US President's Malaria Initiative

US PRESIDENT'S MALARIA INITIATIVE FOR STATES

Task Order 03 Quarterly Report

FY20 Q2 – January 10, 2020–March 31, 2020

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Acronyms

ACSM	Advocacy, Communication and Social Mobilization
AMELP	activity, monitoring, evaluation, and learning plan
AOP	annual operational plan
BA-N	Breakthrough ACTION Nigeria
BFSR	Bimonthly Facility Stock Report
DHIS 2	District Health Information Software 2
DPRS	Department of Planning, Research and Statistics
DQA	data quality assessment
EQA	external quality assurance
FMOH	Federal Ministry of Health
GF RSSH	Global Fund Resilient and Sustainable Systems for Health
GHSC-PSM	Global Health Supply Chain-Procurement and Supply Management
HMB	Hospital Management Board
HSS	health system strengthening
ICC	inventory control card
iCCM	integrated community case management
IDIQ	indefinite delivery indefinite quantity
IPs	implementing partners
IPTp	intermittent preventive treatment of malaria in pregnancy
LLIN	Long Lasting Insecticidal Net
LGA	local government area
LMCU	Logistics Management Information Unit
MAL-RMNCAH+N	malaria-reproductive, maternal, newborn, child, and adolescent health + nutrition
MIP	malaria in pregnancy
MSH	Management Sciences for Health
NHMIS	National Health Management Information System
NHLMIS	National Health Logistics Management Information System
NIFAA	Nigeria Interfaith Action Association
NMEP	National Malaria Elimination Program
OFM	Office of Financial Management
OPD	Outpatient Department
PHC	primary health care
PMI	President's Malaria Initiative
PMI-S	President's Malaria Initiative for States Project
QA/QC	quality assurance/quality control
RDT	rapid diagnostic test
SOP	standard operating procedure
SME	surveillance monitoring and evaluation
SMEP	State Malaria Elimination Program
SMOH	State Ministry of Health
SPHCDA	State Primary Health Care Development Agency
TIPTOP	Transforming Intermittent Preventive Treatment for Optimal Pregnancy
TA	technical assistance
TO	task order
TWG	technical working group
WRAIR	Walter Reed Army Institute of Research

1. PROGRAM OVERVIEW/SUMMARY

Program Name:	U.S. President's Malaria Initiative for States (PMI-S) Task Order 03
Activity Start Date and End Date:	January 10, 2020 - January 9, 2025
Name of Prime Implementing Partner:	Management Sciences for Health (MSH)
Contract Number:	Contract # (IDIQ): 72062018D00002 Contract Number (TO 03): 72062020F00001
Name of IDIQ Subcontractors/ Sub Awardees:	Banyan Global, Thinkwell, NIFAA
Major Counterpart Organizations	SMEP, SMOH, SPHCDA, HMB, LGAs
Geographic Coverage (cities and or countries)	Nigeria
Reporting Period:	January 10 – March 31, 2020

1.1 Program description background

The US President's Malaria Initiative for States (PMI-S) project is a five-year USAID flagship malaria project managed by Management Sciences for Health (MSH) with consortium partners Thinkwell, Banyan Global and the Nigeria Interfaith Action Association (NIFAA). The project supports the Government of Nigeria through its agencies at the federal, state, local government area (LGA), and community levels to reduce under-five and maternal mortality by delivering quality services for management of malaria and its complications, and prevention of malaria during pregnancy and in children under five. PMI-S is an indefinite delivery indefinite quantity (IDIQ) contract with several task orders.

At the state level, PMI-S supports the following core interventions:

1. Malaria case management, including malaria diagnosis and treatment for uncomplicated and severe malaria, including integrated malaria case management (iCCM);
2. Surveillance, Monitoring and Evaluation (SME);
3. Drug based prevention and treatment approaches, mainly intermittent preventive treatment of malaria in pregnancy (IPTp);
4. Health system strengthening, including State Malaria Elimination Program (SMEP) planning, management, and program monitoring.

PMI-S works collaboratively with other PMI/Nigeria Implementing Partners (IPs) in the states. Areas of collaboration include holding joint meetings of PMI/Nigeria and IPs at the state level for joint planning of activities, discussion of emerging issues, projects' strategies and their implications for PMI support in the states, and summarization of quarterly accomplishments for presentation at the national quarterly review meeting hosted by the National Malaria Elimination Program (NMEP). PMI-S will participate in and provide technical assistance (TA) for major activities undertaken by other PMI IPs in each state. For example, PMI-S will collaborate with Global Health Supply Chain-Procurement and Supply Management (GHSC-PSM) and Breakthrough Action Nigeria (BA-N) to implement the forthcoming long-lasting insecticidal net (LLIN) mass campaign in Oyo state planned for 2020. As another example, the Global Fund Resilient and Sustainable Systems for Health (GF RSSH) grant, World Health Organization, and USAID collectively trained four people from each state of Nigeria on updating the master health facility list to remove duplicate and non-functional facilities. PMI-S will collect geo-coordinates and validate the name and location of selected facilities across the four states to update the master health facility list, when visiting these facilities.

Task Order 03 (TO 03) supports the SMEPs in Akwa Ibom, Cross River, Ebonyi, and Oyo states. The objectives of TO 03 are to:

Objective 1: Improve the quality of and access to comprehensive malaria case management
Objective 2: Improve data quality, interpretation, and use
Objective 3: Improve drug-based prevention and treatment approaches (IPTp)
Objective 4: Strengthen existing health systems and improve SMEP program management

This TO 03 quarterly report includes activities conducted in the second quarter of TO 03 financial year 2020 (FY20) - January 10 to March 31, 2020.

1.2 Summary of Quarterly Results

Indicator	State	Baseline	Annual Target	Q1 FY20 *	Q2 FY20	Q3 FY20	Q4 FY20	Annual Performance Achieved to Date (in %)	On Target Y/N
1. Under-five mortality rate per 1,000 live births in the target states **[PMI-S IDIQ]**	Akwa Ibom	98	N/A		-			N/A	Y
	Cross River	80	N/A		-			N/A	
	Ebonyi	91	N/A		-			N/A	
	Oyo	64	N/A		-			N/A	
2. Proportion of children under the age of 5 with parasitaemia [PMI-S IDIQ]	Akwa Ibom	23.2%	N/A		-			N/A	Y
	Cross River	19.5%	N/A		-			N/A	
	Ebonyi	30.5%	N/A		-			N/A	
	Oyo	23.8%	N/A		-			N/A	
3. Proportion of children under the age of 5 with fever in the last two weeks who had a finger or heel stick	Akwa Ibom	18%	N/A		-			N/A	Y
	Cross River	19.3%	N/A		-			N/A	
	Ebonyi	17.9%	N/A		-			N/A	
	Oyo	16.1%	N/A		-			N/A	
4. Proportion of children receiving an ACT among children under 5 years old with fever	Akwa Ibom	41.9%	N/A		-			N/A	Y

in the last two weeks who received any antimalarial drugs DHS	Cross River	41%	N/A		-			N/A	
	Ebonyi	50.6%	N/A		-			N/A	
	Oyo	37.2%	N/A		-			N/A	
5. Proportion of children under-5 years old with fever in the last two weeks for whom advice or treatment was sought	Akwa Ibom	69.5%	N/A		-			N/A	Y
	Cross River	83.5%	N/A		-			N/A	
	Ebonyi	64.3%	N/A		-			N/A	
	Oyo	80.8%	N/A		-			N/A	
6. Proportion of facilities (malaria treatment sites) in the target states with the capacity to test for malaria [PMI-S IDIQ]	Akwa Ibom	TBD	N/A		-			N/A	Y
	Cross River	TBD	N/A		-			N/A	
	Ebonyi	TBD	N/A		-			N/A	
	Oyo	TBD	N/A		-			N/A	
7. Proportion of persons with fever (suspected malaria) who received a parasitological test (RDT or microscopy) **[TO 03 RFTOP and PMI-S IDIQ]**	Akwa Ibom	96%	TBD^		97.5%			TBD^	Y
	Cross River	95%	TBD^		95.7%			TBD^	
	Ebonyi	99%	TBD^		99.4%			TBD^	
	Oyo	81%	TBD^		80.9%			TBD^	
	Akwa Ibom	TBD	TBD^		97.5%			TBD^	Y

8. Proportion of patients with suspected malaria who received parasitological test [TO3 RFTOP]	Cross River	TBD	TBD^		95.7%			TBD^	
	Ebonyi	TBD	TBD^		99.4%			TBD^	
	Oyo	TBD	TBD^		80.9%			TBD^	
9. Proportion of persons testing positive with a parasitological test (either RDT or microscopy) [PMI-S IDIQ]	Akwa Ibom	76%	TBD^		76.5%			TBD^	
	Cross River	77.6%	TBD^		77.1%			TBD^	Y
	Ebonyi	83.6%	TBD^		83%			TBD^	
	Oyo	73%	TBD^		72%			TBD^	
10. Proportion of patients with confirmed malaria who received first line antimalarial treatment according to national policy (ACT) [TO3 RFTOP]	Akwa Ibom	96.8%	TBD^		96.1%			TBD^	
	Cross River	94.3%	TBD^		94.1%			TBD^	Y
	Ebonyi	99.5%	TBD^		93.5%			TBD^	
	Oyo	97.3%	TBD^		99.3%			TBD^	
11. Proportion of sick children who received appropriate treatment according to protocol for malaria [PMI-S IDIQ]	Akwa Ibom	N/A	N/A		-			N/A	
	Cross River	N/A	N/A		-			N/A	Y
	Ebonyi	N/A	N/A		-			N/A	
	Oyo	N/A	N/A		-			N/A	
12. Proportion of children with diarrhea treated with ORS and Zinc [TO3 RFTOP]	Akwa Ibom	N/A	N/A		-			N/A	Y

	Cross River	N/A	N/A		-			N/A	
	Ebonyi	N/A	N/A		-			N/A	
	Oyo	N/A	N/A		-			N/A	
13. Proportion of children with pneumonia treated with antibiotics [TO3 RFTOP]	Akwa Ibom	N/A	N/A		-			N/A	Y
	Cross River	N/A	N/A		-			N/A	
	Ebonyi	N/A	N/A		-			N/A	
	Oyo	N/A	N/A		-			N/A	
14. Number of PPMVs/CHWs supported by PMI-S to implement iCCM/malaria case management	Akwa Ibom	N/A	N/A		-			N/A	Y
	Cross River	N/A	N/A		-			N/A	
	Ebonyi	N/A	N/A		-			N/A	
	Oyo	N/A	N/A		-			N/A	
15. Proportion of children under five years with confirmed uncomplicated malaria treated with ACTs in accordance with the national treatment guidelines [PMI-S IDIQ]	Akwa Ibom	99.3%	TBD^		99.4%			TBD^	Y
	Cross River	94.1%	TBD^		97.8%			TBD^	
	Ebonyi	100%	TBD^		100%			TBD^	
	Oyo	97.2%	TBD^		85.7%			TBD^	
	Akwa Ibom	TBD	N/A		-			N/A	Y

