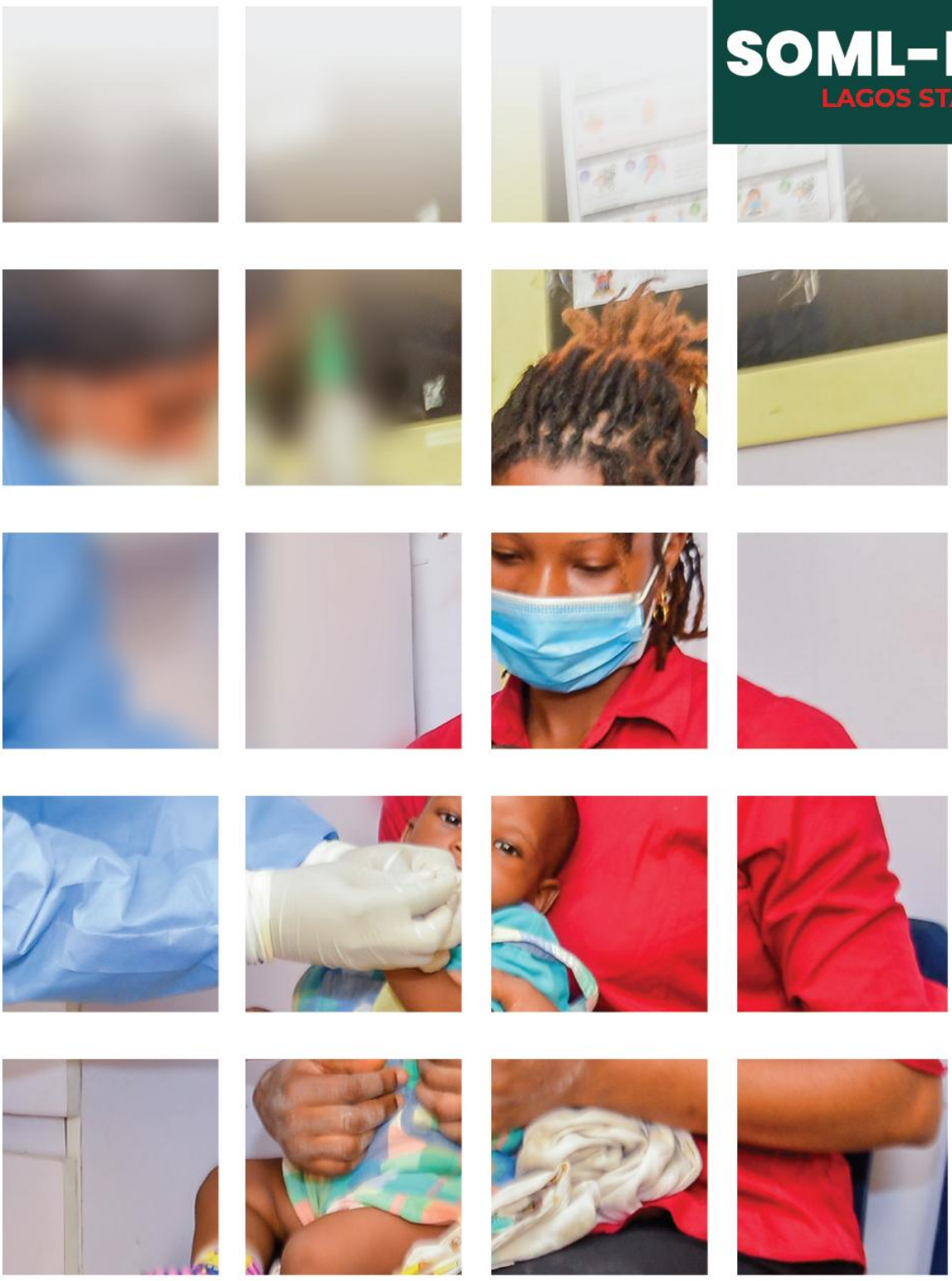
SOML-P FOR R
LAGOS STATE



Saving One Million Lives – PROGRAM FOR RESULTS

LAGOS STATE

PROGRAM IMPLEMENTATION AND CLOSURE REPORT

(2017-2021)

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SAVING ONE MILLION LIVES

PROGRAM FOR RESULTS

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PROGRAM IMPLEMENTATION & CLOSURE REPORT

(2017-2021)

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SAVING ONE MILLION LIVES - LAGOS STATE PROGRAM IMPLEMENTATION AND CLOSURE REPORT

(2017-2021)

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SAVING ONE MILLION LIVES PforR- LAGOS STATE PROGRAM IMPLEMENTATION & CLOSURE REPORT (2017- 2021)

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EDITOR'S NOTE

The SOML- PforR Program implementation and Closure Report is a new adventure for the Lagos state ministry health and the Lagos state primary healthcare board to showcase the advanced health system the Lagos state government has been running over the last 2 decades. The SOML- PforR which rewards outcomes relating to high impact maternal and child health intervention provides state governments with resources to strengthen their health system as deemed fit towards achieving results. The program which was implemented just over 4 years in Lagos state between 2017- 2021 moved from the typical strategy of financing inputs to reimbursing states based on results achieved. The report writing process was very interactive and consultative with the program implementation units for the SOML- PforR in Lagos as the report describes numerous activities within the system.

The report tied the Lagos state medium term sector strategy for health and the Lagos state strategic health development plans to the long way the health system has come in the delivery of essential maternal and child health services. While the SOML- PforR secretariat in Lagos worked with all actors in the Lagos state health system, the program implementation and closure report documents how these interactions had improved ongoing processes in a creative and strategic approach towards achieving the best results and improving the outcome of mothers and children in Lagos.

The report collates the series of intentional activities in the Lagos health system and how the new resources from the SOML-PforR further supported the advancement of health system operations in Lagos. The report spotlights notable case events during program implementation showing the immediate and long-term impact of program implementation of the SOML- PforR supported activities. The purpose of the report goes beyond showcasing the health system as it also draws attention of all stakeholders on possible areas of interaction and collaboration with the Lagos state government of primary healthcare. There are also comments for the federal secretariat of the SOML- PforR on what really happened in Lagos during program implementation on how the new resources provided in the program had been utilized for the overall development of the health system in Lagos state.

The report provides a foundational documentation of evidence and strategy for readers to understand the processes engaged by the Lagos state ministry of health and the Lagos state primary healthcare board in the management of primary healthcare in Lagos state. This report is particularly related to efforts in maternal and child health however brings in broad scale related activities including monitoring and evaluation systems, laboratory and pharmaceutical services and the access to social health insurance.

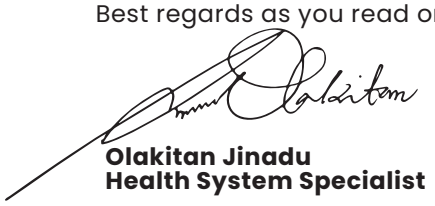
In chapter 3, the report describes some challenges in global program design of the SOML-PfroR which does not take into cognizance advanced health systems as in Lagos where some of the indices being measured currently surpasses the global recommendations for good practice by the WHO, UNICEF, and other notable international development organizations. Nonetheless, the report presents how the government in Lagos has continued to maintain good practices and sustained the positive outcomes. While showcasing the advancements in the Lagos state health

EDITOR'S NOTE

system, the report also highlights that there are still gaps and opportunities for improvement in the system.

The report is intended for all types of readers in academia, health sector (both public and private sector), and development organizations towards understanding the health system in Lagos, especially surrounding activities regarding maternal and child health. In its closing chapters, the report gave a global overview for future actions towards closing the gap and correcting anomalies in the health system in Lagos. The report also makes recommendations to the Lagos state government, other governments, sector leaders in policy design and programming across the private sector and development organizations on what must be enshrined in future policy documents based on lessons learnt.

Best regards as you read on.



Olakitan Jinadu
Health System Specialist

ACKNOWLEDGEMENTS

Leading a team to catalyze result is hard, but being a prolific leader is harder. For this reason, I am exceedingly grateful to my creator- Almighty Allah (SWT) for illuminating my path, blessing me with amazing people, great support systems and a committed team that carried the mantle for the implementation of the Lagos State Saving One Million Lives Program for Results (SOML- PforR) over the last 4 years. The far-reaching success recorded in the program was largely due to the dynamic structure, system and enabling processes the Lagos State Government had made available to ride on.

This resources in no small measure not only aided our efforts in measuring the performance of the increase in utilization of maternal and child health interventions but also gave us an enabled for further consolidation on processes within the Lagos state health system to improve outcomes. A special appreciation goes to the Lagos State Honorable Commissioner for Health for his unwavering support and leadership through which we achieved so much more than we thought feasible.

Unparalleled gratitude is also extended to the permanent secretaries of the Lagos State Ministry of Health and Primary Healthcare Board for encouraging a climate that fostered collaboration and cooperation towards primary healthcare development in Lagos state. The Director of Family, Health and Nutrition (DFH&N) whose coordination as the Director of the Lagos state SOML- PforR propelled an integrative implementation linking program areas across the Lagos ministry of health and the primary healthcare board.

I cannot forget the transformation that the National Program Manager Dr. Ibrahim Kana and his team brought to the workplace. Dr. Kana's exemplary leadership style in the management of the program is nothing short of laudable. All through the length of the program, the Lagos office of the Health Strategy and Delivery Foundation (HSDF) and other development partners provided top-quality technical support to the implementation of the Lagos state SOML- PforR which went a long way in improving the efficiency especially in resource allocation and targeting.

This moment never would have happened without the dedication, support, commitment, and experience of those behind the curtain, my team. Their commitment to achieving our end goal set the tune for the success of the program. My expression of acknowledgements will be incomplete without a mention of Dr. Olukayode Oguntimehin a former permanent secretary of the Lagos state PHCB who nominated me to manage the program.

To every individual I have had the opportunity to lead, to be led by, or work side by side with during this program. I want to say a heartfelt thank you for being the inspiration and support system not just towards the completion of the program but towards truly Saving One Million Lives and more.

Thank you all.

Mazeedat Erinosho
Program Lead, Lagos State SOML-PforR

FOREWORD

I am pleased to introduce the Lagos State SOML- PforR program implementation and closure report 2017-2021 which showcases some giant strides of the Lagos State Health System. The Lagos State SOML- PforR program implementation and closure report gives a whiff of the management of primary healthcare in Lagos and how these activities have sustained some of the best indices recorded in the region. The report describes the inter-relationship between the SOML- PfrorR program and the activities of the Lagos State Government regarding maternal and child health. It is difficult to overestimate the centrality of primary healthcare to the attainment of universal health coverage.

A significant share of the program performance also focused on improving monitoring and evaluation systems to track accountability and performance in the sector. The report also highlights the synergy of the program implementation units in the collaborative effort of improving maternal and child health in Lagos demonstrating the innovative, forward-thinking nature of the Lagos state health system and potentials for what is achievable when a one-government approach is taken in the design of interventions and service delivery packages for the community.

