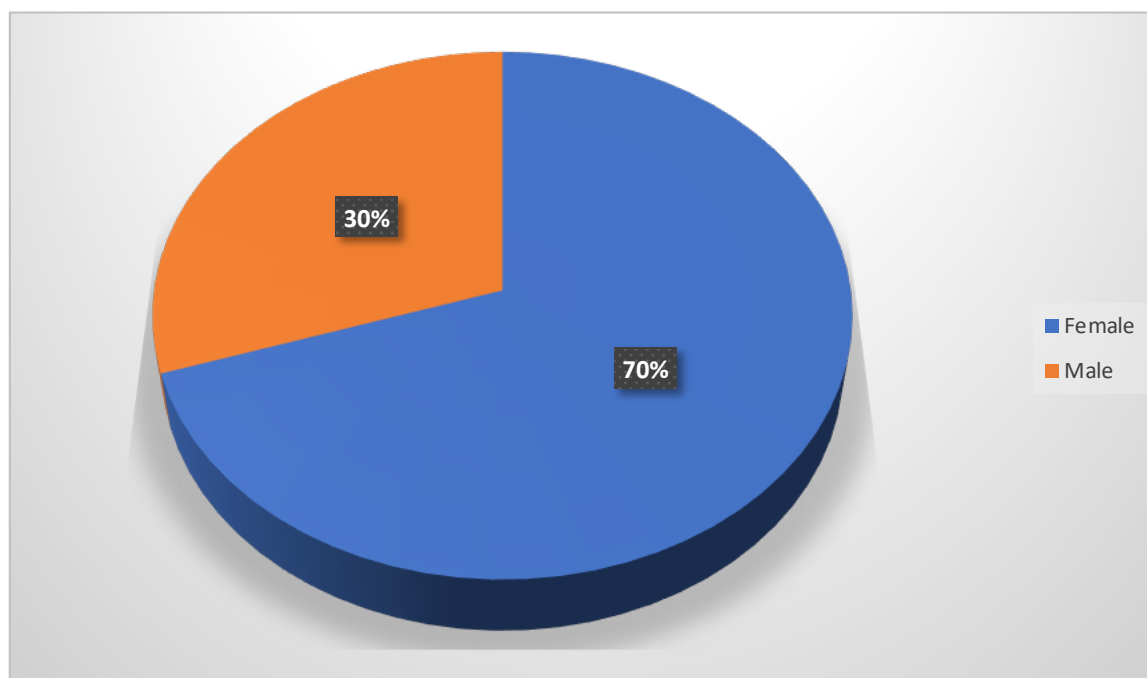


Figure 3: Gender of respondents

Seventy percent of the respondents are males and 30% are females.

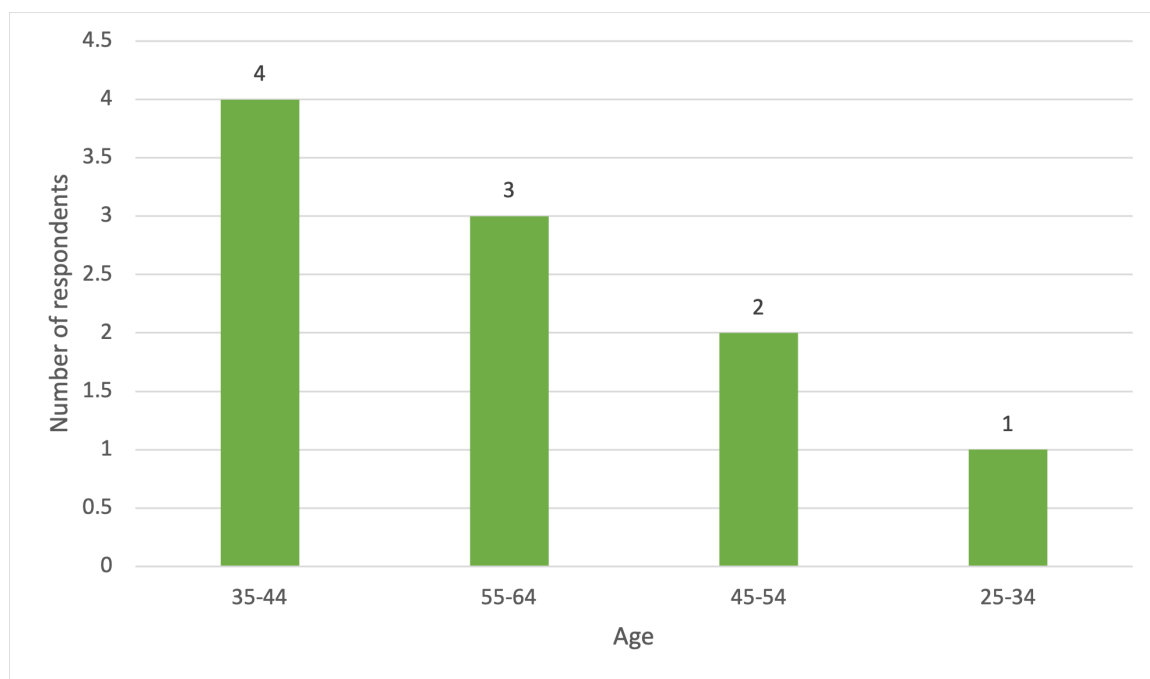


Figure 4: Age of respondents

Ten percent of the respondents are between the ages of 25-34 years, 20% are between the ages of 45-54 years, 30% are between the ages of 55-64 years and 40% between the ages of 35-44 years.

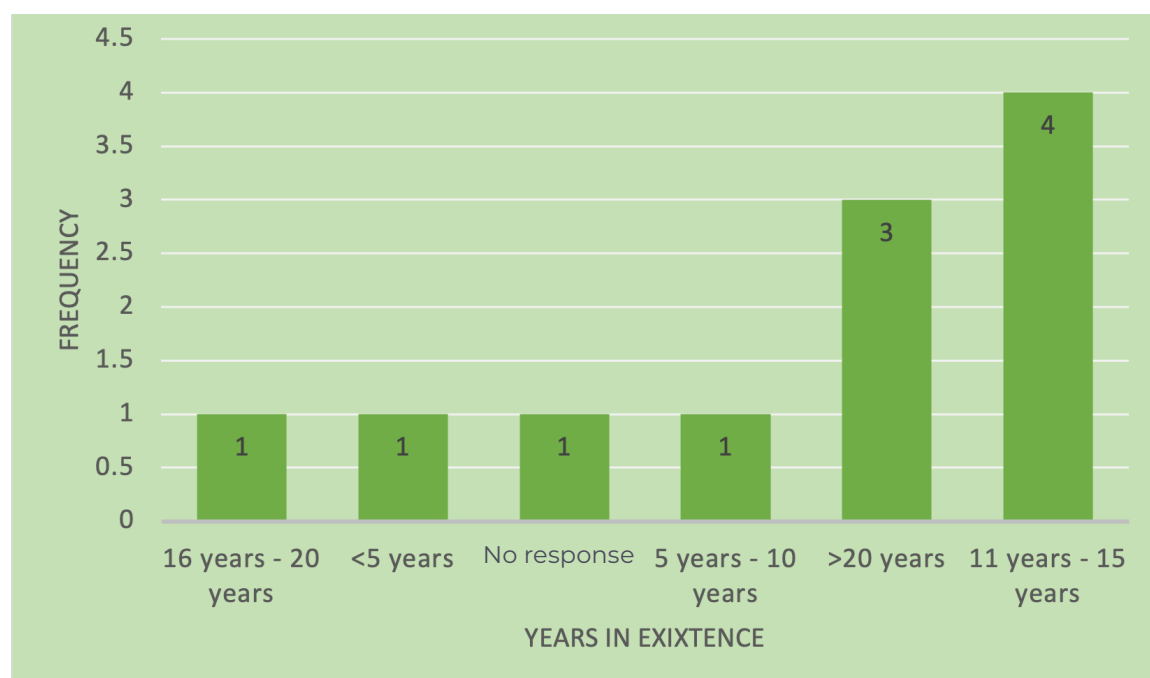


Figure 5: Duration of organizational existence

The number of years the organization has been in existence are as follows:

Forty percent (4) of the organizations have been in existence between 11 to 15 years, 30% (3) have been in existence for more than 20 years, 10% (1)

have been in existence between 5 to 10 years, 10% (1) have been in existence for less than 5 years and another 10% (1) have been in existence between 16 to 20 years.