16. Proportion of PMI-S supported health facilities with at least one provider trained in QA/QC	Cross River	TBD	N/A		-			N/A	
	Ebonyi	TBD	N/A		-			N/A	
	Oyo	TBD	N/A		-			N/A	
Timeliness: 17. Proportion of health facilities reporting on time **[TO3 RFTOP & PMI-S IDIQ]**	Akwa Ibom	95.1%	TBD^		76.1%			TBD^	
	Cross River	99.3%	TBD^		79.8%			TBD^	Y
	Ebonyi	98.5%	TBD^		60.6%			TBD^	
	Oyo	99.2%	TBD^		92.9%			TBD^	
18. Reporting Rate: Proportion of expected reports from health facilities received [TO3 RFTOP & PMI-S IDIQ]	Akwa Ibom	84.8%	TBD^		78.7%			TBD^	
	Cross River	82.7%	TBD^		80.2%			TBD^	Y
	Ebonyi	86.1%	TBD^		60.9%			TBD^	
	Oyo	91.4%	TBD^		93.1%			TBD^	
19. Proportion of state TWG and sub-committee meetings where data is referenced/used	Akwa Ibom	0%	TBD^		0%			0%	
	Cross River	0%	TBD^		0%			0%	Y
	Ebonyi	0%	TBD^		60%			TBD^	
	Oyo	0%	TBD^		20%			TBD^	
20. Number of state malaria surveillance bulletins produced in PMI-S TO 03 states	Nigeria	0	TBD^		0			0	Y

21. Proportion of LGAs with quarterly DQA reports for at least 50% of facilities in the last year [TO3 RFTOP]	Akwa Ibom	TBD	TBD^		0%			0%	Y
	Cross River	TBD	TBD^		0%			0%	
	Ebonyi	TBD	TBD^		0%			0%	
	Oyo	TBD	TBD^		0%			0%	
22. Number of monthly data validation meetings conducted in PMI-S-supported LGAs	Akwa Ibom	TBD	TBD^		0			0	Y
	Cross River	TBD	TBD^		0			0	
	Ebonyi	TBD	TBD^		0			0	
	Oyo	TBD	TBD^		0			0	
23. Proportion of pregnant women who received three or more doses of IPTp during their last pregnancy in the past two years **[PMI Technical Guidance FY2019 & PMI-S IDIQ]**	Akwa Ibom	16.5%	N/A		-			N/A	Y
	Cross River	32.6%	N/A		-			N/A	
	Ebonyi	24.2%	N/A		-			N/A	
	Oyo	4.4%	N/A		-			N/A	
24. Proportion of women who received two or more doses of IPTp during their last pregnancy in the past two years [PMI Technical Guidance FY 2019]	Akwa Ibom	44.5%	N/A		-			N/A	Y
	Cross River	75.1%	N/A		-			N/A	
	Ebonyi	47%	N/A		-			N/A	
	Oyo	22%	N/A		-			N/A	

25. Proportion of pregnant women attending ANC who receive at least two doses of IPTp [TO3 RFTOP & PMI-S IDIQ]	Akwa Ibom	55%	TBD^		22%			TBD^	Y
	Cross River	63%	TBD^		29%			TBD^	
	Ebonyi	46.1%	TBD^		21%			TBD^	
	Oyo	37.2%	TBD^		15%			TBD^	
26. Dropout rates between first and third doses of IPTp (IPTp1 – IPTp3) [PMI-S IDIQ]	Akwa Ibom	TBD^	TBD^		-			-	Y
	Cross River	TBD^	TBD^		-			-	
	Ebonyi	TBD^	TBD^		-			-	
	Oyo	TBD^	TBD^		-			-	
27. Number of MIP working group meetings convened in PMI-S supported states	Akwa Ibom	0	TBD^		0			0	Y
	Cross River	0	TBD^		0			0	
	Ebonyi	0	TBD^		1			TBD^	
	Oyo	0	TBD^		0			0	
28. Proportion of PMI-S supported states implementing at least 50% of Annual Operational Plans [TO3 RFTOP]	Akwa Ibom	TBD	TBD^		-			-	Y
	Cross River	TBD	TBD^		-			-	
	Ebonyi	TBD	TBD^		-			-	
	Oyo	TBD	TBD^		-			-	

29. Number of costed state malaria annual operational plans developed	Akwa Ibom	TBD	TBD^		-			-	Y
	Cross River	TBD	TBD^		-			-	
	Ebonyi	TBD	TBD^		-			-	
	Oyo	TBD	TBD^		-			-	
30. Proportion of state funds budgeted for malaria activities [PMI-S IDIQ]	Akwa Ibom	TBD	TBD^		-			-	Y
	Cross River	TBD	TBD^		-			-	
	Ebonyi	TBD	TBD^		-			-	
	Oyo	TBD	TBD^		-			-	
31. Proportion of malaria budget (commodities, supervision activities) disbursed for malaria activities [PMI-S IDIQ]	Akwa Ibom	TBD	TBD^		-			-	Y
	Cross River	TBD	TBD^		-			-	
	Ebonyi	TBD	TBD^		-			-	
	Oyo	TBD	TBD^		-			-	
32. Number of states with a malaria resource mobilization strategy	Nigeria	0	-		-			-	Y
33. Number of states with a private sector engagement strategy	Nigeria	0	-		-			-	Y
	Akwa Ibom	0%	-		-			-	Y

34. Proportion of targeted health care workers/persons trained with USAID funds **[PMI-S IDIQ]**	Cross River	0%	-		-			-	
	Ebonyi	0%	-		-			-	
	Oyo	0%	-		-			-	
35. Proportion of health facilities that had at least one supportive supervision visit in the last one year **[PMI-S IDIQ]**	Akwa Ibom	TBD	-		-			-	y
	Cross River	TBD	-		-			-	
	Ebonyi	TBD	-		-			-	
	Oyo	TBD	-		-			-	
36. Proportion of targeted communities implementing iCCM **[PMI-S IDIQ]**	Akwa Ibom	TBD	N/A		-			N/A	Y
	Cross River	TBD	N/A		-			N/A	
	Ebonyi	TBD	N/A		-			N/A	
	Oyo	TBD	N/A		-			N/A	
37. Proportion of PMI-S-supported health facilities that have a complete set of SOPs, job aids, and HMIS tools	Akwa Ibom	TBD	N/A		-			N/A	Y
	Cross River	TBD	N/A		-			N/A	
	Ebonyi	TBD	N/A		-			N/A	
	Oyo	TBD	N/A		-			N/A	

2. ACTIVITY IMPLEMENTATION PROGRESS

2.1 Progress narrative

Highlights of PMI-S TO 03 activities during the quarter include:

Entry meetings in states
PMI-S conducted entry meetings in the four states in the last two weeks of January 2020. The objectives of the meetings were to introduce the project to the states, discuss the project's approach to supporting the states, and get states' input on the PMI-S FY20 work planning process so that the work plan would reflect state-specific support in the areas of greatest need and within the PMI-S mandate. The visiting team of PMI-S, NMEP, and the Nigeria Interfaith Action Association (NIFAA) met with the Commissioners for Health in all four states. The Commissioners for Health were informed that advocacy for increasing domestic resources to improve malaria services and strengthen state health systems would be a key component of the PMI-S support to the states.

PMI-S also held a one-day workshop with the state's malaria technical Working Group (mTWG) members and other malaria stakeholders. Representatives from the State Ministry of Health (SMOH), State Primary Health Care Development Agency (SPHCDA), Hospital Management Board (HMB), State Health Insurance Agency (SHIA), PMI-funded IPs, other malaria IPs, civil society, and the private sector attended the workshops. Plenary presentations provided overviews of malaria elimination in the states, malaria coordination in Nigeria, activities of malaria partners (PMI/Nigeria IPs and other malaria implementers), and PMI-S proposed technical support. In each state, the mTWG discussed key implementation challenges, potential solutions, resources needed to address the challenges, and persons responsible for implementing the solutions identified. These discussions provided useful information on the opportunities and challenges in each state and the priority interventions that PMI-S could consider in FY20.

The workshops also identified opportunities for collaboration and synergy with the PMI IPs, the Saving One Million Lives Programme (SOML), the GF RSSH grant, the Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project in Ebonyi state, and Pathfinder International in Akwa Ibom state.

Key challenges identified across the states included weak coordination structures; poor funding of malaria elimination activities; human resource gaps in health facilities and the SMEP; non-availability of the 2020 malaria annual operational plan (in Akwa Ibom state); use of different supervisory checklists for malaria supportive supervision; and infrequent malaria diagnosis external quality assurance (EQA) visits to health facilities. It was evident from the discussions that the states would benefit from evidence-based advocacy to address some of the challenges mentioned above. NIFAA took note of challenges requiring advocacy and planned to work with the states to identify root causes of the challenges as a first step to addressing them.

Upon resumption in their respective states, PMI-S project teams held additional meetings with stakeholders, including PMI IPs.

Staff recruitment
As of March 31, 2020, two out of four State Coordinators and two out of four State Malaria Technical Leads were in place. PMI-S advertised staff positions, conducted interviews, and recruited staff, of which

16 (program and administrative staff) have assumed duty and are working in the various states. All of these staff underwent an onboarding process that included orientation on MSH policies and guidelines, national malaria strategies, performance measurement, financial management, and subaward management. Efforts are ongoing to finalize recruitment for pending positions in the next reporting quarter.

Development of FY20 work plan

PMI-S enlisted the active participation of PMI-S consortium partners (NIFAA, ThinkWell, and Banyan Global) and state stakeholders during the development of the FY20 work plan, which was prepared during January and February 2020 and approved by USAID on March 27, 2020. PMI-S held meetings with the consortium partners to design activities, implementation strategies, timelines, and results. During entry meetings in states, information on state-specific challenges and opportunities provided by the SMOH, SPHCDA, HMB, LGAs, and SHIA was used to design activities and strategies.

PMI-S State Coordinators and State Technical Malaria Leads participated in meetings of PMI-S with the USAID/Nigeria team and SMEP Managers to discuss implementation approaches. Emphasis was placed on leveraging and working through existing systems and structures at the SMOH, HMB, and SPHCDA to promote ownership and sustainability of programs. The need to plan and implement in collaboration with other PMI/Nigeria IPs (GHSC-PSM, BA-N, the Walter Reed Army Institute of Research [WRAIR], and the VectorLink Project) in the State was also reiterated. SMEP managers participated in the work planning meeting in Abuja and provided the relevant local contextual information required for successful implementation of the work plans in their respective states.

Baseline analysis of malaria program management at the state level

PMI-S has engaged African Health Project, a consultancy firm, to conduct a baseline analysis of malaria program management at the state level in the four TO 03 states. The NMEP submitted the baseline analysis protocol to the National Health Research Ethics Committee for ethical approval on behalf of PMI-S. Once the protocol is approved, PMI-S will commence pretesting of data collection tools in Nasarawa state and field level data collection in Akwa Ibom, Cross River, Ebonyi and Oyo states. The objectives of the baseline analysis are to: (i) assess the strengths and gaps of malaria programming in each of the four states (Akwa Ibom, Cross River, Ebonyi, and Oyo); (ii) identify areas for strategic interventions to achieve project objectives and results; and (iii) establish baseline data against which hypotheses can be tested at midline and endline.

