



## “Project Final Report”

Traffina Foundation for Community Health

Project Title: M-health for Pregnant Mothers (SAVE OUR MOTHERS PROJECT)



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## ACKNOWLEDGEMENT

The process of planning and implementing this M-health project was undertaken as an innovation of young Nurses & Midwives including other young experts from different fields of study to improve the maternal and child health of Nigerian Mothers and Newborn . There were great inputs from all actors and other youth led organizations who supported with their ICT skills.

We would like to take this opportunity to thank the Board of Trustees & Directors of TFCH for approving this project, many thanks to Sanofi Aventis & Connecting Nurses for providing a seed grant through Care Challenge Award. We appreciate the young staff and volunteers of TFCH and our partners YOUPEDA , Treasures SMS for saving lives of the Nigerian Mothers and newborn through this excellent innovation .

To Millennia Foundation & WeObservatory we say thank you for providing technical support, guidance and international visibility on this project.

This project wouldn't have been a success without the support of staff and community of PHC Lugbe, Health of the sick and PHC Jigo.

To all our mothers who showed support and adhered to all prenatal, Ante-natal and post-natal care information sent to their mobile phones we say a big thank you to you all.

Finally to all the newborn that were saved at time of childbirth with their mothers we are glad that our very little innovation granted your parents the opportunity to respond quick, identify and seek immediate care to manage complications that saved your lives. And we are glad that no life was lost throughout this project

# EXECUTIVE SUMMARY

## Problem

Nigeria is fighting to shake off a worrisome reputation as it has the world's second worst maternal health statistics, with one in 13 women dying in childbirth. Little progress has been made in reversing this situation. 20% of women in the country give birth on their own, while another 25% are only attended to by traditional birth attendants, most of whom cannot handle complications and are guided by horrible cultural harmful practices. Other studies have showed that nearly one woman in five has no one—not even a family member or friend—to help her during childbirth due to culture and belief.



Every single day, Nigeria loses about 2,300 under-five year olds and 145 women of childbearing age on pregnancy/delivery complications in Nigerian rural communities, there are series of cultural factors contributing to this high burden of maternal death. Most of these negative practices are due to ignorance and non-availability of better alternatives. They are deeply rooted in myths which seem impossible to change. Resultantly, people are shy, or otherwise helpless in reversing these despite the knowledge of the negative impacts .75% of maternal death in Nigeria is due to direct causes like obstetric hemorrhage (abruptio placentae, placenta praevia, genital tract lacerations, and uterine atony), Eclampsia, Pregnancy-Induced hypertension, Sepsis, Obstructed labour, Malaria in pregnancy and complications from abortion. Most of these deaths are preventable with the right information, prompt, adequate and accessible medical

interventions. The various harmful practices that they are been forced on during pregnancy and delivery.

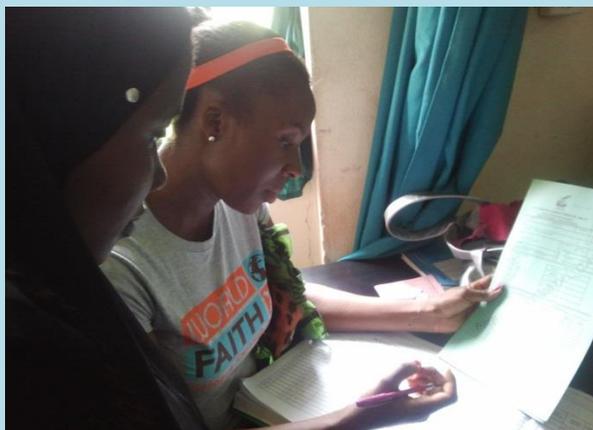
### Project Goals

1. To increase routine participation of women in antenatal, delivery and postnatal care services through short mobile SMS on best practices on maternal and child health in Lugbe, Jigo PHCs & Health of the sick Traditional birth home FCT Abuja.

### Specific Objectives:

1. Provide the comprehensive information on safe motherhood practices / access to quality care using instructional mobile SMS in local languages to 1000 women in Lugbe , Jigo and Health of the sick by December 2013.
2. To promote couple HIV testing and counseling at health centers during Ante-natal using mobile SMS alert.
3. To promote importance of Ante-natal, intra/postnatal services at health facilities through text messages in local dialects amongst pregnant women lugbe, Jigo and HOS communities.

