USAID INTEGRATED HEALTH PROGRAM, NIGERIA

Task Order 02: Abuja Central Office

Quarterly Performance Report

Second Quarter, January 1 to March 31, 2020

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ACTIVITY INFORMATION

Activity Title	USAID Integrated Health Program: Task Order 2
Contract/Agreement Number	72062018D00001 / 72062018F00005
Name of Prime Implementing Partner	Palladium International, LLC
Names of Sub-awardees	JHPIEGO
Geographic Coverage (list states)	Abuja, Bauchi, Kebbi, Sokoto, Ebonyi, and Federal Capital Territory, Nigeria
Activity Start Date	June 1, 2018
Activity End Date	May 31 2023
Reporting Period	January 1, 2020 to March 31, 2020

ACRONYMS AND ABBREVIATIONS

BA-N	Breakthrough Action - Nigeria
DHIS2	District Health Information System 2
DHPRS	Department of Health Planning, Research and Statistics
DQA/DQI	Data Quality Assessment/ Data Quality Improvement
F/SMOH	Federal / State Ministry of Health
FY	Fiscal Year
FP	Family Planning
GHSC-PSM	Global Health Supply Chain Program-Procurement and Supply Management
GoN	Government of Nigeria
IDIQ	Indefinite Delivery, Indefinite Quantity Contract
IHP	USAID Integrated Health Program
IMCI	Integrated Management of Childhood Illnesses
iRMNCAH +NM	Integrated Reproductive, Maternal, Newborn, Child and Adolescent Health + Nutrition, Malaria
ISS	Integrated Supportive Supervision
LDHF	Low Dose High Frequency
LGA	Local Government Authority
LGHA	Local Government Health Authority
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MNCH	Maternal, Newborn and Child Health
NEMCHIC	National Emergency Maternal and Child Health Intervention Centre
NHIS	National Health Insurance Scheme
NHMIS	National Health Management Information System
NPHCDA	National Primary Health Care Development Agency
NSHIP	Nigeria State Health Investment Project
PHC	Primary Healthcare Center
QoC	Quality of Care
RDT	Rapid Diagnostic Test
RMNCH + NM	Reproductive, Maternal, Newborn, and Child Health +Nutrition, Malaria
RUTF	Ready-to-Use Therapeutic Food
SPHCDA	State Primary Health Care Development Agency
TO	Task Order
TOT	Training of Trainers
USAID	United States Agency for International Development
WHO	World Health Organization

1. EXECUTIVE SUMMARY

1.1. ACTIVITY DESCRIPTION

The United States Agency for International Development (USAID) Nigeria awarded a single-holder Integrated Health Program (IHP) Indefinite Delivery, Indefinite Quantity Contract (IDIQ) to Palladium on December 28, 2017. The USAID IHP is a five-to-seven year activity with a ceiling of [redacted] that will contribute to reductions in maternal, infant and child mortality, and increase the capacity of health systems (public and/or private) to sustainably support quality primary healthcare services in select states. IHP covers seven intervention areas: health systems strengthening, maternal health, newborn health, child health, reproductive health/family planning, nutrition, and malaria. IHP works closely with the Government of Nigeria (GoN) to identify and support rapid scale-up of proven interventions through improvement of service delivery and strengthening of health systems. Implementation of these interventions is tailored to the unique local context of each state as per its needs and the government's commitments. Specific activities for the successful implementation of these interventions are done in partnership with State and Local Government Health Authorities (LGHA) decision-makers and key stakeholders, as state leadership and ownership are key for successful implementation of the program. Activities are closely coordinated with USAID's other two flagship health projects - Breakthrough Action–Nigeria (BA-N) and the Global Health Supply Chain – Procurement and Supply Management (GHSC-PSM) to ensure complementary synergies and to avoid duplication.

This IDIQ is being implemented through a series of Task Orders (TOs). IHP works closely with the GoN to identify and support rapid scale-up of proven interventions through improvement of service delivery and strengthening of health systems.

Task Order 2 was awarded June 1, 2018 and is in its second year of implementation. The overall purpose of Task Order 2 (IHP Abuja) is to implement limited federal level activities in support of state-level IHP interventions and to oversee and provide technical guidance to IHP state teams.

IHP-Abuja's objectives are:

- **Objective 1**: Engage with and provide limited technical assistance to the government of Nigeria (GON) and other relevant stakeholders at the federal level
- **Objective 2**: Provide technical guidance to states where IHP activities will be implemented
- **Objective 3**: Coordinate, support, and oversee implementation and administration of all subsequent TOs under the IDIQ award

IHP-Abuja therefore has three main "clients": (a) the federal government where it is essential to reduce bottlenecks and create an enabling environment for improved Reproductive, Maternal, Newborn, Child Health, Nutrition and Malaria (RMNCH+NM) services at the state level by providing limited expert technical assistance; (b) the state teams that will be driving overall IHP outcomes by providing high-quality technical and managerial support to; and, (c) the USAID managerial team by providing up-to-date evidence with which to track progress and guide the program effectively.

This Report presents progress made in FY 20 Quarter 2 (January 1, 2020 – March 31, 2020).

1.2. SUMMARY OF RESULTS TO DATE

Please see Task Order 2 (IHP Abuja) Progress Summary Table in Annex A which provides results of all three state indicators, targets and results for FY20 Q2.

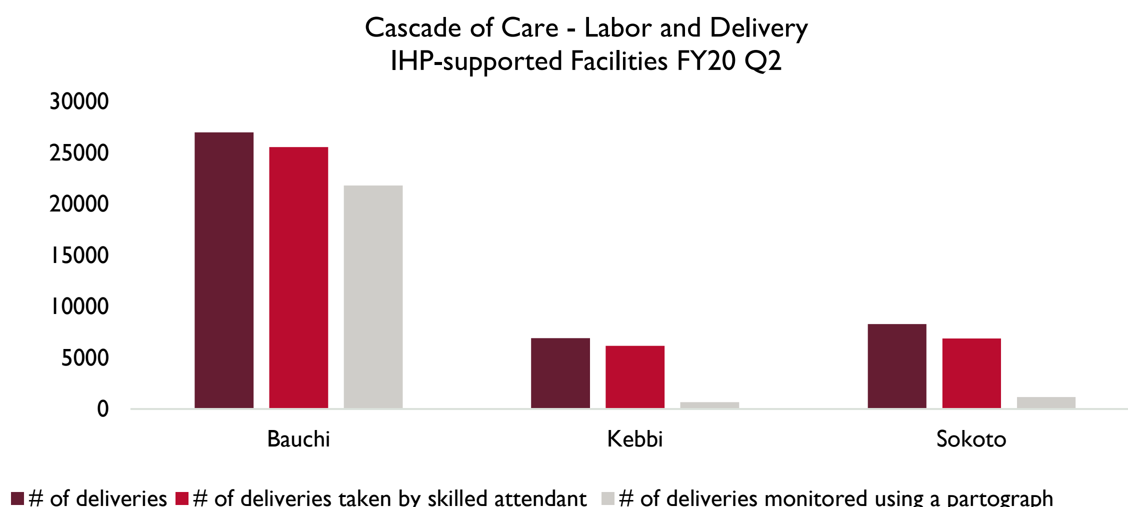
Given the level of effort IHP continues to put into ensuring quality documentation and reporting, it is expected that data would show up in varying trends as IHP expands in coverage and in mentorship to additional LGAs, before finally stabilizing. During this quarter in Annual Reviews of the State task orders, IHP did trend analyses by phases of LGA and PHC coverage as the original LGAs and PHCs in FY19 received more inputs compared to LGAs and PHCs added in November as part of the FY20 approved workplans. Data in the quarter under review follow this expected situation. Indicators of interest include:

HMIS.3-1_ # of maternal deaths. Reported deaths increased, across Bauchi, Kebbi and Sokoto States, from 40 in FY20 Q1 to 90 in FY20 Q2. Prior to FY20, few if any deaths were reported by PHCs in the States. The training provided clarity and instilled importance for reporting deaths, while re-assuring health workers that they will not be judged or punished for deaths reported. Support to the States to ensure consistent reporting of deaths and as institutionalizing the reporting of maternal and perinatal deaths through the MPDSR continues.

HMIS.3-4_% of deliveries monitored using a partograph. In Bauchi, the regular provision of partographs by the SPHCDA and regular coaching and mentoring of service providers on the appropriate use of partograph by IHP embedded teams, IHP advocating for partograph availability, as well as improved data recording, continues to increase the results of this Indicator from 77% in FY20 Q1 to 81% in FY20 Q2.

Figure 1 shows the cascade of care for deliveries, detailing deliveries by skilled attendants and the use of the Partograph. Given that a high percentage of these deliveries are taken by skilled attendants, it is expected that the use of partographs should be as high. Given the progress Bauchi is making, learning from Bauchi is being extended to other States.

Figure 1 Cascade of care for deliveries

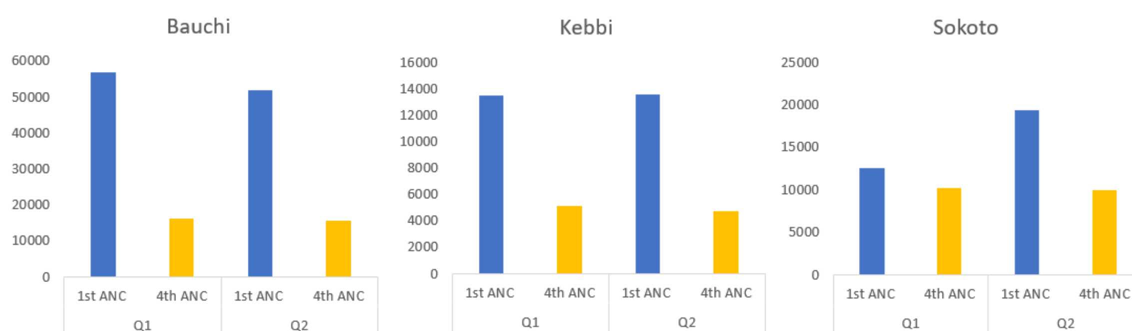


HMIS.2-3_# of deliveries in facilities / HMIS.2-4_# of Live Births in facilities. IHP continues to work to reduce the disparity of reporting between these Indicators. Granular reviews of data on Deliveries and Live Births is helping to identify those LGAs and facilities where focused attention is required to ensure accurate data recording and reporting. IHP has learned that a first step is to

ensure that health workers, M&E focal persons and M&E officers at LGA have a correct understanding of the data elements and the correct way to document and report. Beyond reporting, IHP uses the data and observation of services as the basis for technical assistance to LGAs and mentoring and coaching to PHC staff for improving availability and quality of facility deliveries.

HMIS.2-1_# of pregnant women who have had at least 1 ANC visit / HMIS.2-2_ # of pregnant women with 4 ANC visits. To improve access to PHC services, IHP mentors PHC staff to provide effective counseling and respectful and comprehensive care during the first and subsequent ANC visits that includes ANC services as per guidelines, the importance of returning regularly for ANC visits, for delivery in a health facility, for postnatal care within the first 48 hours, and postpartum family planning. This is one of the ways to improve continuity of care during pregnancy. A trend analysis of data on ANC visits (1st and 4th) across Bauchi, Kebbi and Sokoto States indicates a wide gap between the two, particularly in Bauchi and Kebbi States. IHP recognizes that multifaceted interventions (with BA-N) are needed to increase early ANC and routine ANC visits in general. Further, a further special focus on improving the skills in ANC services and counseling is likely to increase the number of pregnant women who return to the PHC for ANC early for at least 4 ANC visits and for delivery. This will be achieved with the onsite Low Dose High Frequency skills-based training planned to begin in quarter 4.

Figure 2 1st ANC vs 4th ANC Analysis



IHP continues to support the Federal and State Governments to strengthen documentation, reporting and data use to improve both data quality and quality of service performance. In the States, IHP provides support to LGA M&E Officers, for HMIS training and during facility visits, providing clarifications and proper guidance for better data quality. To improve the quality and continuity of ANC care, IHP mentors health workers at PHCs and in quarter 4 will conduct through grantees onsite competency-based skill training at all IHP supported PHCs.

2. ACTIVITY IMPLEMENTATION PROGRESS

2.1. PROGRESS NARRATIVE

Below is a snapshot of high-level achievements of the three IHP Abuja objectives at the federal and state levels for the reporting period.

Highlights of FY20 Quarter 2 achievements include:

Objective 1: Federal Level Activities

- IHP's expert technical assistance contributed to the finalization of several key national monitoring and evaluation tools that will be rolled out in all States to improve quality of NHMIS data, including: the National Integrated Supportive Supervision (ISS) Tool for primary health care centers; the National Data Quality Assessment (DQA) Tool, the FMoH Monitoring and Evaluation Annual Operational Plan for 2020, and the Standard Operating Procedure (SOP) Methodology and Tools for Primary Health Care Data Quality Improvement.
- IHP facilitated the development of the National Strategy for Data Demand and Use by working with the FMOH to adapt a conceptual framework, develop a logic model and plan activities.
- With PowerAfrica's Nigeria Power Sector Project, IHP spearheaded a Coalition on Sustainable Electrification of PHCs that successfully made a business case for the sustainable electrification of PHCs and submitted a Bill to Amend The National Primary Health Care Development Agency (NPHCDA) Act, Cap N69, Law of the Federation of Nigeria, 2004 to the House of Representative Committee on Health Care Services for mainstreaming clean energy into PHC infrastructure projects in Nigeria.
- In response to the COVID-19 pandemic, IHP has been at the forefront of capacity building for the primary health care level to ensure the continuation of routine services, prevention of infection among health workers and clients within the health facility, and identification and referral of suspect cases. IHP has been gathering, adapting, and sharing global, regional and national job aides, guidelines, training material, audio job aides and mobile curricula to make them appropriate for the primary health care facilities and outreach services and establishing remote mentoring systems across IHP-supported States to stay connected with and continue to support PHCs across the States of Bauchi, Kebbi and Sokoto.