Workshops on Behavioral Economics prototypes for fever case management

PMI-S participated in the Behavioral Economics (BE) prototypes apply phase work plan integration meeting organized by BA-N. The meeting discussed the BE approach for fever case management (from the design phase to the feasibility testing phase), key findings and recommendations from each of the prototypes tested, and implementation roll-out. Based on these discussions, PMI-S has included implementation roll-out of the prototypes in the FY20 work plan in the four TO 03 states.

Participation in USAID financial roundtable

PMI-S state coordinators, finance and administration officers, and administration and procurement officers participated in a one-day regional financial management roundtable organized by the USAID/Nigeria Office of Financial Management (OFM). The roundtable was held in Uyo in Akwa Ibom state on February 26, 2020. Its objectives were to orient the participants on internal control, fraud, recipient and sub-recipient relationships, and procurement and asset management as they apply to implementing USAID-funded projects. The roundtable provided an avenue for the IPs to collaboratively identify, analyze, and resolve cross-sectoral challenges impacting their operations, and to share good financial management practices.

TO 03 post-award orientation with USAID
PMI-S Nigeria and MSH home office staff attended the T0 03 post-award orientation virtual meeting organized by USAID on March 31, 2020. Highlights from the meeting include:

- MSH should ensure that expenditures of subcontractors are audited.
- The periodic technical meeting between USAID and PMI-S will continue to hold.
- Communication with the Task Order Contracting Officer's Representative (TOCOR) on TO 03-related matters should be done in accordance with the TO 03 management plan approved by USAID.
- The TO 03 TOCOR and the USAID Monitoring, Evaluation and Learning Team will conduct field-based monitoring of the TO 03 states.
- PMI-S should produce success stories, high-quality pictures, and high-quality videos with a maximum play time of five minutes for publication.
- The USAID OFM was willing to support capacity-building for local organizations, and PMI-S was advised to seek OFM support in this regard.

On security, it was noted that security of staff and assets are paramount, and USAID advised MSH to complement its security plan with the use of security information provided by Partner Liaison Security Operation and the Overseas Security Advisory Council provide.

2.2 Implementation status

Task 1: Provide TA to the SMEP and other relevant agencies and departments of the state governments to accelerate progress in comprehensive malaria case management service delivery

Akwa Ibom

Activity 1.4.1: Support staff from SMEP/HMB/LGAs trained by WRAIR to conduct EQA in selected secondary health facilities
As part of efforts to institutionalize implementation of malaria diagnosis EQA in Akwa Ibom, PMI-S held a meeting in March 2020 with the SMEP/SMOH and the Director of Public Health Laboratory. During this meeting, PMI-S learned of the existence of a 15-member Quality Assurance, Quality Control (QA/QC) team drawn from all of the general hospitals in the state. In addition, eight trained laboratory scientists at the public health laboratory are available to provide needed support. However, it was noted that no EQA had been conducted due to lack of funds. Meeting participants agreed that the SMEP will convene an EQA team meeting during which a plan for EQA visits and laboratory supervision in selected secondary health facilities will be developed. In addition, in the next quarter, EQA reference team members will participate in technical discussions on case management during the mTWG and other technical fora where case management issues are discussed.

Activity 1.4.3: Provide TA to SMEP to develop a plan for operationalizing the QA/QC center in Akwa Ibom
PMI-S held a meeting in March 2020 with the SMEP and the Director of Public Health on operationalizing the QA/QC laboratory. It was noted that although the laboratory has 15 trained laboratory scientists, it has not been upgraded to full capacity to function as a QA/QC center. PMI-S is following up with WRAIR to obtained detailed specifications for the upgrade, supply, and installation of equipment and training of key personnel. PMI-S will share the specifications with the state government as a prerequisite for the state government to commence the required upgrades at the center.

Activity 1.5.2: Collaborate with GHSC-PSM to provide TA to SMEP/SMOH to strengthen quantification/forecasting of diagnostic consumables at health facilities and QA/QC centers

The PMI-S State Coordinator and the State Technical Malaria Lead participated in the Logistics Management Coordinating Unit (LMCU) meeting where logistics reports were presented. It was noted that the overall reporting rate for all programs was 98%, with a 100% reporting rate for malaria, a 98% reporting rate for family planning, and a 95% reporting rate for HIV. During the meeting, PMI-S provided technical inputs to ensure that the report was captured appropriately to eliminate ambiguity. For example, where a health facility reported zero consumption of SP for the reporting period, it was found to be a documentation error. The meeting brought together IPs working on HIV, family planning, tuberculosis, and malaria. Next steps included the resupply of commodities; submission of a list of facilities with no health workers due to staff attrition; and participation in the LMCU zonal meeting in Bayelsa state on April 23, 2020, and in the next state-level meeting on May 27, 2020.

Activity 1.5.3: Provide TA to SMEP and SMOH to review/select health facilities receiving commodities with PMI support

Phase 1 roll-out of master facility listing/health facility registry training: PMI-S is supporting all public health facilities in Akwa Ibom state in this project. However, at the entry meeting with the SMEP and GHSC-PSM, serious concerns were raised about the disparity between the number of facilities in the District Health Information Software (DHIS2) platform and the number receiving PMI commodities. GHSC-PSM stated that the number of facilities supported with PMI commodities was higher than the number in the DHIS2 platform. This discrepancy affects the reporting rate and disproportionate report on the number of facilities supported in Akwa Ibom. To mitigate this mismatch, PMI-S collaborated with the MSH GF RSSH Project and the FMOH DHPRS to commence Phase 1 roll-out of the master facility listing/health facility registry training in Akwa Ibom state held from March 11 – 14, 2020. The objective of this training was to orient participants on validating functioning health facilities in Akwa Ibom state and entering them on the National Health Facility Registry platform: *hfr.health.gov.ng*. Phase 1 of the training was followed by a 10-day field validation exercise in all 31 LGAs in the state. Training on data collation and entry into the National Health Registry platform is scheduled to take place in FY20 Q3 (April-June 2020). When the roll-out of the master health facility listing is completed, PMI-S will support the SMEP to use the new health facility registry, malaria morbidity data, and other relevant data to prioritize health facilities for PMI support.

Activity 1.6.1: Develop and roll-out at scale, successfully piloted behavioral economics prototypes to improve provider adherence to case management guidelines

As part of the effort to adopt and finalize the roll-out process, the State Technical Malaria Lead participated in the meeting supported by BA-N to align PMI-S work plans to integrate the implementation of PMI Nigeria BE prototypes. PMI-S also participated in virtual meetings to review the various prototypes with BA-N.

Activity 1.6.2: Engagement meetings with critical stakeholders on roll out of provider behavioral economics prototypes for fever case management in Akwa Ibom state

PMI-S participated in a two-day (March 3-4, 2020) stakeholders' engagement clinical meeting organized by BA-N on recent updates to malaria and fever case management policies and guidelines, behavioral and systemic barriers to the provision of quality malaria services, and ways to address these barriers. Findings from Behavioral Economics to improve fever and malaria case management were presented to stakeholders. Plenary discussions were held on the roles of health managers and health authorities in improving adherence to malaria testing and treatment guidelines. A total of 32 participants from the LGAs, SMOH, SMEP, SPHCDA, and Local Government Service Commission attended the meeting.

Cross River

Activity 1.4.2: In consultation with SMEP and WRAIR, identify laboratories that can be supported to function as QA/QC centers

The PMI-S state team held discussions with the SMEP Manager and Director of Public Health of the Cross River SMOH on QA/QC activities and the need to identify a QA/QC center. To this end, the parasitology laboratory at the University of Calabar Teaching Hospital was identified as the state QA/QC center. The SMEP Manager is currently processing a formal request for approval of the university laboratory as the QA/QC center.

Ebonyi

Activity 1.4.2: In consultation with SMEP and WRAIR, identify laboratories that can be supported to function as QA/QC centers

To institutionalize the implementation of QA/QC system for malaria diagnosis in the state, the SMOH has identified the laboratory located at the General Hospital Onueke, Ezza South LGA – a PMI-supported hospital – for support to function as a QA/QC center. At the time of this report, the SMEP Manager is following up to obtain a letter from the Commissioner for Health officially communicating the decision to PMI-S. PMI-S will work with the Ebonyi state QA/QC team to assess the support needed for the laboratory to function as a malaria diagnosis QA/QC center.

Activity 1.5.1: Provide TA to SMOH/SMEP, HMB, and SPHCDA to triangulate NHLMIS and NHMIS data to improve commodity management at all levels

PMI-S and GHSC-PSM jointly supported the SMEP and SPHCDA to conduct monitoring visits to four primary health centers (PHC). There were no stock outs of malaria commodities at the facilities. However, multiple issues were identified, including a high RDT positivity rate of 98% at the Obulechi PHC, and discrepancies between the data recorded in the National Health Management Information System (NHMIS) tools (outpatient department [OPD] registers and monthly summary forms [MSF]) and the data in the National Health Logistics Management Information System (NHLMIS) data tools (Inventory Control Cards [ICC] and Bimonthly Facility Stock Report [BFSR]). Further details can be found in table 1 below.

Table 1: Triangulation of January and February 2020 NHMIS and NHLMIS data in Obulechi PHC, Abakaliki LGA

	Quantity, by data source		
Commodity	**NHMIS - OPD Register**	**NHMIS – MSF**	**NHLMIS – BFSR**
mRDT used	664	659	640
ACTs prescribed	653	613	748

The following identified issues were responsible for the discrepancy between the NHMIS and NHLMIS data:

- Poor data quality
- Non-validation of NHMIS and NHLMIS data at the health facility level to detect and correct errors prior to submission of data to the LGA
- Non-adherence to national guidelines for malaria treatment (some patients that tested negative using an RDT were given ACTs)

The health facility staff were mentored on guidelines for malaria treatment and correct documentation in the service delivery and logistics data tools. Emphasis was placed on regularly updating the inventory control cards and comparing them to the data on the HMIS OPD registers. The health facilities will be revisited in the next reporting period to assess improvements in performance and reinforce the skills of the facility staff. Furthermore, PMI-S, in collaboration with GHSC-PSM, will continue to strengthen the capacities of the SMEP, HMB, and SPHCDA to triangulate NHLMIS and NHMIS data during the feedback meeting of the SMEP, LMCU, and malaria focal persons on malaria bimonthly NHLMIS data scheduled in the next quarter.

Activity 1.5.2: Provide TA to SMEP/SMOH to strengthen functionality of LMCUs to ensure availability of laboratory diagnosis and malaria treatment commodities at health facilities

PMI-S held regular meetings with GHSC-PSM and LMCU to discuss the last-mile distribution and redistribution plans to ensure constant availability of malaria commodities in the health facilities. PMI-S supported the SMEP to address identified challenges, including the use of ACTs and mRDT by some health facilities for community outreach. The health facilities were mentored to desist from this practice, which dramatically increases the consumption of commodities and the resulting risk of stock outs. Additionally, the storage condition of the commodities, especially mRDT, cannot be guaranteed once they are removed from the health facility. In the next quarter, PMI-S will follow up with these health facilities to ensure compliance, and will leverage the feedback meeting of the SMEP, LMCU, and malaria focal persons on malaria bimonthly NLMIS data to provide similar technical guidance to other health facilities.

