



JICA Technical Cooperation Project For  
Strengthening Pro-Poor Community Health Services in  
Lagos State

# Forth Joint Coordinating Committee (JCC) Meeting

12<sup>th</sup> January 2018



JICA Technical Cooperation Project For  
Strengthening Pro-Poor Community Health Services in Lagos State

# Progress Report 2017

**June – December 2017**

Presented on 12<sup>th</sup> January 2018



# Outline of the Progress Report

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1. Background and Pro-Poor Community Health Model
2. Progress, Achievements, Issues and Plan Ahead by Interventions
  - 1) Strategic Outreach by Health Workers
  - 2) Community Health Education by CORPs
  - 3) Community Engagement through WHCs
  - 4) Questions and Answers
  - 5) Appointment Reminder and Defaulter Tracing
  - 6) Automatic Voice-call Health Message Delivery
  - 7) Coordination for TBA Referral and Reporting
  - 8) Quality Improvement, Research, Stakeholder Collaboration and Advocacy
  - 9) Questions and Answers
3. Progress in line with Project Design Matrix
4. Questions and Answers



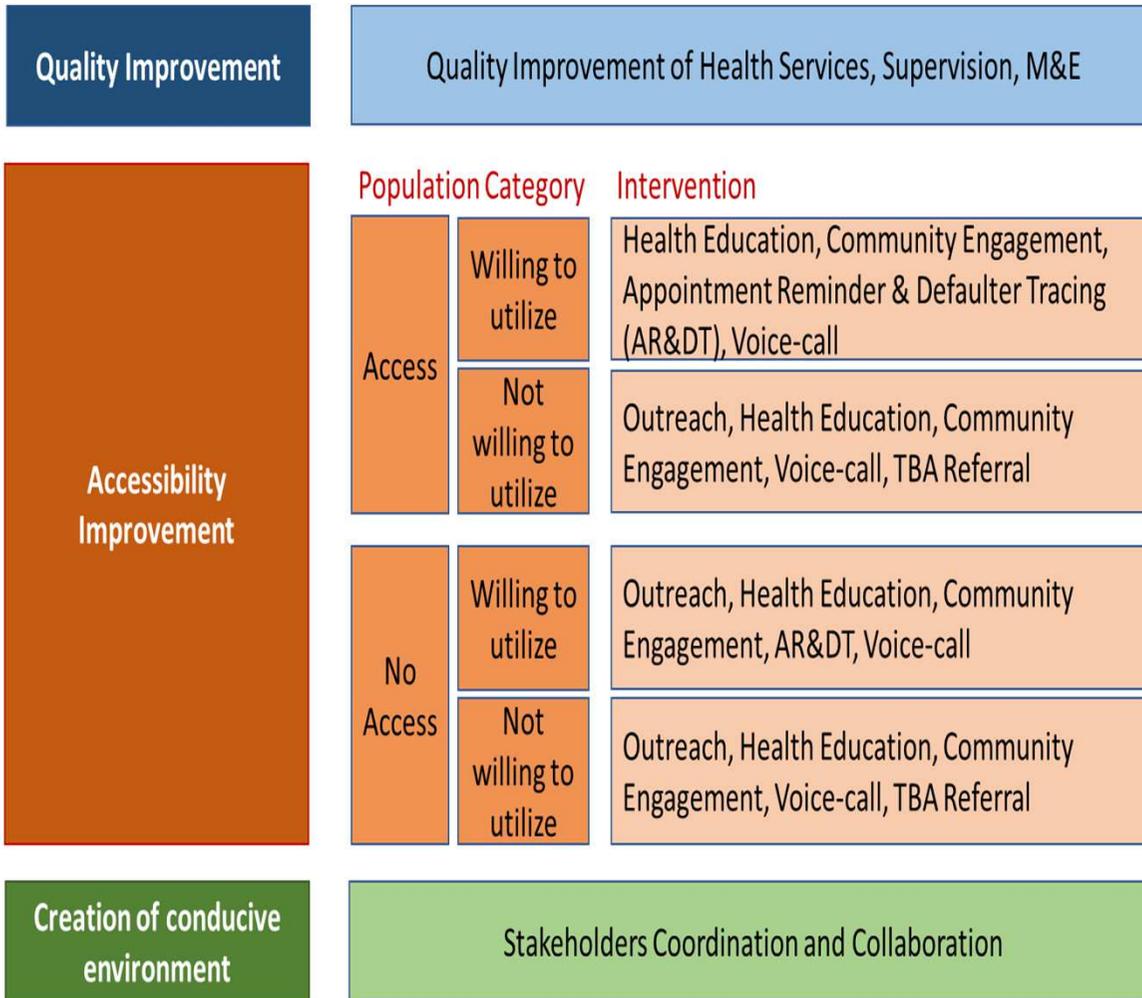
## Background

- Japan International Cooperation Agency (JICA) in close collaboration with Lagos State Ministry of Health (LSMOH) and Lagos State Primary Health Care Board (LSPHCB) have been implementing “A Project for Strengthening Pro-poor Community Health Services in Lagos State” since May 2014.
- The project started with Eti-Osa LGA and expanded its project area to Lagos Mainland LGA in Jan 2017.
- With this expansion, the project period was also extended up to Dec 2018.
- The project aims at establishing an evidence-based model of community health services for the indigent population in urban slums in Lagos State.



# Pro-Poor Community Health Model

Health services are accessible to the indigent population in urban slums in Lagos State



Target population:

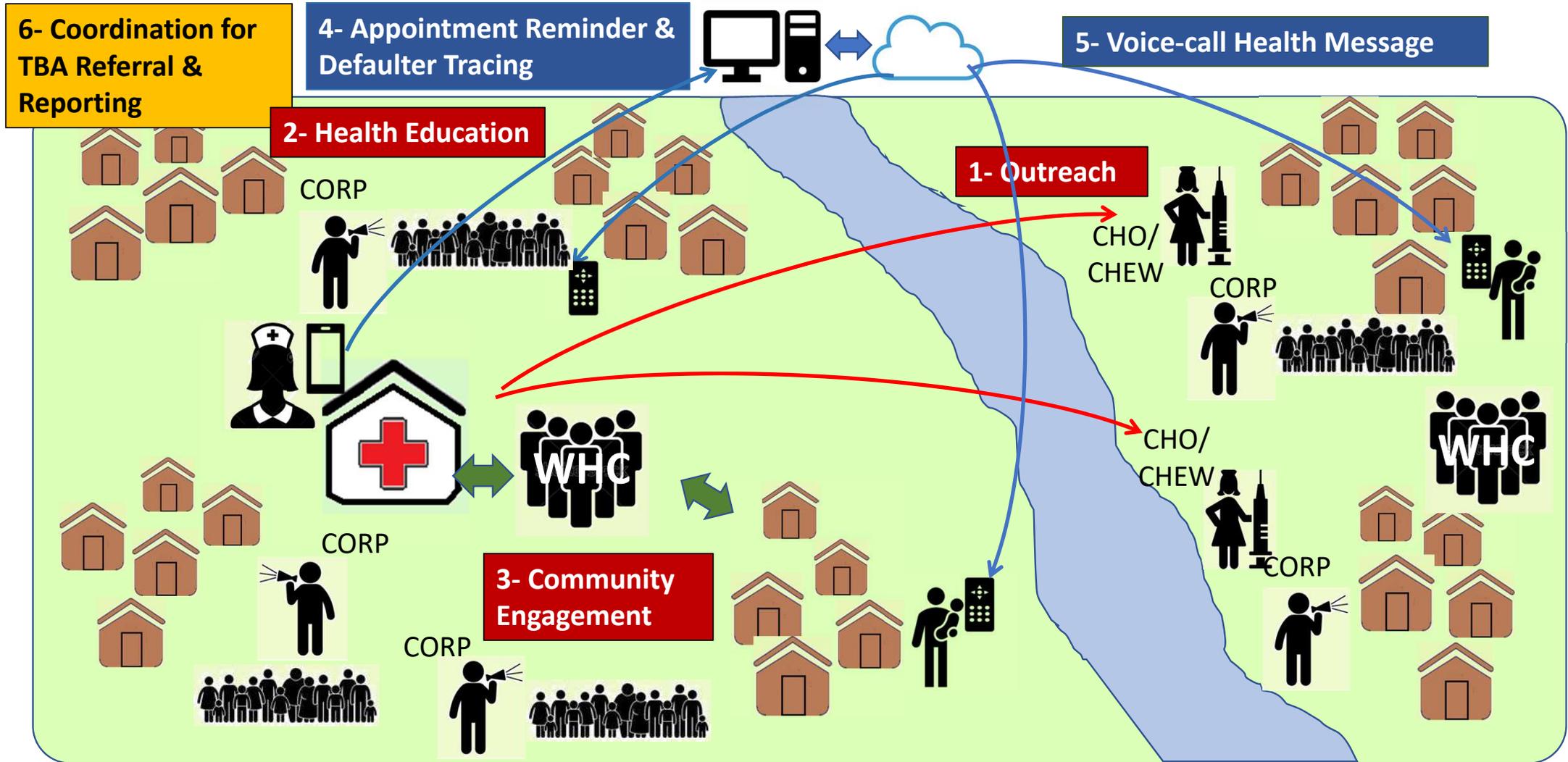
- a. People who have easy access to a health facility and willingness to utilize the health services at the facility,
- b. People who have easy access to a health facility but no willingness to utilize the services at the facility,
- c. People who have difficult access to a health facility but willingness to utilize the health services at the facility,
- d. People who have difficult access to health facility and no willingness to utilize the services at the facility.

