



NATIONAL SCALE-UP EVENT

TO DISSEMINATE INTEGRATED PPH RESPONSE BEST PRACTICES

FROM KANO, LAGOS, AND NIGER STATES, NIGERIA



Thursday, February 16, 2023

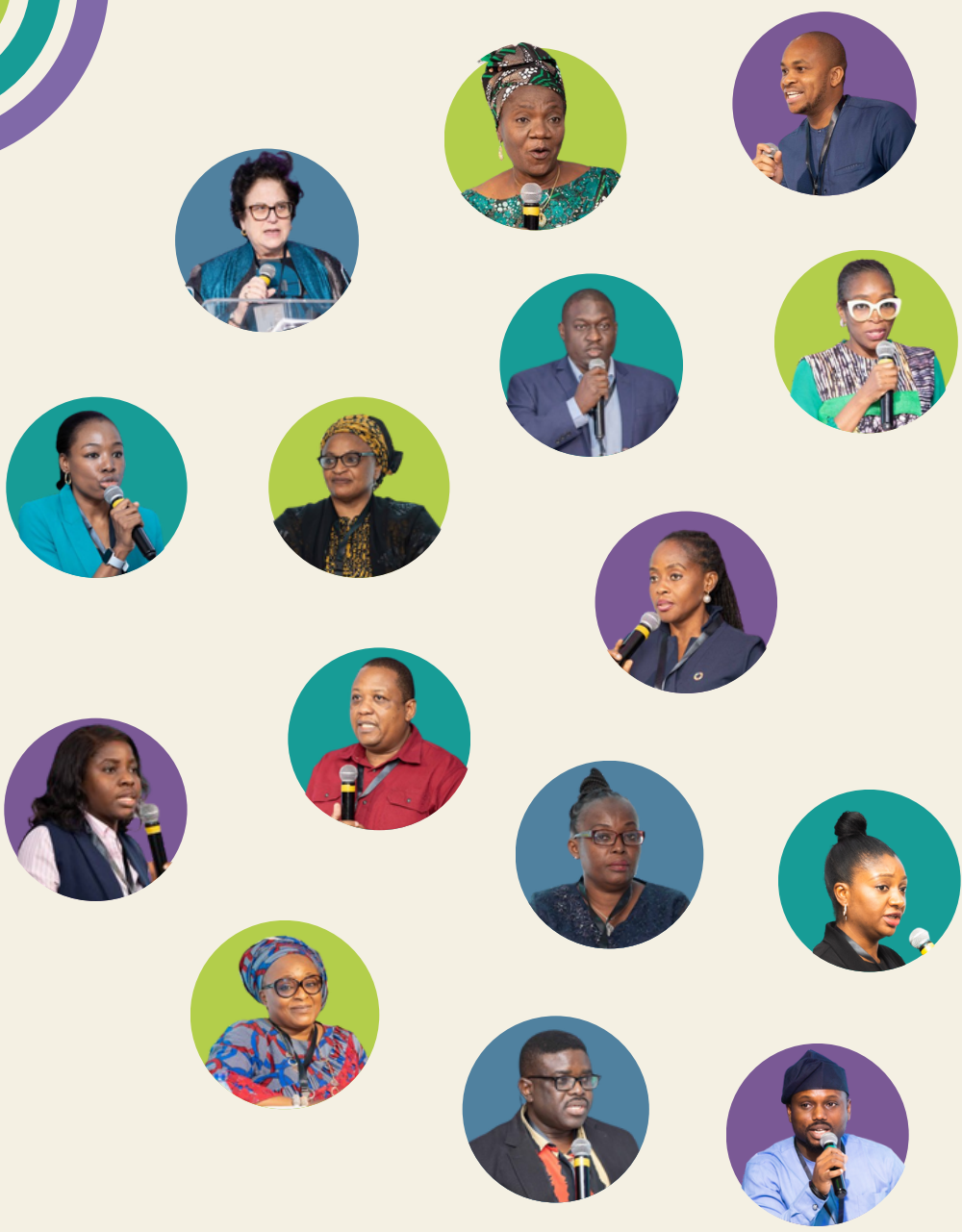
Smiles for Mothers (SfM) consortium, in collaboration with the Federal Ministry of Health (FMOH)



