US President's Malaria Initiative

US President's Malaria Initiative for States (PMI-S) Task Order 03

Quarterly Report

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ACRONYMS AND ABBREVIATIONS

AMELP	activity, monitoring, evaluation, and learning plan
ANC	antenatal care
AOP	annual operational plan
BA-N	Breakthrough ACTION Nigeria
BFSR	Bimonthly Facility Stock Report
COR	Contracting Officer's Representative (COR)
DHIS 2	District Health Information Software
DPRS	Department of Planning, Research and Statistics
DQA	Data Quality Assessment
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
iCCM	Integrated Community Case Management
IDIQ	Indefinite Delivery Indefinite Quantity
IHP	Integrated Health Programs
IMOP	Integrated Medical Outreach Programme
IPTp	Intermittent Preventive Treatment of Malaria in pregnancy
LGA	Local Government Area
MIP	Malaria in Pregnancy
MSF	Monthly Summary Form
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
Q1	Quarter 1
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

1. EXECUTIVE SUMMARY

1.1. Activity Description

The US President's Malaria Initiative for States (PMI-S) project is a five-year USAID flagship malaria project implemented 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 malaria-related mortality by delivering quality services for management of malaria and its complications, and prevention of malaria during pregnancy and in children under five. Task Order 03 (TO 03) supports the State Malaria Elimination Programs (SMEPs) in Akwa Ibom, Cross River, Ebonyi, and Oyo states and has the following objectives: (1) Improve the quality of and access to comprehensive malaria case management; (2) Improve data quality, interpretation, and use; (3) Improve drug-based prevention and treatment approaches (Intermittent Preventive Treatment of Malaria in pregnancy [IPTp]); and (4) Strengthen existing health systems and improve SMEP management.

1.2 Summary of Results to-Date

TO 03 states collectively implemented 66% of Q1 work plan activities (Akwa Ibom: 64%, Cross River: 64%, Ebonyi: 63%, and Oyo: 70%). There was substantive progress in implementation of all four tasks during the quarter. All task 3 activities, namely provide TA to the SMEP to accelerate progress in drug-based prevention and treatment approaches, mainly IPTp services provided during ANC, were completed in all four states. Task 1, 2, and 4 was at various stages of completion. All four states met the target for the proportion of persons with fever (suspected malaria) who received a parasitological test. Similarly, all the states achieved their targets for the proportion of patients with confirmed malaria who received first line antimalarial treatment according to national policy. Only Akwa Ibom recorded target achievement for the proportion of expected reports from health facilities. All the states except Oyo met the target for the proportion of pregnant women attending antenatal care (ANC) who receive at least two doses of IPTp. There has been marked improvement in IPTp coverage in the four states compared to the previous reporting periods. Across the states, PMI-S trained a total of 1,963 persons, composed of 17.2% males and 82.8% females. Some data quality issues with reporting were discovered and will be followed up with the SMEP and Department of Planning, Research and Statistics (DPRS).

1.3 Highlights of the Quarter

To improve malaria case management in health facilities, PMI-S supported the training of 225 state and LGA supervisory team members in Cross River, Ebonyi and Oyo states on management of uncomplicated malaria, including referral for severe malaria. PMI-S also trained 223 primary health care workers from 166 health facilities on the use of behavioral economics (BE) prototypes for fever case management in Akwa Ibom, and post-training follow up has been conducted in 60 of these health facilities to address initial challenges with implementation of the BE prototypes. PMI-S concluded the baseline analysis of malaria program implementation in the four states, with data collection in selected health facilities, LGAs, and communities. Results of the analysis will provide useful inputs for the finalization of the TO 03 Activity Monitoring and Evaluation Plan (AMELP), including setting indicator baselines. PMI-S supported the states to train a total of 108 state and LGA data validation teams on data quality assessment (DQA) processes and provided logistics support and technical assistance for data validation meetings, data entry into DHIS2, data analysis, and resolution of data errors.

1.4 Program Challenges

Protests to end the activities of Special Anti-Robbery Squad (referred to as ENDSARS protests) resulted in heightened insecurity and restrictions on movement in most parts of the country. While PMI-S staff were able to work from home, many of the planned activities that required physical presence such as trainings and visits to health facilities were put on hold during the 2-3 week period when protests were ongoing. The desktop computer provided by PMI-S for the Cross River SMEP unit and some other office equipment were reportedly stolen during the ENDSARS protest. Statewide immunization activities, especially measles and yellow fever immunization campaigns as well as Integrated Medical Outreach Program (IMOP), conflicted with PMI-S planned activities such as training of health facility staff on BE prototypes, case management training for health providers, orientation of ANC providers on current IPTp guidelines, and data validation meetings. However, some of these activities were rescheduled and conducted in the reporting quarter while others were rolled over to Q2.

1.5 Lessons Learned

In Akwa Ibom and Oyo, many private sector healthcare entities were not included on the official lists of private outlets provided by the state governments and professional associations. Through the private sector mapping exercise, PMI-S found 105 unlisted private health outlets (clinics, community pharmacies, and laboratories) in Akwa Ibom and 136 unlisted outlets in Oyo. This finding has implications for the states' abilities to support and oversee the private sector. PMI-S will apply this finding in co-creating the private sector engagement strategies with State Ministry of Health (SMOH)/SMEP.

Initial post-training follow up visits conducted to 60 of 166 health facilities implementing the BE prototypes for fever case management in Akwa Ibom showed that 93.3% of the 60 facilities followed guidelines for testing before consultation. Additional 82 facilities were visited and supported to start implementing the BE prototypes. PMI-S will use findings from the post-training follow up to revise supportive supervision activities for improved malaria case management. In Oyo, PMI-S adopted an electronic platform using Google Form for pre- and post-test and training evaluation, thereby reducing physical contact between participants and facilitators during training and enhancing adherence to COVID-safety protocols.

1.6 Next Quarter Plans

PMI-S will support states in completing the rollout of BE prototypes in high volume health facilities, completing malaria case management training for health workers, conducting post-training follow up to mentor primary health care (PHC) workers on malaria case management, and addressing initial implementation challenges relating to the BE prototypes. PMI-S will engage a consultant to conduct a baseline assessment of integrated community case management (iCCM) implementation in Nigeria and in selected PMI-S states and use the findings to shape iCCM implementation in Ebonyi. To improve malaria case management, PMI-S will engage consultants or use grants to support malaria diagnosis quality assurance/quality control (QA/QC) activities in the four TO 03 states. In addition, Banyan Global will work with the SMEP to conduct private sector mapping in Ebonyi and Cross River following the completion of the private sector mapping for Akwa Ibom and Oyo States. Communications have been established with private sector associations in Cross River and Ebonyi in preparation for the mapping exercise in these two states.

1.7 Cross Cutting Issues

No malaria-specific gender issues have been identified yet. However, PMI-S will use any gender-specific findings from the recent baseline analysis to improve malaria programming. As states are expected to start implementing activities in their 2021 costed malaria annual operational plan (AOP) beginning in January 2021, PMI-S is supporting states to finalize the AOP activity implementation monitoring tool. In the four

states, PMI-S has supported the SMOH to build a pool of state-based facilitators who conduct capacity building for service providers, cutting across case management, data management, IPTp, supervision, and malaria coordination. PMI-S plans and implements activities in close collaboration with the SMOH, State Primary Health Care Development Agency (SPHCDA), Hospital Management Board (HMB), implementing partners, and the private sector, as applicable.