Activity 1.5.3: Provide TA to SMEP and SMOH to review/select health facilities receiving commodities with PMI support

During the engagement meeting with stakeholders, duplication of health facilities, non-functional health facilities, and inconsistent names of some health facilities on the DHIS2 platform were identified as factors impacting negatively on health facility reporting rates. As part of efforts to address these challenges, PMI-S participated in the Phase 1 roll-out of Master Facility Listing/Registry training in the State held with support from Global Fund RSSH project and coordinated by the FMOH. The training was attended by the Executive Secretary SPHCDA, Implementing Partners, the LGA M&E Officers and Administrative Secretaries. During the training, PMI-S State Coordinator highlighted the benefits of having a complete listing of health facilities in the State and appealed to the Health Managers to prioritize this activity which will lead to verification and delisting of nonfunctional and duplicated facilities. The training was followed by 10-day field work to validate all private and public health facilities in the state and assess their functionality, including documentation of available human resources. At the time of this report, data collation is ongoing to generate the LGA master health facility list, and subsequently the state master health facility list/registry. Within the next reporting period, PMI-S will provide TA to SMEP/SMOH in collaboration with GHSC-PSM to review the list of health facilities receiving PMI commodities, using the updated state master health facility list as a guide.

Activity 1.6.1: Develop and roll-out at scale, successfully piloted behavioral economics prototypes to improve provider adherence to case management guidelines

PMI- S participated in a meeting organized by BA-N in Abuja to disseminate the findings of the pilot study conducted in Nasarawa, Kebbi, and Akwa Ibom states on engaging different behavioral economics prototypes to improve health care provider adherence to RDT results for treatment decisions. The prototypes (testing before consultation, consultation package, data management and accountability, OPD talks, fever care card, and provider communication package) were piloted in primary and secondary health facilities. The findings of the study revealed that the prototypes were acceptable to both the clients and providers and progressively increased health provider adherence to mRDT results and malaria treatment guidelines in the three states. A follow-up virtual meeting was organized by BA-N to provide updates to partners on the progress made in the revision and finalization of the prototypes. BA-N stated that the tools have been revised and modified based on feedback and inputs from partners and stakeholders. The key next steps include finalization and integration of the prototypes into existing supervision checklists and job aids to avoid duplication of tools.

Activity 1.6.5: Develop additional standardized clinical presentations for health providers in secondary and tertiary health facilities

In the period under review, PMI-S held a meeting with BA-N to discuss and leverage their expertise and experience in providing TA to health facilities through standardized clinical presentations made during monthly clinical meetings to improve health providers' adherence to malaria rapid diagnostic test (RDT) usage and treatment guidelines. The clinical presentations shared by BA-N will be reviewed and adapted for use in secondary and tertiary health facilities in the state.

Oyo

Activity 1.1.1: **Support availability of national guidelines and training materials for malaria case management at the state and LGA levels and in health facilities**

During discussions on supporting the availability of national guidelines in states, PMI-S noted that the SMEP has forty (40) copies of the national guidelines for diagnosis and treatment (2015 version). PMI-S has recommended that the guidelines be distributed to the LGA PHC departments and other government institutions such as the SPHCDA, HMB, and SHIA.

Activity 1.5.3: Provide TA to SMEP to review/select health facilities receiving malaria commodities with PMI support

In a bid to achieve a more wide-spread, equal, and equitable distribution of malaria commodities and services, PMI-S facilitated and supported the SMEP to review the list of PMI-supported health facilities in Oyo state. The list of 182 PMI-supported health facilities included some facilities receiving malaria commodities from both PMI and the Oyo State Health Insurance Agency (SHIA). Based on the revisions proposed, health facilities receiving support from both PMI and the SHIA will be removed from PMI-supported health facilities and replaced with other high-volume, high-burden health facilities. Factors that were considered in the selection of these new facilities included DHIS2 data indicating malaria incidence, location by ward, services offered, client flow, location in an underserved community, previous existence as a surrogate facility, and suggestions and recommendations from IPs. The SMEP is thus proposing a list of one hundred and eighty three (183) facilities for support by PMI. The SMEP has sent the list of the proposed 183 facilities to the Commissioner for Health for approval.

Activity 1.6.1: Develop and roll out at scale, successfully piloted behavioral economics prototypes to improve provider adherence to case management guidelines

The state PMI-S Technical Malaria Lead, on two separate occasions, participated in the review of the provider Behavioral Economics prototypes. The prototypes are in the final stage of review, and the latest

recommendations being considered are to make it more user-friendly and integrate some elements of the tools into the National Supportive Supervisory Visits documents.

Task 2: Strengthen the NHMIS at the health facility, LGA, and state levels (including SMEP) and, if applicable, community level

Akwa Ibom

Activity 2.7.1: Mentor the SMEP and DPRS on assessing needs for printing and requesting available resources for printing and distribution of new NHMIS tools
PMI-S worked closely with the State HMIS Officer to estimate the number of 2019 NHMIS tools needed by state private and public health facilities for 12 months (Annex A).

Cross River

No PMI-S support for technical SME activities were carried out during this quarter, due to the lack of program staff. In the coming quarter, we expect to be fully staffed in the state and will start technical activities.

Ebonyi

Activity 2.6.4: Provide TA and logistics support, where necessary, to the SMEP, DPRS, HMB, and SPHCDA to leverage government and partner funding for orientation of health facility staff on correct filling of version 2019 NHMIS tools
As a follow-up to the state-level NHMIS tools ToT conducted by the Global Fund RSSH project in Ebonyi in June 2019, PMI-S supported the SMEP and the state Department of Planning, Research and Statistics (DPRS) to develop a training plan for cascading training to health facility staff. PMI-S will support the state DPRS to leverage the GF RSSH project for funds to conduct trainings in the LGAs in the next few months. This plan will be adjusted based on the COVID-19 situation.

Activity 2.7.1: Support the SMEP and DPRS on assessing needs for printing and requesting available resources for printing and distribution of new NHMIS tools
In February 2020, PMI-S worked closely with the SMEP and the state DPRS to estimate the number of 2019 NHMIS tools needed in public and private health facilities (see annex A). PMI-S will leverage the GF RSSH grant for printing tools in FY20, and will strengthen the SMEP's capacity to advocate for release of government funds for the production of tools in subsequent years.

Activity 2.8.2: Mentor and provide logistics support to SPHCDAs to conduct meetings for monthly NHMIS data validation (including triangulation with NHLMIS)
In March 2020, the PMI-S State Coordinator provided TA to the LGA malaria focal person and health facility staff during the data validation meeting in Onicha LGA. The meeting, which took place at the LGA Secretariat, was attended by officers-in-charge from 44 health facilities, the LGA M&E officer, malaria focal persons, and other program officers. During the meeting, the LGA team verified the data in the monthly summary form (MSF) and health facility registers, identified errors, and ensured that detected errors were corrected. The NHMIS registers were also checked for completeness. Common errors detected were incomplete documentation in the column for drugs given in the OPD register, and disparities between the data in the NHMIS registers and the data in the MSF. In order to address these issues going forward, the team suggested that the registers and MSF be verified and validated in the health facility by the officers-in-charge prior to data validation at the LGA level. The record officers and

service providers were advised to update the registers on a daily basis with all relevant information in the patients' folders. The validated data were submitted to the LGA M&E officer for entry into the NHMIS database (DHIS2). Most health facility staff came to the meeting with only the NHMIS registers. Going forward, facilities were asked to also bring inventory control cards and bimonthly stock reporting forms to the meeting so that triangulation of logistic and service delivery data can be conducted during the data validation exercise.

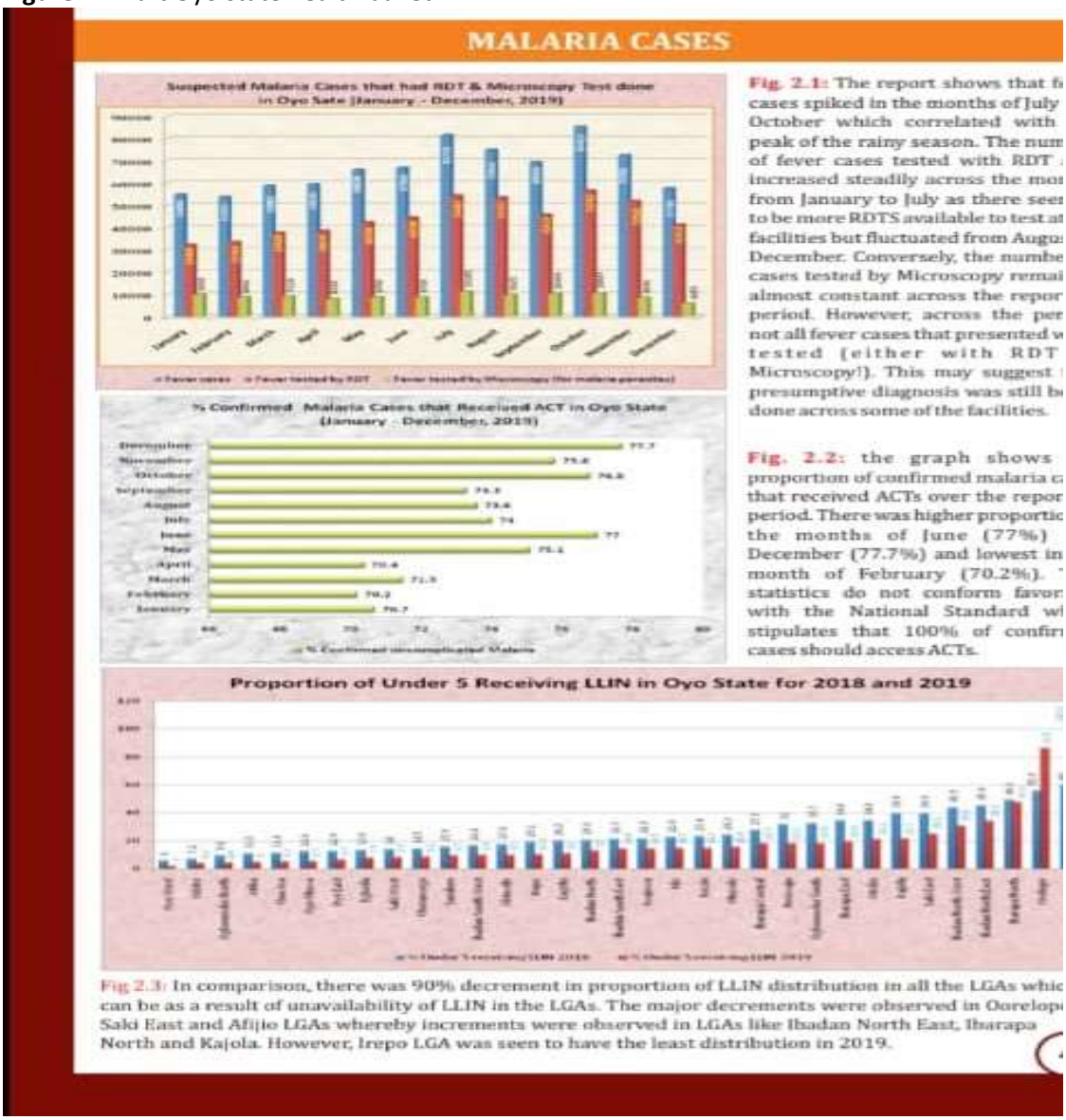
Oyo

Activity 2.5.2: Provide technical support to SMEPs to develop a quarterly malaria bulletin