FEDERAL MINISTRY OF
HEALTH



Smiles for
Mothers



SPEAKERS

Country Director, MSD for Mothers | **IYADUNNI OLUBODE**

Director of Family Health, FMOH | **DR BOLADE ALONGE**

Medical Officer, MCH, WHO | **DR JOSEPH MARTINS**

Head of Safe Motherhood Unit, FMOH | **DR SAMUEL OYENIYI**

PANELISTS

DNS, Kano state HMB | **HAJIA IYA HALLIRU HARUNA**

LMCU coordinator, LSMoH | **PHARM. MARGARET ADEDAPO**

Dir. Community Health Services, SPHCDA Niger state | **DR. HAUWA KOLO**

MODERATORS

Supply Chain Lead, Smiles for Mothers | **DR CHUKWUNONSO NWAOKORIE**

Veterinary Surgeon & On-air Personality | **DR. INYA J. ODE**

GOODWILL MESSAGES

DR CHARITY CHENGE | BMGF Representative

DR HOMSUKE SWOMEN | USAID Representative

DR MARTHA LEVITT | IHP Representative

DR LILIAN ANOMANACHI | TA Connect Representative

SMILE FOR MOTHERS

LOLA AMEYAN | Program Manager, Smiles for Mothers

DR UCHENNA IGBOKWE | Program Director, Smiles for Mothers
OMAYE NEGEDU | M&E Lead, Smiles for Mothers

DR OLATUNDE AMODE | Service Delivery Lead, Smiles for Mothers

ADEBISI ADEYOYIN | Knowledge Management Lead, Smiles for Mothers

Event Report

S U M M A R Y

The Smiles for Mothers (SfM) consortium, in collaboration with the Federal Ministry of Health (FmoH), conducted a dissemination event on Thursday, February 16, 2023, with the theme “National Scale-up Event to Disseminate Integrated PPH Response Best Practices from Kano, Lagos and Niger States, Nigeria”. The event was aimed at sharing the efforts made by the FMoH and Smiles for Mothers to reduce postpartum hemorrhage (PPH) related deaths, disseminate lessons from the Smiles for Mothers program implementation in Kano, Lagos, and Niger and facilitate scale-up of interventions to other states in Nigeria.

The National scale up event was attended by 140 participants: 7 representatives from the FMOH, 31 Reproductive Health and Safe Motherhood Coordinators across the states, 6 representatives from the program states’ Ministries of Health, one representative each from MSD for Mothers, USAID and BMGF, one representative each from SOGON, WHO, IHP, IDA Foundation, Ricom3 JHPIEGO, Mamaye, Sydani Group and PSN, 2 from Life Bank, 3 from TA connect, 8 from Nigeria Health Watch and 27 from Smiles for Mothers consortium. 44 participants joined the event virtually including representatives from WHO, EU, Ferring, UNFPA, CHAI, ICRC, NOI Polls, E-health Nigeria, Rabin Martin, NAFDAC, Babcock, and London School of Hygiene & Tropical Medicine.

Participants

140

PARTNERS

25

FMOH

7

PROGRAM STATES

6

NON-PROGRAM STATES

31

SMILES FOR MOTHERS CONSORTIUM

27

VIRTUAL

44

Key Highlights

W E L C O M E R E M A R K S

Country Director,
MSD for Mothers | **IYADUNNI OLUBODE**

Iyadunni highlighted the efforts of MSD for mothers in providing maternal health care and urged the stakeholders to provide technical support to help the states to adopt the WHO recommendations on the use of uterotonics to prevent PPH, and ensure that women have quality health care intervention across the states in Nigeria.