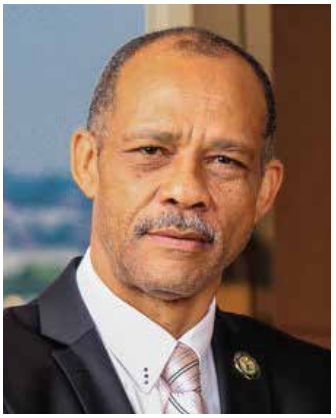
Ultimately, all the work during the Lagos SOML- PfroR was directed towards changing lives and helping women and children access improved health services. The program has supported the system in the increased use of technology to improve the aspirations and actions set in motion by the implementation of the SOML- PforR. The program also draws on the transformative financing approach required for health sector development. Prioritized, dedicated resource allocation and investment for primary healthcare development are urgent imperatives towards achieving universal health coverage in Lagos.

As you read the report, you will see many examples underscoring the advancement of the health system in Lagos and its capacity towards structuring sustainable health interventions for not just mothers and children but for the whole populace. The recommendations made in the report charts strategies to drive a more agile, responsive, and innovative primary healthcare service for the future. These recommendations are also adaptable and useful beyond the shores of Lagos making this report a useful repository of knowledge and engagement for health sector development country-wide and in any sub-Saharan African setting.

Finally, I would like to thank all our staff who participated directly or indirectly on the program.

Olusegun Ogboye
Permanent Secretary,
Lagos State Ministry of Health

EXECUTIVE SUMMARY



Lagos State has been on the forefront of health sector development in Nigeria in the past two decades. Lagos has the most advanced health system in Nigeria and some of the health indices in Lagos are comparable to the best globally. While this is true, there are millions of vulnerable populations in Lagos trapped in urban slums and hard-to-reach areas who still have significant health access gaps. Maternal and child health outcomes in this vulnerable group is poor in comparison to the Lagos state average and the focus of the Saving One Million Lives- Program for Results (SOML- PforR) in Lagos over the years of its implementation had been directed towards improving maternal and child health indices in these vulnerable populations. Closing the health equity gap is a key priority of the Lagos State Government as it engenders human suffering which is unacceptable in Lagos. The Lagos health system also continues to make new investments in health services delivery to continue to sustain good coverage of health services and outcomes for the majority in Lagos.

The SOML- PforR which focused on addressing poor maternal and child health indices, particularly from prevention. This program had 6 pillars of maternal and child health services to improve maternal and child health outcomes including:

- Vaccination coverage among young children (Penta3)
- Family planning (contraceptive prevalence rate; modern methods)
- Nutrition (vitamin A supplementation among children 6 months to 5 years of age)
- Expansion of maternal health service (skilled birth attendance coverage)
- Elimination of vertical transmission of HIV (HIV counselling and testing among women attending antenatal care)
- Malaria control (use of insecticide treated nets (ITNs) by children under 5)

The implementation of the SOML- PforR in Lagos was used to further showcase how the Lagos state health system has consistently achieved good MCH coverage as it continues to expand services to all Lagos residents in a bid to leaving no one behind. The new resources from the program were used across several program implementation units in relation to the different priority areas. The program implementation units utilized the new SOML- PforR resources in the delivery of innovative strategies towards general health systems strengthening and the expansion of essential health services access to the poorest and vulnerable. Some of these strategies included the expansion of the Lagos state community malnutrition tracking strategy, the pilot of a social health insurance scheme for the poor, drug revolving fund recapitalization and the audit of laboratory services at the primary healthcare level.

The program also supported logistics management and outreach-based services for immunization and other essential MCH healthcare services to the poorest. Following the expansion of services to these pockets of people, immunization coverage average in Lagos has further risen, now 9 in 10 U5 children are fully immunized. The continuous advocacy and subsidization of family planning services towards improving demographic dividends has also reduced the equity gap though further action is still required. The SOML- PforR in Lagos supported a drug revolving fund

EXECUTIVE SUMMARY

recapitalization for primary healthcare facilities which has improved the availability of essential medicines in PHFs particularly located in rural and urban slum communities. The approach has improved the perception of services and client satisfaction at the primary healthcare level.

Though the SOML- PforR implementation has been successful by our judgement in Lagos, the program design did not recognize good practice and advancement in health systems. This was because the SOML- PforR design team did not recognize the importance of rewarding states for the sustenance of good indices that met/surpassed the global recommendations for good practice. States with good coverage of the 6 SOML high-impact MCH services were ignored in the disbursement linked strategy that was adopted for the program. Though Lagos state did not win much money during program implementation, it continues to retain its position with the best aggregate score nationwide regarding the SOML key indicators.

The shortfall in program design resulted in significant program challenges which affected the perception of states which contributed to the progress made in the national SOML indices over the years. Nonetheless, the Lagos state government continued to improve health service delivery for its citizenry and the SOML- PforR program implementation team have also made some recommendations and follow-up activities to further strengthen health service delivery in which include Stocktaking and Service Costing for Primary Healthcare, Sustained Coverage and Expansion of Social Health Insurance for the Poorest, Continued Health Promotion through Outreach Based Services till Health Insurance Coverage Increases and the Balancing of Capital Expenditure on Primary Healthcare Infrastructure with Funding Clinical Support Services towards improving client perception and satisfaction with services.

The SOML- PforR implementation has supported health system strengthening consolidation in Lagos state and as the program closes, the Lagos state health system will continue to prioritize primary healthcare initiatives for the continuous improvement of health service delivery in the state.

Thank you.

Professor Akin Abayomi
Honourable Commissioner, Health
Lagos State Government

CONTENT

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ABBREVIATIONS & ACRONYMS

ANC	- Antenatal Care
ART	- Antiretroviral Treatment
CMT	- Community Malnutrition Tracker
DFH&N	- Director of Family, Health and Nutrition
DLI	- Disbursement Linked Indicators
EMTCT	- Elimination of Mother to Child Transmission
FMOH	- Federal Ministry of Health
GDP	- Gross Domestic Product
HEFAMAA	- Lagos State Health Facilities Monitoring and Accreditation Agency
HMIS	- Health Management Information System
HSDF	- Health Strategy and Delivery Foundation
ITN	- Insecticide Treated Net
IUD	- Intra Uterine Device
IVA	- Independent Verification Agent
LASAMBUS	- Lagos State Ambulance Services
LASHMA	- Lagos State Health Management Agency
LLIN	- Long Lasting Insecticidal Net
LMCU	- Lagos State Logistics Management Control Unit
LSBTS	- Lagos State Blood Transfusion Services
LSHSC	- Lagos State Health Service Commission
LSPHCB	- Lagos State Primary Health Care Board
M&E	- Monitoring and Evaluation
MMR	- Maternal Mortality Ratio
MNCH	- Maternal, Newborn and Child Health
MTCT	- Mother to Child Transmission
NDHS	- National Demographic and Health Survey
NHSDP	- National Strategic Health Development Plan
NIPD	- National Immunization Program Days
PDO	- Program Development Objectives
PHC	- Primary Health Care

ABBREVIATIONS & ACRONYMS

PMTCT	- Prevention of Mother to Child Transmission
PPMV	- Patent and Propriety Medicine Vendors
RBMM	- Roll Back Malaria Manager
RDT	- Rapid Diagnostic Test
RMNCAH	- Reproductive Maternal Neonatal Child Adolescent Health
RUTF	- Ready to Use Therapeutic Food
SAM	- Severe Acute Malnutrition
SARA	- Service Availability and Readiness Assessment
SDGs	- Sustainable Development Goals
SDRF	- Sustainable Drug Revolving Fund
SEHMU	- State Environmental Health Monitoring Unit
SMART	- Standardized Monitoring and Assessement of Reliefs and Transitions
SMEP	- Lagos State Malaria Elimination Program
SPHCDA	- State Primary Health Care Development Agency
SSHDP	- State Strategic Health Development Plan
UHC	- Universal Health Coverage
WHO	- World Health Organization

FIGURES & TABLES

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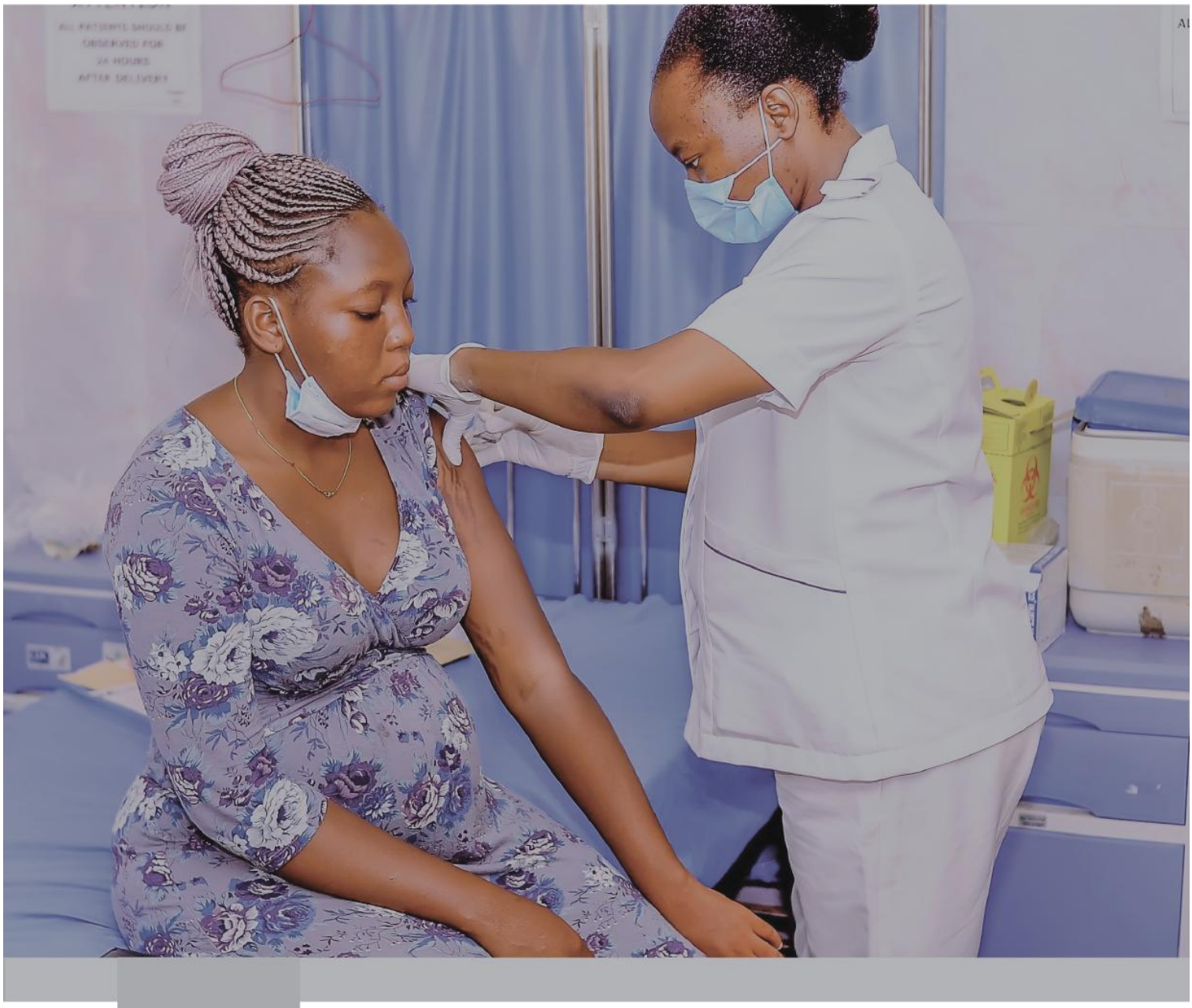

CHAPTER ONE

STATE, SECTORIAL, AND INSTITUTIONAL CONTEXTS AND SOML-PFORR DESCRIPTION

STATE CONTEXT

Lagos state is Nigeria's economic powerhouse contributing over 25 percent of the country's GDP estimated at $79.256 billion in 2018. The economy of Lagos state has grown continuously over the last two decades playing a significant role as the nation's commercial, economic, and financial hub. The GDP of Lagos state accounts for more than 50 percent of Nigeria's non-oil revenue, while being home to over half of the country's industrial capacity. Over 80 percent of the country's foreign trade inflow and 50 percent of its port revenues occur in Lagos. The significance of the economic activity and trade in Lagos is better understood when compared with other African countries; Lagos's GDP ranked 7th when compared against the GDP of countries on the continent in April 2019.