Key interventions:

1. Strategic Outreach by health care providers
2. Community Health Education by CORPs
3. Community Engagement through WHC
4. Appointment Reminder and Defaulter Tracing SMS
5. Automatic Voice-call Message Delivery
6. Coordination for strengthening TBA Referral & Reporting



# Pro-Poor Community Health Model



# **Progress, Achievements, Issues and Plan by Key Interventions**

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# 1

## Strategic Outreach for Urban Slum Communities by Health Workers

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# 1. Strategic Outreach for Urban Slum Communities by Health Workers

Hit   
 On track   
 Action  
 Risk   
 Missed

1.1 Progress								
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
<b>Eti-Osa</b>								
	<div style="border: 1px solid green; padding: 5px;">           13 visits reached out 192 U5 for RI and 116 women for Td/ANC         </div>	<div style="border: 1px solid green; padding: 5px;">           12 visits reached out 404 U5 for RI and 19 women for Td/ANC         </div>	<div style="border: 1px solid green; padding: 5px;">           10 visits reached out 251 U5 for RI and 46 women for Td/ANC         </div>	<div style="border: 1px solid blue; padding: 5px; background-color: #0056b3; color: white;">           Outreach Coordination Meeting         </div>	Support Suspended			
<b>Lagos Mainland/ Yaba</b>								
		<div style="border: 1px solid blue; padding: 5px;">           Outreach Planning Meeting         </div>	<div style="border: 1px solid green; padding: 5px;">           31 visits reached out 520 U1 for RI and 379 women for Td/ANC         </div>	<div style="border: 1px solid blue; padding: 5px; background-color: #0056b3; color: white;">           Outreach Coordination Meeting         </div>	Support Suspended		<div style="border: 1px solid blue; padding: 5px;">           List of Hard-to-Reach sites submitted         </div>	<div style="border: 1px solid green; padding: 5px;">           10 visits reached out 1072 U2 for RI and 310 women for Td         </div>



# 1. Strategic Outreach for Urban Slum Communities by Health Workers

## 1.2 Issues/Challenges/Comments

- The project had supported 2 outreach visits per health facility per month in Eti-Osa LGA (Eti-Osa West) since Jun 2015 and started to support 4 visits per ward per month in Lagos Mainland in Aug 2017.
- At the end of Aug 2017, however, PHCB pointed out that the outreach supported by the Project was taking an approach that is not in line with the state standard and urged that the project should abide by the standard. Therefore, the activity was suspended immediately in Lagos Mainland and Eti-Osa.
- An Outreach Coordination Meeting was held on 19 Sep to create a common understanding on outreach among the stakeholders in Eti-Osa, Lagos Mainland and Yaba. (See the annexed meeting minutes.)
- The meeting concluded that each LGA team will prepare a list of outreach spots targeting hard-to-reach settlements such as riverine areas that are not included in the four routine outreach sites and require special arrangements by 25 Sep 2017 and submit it to the project through PHCB for the support.
- The Project has made a decision to extend its support to Eti-Osa East LCDA for hard-to-reach outreach visits for routine immunization. The support is however only for outreach but not full community health package.
- The Project has resumed the support to Lagos Mainland LGA and Yaba LCDA since Dec 2017 upon receipt of the approved list. Eti-Osa has not submitted the list approved by LSPHCB yet.



# 1. Strategic Outreach for Urban Slum Communities by Health Workers

## 1.3 Looking Ahead

	Jan	Feb	Mar	Apr	May	Jun
<b>Eti-Osa/ Eti-Osa East</b>	Monthly Outreach Visit to ? Hard-to-Reach Sites					
Outreach Data Review Meeting with LIO	▲	▲	▲	▲	▲	▲
Outreach Review Meeting		▲			▲	
<b>Lagos Mainland/ Yaba</b>	Monthly Outreach Visit to 10 Hard-to-Reach Sites					
Outreach Data Review Meeting with LIO	▲	▲	▲	▲	▲	▲
Outreach Review Meeting		▲			▲	

# 2

## Community Health Education Talk Sessions by Trained Community Resource Persons (CORPs)

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## 2. Community Health Education Talk Sessions by Trained Community Resource Persons (CORPs)

Reporting Rate = # reports verified / # of reports submitted



### 2.1 Progress

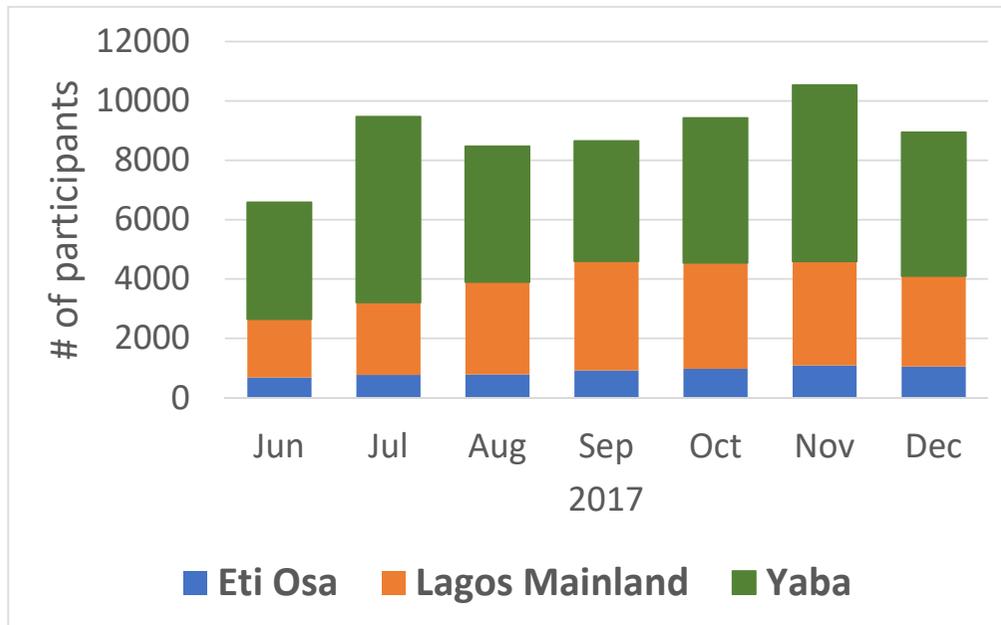
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
<b>Eti Osa</b>	✓ ✓		✓ ✓		✓ ✓		✓ ✓	
<b>9 CORPs</b>	# of Sessions: 62 Participants: 685 Rept Rate: 92%	# of Sessions: 68 Participants: 772 Rept Rate: 97%	# of Sessions: 72 Participants: 787 Rept rate: 95%	# of Sessions: 82 Participants: 923 Rept rate: 95%	# of Sessions: 83 Participants: 976 Rept rate: 97%	# of Sessions: 92 Participants: 1090 Rept rate: 98%	# of Sessions: 88 Participants: 1051 Rept rate: 94%	
	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	
<b>Lagos Mainland</b>	✓ ✓		✓ ✓		✓ ✓		✓ ✓	
<b>38 CORPs</b>	# of Sessions: 222 Participants: 1959 Rept Rate: 75%	# of Sessions: 259 Participants: 2436 Rept Rate: 94%	# of Sessions: 392 Participants: 3112 Rept rate: 94%	# of Sessions: 320 Participants: 3676 Rept rate: 91%	# of Sessions: 355 Participants: 3571 Rept rate: 98%	# of Sessions: 321 Participants: 3501 Rept rate: 99%	# of Sessions: 303 Participants: 3050 Rept rate: 97%	
	CORPs Launching Ceremony	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	
<b>Yaba</b>	✓ ✓		✓ ✓		✓ ✓		✓ ✓	
<b>59 CORPs</b>	# of Sessions: 353 Participants: 3937 Rept Rate: 95%	# of Sessions: 475 Participants: 6260 Rept Rate: 84%	# of Sessions: 475 Participants: 4573 Rept rate: 100%	# of Sessions: 552 Participants: 4049 Rept rate: 100%	# of Sessions: 576 Participants: 5764 Rept rate: 97%	# of Sessions: 549 Participants: 5941 Rept rate: 83.2%	# of Sessions: 484 Participants: 4840 Rept rate: 91%	
	CORPs Launching Ceremony	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	C-IMCI Performance Review Meeting	



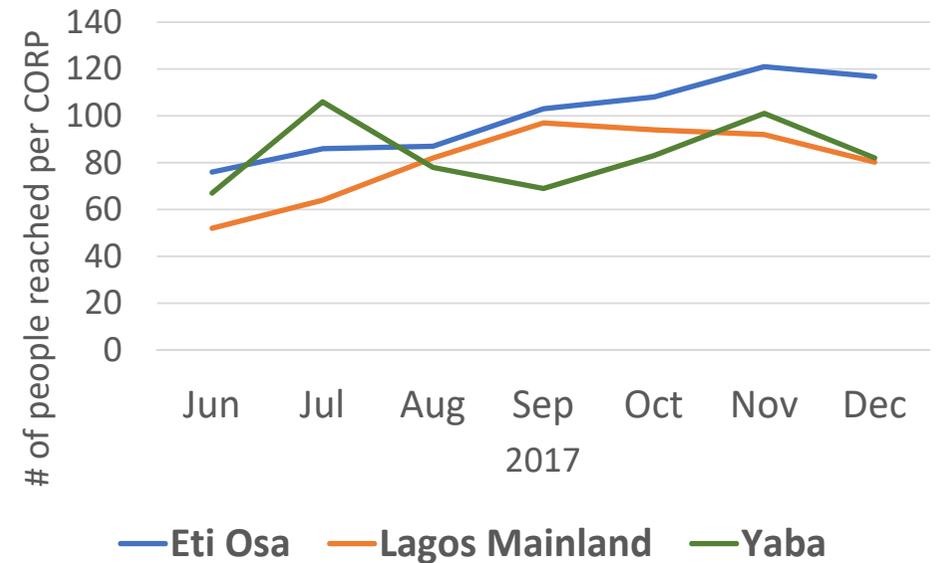
## 2. Community Health Education Talk Sessions by Trained Community Resource Persons (CORPs)

### 2.2 Achievements

1) # of people reached through Health Education Sessions



2) # of people reached per CORP



### 3) Implementation Rate of Performance Review Meeting

Eti-Osa: 100%

Lagos Mainland: 100%

Yaba: 100%



## 2. Community Health Education Talk Sessions by Trained Community Resource Persons (CORPs)

### 2.3 Success Story - #1

#### SAM Detection by CORP

- Health education session conducted on Abule Oja Ward on 23 Nov 2017 under the supervision of Health Educator
- A severe malnourished female child was identified by the CORP
- The mother was also advised on nutritional supplements for her child on the spot by the health educator.
- The girl was immediately referred to Alhaji Kola-Osho PHC and further referred to Mercy Children Hospital for treatment.