2. ACTIVITY IMPLEMENTATION PROGRESS

2.1 Implementation Progress

Activity	Month			Achievements
	Oct	Nov	Dec	
Program Management/Administration				
Management team meetings	x	x	x	The biweekly state and TO 03 management team meetings focused on work plan and indicator performance, implementation challenges, and how to improve performance.
Staff recruitment			x	A candidate was identified for the position of TO 03 Regional Senior Malaria Technical Advisor in December 2020 and he will assume duty in January 2021. Interview was conducted for the position of State Technical Malaria Lead (Cross River) and PMI-S will seek USAID approval for the candidate.
Staff safety and security	x	x	x	PMI-S continued to share safety and security tips with all TO 03 staff, including updates on COVID-19 situations in the states. During the ENDSARS protest, PMI-S monitored staff safety. PMI-S also monitored the COVID-19 situation in states and continued to emphasize infection prevention and control among staff and stakeholders attending PMI-supported activities.
Monitoring and Evaluation				
Baseline analysis of malaria program implementation	x	x	x	Data collection for the baseline analysis at the health facility, community and LGA levels was concluded this quarter. Data analysis and report writing are in progress.
Project work plan and indicator monitoring	x	x	x	Work plan and indicator performance were monitored monthly and discussed during TO 03 management team meetings.
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				
Subtask 1.6 Coordinate/collaborate with the PMI-funded social and behavior change (SBC) implementing partner to improve service provider adherence to malaria case management guidelines				
1.6.1 Provide TA and logistics support for Training of Trainers (ToT) on provider behavioral economics (BE) prototypes to improve fever case management	x	x		PMI-S, in collaboration with Breakthrough ACTION Nigeria (BA-N), trained 15 state-based trainers from the SMOH, SPHCDA, and HMB in Ebonyi State during state level training of trainers (ToT). These state-based trainers will cascade the training to health facility staff, PHC coordinators, and malaria focal persons in Q2. The ToT will be conducted in Q2 in Oyo and Cross River. Akwa Ibom concluded the ToT in FY20.
1.6.2 Provide TA and logistics support for training of health facilities on implementing the BE prototypes	x	x	x	PMI-S, in collaboration with BA-N, rolled out implementation of BE prototypes for fever case management to additional high-volume health facilities in Akwa Ibom State with training of 223 health workers from 20 LGAs. High volume health facilities in the

				remaining 11 LGAs in Akwa Ibom State will be trained in January 2021, while Cross River, Ebonyi and Oyo states will conduct roll out training to high volume health facilities in Q2.
Subtask 1.8 Provide TA to strengthen the capacities of health workers/service providers in malaria case management, including uncomplicated and severe malaria, pre-referral, and management of the health facility				
1.8.2 Provide TA and logistics support for training of state and LGA supervisory teams, including LGA malaria focal persons on management of uncomplicated malaria, including referral for severe malaria cases		x	x	PMI-S provided TA and logistics support for the training of state and LGA supervisors on management of uncomplicated malaria: ● 65 supervisors in Cross River State ● 53 supervisors in Ebonyi State ● 107 supervisors in Oyo State The LGA supervisors trained were the malaria focal persons, M&E focal persons, and PHC coordinators. The trained supervisors will cascade the training to PMI-S-supported health facilities and high-volume non-PMI supported health facilities.
1.8.5 Support SMOH and HMB to leverage monthly hospital clinical meetings to strengthen malaria management at the hospital level		x		A total of 56 health providers (19 males and 37 females) attended the clinical meetings in General Hospital Ini and General Hospital Onna, both in Akwa Ibom. Discussions were held on malaria case management, data quality, commodity accountability, and IPTp. In Cross River, PMI-S trained clinicians supported clinical meetings in Eja Memorial Hospital and St. Joseph Hospital, where challenges of high number of clinical diagnosis and poor documentation were discussed. In Ebonyi, the revised 2020 national malaria diagnosis and treatment guidelines were disseminated in three general hospitals, while in Oyo State, 132 clinicians attended the clinical meetings held at two tertiary health facilities where the revised malaria diagnosis and treatment guidelines were disseminated.
TASK 2: Strengthen the NHMIS at the health facility, LGA, and state levels (including SMEP) and, if applicable, community level				
Subtask 2.1 Strengthen coordination structures at the SMOH, SPHCDA, and SMEP for SME				
2.1.4 Conduct a mixed-methods baseline analysis (HF assessment/client exit interview, LGA and community interviews) in all four TO 03 states	x	x	x	In FY20, PMI-S conducted the secondary data analysis, desk review, and primary quantitative and qualitative data collection at the state level but could not complete the baseline analysis exercise due to COVID-19 restrictions. Data collection for the remaining components of the baseline analysis (data collection at LGA, health facility, and community levels) has concluded, while data analysis and report writing are in progress. The results of the baseline analysis will highlight opportunities and gaps in existing operational systems, capacity structures, documentation, reporting, and service delivery that PMI-S will address during implementation.
Subtask 2.4 Support data quality assessments				
2.4.4 Mentor and provide logistics support where necessary to the SMEP, DPRS, HMB, and SPHCDA to conduct quarterly State level DQA		X		PMI-S supported the conduct of DQA in 45, 90, 101, and 198 health facilities in Akwa Ibom, Cross River, Ebonyi, and Oyo respectively. The exercise was aimed at verifying the quality of data reported in FY20 Q3 as well as assessing data management systems in health facilities. Ebonyi collaborated with Integrated Health Programs (IHP) to conduct the field exercise. The key findings from the DQA were transcription errors from register to monthly summary form, incompletely filled registers, stockout of NHMIS registers in Akwa Ibom and Cross River, and non-documentation in the inpatient registers. The field visit also

				provided an opportunity for on the job mentoring of the health facility staff. Data quality issues identified during the DQA exercise were corrected on the spot while facilities were supported to develop a data quality improvement plan for the data quality issues that could not be addressed during the visit. Overall DQA performance revealed an average score of 92.7%, 85.8%, and 87.7% for Cross River, Ebonyi, and Oyo respectively. Findings from the exercise were shared with the DPRS, SMEP, LGA teams and they were supported to correct errors identified on DHIS2.
Subtask 2.6 Strengthen routine data collection and processing for malaria prevention, case management, and IPTp				
2.6.2 Provide technical support to training of HF staff on correct filling of version 2019 NHMIS tools	x	x	x	The Federal Ministry of Health, with support from the Global Fund-Resilient and Sustainable Systems for Health (GF-RSSH) project, conducted health facility level training on 2019 NHMIS data tools for 1,510 health workers in Akwa Ibom and 2,122 health workers in Cross River State. PMI-S supported the state DPRS to further mentor the trained health workers during data validation meetings and supportive supervision. Ebonyi and Oyo states were trained in FY20.
Subtask 2.7 Improve the availability of NHMIS tools at service delivery points				
2.7.2 Provide TA to the SMEP, SPHCDA and DPRS to leverage state government and partner funding to print new 2019 NHMIS tools for use in 2021/2022	x	x	x	With support from GF-RSSH project, Akwa Ibom, Cross River, and Ebonyi received NHMIS data tools (version 2019) in December 2020, with planned distribution in January 2021. However, health facility monthly summary forms (MSF) were not included in the supply to the three states. In addition, the tools will last for a period of 6-9 months, hence the need for the state governments to print additional tools as provided for in their 2021 budgets. The states have notified the DPRS Federal Ministry of Health on the non-supply of MSF. In Oyo State, the tools supplied by GF-RSSH will last until December 2021. However, stock-taking conducted recently by the state showed that some LGAs were overstocked and inter-LGA redistribution is planned for January 2021. PMI-S supported the state DPRS to develop NHMIS data tools tracking sheet using Google Forms; this would help to generate quarterly NHMIS 2019 tools status in the LGAs.
TASK 3: Provide TA to the SMEP to accelerate progress in drug-based prevention and treatment approaches, mainly IPTp services provided during ANC				
Subtask 3.6 Provide TA for developing the capacities of health workers and service providers in IPTp				
3.6.1 Provide logistics and technical support for a one-day orientation meeting for ANC providers across high volume ANC facilities on current IPTp guidelines		x	x	In Akwa Ibom, Cross River, Ebonyi, and Oyo, PMI-S supported the training of 289, 174, 154, and 352 ANC providers respectively. Participants were drawn from health facilities with high ANC attendance. Across the states, the majority of the participants were not aware of the recommended time of commencement of SP, dosing interval, and administration as DOT. The training focused on timing of administration of SP, DOT strategy, and appropriate documentation in NHMIS registers.