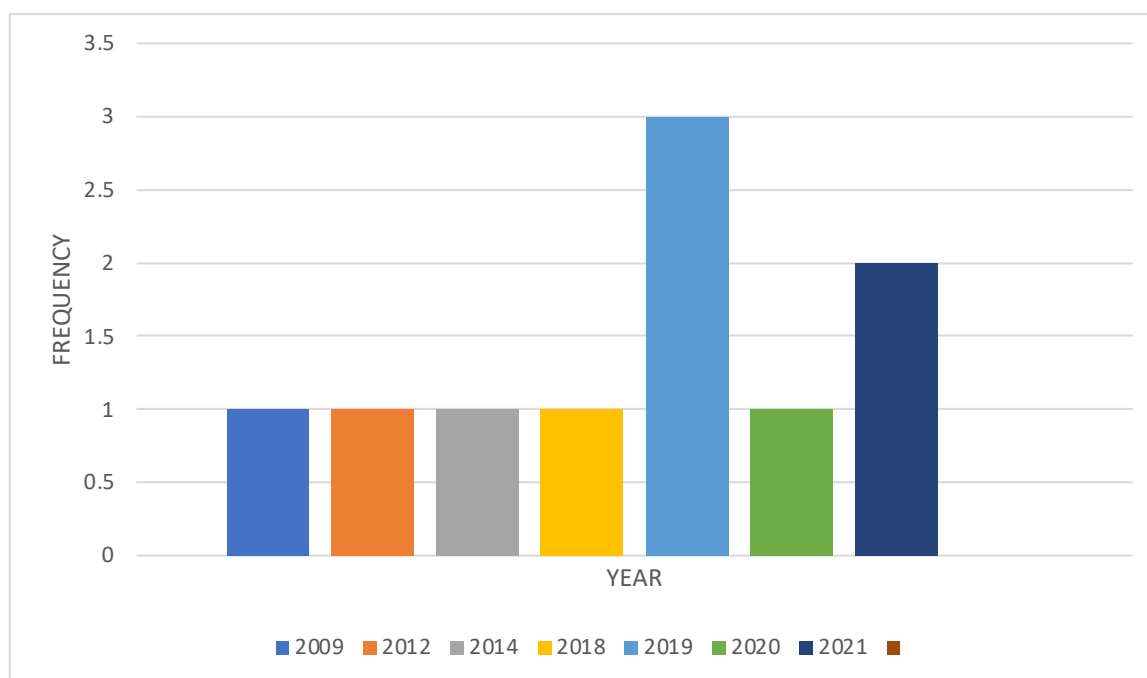


Figure 6: Year of most recent MNCH project

Of the 10 respondents, the oldest MNCH project received its grant from TYDF in 2009. While the most recent grants were given to 2 organizations in 2021. Seventy percent of the respondents reported that the projects are completed

From your project design, what were your sustainability plans?	Frequency
Alternate sources of funding	4
Government to adopt the project	5
Community ownership	10
Capacity building and engagement of community structures such as TBAs and establishment of collaborations between TBAs and PHC staff	1

Table 3: Project sustainability plans

All the 10 (100%) respondents indicated that community ownership was their sustainability plan from project design. Fifty percent (5) planned that government would adopt the project, 40% (4) planned for alternate sources of funds, and 10% (1) indicated that capacity building and engagement of community structures was their sustainability plan.

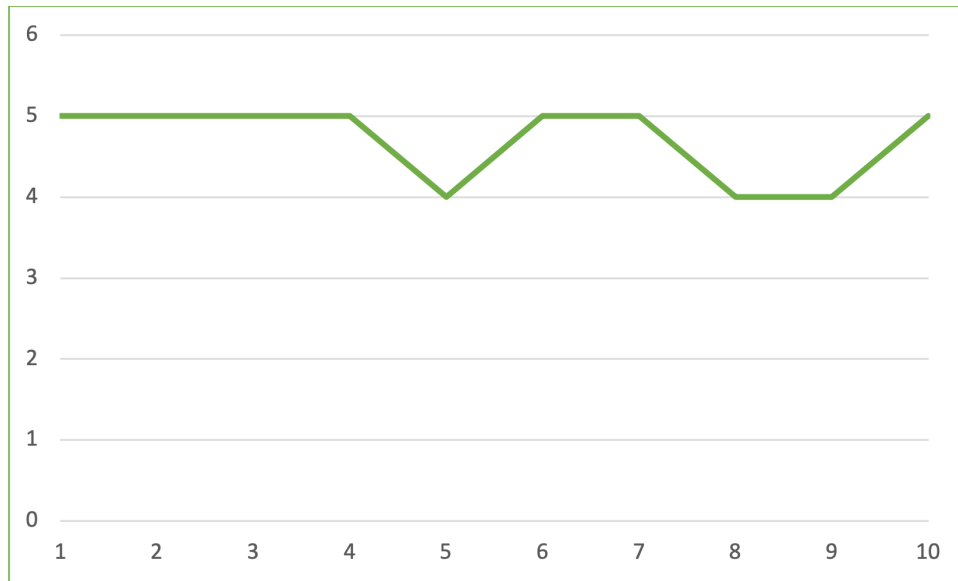


Figure 7: Impact of the TYDF MNCH project

All the respondents reported that the TYDF MNCH projects they implemented were impactful. However, 70% of the respondents rated the impact of the project as 5 and 30% rated the impact of the project as 4.

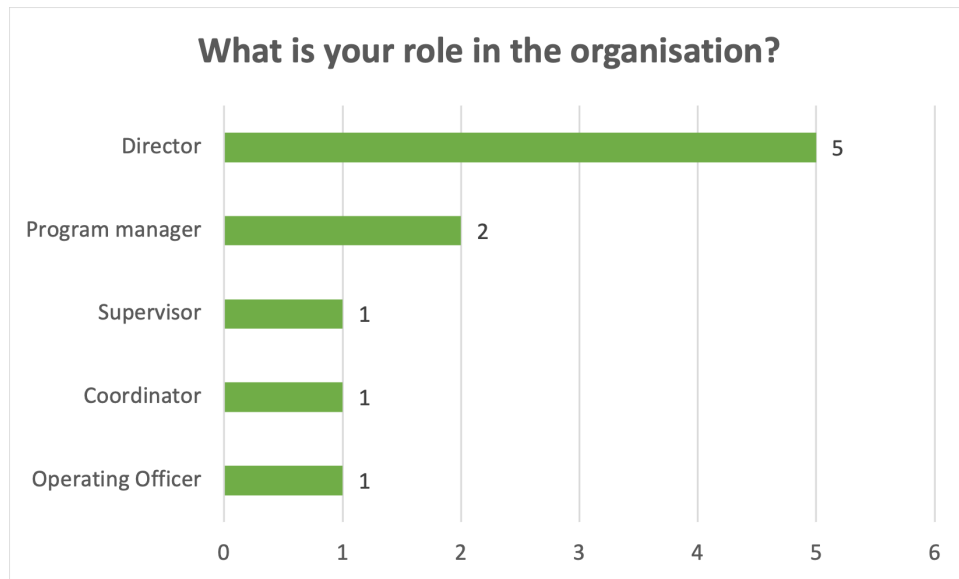


Figure 8: Role in Organization

Fifty percent of the respondents were directors of their organizations, 20% were program managers, and 10% were supervisors, 10% were coordinators, and operating officers were 10%.