Objective 2: Technical Guidance for IHP-supported States

- Using an IHP-Abuja developed quantitative excel-based tool, Kebbi State streamlined the Kebbi Contributory Health Scheme's (KECHES) Benefit Package. This tool prioritized components of the benefits package by assigning weights and scores to inclusion criteria, such as contribution to disease burden, cost effectiveness of intervention, alignment with Kebbi's health sector strategy and availability of supply of interventions.
- IHP in collaboration with the NMEP Case Management Subcommittee trained 486 PHC healthcare providers and lab technicians in Bauchi, Kebbi and Sokoto on the use of mRDT to improve malaria diagnosis and case management.
- In Sokoto, IHP Abuja developed and applied a suite of training materials (comprising of presentations, exercises and case studies) to develop the capacity of the state Health Financing Units (HFU) on ongoing health financing reforms, generating evidence using health financing diagnostics and their role as secretariat to the Health Financing Technical Working Group.

Objective 3: Coordination, support, and oversight for TO implementation

- In light of the COVID-19 pandemic, IHP developed a special IHP COVID-19 Business Continuity Plan that included safety orientations, trainings and procedures for all IHP staff in Abuja, Bauchi, Kebbi and Sokoto to maximize the prevention of COVID-19, ensure that IHP staff were enabled to work from home and remotely using a variety of communication mechanisms during travel and movement restrictions, as well as integrate COVID-19 content into all training and mentoring for LGAs and PHCs.

2.2. IMPLEMENTATION STATUS

This section describes progress of FY20 Quarter 2 activity implementation by objective.

Objective 1: To engage with and provide limited technical assistance to the government of Nigeria (GoN) and other relevant stakeholders at the federal level

SUB-OBJECTIVE 1.1 STRENGTHEN NATIONAL HEALTH INFORMATION SYSTEMS

Strengthen capacity to generate, transmit, analyze, and use data

Finalization of NHMIS and National M&E Data Quality Tools

During the M&E Technical Working Group meetings convened by the FMoH DHPRS, IHP provided extensive technical inputs for the review and finalization of national data quality improvement tools and plans. IHP successfully co-facilitated a M&E working group at a 3-day meeting convened by the FMoH to address concerns raised by NPHCDA on the National ISS and the National DQA tools. Through this process of consensus-building, FMoH and NPHCDA finalized and validated several policy-related documents and data quality improvement tools, including:

- The National Integrated Supportive Supervision Tool for Primary Health Care level version 2019
- The Harmonized National DQA Tools for Programmes version 2019
- The National M&E Annual Operating Plan for 2020
- Standard Operating Procedure (SOP) Methodology and Tools for Primary Health Care Data Quality Improvement.

The next step is to develop the analytic module of the FMOH ISS/DQA platform. The FMOH has engaged ehealth4everyone as the local developer for this module. IHP Abuja will provide expert TA and draw from existing data analytical modules being used globally for the DHIS2.

Multi-Source Data Analytic and Triangulation

IHP provided support during the FMoH/M&E Technical Working Group consultations on the development of the National Health Survey Coordination Guidelines. The FMoH/DHPRS had identified the need to develop national guidelines for health survey coordination and set-up a functional Health Survey Coordination sub-committee as part of the M&E TWG. The sub-committee implements the FMOH's Multi-Source Data Analytic and Triangulation resource initially funded by BMGF and provides a single transparent view of key health indicators from multiple data sources. The MSDAT platform (https://msdat.fmohconnect.gov.ng/central_analytics) includes routine and includes survey data from multiple sources, such as: MICS, NDHS, NARHS, NMIS, NNHS, PCCS, NHSPSS, NHA, KDGHS, and NAIIS. Recognizing that accurate data quality, trends and interpretation depends on the triangulation of data, the platform offers comparisons of key metrics across three categories of data sources, namely routine data, surveys, and global estimates. This resource is being expanded in phases building on connections with existing FMOH agencies and partners. As this resource evolves, DHPRS hopes to contribute to improved performance management within the health sector. The first phase started with an exploratory analysis of 32 select indicators at the federal and state level. Subsequent phases will expand the number of existing indicators to be analyzed using the MSDAT for data visualization, triangulation and decision-making and widen coverage of health data analysis to LGA and facility levels. The DHPRS team welcomes feedback on this resource and invites stakeholders to upload relevant data using the submit data button on the platform.

To address gaps in data quality and reporting highlighted by the MSDAT platform, IHP will co-facilitate technical meetings of the HIS/M&E stakeholders (DHPRS, Health Programs, Partners

including HISP Nigeria and ehealh4everyone) to re-validate the indicators, metadata and the data analytic applications of the revised national DHIS 2 to generate useful indicators which will be linked to the Multi-Source Data Analytic Tool (MSDAT) for data visualization, triangulation and decision making. During the quarter, IHP contributed to drafting the data analysis section of the National Health Survey Coordination Framework and Guidelines. The guidelines will require consultation with the Office of the National Security Adviser, the unit responsible for health survey data.

As next steps, the FMoH will develop a concept note, set up a Health Survey Coordination planning committee and a folder on the google drive, and engage a consultant who will work with IHP, WHO and Marie Stope to finalize the Guidelines. The FMOH will convene another Health Survey Coordination meeting in April 2020 to finalize the document with the stakeholders. IHP will continue to work with the FMOH through MDAT development and use for decision making.

National Strategy for Data Demand and Use

Given the huge investments made to improve health data generation and use in Nigeria, there is still suboptimal use by decision makers especially at the FMoH. As a result of this, the FMoH with support from the Global Fund's Resilient and Sustainable System for Health (RSSH) Project is developing National Guidelines for Data Demand and Use (DDU). The FMoH drafted a DDU Guideline with the stakeholders for further review and inputs. IHP reviewed the document and identified significant gaps. This prompted a revision of workshop objectives and IHP worked with the FMoH to adapt a conceptual framework, logic model and plan of activities, which led to a first draft of the National Strategy for Data Demand and Use. This strategy document when finalized will guide subsequent policy documents in data demand and use for the health system.

In the next quarter, IHP will continue to provide limited technical assistance to FMoH/DHPRS and its M&E TWG toward achieving the following:

- Roll out the updated and upgraded DHIS 2 to the states for NHMIS version 2019
- Finalize the Community Health Management Information System (CHMIS)
- Finalize National Guideline for Health Survey Coordination
- Finalize National Strategy for Data Demand and Use and make ready for State domestication.

SUB-OBJECTIVE 1.2: STRENGTHEN SERVICE DELIVERY SYSTEMS

National Quality of Care (QoC) Efforts Integrates Child Health

In the previous quarter, IHP championed the inclusion of child health indicators into the existing national maternal and newborn (MNH) quality of care efforts through consultations with the FMoH/Child Health Division. In Q2, these efforts resulted in FMOH organizing a QoC Core Group meeting in January 2020 to discuss the modalities for inclusion.

Stakeholders comprising WHO, IHP, Jhpiego, FMoH/DPRS, as well as FMoH/Family Health Department reviewed the 2019 QoC activities for the 12 focal states, including Bauchi, Kebbi and Sokoto, and developed plans for 2020. WHO notified FMoH of their plans to support the inclusion of adolescent and child health indicators into the QoC after the global WHO orientation meeting scheduled in March 2020. Based on WHO's update, it was agreed that IHP and WHO would collaborate and lead the process after the global meeting.

Other key decisions of the Core Group included:

- Convening a two-day national QoC TWG meeting in March. This meeting however was postponed due to FMoH funding issues.

- FMoH to send out a questionnaire on the status of the QOC 2019 operational plan implementation for the 12 participating states. The findings will be shared during the QOC TWG meeting.
- Inviting the BHCPF to the TWG meeting to explore the feasibility of incorporating QI plans into the PHC business plans.
- FMOH to review status of 12 focal states implementing QoC to determine their functionality and explore the possibility of including new states where partners are currently working on QoC.
- WHO to develop tools for including adolescent and child health indicators into existing MNH QoC.
- Unfortunately, WHO cancelled the global orientation meeting due to Covid19. IHP will continue interacting with FMoH and the Core Group members remotely during the Federal Government lockdown.

Reimagining Technical Assistance for MNCH and HSS in Nigeria

IHP has been actively participating in JSI's Re-imagining Technical Assistance for MNCH and HSS meetings in Nigeria. This initiative started in 2018 and uses a human center design approach involving a series of meetings, interviews, and interactions with FMoH, donors, implementing partners and stakeholders. The intention of this process is to reinterpret the concept of TA, particularly for the government to understand their role in providing leadership, ownership, and coordination, and to create an accountability mechanism. IHP provided key technical inputs in all the co-creation workshops to generate insight and design concepts for the technical assistance process. In Q2, the final integration workshop harmonized the design concepts, refined and prioritized design outputs and galvanized a shared understanding on the roadmap for TA in Nigeria. The strategy will support IHP's technical assistance work when finalized.

Sustainable electrification of Primary Health Care facilities

Multi-Sector Coalition for Sustainable Energy Solutions for Primary Healthcare Facilities

IHP provides leadership for the multi-sector Coalition for Sustainable Electrification of PHCs. In collaboration with USAID's PowerAfrica through the Deloitte led Nigeria Power Sector Program (NPSP), IHP convened a multisectoral coalition comprised of the government, nongovernmental and private commercial sector to bring sustainable electrification (solar) to primary health care centers. In January, members of the Coalition such as NPHCDA, Rural Electrification Agency, the World Bank, Bill and Melinda Gates Foundation, Heinrich Bol Foundation, private solar companies and other implementing partners met to brainstorm on ways to build support for the provision of sustainable electrification of PHCs, starting with a national technical consultation, state sensitization, and a business case for sustainable electrification of PHCs.

Photo 1 [redacted]

In February, the Coalition held virtual meetings with high-level State government stakeholders of Sokoto and Kebbi States to gain support among government leadership and private sector for the provision of sustainable electrification of PHCs. The Coalition is planning for a national consultation on Sustainable Electrification of PHCs facilitate to share experiences and evidence to make a case for investments in off-grid electrification options for primary healthcare centers and to ignite interest in potential investors. In dialogue with the NPHCDA, Coalition members were informed of an upcoming Health Summit and was invited to submit a concept note on how the Coalition could be involved in the Summit. The NPHCDA leadership agreed that the Coalition would be able to participate in the PHC Summit either on a plenary panel or in a concurrent session. The Summit has been delayed until June 2020.

To further the goal of institutionalizing solar electrification of PHCs, the coalition submitted a Bill to Amend The National Primary Health Care Development Agency (NPHCDA) Act, Cap N69, Law of the Federation of Nigeria, 2004 to the House of Representative Committee on Health Care Services for mainstreaming clean energy into PHC infrastructure projects. The public hearing was billed for March 26, 2020 but was subsequently canceled. The possibility of a private donation of home solar systems for PHCs is being explored with NPSP. Next quarter, the Coalition will leverage on the forthcoming Primary Health Care Summit to present a multi advocacy brief to catalyze discussion and plan actions.

SUB-OBJECTIVE 1.3 SUPPORT INTEGRATED RMNCH+NM POLICY DEVELOPMENT AND COORDINATION

Child Health

National Emergency Maternal Child Health Intervention Center (NEMCHIC)

IHP is working with the National Emergency Maternal Child Health Intervention Center (NEMCHIC) at the NPHCDA to draft a scope of work for a short-term embedded consultant to provide M&E technical assistance. The Consultant will support improved accountability of the NEMCHIC work through their M&E working group, including: the review of the NEMCHIC workplan, M&E implementation, and M&E indicators; setting up a database and linking it to the NEMCHIC dashboard. S/he will oversee data validation, quality assurance of data, database

development, data analysis and reporting. S/he will build the capacity of NPHCDA staff in NEMCHIC M&E, including how to use data to inform supportive supervision, support regular reviews, and provide recommendations for needed research. The draft scope of work is currently being reviewed by NPHCDA leadership.

IHP is providing expert technical assistance to FMOH and NPHCDA to shape national level MNCH/FP guidelines and policies through participation at national MNCH technical TWGs (TO2.1.3.3). We are working with the National Emergency Maternal Child Health Intervention Center (NEMCHIC) at the NPHCDA to draft a scope of work for a short-term embedded consultant to provide M&E technical assistance.

The Consultant will support improve accountability of the NEMCHIC work through their M&E working group to carry out NEMCHIC M&E program activities including review and implementation of NEMCHIC workplan, including the M&E component of the workplan, reviewing the M&E indicators, setting up a database and linking same to the NEMCHIC dashboard. S/he will oversee data validation, quality assurance of data, creation of database, data analysis and reporting. S/he will build the capacity of NPHCDA staff in NEMCHIC M&E, including using data to inform supportive supervision, support regular reviews, and provide recommendations for needed research. The SOW is currently being reviewed by NPHCDA leadership.

Nutrition

USAID/Nigeria and Partners Multi-sectoral Nutrition Strategy Interactive Session

USAID/Nigeria through Feed the Future Nigeria hosted a one-day interactive session with nutrition partners and discussed their Multi-Sectoral Nutrition Strategy, as well as opportunities for private sector engagement in nutrition programming and tools to strengthen nutrition integration in Nigeria. IHP Abuja and State technical staff actively participated at the consultations and contributed to the group inputs and discussions. The strategy will guide USAID/Nigeria's nutrition programming and strengthen integration across development and humanitarian sectors in Nigeria. The next step is for USAID/Nigeria to finalize the draft strategy based on inputs from stakeholders for further action. Additionally, stakeholders suggested to USAID to consider feasibility of having quarterly partners interactive sessions to discuss nutrition updates.