O B J E C T I V E S O F T H E E V E N T

1

Share the Smile for Mothers Program experiences from program states, Kano, Lagos and Niger states

2

Share opportunities and roadmap for the adoption of WHO recommendations on use of uterotonics for PPH prevention

3

Introduce the Smiles for Mothers playbook

Program Director,
Smiles for Mothers | **DR UCHENNA IGBOKWE**



GOODWILL MESSAGES

"Clinical solutions to PPH and maternal deaths are well proven through empirical evidence. We know uterotonics work but the challenge is the delivery"

"I am excited to be a part of this discussion and I hope the roadmap will identify ways to address some barriers to healthcare delivery including financial barriers, supply chain and the health workforce"

BMGF Representative | **DR CHARITY CHENGE**

"USAID has been a long-standing partner with the FMOH in a number of areas and we are delighted to leverage this low hanging fruit to reduce maternal mortality in Nigeria"

"We believe the findings from Smiles for Mothers" implementation will really inform scale up and provide the FMOH the evidence for policy formulation and guidelines"

USAID Representative | **DR HOMSUK SWOMEN**

"Despite all interventions to reduce PPH, from IHP's MPDSR, in Sokoto for example, 27% of maternal deaths are caused by PPH which is unacceptable. When the cold chain for oxytocin is broken, it becomes unviable and unusable therefore, we need better alternatives"

"I am excited to hear what SfM has learned from implementation and also learn how the availability of Carbetocin can be sustained given its cost"

IHP Representative | **DR MARTHA LEVITT**

"We are excited and happy to be here and we look forward to learning the findings from the Smiles for Mothers program"

"It is good that this effort is being led by the FMOH and in addition to the questions raised by Dr Martha, we would like to learn how this intervention will go to scale in all PHCs where we have power supply issues"

TA Connect Representative | **DR LILIAN ANOMANACHI**

OPENING REMARKS

Director of Family Health, FMOH | **DR BOLADE ALONGE**

Dr Alonge provided a brief description of the status of maternal health in Nigeria, PPH as the leading cause of maternal mortality and the progress FMOH has made in the adoption of the updated 2018 WHO recommendations on uterotonics for PPH prevention. She appreciated the efforts of the Smiles for Mothers program and other partners in reducing maternal mortality, provided assurance of FMOH's continuous collaboration and solicited for further support from the partners.

WHO PRESENTATION ON THE UPDATED RECOMMENDATIONS FOR PPH PREVENTION



Medical Officer, Maternal and Child Health, WHO | DR JOSEPH MARTINS

- Dr Joseph Martins presented the highlights of the key findings of the situation analysis conducted by WHO based on the major causes of maternal mortality - PPH and Hypertension accounted for 50% of maternal death
- From the analysis, only 40% of countries in the region have reached the minimum acceptable criteria of >5 facilities per 500,000 population for Emergency Obstetric Care (EMOC) facility availability
- The analysis also showed that Africa is still yet to achieve universal coverage for skilled attendance at Birth and critical maternal health commodities including HSC are not always available in health facilities.
- He noted that there were challenges identified from the analysis conducted in AFRO countries such as availability, task shifting, financing among others which can also be applied to Nigeria
- According to him, the analysis informed the updating of the WHO recommendations aimed at improving the quality of care and outcomes for women giving birth, as they relate to PPH and its complications
- He stated that other countries are yet to implement the 2018 guidelines to enable WHO draw insights and further update the PPH guidelines as required

Key Findings



PPH and Hypertension accounted for 50% of maternal death



Only 40% of countries in the region have reached the minimum acceptable criteria EMOC facility availability



Challenges in AFRO Countries

Availability

Task shifting

Financing

Others

“The medical community has made strides in beginning to address the impact of obstetric hemorrhage as a cause of maternal morbidity and mortality with standardized bundles outlining key elements for hospitals to address in order to optimize hemorrhage prevention and management. Changes in definitions, an expansion of the spectrum of causes, variation in interventions and guidelines and lack of innovation are some of the issues that pose ongoing challenges for meaningful risk reduction. Opportunities to support risk reduction include helping to secure necessary resources, building team training and simulation programs, developing interventions targeted at minimizing cognitive biases, and facilitating patient and family support program development”

- Isatou Sarr

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE

VIDEO DOCUMENTARY ON THE SMILES FOR MOTHERS PROGRAM

The documentary highlighted the approach implemented by the Smiles for Mothers program in the adoption of the updated WHO recommendations in close collaboration with the Federal Ministry of Health and the state governments of Kano, Lagos and Niger, including the achievements recorded