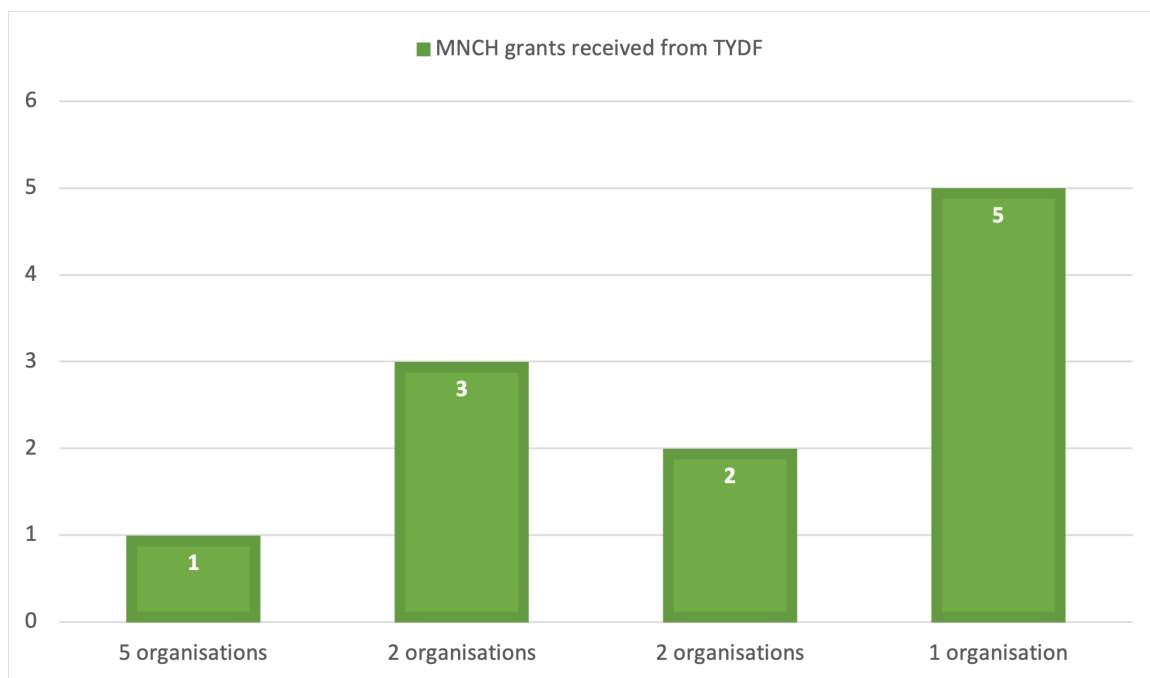


Figure 9: MNCH grants received from TYDF

Only one organization received five MNCH grants from TYDF, two organizations received two grants each, another two organizations received three grants each and five organizations received one grant per organization

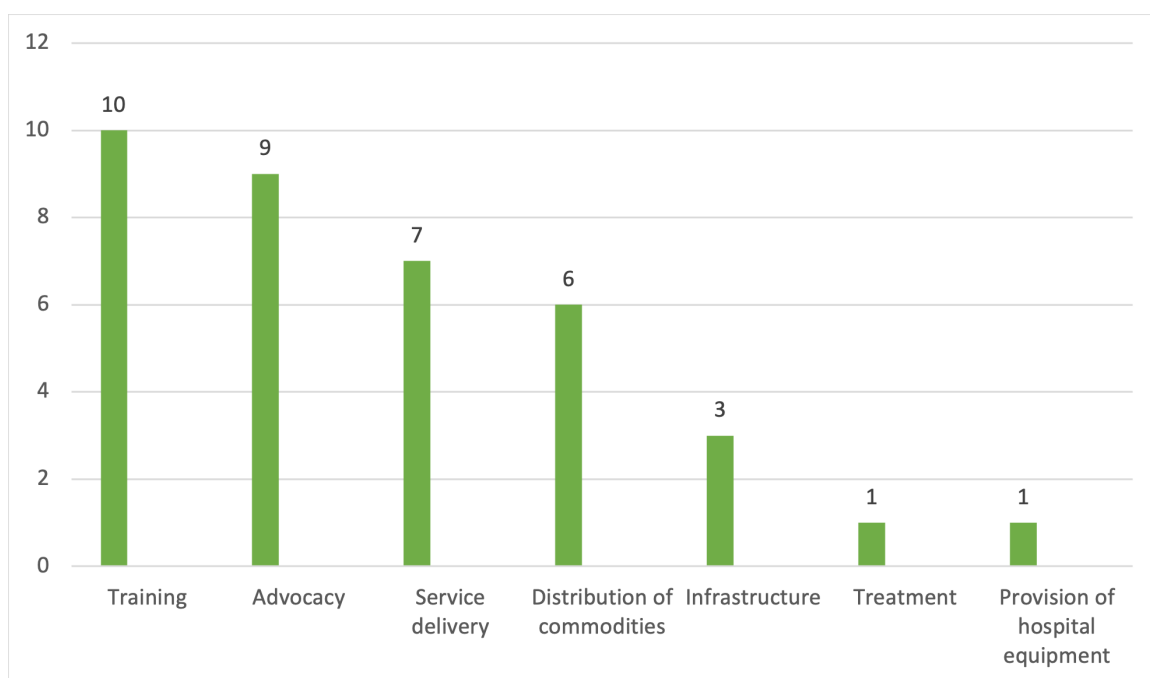


Figure 10: MNCH project focus area

All (10) organizations that received TYDF MNCH grant had projects focused on training, 9 were focused on advocacy, 7 focused on service delivery, 6 focused on distribution of commodities, 3 focused on infrastructure including renovations and new

constructions, while 2 focused on treatment and provision of hospital equipment. All (10) respondents indicated that their MNCH projects were successful.

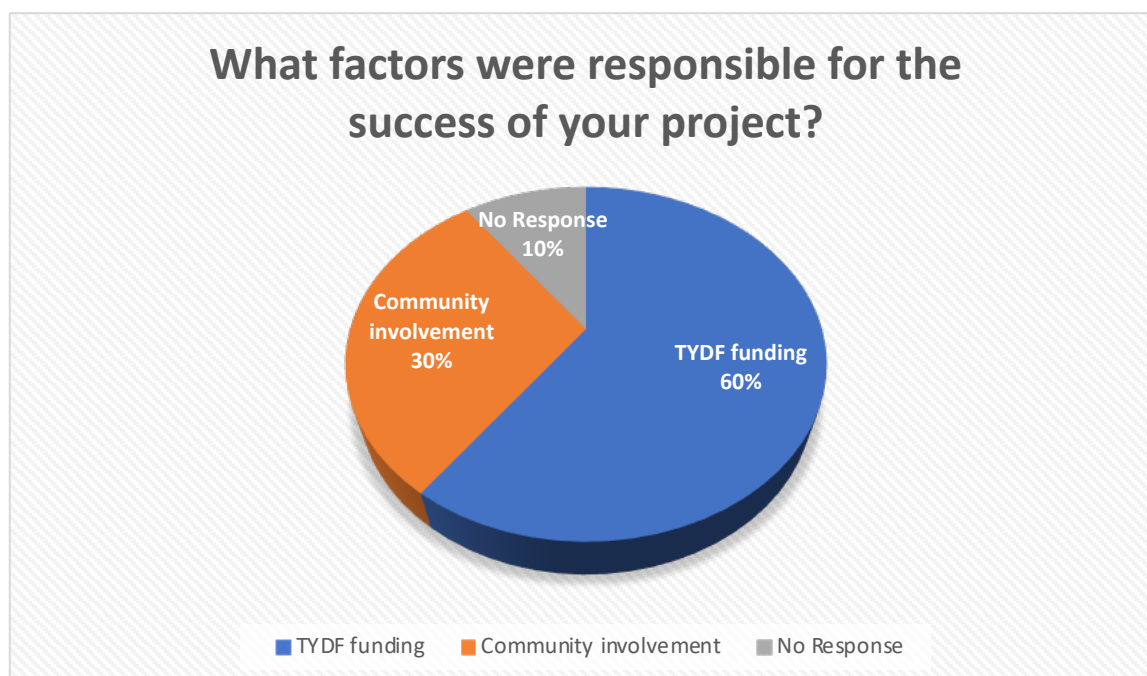


Figure 11: Factors responsible for project success

More than half of the respondents (60%) reported that the success of their project was majorly because of TYDF funding. Also, 30% reported that community involvement was responsible for the success of their project and 10% did not respond to the question. Although all the respondents indicated that their

MNCH projects were successful, 20% thought that lack of support from other organization affected the success of their project. It is still unclear whether this factor affected the entire project or a part of the project.