FMOH Roadmap to review the National IYCF Policy, Guidelines and Training Manuals

Part of IHP's technical assistance at the national level is to ensure national policies and guidelines are updated to meet emerging global trends and subsequent domestication in supported states. In Q2, IHP held consultative meetings with the FMoH/Nutrition Division and planned for the review of IYCF policy.

The consultation revealed that the World Bank agreed to support the IYCF policy review, and IHP was therefore requested to support the review the IYCF guidelines and training manuals. The Nutrition Division, IHP and other stakeholders developed a roadmap to guide the review process which is currently awaiting approval of the FMoH leadership. However, this was delayed due to COVID19 lockdown and will commence in June after the FMOH (through the World Bank ANRiN) contracts a consultant that will lead the policy review. In the meantime, IHP will collaborate with the World Bank to review the policy and thereafter lead the technical review of the guidelines and training manuals. The review and draft revisions are expected to be finalized in quarter 4.

Malaria

Joint IHP-NMEP Training of Health Workers on mRDT in IHP-Supported States

IHP collaborated with the NMEP Case Management Subcommittee to plan for the training of 486 healthcare providers/lab technicians from supported PHCs on malaria diagnosis using mRDT. The training was necessary because of the identified capacity gaps on malaria diagnosis by health workers during routine supportive supervisions to PHCs. The National Training Manual was adapted and used for the training which addressed malaria overview, mRDT, documentation using the HMIS and a practicum. The NMEP trainers co-facilitated with IHP a one-day refresher training for State trainers, and thereafter co-facilitated stepdown training in some LGAs in Sokoto and Kebbi states.

Malaria Diagnostics and EQA

IHP continues to provide technical assistance to Malaria Technical Working Groups and subcommittee meetings at the federal level. During the 9th Diagnostic Working Group meeting, IHP presented our plan to support the establishment of functional EQA systems in Bauchi, Kebbi and Sokoto states and to train PHC providers on malaria diagnosis using mRDT.

IHP also contributed to the review of draft EQA Implementation Plan at the meeting. The final draft is expected from the MNEP consultant for validation. A key recommendation from the meeting was for NMEP to consider the establishment of Diagnostic Working Groups at state levels to lead all malaria diagnostics efforts in the states. Once considered, IHP will work with the state malaria agencies in focal states to facilitate establishment of the Working Groups.

National Guidelines for Diagnosis and Treatment of Malaria

The National Guideline for Diagnosis and Treatment of Malaria in Nigeria was last reviewed in 2015. As a result, PMI for State (PMI4S) supported NMEP to review the national guideline to incorporate emerging trends based on WHO recommendations. IHP actively supported the first draft of the revised guideline and reviewed the section on treatment of uncomplicated malaria before validation. IHP along with other key stakeholders are currenting reviewing the document.

BA-N and IHP Collaboration on Behavioral Economics Fever Case Management Pilot Assessment Yields Results

Having concluded the Behavioral Economics Fever Case Management pilot study in three states (Kebbi, Nasarawa and Akwa Ibom), BA-N disseminated the key outputs and results of the assessments to stakeholders and the USAID PMI implementing partners. IHP collaborated with BA-N and provided technical inputs throughout the planning, development of concepts, field testing and deployment of prototypes to pilot facilities. The development of this concept started in early 2019 in Abuja involving co-creation workshops to design the concepts, field testing of designed concept, followed by a 3-month pilot study of the prototypes: 1). Testing before consultation; 2). Consultation package; 3). Data and accountability; and 4). Provider and client communication.

In quarter 2, IHP supervised the implementation and end line assessment in Kebbi state. The Pilot found that PHC and secondary health facility workers generally accepted the prototypes in pilot states, PHCs demonstrated more compliance to using the prototypes than the secondary health facilities, and States were willing to adapt and implement the prototypes if approved by the National Council of Health (NCH).

While implementation continues in Kebbi as one of the pilot states with the possibility of scale up, PMI has requested that Bauchi state be included as an implementation state. As a result, BA-N and IHP are coordinating workplans based on agreed packages to be implemented and strategies for implementation. The workplans are currently being finalized in readiness for rollout.

Objective 2: To provide technical guidance, thereby enhancing communication and collaboration between the federal and targeted IHP States

SUB-OBJECTIVE 2.1 STRENGTHEN HEALTH FINANCE IN IHP SUPPORTED STATES

Improve allocation release and tracking of health finances for primary health care in IHP supported states

Health Insurance Under One Roof

The National Health Insurance Scheme (NHIS) convened a summit in February with leadership of state health insurance schemes to develop a framework for coordination and regulation of social health insurance towards the attainment of Universal Health Coverage in Nigeria. IHP attended the Summit and sponsored the Executive Secretaries and Directors of ICT from Kebbi and Sokoto Contributory Health Agencies to the Summit (as approved in TO4.1.2.17 and TO5 1.2.2.). As this activity was not included in IHP Bauchi's USAID-approved workplan, IHP did not fund Bauchi state officials' participation in the Summit. The Summit was structured as a co-creation workshop and IHP and government counterparts from support states participated in discussions on principles to guide the design and rollout of the state health insurance schemes along the key themes of legal and institutional frameworks, ICT integration, benefit package design, stakeholder engagement and partnerships, informal and formal sector enrolment. The Summit provided an opportunity for IHP to contribute to shaping technical guidance on the set up of strong, sustainable state health insurance schemes in the country. At the end of the summit, NHIS issued a communique which highlighted the principles agreed at the Summit.

As next steps, IHP will provide input into the communique and any final document arising from the Health Insurance Under One Roof concept to ensure the technical quality and operational feasibility of proposed guidance. IHP Abuja will also cascade NHIS approved guidance to its state counterparts and work within its scope in providing technical assistance to IHP-supported state health insurance agencies.

Kebbi's Health Insurance Benefit Package Streamlined

IHP Abuja developed a framework for reviewing and streamlining the Kebbi Contributory Health Scheme's (KECHES) Benefit Package. The framework utilizes a quantitative method to select relevant services based on the burden of disease in the state, cost-effectiveness of services and prioritization within Kebbi's health sector strategy. IHP Abuja coached the IHP Kebbi team to apply the framework, developed a facilitator's guide in preparation for a benefit package validation workshop and co-facilitated the workshop held January 28-29, 2020. The workshop resulted in the production of a validated package of services which incorporates priority RMNCH+MN services. In Quarter 3, IHP Abuja will provide technical assistance to cost and determine fair actuarial valuated premiums for the benefit package.

Application of the Family Planning SDG model expanded FP service coverage for Kebbi state

IHP Abuja worked with the IHP-Kebbi team to apply Palladium's Family Planning – Sustainable Development Goals (FP-SDG) model in Kebbi state to demonstrate the impact of availability and accessibility of Family Planning (FP) services on demographic and socioeconomic development. The FP-SDGs Model output was used as evidence to demonstrate how inclusion of FP services in Kebbi State Contributory Health Scheme (KECHES) benefit package will contribute to increasing FP demand/use and consequently to achieving sustainable development goals. Based on the evidence presented by the model, it was decided to expand KECHES service coverage of FP from only counselling services to cover all modern FP methods for enrollees.

Training Materials and a Budget Tracking Tool for the State Health Financing Units

IHP Abuja developed a suite of health financing training materials comprised of presentations, exercises and case studies. These materials are used to develop the capacity of the state Health Financing Unit (HFU) staff on health financing reforms, generating evidence using health financing diagnostics and their role as the secretariat to the Health Financing Technical Working Group.

IHP Abuja also developed and supported the training of the HFU in Sokoto on the use of an excel-based budget tracking tool which summarizes budget performance data into a simple dashboard for presentation and decision making. This HFU training will be rolled out to Bauchi and Kebbi states in quarter 3.

Orientation of Legislative Network for UHC in IHP-supported states

IHP Abuja worked with IHP State Governance and Leadership Advisors to develop an orientation package, including a slide set, for new members of State House Committees on Health and the new state legislative network on UHC (LNU) in Bauchi, Kebbi and Sokoto on their legislative roles in promoting equitable access to quality healthcare in the states. It is expected that the orientations will finalize state legislative health agendas drafted at the national summit. The legislative health agenda outlines how the state LNUs will legislate, appropriate and oversee health system reforms in their states. The Sokoto LNU orientation was held March 24-25, 2020. The orientations for Kebbi and Bauchi are scheduled for quarter 3.

Liaising with the National BHCPF Secretariat to Advance State BHCPF Implementation

IHP liaised with the National BHCPF Secretariat to ensure the training of State Master trainers was scheduled and completed for Kebbi and Sokoto states. The TOT took place in the 2nd and 4th weeks of March in Kebbi and Sokoto States, respectively. IHP Abuja also liaised with the Secretariat to address bottlenecks encountered by Bauchi in accessing BHCPF funds. Through its communication with the Secretariat, IHP discovered that despite fulfilling all criteria and accessing NHIS gateway funds, NPHCDA had not sent relevant funds to the Bauchi SPHCDA's Treasury Single Account (TSA) for onward transmission to PHCs. IHP communicated this information to Bauchi's State Steering Committee and the matter was placed on the Governor's agenda for his visit to the Executive Director, NPHCDA on March 17, 2020. IHP continues to work with Bauchi and advocates at the National Secretariat for the release of funds.

SUB-OBJECTIVE 2.2 STRENGTHEN HEALTH INFORMATION AND DATA USE IN IHP SUPPORTED STATES

Primary Health Care Data Quality Improvement in Sokoto and Bauchi

To improve the quality of PHC data on the national DHIS2 from IHP supported states, IHP-Abuja collaborated with ministries of health in Sokoto and Bauchi to facilitate State 2-day workshops on Primary Health Care Data Quality Improvement (PHC DQI) for 72 officials (Bauchi – 38, Sokoto 34) from the SMoH, SPHCDA, SACA, SMEA and local government health authorities. The 2-day DQI training developed the skills of State NHMIS data producers and users on PHC Data Quality Improvement (DQI), on operationalizing the SOP for data quality improvement (DQI), and training others to use the PHC DQI modules (Single-site PHC DQI tool, Multi-site PHC DQI tool).

As next steps, the trained officials will cascade the training down to PHC staff in their respective states. In Q3, IHP will train, coach and mentor LGA users of the NHMIS DQI modules, enabling them to coordinate and conduct DQIs at the PHC level.

SUB-OBJECTIVE 2.3: SUPPORT RMNCH+NM POLICY ADAPTATION AND IMPLEMENTATION IN IHP SUPPORTED STATES

Maternal Health

Clinical Skill Development for Difficult Contraceptive Implant Removal

IHP Abuja office designed, contracted an expert consultant, and co-facilitated the implementation of a clinical skills training on Difficult Contraceptive Implant Removal in Kebbi and Sokoto States. The trainings were conducted in two batches for service providers from secondary health facilities in IHP supported LGAs across the states in order to develop the competencies of service providers to be able to manage clients' revisits, competently identify and conduct difficult contraceptive implant removals.

IHP Abuja developed the training curriculum, designed training methods, sourced a limited number of anatomical models/medical instruments required for the training from Jhpiego-Nigeria office, developed the TOR for an expert training consultant and co-facilitated the training sessions.

Photo 2 IHP practicing difficult implant removal

Fifty-two (M23; F29) service providers were trained, including 28 in Kebbi and 24 in Sokoto. Participants were drawn from 23 select secondary hospitals across the two states. The training involved didactic lectures, clinical simulation using anatomical models and clinical practice at practicum sites (Usmanu Dan Fodiyo University Teaching Hospital, Sir Yahaya Memorial Hospital, Birnin-Kebbi and Federal Medical Centre Birnin-Kebbi). Key competencies covered at the training included: 1. Standards for comprehensive client-centered implant removal services; 2. pre-removal counselling; 3. client care after contraceptive implant insertions; 4. use of visibility, palpability and arrangement of the implants for screening clients for removal; and 5. management of difficult implant removal.

Evidence of the effectiveness of the training in Kebbi and Sokoto States was demonstrated when seven cases of difficult to remove contraceptive implants were successfully managed post training by trainees who completed the training in each state. In the next quarter, IHP will continue to provide mentoring support to the 52 trained service providers in Kebbi and Sokoto States, while a similar training is planned for Bauchi state in Q4. (See feature story as Annex D).

Projecting the Number of Deaths Averted by Interventions and Coverage Scenarios

As a follow up of training in FY20 Q1, IHP held LiST meetings with trainees from all three states. The trained State LiST teams demonstrated a great understanding of LiST and were able to

showcase the work done to date to model the current health situation in the state, as well as to project the number of deaths that could potentially be averted if certain interventions were scaled up using conservative and ambitious coverage scenarios. In the next quarter, IHP will work with the State LiST teams to finalize the projections, to develop a technical note documenting the process for developing the LiST projections, and to develop a brief highlighting the modeling for Bauchi state including the most impactful interventions at the PHC level. These findings will be used for advocacy and policy discussions as well as strategic planning.

The LiST outputs will be incorporated into advocacy briefs that will guide advocacy efforts for increasing funding release and expenditure for priority health activities. Furthermore, findings would be used to inform future planning (Annual AOP development and Bi-annual AOP reviews). During the planning, program officers would be guided by the evidence generated from the LiST to focus on high priority interventions. Since LiST would only suggest the most impactful interventions, IHP will coordinate with other IPs to apply complementary approach (like SWOT analysis) to achieve a quality plan. IHP will provide TA to state MoH and SPHCDA to strengthen their M&E plan to track progress towards achieving the targets set using LiST.