### METHODOLOGY:



1. Capture mobile numbers of all pregnant mothers at their first booking/ pre-natal care visit at the health facilities.
2. Identifying preferred language at first visit.

2. Capture alternative number for text messages ( Spouse, guardian)
3. Recording of parity and trimester to enable every mother getting the right messages, especially ANC/EDD reminders, child development.
4. Train MCH Nurses, Midwives and Community health workers on content of messaging that the pregnant mothers receive.
5. Develop and adapt 200 MCH messages local language.
5. Train the health workers on documentation /recording of number of women reported back on cases of pregnancy, post-natal , complication , ANC visits & EDD.

### Intervention:

Through an innovative approach Traffina Foundation addresses the identified challenges through use of Mobile phone interventions targeting pregnant women who are victims of these dangerous practices by sending out weekly bulk SMS on important pregnancy information's and dangers of harmful practices as to save women's lives during childbirth

The M-health Programme interventions was to enhance access to maternal care in an effort to improve pregnancy outcome, the project focused on improving access to antenatal care, essential obstetric care, clean and safe delivery, post-partum care, post-abortion care and management issues at all levels. In addition, the project also focused on strengthening referral practices and on addressing factors responsible for delays by pregnant women in making decisions on when, where and how to seek care . The weekly text messages keep them alert on making the right decisions about their health once any complication is identified. The lists of nearest secondary /tertiary health centers to every mother were also sent via SMS for quick referral which improved access for women with obstetric complications.

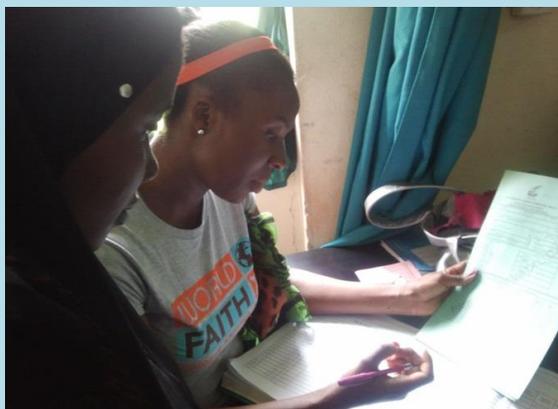
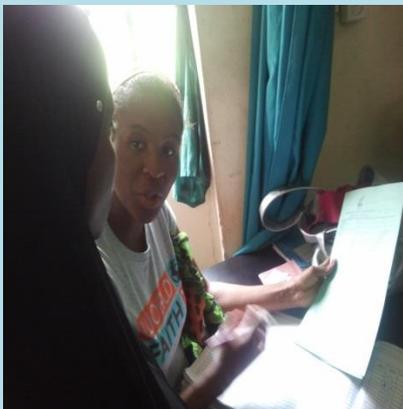


This mobile messaging service delivering maternal, newborn and child health information to pregnant women and new mothers comes in 4 local dialects which provides information on signs of labor, breastfeeding, danger signs in pregnancy, nutrition, daily prenatal drugs , ANC &EDD reminders etc.

**Results of the intervention demonstrate the following:**

**Antenatal Care:**

Significant increases were noted in number and completing of four (4) ANC for those who presented with no complication. The number of women receiving Intermittent Preventive Treatment for malaria, blood tests for Hb and syphilis and blood pressure recorded when they attended antenatal clinic also increased. More women said they were motivated to use the services additional tips the received weekly. Some of them said they had more understand and importance of accessing care because their message came in local language



Collecting mobile data and other information from mothers during ANC.

### **Couple HIV testing /Counseling:**

The need and importance for couple HIV testing/Counseling was amongst the regular SMS the women received and this encouraged a good number of them to visit the health facilities for the screening.



Photo of couple attended ANC together for HIV testing and counseling posing with our team

### **Intra-partum Care:**

There was also an increase in child delivery at the facilities. Many women who came were due to the timely reminder of expected date of delivery sent to them through SMS. They also mentioned that was regular messages on progress with gestational age as well.