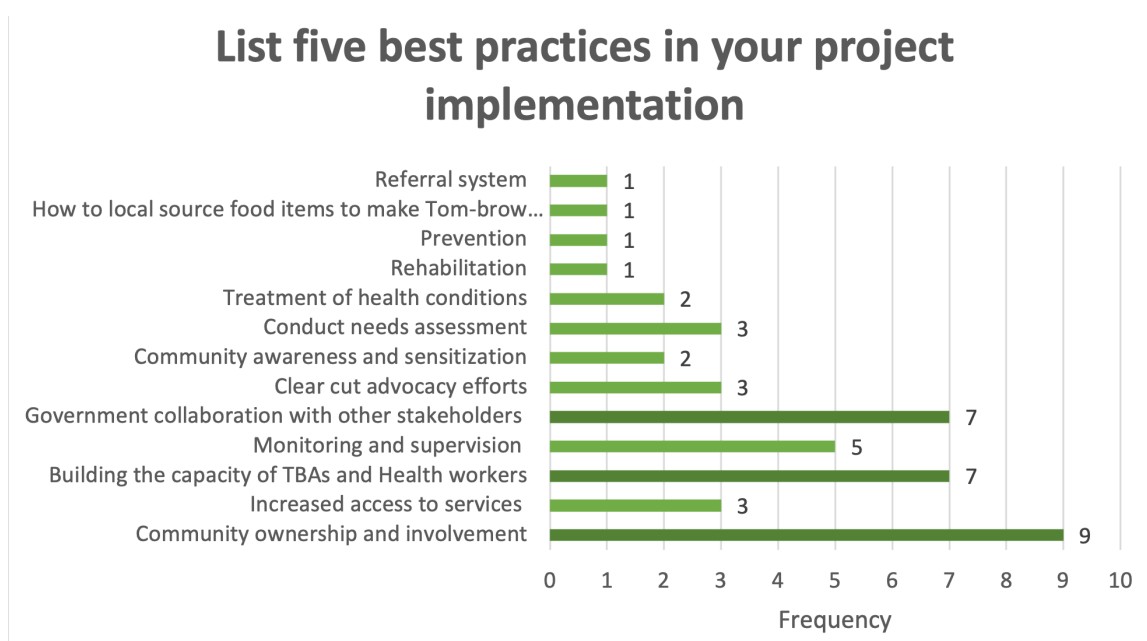


Figure 12: Best practices in project implementation

The top best practices in project implementation indicated by the respondents were community ownership and involvement (9), building the capacity of TBAs and health workers (7), government collaboration with other stakeholders (7) and monitoring and supervision (5). The least of

the best practices were rehabilitation (1), prevention (1), how to locally source for food items to make tom-brown which can be used in place of RUTF (1) and referral system (1).

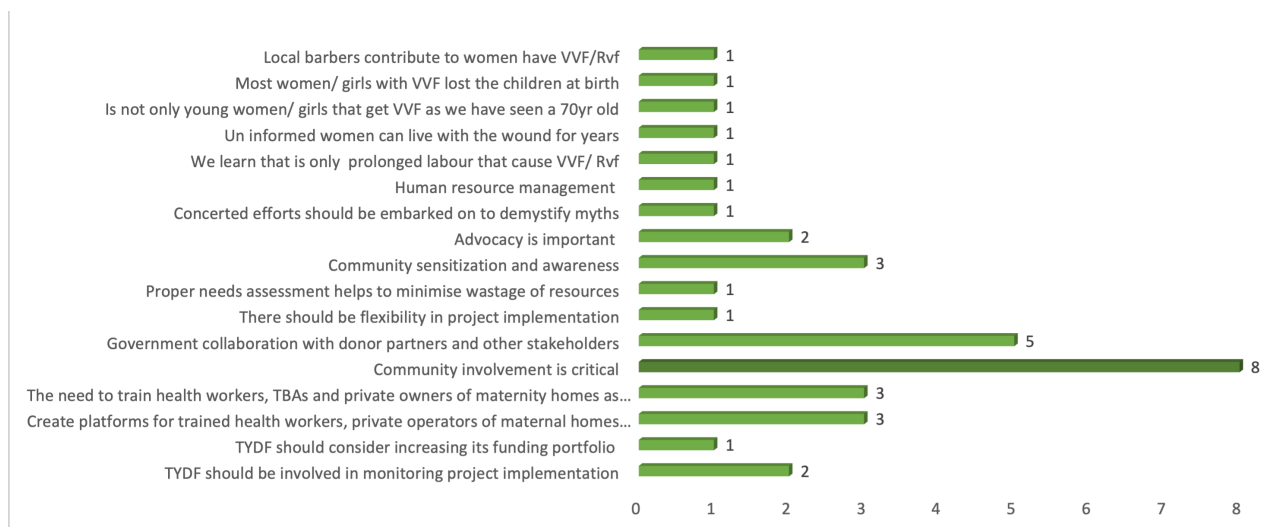


Figure 13: Lessons learned in project implementation

The lessons learned in project implementation included the importance of community involvement (8), government collaboration with donor partners and other organizations (5), as well as community sensitization and awareness

(3). Also, the project created a platform to foster learning among health workers and TBAs (3) were indicated by the respondents as top lessons learnt in project implementation.

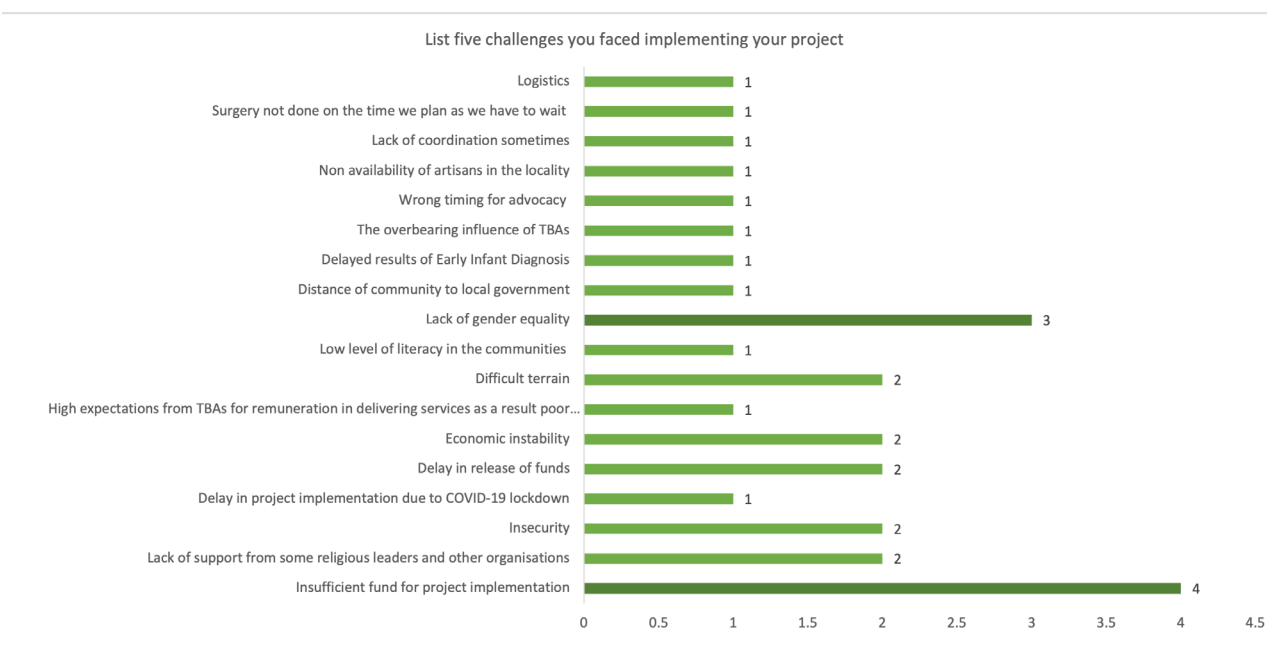


Figure 14: Challenges faced in project implementation

The most reported challenge faced by respondents in their project implementation was insufficient funds (4). Other challenges reported were lack of gender equity (3), lack of support from some religious leaders and other organizations

(2), delay in release of funds (2), and difficulty in accessing the terrain of project implementation (2).