SUB-OBJ 2.4: ACCESS TO QUALITY HEALTH SERVICES IMPROVED IN IHP-SUPPORTED STATES

Provide technical guidance for domestication and implementation of RMNCH + N and malaria service policies and guidelines

Content for Mobile Curricula and Audio Job Aids for RMNCH + NM Developed

IHP supported a 3-day Content Development Workshop from March 2 – 4, 2020 in Abuja to develop mobile curricula and audio job aids. Fifty-five participants attended from Bauchi, Sokoto and Kebbi States, FMoH and USAID IPs (BA-N, GHSC-PSM, SHOPS Plus). At the end of the workshop, 75 modules had been developed on Integrated Management of Child Illness, maternal and newborn health, malaria, routine immunization, and nutrition. Participants considered the appropriateness for PHC health workers with regards to the design, content and implementation, opportunities, challenges, and sustainability of the mobile curricula and audio job aids. Feedback from participants will be used to inform app design and implementation.

RMNCH+NM Quality Improvement Operational Plans for Sokoto and Kebbi States

In FY19 and Q1 of FY20, IHP supported Sokoto and Kebbi SMoH and SPHCDA to develop a draft integrated RMNCH+NM quality improvement operational plan based on guidance in the National Maternal Newborn Health QoC Strategy and WHO guidelines. In FY20 Q2, other implementing partners including WHO, BA-N, GHSC-PSM, SMoH, and SPHCDA provided further inputs, which were incorporated into QOC plans in both states. IHP technical staff refined the documents. IHP supported Sokoto and Kebbi to validate the final draft of their respective RMNCH+NM quality improvement operational plans. During validation workshops, IHP facilitated small groups to review and refine the draft state quality improvement operational based on the individual state context.

Three quality improvement aims were selected for the first phase of implementation in both states' QI Operational Plan. These aims, based on WHO MNCH Quality Standards and Statements, were selected for prioritization in phase one based on local disease burden, State MNCH priorities, local quality of care gaps and measurability. The selected phase one quality improvement aims include:

1. Increase proportion of children with malaria correctly diagnosed using mRDTs, treated with ACT or referred for complicated cases.
2. Increase proportion of women and newborns who receive integrated routine package of postnatal care within the first 48 hours after birth.

3. Increase proportion of women receiving postnatal care who receive PPFP counseling and voluntary method of choice.

Due to limitations of data in the current NHMIS registers and monthly summary forms (MSFs), it was decided to focus initially on the aim statements to improve QoC for malaria case management among children under the age of 5 years (pending roll-out of the revised 2019 NHMIS with additional MNH and FP data elements.) The MNH and FP improvement aims will be introduced and supported in tandem with the roll-out of the 2019 NHMIS registers and monthly summary forms (with new MNH and FP quality of care indicators.) The following quality of care indicators (currently available in NHMIS) were selected to monitor performance toward achievement of the childhood malaria improvement aim:

- Proportion of children < 5 years with fever tested for malaria with RDT:
- Proportion of children < 5 years who tested positive for malaria
- Proportion of children < 5 with confirmed uncomplicated malaria treated with ACT
- Proportion of children < 5 years with severe malaria given recommended pre-referral treatment.

IHP is compiling all the inputs with the respective SMoH in Sokoto and Kebbi States for finalization of the documents. Based on the outputs of the QI Operational Plan validation meeting in each state, IHP will work with state stakeholders to compile all inputs and present a clean version of each State QI operational plan to the respective SMoH in Sokoto and Kebbi States for finalization. In collaboration with the State QI TWG and LGA managers, IHP will support ongoing implementation of the validated QI operational plans in each state, building on QI capacity-building activities initiated in the quarter. See Annex D for a Feature Story on Quality Improvement.

Provide oversight to strengthen quality improvement and quality assurance capacity

Quality Improvement Capacity of LGHA managers and Facility OICs in Sokoto and Kebbi States

Following the validation of RMNCH+NM QI operational plans for Sokoto and Kebbi States in February and March 2020, IHP Abuja supported the SMoH and SPHCDA in both states to build QI skills of 83 RMNCH+NM managers at state and LGHA levels. These comprised officers-in-charge of General Hospitals, LGA managers and PHC in-charges to support implementation of prioritized phase one improvement aims in each state QI Operational Plan (see above). The training covered:

- WHO and National Quality of Care (QoC) Framework for maternal, newborn and child health
- State QI Operational Plan and roles of key stakeholders
- How to implement QI process at LGA and health facility levels
- Skills to oversee start-up and ongoing QI work in Primary Health Centers (with focus on phase-one aims in QI Operational Plan)
- Exploring local assets, anticipated challenges and technical support needs of State managers, General Hospitals, LGA managers and PHC staff to oversee PHC QI work in the context of their current roles

Photo 3 QIT at Dada PHC extracting data from OPD register to update the malaria QI dashboard

Throughout the training, participants engaged in competency-based exercises to build their skills to understand and use local data sources to calculate phase-one QoC indicators and to measure trends in quality of care performance measures using simulated local data and simple visualization techniques (e.g. time series run charts, facility dashboard). Participants also engaged in practice sessions to learn how to form a facility QI team, calculate baseline performance for priority quality measures and set time-bound facility-specific targets for individual improvement aims. Participants engaged in several hands on exercises to analyze QOC gaps and apply specific approaches to identify root causes of quality gaps in their local setting to guide local QI team efforts to improve care (e.g. 'five-whys', and 'fish bone analyses'). In addition, LGA managers participated in hands-on exercises to build skills to manage QI efforts in their LGA including supervising and coaching PHC QI teams to achieve common improvement aims and monitoring LGA performance across sites.

During group work, LGA managers and PHC OICs analyzed their responsibilities in the State QI operational plan and prioritized additional technical support needed to take on these new QI roles and tasks. This represents a vital first step in building QI capacity among state and LGHA managers and PHC staff to improve quality of RMNCH+NM care in IHP-supported PHCs and to support implementation of the State QI operational plans.

In Kebbi State, following completion of LGA level training in the seven LGAs, IHP supported the LGHA team and health facility officer in-charges to set up QIT teams in multiple PHCs. LGHA managers, with IHP technical assistance, supported newly inaugurated PHC QITs to create a facility dashboard to monitor the four malaria QoC indicators selected to track progress against the phase-one malaria improvement aims (see above). PHC QITs calculated their facility's baseline for each of malaria quality of care indicators. Within this reporting period, QITs have been inaugurated and QI activities have commenced in 10 PHCs in Kebbi State.

Maternal and Perinatal Health

State Maternal and Perinatal Death Surveillance and Response

IHP Abuja co-facilitated a 3-day training in Sokoto for 50 PHC staff (M: 21, F: 29) from 12 LGAs on Maternal and Perinatal Death Surveillance and Response using the national guidelines. The aim of the training is to reduce maternal and perinatal mortality through active surveillance, notification and action taken for each preventable death. PHC in-charges are trained to setup and implement community MPDSR committees.

Child Health

ToTs for Child Health, Nutrition and Malaria LDHF Training

In Q2, IHP focused on developing and finalizing the ToT methodology for the Child Health Low Dose High Frequency Training Material. IHP is getting ready to train the winning grantees as soon as the Covid-19 crisis subsides. Currently, IHP is preparing webinars to build the capacity of IHP staff to function as Master Trainers and supervisors of the grantees. As we do this, we are identifying job aides that can be shared with PHC providers through What's App and other digital means to continue mentoring of PHC staff remotely in the face of the Covid-19 crisis.

Malaria

mRDT Training of PHC Workers in Sokoto and Bauchi

Having facilitated joint planning meetings with National Malaria Elimination Program on mRDT training, IHP Abuja supported the State teams through facilitation and supervision during the refresher training of State trainers and stepdown training for PHC workers. NMEP was co-opted to co-facilitate and supervise the training in Sokoto and Bauchi states. Overall, IHP trained 486 service providers from supported PHCs on fever case management using mRDT. In addition, 75 State trainers equally received refresher training on mRDT. The training focused on knowledge and skill improvement on the use of mRDT in malaria diagnosis at PHCs using competency-based and practical sessions. The pre and post-test results across the states showed a doubling in knowledge gain from 4.7 pre-test score to 8.2 post-test scores. State specific pre- and post-test scores were Bauchi: 4.5 vs. 8.6; Kebbi: 6 vs. 8; Sokoto: 3.5 vs. 8. The training was co-sponsored with the State and LGHAs contributing the provision of the hall, as well as mRDT kits and consumables for the practical sessions.

OBJECTIVE 3: TO COORDINATE, SUPPORT, AND OVERSEE IMPLEMENTATION AND ADMINISTRATION OF ALL SUBSEQUENT TOS

Sub-Objective 3.1: Project Management

IHP senior leadership and technical leads visited all IHP state offices at least once during the quarter to monitor workplan progress and alignment with IHP strategic objectives and priorities, to meet with senior government counterparts and discuss IHP, and to ensure program quality and compliance.

IHP continues to support technical onboarding and orientation of new hires in state offices. In Q2, there was some staff turnover that required recruitment. The IHP State Director (Sokoto) resigned. The State Office also lost the Health System Strengthening Coordinator (Sokoto) through a ghastly motor accident on his way to visit his family in Katsina. The recruitment process to fill these two positions are currently ongoing and at advanced level.

The following positions were filled:

- Kebbi:
- Sokoto:

All new hires have been onboarded and USAID mandatory courses taken.

COVID-19

As a result of the COVID-19 pandemic, IHP updated its Business Continuity Plan and emergency plans and shared them with all staff. Both documents were domesticated to the state offices. In addition, a special COVID-19 pack was developed in response to the challenges of the pandemic and has been annexed to the Business Continuity and Emergency plans. IHP organized several safety trainings for its staff in Bauchi, Kebbi and Sokoto on covid-19 prevention. In February, IHP restricted travel between States.

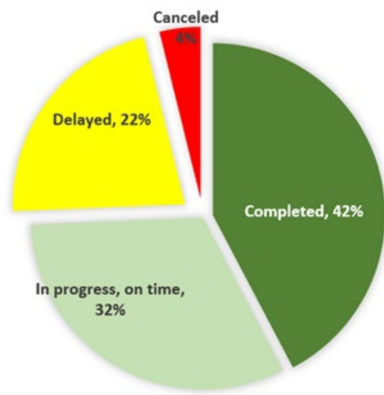
IHP also came up with a Work from Home Strategy, remote work mechanisms and platforms for continuous communications. To ensure staff fully deliver on their assigned activities and tasks, IHP instituted a teleworking agreement for staff and a Work from Home Deliverable tracker. In March, the Palladium Nigeria Office in Abuja closed as a result of the FCT lockdown and movement restrictions and IHP-Abuja activated an all staff Work from Home order. Staff that travelled home to States with confirmed cases were asked to remain at home and to work remotely. Staff in the states where there were no confirmed cases or where the government had not ordered a lockdown continued to work in the office, though they have the option of working from home in self isolation. IHP has set up telework systems, increased access to communications and digital platforms (WhatsApp, Go-to-meetings, Microsoft Teams, Zoom, Google Hangouts, and skype) to ensure that staff can efficiently and effectively collaborate and continue to work.

IHP in the States established WhatsApp Groups with LGHA and PHC staff to share information and capacity building tools such as guidelines and SOPs, as well as to answer questions from health workers. IHP has also initiated mobile mentoring for PHCs and LGAs. Daily, IHP embedded staff make mentoring calls to PHCs to talk with health workers about their RMNCH+NM work and to encourage them to continue routine services. We finalized PHC profiling for remote, hard to reach PHCs through mobile calls.

SUB-OBJECTIVE 3.2: MONITORING AND EVALUATION

IHP Abuja convened its quarterly Pause and Reflect meeting to review workplan implementation progress. Sixty-eight percent of the workplan activities were completed or in progress for the quarter. A few of the reasons for delay included: (1). federal government had no funds for the activity, requested a later date due to COVID19, changed its priorities or found other IPs to fund TWGs during the quarter; (2). IHP internal financial and management training delayed until TO6 and TO7 staff are on board; (3). GUCs, baseline survey delayed until Q4 due to COVID19; (4). Sustainability workshop and metrics delayed until Health Systems Strengthening and Sustainability Advisor joins. To address the delays, IHP has been following up with the FMOH and NPHCDA and has begun to work virtually and remotely. The IHP Abuja detail quarterly status with explanations of delays and plans for completing activities is attached as Annex C.

Figure 3 FY20 Quarter 2 Implementation Status - April 2020



IHP Abuja also facilitated monthly FY20 workplan reviews with State teams to discuss implementation challenges and solutions, key lessons, and priorities for Q3.

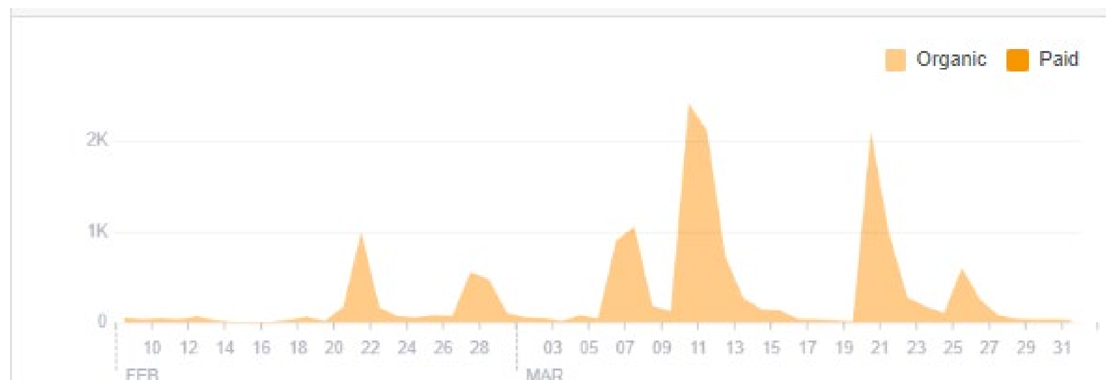
SUB-OBJECTIVE 3.3: KNOWLEDGE MANAGEMENT AND COMMUNICATIONS

IHP Abuja continued to provide oversight and technical support to state offices to implement state level knowledge management and learning initiatives. IHP Abuja trained 15 IHP-Kebbi staff on improving the quality of reports and report writing.