## 2. Community Health Education Talk Sessions by Trained Community Resource Persons (CORPs)

### 2.3 Success Story - #2

#### **Chickenpox suspect identification by CORP**

- During health education session conducted at Junior Quarters in Iponri/Olaleye Ward on 19 Dec 2017, the CORP found two children (6 and 8 years old) with chickenpox-like symptoms.
- The CORP immediately referred the children with the mother to Simpson PHC.
- The CORP made follow-up on the referral by two phone calls to the mother to make sure the children were treated.
- The CORP confirmed that the children had been healed by making another phone call before the end of the year.



## 2. Community Health Education Talk Sessions by Trained Community Resource Persons (CORPs)

### 2.2 Issues/Challenges/Comments

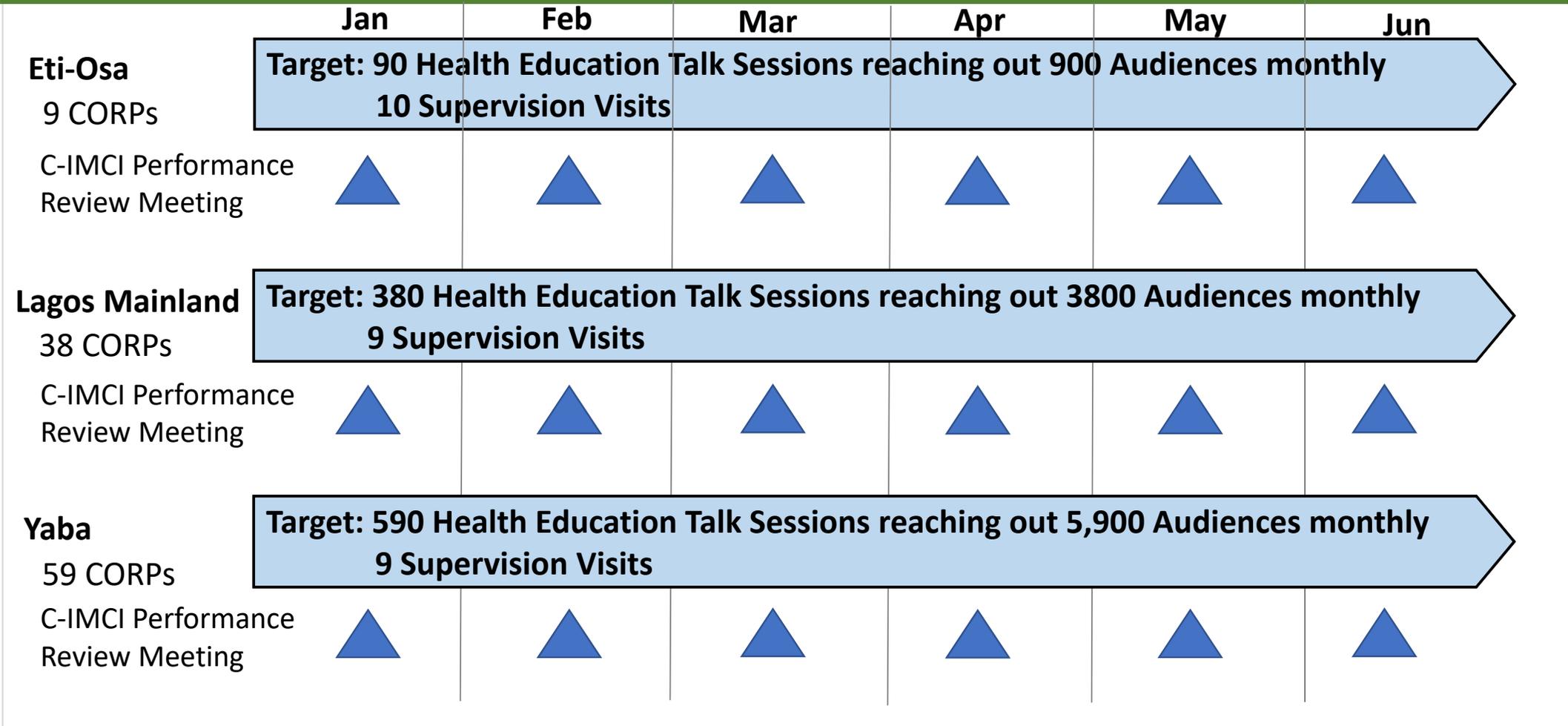
- Some CORPs are active and enthusiastic while others are not.
- CORPs reporting rates of Lagos Mainland and Yaba have improved due to proper understanding of the operation although they are still liable to make common mistakes.
- Constant supervision by the LGA team (Health educator) has contributed to the improvement of the CORPs performance.
- CORPs are paid for transportation to conduct health education talk sessions in accordance to the number of sessions conducted in the previous month. The support motivates them to deliver education sessions to the community.
- However, to check and verify the CORP daily registers and calculate the transportation fee according to the performance is a tedious work, which poses a difficulty to the LGA teams to sustain. Transportation support is also a big challenge for sustainability.



## 2. Community Health Education Talk Sessions by Trained Community Resource Persons (CORPs)

Hit   
 On track   
 Action  
 Risk   
 Missed

### 2.3 Looking Ahead



# 3

## Community Engagement through WHCs





### 3. Community Engagement through WHCs

Hit   
 On track   
 Action  
 Risk   
 Missed

#### 3.1 Progress

	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Eti Osa</b>							
	<div style="border: 1px solid red; border-radius: 10px; padding: 5px;">WHC Meeting with Health Educator</div>	<div style="border: 1px solid red; border-radius: 10px; padding: 5px;">WHC Meeting with Health Educator</div>	<div style="border: 1px solid red; border-radius: 10px; padding: 5px;">WHC Meeting with Health Educator</div>	<div style="border: 1px solid green; border-radius: 10px; padding: 5px;">WHC Meeting with Health Educator</div>	<div style="border: 1px solid red; border-radius: 10px; padding: 5px;">WHC Meeting with Health Educator</div>	<div style="border: 1px solid green; border-radius: 10px; padding: 5px;">WHC Meeting with Health Educator</div>	<div style="border: 1px solid green; border-radius: 10px; padding: 5px;">WHC Refresher Training</div>
	<div style="border: 1px solid green; border-radius: 10px; padding: 5px;">Community Dialogue: 100 participants</div>		<div style="border: 1px solid green; border-radius: 10px; padding: 5px;">Community Dialogue: 100 participants</div>		<div style="border: 1px solid blue; border-radius: 10px; padding: 5px;">Meeting with PHCB and LGA Teams on WHC Roles</div>	<div style="border: 1px solid blue; border-radius: 10px; padding: 5px;">Meeting with PHCB and LGA Teams on WHC Roles</div>	<div style="border: 1px solid green; border-radius: 10px; padding: 5px;">WHC Meeting with Health Educator</div>
<b>Lagos Mainland/ Yaba</b>							
		<div style="border: 1px solid green; border-radius: 10px; padding: 5px;">WHC Meeting with Health Educator</div>	<div style="border: 1px solid green; border-radius: 10px; padding: 5px;">WHC Meeting with Health Educator</div>	<div style="border: 1px solid green; border-radius: 10px; padding: 5px;">WHC Meeting with Health Educator</div>	<div style="border: 1px solid green; border-radius: 10px; padding: 5px;">WHC Meeting with Health Educator</div>	<div style="border: 1px solid blue; border-radius: 10px; padding: 5px;">Meeting with PHCB and LGA Teams on WHC Roles</div>	<div style="border: 1px solid green; border-radius: 10px; padding: 5px;">WHC Refresher Training</div>
			<div style="border: 1px solid green; border-radius: 10px; padding: 5px;">Yaba Community Dialogue (9 Wards): 900 Participants</div>	<div style="border: 1px solid blue; border-radius: 10px; padding: 5px;">LM Community Dialogue (9 Wards): 831 Participants</div>	<div style="border: 1px solid blue; border-radius: 10px; padding: 5px;">Meeting with PHCB and LGA Teams on WHC Roles</div>	<div style="border: 1px solid green; border-radius: 10px; padding: 5px;">WHC Meeting with Health Educator</div>	<div style="border: 1px solid green; border-radius: 10px; padding: 5px;">WHC Meeting with Health Educator</div>



