

## AWARD WINNER:

### FHC mobilisation effort brings maternal deaths to a halt

Location	Key actors	Date
Yantumaki, Katsina	<ul style="list-style-type: none"> <li>FHC Yantumaki – Alhaji Lawal (Chairman)</li> </ul>	10 October 2016

Due to the associated risks, Primary Health Care Centres in Katsina State do not perform blood transfusions. However, this means that communities not close to a secondary facility, often face fatal delays in receiving blood.

Yantumaki Primary Health Care Centre In-Charge tells of a patient who arrived at the facility: “**Hauwa Musa** was brought from Katsalle village. She was unconscious and needed blood transfusion, because she lost a lot of blood before reaching the health facility. [...] unfortunately, there were no means of transportation to reach the general hospital quickly. Over one hour was spent looking for transportation because it was past 1 o’clock am. Later a vehicle was found, but unfortunately before reaching Danmusa General Hospital, she died”.

The incident moved Facility Health Committee chairman, **Alhaji Lawal Yantumaki**. The committee started working with the community members to find volunteers to serve as Emergency Transport Services (ETS) drivers. Currently, there are five ETS drivers.

Since the intervention, no pregnant woman has lost her life due to a lack of transport. The FHC also expanded advocacy efforts and the facility now has two trained medical doctors and has been converted to a Comprehensive Health Centre (CHC), which provides a 24-hour service – including blood transfusions – and better access to a range of services.



*Alhaji Lawal is the chairman of FHC Yantumaki*

## NOMINEE:

### A review into maternal deaths triggers a community to power a blood bank

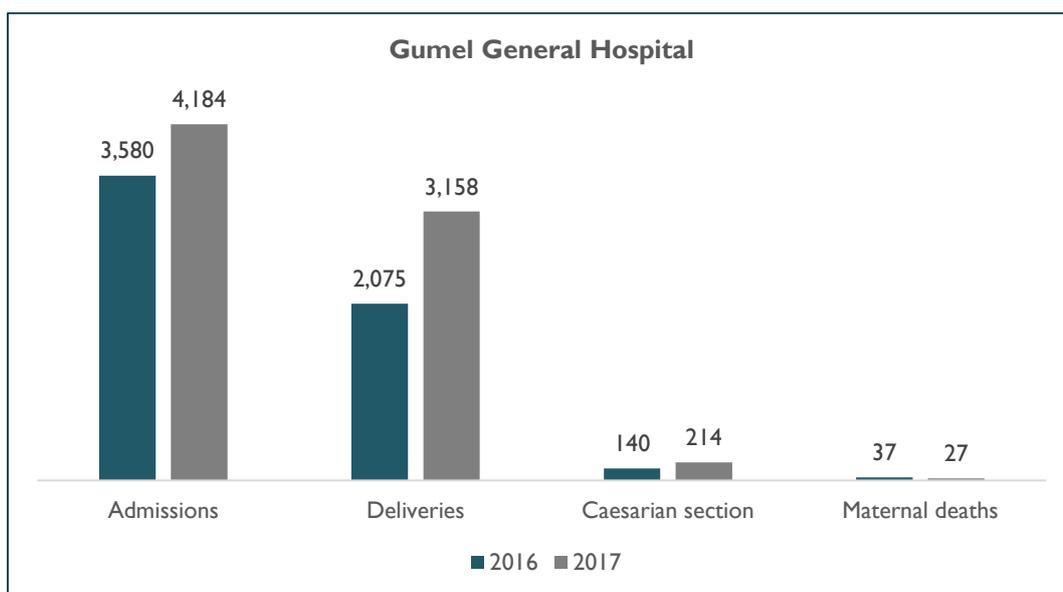
Location	Key actors	Date
Gumel General Hospital, Jigawa	<ul style="list-style-type: none"> <li>• <b>Director clinical services</b> – Secretary of the MPDSR Committee</li> <li>• <b>The Patron of the friends of the Hospital</b> – The Yeriman Gumel</li> <li>• <b>Mai unguwa Babangida</b> – the Chairman of the Hospital friends</li> </ul>	29th August 2017

Back in 2015, the Maternal and Perinatal Death review revealed to the management of Gumel General Hospital haemorrhage as one of the leading causes of maternal deaths in the hospital. The MPDSR Committee working with the Friends of the Hospital group decided to mobilise the communities for blood donation but also introduce a reliable blood bank. The hospital had a blood bank, but it was often out of use due to a lack of power.

The hospital launched a ‘blood donor day’, which resulted in a blood donor directory. The initiative garnered support from groups such as Red Cross Society, the Emirate Council and trade unions. Since then, the hospital has had a regular supply of blood to attend emergencies.

The community also started advocacy efforts to procure a generator that would provide power for the blood bank. A local businessman made a donation for a refrigerator and a solar powered thermostat.

The figure below shows an increase in maternity admissions, delivery and caesarean sections and reduction in maternal deaths.