TASK 4: Strengthen the capacities of the SMEPs and LGAs to lead, coordinate, manage, implement, monitor, and sustain malaria control interventions				
Subtask 4.2 Strengthen supportive supervision				
4.2.3 Provide TA and logistics support for trained state and LGA supervisory teams to conduct health facility-level supervision and mentoring (including planning meeting)	x	x		PMI-S supported the state and LGA supervisors to conduct health facility level supervisory visits to 140 health facilities in Akwa Ibom and 69 health facilities in Ebonyi. Key findings during the visits included inadequate copies of 2019 NHMIS data tools; stockout of malaria commodities, especially long lasting insecticidal nets and ACTs; poor storage condition of malaria commodities; high malaria test positivity rate; and inadequate documentation of services rendered to clients. The supervisory team developed specific action points which include provision of photocopies of the NHMIS tools in facilities with stock out and targeted mentoring of health facility staff on malaria case management and data reporting during follow up visits to the health facilities in Q2. Supportive supervision was not conducted in Cross River and Oyo. However, the Oyo supervision team discussed findings from 32 health facilities visited in the last quarter of FY20. Six percent of the health facilities tested clients with no history of fever with RDT; 31%t reported stock-out of essential commodities including ACTs; and 25% gave ACTs to clients who tested negative to RDT.
Subtask 4.6 Explore opportunities to increase sustainability of state-level malaria control efforts				
4.6.6 Provide TA to SMEP to leverage services of national youth service corps members to support critical SMEP/HMB/SPHCDA/LGA functions where there are human resource for health gaps	x	x	x	PMI-S wrote formal letters to the Commissioners for Health in the four states seeking deployment of National Youth Service Corps members to the SMEP SPHCDA to support malaria and other public health programs.

2.2 Implementation Challenges and Proposed Risk Mitigation Actions

Challenge 1: PMI-S could not fully implement activities during the 2-3-week ENDSARS protest due to heightened insecurity and curfews imposed in the states. In addition, the desktop computer donated by PMI-S to Cross River SMEP unit and office furniture were reportedly stolen during the protest when protesters vandalized the Essential Drugs Programme office where the SMEP office is housed.

Risk Mitigation Actions: PMI-S monitored the security situation in each state and advised staff on the conduct of activities and travels, including the security situation in the areas where PMI-S state offices are located.

Challenge 2: The state-wide immunization and IMOP created scheduling conflicts for implementation of PMI-S activities and as a result, some activities planned for the period could not be implemented.

Risk Mitigation Actions: PMI-S negotiated new dates for activity implementation with the SMOH and other relevant stakeholders.

Challenge 3: Conducting training and meetings amid the increasing number of COVID-19 cases and monitoring compliance to COVID-19 infection prevention and control measures.

Risk Mitigation Actions: In Oyo, training participants completed their pre- and post-tests and workshop evaluation questions electronically using Google Forms to minimize handling of paper and writing materials. In the four states, preventive measures were observed, including use of large halls that allowed for physical distancing during trainings and meetings, use of face masks, and conduct of trainings in batches to limit the number of participants.

Challenge 4: Non-availability of 2019 NHMIS MSF in Akwa Ibom, Cross River, and Ebonyi.

Risk Mitigation Actions: In order to meet the February 2021 deadline for migration to use the 2019 NHMIS data tools, PMI-S supported Cross River State DPRS to write a formal letter to the FMOH requesting printed copies of the 2019 NHMIS MSF, while Akwa Ibom State DPRS has sent a request to the Commissioner for Health for approval to print additional 2019 NHMIS tools. In Ebonyi, photocopies of the 2019 NHMIS MSF are being used while the state makes arrangements to get printed copies from the FMOH. Photocopies of the MSF are currently in use in Akwa Ibom.

2.3 Monitoring, Evaluation and Learning Plan (MELP) Update

The Activity Monitoring and Evaluation Plan (AMELP) was developed and submitted to USAID. PMI-S has responded to USAID's comments and the revised AMELP is undergoing review by USAID.

3. INTEGRATION OF CROSS CUTTING ISSUES AND JOURNEY TO SELF-RELIANCE

3.1 Security

PMI-S has continued to monitor staff safety and security situations across the country, including health security relating to COVID-19. Staff were reminded regularly of the need to adhere strictly to safety and security protocols. Protests to end the activities of Special Anti-Robbery Squad (tagged ENDSARS protest) across most parts of Nigeria resulted in postponement of some activities slated for late October and early November 2020. The desktop computer donated by PMI-S to cross River SMEP was reportedly stolen during the protest. PMI-S followed up on staff well-being in the states during the protest via various communication channels. Activities that could be conducted virtually were implemented during the period.

With rising cases of COVID-19 being reported by most states, PMI-S continued to emphasize adherence to safety precautions at all times. In December 2020, Akwa Ibom imposed a curfew from 10pm to 6am to minimize nighttime social gathering as part of COVID-19 control measures. As of December 28, 2020, Oyo had 486 COVID-19 total cases on admission, the highest among the four TO 03 states, followed by Cross River (75 cases), Akwa Ibom (65 cases), and Ebonyi (30 cases).

3.2 Gender Equality and Women's Empowerment

No malaria-specific gender issues have been identified yet. PMI-S followed up with IHP on the gender desk review conducted in Ebonyi and noted that malaria-specific gender analysis was not included in the desk review. PMI-S will use any gender-specific findings from the baseline analysis of malaria program

implementation at the health facility and community level to improve malaria programming. PMI-S trained a total of 1,963 persons in the reporting period, composed of 17.2% males and 82.8% females.

3.3 Sustainability and Host Country Ownership

PMI-S supported the states to develop an activity implementation monitoring tool that will enable states to monitor the implementation of activities in the 2021 malaria AOP. In Q2, the tool will be validated by the malaria technical working group of each state before deployment. In addition, PMI-S followed up and obtained state government funding commitments for malaria in 2021 . In 2021 state budgets, amounts proposed to be spent for malaria (malaria budget line) are: Ebonyi State: 50 million naira; Cross River State 15 million naira; and Akwa Ibom State: 5 million naira. In Oyo State, there is no separate budget line; however, the sum of 85 million naira is proposed to be spent on malaria, tuberculosis, and nutrition-related activities, while another 150 million naira is proposed for procurement of essential medicines, including antimalarials.

In Akwa Ibom, the SMEP now submits monthly malaria progress reports to the Commissioner for Health. Similarly, in Cross River, the SPHCDA M&E officer now submits monthly reports on malaria and other activities to the Director-General of the SPHCDA. Cross River's October 2020 data validation took place without logistic support from PMI-S and the state recorded a health facility reporting rate of 83%. In Oyo, the HMIS unit prepares the data validation meeting reports. In Ebonyi, with co-location of the PMI-S state office in the SMOH secretariat, PMI-S staff have developed very good working relationships with their counterpart staff in the state, thereby facilitating skills transfer needed for sustainability of the malaria program. PMI-S trained state and LGA supervisory team members on malaria case management, with the aim of enhancing their capacity to supervise malaria services.

3.4 Local Capacity Development and the New Partner Initiative

In the four states, PMI-S has supported each SMOH to build a pool of state-based facilitators who conduct capacity building for service providers, cutting across case management, data management, IPTp, supervision, and malaria coordination. PMI-S plans and implements activities in close collaboration with the SMOH, SPHCDA, HMB, implementing partners, and the private sector, as applicable. PMI-S developed draft scopes of work for health facility- and community-based interventions that could be considered for the grants under contract program and will finalize the initial drafts in Q2 in consultation with USAID.