## 3. Community Engagement through WHCs

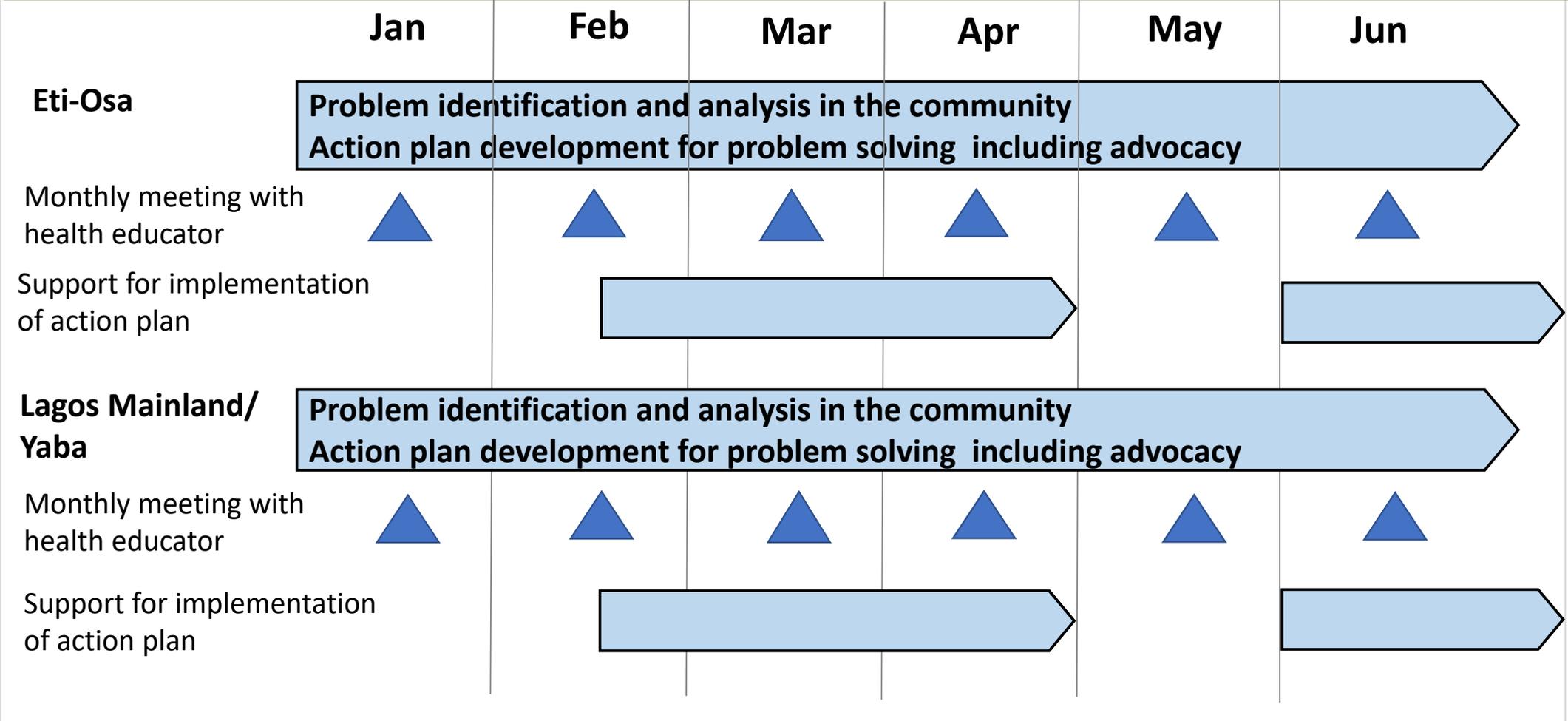
### 3.2 Issues/Challenges/Comments

- Community dialogue meetings were not functioning as they were supposed to be. It needs to be utilized as a means of identification of community needs. Due to this, WHC refresher training was conducted in December 2017.
- After the refresher training, we are expecting WHC to be active for more community engagement in improvement of health services and their accessibility, and decision making on health related activities.
- Some inactive WHC members have been replaced with active community members.



### 3. Community Engagement through WHCs

#### 3.3 Looking Ahead



# 4

## Automatic Appointment Reminder and Defaulter Tracing

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## 4. Automatic Appointment Reminder and Defaulter Tracing

### 4.1 Design

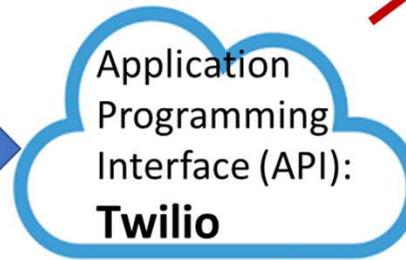
Appointments for ANC, PNC, Td Vaccine, Family Planning, Growth Monitoring, Immunization, others



Inbound SMS



**Server**  
at the Project  
Office



Application  
Programming  
Interface (API):  
**Twilio**

Appointments reminder and  
defaulter tracing SMS

Outbound SMS





## 4. Automatic Appointment Reminder and Defaulter Tracing



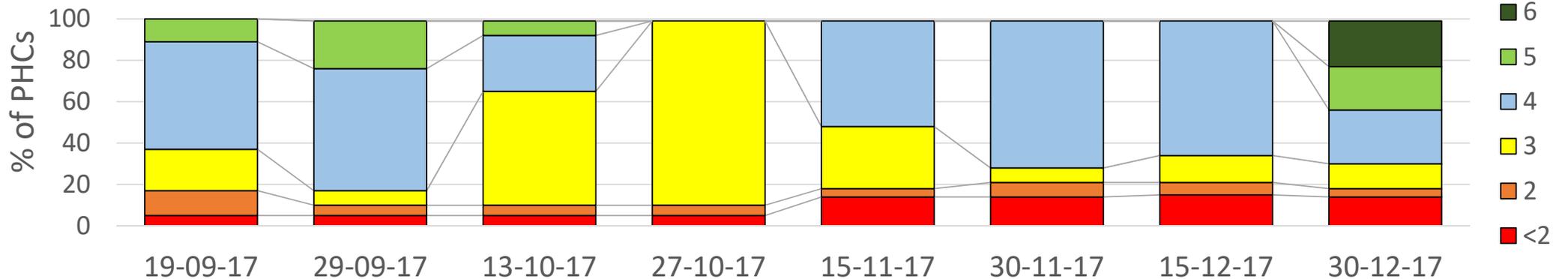
### 4.2 Progress

Jun	Jul	Aug	Sep	Oct	Nov	Dec
<p>Mobile application final test and modification</p> <p>TOT Training for LSMOH &amp; PHCB</p>	<p>Meeting with LSMOH for relocation of the server</p> <p>TOT Training for LSMOH &amp; PHCB</p> <p>Training of record officers of 100 PHCs, 91 LGA team members</p> <p>100 mobile phones and IEC materials distribution to PHCs</p>	<p>Follow-up supervision visits to all 100 PHCs</p> <p>Intermittent power supply to the Server disturbing appointment data upload from mobile to the Server</p>	<p>Phone call mentoring</p> <p>Reporting to PHCB</p> <p>Relocation of the Server and installation of a Solar Power System to the Server</p> <p>SMS Network disruption started on 19 Sep</p>	<p>SMS network disruption remained and caused the whole system malfunctional</p> <p>Reporting to PHCB</p> <p>Negotiation with 4 telecom companies for SMS package</p>	<p>A Focal Person at PHCB appointed</p> <p>SMS Network recovered on 4 Nov.</p> <p>Phone call mentoring</p> <p>Reporting to PHCB</p> <p>Regular weekly meeting with PHCB</p> <p>Agreement with Glo not documented yet</p>	<p>Phone call mentoring</p> <p>Reporting to PHCB</p> <p>Regular weekly meeting with PHCB</p> <p>Preparation of Reorientation Training</p>



## 4. Automatic Appointment Reminder and Defaulter Tracing

### 4.3.1 Operational Issues/Challenges

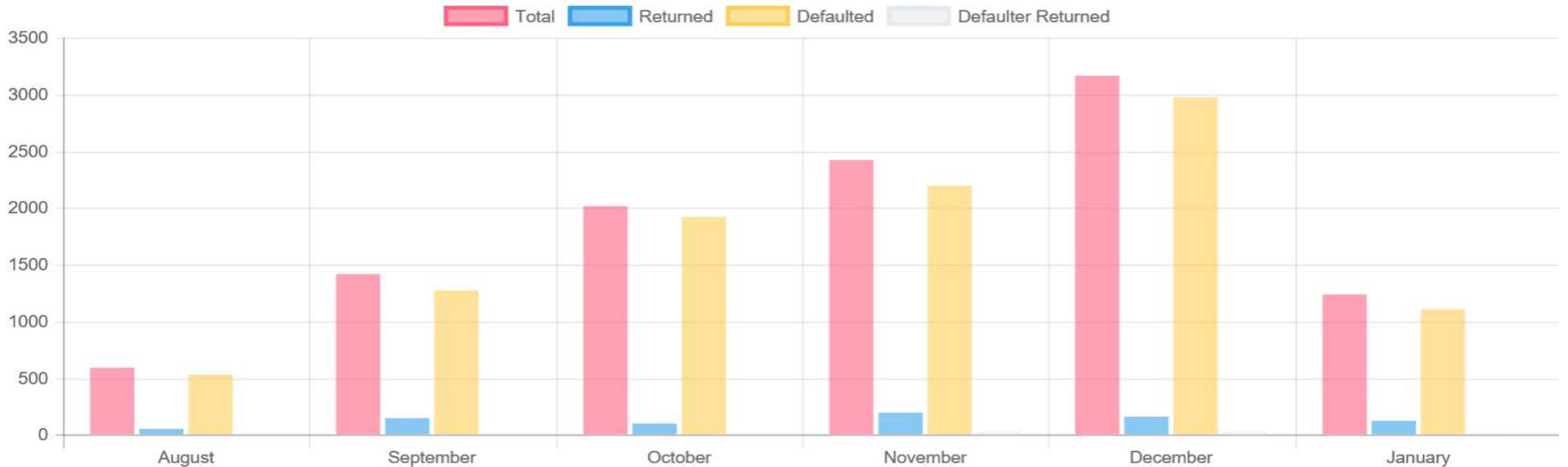


Color	Score	Situation
Dark Green	6	Appointment register recorded, data entry consistent, uploaded data confirmed at the server, clients' receipt of reminder messages confirmed and Returned clients confirmed by PHC
Light Green	5	Appointment register recorded, data entry consistent, uploaded data confirmed at the server and clients' receipt of reminder messages confirmed
Light Blue	4	Appointment register recorded, data entry consistent and uploaded data can be confirmed at the server but clients' receipt of reminder messages has not been confirmed yet
Yellow	3	Appointment register recorded and data entry consistent but uploaded data cannot be confirmed at the server for the past 2 weeks
Orange	2	Appointment register recorded and data entry started but inconsistent for the past 2 weeks
Red	1	Appointment register recorded but data entry not started
Red	0	Appointment register not recorded. Nothing started.



