Version 2 Dated December 11, 2018

% of women aged 15-49 with a live birth in the past one year who attended antenatal care (ANC) four or more than four times during their most recent pregnancy

of mothers and babies who received postnatal care within two

Availability of Pro-poor Community Health Model and Its

Odds ratio of fully vaccinated children between children whose

mothers participated in the baseline and the endline surveys and were exposed to project interventions and children whose

Odds ratio of ANC frequency of the recent pregnancy between

the intervention exposed and the non-exposed mothers who

Availability of Pro-poor Community Health Package and Opera

Difference between WHC Action Plan scores of June 2018 (1st round) and August 2018 (2nd round)

% of meetings conducted for TWGs specifically formed for project

% of hard-to-reach outreach sites supported by the project in Eli Osa and Lagos Mainland that were actually visited monthly in the

past 6 months

articipated in the baseline and the endline surveys, Odds ratio of SBA assisted delivery of the recent delivery betwe the intervention exposed and the non-exposed mothers who participated in the baseline and the endline surveys

sof unvaccinated children in the past one year s of births attended by SBAs in the past one year

peration guide for state-wide scale-up

others were not after the baseline survey

Remarks (Specifications of OVI)

days of childbirth

Project Title: Strengthening Pro-Poor Community Health services Implementing Agency: Lagos State Primary Health Care Board Target Group: General population living in the Project site

Period of Project: 2014/05/20 ~ 2019/3/31 Project Site: Eti-Osa LG, Mainland Lagos Means of Verification mportant Assumption Achlevement Objectively Veriflable Indicators Overail Goal Coverage of maternal and child health servies (ANC, PNC, immunizations and SBA among population in Equitable, affordable, and accessible maternal and chile rban slum are increased. ommunities in Lagos State are Improved. Project Purpose o be documented Required resources to Pro-poor health services system is established and 1. Pro-poor community health model and its Documents submitted operation guide are in the official approval process for their state-wide scale up. are allocated by LSMOH. No significant difference was 2. Full vaccination coverage among children under 1 Baseline and Endline Data No significant difference was detected. 3. The proportion of pregnant women who utilize Baseline and Endline Data ANC and SBA Increases etected. Outputs PHC Board and other relevant Pro-poor community health model and its operation guide are developed and submitted for official approval by Lagos operation guide are readily available. nportant organizations are naintained. state Ministry of Health. 89% (5/9) 1-2 75% of semi-annual monitoring reports are Political situation is stable Essential drugs and equip WHC Action Plan scores of June ncreased by 28% 2. Capacities of PHC Board, Local Government Health Teams 2018 (1st round) and August 2018 (2nd round) are regularly supplied to target and Ward Health Committees (WHCs) are strengthened to People of target community ctivities. 2-2 75% of TWG meetings specifically formed for the TWG Meeting Minutes · Necessary human resources 100% are allocated to target facilities · PHCs and HPs in target 3-1 75% of Hard-to-Reach outreach sites are visited EO: 79% (39/49) Monthly Outreach reports 3. Primary health centers (PHCs) are functioning enough to LM: 95% (105/110) rovide pro-poor community health services through ments of performance of community health officers (CHOs), community health extension workers (CHEWs), othe PHC workers and Ward Health Committee members 3-2 At 75% of PHCs, number of defaulters after SMS AR&DT Portal site patient detail and phone-call tracing decreases. 3-3 75% of monthly Ward CHMIS reports submitted CHMIS Database 100% to LSPHCB for the past 3 months 4-1 60% of WHC-LGA monthly meetings are conducted in the past 12 months WHC-HE Meeting minutes 4. Populations in the model sites improve health seeking 100% 4-2 60% of community health volunteers (CORPs) submit monthly activity reports in the past 12 4-2 75 % of quarterly community dialogue meetings Meeting minutes or photos 4-3 Incidences of diarrhea, cough and fever among Saseline and Endline Data the children of mothers in the intervention group are lower than the control group in the project area g- 5-1 Strategic options for nationwide and/or state-5. Strategic options for nationwide and/or state-wide sca Documents submitted wide scaling-up pro-poor community health service up pro-poor community health service systems are developed based on evidence generated by operation systems are readily available. 5-2 Dissemination meetings with federal and state governments and development partners are held at least twice a year. Pre-Conditions Activities
1-1 Conduct, analyze, and share baseline assessment on geographical, demographic, economic, social, and health aspects in target communities The Japanese Side The Nigerian Side Establishment of healt Experts
 Provision of Trainees: training in Japan and third Assignment of Counterpart 1-2. Integrate pro-poor community health components into the responsibility of the Core Technical Working Group on facilities (PHCs and/or HPs) in arget communities MNCH ountry training Provision of Equipment. Security concerns in target · Provision of Office Space, 1-3. Jointly develop, pro-poor community health model, and operation guide and, if needed, revise them based on field-• There is a need for pro-poor Itility (water charges, electricity harges, etc.) health systems. testing 1-4 Support PHCB in monitoring and supervision
2-1 Conduct capacity assessment for implementing project's activities effectively overnance according to the assessment results 2-3 Regularly conduct consultative stakeholder meetings for issues and countermeasures ro-poor community health services among relevant -4 Conduct monitoring and evaluation (M&E) of capacities of Ward Health Committee (WHC)
3-1 Conduct and review performance and quality assessm for CHOs, CHEWs, other PHC workers and WHC members 3-2 Develop pro-poor community health training material through reviewing and adopting the existing training 3-3 Conduct on-site trainings on community health services hrough supervision of outreach, defaulter tracing, unity health education and TBA referral and reporting 3-4 Support implementing monthly hard-to-reach outreach 3-5 Conduct monitoring, evaluation and supervision (ME&S) of PHCs' performance in outreach, defaulter tracing, health education and TBA referral and reporting 3-6 Conduct trainings on community health for Ward Health 3-7 Organize joint regular meetings between LGA Health Educators and WHCs to strengthen their linkage 4-1 Conduct situation analysis for the current status of healt 4-2 Open a strategic dialogue on community health between nmunity leaders and stakeholders tion channels at community voice-call delivery 4-4 Develop and conduct appointment reminder and defaulter tracing SMS and voice-call health message delivery or promoting community health services 4-5 Conduct community sensitization, advocacy, and campaigns for community health services 5-1 Develop research designs and protocols for approval by the authorities for research clearance 5-2 Conduct data collection and analysis through baseline and end-line surveys