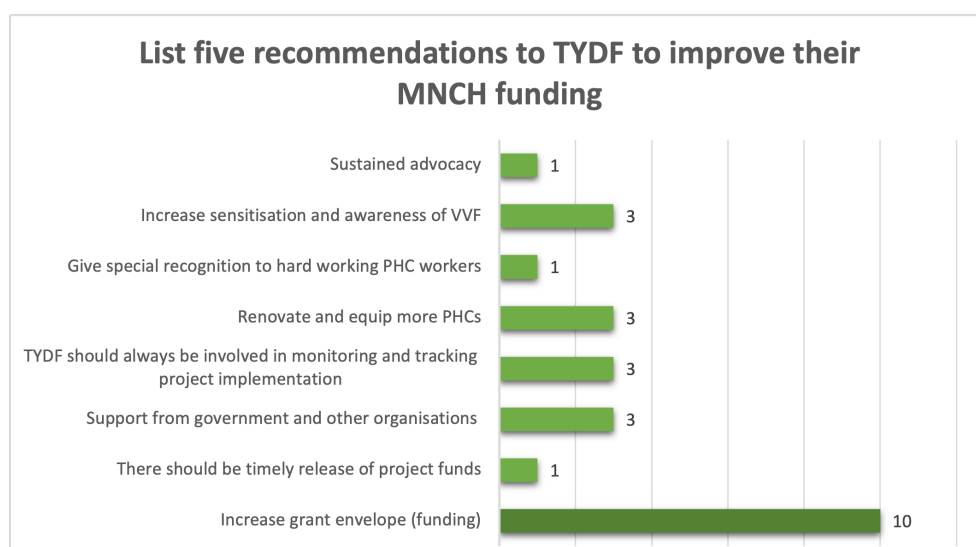


Figure 15: Recommendations to TYDF to improve their MNCH funding

The respondents agreed that TYDF funding has been impactful, however, majority (10) thought that the foundation should increase its grant envelope in the areas of child nutrition, family planning, and community-based health insurance, among others.

In addition, some respondents (3) recommended that TYDF should always be involved in monitoring and tracking project implementation, and others (3) noted that support from government and other organizations is critical.



Food items donated to an IDP camp in Maiduguri, Borno State



Pregnant women attending ante natal care session at Ilushi PHC, Esan South East LGA, Edo State



Some IDP beneficiaries of the nutrition project in Maiduguri, Borno State

Qualitative Research

A total of 125 qualitative interviews were conducted across the 6 states visited. One hundred and fourteen key informant interviews and 11 focus group discussions were conducted. The highest number of interviews were conducted in Edo state, followed by Taraba State, and the fewest interview was in Borno State where one interview was

conducted. Sampling was purposive and included respondents across the 6 TYDF project states visited. Respondents included implementing partners, government officials (State and LGA levels), skilled health workers, community health extension workers, TBAs and project beneficiaries.

State	Themes	No of Interviews	Total Interviews Per State
Akwa Ibom	Service Delivery	31	31
Borno	Distribution	1	1
Edo	Advocacy	6	26
	Infrastructure	8	
	Training	12	
FCT	Training	13	13
Kano	Service Delivery	11	11
Niger	Infrastructure	7	20
	Service Delivery	13	
Taraba	Infrastructure	11	23
	Service Delivery	4	
	Training	8	
Grand Total	125	125	

Table 8: Breakdown of Qualitative Interviews by State and Thematic Group

Thematic Analyses

Qualitative data were transcribed and entered to MAXQDA software for qualitative analysis. Data were analyzed using the thematic analysis approach. Themes are grouped by evaluation objectives.

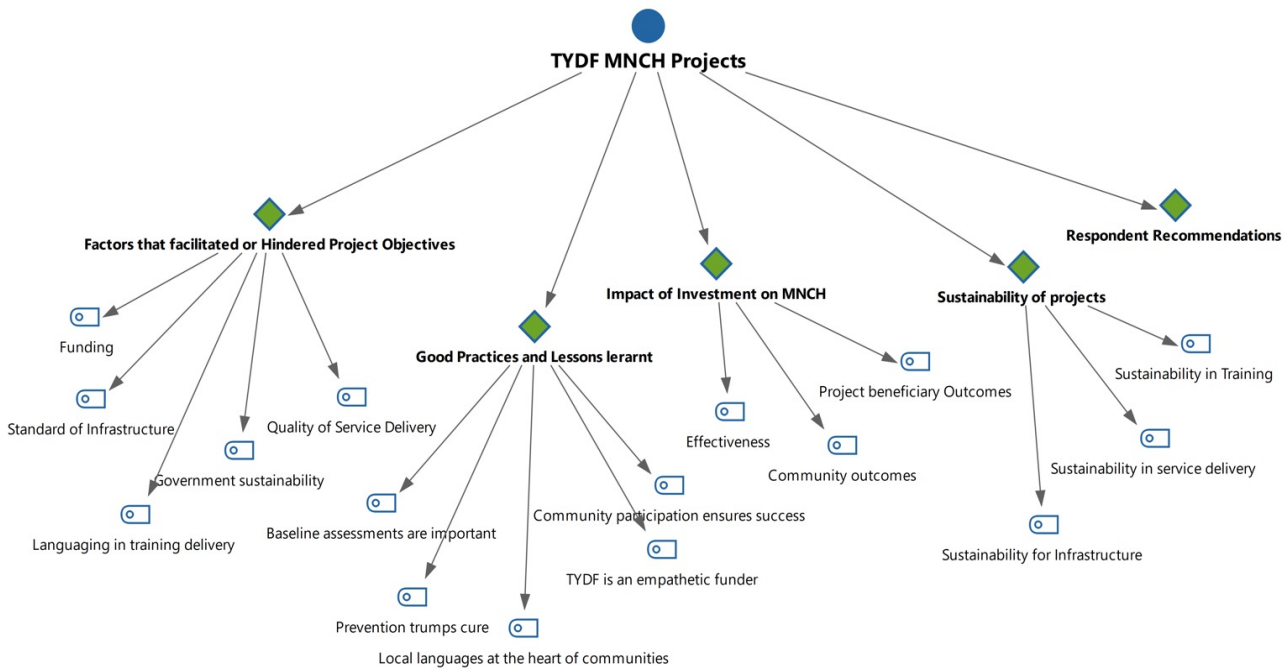


Figure 16: Thematic analyses chart



Health post constructed at Mika Layinkoro, Yorro LGA, Taraba State

Impact of investment on MNCH Projects

Community Outcomes

“The fact that we run here a maternity and an under-5e care for children has really helped in no small measures to improve the quality of life of the peoples of the community. The standard of care here is second to none in Takum. The equipment we have here as well is also second to none in Takum. There are other hospitals in Takum , but I’ve gone round and I’ve seen and I know for sure that people will rather come here to give birth, people will rather bring their children here”

– Implementing partner, Taraba State

Another implementing partner in Niger State explained how the provision of emergency transport using keke NAPEP tricycles has benefitted his community.

“I would say from the data gathered you know, before the coming of the project, of this intervention, a lot of needless death, lots of stillbirth, maternal mortality, neonatal mortality and all of that. But with this emergency transport scheme in place, I can show you from the data we gathered from the emergency intervention that the alarming increase has dropped greatly because people are accessing this service”

- Implementing Partner, Niger State



Pregnant women registering for ANC at a health outreach in Zing LGA, Taraba State



A doctor examining a child during a free medical outreach in Wukari, Taraba State

Project Beneficiary Outcomes

People make up communities. Therefore, it is also important to highlight how TYDF interventions benefited individuals and made positive changes in their lives. Sometimes, there are also positive unintended outcomes. For instance, the training conducted in the FCT was targeted at SRHR. However, benefits went beyond that to improving cleanliness and hygiene at homes.