IHP in Abuja and across all our state offices joined other stakeholders in Nigeria and around the world to mark the 2020 International Women's Day with the theme "Each for Equal." IHP shared stories of women and garnered significant interactions and engagements on social media. IHP also produced high-quality project technical briefs on malaria, gender and health financing (see Annex D), and supported IHP cross-state communities of practice to share learnings and best practices across IHP supported states virtually.

In February, USAID approved the IHP social media channel "@NigerialHP" on Facebook, Instagram, and Twitter. These platforms have since been activated and are used to engage with the public. From February to March 2020, IHP Nigeria Facebook reached over 2000 followers as can be seen in IHP Facebook dashboard. IHP's Facebook includes human interest stories, activity updates and USAID's interventions to strengthen primary health from February – March.

Figure 4 Number of people who saw content on the IHP Twitter Page



SUB-OBJECTIVE 3.4: GRANTS UNDER CONTRACT

IHP accelerated its rigorous competitive process for grants under contract and for expert consultants in Q2 to support IHP states in increasing the quality of RMNCH+NM services through

onsite modulated competency-based clinical skills training packages for PHC health workers (CHOs, CHEWs, Nurses, and Midwives) on three thematic areas: 1. child health - IMNCI, infant and young child feeding, immunization and malaria counseling and service provision, 2. Maternal and newborn health - BEmONC, ANC and Postnatal care and counseling, and 3. RH/FP - Long Acting Reversible Contraception, postpartum contraception, DMPA , and GBV counseling and service provision

After the Expression of Interest stage was concluded in Q1, IHP released of request for applications (RFAs) for each of the three thematic areas to eligible organizations to develop full Applications. IHP Abuja organized two Bidders' Conferences and formed three Grant Evaluation Committees (GEC) to review applications responding to each of the three thematic areas. The top Applicants were then invited to present their proposals. Through this process and after completing due diligence, IHP selected one organization for the Child Health award. The package of request for award has been submitted to USAID for approval. Organizations have also been identified for the awards for the Family planning and MNH GUCs and due diligence processes are in progress.

IHP successfully completed several fixed price consultancies, including two health insurance experts, one each for Kebbi and Sokoto, and an expert medical doctor to conduct training on Difficult Implant Removal in Sokoto, Kebbi and Bauchi general hospitals.

The system for building capacities of IHP state staff to manage and track consultancies effectively has started. Training and involvement of state grant officers for Bauchi, Kebbi and Sokoto has commenced in addition to development of tools for the management and tracking of consultancies and grants. The EQA Malaria consultancy advert closed and shortlisting is completed. Interviews have been set up, which will be followed by selection and due diligence. Various tools for consultancy and grants under contract management have been developed, including a pre-award assessment tool, grant evaluation and selection tools, presentation assessment tool, consultancy completion tracker and tools for grantees due diligence performance.

2.3. IMPLEMENTATION CHALLENGES

- The outbreak of COVID-19 pandemic interrupted implementation of some planned activities. With international airports closing, restrictions on state to state travel, and government ordered lockdowns in Abuja and Bauchi, some activities that required travel or large numbers of participants were postponed or broken into groups of no more than 20 persons. All STTA international travel was cancelled or postponed. IHP has put into place several mechanisms that will allow remote/virtual participation with government counterparts that have internet connectivity.
- The vacancy of the HSS and Sustainability Technical Lead has delayed progress on adaptation of the journey to self-reliance measurement tool and draft a planning tool to measure sustainability of the health sector in IHP-supported states. Approval for the candidate is with USAID.

2.4. MONITORING, EVALUATION, AND LEARNING PLAN UPDATE

There were no changes to the program's MEL plan within the reporting period. However, in the period under review, IHP worked closely with USAID to review IHP Indicators and establish new population-based targets. It is expected that this process will be concluded in the new quarter and the revised MEL plan approved.

IHP's MEL plan relies to a large extent on the availability of quality data through the NHMIS/DHIS2 platform. There are indicators for which reporting cannot be done as they are not available in the current system (NHMIS v2013) but will be available through the revised NHMIS v2019 once the FMOH implements the transition. The review of IHP's MEL plan revealed an urgent need to report on all Indicators. IHP through its support to the federal level activities has intensely supported, the FMOH, specifically the DHPRS to ensure the review and implementation of the NHMIS. Resulting in the NHMIS version 2019 Tools (and a revised DHIS2), IHP continues to support the government at the Federal and State to ensure that the gains anticipated are achieved.

Final steps and bottlenecks to roll out the revised tools in the new quarter are being resolved. These include:

- Conduct of a User Acceptance Test, with feedback incorporated into the revised DHIS2 platform
- Hard copies of the tools made available in the States (for use at the facilities)
- Facilities trained on the use of the new HMIS tools
- LGA HMIS personnel and facilities (that enter data directly on the platform) are trained

IHP-supported states are ready for the transition with all training completed and tools available for startup. With the take-off of the revised system as anticipated in May, IHP would be able to report fully on all applicable Indicators in its revised and approved MELP.

3. INTEGRATION OF CROSSCUTTING ISSUES AND USAID FORWARD PRIORITIES

3.1. GENDER EQUALITY AND WOMEN'S EMPOWERMENT

Dissemination of Gender Review of Policies, Protocols and Guidelines

IHP shared the findings of the Gender policy review on RMNCH policies with the FMoH leadership and is making Plans to present the findings at the next RMNCH technical working Group Meeting. At the state level, IHP Abuja office provided technical support to IHP Gender Advisors at the state level to develop presentations of the findings of the policy analysis and the status of gender policies, protocols and guidelines. IHP presented these to State Stakeholders for upcoming review at the National and state level. IHP will support incorporating gender perspectives in upcoming policy reviews in National and the States.

IHP produced several Briefs on Gender issues for dissemination at State levels (see Annex E).

Commemoration of Gender Day

IHP participated at the USAID Gender Summit "Advancing Nigeria's Journey to Self-Reliance Through Increased Gender Equality" held February 12-13. IHP team led by our

IHP also held a Gender Day at the IHP Abuja office to build the capacity of IHP staff in Abuja to recognize gender inequalities and personal biases, apply gendered perspectives to their work and to share successes of gender integration across project activities. Eleven IHP Abuja staff (7M, 4F) attended the interactive session. Presentations included a review of key gender and social integration concepts, gender integration, mainstreaming gender across technical areas and IHP-supported States,

and a National level gender policy overview. Staff also engaged in an interactive values clarification session on gender roles and gender-neutral terminology.

Photo [redacted] attend the USAID Gender Summit

3.2. SUSTAINABILITY UPDATE

Commitment and capacity for ownership of primary health services

IHP continues to promote USAID's Journey to Self-Reliance (J2SR) despite continued government resistance at federal and state levels and persistent dependence on donors for funding. IHP's efforts toward the J2SR includes ensuring government leads and co-sponsors activities, technical assistance to make State AOPs and their budgets more strategic and realistic, advocacy for and regular tracking of budget release and expenditure, and capacity building of PHCs to develop business plans, budget and account for multiple sources of funding. Progress in developing a metric for tracking the USAID the journey to self-reliance for primary health care has been delayed. Once the HSS and Sustainability Lead position is filled, IHP will move quickly on this. IHP has developed orientation and sensitization materials to be used for planning workshops and meetings with government officials at federal and state levels. In the next quarter, IHP will start its work on finalizing the sustainability training package , which will be used to train government of Nigeria officials from FMoH, NPHCDA and at the state level. IHP will also draft a sustainability measurement tool for the health sector.

IHP also continues to push a common message for USAID implementing partners for sustainability and the J2SR and has developed a brief for all USAID HPN IPs in Nigeria to use so that we are on one message (see Annex E for the J2SR flyer/brief.

3.3. ENVIRONMENTAL COMPLIANCE

IHP continues to apply its updated environmental mitigation and monitoring plan (EMMP).

3.4. POLICY AND GOVERNANCE SUPPORT

IHP shared with NPHCDA and SPHCDAs global and regional training material, job aides and guidelines on COVID-19 relevant to RMNCH+NM service provision and continuity, e.g. COVID-19 and breastfeeding, pregnancy and delivery, algorithms to distinguish COVID-19 and pneumonia, as well as materials appropriate for PHC workers on infection prevention, identification of symptoms, triaging symptomatic clients and referring suspect cases. IHP has been in the forefront of keeping

attention on and resources for PHCs when most of the attention has been diverted to secondary and tertiary hospitals.

IHP Abuja Advocacy visit to the Executive Chairman Sokoto SPHCDA

In Sokoto state, 20 PHCs that were initially earmarked as the one functional PHCs in their ward were found to be nonfunctional from the BHCPF health facility assessment and subsequently replaced with other more functional facilities in their respective wards. IHP team interacted with the Executive Secretary (SPHCDA) Sokoto and defined the basic minimum criteria for PHCs to receive the extensive IHP LDHF capacity building. Ideally, the PHCs should meet the BHCPF basic requirement but at a minimum must have 4 health workers and at least 3 rooms where they can provide RMNCH+NM services. If there are PHCs in the 12 IHP-supported LGAs that do not meet these criteria, we would request the State to select PHCs in other LGAs that meet the criteria and would benefit from the LDHF trainings.

The Executive Secretary committed to effecting staff redistribution as well as provision of equipment and commodities to the facilities to ensure the smooth take off of LDHF trainings. IHP team also advocated for the state implementation of the CHIPs program and establishment of the Local Government Health Advisory Committee (LGHAC) as outlined in the Ward Health System. IHP will be working with the Executive Director to ensure the CHIPs strategy is completed in the state and implemented.

3.5. LOCAL CAPACITY DEVELOPMENT

At the federal level, IHP collaborated with the NMEP Case Management Subcommittee and trained 486 (Bauchi-237; Kebbi-122; Sokoto-127) healthcare providers/lab technicians from supported PHCs on malaria diagnosis using mRDT. In Sokoto, IHP supported a 3-day training for 50 health workers from 12 LGAs on the implementation of Health Facility Maternal Perinatal Death Surveillance Response using the national guidelines. IHP in collaboration with Kebbi and Sokoto SMoH also trained 52 (M23; F29) service providers from 23 selected secondary hospitals across the two states on Difficult Contraceptive Implant Removal. To improve the quality of PHC data from IHP supported states on the national DHIS2, IHP in collaboration with ministries of health in Sokoto and Bauchi states conducted a 2-day workshop on Primary Health Care Data Quality Improvement (PHC DQI) for 72 officials (Bauchi – 38, Sokoto 34) from the SMoH, SPHCDA, SACA, SMEA and local government health authorities.

Training	Types of Participants	State	Total # of Participants	Male participants	Female Participants
Malaria Diagnosis using mRDT	PHC lab technicians and Health care workers	Bauchi, Kebbi, and Sokoto	486	396	90
Health Facility Maternal Perinatal Death Surveillance Response	LGA and PHC health workers	Sokoto	50	21	29
Difficult Contraceptive Implant Removal	Doctors, Nurses and midwives from Secondary Hospitals	Kebbi and Sokoto	52	23	29

Training	Types of Participants	State	Total # of Participants	Male participants	Female Participants
Data Quality Improvement	SMoH, SPHCDA, SACA, SMEA and LGA staff	Bauchi and Sokoto	72	72	0
MPDSR	State, LGA and PHC in-charges	Sokoto	50	21	29

3.6. SECURITY

Partner Liaison Security Operations (PLSO) Project

IHP staff participated in several security workshops and trainings organized by the USAID Partner Liaison Security Operations (PLSO) in IHP focal state including FCT. Staff were trained in safety, security and emergency management, personal risk preparation, riots and civil disorder management, active shooter and armed aggressors, road traffic accidents, improvised explosive devices, security and safety in hotel and hibernation, relocation and evacuations awareness. These trainings have built the capacity of IHP staff to positively respond to security challenges that comes up during day to day program implementations.

A new state Security Officer for Sokoto has resumed following the resignation of the previous officer reporting in Q1. Additional security guards were hired at each of the embedded offices of Bauchi, Kebbi and Sokoto state in the offices in view of the heightening security challenges in the country.

3.7. SCIENCE, TECHNOLOGY, AND INNOVATION IMPACTS

USAID Implementing Partners Digital Health Coordination Meeting

IHP facilitated the quarterly USAID IPs digital health coordination meeting on January 23, 2020 in Abuja that was attended by BA-N, IHP, GHSC-PSM and SHOPS Plus. The meeting discussed implementation progress and identified areas of project overlap and coordination, new and innovative digital health solutions and learnings from the SHOPS Plus mobile curricula for providers, mReferral rollout (BA-N and IHP), engaging the FMOH on Digital Health Interventions and planning for the ICT4D conference in Abuja.

Mobile Curricula/Audio Job Aids

A 3-day content development workshop was held in Abuja from March 2 – 4, 2020 with 55 participants in attendance. The joint workshop brought participants from Bauchi, Sokoto and Kebbi States including stakeholders from the FMoH, other USAID IPs (BA-N, GHSC-PSM, SHOPS Plus). At the end of the workshop a total of 75 modules were developed for IMCI, MNH, Malaria RI and Nutrition. Participants went through various sessions that included sharing considerations for health workers with regards to the design, development and implementation of the mobile curricula and audio job aids, opportunities, challenges and sustainability. Feedback from participant has been collated and will be used to inform app design and implementation.