5-3 Develop strategic options for the state-wide and/or tionwide scaling-up strategies in an evidence-based manner
5-(Conduct regular meetings, workshops and forums with Federal Government Authorities, State Government Authorities, Local Government Authorities, and

% of child vaccination defaulters and ANC defaulters after To be confirmed reminder SMS delivery in the past two months among PHCs implementing the appointment reminder SMS delivery % of monthly Ward-level CHMIS reports (TBA service provision data) to LSPHCB for the past 3 month: mplementation % of WHC-LG Health Educator monthly meeting: LM/YB: 92% (11/12) % of CORPs submit monthly reports to supervisors in the past 12 6 of WHCs conduct community dialogue meetings at least 2 time n the past 6 months EO: 40% (8/20) LM/Y8:63% (45/72) Odds ratio of incidence of child illnesses (diarrhea, cough and fever) in the past 2 weeks preceeding the endline interview Difference was detected in the Incidence of cough and fever wi negative Influence between the intervention exposed and the non-exposed mother who participated in the baseline and the endline surveys and had Availability of strategic options for nationwide and/or state-wide scaling-up pro-poor community health service model Strategic options (in # of meetings held with federal, state governments and key Federal: 67% (2/3) State (through JCC); 100% (3/3) stakeholders to share/disseminate information Appointment Reminder and Defaulter Tracing AR&DT Antenatal Care Community Health Extension CHEW Community Health Management Information System CHMIS Community Health Officer сно CORP Community Resource Person Health Post 1CC Joint Coordinating Committee LG Local Government LGA Local Government Area Lagos State Ministry of Health LSMOH Profession Con (PHC) Lagos State Primary Health Care Board LSPHCB PHC Primary Health Centre Post-natal Care Skilled Birth Attendant SBA Traditional Birth Attendant ТВА Ward Health Committee

Note 1: "The Model" consists of several interventions with proven evidence which can be combined as "strategic options" to meet the particular situations and needs of each area/target population

Development Partners to share project achievements and

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Dated December 11, 2018

Project Title: Strengthening Pro-Poor Community Health services
Implementing Agency: Lagos State Primary Health Care Board
Target Group: General population living in the Project site
Period of Project: 2014/05/20 ~ 2019/3/31
Project Site: Eti-Osa LG, Mainland Lagos