In February 2020, PMI-S ensured the inclusion of key malaria indicators during the review of the state health bulletin, which provides information on malaria and other services. The bulletin is in its final draft (see figure 1 below); however, the advent of COVID-19 has led to some delays in the approval of the bulletin by the Commissioner. In addition, PMI-S commenced discussions with the SMEP to identify indicators and other information that will be included in state malaria bulletins. Initial indicators under consideration are:

- Proportion of OPD clients with confirmed malaria
- Proportion of fever cases tested with RDT or microscopy
- Proportion of malaria positive cases given ACTs
- Proportion of ANC first visits that received IPTp1
- Proportion of pregnant women that received IPTp2
- Proportion of pregnant women that received IPTp3
- Proportion of ANC first visits that received LLINs
- Proportion of fully-immunized children under the age of five that received LLINs
- Proportion of facilities that reported (reporting rate)
- Proportion of facilities on DHIS2 that report on time (timeliness)

Figure 1: Draft Oyo state health bulletin



As shown in figure 1 above, the Oyo State Health Bulletin includes select malaria indicators. The figure labeled Fig. 2.1 shows higher fever cases between July and October of 2019, which coincides with the peak of the rainy season. The figure labeled Fig. 2.2 shows that more malaria positive cases received an ACT in the second half of the year from May to December 2019 than in the January to April 2019 period.

Activity 2.6.2: Leverage periodic meetings to mentor LGA M&E, malaria, and LMCU focal persons on data entry, data quality checks and data validation (range checks) at facility and LGA levels, and data validation

In Oyo, PMI-S leveraged the monthly LGA data validation and bi-monthly logistics data review meetings to mentor LGA M&E officers, LGA logisticians, malaria focal persons, and facility records personnel on NHMIS and NHLMIS data quality. PMI-S mentored data clerks in the LMCU by reviewing the process of validating the bimonthly facility stock reports (BFSR) and subsequently tallying the numbers with proof of delivery data. Staff were also mentored on how to verify that commodities transferred in or out of a facility are appropriately captured on the BFSR. Common issues detected were indecipherable figures in the BSFR (mostly because when errors were corrected, strikethroughs were not neat and register figures

became illegible), commodities transferred in and out of a facility not being well-documented on the inventory control cards, and transcription errors.

In addition to the above, in March 2020, PMI-S further supported the DPRS/NHMIS Unit to monitor monthly data validation meetings in six LGAs: Ibadan North, Ibadan North East, Ibadan South West, Oluyole, Egbeda, and Ona Ara (see table 2 below). In addition to transporting state officials to the data validation clusters, PMI-S supported the cross-checking of selected facilities' monthly summary forms with the malaria data in their OPD registers. Three facilities were randomly selected across each cluster visited. Across the health facilities, the team observed different terms for fever such as “high temperature” and “pyrexia,” which caused some confusion and errors in counting. Facilities were encouraged to exercise care while counting fever cases in the OPD register, as incorrect counting results in data quality issues. They were all further encouraged to avoid data quality issues by correctly indicating “fever” and not using “pyrexia” or “high temperature” in the OPD register.

Table 2: LGA data validation meetings in Oyo state

LGA	# OF PUBLIC FACILITIES IN ATTENDANCE	# OF PRIVATE FACILITIES IN ATTENDANCE	TOTAL # OF HEALTH FACILITIES IN ATTENDANCE
IBADAN NORTH	30	20	50
IBADAN NORTH EAST	30	19	49
IBADAN SOUTH WEST	27	10	37
OLUYOLE	49	20	69
EGBEDA	26	29	55
ONA ARA	37	40	77

Activity 2.6.4: Provide TA and logistics support, where necessary, to the SMEP, DPRS, HMB, and SPHCDA to leverage government and partner funding for orientation of health facility staff on correct filling of version 2019 NHMIS tools

In February 2020, the GF RSSH grant supported a two-day training of 2,706 health care workers in both private and public health facilities across the 33 LGAs in the state on the use of the 2019 NHMIS tools. The PMI-S State Technical Malaria Lead facilitated sessions on OPD and general attendance registers in 10 LGAs, covering a total of 131 participants (67 men and 64 women).

Activity 2.7.3: Mentor the SMEP and DPRS to include a budget line for printing NHMIS tools in SMOH DPRS budget in 2021

In Oyo, the GF RSSH grant has indicated that in 2020 it will print a sufficient number of NHMIS tools for more than 12 months. In light of this, PMI-S initiated key discussions with the DPRS and the state HMIS officer to ensure that the 2021 state budget includes adequate provisions for printing tools, so that they will be available for use by the time the supply printed by the GF RSSH grant is exhausted.

Task 3: Provide TA to the SMEP to accelerate progress in drug-based prevention and treatment approaches, mainly IPTp services provided during ANC

Akwa Ibom

Activity 3.4.1: Participate in PSM-TWG and LMCU meetings

PMI-S participated in the bimonthly logistics data review meeting for the Uyo cluster. During the meeting, presentations were given on the reporting rate for all programs, with malaria recording 100%. GHSC-PSM mentioned that commodity supply to facilities without personnel will be discontinued. It was recommended that the LMCU advocate to the Honorable Commissioner for Health to deploy health workers to these facilities. The other issue raised by GHSC-PSM was the need to review the current strategy of supporting bi-monthly logistics data collection through cluster meetings, as the cost of funding the meetings was too high. The next steps agreed to were, firstly, for the Local Government Service Commission to share the list of facilities without personnel (closed health facilities) with the LMCU, and secondly, for the LMCU to advocate to the government for deployment of health workers to the closed facilities. Thirdly, as a cost reduction mechanism, GHSC-PSM will pilot leveraging the LGA data validation meetings for logistics data collection.

Cross River

No PMI-S support for drug-based prevention and treatment approaches was carried out during this quarter, due to the lack of program staff. In the coming quarter we expect to be fully staffed in the state and will start technical activities.

Ebonyi

Activity 3.2.2. Support SMEP to work with SMOH and SPHCDA to convene MIP working group meetings

PMI-S participated in and provided support to the Malaria and Reproductive, Maternal, Newborn, Child, Adolescent Health+Nutrition (MAL-RMNCAH+N) TWG meeting. The meeting attendees included directors in the SMOH; program officers; and representatives from the SPHCDA, HMB, federal teaching hospital, CSOs, and IPs such as BA-N, the TIPTOP project, and GHSC-PSM. The objectives of the meeting were to share technical information and best practices on malaria elimination and RMNCAH+N; identify opportunities for synergy, leveraging of resources, and collaboration with programs and relevant stakeholders; and discuss state-specific challenges to MAL-RMNCAH+N program implementation and proffer solutions.

To ensure effective coordination of activities, the various units of the SMOH, SPHCDA, health institutions, and CSOs implementing MAL-RMNCAH+N programs in the state made presentations on program updates and upcoming activities. Furthermore, discussions were held about the joint malaria and reproductive health (RH) quarterly activity plan, which was drawn from the 2020 malaria AOP and the RH AOP. The meeting also provided an avenue for sensitizing stakeholders to the scope of PMI-S technical support, and to their respective roles in increasing IPTp uptake in the state. Additionally, PMI-S contributed to technical discussions on malaria in pregnancy (MIP) and will follow up with the SMEP and RH managers to share the

malaria and RMNCAH+N AOP via e-mail with the members of the TWG and IPs. PMI-S will provide technical and logistical support for activities in the malaria and RMNCAH+N AOPs that are within the scope and deliverables of the project. Similarly, PMI-S will work with the RH Manager to provide support for the planning of the MNCH Week scheduled for May 2020. In the next quarter, PMI-S will support SMEP and RH Managers to review the terms of reference and membership of this TWG, which serves as a coordinating body for all of the MAL-RMNCAH+N interventions implemented in the state.

Oyo

Activity 3.1.1: Support dissemination of MIP guidelines
During discussions with the SMEP on the need to promote the use of MIP guidelines among health workers, PMI-S noted that the SMEP has 40 copies of the national guidelines for the prevention of malaria in pregnancy (2014 version). The PMI-S STML advised the SMEP to distribute the guidelines to LGA malaria units and relevant agencies such as the SPHCDA, SHIA, and HMB. The SMEP will distribute the guidelines in April-May 2020, and PMI-S will support the SMEP to promote their usage by health managers.

Activity 3.2.3: Support SMEP to collaborate with SMOH and SPHCDA to establish and sustain the MAL-RMNCAH+N technical working group
The MIP TWG is non-existent in Oyo state and the MAL-RMNCAH+N TWG is yet to be established. PMI-S and the SMEP have engaged with the RH Coordinator in the SPHCDA on the benefits of the state having a MAL-RMNCAH+N TWG to coordinate and integrate malaria services into existing RMNCAH+N services. The SPHCDA has developed a tentative membership list. PMI-S will review the list in line with the TWG TORs and initial take-off of the TWG.

Task 4: Strengthen the capacities of the SMEPs and LGAs to lead, coordinate, manage, implement, monitor, and sustain malaria control interventions

Akwa Ibom

Subtask 4.1 Assist the SMOH and SMEP to strengthen coordination structures for malaria case management, SME, MIP, and HSS
Planning for commemoration of 2020 World Malaria Day (WMD): The PMI-S team actively participated in the planning meeting coordinated by the Advocacy, Communication and Social Mobilization (ACSM) core group and held in March 2020 to plan for the commemoration of WMD 2020. During the meeting, partners worked with the ACSM unit of the SMEP to develop a budget for this activity; however, it has been suspended due to the COVID-19 pandemic and resulting lockdown in the state. Presently, the WMD plan has been revised to limit the commemoration to only media-based activities. Advocacy tool kits were developed, and partners were asked to review them, which PMI-S also participated in via WhatsApp group.

Activity 4.1.5 Participate in quarterly Partners Fora
PMI-S participated in the inauguration and inaugural meeting of the Partners Forum held on March 11, 2020, at the conference room of the SMOH. The meeting was chaired by the Permanent Secretary of the SMOH with participants from 21 development partners, directors of all directorates in the SMOH, and the executive secretary of the SPHCDA. The DPRS presented the department's work plan for the year, and each partner gave a brief introduction.

This meeting will be held monthly to fine-tune the coordination processes including communication channels between the partners and the SMOH. All partners are expected to present their project work plans at the next meeting.

Cross River

No PMI-S support for Task 4 activities was carried out during this quarter, due to the lack of program staff in Cross River. In the coming quarter, we expect to be fully staffed in the state and will start technical activities.