Program Manager, Smiles for Mothers | **LOLA AMEYAN**

“Smiles for Mothers team has been able to create a conducive environment for the introduction of HSC at the national and state level across its three program states through policy updates, training of health workers, provision of seedstock of HSC and demand generation using patient literacy materials. Overall, the team ensured all technical capabilities were transferred to the state stakeholders/champions and program findings disseminated at the local and global levels”



POLICY UPDATES



PROVISION OF SEEDSTOCK OF HSC



TRAINING OF HEALTH WORKERS



DEMAND GENERATION USING PATIENT LITERACY MATERIALS

CREATING A CONDUCTIVE ENVIRONMENT FOR THE INTRODUCTION OF HSC AT THE NATIONAL AND STATE LEVEL

SMILES FOR MOTHERS

IMPLEMENTATION RESEARCH

M&E Lead,
Smiles for Mothers | **OMAYE NEGEDU**

- Implementation research was conducted to monitor the usage of Uterotonics including HSC during the course of the Smiles for Mothers implementation period.
- Over the course of the implementation period, HSC was highly acceptable in terms of its ease of administration, its safeness for use during AMTSL, as well as its cost and clinicians expressed willingness to use HSC across the program states.



QUESTIONS AND COMMENTS

Can Oxytocin and HSC be used together for augmentation and AMTSL?

It is acceptable. Low dose Oxytocin for augmentation and one dose of HSC for active management of third stage labor

What informed the state selection? Why the three states? What was the criteria that was looked at?

- The mortality ratio of each of the states
- States readiness to take up innovation (Lagos notably)
- Safety profile and boots on the ground profile

IMPLEMENTATION RESEARCH

M&E Lead, Smiles for Mothers | **OMAYE NEGEDU**

QUESTIONS AND COMMENTS

How can we gather support in terms of availability and affordability of HSC?

HSC is available at an access price of \$0.44 excluding transportation, logistics etc. This is comparable to the recommended dose of oxytocin for the prevention of PPH. HSC is one dose one patient hence this is cost effective given that most women are getting up to 40 units of oxytocin

“Carbetocin should not be viewed as a replacement for oxytocin but as an additional complementary uterotonic with the big plus of being more heat stable and requiring no need for repeated doses because of its duration of action”

Anthony Ayeke

Program manager, Health & Nutrition, EU Delegation to Nigeria and ECOWAS

“Data should be presented in a way that decision makers can quickly get the information. There should be a disaggregation of data by facility type & type of healthcare worker and data should be put in context by including the total number of deliveries in the facility, the client flow and other confounding factors”

Dr Homsuk Swomen

USAID Representative

Findings

1



75% deliveries were administered HSC for PPH prevention over the research period

2

HSC is highly acceptable in terms of

**Ease of administration
Safeness for use (during AMTSL)
Cost**

3

All 177 clinicians assessed had knowledge of uterotonics



81% received training and mentoring for HSC



76% received in-service training on appropriate use of uterotonics



84% received mentoring on the use of uterotonic drugs

COST EFFECTIVENESS STUDY



Service Delivery Lead, Smiles for Mother | DR OLATUNDE AMODE

- A study was conducted to assess the cost effectiveness of HSC for the prevention of PPH compared to Oxytocin, Misoprostol and Oxytocin-Misoprostol combination as well as to support the development of an investment case for new uterotonic introduction in Nigeria and other low and middle-income settings
- On the cost-effectiveness analysis (CEA), HSC strategy comes at lower costs and averts more PPH events; resulting in a better incremental cost effectiveness ratio compared to Oxytocin, Misoprostol, Oxytocin- Misoprostol combination

QUESTIONS

Did you interrogate data further between HSC and Misoprostol on comparison between 'total cost per woman'? How did you allocate additional costs to Misoprostol?

The CEA model was built using data from the network meta-analysis trial. Input data for misoprostol was sourced from a Cost Effectiveness study conducted in Senegal because there was no locally available data so there was no way data between total cost per woman for HSC and Misoprostol could be interrogated further.