Overall Goal	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks (Specifications of OVI)
Equitable, affordable, and accessible maternal and child health services for the population in urban slum communities in Lagos State are improved.	Coverage of maternal and child health servies (ANC, PNC, Immunizations and SBA among population in urban slum are increased.	DHIS2			% of women aged 15-49 with a live birth in the past one year who attended antenatal care (ANC) four or more than four times during their most recent pregnancy % of mothers and babies who received postnatal care within two days of childbirth % of unvaccinated children in the past one year % of births attended by SBAs in the past one year
Project Purpose					
Pro-poor health services system is established and strengthened using-standardized models.	operation guide are in the official approval process for their state-wide scale up.	Documents submitted	implement the project activities are allocated by LSMOH.	To be documented	Availability of Pro-poor Community Health Model and its operation guide for state-wide scale-up
	Full vaccination coverage among children under     year increases.	Baseline and Endline Data		No significant difference was detected.	Odds ratio of fully vaccinated children between children whose mothers participated in the baseline and the endline surveys and were exposed to project interventions and children whose mothers were not after the baseline survey
	The proportion of pregnant women who utilize ANC and SBA increases.	Baseline and Endline Data		No significant difference was detected.  No significant difference was detected.	Odds ratio of ANC frequency of the recent pregnancy between the intervention exposed and the non-exposed mothers who participated in the baseline and the endline surveys.  Odds ratio of SBA assisted delivery of the recent delivery between the intervention exposed and the non-exposed mothers who participated in the baseline and the endline surveys
Outputs					
Pro-poor community health model and its operation guide are developed and submitted for official approval by	1-1 Pro-poor community health model and its operation guide are readily available.	Documents submitted	PHC Board and other relevant important organizations are	On-Going	Availability of Pro-poor Community Health Package and Operation Guide
Lagos State Ministry of Health.	1-2 75% of semi-annual monitoring reports are submitted to JICA	Semi-annual monitoring reports submitted	maintained. • Political situation is stable over the Project period.	89% (8/9)	Semi-annual monitoring sheet submission rate
2. Capacities of PHC Board, Local Government Health Teams and Ward Health Committees (WHCs) are strengthened to support target communities.	2-1 Score of capacity assessment of WHC increases.	WHC Action Plan scores of June 2018 (1st round) and August 2018 (2nd round)	Essential drugs and equipment are regularly supplied to target facilities.     People of target community are cooperative with the project activities.	Increased by 28%	Difference between WHC Action Plan scores of June 2018 (1st round) and August 2018 (2nd round)
	2-2 75% of TWG meetings specifically formed for the project implementation are conducted.	TWG Meeting Minutes	Necessary human resources are allocated to target facilities.     PHCs and HPs in target communities are functioning.	100%	% of meetings conducted for TWGs specifically formed for project implementation
3. Primary health centers (PHCs) are functioning enough to provide pro-poor community health services through improvements of performance of community health officers (CHOs), community health extension workers (CHEWs), other PHC workers and Ward Health Committee members.	3-1 75% of Hard-to-Reach outreach sites are visited monthly.	Monthly Outreach reports submitted by each local government		EO: 79% (39/49) LM: 95% (105/110)	% of hard-to-reach outreach sites supported by the project in Eti Osa and Lagos Mainland that were actually visited monthly in the past 6 months
	3-2 At 75% of PHCs, number of defaulters after SMS and phone-call tracing decreases.	AR&DT Portal site patient detail reports		To be confirmed	% of child vaccination defaulters and ANC defaulters after reminder SMS delivery in the past two months among PHCs implementing the appointment reminder SMS delivery
	3-3 75% of monthly Ward CHMIS reports submitted to LSPHCB for the past 3 months	CHMIS Database		100%	% of monthly Ward-level CHMIS reports (TBA service provision data) to LSPHCB for the past 3 months
Populations in the model sites improve health seeking behaviors through health promotion activities at community level.	4-1 60% of WHC-LGA monthly meetings are conducted in the past 12 months	WHC-HE Meeting minutes		EO: 83% (10/12) LM/YB: 92% (11/12)	Implementation % of WHC-LG Health Educator monthly meetings for the past 12 months
	4-2 60% of community health volunteers (CORPs) submit monthly activity reports in the past 12	CORPs' monthly activity reports		100%	% of CORPs submit monthly reports to supervisors in the past 12 months
	4-2 75 % of quarterly community dialogue meetings are conducted.	Meeting minutes or photos taken		EO: 40% (8/20) LM/YB:63% (45/72)	% of WHCs conduct community dialogue meetings at least 2 times in the past 6 months
	4-3 Incidences of diarrhea, cough and fever among the children of mothers in the intervention group are lower than the control group in the project area	Baseline and Endline Data		Difference was detected in the incidence of cough and fever with negative influence	Odds ratio of incidence of child illnesses (diarrhea, cough and fever) in the past 2 weeks preceeding the endline interview between the intervention exposed and the non-exposed mothers who participated in the baseline and the endline surveys and had a live birth after the baseline
5. Strategic options for nationwide and/or state-wide scaling-up pro-poor community health service systems are developed based on evidence generated by operation research.	5-1 Strategic options for nationwide and/or state- wide scaling-up pro-poor community health service systems are readily available.	Documents submitted		Strategic options (interventions) to be documented	Availability of strategic options for nationwide and/or state-wide scaling-up pro-poor community health service model
	5-2 Dissemination meetings with federal and state governments and development partners are held at least twice a year.	JCC Meeting minutes		Federal: 67% (2/3) State (through JCC): 100% (3/3)	# of meetings held with federal, state governments and key stakeholders to share/disseminate information