## 4. Automatic Appointment Reminder and Defaulter Tracing

### 4.3.2 Operational Issues/Challenges



The graph above shows the cumulative figures of # of appointments, returned clients, defaulters and defaulter returned. # of appointments uploaded to the server has been increasing slowly despite the logistical problems. However, returned clients and defaulters returned are not confirmed on the mobile application by the health staff at PHCs, therefore # of defaulters also increasing. There could be many false defaulters included in the # of defaulters.



## 4. Automatic Appointment Reminder and Defaulter Tracing

### 4.3 Operational Issues/Challenges

- Nigeria Communication Commission (NCC) warned GLO against Close User Group (CUG) package with 'Unlimited SMS' so GLO abruptly stopped the service in the middle of Sep 2017 without any notification to clients. The disruption remained as the major challenge making the whole system malfunctioning until 3 Nov 2017 when an agreement was made between GLO and the Project. The agreement has not been documented yet.
- Currently, JICA Project Office is directly providing supervision to PHCs. Monitoring and supervision mechanism has not been structured within the State Primary Health Care. The existing monitoring and supervision structure shall be utilized for the intervention.
- Three cases of stolen phones were reported from Obalende, Iga Iduganran and Lekki PHCs.
- Two cases of flashed phones were identified at Wasimi and Ipinlere PHCs. The problem has been solved with caution.
- Most of PHC staff are complaining about the extra workload and demanding incentives.
- Disengagement health volunteers affected 11 PHCs that have no replacement for this operation.
- Inbound and outbound communication cost is expensive but the PHCB can sustain this intervention with early preparation.



## 4. Automatic Appointment Reminder and Defaulter Tracing

### 4.4 Financial Issue

#### Estimated Cost of the Intervention for 100 PHCs

Client Volume	# of PHCs	Required inbound SMS per day	# of service days per month	Required SMS per month	Required SMS state-wide per month	Estimated Cost for Inbound SMS by Options (NGN)				Estimated Cost for Outbound SMS (Twilio) (NGN)	Grand Total (NGN)
						Telcom A	Telcom B	Telcom C	Telcom D		
High >40	57	70	30	2,100	119,700	235,500	296,160	592,320	101,000	1,576,417	1,677,417
Low <40	43	30	22	660	28,380						

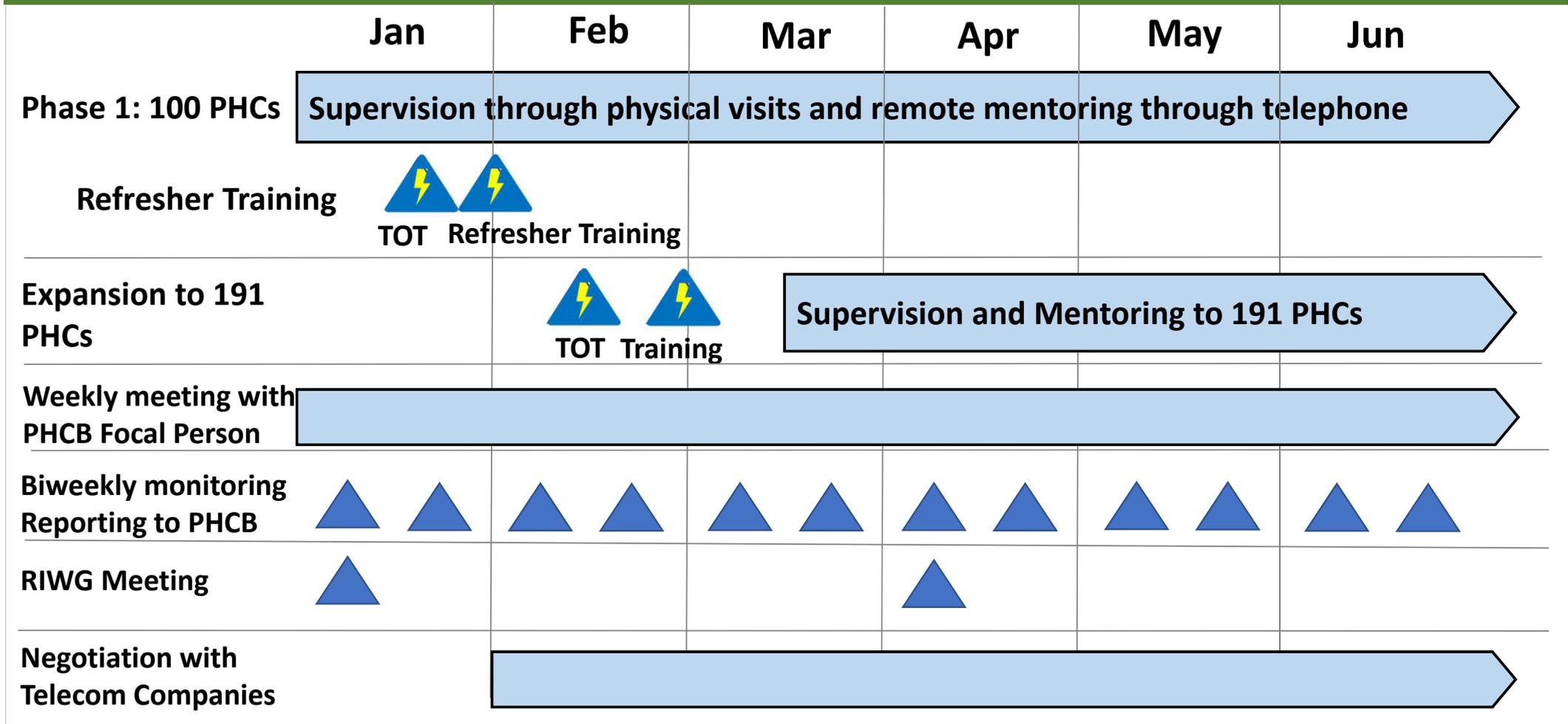
Assumptions on the analysis:

- 1) 57 PHCs will remain functioning as 24/7 health facilities;
  - 2) All health facility staff will work on the intervention diligently and no drop out of health facilities will happen;
  - 3) No serious epidemic will emerge;
  - 4) The exchange rate to USD remains unchanged;
  - 5) No further communication network breakdown or price destruction in SMS communication will occur due to NCC policy change.
- The monthly cost will increase to NGN 3,516,290 (USD 9,767.5) upon expansion to 291 PHCs.



## 4. Automatic Appointment Reminder and Defaulter Tracing

### 4.5 Looking Ahead



# 5

## Automatic Voice-call Health Message Delivery

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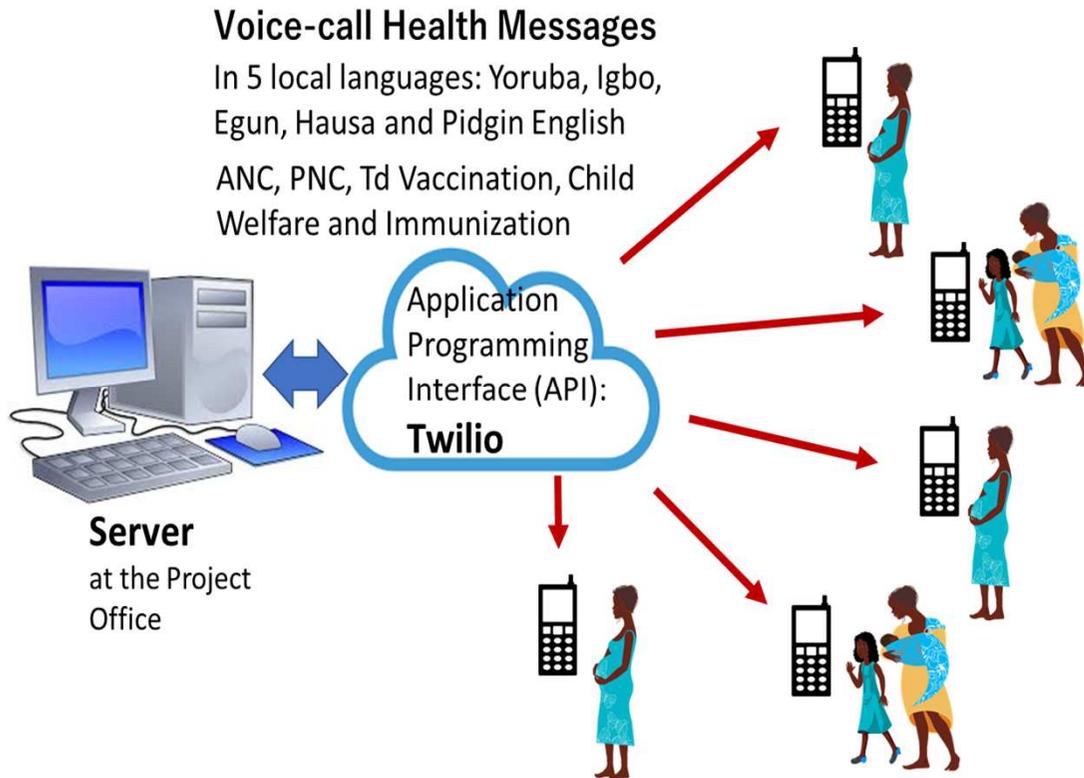




## 5. Automatic Voice-call Health Message Delivery



### 5.1 Application Design



**Target:** 1,500 mothers interviewed in the Baseline Survey (then-pregnant) and agreed to receive voice-call messages

**Intervention:** The target audience will be randomly divided into 2 groups: Intervention and Control Groups. Voice-call health messages in their preferred local language will be automatically delivered to the intervention group biweekly for the period of 9 months after the delivery.