Audio Job Aids for Family Planning Providers

IHP through Viamo is adapting already existing on-demand family planning content hosted on the Airtel 3-2-1 call in mobile line by the Shops Plus Project for family planning providers. Health

workers can call the mobile phone number 3-2-1 free of charge and listen to audio job aid (AJA) family planning service delivery messages. The 3-2-1 call in AJAs are currently live for IHP States. In Q3, the audio job aids will be introduced to health workers in Bauchi, Sokoto and Kebbi to support family planning providers with in-demand information needed for their work at facilities.

mReferral Application

During the content development workshop, stakeholders provided input on the development of the mReferral app. Input centered on opportunities, challenges and sustainability of the app. Feedback from stakeholders will be embedded in the app design and roll-out. Work on the mReferral application ramped up as development of the app is in its final stages. In January, developers integrated IVR and SMS functionality and completed both backend (platform management) and front-end (user interface) of the app. A demo and a functional app are expected in Q3.

3.8. PUBLIC PRIVATE PARTNERSHIP (PPP) AND GLOBAL DEVELOPMENT ALLIANCE (GDA) IMPACTS

Private Sector Landscape Analysis (PSLA)

IHP has concluded all data collection activities and interviews for the private sector landscape analysis in Bauchi, Kebbi and Sokoto. IHP Abuja is coordinating and providing oversight for the revision of the Bauchi PSLA report, following feedback from USAID on the structure and content of the report. The Bauchi PSLA report is on track to be submitted to USAID on April 30th, 2020 and will be used as a prototype for developing Kebbi and Sokoto's reports. Following the finalization of the PSLA reports, IHP Abuja will work with Bauchi, Kebbi and Sokoto states to develop private sector engagement strategies to harness identified opportunities.

In addition, IHP Abuja, along with IHP Sokoto and Bauchi, held exploratory conversations with Fidelity Bank in Bauchi and Sokoto states on the provision of loan facilities, through the USAID Development Credit Authority (DCA) to Proprietary and Patent Medicine Vendors (PPMVs) to improve the availability of RMNCH + MN commodities. In Q3, IHP will deepen these conversations as insights on the organization and business practices of PPMVs are drawn from the PSLA.

3.9. GLOBAL CLIMATE CHANGE

Nothing to report this quarter.

4. STAKEHOLDER PARTICIPATION AND INVOLVEMENT

During visit to Kebbi, met with , their

discussed the need for adequate human resource at the PHCs through redistribution and recruitment and the need for the State to provide equipment and consumables in the one PHC per ward. The IHP team further discussed with the senior State leadership the poor condition of many of the selected PHCs that will affect access to BHCPF funds. Consensus was reached on the critical roles of the various ministries, departments, and agencies to work closely together to help improve the health indices in the State and ownership of health programs in line with the Journey to Self-

Reliance [redacted] brought up the MOU and the need to establish a Steering Committee to track milestone. The Commissioner assured the IHP Team that [redacted] will approve the Steering Committee formation. Other discussions with the team were on the need to streamline support for more capacity building and engagement with stakeholders and use of data to inform decisions and policies in the state.

Special Advisor to the Sokoto State Contributory Management Agency (SECHOMA)

With the appointed of a Special Adviser to SECHOMA, IHP team from Abuja met the newly appointed Special Advisor to ensure him that IHP is working collaboratively, and not in parallel with SECHOMA. SECHOMA has begun the process for engaging the formal sector and discussions with the Head of Service have shown the civil service's interest in joining the Scheme. The agency also plans sensitization for stakeholders when funds for the activity is released.

Effective coordination of USAID integrated states partner activities and PMI Implementing Partners

IHP continues to participate at PMI implementing partner's bimonthly meetings to provide updates on malaria interventions across its focal states. The meeting also offers a platform for IPs to share program updates, experiences, and challenges; and for PMI to provide global and national technical perspectives on malaria interventions. Two meetings were convened in Q2 and IHP hosted the January 2020 meeting. IPs presented their respective activity implementation status while PMI provided updates on technical areas including award of PMI-S TO3, Nigeria application status on GF malaria, Sokoto state multi-donor MoU on integrated PHC, plans for MOP FY2021, M-DIVE orientation, and plans for 2020 World Malaria Day and US. IHP and PMI-S were mandated to jointly develop and share the draft protocol for HMIS data triangulation at the facility level.

Joint IHP, BA-N and GHSC-PSM Engagement with Newly Appointed Kebbi State Commissioner of Health

A new Kebbi State Commissioner of Health was appointed in Q2. In view of this, IHP, BA-N and GHSC-PSM met jointly [redacted]. The USAID IPs briefed him on the complementary work of the three programs and solicited his support to ensure sustainability of the benefits of USAID technical assistance to the health sector in the state in furtherance of the signed PHC Memoranda of Understanding between the State and USAID.

The USAID IPs highlighted the intersections between the 3 programs in terms of access to quality primary healthcare services service delivery, community engagement and demand generation, and supply chain and logistics. The Commissioner was notified on the yet to be inaugurated TWG on PHC and enjoined to support the inauguration of the TWG and the planned onsite capacity building of health workers using the LDHF approach in the 11 supported LGAs. The Commissioner stated that he has been briefed by the Permanent secretary and promised that the TWG will be constituted soon after he is fully settled. He reminded IHP that he is still less than a month in office and is trying to familiarize himself with all the things that need his attention.

IHP solicited support of the Commissioner in addressing HRH inadequacies at health facilities where these trainings will take place and requested supply of consumables that will be used for training. The Commissioner asked IHP to present the list of the health facilities selected for the capacity building and promised to work with his team to meet the requirement of staffing and commodities. The Commissioner made a commitment to maximize what IHP is doing in Kebbi state so that the resources add value to the people of the state. He stressed the need for IHP to strengthen local capacity by engaging people from the state as service providers, mentors, and trainers as this is only way sustainability can be assured.

5. MANAGEMENT AND ADMINISTRATIVE ISSUES

- The outbreak of COVID-19 pandemic interrupted implementation of some planned activities. As mentioned, IHP Abuja updated its Business Continuity Plan and developed a special IHP COVID-19 Plan to continue to deliver on the IHP workplan. IHP establish a system for Working from Home and other means of remote work to continue to support the government, health workers at PHCs, and putting in place interventions to support the Covid-19 prevention.
- While only FCT is on complete lockdown among the states where IHP operates, this challenge may extend to Bauchi where there are 7 confirmed cases. As of March 31, 2020, there were no confirmed cases in Kebbi and Sokoto States. In all three states, the government has made it clear that health care is among the essential services and the NPHCDA sent out a directive that PHCs should continue to provide routine services as well as refer any suspect cases to the State hotlines that have been set up. As more tests are conducted, the IHP supported states may also institute shutdown, which may necessitate remote support to the government and postponement of activities that cannot be implemented remotely or require more than twenty persons.

6. LESSONS LEARNED

- It is expedient to regularly update Business Continuity Plans to ensure preparedness of circumstances that could affect project work and to anticipate risk and have mitigation plans. This will enable the project to quickly respond when the need arises. IHP rapidly acted and put systems in place to protect project staff, for remote work, and to ensure continued delivery on the project. IHP Abuja staff have adapted to the current COVID-19 Lockdown in FCT and to travel restrictions out from Abuja and continue to implement activities using remote means.

7. PLANNED ACTIVITIES AND EVENTS IN THE NEXT QUARTER

Objective 1: Engage with and provide limited technical assistance to the Government of Nigeria (GON) and other relevant stakeholders at the federal level

- Work with NPHCDA to make available information and training to PHC health workers to continue routine primary health care services, create measurable indicators and targets and mechanisms for accountability for NEMCHIC, and respond to the COVID-19 pandemic.
- Work with the FMOH/DPRS to smoothly transition States to the 2019 NHMIS and to finalize the Data, the CHMIS data management, the National Guideline for Health Survey Coordination, and the National Strategy for Data Demand and Use and make these ready for State domestication.
- Work with the FMOH/Division of Family Health to revise the IYCF Guidelines and training material.
- Award Grants and finalize preparations for the LDHF trainings at PHCs in Bauchi, Kebbi and Sokoto.
- In collaboration with WHO, convene a two-day national QoC TWG meeting with the aim of facilitating inclusion of adolescent and child health indicators into the national QoC strategy.

Objective 2: Provide technical guidance to states where IHP activities will be implemented

- IHP Abuja support to State QI TWGs:
  - In Sokoto and Kebbi, IHP will support the state QI TWG to extend QI training to the outstanding LGHAs. The teams that participated in the first training session (this quarter) will be supported by IHP to cascade the training to the remaining IHP-supported PHCs in their LGA (that did not participate in the initial training).
  - In IHP-supported LGAs in Kebbi and Sokoto States, IHP will work closely with LGA MCH coordinators and M&E officers to support the formation of QITs and the initiation of QI work in IHP-supported PHCs focused on the three common phase-one RMNCH improvement aims in each state.
  - IHP will follow up on Bauchi activities for MPDSR.
  - The MNH and FP QI aims will be introduced and supported in tandem with the roll-out of the 2019 NHMIS registers and monthly summary forms that has the new MNH and FP indicators.

- In Bauchi and Kebbi, IHP will train State Health Financing Units and introduce the relevant personnel to the excel-based budget tracking tool for analysis and presentation of budget allocation and performance data.
- In Bauchi and Kebbi, IHP will conduct orientations for state chapters of the Legislative Network on UHC and support their members to finalize the states' legislative health agendas
- IHP will continue advocate to the National BHCPF Secretariat for the release of matching NPHCDA-gateway funds to the states.
- Support states for coordination, capacity building, and implementation of DQIs.
- Mentor the 52 trained health workers in Kebbi and Sokoto on difficult implant removal.
- IHP will deepen these conversations as insights on the organization and business practices of PPMVs are drawn from the PSLA.

Objective 3: Coordinate, support, and oversee implementation and administration of all subsequent TOs under the IDIQ award

- Support rapid mobilization, staff onboarding, and office set up in Ebonyi and FCT.
- Orient new hires at IHP Abuja, Ebonyi, FCT and all state offices and ensure compliance with required courses, including US Abortion and Family Planning Requirements and Palladium)
- Conduct a 5-day residential training on project management and leadership for 20 participants including financial management training for IHP Senior Leadership Team
- Conduct USG financial and administrative compliance training for senior project leadership and finance/operations team
- Support state-level training for vendors on proper business practices with USAID projects
- Maintain administrative, financial, and HR processes and procedures.

8. A/COR COMMENTS FROM LAST REPORT

All comments from TOCOR on Q1 report were addressed and resubmitted.

9. FINANCIAL MANAGEMENT

At the current implementation rate, IHP-Abuja has approximately 4.4 months of funding which 1.6 months short of the end of the fiscal year. While IHP received additional funds based on a previous Limitation of Funding Letter, the obligation we received was less than the request. IHP submitted another Limitation of Funding letter for IHP-Abuja to take the project to the end of the fiscal year. IHP's implementation is in line with the approved workplan.

ANNEX A: PROGRESS SUMMARY

ANNEX B: FINANCIAL MANAGEMENT

ANNEX C: IMPLEMENTATION STATUS

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
Objective 1: Engage with and provide limited technical assistance to the Government of Nigeria (GON) and other relevant stakeholders at the federal level						
Sub-Obj 1.1: Strengthen National Health Information Systems						
In collaboration with the FMOH, co-facilitate a 3-day harmonization of the National Health Information, Communication and Technology Strategy that supports data visualization and digitalization for effective decision making as part of the Health Information System Policy.			X	Delayed	Workshop is delayed by FMOH due to COVID-19; moved to next quarter.	Despite several follow-up meetings, IHP is yet to get the formal request from DHPRS/ICT to support ICT guidelines and tools.
Co-facilitate with the FMoH, a 2-day validation meeting of the National Health Information, Communication and Technology Strategy				Delayed	Workshop delayed by FMOH due to COVID-19; moved to next quarter.	Despite several follow-up meetings, IHP is yet to get the formal request from DHPRS/ICT in support of ICT guidelines and tools.
Review and finalize the Community Health Management Information System (CHMIS) Tools, as well as their inclusion into the DHIS2 as a member of the CHMIS sub-committee of the M&E TWG	X	X	X	In progress, on time	Sub-committee already set-up and membership include IHP. DHPRS/NHMIS is recently working on the proposal for securing funding from the next round of GF.	CHMIS tools finalization on hold by FMOH till after the NHMIS tools version 2019 is fully put to use by the PHCs in April/May 2020
Co-sponsor two TWG meetings and participate, co-facilitate and provide technical inputs in M&E technical working groups for all health data related issues, particularly the data analytics sub committees, the DHIS2 task force, the Health Data Consultative Committee and Health Data Governance Council.	X	X	X	Completed	FMOH reports on the TWG meetings. FMOH funded the meeting held at Nassarawa state.	
Sub-Obj 1.2: Strengthen Service Delivery Systems						

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
Co-sponsor one quarterly HRH TWG meeting and provide technical input to HRH Technical Working Group and finalization of National Human Resource Information System (HRIS).	X	X	X	Delayed	Funding for quarterly TWG made available through Women for Health. IHP unable to attend quarterly meeting held in Kaduna for security reasons	IHP can co-sponsor the next meeting if held in Abuja
Co-sponsor the National Quality of Care (QoC) quarterly meetings for facilitating and monitoring implementation of the QoC strategy.	X	X	X	Delayed	Counterpart funding was not provided (from UNICEF and WHO)	Lack of ownership by government. Waiting for donors to implement / fund activity.
upport FMoH to adapt of the Global Child Health QoC strategy and indicators for Nigeria.		X	X	In progress, on time	• QoC Core Group meeting held with FMOH and stakeholders on plans to convene QoC TWG to develop roadmap on inclusion of child health indicators into the MNH QoC • FMOH developed draft budget and shared with IHP • WHO also interested in incorporating adolescence indicators to the QoC; however, this will happen after the global orientation meeting planned by WHO in March 2020 to orient countries on strategies • Hence, the QoC TWG was planned for March 2020 after the global meeting.	The outbreak of COVID-19 stalled the global meeting of WHO and the national QoC TWG proposed meeting.
Support the FMOH Adolescent Branch Head to plan for the domestication of the National Guidelines for Integration of Adolescent and Youth Friendly Health Services into Primary Health Care in IHP-supported states		X		Completed	IHP States (Bauchi, Kebbi, Sokoto) participated in the Workshop. And subsequently is working with the State to plan for domestication.	