Ebonyi

Subtask 4.1: Assist the SMOH and SMEP to strengthen coordination structures for malaria case management, SME, MIP, and HSS

PMI-S participated in the Malaria Advocacy, and Social Mobilization (ACSM) core group meeting organized in the state during the reporting period. The objectives of the meeting were to ascertain the implementation status of malaria ACSM activities in the state, discuss identified challenges and proffer solutions, and inaugurate the planning committee for the 2020 WMD Celebration. In attendance were SMOH directors, program officers, partners (BA-N, VectorLink, and TIPTOP), and representatives from the media, CSOs, and health institutions. PMI-S leveraged the meeting to present the project's scope and deliverables to the ACSM core group. The PMI-S State Coordinator, who was nominated to serve as a member of the WMD planning committee, provided technical support to the committee. The committee was tasked with the planning and mobilization of resources from the state government and partners for the activities lined up for the commemoration of WMD. The activities include a rally/road walk, a media chat/press briefing, announcement jingles, town hall meetings, and phone-in calls to a live television program.

Activity 4.2.2 Provide technical assistance and logistics support for trained state and LGA supervisory teams to conduct health facility-level supervision and mentoring using existing tools

PMI-S, in collaboration with GHSC-PSM, provided TA and supported the SMEP and SPHCDA to conduct monitoring visits to four health facilities in Onicha and Abakaliki LGAs that had poor data quality, and questionably high consumption rates of ACTs and mRDT. The monitoring team comprised the SMEP M&E officer and LGA malaria focal persons. There was no stock out of malaria commodities in all the visited facilities. However, the following issues were identified:

- Prescription of injectable artemether (supplied by SPHCDA) for treating uncomplicated malaria in addition to oral ACTs at Oshiri Model PHC (in Onicha LGA) and Maternal and Child Health PHC Azuiyiokwu (in Abakaliki LGA).
- Prescription of ACTs to patients who tested negative for RDTs
- Poor documentation in the data tools
- High malaria RDT positivity rate in all health facilities
- Disparity between the consumption data in the ICC and BFSR, and service delivery data in the NHMIS registers (see Activity 1.5.1.)

The health providers were mentored on the national malaria treatment guidelines and proper documentation in the data collection tools. A practical demonstration of the procedure for RDT was conducted to build the skills of the health workers.

Following the facility visits, PMI-S held a meeting with the SMEP Manager, Executive Secretary of the SPHCDA, and the Director of Pharmaceutical Services to discuss the findings of the supportive

supervision. A key outcome of this meeting is that the SPHCDA and LMCU agreed to withdraw and discontinue the supply of injectable artemether to PHCs for the treatment of uncomplicated malaria. The supervised health facilities will also be followed up to assess progress towards addressing the identified gaps during subsequent monitoring visits and LGA data validation meetings.

Oyo

Activity 4.1.5: Participate in quarterly Partners' Fora (ATM Forum in Oyo; Partners' Fora in Ebonyi and Cross River)
TA was provided at the state's stakeholders meeting and the ATM Forum, which both convened during the reporting period. Both fora were leveraged to acquaint stakeholders in the state on the scope of PMI-S interventions and to identify areas of leverage, such as the possibility of buying into the GF RSSH joint supportive supervisory activities to mentor healthcare providers on effective service delivery; and the Basic Healthcare Fund (BHCF) domiciled within the SPHCDA, which could be leveraged to make malaria commodities and services available at the PHCs. The trends of selected indicators across the various disease areas were projected by the DPRS, while the stakeholders present were further encouraged to support the State's COVID-19 response efforts.

Activity 4.6.5: Support SMEP to develop a database of trained malaria service providers in the state
The SMEP has been furnished with the database of health care workers who were trained on the 2019 NHMIS tools. The unit has also been supported in liaising with the Directorate of Pharmaceutical Services to archive a database of state trainers for the malaria commodity logistics system. The SMEP is presently in the process of securing the list of state officials trained on QA/QC by WRAIR. Going forward, the SMEP Unit, through the M&E Officer, will be supported to archive the lists of training participants, which will be entered into the training database once the database is finalized.

2.3 Implementation challenges

During the quarter, PMI-S faced the following challenges to implementing planned activities:

(i) Inability to implement planned activities that require physical meetings, trainings, or travel to health facilities as a result of the COVID-19 state-wide partial lockdown in all four states. The project has developed a mitigation plan for the lockdown period, which includes staff working from home and conducting virtual meetings when possible. In Akwa Ibom state, the lockdown commenced on April 3, 2020. Before this time, PMI-S staff had already commenced working from home since March 24, 2020, as directed by MSH. Accessing data and other information that require referring to documents poses a lot of challenges, since the SMEP/SMOH staff are also working from home, while the files are locked in their offices and health facility visits are not feasible at this time.

(ii) Finding suitable candidates to fill project positions has been challenging. Recruitment in Cross River has been particularly difficult, and all program positions in the state remained vacant as of March 31, 2020. PMI-S has not participated actively in technical activities in Cross River, and as a result, has not been able to report on activities related to Tasks 1-4 in the state. PMI-S has submitted a nomination package to USAID for the Cross River State Coordinator position and recruitment is ongoing for other positions. The Cross River state project team is currently led by the Finance and Administration Manager.

(iii) Using baseline analysis findings to develop AOPs and set baseline targets in the activity, monitoring, evaluation, and learning plan (AMELP) may be delayed, due to delays in National Human Research Ethics Committee approval and the COVID-19 lockdown that may hinder timely primary data collection.

2.4 PMP plan update

PMI-S is currently revising the TO 03 AMELP to align with the guidance provided by DevTech-MEL. With the onboarding of new TO 03 staff, PMI-S state teams are working to obtain and verify baseline information from state reports, and set realistic targets. A revised draft of the AMELP will be submitted in the next quarter.

3. INTEGRATION OF CROSSCUTTING ISSUES AND USAID FORWARD PRIORITIES

3.1 Gender equality and female empowerment

No malaria-specific gender issues have been identified yet. All 16 state staff recruited as of March 31, 2020, have received an orientation on the USAID Gender Equality and Women's Empowerment Policy.

3.2 Sustainability mechanisms

- Staffing SMEP: PMI-S TA to SMEPs will strengthen their capacity to carry out their functions. The SMEP requires adequate staffing to enable it to perform its functions across all thematic areas. In addition, relevant staff dedicated to the thematic areas must be available to receive TA transfer from PMI-S. The Oyo SMEP has sent a formal request for a dedicated integrated vector management officer and SMEP logistician to the Commissioner for Health. Once approved, the Oyo SMEP will be staffed with six key staff to oversee the six key thematic areas. PMI-S co-location with SMEP/SMOH in Ebonyi state will enhance skills transfer to the SMEP and other stakeholders in the SPHCDA. Similarly, PMI-S' plan to have desks in the SMEP in Akwa Ibom, Ebonyi and Oyo will also enhance PMIS/SMEP interactions and skills transfer to the SMEP.

- Supporting implementation of state malaria AOPs and working with existing systems instead of vertical programs will promote sustainability of state malaria programs.

- Active involvement of the private sector in malaria control through Banyan Global is aimed at improving the quality of malaria services and reporting in private health facilities.

3.3 Environmental compliance

Interventions to address environmental management issues in the project EMMP will be included in the health facility mentoring and supervision activities and will be monitored as part of the supervisory system.

3.4 Youth development

Presently, the Oyo SMEP has five National Youth Service Corp members complementing the available human resources in the unit and learning about malaria program implementation.

3.5 Policy and governance support

PMI-S did not provide any policy or governance support during the quarter

3.6 Local capacity development

PMI-S is working with NIFAA, a local organization, to implement advocacy activities for increased domestic resource mobilization from the public and private sectors. During the course of this work, PMI-S will support NIFAA in the development of technical components of advocacy and resource mobilization materials for use at the state and LGA levels.

4. STAKEHOLDER PARTICIPATION AND INVOLVEMENT

During the reporting period, PMI-S engaged with BA-N, GHSC-PSM, the PMI VectorLink project, and other malaria IPs; as well as the SMOH, SMEP, HMB, SPHCDA, Local Government Service Commission, and others, in processes leading to the development of the TO 03 FY20 work plan. Similarly, meetings were held with the PMI IPs at the state level. The PMI IPs agreed to schedule monthly meetings to share and harmonize work plans; discuss emerging issues; jointly support the SMEP, SPHCDA and HMB to conduct health facility monitoring visits; and address identified challenges.

Relevant SMOH officials participated in the recruitment of state project staff. In addition, job advertisements were shared with the SMEP/SMOH in each state for wider circulation.

PMI-S held meetings with the GF RSSH grant and enlisted the state support for facility-level training of health workers to use the 2019 NHMIS data tools. The training has been conducted in Oyo state, and preparations are ongoing to train health workers in the other three states.

During the FY20 work plan development process, PMI/Nigeria held meetings with PMI-S and the SMEP Managers from the four TO 03 states to discuss the technical direction of PMI-S. Discussion topics included PMI/Nigeria support for the upcoming LLIN mass campaign in Oyo state (and the role of PMI-S in the campaign), quality supervision, a QA/QC system that is state-focused, provision of a desk for PMI-S in states where PMI-S is not co-locating with the SMEP/SMOH, and integration of other programs into the Data Control Room in Akwa Ibom state. The Data Control Room, which was set up by Family Health International with funding from the United States Government, currently processes HIV data for the state.

5. MANAGEMENT AND ADMINISTRATIVE ISSUES

PMI-S ensured rapid mobilization after the TO 03 award, including conducting entry meetings with key stakeholders in all states. PMI-S wrote official letters to the SMOH in the four states to request office space for the state project team. However, only Ebonyi SMOH provided a suitable office space for PMI-S. PMI-S has identified rented office space in Akwa Ibom, Cross River and Oyo states. In the states where the full PMI-S state team is not co-locating with the SMEP, PMI-S intends to have PMI-S desks in the SMEP office to enhance interactions with and skills transfer to the SMEP when project staff are working in the SMEP office.

Staff recruitment is being implemented in phases, ensuring that critical staff needed for start-up are on board. As of March 31, 2020, a total of 16 out of 53 state and regional staff had been onboarded, including four out of eight (50%) TO 03 key personnel. Recruitment of other state and regional staff is in progress according to the planned phasing plan.

PMI-S issued letters of authorization to all three consortium partners (Banyan Global, ThinkWell, and NIFAA) so that planning and initial technical work could begin. We expect to sign the three sub-contracts and hold post-award meetings with all partners in the coming quarter.

6. LESSONS LEARNED

PMI-S gathered several lessons learned during the quarter, including the following major lessons:

- Low ICT capacity/proficiency of key State Officials and reliance on paper-based systems: PMI-S is building the capacity of key staff on teleworking.
- State paper-based documents not readily accessible during lockdown in states: PMI-S will encourage state officials to archive electronic copies of minutes of meetings and reports.
- Need to manage expectations at state and LGA levels (e.g. state requesting project to procure motorcycles or requesting to manage project funds): PMI-S will share shared key work plan activities with the SMOH and continue to orient them to project approaches.

Table 3 below includes further details on these major lessons, as well as additional lessons learned.