3.5 Private Sector Engagement

PMI-S maintained ongoing communication with private sector provider associations in Oyo and Akwa Ibom, and initiated relationships with association chapters in Cross River and Ebonyi. In addition, the mapping exercise included interviews with a substantial number of private sector actors, including 325 private sector health providers and 17 representatives from the non-health private sector in Akwa Ibom, and 939 private sector health providers and 42 representatives from the non-health private sector in Oyo. Findings showed that ACT was offered as treatment for uncomplicated malaria in 90% of private health facilities in Akwa Ibom and 99% of private health facilities in Oyo. In Akwa Ibom, 61% of the health facilities used only RDT for malaria diagnosis, while in Oyo, 58% of the facilities used only RDT for malaria diagnosis. In both states, the mapping emphasized the need for a functional state-specific private sector engagement strategy that will harness state resources for more comprehensive malaria service delivery.

3.6 Science, Technology, and Innovation Impacts

PMI-S used Data Repository Engine for Analytics and Management (DREAM@MSH), a digital data management innovation database created by MSH and used to improve data quality and performance

monitoring, to provide feedback to LGAs and facilities on the quality of data reported on DHIS2 by sharing a screenshot of the color-coded dashboard with the stakeholders via WhatsApp groups. Facilities with poor performance, identified through color coding, were prioritized for DQA and ISS visits. In Cross River, the Director Medical Services SMOH used a WhatsApp group for heads of hospitals to remind them to ensure SP is available at all ANC clinics. In Oyo, the use of Google Forms for training evaluation and meeting attendance has reduced the use of paper and waste generated during meetings and trainings.

3.7 Environmental Compliance

Environmental management issues were considered during trainings. For example, sharp boxes and waste bags were provided for hazardous materials such as sharps and other consumables during malaria case management trainings. PMI-S will analyze waste management findings from supportive supervision conducted in Oyo and support other states to include information on waste management in their supportive supervision tools. Supportive supervision visits in 32 health facilities in Oyo showed that 75% of the facilities visited had good waste management practice while the remaining 25% had poor waste management practice.

3.8 Protecting Life in Global Health Assistance (PLGHA) Compliance

PMI-S does not support abortion-related activities. The Country Director, the Senior Malaria Technical Advisor, the Director Finance and Administration and the Senior Grants Manager undertook the mandatory training related to the subject matter and certification has been filed by the compliance unit. These will ensure that PLGHA policy is properly implemented when PMI-S issues Grants Under Contract (GUC).

4. COLLABORATION AND COORDINATION WITH OTHER STAKEHOLDERS

PMI-S collaborated with Global Health Supply Chain-Procurement and Supply Management (GHSC-PSM) and BA-N to develop criteria for selecting health facilities to receive PMI support and jointly developed a draft list of health facilities in Oyo. In addition, implementation of activities such as ToTs and roll out training on BE prototypes was jointly planned and implemented by PMI-S, BA-N, and GHSC-PSM in the four states. In Ebonyi, activities such as data validation meetings and coordination meetings involved IHP as well. Other activities such as supportive supervision, data quality assessment, and coordination meetings were conducted with active participation of relevant stakeholders from the SMOH, SPHCDA, the private sector, and partners. PMI-S followed up on funding commitments from the state governments and has incorporated the commitments from Cross River and Ebonyi into the 2021 malaria AOPs.

In Oyo, PMI-S held discussions with HACEY Health Initiative, a non-profit organization, on the organization's plans to support malaria diagnosis in selected health facilities through supply of RDTs. To avoid duplication of efforts, PMI-S will hold further discussions with the SMOH and HACEY Health Initiative on selection of health facilities that would benefit from the organization's support.

5. MANAGEMENT AND ADMINISTRATIVE ISSUES

Forty-nine of the 51 staff positions (96%) under TO 03 are filled as of December 31, 2020. The candidate identified for Regional Senior Malaria Technical Advisor position is expected to assume duty in January 2021. USAID approval for the candidate identified for State Technical Malaria Lead (Cross River) is being

processed. The nine vehicles procured for the TO 03 states are expected to be delivered in Q2. Video conferencing facilities installed in the four state offices are functional and used for meetings with the state teams.

6. LESSONS LEARNED

There is a need to support states to regularly update lists of health care entities, including clinics, private laboratories and community pharmacies. During the private sector mapping in Akwa Ibom and Oyo states, PMI-S found 241 private sector healthcare entities that were not in the list provided by state governments and professional associations. This finding has implications for the states' ability to engage with the private sector. Facility take-up of the BE prototypes implementation is high, as visits to 60 of the health facilities for initial post-training follow up showed that 93.3% of the health facilities visited had adopted testing before consultation. PMI-S will use findings from the post-training follow up to revise supportive supervision activities for improved malaria case management. In Oyo state, PMI-S has adopted an electronic platform using google form for pre- and post-test and training evaluation, reducing physical contact between participants and facilitators during training. PMI-S will explore the use of google forms for this purpose in the other states.

7. PLANNED ACTIVITIES AND EVENTS FOR THE NEXT QUARTER

7.1 ACTIVITIES

Activity	Month			Notes/Comments
	Jan	Feb	Mar	
Project Management/Administration				
Program management supportive visits to states			x	State teams will receive orientation on monitoring of work plan and indicator performance, interaction with other PMI IPs, and documentation of project activities.
TO 03 management	x	x	x	TO 03 management team and state management team will hold biweekly meetings to discuss progress in work plan implementation, discuss other project updates, and address challenges.
Grants under contract	x	x	x	Finalize work plan activities to be considered for grants under contract, prepare SoW, and engage institutions that will implement the activities.
Monitoring and Evaluation				
Routine monitoring of work plan performance and indicator performance	x	x	x	Project work plan and indicator performance review meetings will continue to be held for the four states to track performance and address performance issues.
TASK 1: To 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				
Subtask:1.4 Support implementation of the external QA/QC system for malaria diagnosis (microscopy and RDT in the public sector)				

1.4.1 Engage short term consultants to support QA/QC activities in states		x	x	All states
1.4.2 Support SMEP/SMOH and HMB to conduct quarterly QA/QC in selected secondary and tertiary health facilities (including planning and technical review meetings)			x	All states
Subtask 1.7 Selection of states/LGAs/communities for iCCM implementation				
1.7.1 Conduct assessment of iCCM implementation and outcomes in Nigeria		x	x	Ebonyi state
Subtask 1.8 Provide TA to strengthen the capacities of health workers/service providers in malaria case management, including uncomplicated and severe malaria, pre-referral, and management of the health facility				
1.8.4 Support trained state and LGA teams to deliver refresher facility based malaria case management trainings to PHC workers	x			All states
Task 2: Strengthen the NHMIS at the health facility, LGA, and state levels (including SMEP) and, if applicable, community level				
Subtask 2.2: Provide appropriate mentoring of SME personnel at the SMOH, SPHCDA, SMEP, and LGA levels in the analysis, presentation, interpretation, and use of data				
2.2.2 Provide TA and logistics support for training of SMEP and LGA staff on NMDR		x		All states
Subtask 2.8 Strengthen NHMIS data quality, completeness, and timeliness at health facilities				
2.8.2 Mentor and provide logistics support to DPRS/SPHCB to conduct meetings for monthly NHMIS data validation (including triangulation with NHLMIS data)	x	x	x	All states
Task 3: Provide TA to the SMEP to accelerate progress in drug-based prevention and treatment approaches, mainly IPTp services provided during ANC				
Subtask 3.5 Coordinate/collaborate with the PMI-funded SBC implementing partner to improve service provider adherence to IPTp guidelines				
3.5.1 In collaboration with BA-N, provide technical inputs to development of messages/IEC materials on service provider adherence to IPTp guidelines		x		All states
Subtask 3.8 Coordinate/collaborate with PMI's logistics implementing partner to improve availability of SP at ANC clinics				
3.8.1 Convene or leverage existing consultative meetings with GHSC-PSM, SMEP, HMB, SPHCDA, and hospital staff to ensure that SP is available to the ANC provider in all supported health facilities	x			All states
Task 4: Strengthen the capacities of the SMEPs and LGAs to lead, coordinate, manage, implement, monitor, and sustain malaria control interventions				
Subtask 4.1. Assist the SMOH and SMEP to strengthen coordination structures for malaria case management, SME, MIP, and HSS				