Despite being Nigeria's smallest state regarding land size, it is the most populous Nigerian state with an estimated population of over 19 million residents. Lagos also holds the highest population of urban residents in Nigeria representing 27.4% of Nigeria's urban population. Lagos achieved a megacity status in 2003 becoming 1 of 5 African cities to be listed on the 100 global resilient cities by the Rockefeller foundation in 2017. The economic boom in Lagos has attracted a massive inflow of Nigerians, which is significantly putting pressure of infrastructure and amenities including health and driving the significant population expansion among people living in urban slums. As of 2015 50 percent of Lagos residents live in slums, predisposing them to several health and security risks.

As the state continues to enjoy continuous economic development, closing the gap between the richest and poorest remains the focus of the Lagos state government. Population is growing at an annual growth rate of 3.44 percent; however, population growth is higher among the poorest putting significant pressure on the available amenities and infrastructure especially in poor income areas across the state. While improving state revenue generation and other economy boosting activities, the Lagos state government has also prioritized the control of the rapidly growing population towards sustaining the demographic dividend in Lagos state.

Administratively, Lagos has 5 divisions which is essential in economic planning for the megacity, 20 local government areas and 38 local council development areas in accordance with the Federal and State structures for governance.

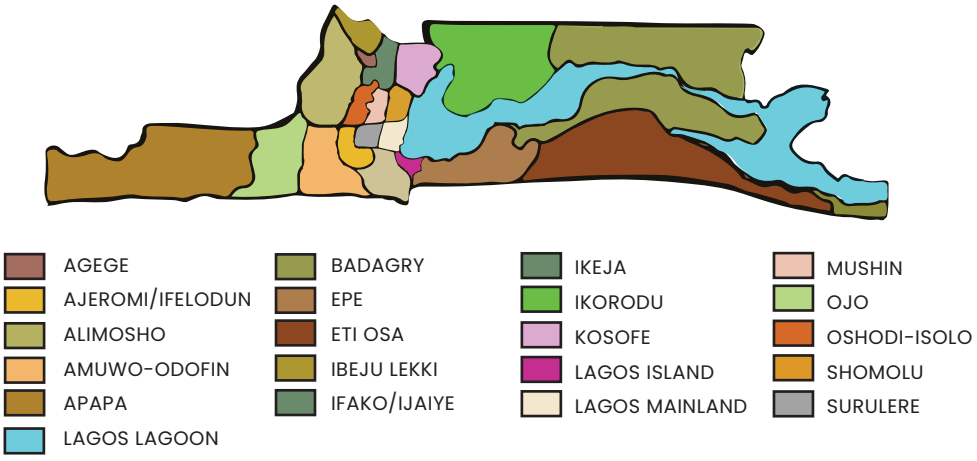

fig. 1.0 Map of Lagos showing the 20 LGAs and Lagos Lagoon

SECTORIAL AND INSTITUTIONAL CONTEXT

The Lagos state health system comprises of the Lagos state ministry, departments and agencies of health, other health related ministries and agencies, the federal government and its health-related institutions in Lagos, the private sector, organized civil society, donor agencies, and the public. Lagos by far has the most advanced health system in the in Nigeria with outcomes and indices consistently above the regional and national average.

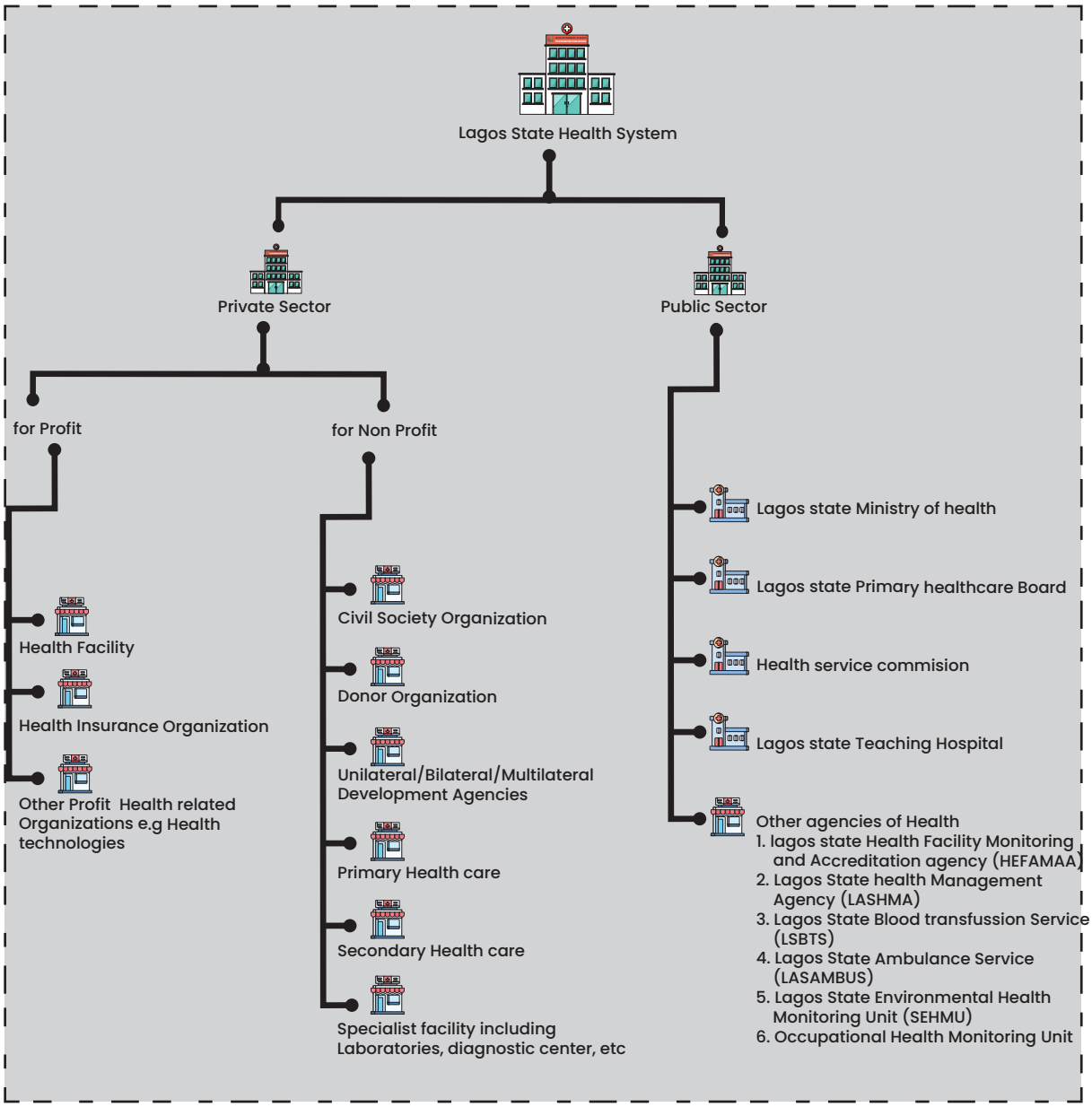

fig. 1.1 Schematic Diagram of the Lagos State Health System

MATERNAL AND CHILD HEALTH IN LAGOS STATE

Baseline data from the 2015 SMART survey showed Lagos as 1 of the 5 states in Nigeria that had a Penta-3 coverage greater than 80 percent as targeted by the federal government of Nigeria. Access to antenatal care services was also remarkably high with over 90 percent of the live births in Lagos having attended antenatal clinics.

While these indices account for some of the best nationally and in accordance with global best practice in health system management, some indices remain unacceptably low. As of 2015, only 39 percent of women in the reproductive age group used modern contraceptive methods. Though higher than the national average, the Lagos state government is targeting the WHO recommended standard for good global practice at 65 percent. The comparative reduction in modern contraceptive utilization rate is contributing to high maternal mortality rates and population expansion in Lagos. The government is focused on improving family planning practices in the state as a strategy to curbing maternal mortality and population management and sustenance of the demographic dividend in Lagos state.

Childhood malnutrition is an important building block for human growth and development. Children under 24 months are most at risk of severe acute malnutrition (SAM) and its consequences, which include a higher risk morbidity and mortality. Apart from the health risks posed by SAM, other aspects of childhood development can be affected, including the ability to learn which has a long-term effect on the quality of life the children live in adulthood and the economic growth and development of the society thus hindering progress. In Lagos. the prevalence of Global Acute Malnutrition, in children under 5 in Lagos was 5.1 percent while the prevalence of Severe Acute Malnutrition (SAM) was 0.8. While these values were less than the national average of 7.2 and 1.8 respectively, it is still unacceptable as this proportion of children are at higher health risks compared to the rest of the population.

Generally, health outcomes and indices in Lagos State are one of the best in Nigeria however, despite this, concentrations of extremely poor health outcomes exist within several urban slums in Lagos. Due to the relatively high migrant community in these slums, healthcare access and utilization are significantly reduced. Some of these settlements are encroachments on the Lagos coastline making them hard to reach. This makes health outcomes particularly for women and children extremely poor in these communities.

The average health indices in the slum communities within Lagos are alarmingly high; in 2017, the maternal mortality ratio (MMR) in 2 of the most vulnerable slums in Lagos state; Makoko Riverine and Badia East was estimated at 1050/100,000 live births, almost double the state average of 545/100,000 live births. Comparably, the MMR in Ikoyi, Etiosa and Ikeja which are up- and middle- scale areas of Lagos was estimated at 23/100,000 livebirths. This is also similar for childhood outcomes with U5 mortality almost tripled and U5 morbidity & malnutrition indices almost quintupled when middle- & up- scale communities are compared with slum communities in Lagos.