“The thing we are still using is how to protect ourselves from infection. Infections are more in our place. So, we are able to protect ourselves of infection...thank God and cleaning our homes by the grace of God”

- FCT Beneficiary

“Keeping our houses clean. And the personal hygiene. We are still keeping our homes clean and the pad that they taught us. I don't have to suffer and buy pad from the market. When I sew it, I make use of it. I am still using that”

- FCT beneficiary

Factors that facilitated or hindered project objectives

Maintaining high standards in infrastructure projects, availability of funding, government participation to ensure project sustainability, quality of training, and quality of service delivery were identified as factors that could facilitate or hinder success of TYDF projects. Standard of infrastructure.

“For the quality of the renovation; like I told you, when we got there the building was 3 rooms, but when my boss came he decided that we should make it 4 rooms and it's about quality because we are into development. Even when we were working, TY Danjuma Foundation was always coming to check, hitting the wall and the irons to satisfy the quality So it's of good quality”

- Implementing partner, Niger State

Funding

A health worker advised TYDF to increase funding for prevention and treatment of obstetric fistula.

“TY Danjuma foundation can improve on the funding, and they need to liaise with community-based organizations on preventative measures. Which could minimize the cases. Fistula is almost 100% a preventable issue. They need to improve on their funding”

- Health Worker, Kano State

A logistics officer in Borno State spoke about the importance of diversifying TYDF funding.

“We have been intervening on food through TYDF but we will like to expand to livelihood. If the fund is more, we will love to do not just food but support them to stand on their own, not just depending on what actors give them because NGOs will not last forever. So, the funding will determine what we will love to do differently”

- Logistics Officer, Borno State

Government Sustainability

There is obvious nonchalance and lack of involvement of some government officials. This was quite frustrating for TYDF grantees as they implemented various MNCH projects.

“Then secondly, government involvement because we had a challenge during the handover because we invited the Government and they gave us their word that they will come but they didn’t come”

- Implementing partner, Edo State

“Yes, the work we have looked at how it will be sustained. We were asked and we told them we will continue with the local government, but do you see what I am telling you with the government? Government doesn’t give, but they are happy that you are bringing”.

– Implementing partner, Taraba State

Training quality

Nigeria’s official language is English. However, it is important for TYDF grantees to use local languages to communicate to project beneficiaries. Doing so improves their levels of participation and benefit from the projects. Beneficiaries were happy because their local languages was used during the training. It was dignifying and they felt that their concerns were addressed.

“They taught us, sometimes since it is in English, we tell them we don’t understand and they take time to explain it to us in Hausa even though they didn’t know how to speak Hausa very well. Without shouting they calmed down and teach us. That really impressed me very well”

– FCT Beneficiary

Quality of service delivery

Healthcare should be nothing short of quality. By providing quality healthcare, TYDF grantees ensured that lives were saved and community confidence in services provided were increased.

“I have achieved a lot. Because of the ANC, I have been able to know my baby’s status too, and I have been able to know my own. Initially, I was not aware of ANC but because of this awareness, I have been able to know about ANC. I even encouraged some of my friends to also go for ANC during pregnancy”

– Beneficiary, Akwa Ibom State

“As at that time. Well, the quality before then was not all that high, it was moderate. but during the intervention, I think it was a bit improved”

– **Midwife, Edo State**

“Yeah, we rate it so high because, by the time that we didn’t have this tricycle, most of our pregnant mothers are deliver at home now they come to the facility”

– **Officer-in-Charge, Niger State**

Sustainability of MNCH projects

Needs are infinite, but resources are limited. Therefore, as a grant maker, TYDF is very interested in how projects funded would be sustained. Respondents identified sustainability based on the quality of infrastructure provided (better quality means longevity), improving knowledge and understanding is replicable, and quality service delivery builds confidence in community members to adapt facility-based deliveries. Sustainability for infrastructure

“So, the quality of the work done is very good so if you ask me to rate it now, I will rate it like 80%. Because when we got there, the place was not too habitable, bats took over the whole place so people will come there occasionally. But now people come there and can even stay for admission. So, registration for ante-natal after the registration increased”

– **Implementing partner, Edo State**

Sustainability of MNCH projects

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“Yes, after a training, we started a group where we taught young girls like us. But we didn’t teach married women, because at that the time they were saying that we were taught a shameful disrespected thing”.

– **Beneficiary, FCT**

Sustainability for Service delivery

“We have nurses that manage the patients. We are given nurses from the government, and we train and retrain these nurses and we allow them to participate during the operation because they will manage the clients. We also train nurses managing such cases in Murtala Mohammed Hospital, because we take our clients there sometimes”

- **Implementing partner, Kano State**

Good Practices and Lessons Learnt

After 10 years of funding 28 projects across 8 states, there are many lessons and good practices to highlight. First, prevention trumps cure because it saves lives, sufferings, and funds. Second, grantees view TYDF as an empathetic and considerate donor. Third, data is key. Conducting baseline assessments leads to success of interventions. Fourth, community involvement is very important and ensures project ownership and participation by community members. Finally, a very important way of community involvement is use of local languages in communicating project objectives and project implementation.

Prevention trumps cure

“TY Danjuma Foundation can improve on the funding, and they need to liaise with community-based organization on preventive measure. Which could minimize the cases. Fistula is almost 100% preventable issue. They need to develop on their funding”

- **Health worker, Kano State**

TYDF is an empathetic funder

“Secondly, TYDF founders were very encouraging and grounded us towards the project we have had other funders they may not want to come to the village community, but TYDF was always available even during our programs”

– **Implementing partner Akwa Ibom State**

Baseline assessments are important

“The understanding that Nigeria as at then 2018/2019 was at number four when it comes to maternal mortality and also newborn mortality was not good at all, we had needs assessment, we also had baseline to establish”

– Implementing partner, Akwa Ibom State

Community participation ensures success

“The first is involving the community people like the Traditional Birth Attendant, apart from their sustainability you get to understand and get a broader scope of maternal care. We involved even their husbands in order to get the women attend antenatal”

- Implementing Partner, Edo State

Quality of advocacy material

“There was English language, there was an interpreter, there was pidgin. I don’t think there was any woman that left there without understanding because the prevalent languages in the community was covered”

– Teacher, Edo State

Respondent Recommendation

Respondents shared some recommendations as shown below:
Advocacy is important for success of projects.

“I will tell him that advocacy is the challenge, advocacy that the people should be aware that there is something like cervical cancer, advocacy for the male to be aware that there is prostate cancer, advocacy for the women to know that breast cancer is very popular in most women. Because it is the leading cause of cancer deaths among women, followed by cervical cancer”.

– Health Worker Edo State

Monthly stipends for TBAs

"I will like that after they have trained us, they should maybe give us some stipends whether monthly or as they decide because they have our names and numbers for every one that was trained"

- TBA Edo State

Community borehole

"I will suggest that we need a borehole, we need water here because this community has no water. We have to go down to that new road to get water because there is a borehole there"

– Beneficiary, Edo State

Comprehensive primary health care services

"My community was crying because I am an independent of this town, when I go to town, people say TY should attend to adults too, and I will explain to them that the hospital is for children only, they also want TY to look in the direction of establishing an eye hospital, for example I also have eye problems, so the last time TY foundation came, I went there and was attended to, I was also given glasses that is why I use glasses now, so we have a large population in that regard"

- Health Worker, Taraba State

The Social Economic Component

The 6 case studies below underscore the social economic component of TYDF interventions. They show how TYDF MNCH interventions impacted on the quality of life of beneficiaries, their families, and communities.



Mobile scanning services at Tavingwa community, Zing LGA, Taraba State



A beneficiary and her new born baby delivered through caesarian section in Yakoko, Zing LGA Taraba State

Project title: Maternal Newborn and Child Health Intervention in Nigeria



A Happy mother who is a project beneficiary with her child strapped to the back at Ilushi PHC, Esan South East LGA, Edo state

MNCH Focus Area: ANC and PMTCT

Project Location: Oron, Udung Uko and Okobo LGAs, Akwa Ibom State

Name of Grantee: ANTOF Rural Resource Development Centre

Objectives of the Project

1. To increase access to maternal and child health services of people at the grassroots
2. To increase the proportion of women with access to skilled birth attendants in targeted states
3. To improve the capacity of health workers for quality maternal and child health services

How did the project improve the quality of life of the beneficiary?