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
The coalition on Electrification of Primary Health Care Facilities will jointly sponsor a national consultation on Sustainable Electrification of PHCs to facilitate to make the case for investment in off-grid electrification options for primary healthcare centers and a first stage roadmap developed.	X			In progress, on time	In agreement with NPHCDA, IHP was to leverage on the PHC Summit. Summit delayed till June 2020. Addendum to PHC act to incorporate electrification of PHCs. Submitted Memorandum to House of Assembly Coalition held a virtual high level multi-sectoral orientation / sensitization meeting on electrification of PHCs in Sokoto	NPHCDA Meeting and House of Representatives public hearing postponed
Sub-Obj 1.3: Support integrated RMNCH+NM Policy Development & Coordination						
Provide technical inputs and guidance at the federal level to update FMOH policies and guidelines as per the most recent WHO Child and Adolescent Health Standards with emphasis on routine immunization, adolescent health, nutrition, malaria prevention and treatment, and early diagnosis, assessment, treatment and referral for pneumonia.	X	X	X	In progress, on time	Several meetings held with FMOH for policy reviews. For instance, guidelines for treatment of malaria. IHP led some section reviews. Nutrition policy - IHP proposed to support the review of the IYCF policy. Collaborating with World Bank. Plans were to start the process in April 2020.	FMOH was initially resistant to groups / persons working remotely to review documents because stakeholders were typically non-responsive. In addition, the change in Leadership and Officials (reshuffling) have stalled activities and meetings
Provide expert technical assistance to FMOH and NPHCDA to shape national level MNCH/FP guidelines and policies through participation at national MNCH technical TWGs.	X	X	X	In progress, on time	IHP to provide assistance via embedded Consultant for NEMCHIC. Process of engaging Consultant is on. Several discussions held with NEMCHIC and NERICC leadership and also during daily update meetings on areas of possible IHP TA to the forum. • NEMCHIC sought for TA in M&E; developed TOR for support. IHP reviewed TOR and in process on engaging an embedded consultant to NEMCHIC • Discussion still ongoing with NERICC on areas of technical assistant from IHP	Slow response from NERICC to articulate areas of TA support NERICC's support request (travel to the States for supportive supervision) is outside IHP's mandate

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
Collaborate with FMOH to explore the possibility of introducing heat-stable uterotonics such as Carbetocin for prevention of post-partum hemorrhage (PPH) in Northern Nigeria.				In progress, on time	Conversation with FMOH (D, RH) initiated. FMOH concerns include "it should include all Nigeria"	
Support the national level review of MPDSR tools and training material, drawing on global MPDSR resources (e.g. Modules, monitoring framework and implementation guidance).	X	X	X	Canceled	Tools do not require reviews at this point in time. FMOH wants support with printing which is not IHP's mandate. Activity moved to the State level for implementations.	
Building on Population Council's work, support finalization and roll-out of the national training package of preeclampsia/eclampsia including validation workshop and dissemination.	X	X		Completed	Training package finalized and validated, but not printed for dissemination. Electronic copy is available for domestication and has been incorporated in the LDHF modules.	Activity had been done by end of FY19, however the wrong status information was received from a representative of the FMOH
Co-sponsor with the FMOH a 3-day validation meeting to finalize the Child Health Policy and iCCM framework, guidelines, training manuals in readiness for rollout in IHP supported states			X	In progress, on time	In collaboration with PMI-S, held planning meeting with FMOH (Child Health Division) for the review. FMOH currently discussing with NPHCDA on way forward to finalize the review of the documents	Retirement of Head of Child Health Division created leadership vacuum to drive the process.
Targeted participation and expert technical assistance to federal level Technical Working Groups and coordination mechanisms: • Child Health TWG • Reproductive Health TWG • Malaria TWG and sub committees • Nutrition TWG • Newborn Health Task Team • ICCM Task Force • National CTC for iRMNCAH+N • NEMCHIC	X	X	X	Completed	Participated at various TWG meetings and contributed to review of guideline and strategy documents: - QoC Core Group - Malaria sub-committees - NEMCHIC	

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
• NERICC (service delivery and operations & data management) • National Food and Nutrition Council						
In collaboration with the FMOH/Nutrition Unit, support a 4-day workshop for the review, 2-day validation, and 1-day dissemination of the 2020 IYCF National Policy.				In progress, on time	FMOH (Nutrition Division) requested IHP to support the review of IYCF guideline and training manual as World Bank is supporting the review of the policy. Met with the Nutrition Division and developed/agreed on roadmap for the review. • Will be collaborating with World Bank through TA to review the IYCF policy.	World Bank is providing funds for the review of the policy. IHP to support the review of the guidelines Joint roadmap developed in collaboration with FMOH on the review of the guidelines. Feedback/ approval on the roadmap being expected from FMOH
Provide expert technical guidance and review drafts of national nutrition specific policies and guidelines such as Micronutrient Deficiency Control (MNDC) guideline, and National Strategic Plan of Action on Nutrition (NSPAN).	X	X	X	In progress, on time	IHP to provide TA. FMOH in discussions with UNICEF / WHO for funds for review process. Agreed that IHP will led the review of the IYCF Guidelines and training material	LDHF nutrition materials can be adapted for the national level.
Participation in meetings with NMEP, as relevant to RMNCH	X	X	X	In progress, on time	Participated in various meetings including: • Stakeholders meeting to review national guideline for the diagnosis and treatment of malaria • Malaria sub-committee meetings	
Objective 2: Provide technical guidance to states where IHP activities will be implemented						
Sub Obj 2.1: Strengthen Health Finance in IHP-supported States						
Engagement with Health Financing Partners (NPHCDA, Gates, R4D etc.) at the national level to develop an integrated financial management framework for implementation at PHCs				Completed	Evidence is: Invitation to and participation in the NPHCDA-convened and Gates-sponsored workshop held between 5 - 6 December 2019 to identify opportunities for financial management integration in the 6 MoU states. The output of the workshop was a financial management discussion document upon which partners and states can build	Bauchi is the pilot state for this activity. It will be rolled on to other IHP states progressively. Initially difficult to gain momentum on this due to the non-involvement of IHP staff in Working Group meetings - this was remedied by engaging with the state and Solina and nominating specific IHP staff to attend specific meetings

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
					Convening of a curriculum development workshop between 25 - 26 January 2020 for the PHC integrated financial management system in Bauchi with representation from Solina and NPHCD	
Develop a standardized set of orientation materials to be delivered to the new House Committee on Health and Legislative Network on Universal Health Coverage (LNU) members on their roles in stewardship of health financing for use in IHP supported states	X			Completed	Agenda and presentation slides developed and shared with the Governance & Leadership and Health Financing Advisors in the 3 states LNU orientation held in Sokoto on the 25th to 26th of March	LNU orientations were initially designed as residential but have now had to be redesigned to pass the message across and still hold the legislators' attention. Orientations were designed as 4-hour sessions spread over 2 days with the involvement of Executives (HCH/PS of health, ES, SPHCDA and ES, SHIS) to stimulate legislative and executive interactions
In collaboration with the National BHCPF Secretariat provide oversight and expert technical guidance to rollout relevant processes and structures to fully operationalize BHCPF (ToT and Facility training, facility scorecard development, enrollment, claims management)	X	X	X	In progress, on time	Collaboration with the Secretariat and the IHP supported States led to: *State TOT held in Kebbi in March 2020 *State TOT held in Sokoto in March 2020 *Enrollment of over 100,000 residents in the BHCPF in Bauchi	Ongoing review of the BHCPF governance structure has slowed down the activities carried out by the BHCPF Secretariat. This may also slow down further release of funds to states
Work with MoU partners to expand the RI MoU budget performance tracking tools to PHC institutionalizing a uniform/standardized system to track the state AOP including financial contributions (state and donors) and achievement of MoU milestones across IHP supported states	x	x		In progress, on time	This is activity is in progress and will be completed by the end of April 2020. Delays emanated from the time taken to understand existing tracking mechanisms (developed by Solina) and how IHP can plug in to improve/expand these. Work done on this activity so far: *USAID -specific milestones (not currently being tracked) identified from the MoU across 4 HSS pillars *Indicators for tracking the milestones developed	
Sub Obj 2.2: Strengthen Health Information and Data Use in IHP-supported States						

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
Participate in two DHIS2 Academy workshops for advance DHIS2 users organized by FMoH through HISP and University of Oslo.			X	Delayed	FMOH has conducted the preliminary workshop with the States HMIS Officers in the 37 states plus FCT to gather the issues with the DHIS2 and plan for the DHIS2 academy workshops with support by GF/RSSH	Scheduled dates of workshop have been postponed indefinitely due to COVID-19 lock-down regulations. GAVI funding is no longer available to support the University of Oslo and FMOH on DHIS2
Co-sponsor a 5-day zonal training of trainer's workshop on revised DHIS2 applications (data entry, pivot table, visualizer and dashboards) validation rules and data quality app for IHP-supported States				Delayed	Moved to next quarter, dependent on completion of 2.2.1	
Provide expert technical inputs in the GAVI-funded DHIS 2 optimization and enhancement (DHIS 2 visualization, dashboard and validation rules)				Canceled	Global fund/RSSH has very limited fund and has engaged HISP to support FMOH to start the process.	GAVI is no longer providing funding for this activity.
Sub Obj 2.3: Support RMNCH+NM Policy Adaption and implementation in IHP-supported States						
Orient IHP State technical teams and SMOH officials on domestication of federal IRMNCH+NM policies and guidelines for implementation at the state level	X			Completed	Concluded validation of QoC Plans developed from National QoC. Being finalized. MPDSR - in Sokoto State, training (secondary facilities committee members) have been conducted using national guidelines. PHC in-charges trained to setup and implement community MPDSR committees	QoC done in Kebbi and Sokoto MPDSR in Kebbi State - to be implemented in FY21
Based on output from LiST and One Health findings, support the development of state-level four-year strategic IRMNCH + NM roadmaps highlighting priority interventions and associated costs to achieving targets set in the SSHDP II	X			Delayed	Activity dependent on the finalization and dissemination of the LiST modeling across the States	The LiST Scenarios were developed and in Q3, IHP will continue to mentor the State teams to develop strategic roadmaps.

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
Support the development of state specific evidence-based advocacy priorities and briefs (linked with LiST/One Health Analysis and PEA)	X	X	X	Delayed	Some State-specific briefs have been developed based on trends from 2008 NDHS to 2018 NDHS Activity dependent on the finalization and dissemination of the LiST modeling across the States	
Sub Obj 2.4: Access to Quality Health Services improved in IHP-Supported States						
Provide expert guidance for the adaptation of immunization, nutrition and malaria training manuals into Low Dose High Frequency (LDHF) format for onsite facility health worker's capacity building.	X	X	X	Completed		
Support IHP focus states to build capacity of long acting reversible contraceptive (LARC) service providers in selected CEmONC centers on difficult implant removal.				In progress, on time	Completed for Kebbi and Sokoto. Bauchi to be done in Q4	
Conduct oversight visits to IHP states/LGHAs/facilities to monitor and provide expert guidance in Quality Improvement (QI) and technical support to develop data use culture among health service providers for QI	X	X	X	In progress, on time	Visits conducted in Kebbi and Sokoto as planned for the quarter.	Kebbi visits had to be put on hold due to COVID-19 pandemic. Covered 7 of 11 LGAs
Facilitate Master TOTs for successful sub-grantees and IHP State technical teams for the rollout of integrated onsite RMNCH+NM (inclusive of immunization, diarrhea, respiratory, nutrition and malaria, LARC, LSS, mLSS, ELSS) modular training and clinical mentoring packages for health facility worker's capacity building using LDHF approach.	X	X	X	Delayed	Activity will be implemented after GUC is awarded	Contingent upon USAID's approval of the subgrantee. Also, may be delayed due to the COVID-19 pandemic

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
Work with WRAIR-N in liaison with Bauchi and Sokoto SMOH and IHP State technical teams to identify poor performing and untrained microscopists for training on malaria diagnosis, QA and laboratory supervision; and provide TA in setting up state-wide EQA teams in both states that will drive EQA facility visits.	X	X	X	In progress, on time	First of three trainings (Microscopy) are yet to be concluded based on issues with initial training. Subsequently: • Coordinated meeting with Bauchi state MOH, BACATMA, HMB and Lab Scientist trainees to discuss issues with the training. The state articulated recommendations and request for training of selected new Lab Scientists to PMI for approval • Sokoto state also met with stakeholders and currently finalizing their proposal to PMI	EQA Consultant, once on board to be involved in the training and other EQA activities.
Explore opportunities with Nutrition International (NI) on collaboration and scaling up of its three new core program areas (Vit A. Supplementation, Iron and Folic Acid, and Zinc & ORS) in IHP focal states	X	X	X	Delayed	NI has not fully started up in the States.	This activity is a proposed collaboration with NI which was premised on commencement of NI's new project. In August 2019, IHP help a collaborative meeting with NI Management to discuss possible areas of collaboration on their new project that was expected to commence by December 2019. The project is yet to commence. IHP will continue to interact with NI and reintroduce the collaborative effort once the project starts.
TA to IHP child health Community of Practice group through sharing of plans, tools, approaches, and promotion of peer-based learning, to be able to provide quality integrated child health, nutrition and malaria services within integrated routine health services.	X	X	X	In progress, on time	Members of COP identified. Resources (materials, Webinars) being shared and used	
With GHSC-PSM support the standardization of facility level inventory management (including exploration of facility level storage of oxytocin) and healthcare waste management (IPAC) at RMNCH + NM service delivery points	X	X	X	In progress, on time		

