Project Design Matrix

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

Version 2
Dated December 11, 2018

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.	1. Pro-poor community health model and its operation guide are in the official approval process for their state-wide scale up.	Documents submitted	• Required resources to 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
	2. Full vaccination coverage among children under 1 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
	3. 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					
1. Pro-poor community health model and its operation guide are developed and submitted for official approval by Lagos State Ministry of Health.	1-1 Pro-poor community health model and its operation guide are readily available.	Documents submitted	• PHC Board and other relevant important organizations are maintained. • Political situation is stable over the Project period. • Essential drugs and equipment are regularly supplied to target facilities. • People of target community are cooperative with the project activities. • Necessary human resources are allocated to target facilities. • PHCs and HPs in target communities are functioning.	On-Going	Availability of Pro-poor Community Health Package and Operation Guide
	1-2 75% of semi-annual monitoring reports are submitted to JICA	Semi-annual monitoring reports submitted		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)		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		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
4. 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 months	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
	The Japanese Side	The Nigerian Side	
1-1 Conduct, analyze, and share baseline assessment on geographical, demographic, economic, social, and health aspects in target communities	• Experts • Provision of Trainees: training in Japan and third country training • Provision of Equipment.	• Assignment of Counterpart Personnel • Cost for Counterpart Personnel • Provision of Office Space, Utility (water charges, electricity charges, etc.)	• Establishment of health facilities (PHCs and/or HPs) in target communities. • Security concerns in target communities are minimized. • There is a need for pro-poor health systems.
1-2. Integrate pro-poor community health components into the responsibility of the Core Technical Working Group on MNCH			
1-3. Jointly develop, pro-poor community health model, and operation guide and, if needed, revise them based on field-testing			
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 for pro-poor community health services among relevant organizations			<Issues and countermeasures>
2-4 Conduct monitoring and evaluation (M&E) of capacities of Ward Health Committee (WHC)			
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 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			
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			
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 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			
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 Authorities, Local Government Authorities, and Development Partners to share project achievements and lessons-learned.			

Abbreviations

AR&DT	Appointment Reminder and Defaulter Tracing
ANC	Antenatal Care
CHEW	Community Health Extension
CHMIS	Community Health Management Information System
CHO	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

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.

SA(PHC)
11/12/18.
11/12/18

Project Design Matrix

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

Version 2
Dated December 11, 2018

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.	1. Pro-poor community health model and its operation guide are in the official approval process for their state-wide scale up.	Documents submitted	・Required resources to 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
	2. Full vaccination coverage among children under 1 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
	3. 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					
1. Pro-poor community health model and its operation guide are developed and submitted for official approval by Lagos State Ministry of Health.	1-1 Pro-poor community health model and its operation guide are readily available.	Documents submitted	・PHC Board and other relevant important organizations are maintained. ・Political situation is stable over the Project period. ・Essential drugs and equipment are regularly supplied to target facilities. ・People of target community are cooperative with the project activities. ・Necessary human resources are allocated to target facilities. ・PHCs and HPs in target communities are functioning.	On-Going	Availability of Pro-poor Community Health Package and Operation Guide
	1-2 75% of semi-annual monitoring reports are submitted to JICA	Semi-annual monitoring reports submitted		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)		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		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
4. 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 months	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 aspects in target communities	**The Japanese Side**	**The Nigerian Side**	
1-2. Integrate pro-poor community health components into the responsibility of the Core Technical Working Group on MNCH	・Experts ・Provision of Trainees: training in Japan and third country training ・Provision of Equipment.	・Assignment of Counterpart Personnel ・Cost for Counterpart Personnel ・Provision of Office Space, Utility (water charges, electricity charges, etc.)	・Establishment of health facilities (PHCs and/or HPs) in target communities. ・Security concerns in target communities are minimized. ・There is a need for pro-poor health systems.
1-3. Jointly develop, pro-poor community health model, and operation guide and, if needed, revise them based on field-testing			
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 for pro-poor community health services among relevant organizations			**<Issues and countermeasures>**
2-4 Conduct monitoring and evaluation (M&E) of capacities of Ward Health Committee (WHC)			
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 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			
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			
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 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			
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 Authorities, Local Government Authorities, and Development Partners to share project achievements and lessons-learned.			

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
CHO	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