*Photo of a woman who regularly received the SMS in Hausa language and Delivered her 6<sup>th</sup> child at the health facility for the first time. She had post-partum hemorrhage which she reported immediately at the health facility and was properly managed.*

### **Post-partum Care:**

More women attended postpartum care especially those that the skilled health care provider assisted at birth. Post-partum messages were also sent especially on care of the newborn, breastfeeding and most importantly more number of women responded at six (6weeks) weeks

for immunization. There was also increase in number of women who reported with post-partum hemorrhage.



### **Project Beneficiaries:**

The primary beneficiaries were childbearing women and their newborn infants. Secondary beneficiaries included immediate relatives and community members who often provide additional support at home and are also encouraged to provide their numbers as alternative to receive the SMS when the direct beneficiaries' number is out of reach. Health care providers and their managers were also considered as secondary beneficiaries.

### **Challenges:**

It was major a youth led pilot project, coordination was a great challenge at the beginning. Capturing the mobile numbers was also difficult at the beginning because not all of them were comfortable to provide their numbers for some reasons. Funding was a major problem to regularly visit the facility for additional monitoring. For others who only understand other languages apart from the Igbo, English, Hausa, Yoruba, pidgin, complained so much, though there given option to choose between pidgin and English language.

### **Conclusion:**

It is evident from the results that the project to an extent achieved its purpose, which was to increase utilization of quality maternal services in the selected facilities. Specifically, the project has made substantial progress in the area of maternal health. Emerging lessons from the project point is that if the capacity of the young people who piloted this project is built more they can achieve more to increase utilization of maternal and child health services through use of mobile phones.

**Recommendations:**

We therefore recommend this M-health project to the Nigerian government and other partners working on maternal and newborn health to ensure effective replication and scale up of Mobile health for safe motherhood initiatives in other facilities in Nigeria. This is one area all the telecom services in Nigeria should provide strong support as to use mobile phone services to reduce the high rate of MMR in Nigeria. We recommend that it should be one their corporate social responsibility.

We also recommend the capacity of the organization and team that carried out this project should be Strengthened the technical capacity of the ICT unit and other department as well.

**DATA:**

PHC Lugbe

	2011-Baseline data	2012	2013	
ANC	206	656	610	
Couple HIV Counseling & testing	28	110	89	
Deliveries	189	397	410	
Record of reported cases of eclampsia	10	36	55	
Record of reported cases of threatened abortion	12	37	41	
Record of reported cases of PPH	19	38	26	

Post-partum care /immunization attendance	165	254	300	
No of women who completed at least 4 ANC session	85	321	550	

PHC Jigo

	2012-Baseline data	2013	2014	
ANC	22	92	105	
Couple HIV Counseling & testing	5	21	32	
Deliveries	11	47	52	
Record of reported cases of eclampsia	-	4	9	
Record of reported cases of threatened abortion	-	8	15	
Record of reported cases of PPH	3	7	11	

Post-partum care /immunization attendance	45	65	105	
No of women who completed at least 4 ANC session	12	63	82	

Health of the Sick “village”Maternity Home( Modified Traditional Birth home)

	2012-Baseline data	2013	2014	
ANC	176	371	510	
Couple HIV Counseling & testing	18	65	124	
Deliveries	112	265	397	
Record of referred cases of eclampsia	10	36	55	
Record of referred cases of threatened abortion	-	29	19	
Record of referred cases of PPH	2	15	26	
No of women	104	216	185	

who completed at least 4 ANC session				
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TESTIMONIES:



*“Most times I am occupied with selling my local Foods, remembering my ANC days was always difficult But the Traffina SMS comes in always with reminders and other Tips on safe motherhood that really helped me survived childbirth”  
.....says Mrs Kelechi*



*“The Best care I got while pregnant was the SMS I received, which started From the day I registered till I delivered. At first I doubted it was through that the SMS will come It gave me more confidence that other people cared so much about me as to help me deliver safely Big thank you to Traffina Foundation.....Mrs grace “*



*“I had plans of giving birth here in my house with the help of my mother, My mother instructed me not to drink water while I was pregnant Because it’s our belief that water will kill my baby. I met the Traffina team during a community outreach encouraging all pregnant mothers to register for ANC. I had no money but they paid for me. The SMS helped me gain more knowledge on safe motherhood especially need for water and food to eat. Instead of giving birth at home I changed my mind and gave birth at the health center. It didn’t stop at that, I always get SMS alert for my baby immunization schedule ...thank you Traffina Foundation” Itoro*

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