Although Misoprostol had the lowest margin (163 naira) among other uterotonics on comparison of 'total cost per woman', the clinical impact analysis findings showed more PPH deaths for Misoprostol compared to HSC, therefore additional costs (uterotonic costs, cold chain transport and storage costs, blood transfusion cost etc.) will be incurred for treating cases resulting from the use of Misoprostol.

Findings

Clinical impact analysis

There are fewer PPH events and deaths with HSC strategy compared with current strategy



Cost impact analysis

Total costs are lower in systems where HSC use for prophylaxis predominates



Cost effectiveness analysis

HSC strategy comes at lower costs and averts more PPH events



VIDEO DOCUMENTARY ON THE HSC JOURNEY

The documentary highlighted the importation and introduction of HSC in the program states, the experience of clinicians with use of HSC for PPH prevention, the advantages of HSC over other available uterotonics and some of the challenges faced by the clinicians with HSC use

"There is a need to make HSC available to women in the low- and middle- income countries"

Professor Galadanci

PANEL SESSION ON PROGRAM STATES' EXPERIENCE WITH HSC ROLL-OUT



Supply Chain Lead, Smiles for Mothers | **DR CHUKWUNONSO NWAOKORIE**

1

What programs and interventions have been recently implemented by your state to address maternal health in general and PPH specifically?

Kano

Hajia Iya Halliru Haruna
DNS, Kano state

- Free maternal and child care program
- Blood revolving system
- ETS drivers
- Community Engagement of the Chiefs, the TBAs and Combination of the Traditional and Religious Leaders in Maternal and Child Health Program

Lagos

Pharm. Margaret Adedapo
LMCU coordinator, LSMoH

- State-of-the-art maternal and child care centers
- Exit replacements by Lagos HSC and PHCB
- Lagos State Health Insurance scheme
- Provision of funds for last mile distribution of FP commodities

Niger

Dr. Hauwa Kolo
Dir. Community Health Services, SPHCDA

- Infrastructural upgrades of primary and secondary health facilities
- Employment of skilled manpower and upskilling of available manpower
- Community Health Influencer Promoter Services
- State Emergency Child Health Intervention Centre
- State Emergency Immunization Centre

2

What has the Smiles for Mothers program achieved in your state and what has been the experience with the use of heat-stable Carbetocin?

Kano

Hajia Iya Halliru Haruna
DNS, Kano state

- Training of over 310 health workers
- Distribution of HSC to the health facilities
- Use of HSC by 140 primary healthcare workers who were trained by Kano state

Lagos

Pharm. Margaret Adedapo
LMCU coordinator, LSMoH

- Introduction of a less-expensive brand of Carbetocin
- Training of over 240 clinicians on AMTSL using HSC
- Training of 56 Pharmacists across secondary and primary health facilities on supply chain management of health commodities and pharmacovigilance
- Review of state EML

Niger

Dr. Hauwa Kolo
Dir. Community Health Services, SPHCDA

- Collaboration with PPH champions which resulted in the development of an app called Kampe Mum
- Training and capacity building across the supply chain, service delivery and M&E workstreams
- Provision of seedstock of HSC to the state DRF

PANEL SESSION ON PROGRAM STATES' EXPERIENCE WITH HSC ROLL-OUT



Supply Chain Lead, Smiles for Mothers | **DR CHUKWUNONSO NWAOKORIE**

3 What is a critical element to improving the cold chain of oxytocin which is required for the treatment of PPH?

Kano

Hajia Iya Halliru Haruna
DNS, Kano state

- Integration of the oxytocin and vaccines central cold storage systems
- A committee has been set up in Kano state to ensure the effective implementation of this intervention

Lagos

Pharm. Margaret Adedapo
LMCU coordinator, LSMoH

- Ensuring the cold chain is maintained along the pipeline until the last mile distribution to the health facilities
- Solar powered facilities have been deployed to ensure constant power supply

4 What are the critical elements to the scale up of use of heat-stable Carbetocin to the primary health care facilities and what has the state done to facilitate scale up?