Closing the health equity gap is a key priority of the Lagos state health system in as it is critical to the overall improvement of the health system. The inequity engenders human suffering which is unacceptable in Lagos. There are also serious economic and developmental consequences associated with the inequality which includes: a deficiency in the formation of the human capital for the future resulting from high frequency of illnesses in childhood and lack of proper care and the increasing economic divide in the state limiting the escape of poor and vulnerable population from extreme poverty. The persistence of these problems would greatly hinder the growth of Lagos in terms of the economy.

PROGRAM DESCRIPTION

In response to the poor outcomes in maternal and child health indices, the Federal Government of Nigeria responded with the Saving One Million Lives (SOML) program. The program initially piloted in 2012 was scaled up to a national program in 2015. Following the implementation of the pilot, the Federal Government extended the program for five more years, as part of its second National Strategic Health Development Plan (NHSDP) 2016-2020 to cover all 36+1 states of the Federation. The program focused on addressing the poor health indices in maternal and child health, particularly from preventable causes using innovative strategies which is improving the entire health system.

In a bid to enhance execution of the SOML program, the World Bank supported the federal government using the Program for Result (PforR) approach. The PforR is an innovative way of financing with an increased focus on results as compared to the traditional strategy of financing inputs. The approach is further evidence that progress of the health system was not primarily limited by the level of input or interventions but by a lack of efficient use of resources in the system. The World Bank provided a $500 million credit to the federal government of Nigeria to implement the SOML- PforR.

The SOML- PforR which focuses on 6 important aspects ("pillars") of maternal and child health services that can change outcomes of women and children rewards states for improving these indices. The federal project implementation manual documents plainly that "continuing business as usual is not a viable option." It goes on to stress that the SOML represents a shift in focus from inputs to focusing on results and outcomes. The SOML-PforR program is predicated on the fact that bold innovations and changes in the approach to delivery in the sector are necessary.

The program commenced in Lagos in 2017 with the approval of the Lagos state government annual plan and budget for the program seed of $1.5 million. The Lagos state SOML- PforR designed a plan which envisaged that its success further complements the existing structures and activities in the Lagos health system towards improving the maternal and child health outcomes rural and slum communities while maintaining the good results already achieved in high income areas in keeping with its level of wealth and economic activity.

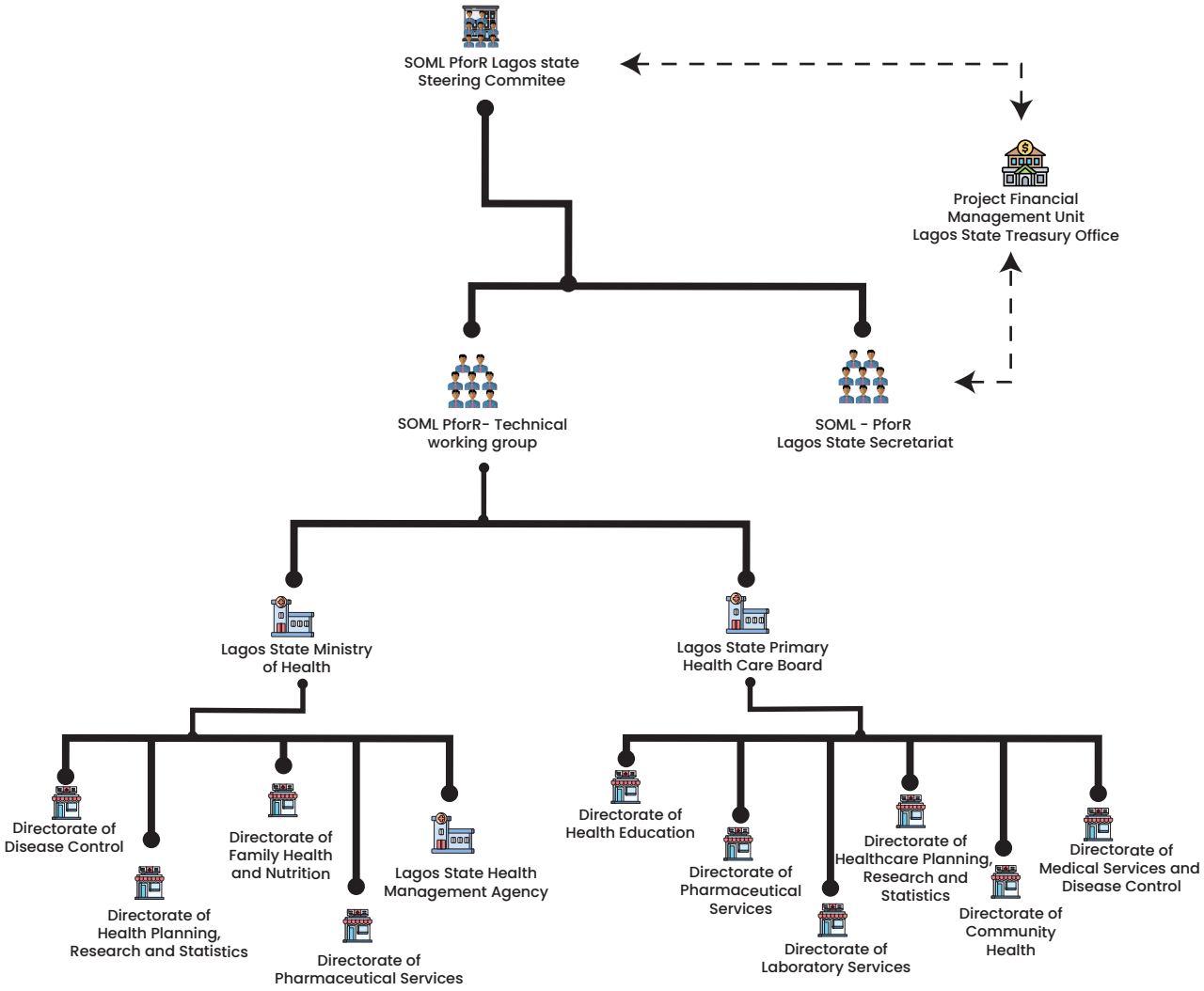

fig. 1.2 Schematic diagram showing implementation arrangements for the SOML- PforR in Lagos State

PROGRAM SCOPE

The original goal of the SOML program was to save the lives of one million mothers and children by 2015. Following the implementation of the pilot, the Federal Government extended the program for five more years, as part of its second National Strategic Health Development Plan (NHSDP) 2016- 2020 to cover all 36+1 states in the country. The program focused on the national health transformation agenda giving renewed priority to a package of evidence-based, cost-effective, high-impact services which forms its 6 pillars. The pillars included:

- Maternal, newborn and child health,
- Childhood essential medicines and increasing treatment of important childhood diseases,
- Improving child nutrition,
- Immunization,
- Malaria control,
- Elimination of Mother to Child Transmission (EMTCT) of HIV.

The objective was to dramatically improve the coverage of these interventions that suffer from poor access and utilization. In addition to the 6 pillars the SOML program, 2 enablers were also prioritized:

- Promoting innovation using information and communications technology, and
- Improving the supply and distribution chain

Besides its direct effect on health outcomes, the SOML- PforR operations tested on a broad scale the means for enhancing governance that could have consequences beyond the health sector. The improved management capacity and governance was key to improving the production function into increased service utilization and improved quality of care. In addition, this approach served as a means of improving accountability of stakeholders. Given the program's focus on existing mother and child health initiatives, the SOML- PforR program differed by:

- Re-orienting the discussion on service delivery from the federal government providing resources for inputs to paying implementing entities for results,
- Clearly articulating strategic priorities for the health sector and strengthening long term commit ment to their delivery,
- Establishing a limited set of clear and measurable indicators by which to track progress,
- Bolstering accountability at all levels; and
- Fostering innovations that increase the focus on results.

The SOML- PforR influenced the delivery of key maternal and child health services by using innovative program strategies including strategic priority setting, data collection and analysis, technical assistance, distribution of specialized commodities, rewards, and recognition for notable achievements. The strategies utilized and recognitions achieved in Lagos are reviewed through the program implementation and closure report.
The Lagos state SOML- PforR utilized resources at the state level in several ways include but are not limited to the following:

- Complementing existing primary healthcare implementing structures through all levels of the Lagos health system
- Strengthening health facility supervision and audits,
- Increasing the number of sites and quality of essential maternal and child health services including antenatal care, delivery, EMTCT, immunization and nutrition services in Lagos state,
- Improving the availability of essential medicines by capitalization and recapitalization of facility level sustainable drug revolving fund,
- Bolstering monitoring and evaluation systems across the health value chain in Lagos for improved planning and decision making at all levels

PROGRAM DEVELOPMENT OBJECTIVES

The objective of the program was to improve access to essential health services towards reducing maternal and child mortality in Nigeria through the integration of essential priority interventions into primary health care, equitably increase access to, and utilization of quality cost-effective basic health interventions. The PDO for the operation was thus: 'to increase the utilization and quality of high impact reproductive, child health and nutrition interventions. The results achieved during program implementation were measured annually andtargets were to be based on the historical progress on these indicators. The program key results and Disbursement Linked Indicators (DLIs) included:

- Increase in the combined utilization of six key high impact reproductive, child health and nutrition services,
- Improved quality of care index of the high impact reproductive, child health and nutrition services
- Improved monitoring and evaluation systems and data collection,

- Increasing utilization of high impact services through private sector innovation,
- Increasing transparency in management and budgeting for primary health care.

DLI 1 - Increasing the utilization of high impact reproductive and child health and nutrition services focused on increasing the quantity of services available at the primary care level. The DLI is further divided into sub-components:

DLI 1.1 Design and submission of state implementation plans and budgets for the SOML-PforR to the national secretariat. The Lagos state plans focused supporting the health system to addressing current weaknesses and expanding high impact primary care services to the poorest and most vulnerable in the state.

DLI 1.2 Improvements in key health indicators. Aside the initial seed, subsequent disbursements were based on improvements on the baseline performance off the approved national survey as per the 6 key indicators. This disbursement linked indicator further discussed in chapter 3 did not show equity among the states. While some states were far behind, Lagos had an advanced health system and better indices compared to the national average which made the indicators for reward very unfavorable and in some cases unachieved. The performance indicators include state immunization coverage for Pentavalent3 vaccine, use of Insecticide-Treated Nets (ITNs) by children under 5, proportion of pregnant women who receive HIV counselling and testing as part of their antenatal care, proportion of mothers benefiting from skilled birth attendance, contraceptive prevalence rate using modern methods, Vitamin A coverage among children aged 6 to 59 months.