Table 3: PMI-S Learning Approach (PLA) Lessons Learned Collection Worksheet

#	THEME	Describe the positive and/or negative experiences related to this theme.	Describe key contributing factors that influenced the lesson learned		Describe the recommended action.
			What were the internal factors that influenced successes or challenges?	*What were the external factors that influenced successes or challenges?*	
1	Stakeholder engagement in times of emergency (e.g. COVID-19 lockdown)	Instances from the COVID-19 lockdown where on-site and physical engagements are practically impossible due to social/physical distancing measures	Internal factors that influenced the challenge were mainly related to the fact that we were unprepared for the magnitude of the disease and the attendant magnitude of the national/state responses.	An external factor that aggravated the challenge was the low/no IT capacity/proficiency of key state officials who were mandated to work from home as a result of the partial lockdown. Another factor was the fact that these officials were not provided with data bundles by the SMOH to effect online assignments before or during the work from home period. Additionally, some paper-based documents were left in the offices, and information contained in them was not accessible when needed.	It is advised that: (i) PMI-S build the IT capacity of state officials to be able to conduct on-line communications either from home or their offices. Provision of the necessary equipment (laptops, data subscriptions, etc.) should also be considered. (ii) PMI-S state teams cultivate and leverage existing personal relationships in order to pull through with communication with state officials.
2	Engagement of PMI-S state field while working from home	Online and check-in meetings are done on platforms (especially Webex) with a heavy/high bandwidth, which is expensive.	Preference for higher band-width platform like Webex	None	(i) There is a need to consider more user-friendly, lower-bandwidth platforms like Zoom and Hangouts. (ii) Higher allowable subscription rates should be considered for all PMI-S officers working from home to cushion the effects of data bundle unavailability.

#	THEME	Describe the positive and/or negative experiences related to this theme.	Describe key contributing factors that influenced the lesson learned		Describe the recommended action.
			What were the internal factors that influenced successes or challenges?	*What were the external factors that influenced successes or challenges?*	
3	Ripple effects of COVID-19	There is a likelihood of more people reporting at the health facilities with fever.	None	COVID-19 pandemic	(i) There arises the urgent need and opportunity to emphasize and step up diagnosis for all fever cases (specifically with RDTs). Thus, RDTs need to be made available at all health centers and hospitals (private/public) for rapid diagnosis. (ii) Considerations need to be given to the frontline health workers at both private and public facilities to access personal protective equipment.
4	PMI-S state budgets	It is advisable to share program budgets with states to increase their understanding of the scope of PMI-S program implementation.	Likely past experiences sharing program budgets with states	This engenders a stronger sense of ownership from the state stakeholders (SMEP, DPRS).	It is advisable to share program budgets (even if slightly edited) with the states.
5	Managing stakeholders' expectations; for example, state and LGA officials requesting the provision of motorcycles by the project for facility monitoring	It is important to orientate stakeholders on project focus and what the project will not do.	Stakeholders' experience with other donor-funded projects	Stakeholders' experience with other donor-funded projects	It is important to provide robust orientation on project focus and what is outside the mandate of the project.

#	THEME	Describe the positive and/or negative experiences related to this theme.	Describe key contributing factors that influenced the lesson learned		Describe the recommended action.
			What were the internal factors that influenced successes or challenges?	*What were the external factors that influenced successes or challenges?*	
6	Collaboration	PMI-S is collaborating with PMI/Nigeria IPs in the states (BA-N, GHSC-PSM, and VectorLink) to plan, conduct program activities, discuss emerging issues, and identify opportunities for leveraging resources to optimize PMI support to the states. This integrated approach has strengthened PMI TA and support to SMOH/SMEP and improved the quality of malaria services in the supported health facilities	Collaboration of PMI-S and PMI/Nigeria IPs at the national level	The stakeholders and policy makers created an enabling environment for the implementation of PMI-supported activities in the states.	PMI-S will continue to work collaboratively with other IPs and stakeholders to ensure that the project achieves sustainable results.

7. PLANNED ACTIVITIES FOR NEXT QUARTER INCLUDING UPCOMING EVENTS

The following activities are planned for FY 20 Q3:

- Continue to monitor the COVID-19 situation and adjust work plan activities and operations as needed.
- Mentor SMEP to convene regular coordination meetings for case management stakeholders
- Support conduct of EQA in selected secondary health facilities
- Support states to identify laboratories for use as QA/QC centers, and develop a plan for operationalizing the QA/QC center in Akwa Ibom
- Provide TA to SMEP to review/select health facilities receiving malaria commodities with PMI support

- Hold engagement meetings with critical stakeholders to roll out provider behavioral economics prototypes in all states
- Conduct baseline analysis of malaria program management in all four TO 03 states
- Support LGA data validation meetings/data collection and analysis
- Provide technical support to SMEPs to develop a quarterly malaria bulletin
- Identify challenges and solutions to improve reporting rate from secondary and tertiary health facilities
- Participate in quarterly Partners Fora and other coordination meetings
- Procure tablets for supportive supervision and data quality assessment (DQA)
- Support the development of state 2021 malaria AOPs
- PMI-S consortium partner for private sector engagement, Banyan Global, to work with the SMOH/SMEP to start conducting baseline mapping of private sector partners in Akwa Ibom and Oyo states
- Finalize AMELP
- Complete renovation of PMI-S office in Ebonyi state
- Progress on recruitment of all vacant positions

8. How implementing partner has addressed A/COR comments from the last quarterly or semi-annual report

This is the first quarterly report of TO 03, so this section is not applicable.

9. Financial management

[redacted]

Table 4. PMI-S budget, obligations, and expenditures as of March 31, 2020

ANNEX A: PROGRESS SUMMARY

Indicators	Data Source	Region/ State	Baseline data		FY20		Quarterly Status – FY20				ual Performance ieved to Date (in %)	Target Justification for Fiscal Year of this Annual Report
			Year	Value	Annual Cumulative Planned Target	Annual Cumulative Actual	Q1*	Q2	Q3	Q4		
GOAL: Contribute to the NMEP vision of achieving "a malaria free Nigeria" and the PMI Strategy 2015-2020 goal to further reduce malaria deaths and substantially decrease malaria morbidity toward the long-term goal of elimination.												
1. Under-five mortality rate per 1,000 live births in the target states **[PMI-S IDIQ]**	NDHS/NMIS	Akwa Ibom	2018	98	N/A	N/A		-			N/A	NMIS 2020 has not been conducted
		Cross River		80	N/A	N/A		-			N/A	
		Ebonyi		91	N/A	N/A		-			N/A	
		Oyo		64	N/A	N/A		-			N/A	
2. Proportion of children under the age of 5 with parasitaemia [PMI-S IDIQ]	NDHS/NMIS	Akwa Ibom	2018	23.2%	N/A	N/A		-			N/A	NMIS 2020 has not been conducted
		Cross River		19.5%	N/A	N/A		-			N/A	
		Ebonyi		30.5%	N/A	N/A		-			N/A	
		Oyo		23.8%	N/A	N/A		-			N/A	
Objective 1: Improve the quality of and access to comprehensive malaria case management												
3. Proportion of children under the age of 5 with fever in the last two weeks who had a finger or heel stick	NDHS/NMIS	Akwa Ibom	2018	18%	N/A	N/A		-			N/A	NMIS 2020 has not been conducted
		Cross River		19.3%	N/A	N/A		-			N/A	
		Ebonyi		17.9%	N/A	N/A		-			N/A	
		Oyo		16.1%	N/A	N/A		-			N/A	
	NDHS/NMIS	Akwa Ibom	2018	41.9%	N/A	N/A		-			N/A	

4. Proportion of children receiving an ACT among children under 5 years old with fever in the last two weeks who received any antimalarial drugs DHS		Cross River		41%	N/A	N/A		-			N/A	NMIS 2020 has not been conducted
		Ebonyi		50.6%	N/A	N/A		-			N/A	
		Oyo		37.2%	N/A	N/A		-			N/A	
5. Proportion of children under-5 years old with fever in the last two weeks for whom advice or treatment was sought	NDHS/NMIS	Akwa Ibom	2018	69.5%	N/A	N/A		-			N/A	NMIS 2020 has not been conducted
		Cross River		83.5%	N/A	N/A		-			N/A	
		Ebonyi		64.3%	N/A	N/A		-			N/A	
		Oyo		80.8%	N/A	N/A		-			N/A	
6. Proportion of facilities (malaria treatment sites) in the target states with the capacity to test for malaria [PMI-S IDIQ]	Baseline, midline, endline	Akwa Ibom	2020	TBD	N/A	N/A		-			N/A	Midline data will be reported when midline is conducted.
		Cross River		TBD	N/A	N/A		-			N/A	
		Ebonyi		TBD	N/A	N/A		-			N/A	
		Oyo		TBD	N/A	N/A		-			N/A	
7. Proportion of persons with fever (suspected malaria) who received a parasitological test (RDT or microscopy) **[TO 03 RFTOP and PMI-S IDIQ]**	NHMIS	Akwa Ibom	2019	96%	TBD^	97.5%		97.5%			TBD^	No technical staff in Cross River, therefore project activities have not yet begun at the health facility level.
		Cross River		95%	TBD^	95.7%		95.7%			TBD^	
		Ebonyi		99%	TBD^	99.4%		99.4%			TBD^	
		Oyo		81%	TBD^	80.9%		80.9%			TBD^	
8. Proportion of patients with suspected malaria	NHMIS	Akwa Ibom		TBD	TBD^	97.5%		97.5%			TBD^	No technical staff in Cross River,

who received parasitological test [TO3 RFTOP]		Cross River		TBD	TBD^	95.7%		95.7%			TBD^	therefore project activities have not yet begun at the health facility level.
		Ebonyi		TBD	TBD^	99.4%		99.4%			TBD^	
		Oyo		TBD	TBD^	80.9%		80.9%			TBD^	
9. Proportion of persons testing positive with a parasitological test (either RDT or microscopy) [PMI-S IDIQ]	NHMIS	Akwa Ibom	2019	76%	TBD^	76.5%		76.5%			TBD^	No technical staff in Cross River, therefore project activities have not yet begun at the health facility level.
		Cross River		77.6%	TBD^	77.1%		77.1%			TBD^	
		Ebonyi		83.6%	TBD^	83%		83%			TBD^	
		Oyo		73%	TBD^	72%		72%			TBD^	
10. Proportion of patients with confirmed malaria who received first line antimalarial treatment according to national policy (ACT) [TO3 RFTOP]	NHMIS	Akwa Ibom	2019	96.8%	TBD^	96.1%		96.1%			TBD^	No technical staff in Cross River, therefore project activities have not yet begun at the health facility level.
		Cross River		94.3%	TBD^	94.1%		94.1%			TBD^	
		Ebonyi		99.5%	TBD^	93.5%		93.5%			TBD^	
		Oyo		97.3%	TBD^	99.3%		99.3%			TBD^	
11. Proportion of sick children who received appropriate treatment	cHMIS	Akwa Ibom	N/A	N/A	N/A	N/A		-			N/A	cHMIS activities are projected to begin in PY2
		Cross River		N/A	N/A	N/A		-			N/A	