Prior to the project, pregnant women had limited access to ANC and PMTCT services, children were born with HIV, while pregnant women did not attend ANC regularly.

A beneficiary at Udung Uko LGA stated that her son was HIV-negative despite her being positive. This was made possible by the services she received under the project. When her status was known after undergoing

HIV test, she was immediately placed on treatment and that was what saved her son from contracting the virus as well. She was thankful for how the project had changed her life and that of her son.

As of a result of the PMTCT services accessed by beneficiaries, 16 babies were protected from contracting HIV, this has improved the quality of life of the mothers and their babies.

The project also provided beneficiaries with incentives such as free testing for malaria, HIV test, scan, baby items, and payment for beneficiaries' registration at the facility. This gesture increased the uptake of ANC and PMTCT services leading to a significant reduction in maternal mortality and high record of ANC attendance as women made at least four ANC visits before delivery. A health worker

in Oron LGA, Mrs. Jenny Anwana said the increased hospital visits made her happy and improved her skills as she had more women to serve.

Health workers were trained on the essentials of maternal and newborn care with focus on pre-eclampsia. To increase the quality of health care for the beneficiaries, the capacity of TBAs was built to promote uptake of ANC and PMTCT services. Women of reproductive age were reached with behavioral change health talks on HIV testing, family planning, immunization, and the use of insecticide-treated nets. Beneficiaries on anti-retrovirals were provided with psychosocial support through routine visits by the mentor mothers and the grantee.



HIV testing and counselling for a pregnant woman in Akwa Ibom State

Project Title: Renovation Of Primary Health Centre In Oria, Esan Northeast LGA In Edo State



PHC renovated in Oria, Esan Northeast LGA, Edo State

MNCH Focus Area: Renovation

Project Location: Edo/Esan Northeast LGAs, Edo State

Name of TYDF Grantee: Hope for the Unborn Children Foundation

Objectives of the Project

1. To increase access to maternal and child health services to people at the grassroots
2. To increase the proportion of women with access to skilled birth attendants in targeted States.
3. To improve the capacity of health workers for quality maternal and child health services.

How did the project improve the quality of life of the beneficiary?

For the people of Oria community, the renovation of the PHC improved their quality of life in several ways:

1. A nurse's quarters was built to provide permanent accommodation for the head nurse, thus ensuring that the PHC is open 24 hours, and the people can access care whenever they need it.

2. A solar-powered cooling system was provided which guaranteed that the PHC could stock and store fresh vaccines for babies.
3. Oria community does not have any form of electricity, therefore, an electricity-generating set was installed in the PHC during the renovation. The generator is turned on every evening and this serves as a rallying point for the community as men, women and children are drawn to the light illuminating the PHC's grounds. They go there to either charge their phones, hold meetings, play or to simply bask in the light illuminating the darkness. Above all, the light serves as a beacon of hope for the people. It gives them the assurance that, day or night, the nurses can attend to them as they no longer must shut the doors of the PHC when it gets dark.



CHEWs and TBAs engagement for quality maternal and child health care service delivery at Etsako West LGA, Edo State



Donation of Cancer test kits to a health worker during cancer awareness training and screening at Orhionmwhon LGA, Edo State

Project Title: Strengthening Primary Health Care System through Training of Health Care Workers on Prevention, Detection and Management of Malnutrition and Provision of Nutrition Services to Identified Malnourished Children and Caregivers



Demonstrating the measurement of malnourishment in a child at a PHC in Bali LGA, Taraba State

MNCH Focus Area: Nutrition

Project Location: Bali LGA, Taraba

Name of TYDF Grantee: Miradex Multipurpose cooperative Society

Objectives of the Project

1. To train health workers on how to identify malnourished children.
2. To train health workers in focal community on how to administer the Ready-to-Use Therapeutic Food (RUTF)
3. To train health workers on how to prepare highly nutritious meals to supplement RUTF or in case RUTF is out of stock.
4. To train caregivers on how to prepare highly nutritious meals from locally sourced food materials.

1. To train health workers on how to identify malnourished children.
2. To train health workers in focal community on how to administer the Ready-to-Use Therapeutic Food (RUTF)
3. To train health workers on how to prepare highly nutritious meals to supplement RUTF or in case RUTF is out of stock.
4. To train caregivers on how to prepare highly nutritious meals from locally sourced food materials.



Demonstration on how to prepare nutritious meals and safe drinking water in Yakoko, Taraba State

How did the project improve the quality of life of the beneficiary?

The highly nutritious meals helped save the life of malnourished children in the community. An example is the story of Wurera whose father abandoned, and other family members advised the mother to throw her away because of how malnourished she looked. Her mother did not relent in seeking a cure for her and her search for a solution led her to the facility where the malnutrition project was being implemented. Six weeks after consistently visiting the facility to participate in the intervention, her daughter recovered and is now looking healthy and strong.

Using local food sources and alternative for the RUTF increased income for local sellers as they had had a ready market for their products.

The community members who received training on the preparation of the local alternatives to RUTF had alternative sources of income as they sold the nutritious meals to their neighbors to make money.

The health workers who received training also are valued and respected more in the community because of the transformative work they did in saving the lives of malnourished children and teaching the caregivers how to do this.

According to one of the health workers, the skills they gained is helping them save more lives as they are still able to produce the nutritional foods from local sources to manage malnourished children. They can do this however from their personal funds as the project has officially ended.

Project Title: New Beginnings



Parents with their children for immunization at Mika Layinkoro, Yorro LGA, Taraba State

MNCH Focus Area: Service Delivery

Project Location: Danbatta LGA, Kano State

Name of TYDF Grantee: FORWARD Nigeria

Objectives of the Project

The objective of the TYDF funded project was to provide consumables for vesico-vaginal fistula (VVF) surgery, post- surgery care and social re-integration care to 100 women who were suffering from VVF.

How did the project improve the quality of life of the beneficiary?

The project provided a centre where beneficiaries could come before their VVF surgery, provided funds to cover the cost of consumables for the surgery, psychosocial support for the women after

surgery, as well as skills development to help with re-integration into their communities.

One beneficiary's experience highlights how the project provided support to the women. Ummal found out that she had VVF after her third pregnancy, when she was 28 years old. "My problem started after the delivery of my third child. My labor

was prolonged for over 10 hours, and I was giving birth to twins. I delivered at home, and I regretted it later. I should have gone to the hospital,” she said. She noticed she was leaking urine sometime after her delivery.

“After some time, I noticed that when I am pressed, I cannot control my urine. When I go to bed I will be drenched in my urine when I wake up.” She and her husband tried home remedies but nothing worked. She lived with the condition for three years. “That experience changed my life, I could not eat around other women, or go to social activities, even my relationship with my husband changed as a result.”

Thankfully, her husband, Abdulmumuni was supportive and sought help for her. “My husband has been very supportive, right from the beginning, he is even the one who used to bring medications for me.” Abdulmumuni knew the CHEW at the Danbatta Centre run by FORWARD Nigeria, and he explained the problem to her. “I first knew about Hajiya through my husband, he told me about the centre. So, I visited her, and she examined me and noticed I have this issue.”

Eventually she was admitted at the centre and

taken to do the surgery at Murtala Mohammed Hospital in Kano. “I met other women at the centre, because of this problem they were abandoned by their husbands, but for me my husband has been very kind and considerate to me,” she said. Ummal stayed at the VVF centre in Danbatta for six months. “They taught us how to sew, and we had people coming to teach us literacy, both Islamic and Western Education,” she said, adding, “The training has impacted my life, when I came back people were looking at me differently, I had changed, I was looking better. I’ve learnt the skills of sewing but I cannot afford a sewing machine right now.”