DLI 1.3 Results-based disbursements for maternal, newborn and child health (MNCH) weeks. The MNCH week has been implemented in all states, including Lagos, since 2010 with the help of the Federal Government. The initiative was set up towards increasing coverage of high impact interventions like the SOML pillars including childhood immunization, vitamin A supplementation, nutrition assessment and deworming. The MNCH week held biannually in remote and rural LGAs across Lagos with the Lagos state SOML- PforR directly supporting immunization and vitamin A supplementation with other pluses to encourage participation among women of childbearing age

DLI 2 - Increasing the quality of reproductive, child health, and nutrition services. Under the DLI, the quality of services provided at the PHC level was taken into consideration. This indicator was judged using the annual health facility surveys with baseline data obtained in year 2016 and with payments made from this DLI from year 2017. The allocated disbursements were calculated based on improvements from the baseline. The definition of Quality of care was based on:

- The diagnostic accuracy and adherence to guidelines of the staff at the health facility,
- Availability of drugs and minimum equipment,
- Readiness of the facilities to deliver key SOML interventions,
- Frequency and quality of the supervision provided to the facilities, and
- Quality of financial management and reporting.

DLI 3 - Improving monitoring & evaluation systems and data utilization. Data tracking and utilization is important for making critical sector advancement decisions which would be hard to accomplish in the absence data. The

DLI has 3 subcomponents:DLI 3.1 Data collection. The PforR approach to the SOML program is highly dependent on the availability of high-quality data, which is relevant in ensuring accountability, tracking progress. This component is available to the federal government and picked up by the performance of the annual health surveys.

DLI 3.2 Strengthening performance management and data Utilization. Building on the results-oriented basis of the SOML- PforR, the program rewarded improvements in performance management and utilization. This subcomponent is at the level of the federal government.

DLI 3.3 Implementing performance management in all states. The program rewarded each state that successfully implemented a performance management system to effectively track and improve the quality and quantity of SOML-related services provided in their health facilities. The creation of program implementation secretariats with the following attributes:

- Engagement of a performance management Lead/Desk Officer with the commensurate capacity to be accountable for the performance management process,
- Evidence of continuous analysis of the available data on PHC performance, including availability of financial resources,
- Development and updating of appropriate action plans, and
- Quarterly high-level review meetings to discuss analysis and agree upon action plans with at least one of the following three officials present: Commissioner for Health, Permanent Secretary, or the Executive Secretary, SPHCDA.

DLI 4 - Increasing utilization and quality of maternal and child health interventions through private sector innovation. The SOML- PforR advocated for bold and strategic innovations towards increasing the quality and quantity high-impact services. This included involving the private sector to achieve its objectives, as opposed to working in the public space alone, however this DLI was not implemented.

DLI 5 - Increasing transparency in management and budgeting for PHC. The institution of the 'PHC under one roof' policy outlined the responsibilities and authority of state governments to strengthen the weak budgeting and financial management systems at the primary care level. The DLI rewarded the transfer of human resources files of primary care workforce to the state primary care agencies/board. The program also rewarded the publishing of annual consolidated budget reports detailing all income and expenditures at the primary care level. The budget which includes a detailed report on employee compensation, expenditure on goods and services, and capital expenditure was published on the Lagos state website. Budget expenditure at the federal level was also published on the federal ministry of health's website.

Disbursement Linked Indicator	Means of Verification	Indicative Allocation ($US M)	% of Total
DLI 1-Increasing Utilization of High Impact Reproductive and Child Health and Nutrition Interventions DLI 1.1 States produce plans for achieving reductions in Maternal, Prenatal and Under 5 child mortality	SMART Survey Results disaggregated by state Review by FMOH & IVA	**305**	**61%**
DLI 1.2 Improvements on 6 key health indicators: a. Penta3 vaccination, b. Insecticide treated nets used by children under 5, c. Contraceptive prevalence rate, d. Skilled birth attendance, e. HIV counseling and testing during antenatal care, and f. Vitamin A coverage children 6 months to 5 years. DLI 1.3. Lagging states will strengthen their MNCH weeks as part of an impact evaluation.			
DLI 2-Increasing Quality of High Impact Reproductive and Child Health and Nutrition Interventions: States will improve the quality of care at primary health care facilities.	Health Facility Survey Results disaggregat-ed by state Review by FMOH & IVA	**54**	**11%**
DLI 3-Improving M&E Systems and Data Utilization DLI 3.1 Improving M&E Systems A. Conduct SMART surveys in all 36+1 states; B. introduce annual health facility surveys (harmonized based on SDI and SARA methodologies) covering all 36+1 states; and C. Collect data on MMR through the 2016 census (oran acceptable alternative). DLI 3.2 Improving Data Utilization A. widely disseminate the results of SMART and harmonized health facility survey data; B. strengthen management capacity of state health and FMOH leadership. DLI 3.3 Implementing Performance Management A. Implement performance management system in all states.	Review of survey reports by Independent Verification Agent (IVA) Review by FMOH & IVA	**80**	**16%**

Disbursement Linked Indicator	Means of Verification	Indicative Allocation ($US M)	% of Total
DLI4 - Increasing Utilization and Quality of Reproductive, Child Health, and Nutrition Interventions through Private Sector Innovation: A competitive innovation fund will be established and effectively managed that supports innovations for techniques and technologies and innovations in health service delivery by private sector providers.			
DLI5 - Increasing Transparency in Management and Budgeting for PHC: States will: (i) transfer health staff to entity responsible for PHC; and (ii) produce and publish a consolidated budget execution report covering all income and expenditures for PHC. The FGON will publish a consolidated budget execution report covering all income and expenditures for PHC.	Review by FMOH and IVA	**41**	**8%**

tab. 1.1 Table showing the disbursment linked Indicators for the SOML- PforR

Level	Six Pillars of SOML					
	HIV/AIDS	Immunization	Nutrition	Malaria	MNCH	Essential Medicines
Federal SOML	Prevention of mother to child transmission	Routine Childhood Immunization; Tetanus toxoid for mothers; polio eradication	Growth Monitoring & Promotion; Treatment of acutely malnourished children; Micronutrient supplementation	distribution; diagnosis & treatment with ACTs	Antenatal, obstetric, & post-natal care; Family planning; Deploy midwives; VVF prevention	Community treatment of malaria, pneumonia, diarrhea
Federal Roles and Activities	a) Setting objectives; b) Establishing standards and protocols; c) Training; d) Procure & distribute specialized products (vaccines, ARVs etc.); ***e) Technical assistance; f) Assessment and M&E; g) Provision of additional support (e.g. promotion of MNCH weeks); h) financing & resource mobilization; i) promotion of innovations (e.g. PBF); j) incentives (rewards & recognition)***					
State Roles and Activities	a) Supervision of LGAs and facilities; b) analysis of performance data; c) problem identification & resolution; d) training; e) deployment and management of human resources; f) resource mobilization; g) procurement & distribution of drugs; h) technical help to LGAs					
LGA Roles and Activities	a) Supervision of individual health facilities; b) Motivation of health workers; c) distribution of commodities; d) training; e) micro-planning for MNCH weeks, ITN distribution					
Health facility Roles and Activities	a) Care of individual women and children; b) immunization of women & children; c) outreach to the community; d) skilled birth attendance & family planning; e) participation in MNCH weeks and ITN distribution; f) nutrition screening & treatment; g) HIV screening of pregnant women					

tab. 1.2 Table describing the six pillars of the SOML- PforR and roles and responsibilities of stakeholders

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CHAPTER TWO

BRIDGING THE EQUITY GAP IN PRIMARY HEALTHCARE DELIVERY IN LAGOS STATE

BRIDGING THE EQUITY GAP IN PRIMARY HEALTHCARE DELIVERY IN LAGOS STATE

The SOML-PforR steering committee headed by the Commissioner for Health in Lagos reached a joint agreement that the new resources for the SOML- PforR implementation in Lagos state will be used to further close the gap in primary healthcare access towards improving the 6 SOML- PforR indicators for the poorest and most vulnerable in Lagos state. The program secretariat was mandated to liaise with the 2 main primary healthcare administrators in Lagos state namely the Lagos State Ministry of Health and the Lagos State Primary Healthcare Board to design and deliver the Lagos State SOML-PforR.

Program implementation units were identified across all the disbursement linked indicators including primary health services delivery, immunization services, prevention of mother to child transmission of HIV, malaria control, family planning, monitoring and evaluation, health system planning and development of the Lagos state strategic health development plan, social health insurance expansion, laboratory services for primary healthcare and essential medicines management for primary healthcare. The program secretariat worked with the program implementation units in prioritizing, planning, and costing activities for the improvement of service delivery especially to the poorest and vulnerable in the state.

The importance and impact of the prioritized activities on primary healthcare expansion, service quality improvement, and outcomes especially for those previously excluded from the health system are further described in this chapter.

IMPROVING THE NUTRITION STATUS OF CHILDREN AND COMMUNITY MALNUTRITION TRACKING IN LAGOS STATE

Essential nutrition is a basic developmental right for every child. It is necessary for healthy growth and development and indirectly linked to economic development as people who receive essential nutrition in childhood grow to become economically viable in adult life. Poor nutrition may not be immediately obvious however, its consequences are significant with long-lasting complications. Malnutrition during childhood can lead not only to long-term health problems but also, educational challenges and limited work opportunities in the future. It can also slow recovery from wounds and illnesses, and complicate diseases such as measles, pneumonia, malaria, and diarrhea leaving children especially more susceptible to these common causes of morbidity and mortality. Improving nutrition sits at the core of global development and is linked to the achievement of several Sustainable Development Goals (SDGs).

In 2015, the need for better nutrition was recognized in the “end hunger” goal to achieve food security and improved nutrition for all, however, it is critical to the achievement of the UN SDG-3 (health for all) goal. The relationship between nutrition and health is evident, nutrition is one of the major factors that impact human health, and this is even more important child health and development. The global nutrition goal acknowledges that efforts to combat hunger and malnutrition have advanced significantly since the MDGs. However, ending hunger, food insecurity and malnutrition for all will require continued and focused efforts, especially in sub-Saharan Africa as extreme hunger and malnutrition remain a huge barrier to development in many countries and Nigeria is no exception.

In 2015, Nigeria had the second highest rate of stunted children globally, with a national prevalence rate of 32 percent of children U5. An estimated 2 million children U5 in Nigeria suffered from severe acute malnutrition (SAM), but only 2 out of every 10 children affected received treatment. The SOML-PforR represented a bold attempt by the Federal Government of Nigeria to incentivize and improve maternal and child health outcomes using a performance-based system that incentivized the delivery of essential services especially to those in need. The program tracked 6 critical maternal and child health indices for results one of which is a childhood nutrition index. Vitamin A supplementation coverage is a measure of micronutrient supplementation measured in the SOML-PforR as part of the disbursement linked indicator 1 which measured the quantity of maternal and child health services. Vitamin A supplementation coverage rate is strongly predictive of other childhood morbidity and mortality as vitamin A; an essential fat–soluble nutrient is required for vision, immune function, growth, and development. The program encouraged states to improve childhood nutrition and track vitamin A supplementation in the disbursement strategy earlier described in chapter 1.