4.1.1 Provide TA and logistics support for state mTWG quarterly meetings			x	All states
Subtask 4.2 Strengthen supportive supervision				
4.2.2 Conduct supervision training for state and LGA supervisory teams	x			Akwa Ibom, Ebonyi, and Oyo states
Subtask 4.6 Explore opportunities to increase sustainability of state-level malaria control efforts				
4.6.1 PMI-S consortium partner ThinkWell supports the development of domestic resource mobilization plans/strategies		x	x	All states
4.6.3 PMI-S consortium partner Banyan Global provides TA to SMEP/SMOH and HMB to improve quality of malaria case management and reporting in selected private health facilities	x	x	x	All states

7.2 EVENTS

Intermediate Result Area	Event	Date	USG and/or Media Participation
No event requiring USG participation is planned for Q2			

8. ADDRESSING A/COR/ACTIVITY MANAGER COMMENTS FROM THE LAST QUARTERLY REPORT

PMI-S received the Contracting Officer's Representative (COR) and PMI inputs before the FY20 annual reports were submitted to USAID. There were no specific COR comments on the reports after submission.

9. FINANCIAL MANAGEMENT

ANNEX A: PROGRESS SUMMARY

Indicators	Data Source	Region/State	Baseline data		FY21		Quarterly Status – FY21				nual rmance ieved :e (in %)	Comments
			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	Akwa Ibom	2018	98	N/A	N/A	N/A				N/A	The next NDHS data is expected in FY23.
		Cross River		80	N/A	N/A	N/A				N/A	
		Ebonyi		91	N/A	N/A	N/A				N/A	
		Oyo		64	N/A	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				N/A	Data to be updated when NMIS is conducted and data available.
		Cross River		19.5%	N/A	N/A	N/A				N/A	
		Ebonyi		30.5%	N/A	N/A	N/A				N/A	
		Oyo		23.8%	N/A	N/A	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	NDHS/ NMIS	Akwa Ibom	2018	18%	N/A	N/A	N/A				N/A	Data to be updated when NMIS is conducted and data available.
		Cross River		19.3%	N/A	N/A	N/A				N/A	
		Ebonyi		17.9%	N/A	N/A	N/A				N/A	
		Oyo		16.1%	N/A	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	NDHS/ NMIS	Akwa Ibom	2018	41.9%	N/A	N/A	N/A				N/A	Data to be updated when NMIS is conducted and data available.
		Cross River		41%	N/A	N/A	N/A				N/A	
		Ebonyi		50.6%	N/A	N/A	N/A				N/A	
		Oyo		37.2%	N/A	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				N/A	Data to be updated when NMIS is conducted and data available.
		Cross River		83.5%	N/A	N/A	N/A				N/A	
		Ebonyi		64.3%	N/A	N/A	N/A				N/A	
		Oyo		80.8%	N/A	N/A	N/A				N/A	

6. Proportion of severe malaria cases treated according to national guidelines	NHMIS	Akwa Ibom	2020	TBD^	TBD^	N/A	N/A				N/A	This indicator will be updated when secondary and tertiary facilities NHMIS tools are finalized.
		Cross River		TBD^	TBD^	N/A	N/A				N/A	
		Ebonyi		TBD^	TBD^	N/A	N/A				N/A	
		Oyo		TBD^	TBD^	N/A	N/A				N/A	
7. 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				N/A	Collection of baseline data for this indicator has been delayed due to COVID-19 restrictions. Data will be updated once data collection is complete.
		Cross River		TBD**	N/A	N/A	N/A				N/A	
		Ebonyi		TBD**	N/A	N/A	N/A				N/A	
		Oyo		TBD**	N/A	N/A	N/A				N/A	
8. Proportion of persons with fever (suspected malaria) who received a parasitological test (RDT or microscopy)	NHMIS	Akwa Ibom	2019	98.2%	Maintain higher than 90%	96.6%	96.6%				107.3%	
		Cross River		95.3%	Maintain higher than 90%	94.1%	94.1%				104.6%	

[TO 03 RFTOP and PMI-S IDIQ]		Ebonyi		98.5%	Maintain higher than 90%	99.4%	99.4%				110.4%	
		Oyo		80.3%	82%	88.3%	88.3%				107.7%	
9. Proportion of persons testing positive with a parasitological test (either RDT or microscopy) [PMI-S IDIQ]	NHMIS	Akwa Ibom	2019	74.8%	70%	63.7%	63.7%				6.3% +	
		Cross River		77%	70%	77.5%	77.5%				-7.5% +	
		Ebonyi		85%	70%	69.6%	69.6%				0.4% +	
		Oyo		74%	72%	72.1%	72.1%				-0.1% +	
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%	Maintain higher than 90%	98.6%	98.6%				109.6%	
		Cross River		94.3%	Maintain higher than 90%	100%	100%				111.1%	
		Ebonyi		99.5%	Maintain higher than 90%	99.6%	99.6%				110.7%	
		Oyo		97.3%	Maintain higher than 90%	99.1%	99.1%				110.1%	

11. Proportion of sick children who received appropriate treatment according to protocol for malaria [PMI-S IDIQ]	cHMIS	Akwa Ibom	N/A	N/A	N/A	N/A	N/A				N/A	iCCM activities have not commenced and, therefore, no related activity data is available.
		Cross River		N/A	N/A	N/A	N/A				N/A	
		Ebonyi		N/A	N/A	N/A	N/A				N/A	
		Oyo		N/A	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				N/A	iCCM activities have not commenced.
		Cross River		N/A	N/A	N/A	N/A				N/A	
		Ebonyi		N/A	N/A	N/A	N/A				N/A	
		Oyo		N/A	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				N/A	iCCM activities have not commenced.
		Cross River		N/A	N/A	N/A	N/A				N/A	
		Ebonyi		N/A	N/A	N/A	N/A				N/A	
		Oyo		N/A	N/A	N/A	N/A				N/A	