# 5. Automatic Voice-call Health Message Delivery

- ✔ Hit
- ✔ On track
- ⚡ Action
- ! Delay/ Risk
- ✘ Missed

5.2 Progress						
Jun	Jul	Aug	Sep	Oct	Nov	Dec
! !	!	!	! !	! ! !	! !	✔ ✔
<div style="border: 1px solid yellow; border-radius: 10px; padding: 5px; margin-bottom: 5px;">Programming the application</div> <div style="border: 1px solid yellow; border-radius: 10px; padding: 5px;">Development of health messages</div>	<div style="border: 1px solid yellow; border-radius: 10px; padding: 5px;">Finalization of the English script</div>	<div style="border: 1px solid yellow; border-radius: 10px; padding: 5px;">Translation in Yoruba, Igbo, Hausa and Pidgin English</div>	<div style="border: 1px solid yellow; border-radius: 10px; padding: 5px; margin-bottom: 5px;">Translation in Egun</div> <div style="border: 1px solid yellow; border-radius: 10px; padding: 5px;">Recording of voice-call messages for all 5 languages at a studio</div>	<div style="border: 1px solid yellow; border-radius: 10px; padding: 5px; margin-bottom: 5px;">Checking the recorded data against the script</div> <div style="border: 1px solid yellow; border-radius: 10px; padding: 5px; margin-bottom: 5px;">Addition and modification to the recorded data</div> <div style="border: 1px solid yellow; border-radius: 10px; padding: 5px;">Voice-call delivery test to mock clients</div>	<div style="border: 1px solid yellow; border-radius: 10px; padding: 5px; margin-bottom: 5px;">Modification to the application</div> <div style="border: 1px solid yellow; border-radius: 10px; padding: 5px; margin-bottom: 5px;">Final check of the application</div> <div style="border: 1px solid yellow; border-radius: 10px; padding: 5px;">Initial Reminder SMS delivered</div>	<div style="border: 1px solid blue; border-radius: 10px; padding: 5px; margin-bottom: 5px;">Final Operational Check</div> <div style="border: 1px solid blue; border-radius: 10px; padding: 5px;">Started Voice-call message delivery (Jan)</div>



## 5. Automatic Voice-call Health Message Delivery

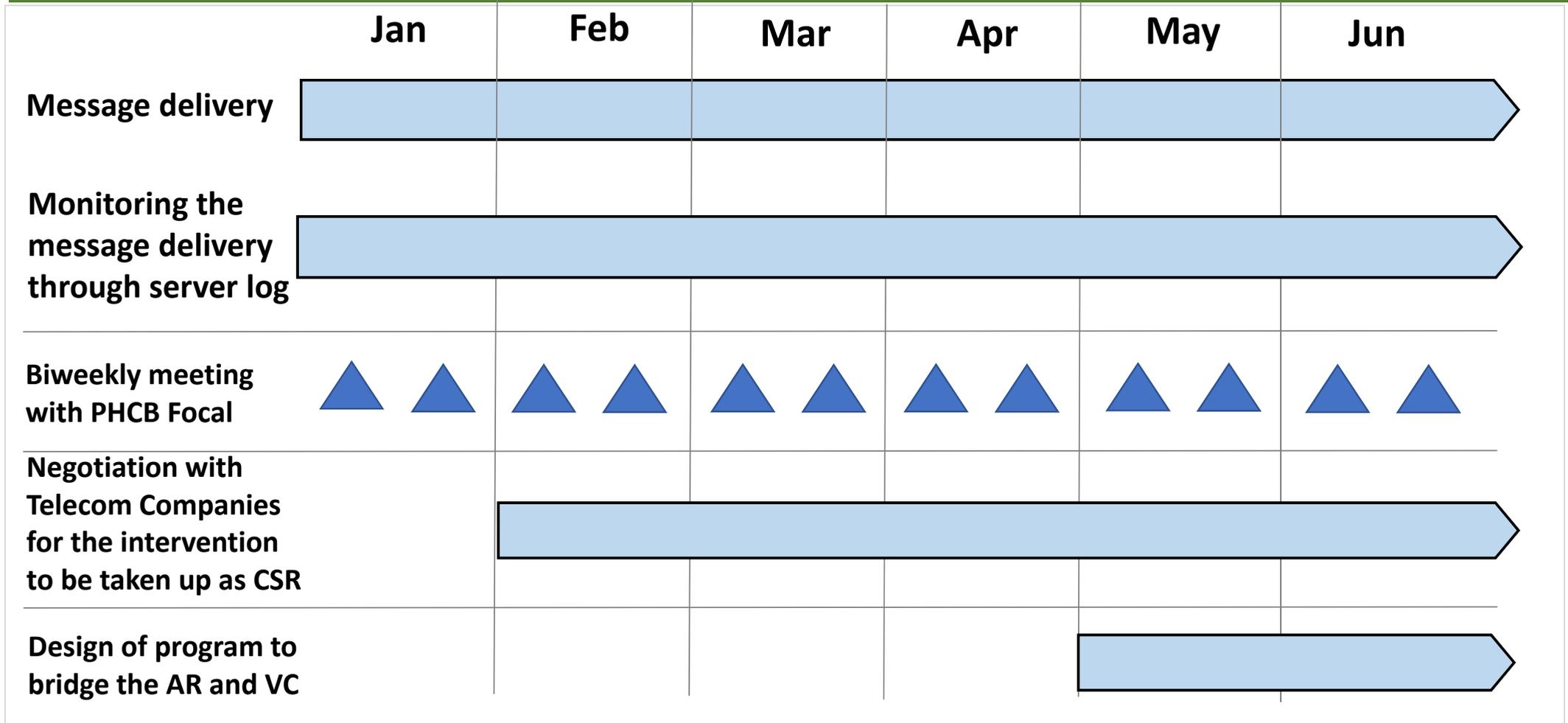
### 5.3 Issues/Challenges/Comments

- The intervention delayed due to inappropriate planning at the initial stage. The translation of the English script to 5 local languages Yoruba, Igbo, Hausa, Egun and Pidgin English was completed in the middle of Sep 2017 and voice recording at the end of Sep 2017.
- Pre-test of the application was done in Oct 2017 and modification of audio data and application program was made in Nov 2017 to reflect feedback from the pre-test. It was also discovered that randomization was not programmed in the system.
- The delay has already affected the intervention since the most of the pregnant women participated in the baseline survey in Feb 2017 must have already delivered their babies by Oct 2017 and missed the opportunities to get some health messages tailored for antenatal and postnatal women.
- A reminder SMS was sent to 1504 mothers at the end of Nov 2017 and it was revealed that 17 mobile numbers were not existing.
- The first Voice-call message was sent on 4th and 5th Jan. Most of the mothers either rejected to receive it or just hung up the phone. The reminder SMS didn't work. The Project had to call all 1504 mothers and convince them to accept the voice-call message.
- The program is designed for research purpose, targeting only those women interviewed for baseline survey conducted in Lagos Mainland and cannot be used for general population. The program needs to be redesigned for general use.
- The intervention is costly, USD 0.12 per min equivalent to NGN 44, totaling USD 11.8 (NGN 4,300) per woman if she listens to all series of messages.



## 5. Automatic Voice-call Health Message Delivery

### 5.4 Looking Ahead



# 6

## Coordination for TBA Referral & Reporting

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## 6. Coordination for TBA Referral & Reporting

- Hit
- On track
- Action
- Delay/ Risk
- Missed

6.1 Progress							6.2 Issues
Jun	Jul	Aug	Sep	Oct	Nov	Dec	Delay in implementation
		<div style="border: 1px solid orange; border-radius: 10px; padding: 5px; margin-bottom: 5px;">TBA Meeting for Lagos Mainland and Yaba</div> <div style="border: 1px solid orange; border-radius: 10px; padding: 5px;">Meeting with LS Traditional Medicine Board</div>	<div style="border: 1px solid orange; border-radius: 10px; padding: 5px;">Meeting with PHCB/MNC H for preparation of task force meeting</div>	<div style="border: 1px solid blue; border-radius: 10px; padding: 5px;">TBA Coordination Task Force Meeting</div>	<div style="border: 1px solid blue; border-radius: 10px; padding: 5px;">TOR drafted and submitted to PHCB for consultancy on development of referral and reporting system</div>	<div style="border: 1px solid blue; border-radius: 10px; padding: 5px;">TOR was approved by PHCB</div>	



## 6. Coordination for TBA Supervision & Reporting

### 6.3 Looking Ahead

	Jan	Feb	Mar	Apr	May	Jun
Recruitment of a consultant						
Stakeholders Coordination Meeting						
Development of referral and reporting system						
Training of CHO/CHEWs on data collection						
Pilot-testing						
Finalization of the products						

# 7

## **Quality Improvement and Research / Stakeholder Collaboration and Advocacy**

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## Quality Improvement and Research