The Lagos state government has an elaborate nutrition program which spans across primary, secondary, and tertiary care under the overview of the state nutrition office. In line with the national food and nutrition policy, emphasis on the importance of nutrition especially in particular vulnerable groups led to the development of the Lagos nutrition program to cover the following intervention areas: maternal nutrition, infant and young child nutrition, adolescent nutrition, and geriatric nutrition. However, the nutrition priority areas for the SOML-PforR as designed by the federal government focused on infant and young child nutrition and in addition to this, the Lagos state SOML-PforR technical working group expanded the program to also improve maternal nutrition in the state. Interventions focused on 3 main delivery platforms including health facilities (both public and private), community structures and advocacy events using the MNCH weeks.

In 2012, as part of the state nutrition strategy, the Lagos state government implemented a community tracking strategy for malnutrition and a new variety of community health extension volunteers were identified as part of the strategy as community malnutrition trackers. These trackers were selected in all wards across the state to: ensure early detection of malnutrition in the communities, prompt referral to appropriate care centers for management, rehabilitation, and continuous community follow-up outside the health system, and improve the quality of malnutrition tracking in Lagos state as part of the state malnutrition elimination strategy.

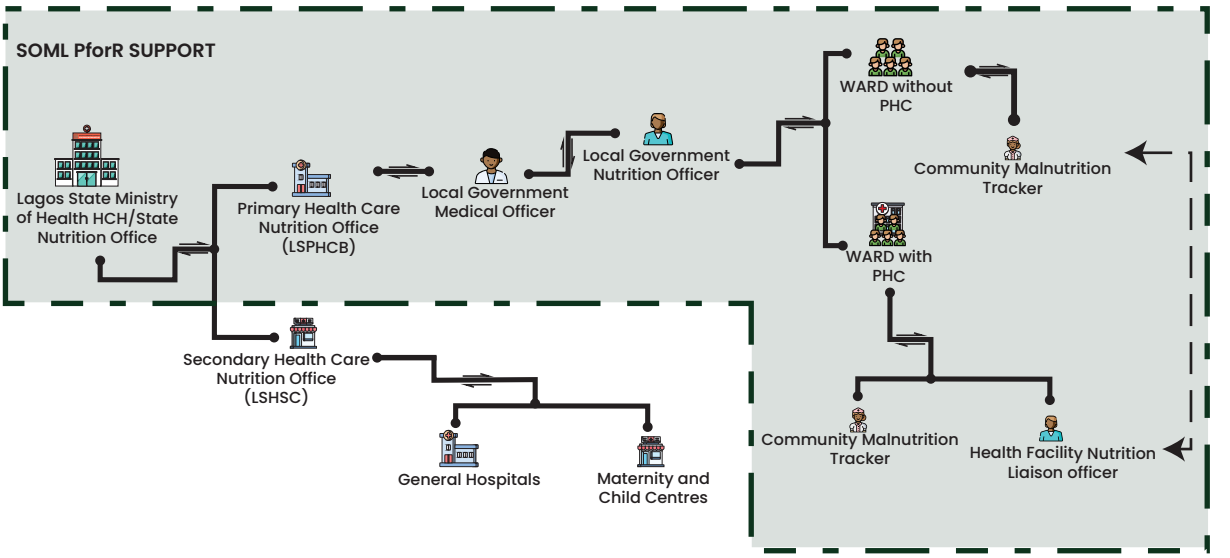


fig. 2.1 Schematic representation of the Lagos State nutrition strategy

Typically, community malnutrition trackers are members of the community that have been trained to detect malnutrition in children, and report to the adequate authority for rehabilitation and monitoring of such children. The CMT's knowledge and familiarity with the community is an added advantage which helps with access and trust at the community level. The Lagos state nutrition program has continued to train members of the community including market women, artisan, religions leaders and traditional chiefs who are prominent in their communities (wards) as community malnutrition trackers to identify malnutrition in its early stages in the community and provide information to parents/caregivers on the appropriate mechanism of seeking appropriate care.

In furtherance to this strategy, the Lagos State SOML-PforR elaborated the activities and training of CMTs to include food supplementation especially the importance of receiving routine vitamin A supplementation for children biannually as part of the strategies towards reducing the incidence of causes of common childhood-morbidities. The program was also used to improve the number of CMTs recruited and trained annually in the community malnutrition tracking program.

	2016	2017	2018	2019	2020
Number of CMTs Retained on the identifying malnutrition	129	123	584*	660*	-

*importance of vitamin A supplementation was added to the training

tab. 2.1 Table showing the training of community malnutrition trackers in Lagos

Community malnutrition trackers are also trained on basic understanding of nutrition, exclusive breastfeeding, complementary feeding for children, early signs of malnutrition, and the appropriate utilization of MUAC tapes. As part of the program, community malnutrition trackers are introduced and acquainted with the nutrition liaison officers of the health facilities nearest to the ward in which their communities are located. Under the Lagos state's community malnutrition strategy to tackle statewide malnutrition, the rationale behind using CMTs include:

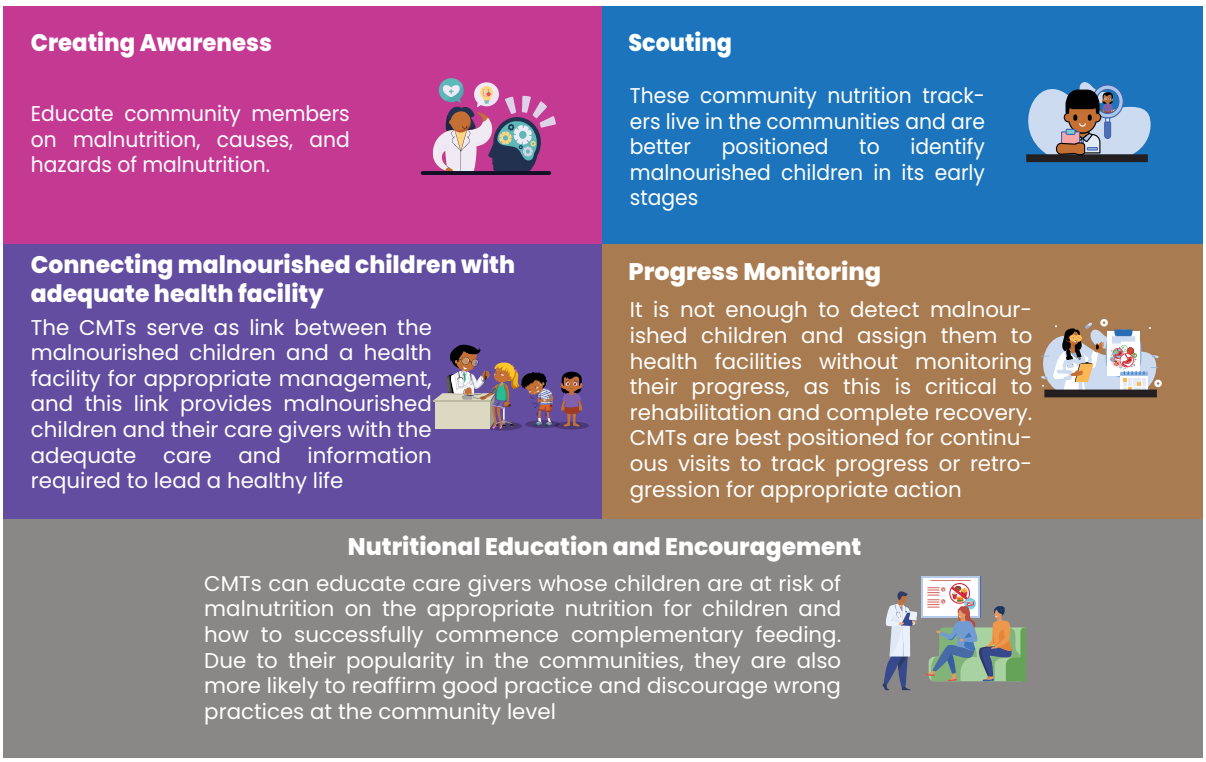


fig. 2.2 Roles and responsibilities of community malnutrition trackers in Lagos State

The activities of CMTs have resulted in the scale-up vitamin A supplementation across primary, secondary, and tertiary health facilities including the private sector. Infant and Young Child Feeding and Vitamin A supplementation have improved significantly across the state which helped the state maintain a good standing in the reduction of childhood malnutrition and U5 Morbidity and Mortality.

Consequently, the state focused on a community-based rehabilitation plan for the management of malnutrition with treatment implemented at home for mild to moderate cases of malnutrition which forms majority of the identified cases with the community malnutrition tracking strategy in place. Health workers were trained to provide care using a locally manufactured ready to use therapeutic food (RUTF) called EKO BABY CHOP-UP to achieve catch-up growth in malnourished children.

The Lagos state community-based rehabilitation strategy for malnutrition limited the economic impact of the long-term management of a malnourished child by reducing the opportunity cost of long health facility stays on caregivers. The strategy also ensured that other children in the household are monitored and appropriate long-term nutritional education is transferred to mothers and caregivers. In this regard, the improvement of nutritional status of the citizens especially children and women, through several childhood nutrition interventions has resulted in the improvement of state-wide nutrition indices.

The state indices for Vitamin A supplementation which is tracked by the SOML-PforR is presented in Chapter 3 where the Disbursement linked Indicators are discussed in detail.

REHABILITATING CHILDREN WITH MODERATE-SEVERE ACUTE MALNUTRITION IN LAGOS STATE USING THE EKO BABY CHOP-UP® RUTF

The Lagos state nutrition program rehabilitation of identified malnourished children at the community level uses locally made ready to use therapeutic food (RUTF); the Eko Baby Chop-Up® to manage moderate-severe acute malnutrition for a period of 4-6 weeks. RUTFs are a highly effective therapeutic food in the management of moderate to severe malnutrition. Its use has facilitated community-based treatment for malnutrition improving the outcome of management outside the health facility setting. RUTFs have significantly reduced the cost of managing acute malnutrition and the alternative forgone for caregivers while managing a child with malnutrition. The Eko Baby Chop-Up® is a locally manufactured highly fortified lipid rich concentrate of several locally source high energy food. The Eko Baby Chop-Up® RUTF contains staple food including: Maize, Soya Beans, Groundnut, Cray fish, Palm oil, Sugar and Salt to taste making the Eko Baby Chop-Up® a very affordable and palatable meal substitute for acutely malnourished children. The Eko Baby Chop-Up® has been highly successful in the management of acute malnutrition in children U5 in Lagos. Its use is highly versatile with a soft crushable consistency it is easy for children to eat without any preparation required and can also be mixed with other complementary feeds for malnourished children.