14. 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				N/A	Collection of baseline data for this indicator has been delayed due to COVID-19 restrictions. Data will be updated once data collection is complete.
		Cross River		TBD**	N/A	N/A	N/A				N/A	
		Ebonyi		TBD**	N/A	N/A	N/A				N/A	
		Oyo		TBD**	N/A	N/A	N/A				N/A	
Objective 2: Improve data quality, interpretation, and use												
15. Facility-level data reporting rate: Proportion of expected reports from health facilities received [TO 03 RFTOP & PMI-S IDIQ]	NHMIS	Akwa Ibom	2019	86.7%	85%	86.7%	86.7%				102%	
		Cross River		82.7%	85%	83.4%	83.4%				98.1%	
		Ebonyi		86.1%	87%	86.6%	86.6%				99.5%	
		Oyo		91.4%	Maintain higher than 90%	88.2%	88.2%				98%	
16. Community-level data reporting rate: Proportion of service provider outlets	cHMIS	Akwa Ibom	N/A	N/A	N/A	N/A	N/A				N/A	iCCM activities have not commenced.
		Cross River		N/A	N/A	N/A	N/A				N/A	

submitting iCCM reports		Ebonyi		N/A	N/A	N/A	N/A				N/A	
		Oyo		N/A	N/A	N/A	N/A				N/A	
17. **Completeness:** Proportion of reporting sites that provide complete NHMIS reports	NHMIS	Akwa Ibom	2019	85%	87%	81.2%	81.2%				93.3%	
		Cross River		80%	85%	70.8%	70.8%				83.3%	
		Ebonyi		81%	85%	82.5%	82.5%				97.1%	
		Oyo		56%	60%	42.7%	42.7%				71.2%	
18. Proportion of state TWG and sub-committee meetings where data is referenced/used	Meeting minutes and checklist	Akwa Ibom	2019	0%	30%	80%	80%				266.7%	Akwa Ibom: mTWG – Yes Joint M&E/MFP meeting – Yes HDCC Meeting – Yes LMCU - No (no data was referenced) CMC meeting – Yes PSM meeting – Yes Cross River: Case management coordination meeting - Yes mTWG - Yes PSM-TWG - Yes LMCU meeting – Yes
		Cross River		0%	30%	100%	100%				333.3%	
		Ebonyi		0%	30%	100%	100%				333.3%	
		Oyo		0%	30%	100%	100%				333.3%	

												Joint coordination meeting – Yes Ebonyi: State/LGA coordination meetings - Yes mTWG - Yes ACSM - Yes Malaria case management coordination group meeting - Yes Mal-RMNCAH+N - Yes LMCU - Yes Oyo State: Three TWG meeting were conducted which includes: Malaria TWG - Yes PSM TWG - Yes HELCoP meeting - Yes Joint MFP & M&E coordination meeting – Yes
19. Number of state malaria surveillance bulletins produced in PMI-S TO 03 states	SMOH Records	Nigeria	2019	0	8	2	2				25%	Akwa Ibom: Malaria Bulletin was not produced for the quarter. Cross River: Malaria Bulletin was not developed. Ebonyi: One malaria surveillance bulletin developed. Oyo State: One malaria bulletin was developed in December 2020.

20. Proportion of LGAs with quarterly DQA reports for at least 50% of facilities in the last year [TO3 RFTOP]	State report	Akwa Ibom	2019	0%	40%	N/A	N/A				N/A	Indicator reported annually
		Cross River		0%	40%	N/A	N/A				N/A	
		Ebonyi		0%	40%	N/A	N/A				N/A	
		Oyo		0%	40%	N/A	N/A				N/A	
21. Number of monthly data validation meetings conducted in PMI-S-supported LGAs	Meeting minutes; project records	Akwa Ibom		0	297	93	93				31%	Akwa Ibom: 3 rounds of data validation meetings conducted across 31 LGAs (October to December 2020), though TA was not available for October meeting due to late approval. Cross River: Data validation meeting conducted across the 18 LGAs. PMI-S directly funded November and December data validation meetings while the 18 LGAs coordinated October 2020 DVM by themselves with technical support from the PMI-S. Ebonyi: LGA level data validation meeting conducted in 13 LGAs from October - December 2020. Oyo: 3 rounds of data validation meetings (October-December, 2020) were supported across the 33 LGAs in the state.
		Cross River		0	172	54	54				31%	
		Ebonyi		0	124	39	39				31%	
		Oyo		0	316	99	99				31%	

Objective 3: Improve drug based prevention and treatment approaches (IPTp)												
22. 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]**	NDHS/ NMIS	Akwa Ibom	2018	16.5%	N/A	N/A	N/A				N/A	Data to be updated when NMIS is conducted and data available.
		Cross River		32.6%	N/A	N/A	N/A				N/A	
		Ebonyi		24.2%	N/A	N/A	N/A				N/A	
		Oyo		4.4%	N/A	N/A	N/A				N/A	
23. 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				N/A	Data to be updated when NMIS is conducted and data available.
		Cross River		75.1%	N/A	N/A	N/A				N/A	
		Ebonyi		47%	N/A	N/A	N/A				N/A	
		Oyo		22%	N/A	N/A	N/A				N/A	
24. Proportion of pregnant women attending ANC who receive at least two doses of IPTp [TO3 RFTOP & PMI-S IDIQ]	NHMIS	Akwa Ibom	2019	55.0%	64%	74.4%	74.4%				116.3%	
		Cross River		63.0%	69%	71.6%	71.6%				103.8%	

		Ebonyi		46.0%	55%	61.1%	61.1%				111.1%	
		Oyo		37.0%	47%	37.8%	37.8%				80.4%	
25. Dropout rates between first and third doses of IPTp (IPTp1 – IPTp3) [PMI-S IDIQ]	NHMIS	Akwa Ibom	2019	TBD^	TBD^	N/A	N/A				N/A	Akwa Ibom, Cross River, and Ebonyi have yet to operationalize NHMIS version 2019 tools so we are only able to report on Oyo State for FY21 Q1. IPTp1=17514 IPTp 3=5665 IPTp1-IPTp3=11849 Dropout rate= 11849/17514=67.65%
		Cross River		TBD^	TBD^	N/A	N/A				N/A	
		Ebonyi		TBD^	TBD^	N/A	N/A				N/A	
		Oyo		TBD^	TBD^	67.7%	67.7%					
Objective 4: Strengthen existing health systems and improve State Malaria Elimination Program (SMEP) program management												
26. Proportion of PMI-S supported states implementing at least 50% of Annual Operational Plans [TO3 RFTOP]	State Report	Nigeria	2020	0%	25%	N/A	N/A				N/A	Indicator reported annually
27. Number of costed state malaria annual operational plans developed	SMOH Records	Akwa Ibom	2020	1	1	N/A	N/A				N/A	Indicator reported annually
		Cross River		1	1	N/A	N/A				N/A	
		Ebonyi		1	1	N/A	N/A				N/A	
		Oyo		1	1	N/A	N/A				N/A	

28. Proportion of malaria budget (commodities, supervision activities) disbursed for malaria activities [PMI-S IDIQ]	State financial reports	Akwa Ibom	2020	0%	10%	N/A	N/A				N/A	Indicator reported annually
		Cross River		TBD	TBD	N/A	N/A				N/A	
		Ebonyi		4%	10%	N/A	N/A				N/A	
		Oyo		N/A	10%	N/A	N/A				N/A	
29. Number of states with a malaria resource mobilization strategy	SMOH Records	Nigeria	2020	0	4	N/A	N/A				N/A	Indicator reported annually
30. Number of states with a private sector engagement strategy	SMOH Records	Nigeria	2020	0	2	N/A	N/A				N/A	Indicator reported annually
Cross Cutting												
31. Proportion of targeted health care workers/persons trained with USAID funds **[PMI-S IDIQ]**	Training Sign in sheets	Akwa Ibom	2020	0%	80%	40.1%%	40.1%				50.1%	Refer to the table below for details of calculation
		Cross River		0%	80%	19%	19%				23.8%	
		Ebonyi		0%	80%	28.0%	28.0%				35%	
		Oyo		0%	80%	30.6%	30.6%				38.3%	
32. Proportion of health facilities that had at	State reports	Akwa Ibom	2020	N/A	40%	N/A	N/A				N/A	Indicator Reported annually

least one supportive supervision visit in the last one year **[PMI-S IDIQ]**		Cross River		TBD	40%	N/A	N/A				N/A	
		Ebonyi		27%	40%	N/A	N/A				N/A	
		Oyo		33%	40%	N/A	N/A				N/A	
33. Proportion of targeted communities implementing iCCM **[PMI-S IDIQ]**	iCCM Reports; program reports	Akwa Ibom	2020	0%	N/A	N/A	N/A				N/A	iCCM activities have not commenced in Ebonyi
		Cross River		0%	N/A	N/A	N/A				N/A	
		Ebonyi		0%	N/A	N/A	N/A				N/A	
		Oyo		0%	N/A	N/A	N/A				N/A	