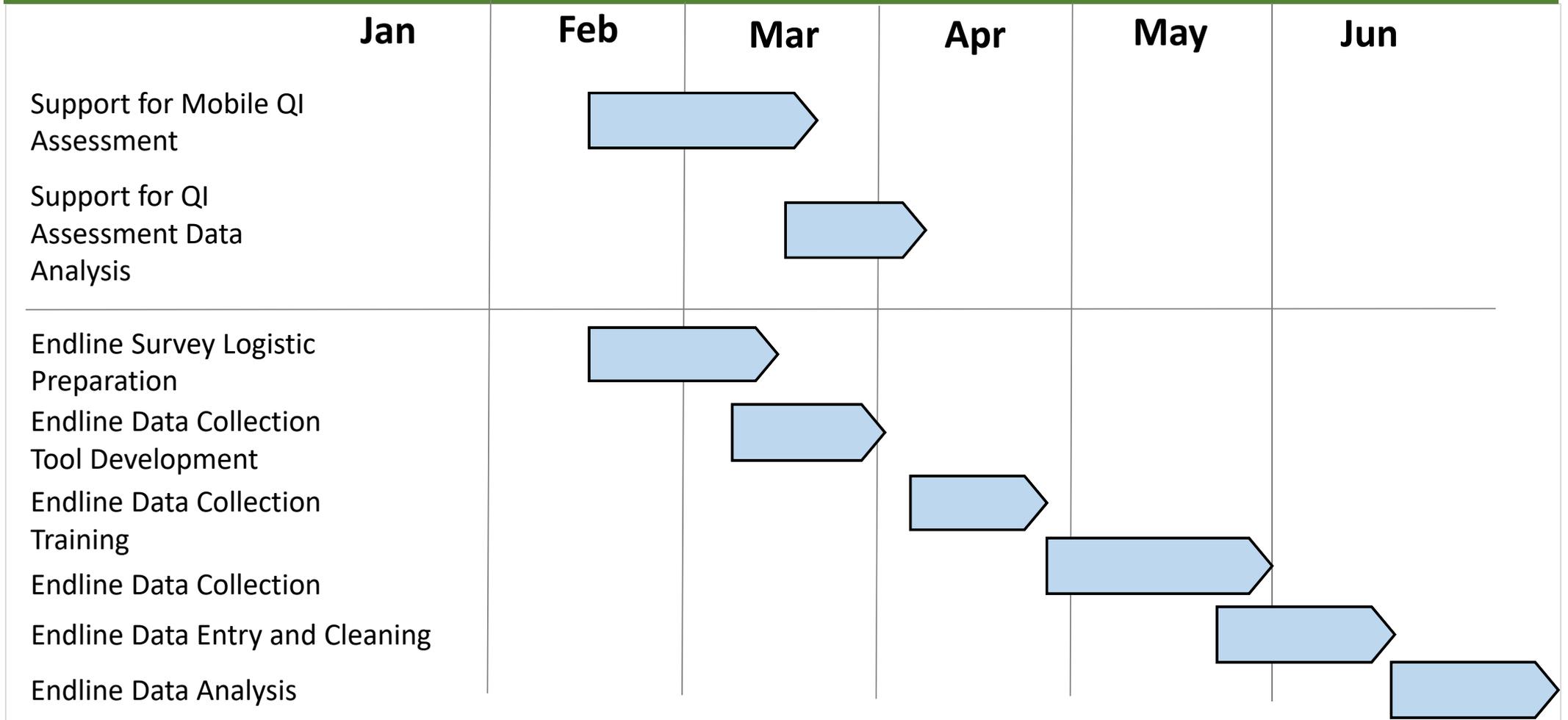
### 7.1 Progress

Jun	Jul	Aug	Sep	Oct	Nov	Dec
QI Assessment Data entry and analysis					Meeting with PHCB QI Team to discuss possible JICA support	
	Meeting with PHCB QI Team					
	Transformative Action Group (TAG) Workshop on Impact Evaluations					



## Quality Improvement and Research

### 7.2 Looking Ahead





## Stakeholder Collaboration and Advocacy

8.1 Activity/Participation							
	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Stakeholder Collaboration	➔						
		Stakeholder Seminar for Eti Osa	Meeting with Federal MOH (HPRS, FH), SOML Federal Secretariat, and NPHCDA	Meeting with UNICEF & WHO RI Working Group Meeting			RI Working Group Meeting MNCH Core Technical Committee Meeting
Advocacy	Yaba LCDA: Reporting to the Sole Admin			Courtesy to the newly elected Yaba LCDA Chairman	PHCB's Advocacy Meeting with newly elected LGA/LCDA Chairmen	Epe Town Hall Meeting by LSMOH Courtesy to the newly elected Eti Osa LGA Chairman	Support for Social Mobilization Technical Meeting



## Stakeholder Collaboration and Advocacy

### 8.2 Looking Ahead

**Jan**

**Feb**

**Mar**

**Apr**

**May**

**Jun**

Measles Campaign  
Support



MNCH Week  
Support



# Looking at the Progress in line with the Project Design Matrix (PDM)

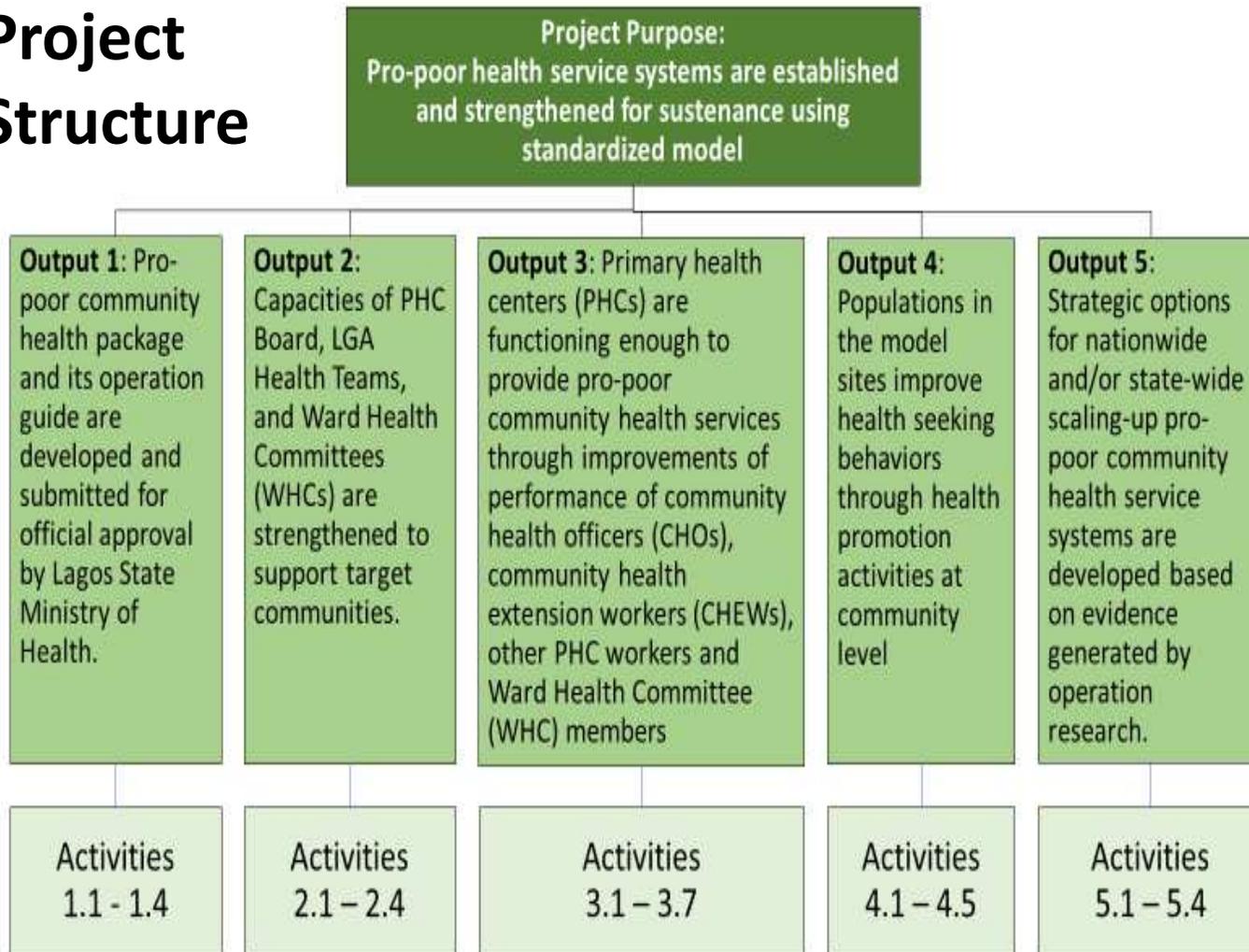
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\*PDM is an annex of the official document signed by both Nigeria Government and JICA for this project. It is a matrix laying out the project design that summarizes the project elements in a logical way: goal, purpose, outputs and activities with verifiable indicators and means of verification.



# Project Design

## Project Structure



Narrative Summary	Verifiable indicators	Means of Verification	Important Assumption
Overall Goal			
Purpose			
Outputs			
Activities			

## Project Design Matrix (PDM)



**Output 1: Pro-poor community health package and its operation guide are developed and submitted for official approval by Lagos State Ministry of Health.**

No.	Activity described in PDM	Actual activity conducted or to be conducted	Implementation Status
1-1	Conduct, analyze, and share baseline assessment on geographical, demographic, economic, social, and health aspects in target communities	Needs Assessment in Eti-Osa	Completed in Dec 2014
		Baseline Survey in Eti-Osa	Completed in Aug 2015
		Baseline Survey in Lagos Mainland	Completed in Apr 2017
1-2	Integrate pro-poor community health components into the responsibility of the Core Technical Working Group on MNCH	Sharing project progress in MNCH CTWG Meetings, Routine Immunization TG Meetings and Social Mobilization WG Meetings	On-going
1-3	Jointly develop, pro-poor community health package, and operation guide and, if needed, revise them based on field-testing	Development of operation guides (Outreach, CORPs' Health Education, WHC Empowerment, Appointment Reminder and Defaulter Tracing, Voice-call Message Delivery and TBA Referral and Reporting)	To be conducted
1-4	Support PHCB in monitoring and supervision	Support for Quality Assessment of PHCs	Conducted in Jul 2017
			To be conducted
		Monitoring and supervision on AR&DT operation, CORPs health talks, Outreach	On-going
		Monitoring on Voice-call message delivery	On-going with delay