according to protocol for malaria [PMI-S IDIQ]		Ebonyi		N/A	N/A	N/A		-			N/A	
		Oyo		N/A	N/A	N/A		-			N/A	
12. Proportion of children with diarrhea treated with ORS and Zinc [TO3 RFTOP]	cHMIS	Akwa Ibom	N/A	N/A	N/A	N/A		-			N/A	cHMIS activities are projected to begin in PY2
		Cross River		N/A	N/A	N/A		-			N/A	
		Ebonyi		N/A	N/A	N/A		-			N/A	
		Oyo		N/A	N/A	N/A		-			N/A	
13. Proportion of children with pneumonia treated with antibiotics [TO3 RFTOP]	cHMIS	Akwa Ibom	N/A	N/A	N/A	N/A		-			N/A	cHMIS activities are projected to begin in PY2
		Cross River		N/A	N/A	N/A		-			N/A	
		Ebonyi		N/A	N/A	N/A		-			N/A	
		Oyo		N/A	N/A	N/A		-			N/A	
14. Number of PPMVs/CHWs supported by PMI-S to implement iCCM/malaria case management	iCCM program reports	Akwa Ibom	N/A	N/A	N/A	N/A		-			N/A	cHMIS activities are projected to begin in PY2
		Cross River		N/A	N/A	N/A		-			N/A	
		Ebonyi		N/A	N/A	N/A		-			N/A	
		Oyo		N/A	N/A	N/A		-			N/A	
15. Proportion of children under five years with confirmed uncomplicated malaria treated with ACTs in accordance with the national treatment guidelines [PMI-S IDIQ]	NHMIS	Akwa Ibom	2019	99.3%	TBD^	99.4%		99.4%			TBD^	No technical staff in Cross River, therefore project activities have not yet begun at the health facility level.
		Cross River		94.1%	TBD^	97.8%		97.8%			TBD^	
		Ebonyi		100%	TBD^	100%		100 %			TBD^	
		Oyo		97.2%	TBD^	85.7%		85.7%			TBD^	

16. Proportion of PMI-S supported health facilities with at least one provider trained in QA/QC	Baseline, Midline, Endline	Akwa Ibom		TBD	N/A	N/A		-			N/A	Midline data will be reported when midline is conducted.
		Cross River		TBD	N/A	N/A		-			N/A	
		Ebonyi		TBD	N/A	N/A		-			N/A	
		Oyo		TBD	N/A	N/A		-			N/A	
Objective 2: Improve data quality, interpretation, and use												
17. **Timeliness:** Proportion of health facilities reporting on time **[TO3 RFTOP & PMI-S IDIQ]**	NHMIS	Akwa Ibom	2019	95.1%	TBD^	76.1%		76.1%			TBD^	No technical staff in Cross River, therefore project activities have not yet begun at the health facility level.
		Cross River		99.3%	TBD^	79.8%		79.8%			TBD^	
		Ebonyi		98.5%	TBD^	60.6%		60.6%			TBD^	
		Oyo		99.2%	TBD^	92.9%		92.9%			TBD^	
18. Reporting Rate: Proportion of expected reports from health facilities received [TO3 RFTOP & PMI-S IDIQ]	NHMIS	Akwa Ibom	2019	84.8%	TBD^	78.7%		78.7%			TBD^	No technical staff in Cross River, therefore project activities have not yet begun at the health facility level.
		Cross River		82.7%	TBD^	80.2%		80.2%			TBD^	
		Ebonyi		86.1%	TBD^	60.9%		60.9%			TBD^	
		Oyo		91.4%	TBD^	93.1%		93.1%			TBD^	
19. Proportion of state TWG and sub-committee meetings	Meeting minutes and checklist	Akwa Ibom		0%	TBD^	0%		0%			0%	Data was discussed in the following meetings:
		Cross River		0%	TBD^	0%		0%			0%	

where data is referenced/used		Ebonyi		0%	TBD^	60%		60 %			TBD^	Ebonyi: Malaria TWG, MAL-RMNCAH+N meeting and Logistics management coordination unit (LMCU) meeting Oyo: Partners forum
		Oyo		0%	TBD^	20%		20 %			TBD^	
20. Number of state malaria surveillance bulletins produced in PMI-S TO 03 states	SMOH Records	Nigeria		0	TBD^	0		0			0	This activity is expected to start in Q3.
21. Proportion of LGAs with quarterly DQA reports for at least 50% of facilities in the last year [TO3 RFTOP]	State report	Akwa Ibom		TBD	TBD^	0%		0%			0%	
		Cross River		TBD	TBD^	0%		0%			0%	
		Ebonyi		TBD	TBD^	0%		0%			0%	
		Oyo		TBD	TBD^	0%		0%			0%	
22. Number of monthly data validation meetings conducted in PMI-S-supported LGAs	Meeting minutes; project records	Akwa Ibom		TBD	TBD^	0		0			0	This activity is planned for Q4.
		Cross River		TBD	TBD^	0		0			0	
		Ebonyi		TBD	TBD^	0		0			0	
		Oyo		TBD	TBD^	0		0			0	
Objective 3: Improve drug based prevention and treatment approaches (IPTp)												
23. Proportion of pregnant women who received three or more doses of	NDHS/NMIS	Akwa Ibom	2018	16.5%	N/A	N/A		-			N/A	NMIS 2020 has not been conducted
		Cross River		32.6%	N/A	N/A		-			N/A	

IPTp during their last pregnancy in the past two years **[PMI Technical Guidance FY2019 & PMI-S IDIQ]**		Ebonyi		24.2%	N/A	N/A		-			N/A	
		Oyo		4.4%	N/A	N/A		-			N/A	
24. Proportion of women who received two or more doses of IPTp during their last pregnancy in the past two years [PMI Technical Guidance FY 2019]	NDHS/NMIS	Akwa Ibom	2018	44.5%	N/A	N/A		-			N/A	NMIS 2020 has not been conducted
		Cross River		75.1%	N/A	N/A		-			N/A	
		Ebonyi		47%	N/A	N/A		-			N/A	
		Oyo		22%	N/A	N/A		-			N/A	
25. Proportion of pregnant women attending ANC who receive at least two doses of IPTp [TO3 RFTOP & PMI-S IDIQ]	NHMIS	Akwa Ibom	2019	55%	TBD^	37%		22 %			TBD^	
		Cross River		63%	TBD^	50.6%		29 %			TBD^	
		Ebonyi		46.1%	TBD^	36.8%		21 %			TBD^	
		Oyo		37.2%	TBD^	20%		15 %			TBD^	
26. Dropout rates between first and third doses of IPTp (IPTp1 – IPTp3) [PMI-S IDIQ]	NHMIS	Akwa Ibom	2019	TBD^	TBD^	-		-			-	NHMIS 2019 tools not yet in use for IPTp3 data element
		Cross River		TBD^	TBD^	-		-			-	
		Ebonyi		TBD^	TBD^	-		-			-	
		Oyo		TBD^	TBD^	-		-			-	
27. Number of MIP working group meetings convened in PMI-S supported states	Meeting Minutes	Akwa Ibom	2019	0	TBD^	0		0			0	Ebonyi state convened one MAL-RMNCAH+N
		Cross River		0	TBD^	0		0			0	
		Ebonyi		0	TBD^	1		1			TBD^	

		Oyo		0	TBD^	0		0			0	meeting in this quarter.
Objective 4: Strengthen existing health systems and improve State Malaria Elimination Program (SMEP) program management												
28. Proportion of PMI-S supported states implementing at least 50% of Annual Operational Plans [TO3 RFTOP]	State Report	Akwa Ibom	2020	TBD	TBD^	-		-			-	
		Cross River		TBD	TBD^	-		-			-	
		Ebonyi		TBD	TBD^	-		-			-	
		Oyo		TBD	TBD^	-		-			-	
29. Number of costed state malaria annual operational plans developed	SMOH Records	Akwa Ibom	2020	TBD	TBD^	-		-			-	
		Cross River		TBD	TBD^	-		-			-	
		Ebonyi		TBD	TBD^	-		-			-	
		Oyo		TBD	TBD^	-		-			-	
30. Proportion of state funds budgeted for malaria activities [PMI-S IDIQ]	State Budget	Akwa Ibom	2020	TBD	TBD^	-		-			-	
		Cross River		TBD	TBD^	-		-			-	
		Ebonyi		TBD	TBD^	-		-			-	
		Oyo		TBD	TBD^	-		-			-	
31. Proportion of malaria budget (commodities, supervision activities) disbursed for malaria activities [PMI-S IDIQ]	State financial reports	Akwa Ibom	2020	TBD	TBD^	-		-			-	
		Cross River		TBD	TBD^	-		-			-	
		Ebonyi		TBD	TBD^	-		-			-	
		Oyo		TBD	TBD^	-		-			-	
32. Number of states with a malaria resource mobilization strategy	SMOH Records	Nigeria	2020	0	-	-		-			-	

33. Number of states with a private sector engagement strategy	SMOH Records	Nigeria	2020	0	-	-		-			-	
Cross Cutting												
34. Proportion of targeted health care workers/persons trained with USAID funds **[PMI-S IDIQ]**	Training Sign in sheets	Akwa Ibom	2020	0%	-	-		-			-	Training conducted in Oyo state used GF funds. PMI-S provided TA during this training but did not financially support it, so training numbers are not reported for this indicator
		Cross River		0%	-	-		-			-	
		Ebonyi		0%	-	-		-			-	
		Oyo		0%	-	-		-			-	
35. Proportion of health facilities that had at least one supportive supervision visit in the last one year **[PMI-S IDIQ]**	State reports	Akwa Ibom	2020	TBD	-	-		-			-	
		Cross River		TBD	-	-		-			-	
		Ebonyi		TBD	-	-		-			-	
		Oyo		TBD	-	-		-			-	
36. Proportion of targeted communities implementing iCCM **[PMI-S IDIQ]**	iCCM Reports; program reports	Akwa Ibom	2020	TBD	N/A	N/A		-			N/A	cHMIS activities are projected to begin in PY2
		Cross River		TBD	N/A	N/A		-			N/A	
		Ebonyi		TBD	N/A	N/A		-			N/A	
		Oyo		TBD	N/A	N/A		-			N/A	
37. Proportion of PMI-S-supported health facilities that have a	Baseline, midline, endline	Akwa Ibom	2020	TBD	N/A	N/A		-			N/A	Midline data will be reported when
		Cross River		TBD	N/A	N/A		-			N/A	

complete set of SOPs, job aids, and HMIS tools		Ebonyi		TBD	N/A	N/A		-			N/A	midline is conducted.
		Oyo		TBD	N/A	N/A		-			N/A	

*Indicator table aligned to USAID fiscal year. TO3 was awarded in January 2020, Quarter 2 of the fiscal year, therefore there is no data for Quarter 1

^PMI-S is currently reviewing these targets and will submit them in an updated AMELP to USAID. Once the revised AMELP is approved, PMI-S will update the approved targets in this indicator table for future reports.

For data with the data source as NHMIS, Q2 data was updated on April 25, 2020.

ANNEX B: PMI-S TO 03 DETAILED IMPLEMENTATION PLAN UPDATE

See attachment.