Kano

Hajia Iya Halliru Haruna
DNS, Kano state

- Incorporation of HSC into the DRF scheme, the free maternal and child health care program, KSCHMA and the Basic Provisional Health Trust Fund

Lagos

Pharm. Margaret Adedapo
LMCU coordinator, LSMoH

- Lagos state budget fund has been outlined for:
- Replication of the training of health workers on AMTSL across the 74 PHCs
- Supply chain management of health commodities
- Dissemination of updated state EML to all facilities

Niger

Dr. Hauwa Kolo
Dir. Community Health Services, SPHCDA

- Training of 271 PHCs on appropriate use of HSC to facilitate use of HSC in these facilities

Spoken word Interlude



Spoken word artist | **MONSURAH ALI-OLUWAFUYI**

"I know of too many little ones who would never trace the lines of their mothers' smiles. Too many who would never know what a mother's hands feel like, hands they would never hold, their birth stories may never be told"
"There is a silver lining for better days, starting today. Many who would stay and tell their stories with a different ending. For as the sun sets, our hope is that it sets unto the smiles for mothers."

"There are too many women whose journeys end only to begin another one, too many left without a choice - live or die. Too many sometimes at the mercy of something bigger than us"

Mansu

INTRODUCTION TO SMILES FOR MOTHERS PLAYBOOK

Knowledge Management Lead, Smiles for Mothers | **ADEBISI ADEYOYIN**



Smiles for Mothers Program Playbook: A guide for country adoption of WHO's revised recommendation on use of uterotonics for PPH prevention
(Based on SfM experience in Nigeria)

Reducing Postpartum Hemorrhage through Service Delivery and Supply Chain Innovations



The Playbook serves as a reference tool to guide the adoption of innovations similar to the Smiles for Mothers program



It includes activities and insights from the Smiles for Mothers program implementation of the updated WHO recommendations on use of uterotonics for PPH prevention




The playbook will be made available online after endorsement by the Hon. Minister of Health

ROADMAP FOR ADOPTION OF THE WHO RECOMMENDATIONS ON THE USE OF UTEROTONICS FOR PPH PREVENTION

Head of Safe Motherhood Unit, FMoH | DR SAMUEL OYENIYI

- Dr. Oyeniyi gave an overview of maternal health in Nigeria, being among the countries with the highest burden of maternal deaths worldwide, with postpartum hemorrhage as a leading cause
- He shared a three-year maternal mortality data for all the states in Nigeria from “noqanetwork.ng” which is a platform FMoH uses to analyze mortality and highlighted that FMoH has passed an MPDSR bill to strengthen the reporting of maternal deaths in Nigeria
- He also shared FMoH’s plan to develop a safe motherhood strategy in order to achieve the goal of accelerating the reduction of maternal and newborn mortality in Nigeria and 2030 SDG goals and encouraged states to leverage ongoing partner support in the states to adopt the 2018 WHO recommendations
- Finally, he called on the state governments, donors and implementing partners to support the implementation of the national rollout plan



Nigeria has the highest burden of maternal deaths worldwide, with postpartum hemorrhage as a leading cause



Dr. Oyeniyi calls on the state governments, donors and implementing partners to support the implementation of the national rollout plan

V O T E O F T H A N K S

Program Manager,
Smiles for Mothers | **LOLA AMEYAN**

Lola spoke of how engaging the event had been and how lessons learned at the event will come a long way in scaling up the SfM intervention across Nigeria.

She thanked FMoH and the state representatives for being supportive throughout the journey and expressed excitement to work with the non-program states as they scale-up the intervention in their states.

She also thanked the partner organizations for being a part of event and MSD for Mothers for all they do to make the SfM program a success.



C L O S I N G R E M A R K S

MRS REMI BAJOMO

- Mrs. Remi gave the closing remarks on behalf of Mrs. Tinu Taylor (Director Reproductive Health, FMoH) and expressed their excitement to be a part of the event and hear from the stakeholders in Kano, Lagos and Niger about their PPH response best practices
- She further buttressed FMoH's plan to develop a comprehensive work plan with partners to scale up the interventions across all states thereby reducing maternal mortality in Nigeria



NEXT STEPS

- Disseminate endorsed playbook to program and non-program states.
- The Federal Ministry of Health to develop a detailed roadmap for the scale-up of the updated WHO recommendations to the remaining states in Nigeria, and share with respective state authorities.



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