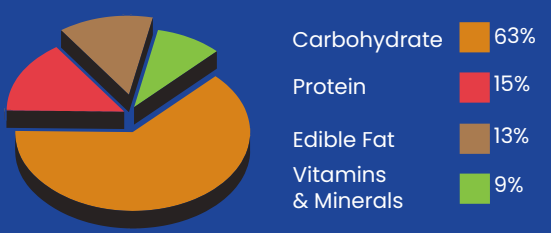


fig. 2.3 Nutritional constituent of EKO Baby Chop-Up®

Early identification and referral of mothers/caregivers of malnourished children to primary health facilities for appropriate management and information on malnutrition has been one of the core strategies in Lagos for a continuously low malnutrition profile in children U5. The state has continued to invest in more spotters of malnutrition using a continuous community malnutrition tracking strategy. Following identification of malnourished children by a CMT or during widely publicized MNCH week activities; the children are referred to a primary healthcare facility, where the steps taken by the PHC include:

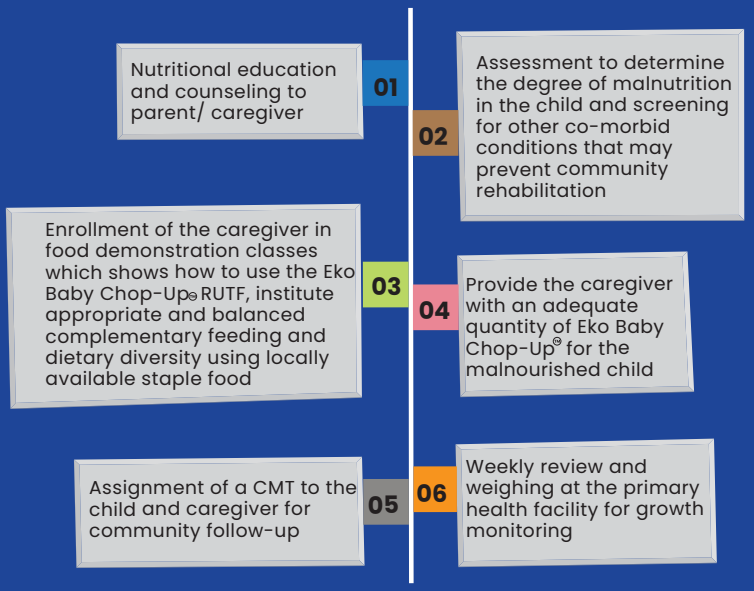


fig. 2.4 Steps taken by primary healthcare facilities in the rehabilitation of malnourished children in Lagos State

The primary caregivers are also encouraged to feed the child with the RUTF in small quantities often, bearing in mind that sick children often do not like to eat, give RUTF in addition to family foods, as this will ensure quick recovery of the child and for infants that are still being breastfed, ensure that breastfeeding is continued.

Saidat Olamilekan, 17 months old lives with her grandmother in Ibeju-Lekki; a rural local government area in Lagos where she was identified by one of the community malnutrition trackers in her neighborhood and referred to the Okunraye-PHC. Saidat was managed in the community using the Eko Baby Chop-Up® RUTF and the pictures show Saidat when she was spotted by the CMT and 34 days following the commencement of Eko Baby Chop-Up® RUTF.

DESIGNING FAMILY PLANNING SERVICES TOWARDS SUSTAINING ECONOMIC DEVELOPMENT AND DEMOGRAPHIC DIVIDEND IN LAGOS STATE

Family planning services are critical for women's health, as their social and economic well-being. Globally, there is a large gap between women's reproductive intentions and their access to family planning services. Facilitating family planning through birth spacing and reduction of unwanted pregnancies using effective contraception provides both health and social benefits to mothers, their children, the family unit, and the society at large. The ability of individuals and couples to anticipate and attain their desired number of children, spacing, and timing of births has social and economic benefits. Access to integrated family planning services enables women to be more active in the labor force, improve household income, and invest more in their children's health, education, and well-being.

At the society level, reduction in fertility rate changes the population structure. As the working population increases, accompanying social and economic policies and investments hastens economic growth and development.

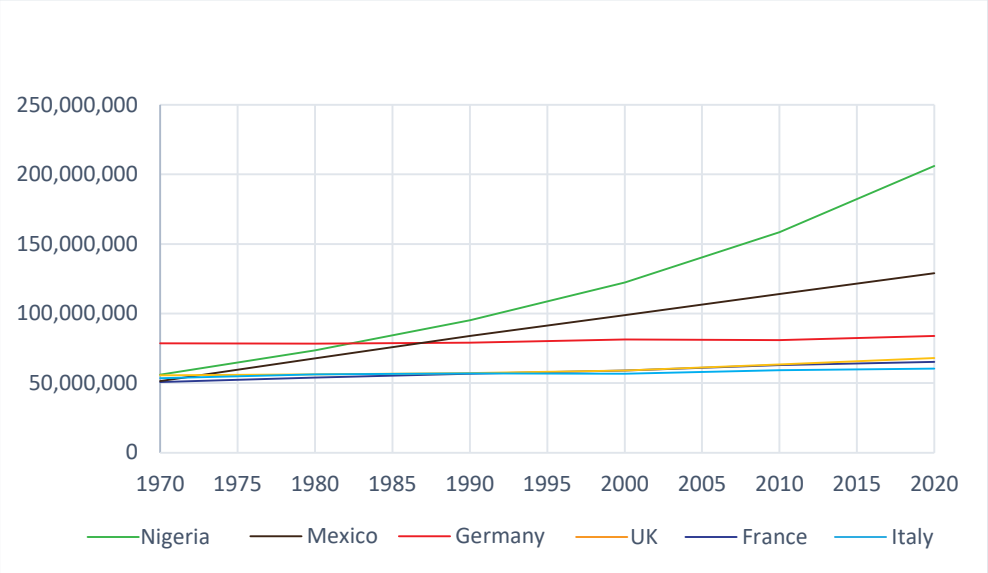


fig. 2.5 Graph showing population growth over a 50-year period in six countries

Figure 2.5 shows the population change in 6 countries, over the last five decades. It is not coincidental that the countries that have steadily maintained minimal changes in population in the period have also experienced significant economic growth in the same period as the population structure changes. High-income countries referenced in the graph: Germany, United Kingdom, France, and Italy all witnessed the smallest population growth with the demography change favoring economic development in keeping with the evidence that population growth rates above 2% slows economic development. Furthermore, rapid increase in population makes even modest gains in health, education, and employment difficult as have been in Nigeria over the last 3 decades. This increase puts pressure on land, water, forests, and other natural resources. The Lagos state government considers family planning as an important strategy to control its sprawling population growth to further improve economic prosperity in the state.

Family planning has important implications for maternal health. Through family planning, chiefly modern contraceptive methods, maternal deaths can be averted. Modern contraceptive use reduces the incidence of high risk and unplanned pregnancies thereby reducing maternal mortality. Modern contraceptive use also improves child health as birth spacing allows the family unit pay attention to their children's physical and health needs, eliminating the need of sibling competition for scarce family and maternal resources.

Globally, 214 million women of reproductive age in developing countries have an unmet need for contraception. In these countries, there are considerable gaps in access and utilization of modern contraception because there are limited choices of methods, a fear of side-effects, cultural or religious opposition, poor quality of available services, and gender-based barriers. Largely, unmet need for contraception is strongly correlated with increased risks of complications in pregnancy and maternal mortality. In 2017, the global maternal mortality ratio (MMR) was 211/100,000 livebirths, and Nigeria contributes substantially with 20% in volume of maternal deaths globally with MMR in Nigeria at about 814/100,000 livebirths. Despite the high MMR, contraceptive prevalence rate (CPR) in Nigeria was devastatingly low at 20.2%. Though CPR in Lagos is nearly double the national average, it is still unacceptably low at 39%.

In Lagos, the chief contributing factors to low level of contraceptive prevalence are poor knowledge and beliefs on family planning methods. The center of work of the Lagos state government on the improvement of contraceptive acceptance has been advocacy which debunks myths and rumors concerning contraception while also providing information on options and methods available. The state's strategy to expand family planning services delivery had been its bundling into primary healthcare. Since 2005, suitable family planning options have been available to women at PHCs during maternal or child health service appointments.

The Lagos state government also integrated family planning advocacy and services into the maternal and child health MNCH weeks as part of its strategy towards improving coverage. The MNCH week is one of the major vehicles of advocacy and delivery of not just family planning services but all high impact mother and child services. In Lagos, the MNCH week is carried out biannually in all 303 PHCs, 50 Temporary fixed posts, and 752 mobile teams. The biannual weeklong event is aimed at strengthening routine services at primary health care centers, while taking advantage of the excitement of a campaign.

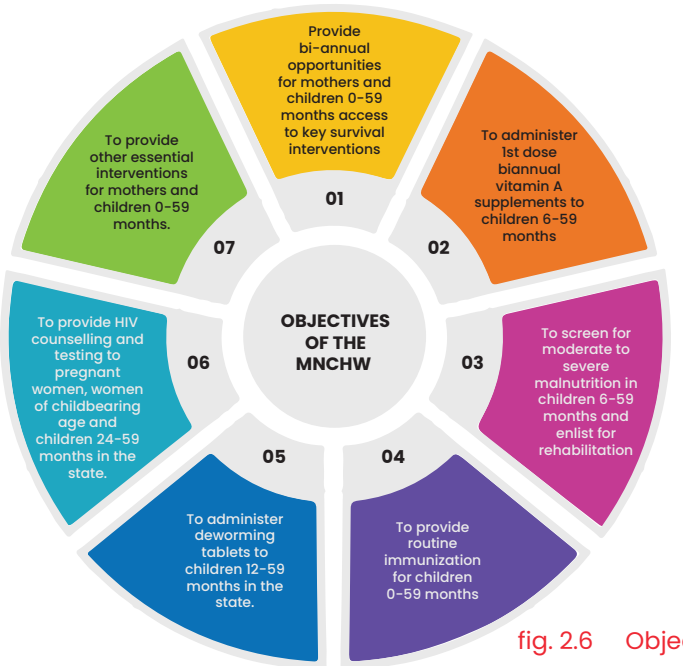


fig. 2.6 Objectives of the MNCH week

In the MNCH weeks in 2018 there were 38,169 family planning contacts where modern contraceptive methods were used. In table 2.2 below, data from the 2018 SMART survey shows that despite a low incidence of early pregnancy in Lagos, total fertility rate was still remarkably high. This is preemptive of low contraceptive utilization especially among couples in unions/marriages as high parity unions/marriages is still common practice.

Indicators	Global	National	South-West	Lagos
%of women who had live births before 18		30.8%	8.0%	4.6%
Adolescent Birth Rate/1000	44	120	53	21
Total Fertility Rate	2.5%	5.8%	4.4%	4.4%

tab. 2.2 Table comparing fertility rates

The Lagos state SOML- PforR supported the reproductive health directorates at the ministry of health and primary healthcare board to improve access to family planning services and the contraceptive prevalence rate in the state especially among clients in unions/marriages. Across all 303 public primary health care centers in the state, access to family planning was scaled up. Through the new resources in the SOML- PforR, the availability of family planning commodities was improved. The program's motive was to remove the financial cost of associated with the procurement of a suitable contraceptive method.

In addition to the publicly owned facilities, the SOML- PforR also extended the free family planning commodity network to 138 private health facilities in the state. Community-based distributors were also employed to reduce stock-out of family planning commodities towards reducing missed opportunities. A major challenge in Lagos state was breaching the equity gap in access to family planning information and services in rural areas.