Source: Labour and Delivery register

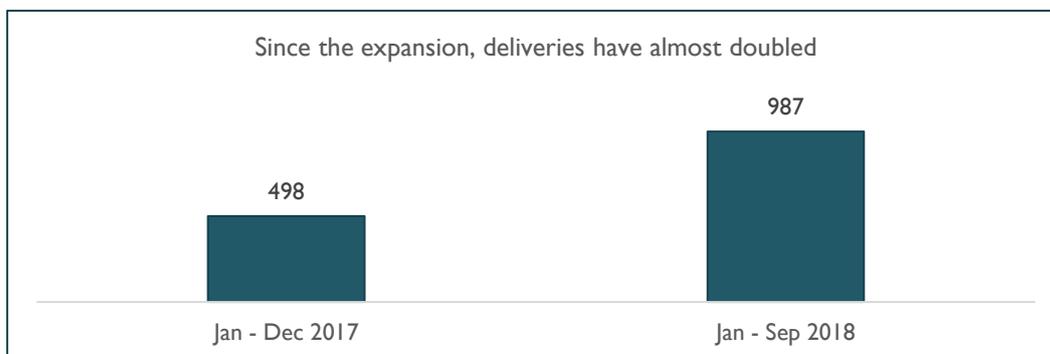
## NOMINEE:

### “Space and privacy”: Community takes ownership for the health of its mothers

Location	Key actors	Date
Sule Tankarkar, Jigawa	<b>Gadaka FHC:</b> <ul style="list-style-type: none"> <li>Musa Danfulani, Chairman, Village Health Facility Committee</li> <li>Midwife Model Primary Hospital</li> <li>ANC Focal Person</li> </ul>	June 2018

To drive for sustainability, MNCH2 set out to strengthen the governance and management of health systems at Jigawa State and Local Government Area level. This led to the establishment of local health community committees to ensure that local communities take responsibility for their own health. One such community health committee, a Facility Health Committee in Sule Tankarkar Local Government Area raised enough funds (232,250 naira) to build a standard Labour ward to ensure safe delivery at the Model Primary Hospital. One of the main reasons women didn’t deliver at the facility was the lack of space.

According to the Chairman of the health facility committee, **Musa Danfulani**, the expanded labour ward has helped address critical issues such as capacity and privacy, which in the past had discouraged women from attending the facility for delivery. In the past only 40-80 women came in for delivery at the health facility, with the addition of the Labour ward, there has been an increase to about 180 women coming in for delivery every month.



The Officer-in-Charge, **Mallah Yahaya Babandi**, describes the change: “The expansion of our Labour ward has reduced congestion; it serves as a waiting room for women in the community before and after delivery. Not only that, it has really improved privacy as well as easy flow of delivery in this facility.”

Malama **Husseina Saminu** recalls: “I delivered three years ago in this health facility. At that time, the place was very hot and congested. With this new extension, the place is very spacious, well ventilated and we can now rest after delivery. We are very happy.”

## NOMINEE:

### AMMKaS advocates to transform the health system in Kano

Location	Key actors	Date
Kano State	AMMKAS	

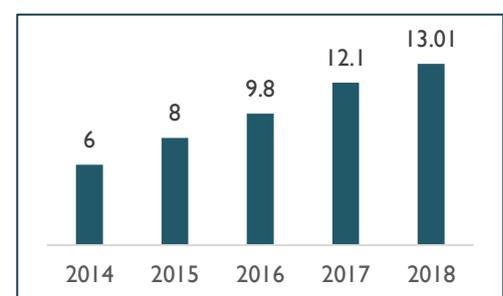
The Accountability Mechanism for Maternal and child health in Kano State (AMMKaS) is an umbrella body of Civil Society Organisations (CSOs), Facility Health Committees (FHCs), Hospital Friends Committees, media, Government, and professional bodies dedicated to promoting innovative accountability and transparency in Maternal, Newborn and Child Health (MNCH) in Kano State. AMMKaS has contributed to various laws signed by the Kano State government. The State Government has recognised this and appointed members of AMMKAS to a number of governing boards and agencies:

- Kano State Contributory Healthcare Management Agency (KSCHMA)
- Kano Health Trust Fund (KHETFUND)
- Private Health Institutions Management Agency (PHIMA)
- Kano State Ultra-Modern Specialist Hospitals (KUSH)

AMMKa’S has also made inputs to the development of the Kano State Five-Year Strategic Health Development Plan II 2018-2022 (SSHDP), Mid-Term Sector Strategy (MTSS), and Annual Operational Plan (AOP).

Despite the progress made in Kano, the State Government proposed to allocate 10.7% to health sector in 2018 – a drop from the previous year’s budget. This was a major setback for all working and advocating for a stronger health system. With MNCH2, AMMKaS convened an emergency meeting to discuss the situation. After hearing the arguments and evidence, the State Governor agreed to revise the budget. The revised 2018 budget is now 13.01% - an increase of over seven billion naira. The Rt. Hon. Speaker also set up a committee, comprising of representatives of the government, AMMKaS and the MNCH2 team with a mandate to come up with areas that require budget increases. All recommendations have been approved.

**Budget allocation as a percentage of budget in Kano**




---

“A lot of states across the federation call us for support, but Kano State always calls us to launch their achievement.”

*Hon. Minister of Health Prof Isaac Adewale during the official launch of Contributory Healthcare Scheme*

---

AMMKaS has been part of developing and launching the Kano Contributory Health Care Scheme and the members have continued to support MPDRS monitoring successfully advocating for the availability of life saving drugs in both secondary and primary health facilities.