Activities	Inputs		Pre-Conditions
1-1 Conduct, analyze, and share baseline assessment on			
geographical, demographic, economic, social, and health	The Japanese Side	The Nigerian Side	
aspects in target communities			
1-2. Integrate pro-poor community health components into	• Experts	Assignment of Counterpart	Establishment of health
the responsibility of the Core Technical Working Group on	Provision of Trainees: training in Japan and third	Personnel	facilities (PHCs and/or HPs) in
MNCH	country training	<ul> <li>Cost for Counterpart</li> </ul>	target communities.
	Provision of Equipment.	Personnel	<ul> <li>Security concerns in target</li> </ul>
1-3. Jointly develop, pro-poor community health model,		<ul> <li>Provision of Office Space,</li> </ul>	communities are minimized.
and operation guide and, if needed, revise them based on		Utility (water charges,	There is a need for pro-poor
field-testing		electricity charges, etc.)	health systems.
1-4 Support PHCB in monitoring and supervision			
2-1 Conduct capacity assessment for implementing			
project's activities effectively			
2-2 Conduct basic training on leadership, management,			
and governance according to the assessment results			
2-3 Regularly conduct consultative stakeholder meetings			d
for pro-poor community health services among relevant			<li>sues and countermeasures</li>
organizations			
2-4 Conduct monitoring and evaluation (M&E) of capacities			
of Ward Health Committee (WHC)	1		
3-1 Conduct and review performance and quality assessment for CHOs, CHEWs, other PHC workers and WHC			
members			
3-2 Develop pro-poor community health training materials	1		
through reviewing and adopting the existing training			
materials			
3-3 Conduct on-site trainings on community health services			
through supervision of outreach, defaulter tracing,			
community health education and TBA referral and			
reporting			
3-4 Support implementing monthly hard-to-reach outreach			
activity			
3-5 Conduct monitoring, evaluation and supervision			
(ME&S) of PHCs' performance in outreach, defaulter			
tracing, health education and TBA referral and reporting			
2.6.6			
3-6 Conduct trainings on community health for Ward Health Committee members			
3-7 Organize joint regular meetings between LGA Health			
Educators and WHCs to strengthen their linkage			
Lucators and wries to strengthen their linkage			
4-1 Conduct situation analysis for the current status of			
health promotion			
4-2 Open a strategic dialogue on community health			
between community leaders and stakeholders			
4-3 Create multiple communication channels at community	1		
level through CORPs, WHCs, TBA referral, SMS reminder			
and voice-call delivery			
4-4 Develop and conduct appointment reminder and			
defaulter tracing SMS and voice-call health message			
delivery for promoting community health services			
<u> </u>			
4-5 Conduct community sensitization, advocacy, and			
campaigns for community health services			
5-1 Develop research designs and protocols for approval by			
the authorities for research clearance			
5-2 Conduct data collection and analysis through baseline			
and end-line surveys			
5-3 Develop strategic options for the state-wide and/or			
nationwide scaling-up strategies in an evidence-based			
manner			
5-4Conduct regular meetings, workshops and forums with			
Federal Government Authorities, State Government			
reactur dovernment Authorities, State dovernment		ì	1
Authorities, Local Government Authorities, and Development Partners to share project achievements and			

Note 1: "The Model" consists of several interventions with proven evidence which can be combined as "strategic options" to meet the particular situations and needs of each area/target population.

Abbreviations				
AR&DT	Appointment Reminder and Defaulter Tracing			
ANC	Antenatal Care			
CHEW	Community Health Extension			
CHMIS	Community Health Management Information System			
СНО	Community Health Officer			
CORP	Community Resource Person			
HP	Health Post			
JCC	Joint Coordinating Committee			
LG	Local Government			
LGA	Local Government Area			
LSMOH	Lagos State Ministry of Health			
LSPHCB	Lagos State Primary Health Care Board			
PHC	Primary Health Centre			
PNC	Post-natal Care			
SBA	Skilled Birth Attendant			
TBA	Traditional Birth Attendant			
WHC	Ward Health Committee			