Completed
  On-going and on track
  To be conducted
  To be conducted with delay or no concrete plan
  Not conducted and no plan to conduct



**Output 2: Capacities of PHC Board, LGA Health Teams, and Ward Health Committees (WHCs) are strengthened to support target communities.**

No.	Activity described in PDM	Actual activity conducted or to be conducted	Implementation Status
2-1	Conduct capacity assessment for effectively implementing project's activities (LSPHCB, LGA Teams and WHCs)	Pre- and post-test of Leadership and Management Training and WHC training/refresher training	Completed in Jun 2015, Jul 2015, Feb 2017 and Dec 2017
2-2	Conduct basic training on leadership, management, and governance according to the assessment results	Training on leadership, management and Governance for LSMOH, LSPHCB and Eti-Osa LGA Team TOT for C-IMCI (CORPs) Training, WHC Training, AR&DT Training	Completed in Jun 2015
2-3	Regularly conduct consultative stakeholder meetings for pro-poor community health services among relevant organizations	Consultative stakeholders meetings with LGA Teams	On-going
2-4	Conduct monitoring and evaluation (M&E) of capacities of PHC Board, LGA Health Teams, and Ward Health Committee (WHC)	No activities conducted or planned for monitoring and evaluation of capacities of PHCB and LGA Team	
		Conduct monitoring and evaluation of capacities of WHCs	To be conducted

Completed
  On-going and on track
  To be conducted
  To be conducted with delay or no concrete plan
  Not conducted and no plan to conduct



**Output 3: Primary health centers (PHCs) are functioning enough to provide pro-poor community health services through improvements of performance of community health officers (CHOs), community health extension workers (CHEWs), other PHC workers and Ward Health Committee (WHC) members**

No.	Activity described in PDM	Actual activity conducted or to be conducted	Implementation Status
3-1	Conduct and review performance and quality assessment for CHOs, CHEWs, other PHC workers and WHC members	Support for Quality Assessment of PHCs	Conducted in May-Jul 2017
			To be conducted
3-2	Develop pro-poor community health training materials through reviewing and adopting the existing training materials	Adoption of Training Material on C-IMCI for CORPs	Completed in 2015
		Adoption of WHC Training Material	Completed in Nov 2017
		Development of AR&DT Training Material	Completed in Jul 2017
		Modification of AR&DT Training Material	On-going
3-3	Conduct on-site training on community health services	On-site Supervision to PHCs on AR&DT	On-going
		On-site Supervision to Immunization Outreach	On-going
		On-site Supervision to CORPs' health education sessions	On-going
		Support for Quality Assessment of PHCs	Conducted in May-Jul 2017
		To be conducted	
3-4	Support implementing bi-monthly outreach activity	Support for implementation of outreach to hard-to-reach sites	On-going



**Output 3: Primary health centers (PHCs) are functioning enough to provide pro-poor community health services through improvements of performance of community health officers (CHOs), community health extension workers (CHEWs), other PHC workers and Ward Health Committee (WHC) members**

No.	Activity described in PDM	Actual activity conducted or to be conducted	Implementation Status	
3-5	Conduct monitoring, evaluation and supervision (ME&S) of PHCs' performance	Telephone mentoring & on-site supervision on AR&DT	On-going	Blue
		Support for Quality Assessment of PHCs	Conducted in May-Jul 2017	Green
			To be conducted	Yellow
3-6	Conduct training on community health for Ward Health Committee members	Initial Training of WHCs for Eti-Osa	Completed in Jul 2015	Green
		Initial Training of WHCs for Lagos Mainland	Completed in Feb 2017	Green
		Refresher training of WHCs	Completed in Nov-Dec 2017	Green
		Initial Training of CORPs in Eti-Osa	Completed in Nov 2015	Green
		Initial Training of CORPs in Lagos Mainland	Completed in Mar 2017	Green
		Refresher training of CORPs	To be conducted	Light Blue
		Support for TBA registration and training	Completed in 2015	Green
3-7	Organize joint regular meetings between PHCs and WHCs to strengthen their linkage	WHC monthly meetings with Health Educators	On-going	Blue
		Problem analysis and action plan development in WHC refresher training with Facility In-Charges	Completed in Nov-Dec 2017	Green
		Quarterly meeting for developing a proposal for improvement between PHC and WHC	To be conducted	Light Blue



## Output 4: Populations in the model sites improve health seeking behaviors through health promotion activities at community level

No.	Activity described in PDM	Actual activity conducted or to be conducted	Implementation Status	
4-1	Conduct situation analysis for current status of health promotion	Problem identification, analysis and action plan development by WHC	To be conducted	
4-2	Open a strategic dialogue on community health between community leaders and stakeholders	Problem identification, analysis and action plan development by WHC	To be conducted	
4-3	Create multiple communication channels at community level (eg: Between community health volunteers and mothers' group, School health activity)	Support CORPs to conduct health education sessions in their communities	On-going	
		Empower WHCs to act as a mediator between their communities and PHCs/LGAs	On-going	
		Delivery of appointment reminder and defaulter tracing SMSs to PHC clients	On-going	
		Delivery of voice-call messages to pregnant women and mothers	On-going with delay	



Completed



On-going and on track



To be conducted



To be conducted with delay or no concrete plan



Not conducted and no plan to conduct



## Output 4: Populations in the model sites improve health seeking behaviors through health promotion activities at community level

No.	Activity described in PDM	Actual activity conducted or to be conducted	Implementation Status	
4-4	Develop and conduct innovative approaches for promoting community health services	Development and operationalization of appointment reminder and defaulter tracing SMSs system	On-going	On-going and on track
		Development and operationalization of voice-call message delivery system	On-going with delay	To be conducted with delay or no concrete plan
		Development of Standardized TBA referral and reporting mechanism	To be conducted	To be conducted
4-5	Conduct community sensitization, advocacy, and campaigns for community health services	Support CORPs to conduct health education sessions in their communities	On-going	On-going and on track
		Empower WHCs to act as a mediator between their communities and PHCs/LGAs	On-going	On-going and on track
		Courtesy visits to LGA Chairmen	On-going	On-going and on track
		Support MNCH Week, Measles Campaign, NID	On-going	On-going and on track



Completed



On-going and on track



To be conducted



To be conducted with delay or no concrete plan



Not conducted and no plan to conduct



**Output 5: Strategic options for nationwide and/or state-wide scaling-up pro-poor community health service systems are developed based on evidence generated by operation research.**

5-1	Develop research designs and protocols for approval by the authorities for research clearance	Develop operational research design and protocol for the research in Eti-Osa and get approval by the LSMOH and the Lagos State Univ. Teaching Hospital Health Research Ethics Committee	Completed in Apr 2016	
		Develop research designs and protocols for the research in Lagos Mainland and get approval by the LSMOH and the Lagos State Univ. Teaching Hospital Health Research Ethics Committee	Completed in Jun 2017	
5-2	Conduct data collection and analysis through baseline and end-line surveys	Baseline Survey	Completed in Mar 2017	
		Endline Survey	To be conducted	
5-3	Develop strategic options for the state-wide and/or nationwide scaling-up strategies in an evidence-based manner	Development of operation guides (Outreach, CORPs' Health Education, WHC Empowerment, Appointment Reminder and Defaulter Tracing, Voice-call Message Delivery and TBA Referral and Reporting)	To be conducted	
5-4	Conduct regular meetings and forums with Federal Government Authorities, State Government Authorities, Local Government Authorities, and Development Partners to share project achievements and lessons-learned.	Sharing project progress in MNCH CTWG Meetings, Routine Immunization TG Meetings, Social Mobilization WG Meetings and SOLM Steering Committee Meetings	On-going	
		Sharing project progress at the Federal Level	To be conducted	



**Project Purpose: Pro-poor health service systems are established and strengthened for sustenance using standardized models**

Indicators described in the PDM	Indicators specified	Means of verification
1. Pro-poor community health package and its operation guide are in the official approval process for their state-wide scale up.	Availability of Pro-poor Community Health Model and its Operation Guide for state-wide scale-up	Document JCC Minutes
2. Full vaccination coverage among children increases.	Difference between the intervention exposed and the non-exposed groups on the % of women age 15-49 who had a live birth in the past one year and whose child immunized in accordance with the RI schedule	Operational Research Report (Base- and End-line Survey)
3. The proportion of pregnant women who utilize ANC and SBA increases	Difference between the intervention exposed and the non-exposed groups on the % of women age 15-49 who had a live birth in the past one year and attended antenatal care more than 4 times during her recent pregnancy	Operational Research Report (Base- and End-line Survey)
	Difference between the intervention exposed and the non-exposed groups on the % of women age 15-49 who had a live birth attended by a skilled birth attendant in the past one year	Operational Research Report (Base- and End-line Survey)



**The End**

**Thank you for your attention!**

**Project Purpose:  
Pro-poor health service systems are established  
and strengthened for sustenance using  
standardized model**

**Output 1:** Pro-poor community health package and its operation guide are developed and submitted for official approval by Lagos State Ministry of Health.

**Output 2:** Capacities of PHC Board, LGA Health Teams, and Ward Health Committees (WHCs) are strengthened to support target communities.

**Output 3:** Primary health centers (PHCs) are functioning enough to provide pro-poor community health services through improvements of performance of community health officers (CHOs), community health extension workers (CHEWs), other PHC workers and Ward Health Committee (WHC) members

**Output 4:** Populations in the model sites improve health seeking behaviors through health promotion activities at community level

**Output 5:** Strategic options for nationwide and/or state-wide scaling-up pro-poor community health service systems are developed based on evidence generated by operation research.

Activities  
1.1 - 1.4

Activities  
2.1 – 2.4

Activities  
3.1 – 3.7

Activities  
4.1 – 4.5

Activities  
5.1 – 5.4