Indicator 31 details of calculation

Training	Akwa Ibom	Cross River	Ebonyi	Oyo
Case management TOT for clinicians	15/15 (M=10, F=5)	13/17 (M=9, F=4)	15/15 (M=3, F=12)	12/12 (M=11, F=1)
DQA training	14/14(M=7, F=7)	12/12 (M=6, F=6)	0/60	82/81 (M=18, F=64)
ANC Orientation training	289/215(M=21, F=268)	174/177 (M=24, 150)	154/286 (M=12, F=142)	352/350 (M=10, F=342)
BE prototype ToT	N/A	0/16	15/14 (M=2, F=13)	0/23

Training of supervisors on case management	0/113	65/74 (M=38, F=27)	53/54 (M=24, F=29)	107/107(M=30, F=77)
Supervisors training on supervision	55/108 (M=20, F=35)	N/A	43/34 (M=19, F=24)	0/120
BE prototype cascade training	223/350 (M=22, F=201)	0/322	0/308	0/204
Case management training for health facilities	0/580	0/1106	187/662 (M=13, F=174)	0/792
Training on record keeping for secondary and tertiary facilities	0/51	0/24	0/200	0/40
Data use training	0/42	42/41 (M=19, F=23)	0/37	0/79
NMDR Training	N/A	41/41 (M=19, F=22)	N/A	N/A
Total	596/1488 (M=80, F=516)	347/1830 (M= 115, F=232	467/1670(M=73, F=394	553/1808 (M=69, F=484)

^Baseline and targets will be set when the secondary and tertiary facility NHMIS 2019 tools are in use

** Baseline will be set when baseline assessment is completed

[+] For this indicator, annual performance achieved to date was calculated as target - actual

Completeness is calculated using the following malaria related data elements: pregnant women who received malaria IPT2, antenatal total attendance, fever tested by RDT <5 years and fever tested by RDT >= 5 years as agreed upon by the NMEP. At this time, there is not full agreement on whether the list of indicators designated for completeness are adequate. There are several limitations to the calculation of this indicator including that some health facilities do not offer some services on the compulsory data elements list, thereby leading to incomplete data as the data is not applicable. In calculating this indicator PMI-S made the following assumptions: a) that facilities that did not report on several data elements for 3 months consecutively were non-functional; and, b) that facilities not reporting on IPTp and ANC do not provide that service.

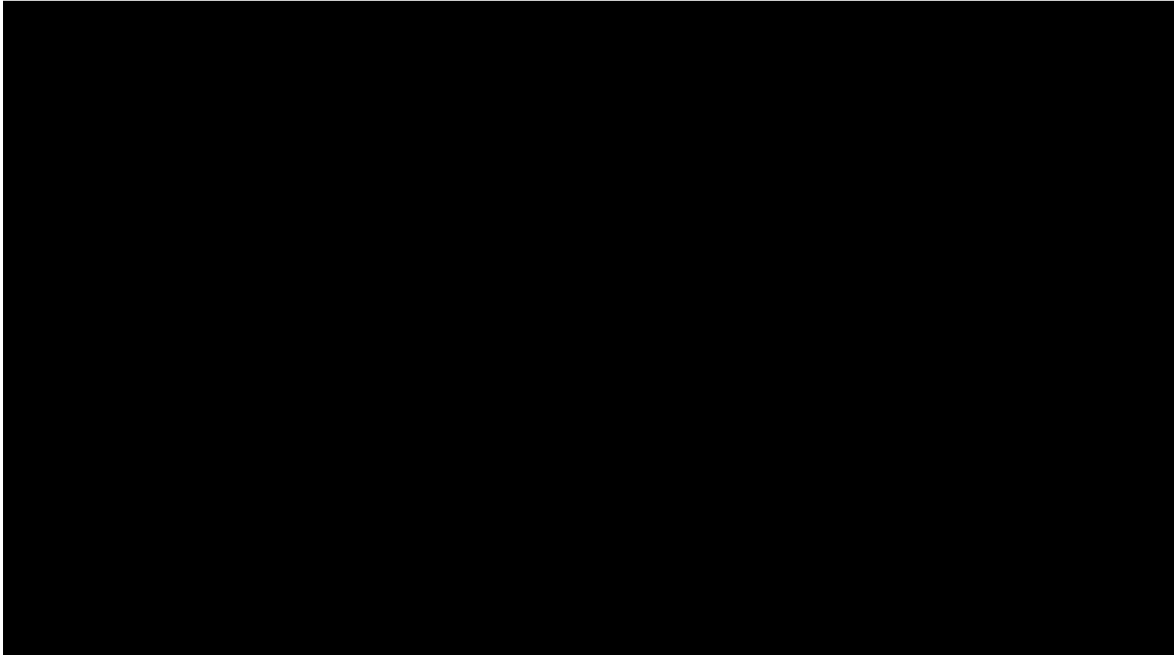
For data with the data source as NHMIS, Q1 data was updated on the January 20, 2021

For indicator 32: Akwa Ibom state target is N/A as they were unable to provide a verified baseline value. Cross River is also TBD as there was no technical staff in the state at the time of target setting.