Since having the surgery and coming back home, she has given birth to two more children. “I had two more kids after the operation, and one is already attending school now,” Ummal said proudly. She advised that the best way to avoid VVF is “to attend antenatal and to avoid prolonged labor.” As a result of the FORWARD Nigeria New Beginnings project, many of the beneficiaries were able to reintegrate back into their communities, support themselves with the skills they had learnt, and continue leading full lives as productive members of their community.



Parents with their children for immunization at Mika Layinkoro, Yorro LGA, Taraba State

Project Title: To Contribute To The Reduction In Maternal, Neonatal And Child Mortality And Morbidity By 75% Through Provision Of Emergency Transportation, Capacity Building And Distribution Of Delivery Kits To 4000 Women In Mashegu, Lavun And Munya LGAs In Niger State



Tricycle ambulance and birth kits donated to PHC Fuka, Munya LGA, Niger State

MNCH Focus Area: Emergency Transportation Services

Project Location: Mashegu, Lavun and Munya LGAs, Niger State

Name of TYDF Grantee: RAiSE Foundation

Objectives of the Project

Increasing access to maternal and child health services to people at the grassroots

How did the project improve the quality of life of the beneficiary?

The lives of both mother and twin babies were saved because of this intervention:

Mrs. Fati Yusuf was one of the major beneficiaries of the emergency transportation services provided by

TYDF to Mashegun LGA, Niger State, Nigeria. Mrs. Fati Yusuf's story meets the core objective of this intervention, hence, she narrated how she would have probably lost her life and her twin babies if the intervention were not there.

Her labour started at noon when no one including her husband was close by. It was her loud shouts according to her that attracted people's attentions from her neighboring compound that quickly responded by calling the emergency numbers provided to all the expectant mothers during their antenatal services.

The ever-reliable emergency transportation service quickly responded to the call. On their way to health facility close to them, Mrs Fati Yusuf delivered one of the twins right inside the tricycle ambulance with the help of healthcare worker attached to the driver anytime there is an emergency call. The

second baby was delivered when they got to the health facility.

Mrs Fati Yusuf insisted that even though she attended duly antenatal at the health facility in her domain, she would have probably died while trying to give birth at home or would have opted for unskilled TBA close to her for her delivery had it been the emergency transportation system was not provided. This could have probably resulted to postpartum hemorrhage.



Health workers and Tricycle ambulance drivers trained for improved maternal health in Minna, Niger State

Project Title: Evaluation of TY Danjuma Foundation's Increase Sexual and Reproductive Health within IDP Camps In the FCT



MNCH Focus Area: Sexual and Reproductive Health and Rights/Hygiene

Project Location: Wassa IDP Camp, Abuja

Name of TYDF Grantee: Freehearts Africa Reach out Foundation (FAROF)

Objectives of the Project

1. To increase access to sexual and reproductive health services to people at the grassroots
2. To improve the capacity of health workers for quality sexual and reproductive health services

How did the project improve the quality of life of the beneficiary?

The intervention has significantly improved good personal hygiene and prevention of sexually transmitted diseases among the beneficiaries.

The TYDF project on sexual and reproductive health at Wassa IDP camp in the FCT has improved the life

of 20-year-old Maryam Ahmad who now makes sanitary pads every month for her menstruations. She also encourages and teaches her friends how to sew sanitary pads without spending much money and time. She explained how they were using rags as sanitary pads at the IDP camp, which sometimes stains them. TYDF's intervention has impacted her life positively and made her monthly menses better.

The training also has impacted the life of a 21-year-old Danjuma ThankGod. He said because of the training he received, he now knows the importance of using the male condom without any fear of contracting any sexually transmitted diseases or his girlfriend getting pregnant. ThankGod now practices safe sexual behavior.



Condoms provided to established youth friendly center at Wassa health post, FCT



Presentation of delivery kit to Traditional Birth Attendants (TBAs) after training in Taraba State

Discussions



A baby being delivered through cesarian section in Wukari, Taraba State

This evaluation of TYDF MNCH interventions showed the length and breadth of the Foundation's reach. It is a foray into how traditionally underserved Nigerians across communities in the country were able to access quality MNCH healthcare. Beyond the health benefits, the socio-economic component of the TYDF MNCH interventions had multiplier effects of the lives of beneficiaries, their families, and communities.

Indeed, the interventions were relevant because some of the communities visited may not have had any other access to safe motherhood initiatives apart from those provided by TYDF grantees. Although the scope of this evaluation did not include actual count of maternal deaths to ascertain the maternal mortality ratios, interviews with different respondents unpacked maternal and under-five lives saved, sufferings eliminated or reduced and quality of life improved.

To a large extent, the interventions assessed

achieved most of the objectives. They were effective in achieving some of the agreed outcomes. There were instances where training of community members was taken to scale by beneficiaries themselves. In Abuja, young people trained on sexual and reproductive health and rights, including production of reusable sanitary pads went beyond learning for themselves to training their peers to produce reusable sanitary pads. This is an example of positive unintended outcomes that shows value for money.

Determining efficiency can be relative. For instance, the provision of keke NAPEP tricycles in communities in Niger State was the difference between life and death for pregnant women in labor. Sometimes, it is important to imagine what pregnant women in the remote Niger State community under the threat of insecurity would have done if they had to trek long distances to give birth in health facilities or deliver at home under

unskilled birth attendants.

The conduct of baseline assessments while ensuring multi-stakeholder participation ensured some level of sustainability of some of the projects assessed. Furthermore, this evaluation also revealed that sustainability should be viewed through the provision of quality infrastructure, training of diverse community members and improved service delivery at health facilities. The trio can contribute to benefits of the projects being extended even beyond the project's lifespan.

Of note is the Rufkatu Danjuma Maternity in Takum, Taraba State. It is an example of what a good maternal health secondary health facility

should be, and the kinds of services provided in this facility is top class. In addition, this facility generates its own electricity, houses its health workers (with a residential doctor) and is viewed favorably by community members. All that is left is for Rufkatu Danjuma Maternity to conduct outreaches to surrounding communities.

Despite efforts to incorporate sustainability plans as core components of the project's design, several respondents are somewhat waiting for TYDF's funding in perpetuity. This is impossible because as a funder, TYDF has limited funding and must always be guided by its Board-approved funding priorities. Indeed, needs are infinite, but resources are limited.

Recommendations

There are training programs which involve the training of one or more individuals from a health care facility, however the effective application of the knowledge and skills learnt during trainings involves multidisciplinary teams working together to deliver healthcare services [5]. Bringing health workers for centralized trainings tend to disrupt service delivery in health facilities and this could have serious consequences for vulnerable and underserved populations

As much as TYDF wants to save lives and improve the livelihood of under-served Nigerians, there is a limit to her achievements. Therefore, funding must be consistently guided by the Board to ensure that TYDF gets value for money while saving lives. Should the Foundation consider breadth or depth in her funding? This means TYDF has to spread herself thin to fund interventions across the country. The latter is about deepening her funding in the two focal States (Edo and Taraba) and a few others. The following recommendations are aimed at supporting TYDF to achieve her goals.

1. *The TYDF Board should approve a MNCH model under her funding priorities. The recommended model is a "hub and spoke" model. The "hub" is a centrally located hospital*

with the right health workers and capable of providing secondary maternal healthcare. The "spokes" are community outreaches where the facility would take preventive services right in the communities where people reside. Referrals would be done from the spokes back to the hub. Rufkayat Maternity Hospital, Takum is a great example of a "hub" to use and pilot this model.

2. *TYDF must continue to position herself as the first structured, independent, and indigenous grantmaking Foundation in Nigeria. TYDF has been in this business for the past 12 years and should partner with other indigenous and international organizations that fund MNCH interventions. Such partnerships would help her leverage funds, expertise, networks, and goodwill of other funders to deepen MNCH interventions.*

3. *TYDF has funded 19 grantees over a 10-year period that implemented a variety of MNCH projects. This is a huge network that if properly harnessed could solidify TYDF as a leader in funding MNCH interventions in Nigeria. TYDF should find a way of maintaining her relationship with these grantees and leverage their expertise and capacity to improve the Foundation's grant making processes.*



Evaluation of TYDF Maternal and Child Health Interventions

Evaluation Conducted by