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
(cross check status with PSM and WHO)						
With the FMoH (CTC secretariat) and NPHCDA provide technical assistance for the review and roll-out of mid-level management trainings in IHP supported states	X	X	X	In progress, on time	Training done in Bauchi for review and adaptation for standardization at national level	HSSS Advisor awaiting approval from USAID
Provide TA to IHP state offices to support SMOH and SPHCDA in their respective states to introduce Group Antenatal Care (GANC) in selected PHCs in Bauchi, Kebbi and Sokoto States, including support for GANC materials (e.g. job aids, counseling materials, micro life BP apparatus) and support for regular sharing of learning and synthesis of best practices across IHP-supported states	X	X	X	Canceled	Sokoto and Kebbi has GANC introduced and buy-in from FMOH/SPHCDA. Health Facilities selected.	funds not allocated to IHP for activity. Might need to move to FY21. Will focus on LDHF GUC and build on it subsequently.
Provide TA to IHP state offices to support state level dissemination of 2018 National ANC guidelines, which is in line with WHO's 2016 ANC guidelines for a positive pregnancy experience including health promotion, prevention (e.g. TT, IFA, IPTp) and early recognition and management/stabilization and referral for complications in pregnancy.	X	X	X	Completed	Completed for Sokoto. Activity not included in Kebbi and Bauchi workplan	
Adapt the National QoC MNCH training curriculum to include practical skills-building exercises and to include modules tailored to the distinct QI competencies				Completed	Used in training in Kebbi and Sokoto. To be used for training in Bauchi in Q3	

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
needed by State, LGHA and facility health workers (e.g. design and oversight of QI work by State quality focal points						
Coordinate regular sharing of QI results and learning across IHP-supported states, and with national MNCH QoC Network members	X	X	X	In progress, on time	Sharing across States is ongoing. Meeting of national MNCH QoC delayed	
Provide support to build the QI skills IHP QI focal persons and those of SMOH, SPHCDA and LGHA managers in IHP focus states – tailoring training to the specific QI competencies needed by distinct managers and health workers (per State RMNCH QI operational plan) and the most common skills gaps	X	X	X	Completed	Completed for Kebbi and Sokoto. Bauchi to be done in Q3	
Objective 3: Coordinate, support, and oversee implementation and administration of all subsequent TOs under the IDIQ award						
Sub-Obj 3.1: Project Management						
Conduct quarterly collaborative technical support visits to IHP state offices for quality assurance and alignment with IHP strategic objectives and priorities	X	X	X	Completed	Marta: Visited Kebbi and Sokoto Gebi: Visited Bauchi, Kebbi and Sokoto Halima: Sokoto and Bauchi Jaiyeola: Kebbi and Sokoto MEL: Visited Kebbi and Sokoto F&A / Ops: Visited Bauchi, Kebbi and Sokoto	
Support technical onboarding and orientation of new hire at IHP Abuja and state offices (including US Abortion and Family Planning Requirements and Palladium courses)	X	X	X	Completed	All new hires have been onboarded and courses taken	

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
Conduct routine supervisory visits to state offices	X			Completed	F&A/Ops: Visited Bauchi, Kebbi and Sokoto Marta: Visited Kebbi and Sokoto Gebi: Visited Bauchi	
Conduct a 5-day residential training on project management and leadership for 20 participants including financial management training for IHP Senior Leadership Team	X			Delayed	Postponed, so can include new leadership TO5, TO6 and TO7	To move to another quarter. Might leverage on new hire onboarding to implement training
Conduct USG financial and administrative compliance training for senior project leadership and finance/operations team				Delayed	Postponed so can include new staff in TO5, TO6 and TO7 Also need to have HQ participants facilitate.	To move to Q3. To consider remote facilitation if in-class is not possible
Support state-level training on Abuja based vendors on proper business practices with USAID projects	X			Delayed	Due to urgent competing demands, activity postponed Q3	
Maintain administrative, financial, and HR processes and procedures.	X	X	X	Completed		
Security costs for IHP Abuja Office	X	X	X	Completed		
Recurrent costs of running the TO2 operations	X	X	X	Completed		
Conduct review FY 20 workplan progress and implement adaptive management				Delayed	Activity was merged with TO2 3.2.5 and TO2 3.2.6 to hold as a holistic mid-year review workshop. Delayed due to COVID-19	Will be held remotely with all TOs in Q3.
Report project results in MONITOR	X			Completed		
Develop and submit on time TO Monthly and Quarterly reports	X			Completed		
Update and submit TO Annual Inventory Report				Completed	For FY19. Done in first month of FY20	

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
Submit TO Quarterly Financial Report			X	Completed		
Report data based on approved MELP into QASP MONITOR	X			Completed	Duplication of TO2 3.1.13	
Travel & Training Reporting, Ad Hoc Reports, Meetings, Security Operational Plan	X	X	X	Completed		
Sub-Obj 3.2: Monitoring and Evaluation						
Organize quarterly MEL data review and feedback meetings with the ACO team (Pause and Reflect)	X			Completed		
Develop quality Monthly, quarterly and annual data reports to USAID	X	X	X	Completed		
Make quarterly technical monitoring visits to IHP State Office MEL Teams to provide hands-on real time technical direction, support and feedback Cost: Travel to States			X	Completed		
Conduct Monthly Workplan review between IHP Abuja and State teams	X	X	X	Completed		
Convene 3 quarterly program review meetings with government of Nigeria stakeholders including USAID and IPs			X	Delayed	Activities merged with TO2 3.1.12 to hold as a holistic mid-year review workshop. Delayed due to COVID-19.	To hold when movements resumes or will be conducted remotely in Q3.
Sub-Obj 3.3: Knowledge Management and Communications						

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
Provide oversight and technical support to state offices to implement State level KM and learning initiatives including monitoring implementation of IHP learning agenda	X	X	X	Completed	Supported State offices in sharing IHP stories on social media, discussions on learning during Bauchi Pause & Reflect	Absence of a KM Specialist in Kebbi
Support IHP cross-state communities of practice to share learnings and best practices across IHP supported states (virtually Monthly and face-to-face)	X	X	X	In progress, on time	CoP set up (Teams) what works and learning around RMNCH being shared within& across team	COPs need to meet regularly. Via Teams. Notes should be taken.
Conduct 2-day training for Abuja IHP staff on Report writing and USAID feature stories development		X		In progress, on time	Move to Quarter 3. Curriculum has been developed and used in Kebbi.	To consider holding training remotely
Develop high-quality project documents and disseminate publications (Advocacy briefs, newsletters, briefing notes.)	X	X	X	Completed	Advocacy materials, factsheets for Health finance, Malaria developed	
Produce digital content (video documentary, photo) on IHP impact, innovations and other media engagements	X			Delayed	Concept note developed, meant to happen during baseline survey	To move process forward with engagement of Consultants.
Develop and disseminate technical documents (includes consultant (s) and cost of hosting Monthly webinars for up to 200 people)	X	X	X	In progress, on time	LDHF modules being supported by technical team	
Procure communication equipment to facilitate implementation of IHP communication and social media plan	x			Completed	Social media channels (Facebook, Instagram, twitter) set up and being used to share IHP technical support to state governments	
Sub-Obj 3.4: Grants Under Contract						

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
Support the States to develop Statement of Work (SOW) for the delivery of onsite modulated clinical skills training packages for facility health workers (child health, nutrition and malaria, maternal and newborn health (for PHC and general hospital staff: CHEWs, Nurses, Midwives, Doctors	x			Completed		
Develop and deploy standardized grants management GUC and consultancy tools for effective administration, monitoring and evaluation of deliverables for GUCs and consultancies across all states		X		In progress, on time	Job completion certificates Consultant reports approval workflows	Need more tools. Tools to be adapted for monitoring GUCs
Provide guidance and support across all states for GUC and Consultancies	X	X	X	In progress, on time	Activity Managers. Grants and Contracts provide guidance and support. Need to formalize process.	
4. Cross-Cutting						
Coordination and Collaboration						
Conduct Monthly USAID integrated states IP coordination meeting program review meetings to review implementation challenges and align programming (GHSC-PSM, BA-N, eWASH, PMI4States, Feed the Future)	X			Completed	Monthly meetings with USAID held with Ips. Regular communications / interactions via email, phone	Need to have more technical relevant meetings with other IPs technical teams
Gender and Social Inclusion						
Disseminate findings and recommendations from the Gender Policy impact desk review.		X	X	Completed		Need to share more widely. Can FMOH, NPHCDA upload this to their websites? Can we write a blog on COVID-19's impact on women? Is this different for men? What is the Gender impact of COVID-19?

Objectives and Specific Actions/Activities	Jan	Feb	Mar	Status	Description	Performance Review Comments, Challenges or Course Corrections
Sustainability and Country Ownership						
Adapt the journey to self-reliance measurement tool and draft a planning tool to measure sustainability of the health sector in IHP-supported states	X	X		Delayed	Developed a common message for USAID IPs. PowerPoint presentation shared with USAID IPs. Made several presentations both globally and locally on the journey to self-reliance related to Primary Health Care and the measurements. Discussions on at several fora.	Need the full input of the HSSS Lead. Approval for the position still being expected from USAID
Co-sponsor a 5-day workshop for 40 individuals with FMOH and NPHCDA and IHP-State participants to validate sustainability measurement and planning tools for the health sector			X	In progress, on time	Developed orientation and sensitization materials to be used for the workshop. Materials are already available at the State level.	Need the full input of the HSSS Lead. Approval for the position still being expected from USAID

ANNEX D: SUCCESS STORIES

DIFFICULT CONTRACEPTIVE IMPLANT REMOVAL TRAINING

was one of the trainees that attended the difficult implant removal training in Kebbi State organized by the spoke about the training, "The training was quite educative and has improved my confidence and skills in the subject matter". He further said, "Though I had training on standard implants insertion/removal some years ago and have been practicing such, but from this workshop, I have learnt a lot of new things. I learned how to score implants based on visibility, alignment and ability to palpate, which helps me to anticipate and prepare for difficult removal. I have learnt to involve radiologists for non-palpable implants to aid in its localization. I learned the use of modified vasectomy forceps for easy removal and I learned the U-technique removal method especially for implants not palpable. I now know about the use of longitudinal incisions rather than transverse incisions for difficult implant removal'.

Photo

Following the successful completion of the training has been putting into practice the knowledge and skills he acquired from the training. He explained further, "Because I work in a tertiary hospital with experienced radiologists and sonographers, this made localization of implants easier. For this reason, I have been receiving referrals of difficult implants removal from peripheral hospitals with successful intervention. I am indeed grateful to USAID who gave me the privilege to acquire this extra skill and knowledge."

IHP ENABLES RMNCH+NM QUALITY IMPROVEMENT IN KEBBI STATE

The USAID Integrated Health Program (IHP) commenced RMNCH+NM quality improvement activities in community level Primary Health Centers (PHCs) in the Northwestern State of Kebbi in Nigeria through training and onsite and remote mentoring by IHP Quality Improvement staff. As a first phase in Quality Improvement, it was decided to focus on the aim of improving QoC for malaria

case management among children under the age of 5 years, malaria being a major cause of death among young children in Kebbi State.

To measure improvement in quality of this aim, three indicators available in the NHMIS were selected to monitor performance toward achievement of this aim:

- Proportion of children <5 years with fever tested for malaria with RDT.
- Proportion of children < 5 years who tested positive for malaria
- Proportion of children < 5 with confirmed uncomplicated malaria treated with ACT
- Proportion of children < 5 years with severe malaria given recommended pre-referral treatment.

IHP with the National Malaria Elimination Program and State Malaria Program trained officials from Local Government Health Authorities (LGHAs) on the use of mRDTs for malaria diagnosis. This was followed by training of seven LGHA officials and PHC in-charges on RMNCH+NM Quality Improvement. Following these trainings, IHP supported the trained LGHA teams to support health facility officers in-charge to set up RMNCH+NM Quality Improvement Teams (QIT) in multiple Primary Health Centers (PHCs). LGHA managers, with IHP technical assistance, supported the PHC QITs to create facility dashboards to monitor the four malaria QoC measures to track progress against phase-one quality improvement aims. PHC QITs calculated their facility's baseline for each of malaria quality of care measures. Within this reporting period, QITs have commenced QI activities in 10 PHCs in Kebbi State.

Photo 6 Member of QIT at Dada PHC extracting data from the OPD register to update the malaria QI dashboard for March 2018

At the Dada PHC in Koko-Besse LGA of Kebbi State, baseline records at the PHC as at March 2020 showed zero report of pre-referral treatment with ACTs of severe malaria cases. After the QI orientation and ongoing mobile mentoring, service providers began to provide ACTs only to clients with positive mRDT results who did not have danger signs (i.e. confirmed uncomplicated malaria). Furthermore, they began to provide ACTs based on age and weight. Clients with confirmed severe

(complicated) malaria cases are now given pre-referral before being transferred to secondary health facilities.

Salisu Sule, the officer in-charge of PHC Dada, has this to say about his perception and the actions he took following the introduction of the phase 1 QI aims:

"After the orientation, we had with IHP and our LGA coordinator about the phase 1 QI aims, we had a meeting with the WDC in March. We talked about how to enlighten the community on referrals because most of them do see referrals as the worse stage of sickness. Our staff were given strict instructions to give pre-referral treatment and to ensure patient's compliance before being transferred to the Koko General Hospital. We are very happy. We would like to apply similar quality improvement aims to other services at our health facility."