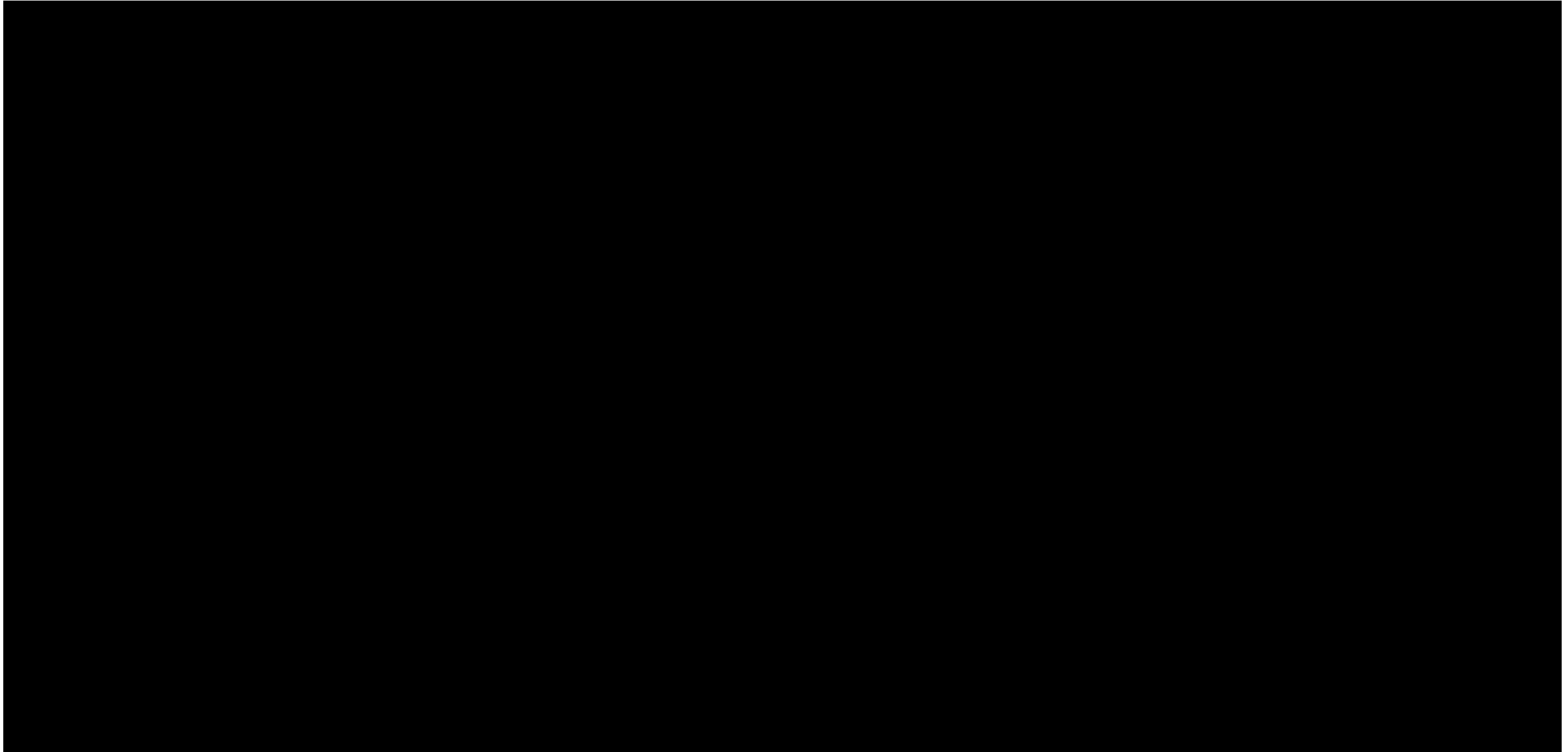
ANNEX B: FINANCIAL MANAGEMENT

Cash Flow Report and Financial Projections (Pipeline Burn-Rate)

Obligations & Current and Projected Expenditures



Summary of Financials



ANNEX C: SUCCESS STORY TEMPLATE

Success Stories/Lessons Learned Template

One Story Per Template

Instructions: Provide the information requested below. Remember to complete the Operating Unit Standardized Program Structure selections in order that your program element selections are pre-populated in the FACTS drop-down menu. " * " indicates required fields.

* **Program Element:** (e.g. Health) Health

* **Key Issues:** (e.g. Women's Empowerment) Intermittent Preventive Treatment of Malaria in Pregnancy

Title: Increased Uptake of Intermittent Preventive Treatment of Malaria in Pregnancy

Operating Unit: USAID/Nigeria

Please provide the following data:

* **Headline (Maximum 300 characters):** A good headline or title is simple, jargon free, and has impact; it summarizes the story in a nutshell; include action verbs that bring the story to life.

Increased Uptake of Intermittent Preventive Treatment of Malaria in Pregnancy in Ebonyi State, Nigeria

* **Body Copy (maximum 5,000 characters):** The first paragraphs should showcase the challenge encountered and the context of the foreign assistance program. Presenting a conflict or sharing a first person account are two good ways to grab the reader's attention. Continue by describing what actions were taken and finally describing the end result. What changed for the person or community? What was learned? How did this make a difference in the community or to the country overall? If this story is relating to a "best practice", what were the innovations in planning, implementation or partnering that made it different? If this story is about an evaluation, what program adjustments were made?

Malaria in pregnancy increases the risk of both maternal and neonatal adverse outcomes such as maternal anemia, low birth weight, premature delivery, stillbirth, and increased perinatal and infant mortality. Intermittent preventive treatment of malaria in pregnancy (IPTp) helps prevent these adverse effects of malaria for pregnant women and their unborn children.

IPTp uptake and completion have been relatively low in Nigeria, as evidenced by findings showing that nearly two-thirds (64%) of pregnant women took one or more doses of sulphadoxine-pyrimethamine (SP), 40% took two or more doses of SP, and only 17% took three or more doses of SP during their most recent pregnancy (NDHS, 2018).

IPTp is the use of SP in recommended doses with intervals of four weeks starting from the 13th week of gestation to clear a presumed burden of malaria parasitaemia in asymptomatic pregnant women. The World Health Organization recommends that SP be administered as directly observed therapy (DOT) and provided as part of a comprehensive antenatal care (ANC) package.

Through one of its objectives to improve IPTp services, the U.S. President's Malaria Initiative for States (PMI-S) project supports health facilities such as General Hospital, Iboko, Ebonyi State Nigeria, with SP. PMI-S also provides technical support to State Malaria Elimination Programs and health facilities in Ebonyi and seven other states to improve malaria diagnosis and treatment among pregnant women to further reduce malaria-related morbidity and mortality among pregnant women.

IPTp uptake across health facilities in Ebonyi State was less than 50% from April 2019 to February 2020, when PMI-S started supporting the state. This indicates low SP uptake in the state. Some challenges to low SP uptake include an inadequate supply of SP and lack of drinking water in ANC clinics for enrolled pregnant women to take SP as DOT.

PMI-S supported the Ebonyi State Malaria Elimination Program, Ebonyi State Primary Health Care Development Agency, and Ebonyi State Hospital Management Board to convene consultative meetings to sensitize health facility managers and health workers on the need for availability of adequate SP and drinking water in ANC clinics. Health facility managers and workers were also informed about the missed opportunities for providing IPTp services when SP and drinking water are not available during ANC clinic days and when DOT is not implemented as recommended.

General Hospital Iboko, a PMI-supported secondary health facility in Ebonyi State, has provided safe drinking water on a sustainable basis to ensure that SP is taken as DOT by pregnant women during ANC days. According to Dr. Solomon Okpo, Principal Medical Officer, General Hospital Iboko, "General Hospital Iboko serves very rural communities and many of the women who come here are barely able to afford their own transportation to the facility, having the water and SP in one place ensures the women no longer have to go all the way to the pharmacy unit to get the drugs when they are prescribed, and we are also able to observe them take the medicine''.

Available data indicate an improvement in IPTp uptake across health facilities in Ebonyi State when health facilities supported by PMI-S commenced provision of drinking water during ANC clinics and ensured availability of adequate SP in antenatal clinics. This is evidenced by improved IPTp uptake of 61% in July 2020 and 60% in August 2020, compared to uptake of 48% in July 2019 and 52% in August 2019.

The immediate result of this strategy is that high SP uptake has been sustained in the facility, thereby enabling malaria-free mothers and infants to thrive with support from the American people.

*** Pullout Quote (1,000 characters):** Please provide a quote that represents and summarizes the story.

Available data indicate an improvement in IPTp uptake across health facilities in Ebonyi State when health facilities supported by PMI-S commenced provision of water during ANC clinics and ensured availability of adequate SP in antenatal clinics. This is evidenced by improved uptake of 60% in August 2020 and 61% between October and December 2020.

According to Oluchi Eze, Nurse in Charge of the hospital's antenatal clinic,

"... administering SP as DOT is the routine practice in our hospital because SP is available at the ANC clinic and courtesy of our hospital management, we also have water readily available at no cost [to] our pregnant mothers to take their SP in our presence".

*** Background Information (3,000 characters):** Please provide whether this story is about a presidential initiative, Key Issue(s), where it occurred (city or region of country) and under what item(s) (Objectives, Program Areas, Program Elements) in the foreign assistance Standardized Program Structure. Include as many as

appropriate. See Annex VIII of the Performance Plan and Report Guidance for a listing of Key Issues. See the list and definitions for the Standardized Program Structure. http://f.state.sbu/PPMDocs/SPSD_4.8.2010_full.pdf.

This is a success story of U.S. President Malaria Initiative for States Task Order 03 activities. The story showcases PMI-S support to improve IPTp uptake by pregnant women enrolled across health facilities in Ebonyi State. This is in line with the core intervention of Task Order 03 to support State Malaria Elimination Programs in target states (Akwa Ibom, Cross River, Ebonyi, and Oyo), towards improving drug-based prevention and treatment approaches, primarily IPTp.

*** Contact Information (300 characters):** Please list the name of the person submitting along with their contact information (email and phone number).

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A pregnant woman taking third dose of Sulphadoxine-Pyrimethamine as directly observed therapy in General Hospital Iboko, a PMI-supported hospital in Ebonyi State