The Lagos state SOML- PforR also supported in the implementation of a pilot program for community mobilization for family planning in 6 LGAs across Lagos. The strategy improved contraceptive acceptance and access to family planning commodities by addressing the socio-cultural biases against family planning, increasing knowledge on family planning, ensuring quality family planning services and reducing maternal mortality rate in Lagos state. In the strategy, non-prescriptive family planning services were offered within the communities at no cost through the community mobilizers. These mobilizers also make referrals to PHCs for long-acting reversible contraception as contraceptive acceptance improve in their localities.

Community mobilizers were trained to provide integrated services on the provision of non-prescriptive family planning commodities. Male involvement was also encouraged in the community mobilization strategy towards the improvement of contraceptive acceptance at the community level. The community mobilizers reported to the reproductive health coordinator and LGA health educator. Under the strategy, incentives were given to community mobilizers that referred clients to the PHCs for medium- to long-acting family planning services.

Training and retraining were also organized for the primary healthcare workforce on long lasting reversible contraceptives. The trainings involved client counselling, insertion and removal of IUDs and Implants using sterile techniques and protocol. The health workers were also trained on the management of complications during insertion or removal of IUDs and implants. The following family planning methods described in the

schematic figure below are available at the primary care level in Lagos state.

fig. 2.7 Types of family planning commodities available in Lagos State

SAFER PRIMARY HEALTHCARE THROUGH OPTIMIZATION OF MEDICAL LABORATORY SERVICES AND DIAGNOSTIC ACCURACY IN LAGOS STATE

Everyday millions of people use primary healthcare therefore, the potential of harm and the necessity to reduce it is considerable. Providing safe primary healthcare is a priority as it may lead to fewer avoidable hospitalizations, prevent disability or even death. For safe primary healthcare, diagnosis is an important task and diagnostic accuracy may improve health outcomes by strengthening the screening and identification of common diseases, preempting the initiation and effectiveness of early treatment, and preventing complications that may arise from delayed treatment all culminating in the improvement of the patient's chance of restoration of good health. Correct and timely diagnosis at the primary care level rely on many factors including availability of infrastructure, equipment and commodities, knowledge, and experience of skill of workforce available in any system.

Improving access to diagnostic tests can significantly reduce diagnostic error particularly in low-income settings. As developing countries continue to confront an enormous burden of communicable and non-communicable diseases, it is increasingly apparent that laboratory systems strengthening is a vital, yet under-addressed prerequisite to healthcare quality in low-resource settings. Africa requires high quality, cost-effective laboratory services to meet the increasing healthcare challenges. For primary healthcare in Nigeria, there is no clear policy direction for ensuring standardization of laboratory investigations.

The Lagos state government in 2012 made an executive pronouncement for laboratory services at the primary care level while expressing concerns about improving the quality of services at primary care facilities across the state. The pronouncement promised the provision of laboratory services at all primary healthcare facilities in Lagos and to upgrade laboratory services at comprehensive primary care centers to serve as feeders and referral test points for other facilities in their localities. However, the SOML-PforR as part of its recommendations discussed in chapter 4 further addresses the need for diagnostic accuracy as part of the strategies towards improving the quality of primary care services in Nigeria.

Diagnostic Accuracy in Medical Laboratories at the Primary Care Level in Lagos

Diagnosis is a high-risk area for errors in primary healthcare and managing the system to ensure the continuous delivery of high impact and accurate diagnostic services requires significant management practices on the health system. Diagnosis may be completely missed, wrong, or inappropriately delayed all leading to the delay of treatment and increasing the potential for complications, long-term disability or even death. These diagnostic errors may occur at different times including:

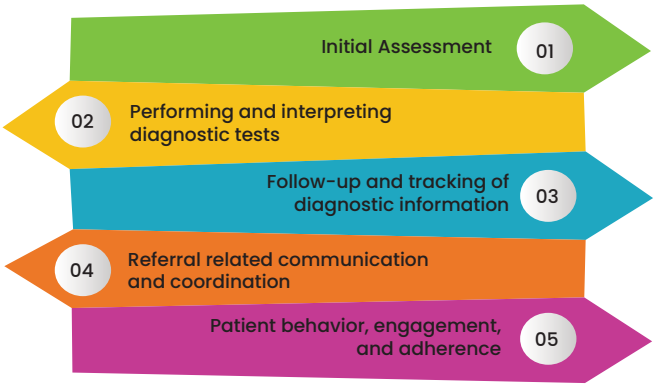


fig. 2.8 Periods prone to diagnostic error in a clinical setting

At the primary care level in Lagos, majority of the diagnostic errors occur at step 2 and 3. To further draw attention to these, an audit of medical laboratory services at the primary care level was commissioned using the additional resources from the Lagos state SOML- PforR in 2018 to not just only diagnose the problems of medical laboratory services in Lagos but also perform a stocktaking for medical laboratory service points across the state.

The spectrum of laboratory investigations available in these facilities, personnel, and appraise the different management in these facilities. The audit identified the following thematic operational challenges for medical laboratory services in Lagos which contribute to the diagnostic inefficiencies at the primary care level:

1. Shortage trained personnel at the primary healthcare level
2. Inadequate infrastructure and equipment limiting the capacity of Laboratory services
3. Poor data and record management
4. Poor working environment (condition of work and safety)

Following the review, the Lagos state primary healthcare board's strategy towards improving laboratory services include:

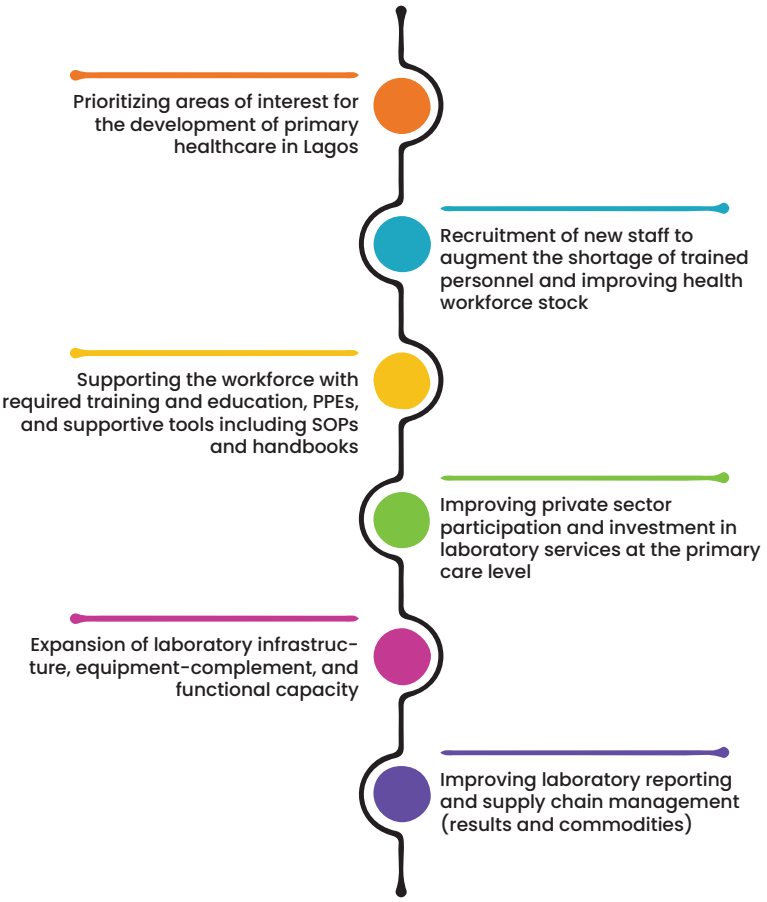


fig. 2.9 The Lagos State primary healthcare board's strategy towards improving laboratory seevices

Following that state intervention, a summary of the state of medical laboratory services at the primary care level during the 2018 audit and the current improvements in the system regarding stock-taking till December 2020 is presented below.

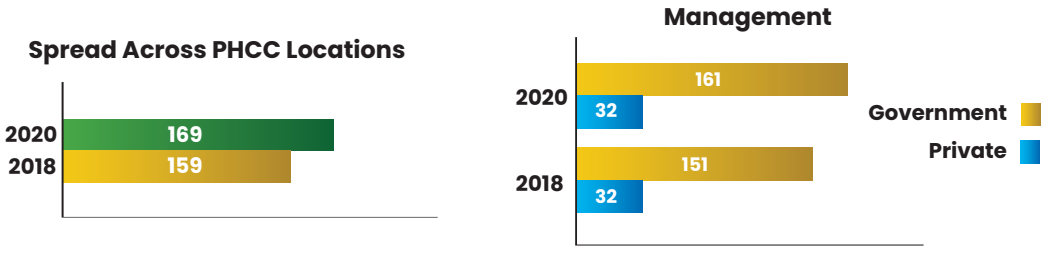


fig. 2.10 Lagos State primary healthcare laboratory services baseline audits 1

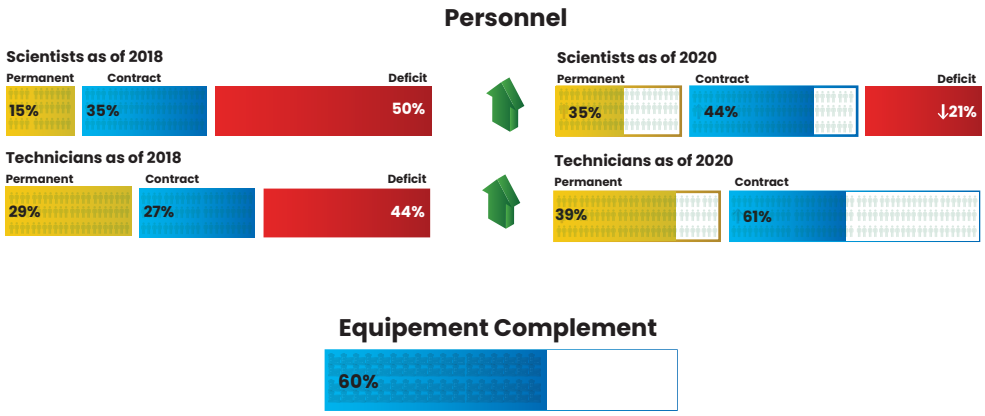


fig. 2.11 Lagos State primary healthcare laboratory services baseline audits 2

Serology

- Viral Load
- HIV (RDT)
- Hepatitis A
- Hepatitis C
- Hepatitis B (RDT)
- Pregnancy Test (Blood, Urine)
- Glycosylated Haemeglobin Test
- Veneral Disease Research Laboratory Test

Chemistry

Blood Sugar Test (FBS RBS 2HPP) -
Urinalysis (Combi 2,3, 5 7 10) -
Gene xpert for Tuberculosis -
Stool Analysis -

Hematology

- Full Blood Count (+ESR)
- Packed Cell Volume
- Genotype
- Blood Group
- Dry Blood Spot Sample Collection

Microbiology

Malaria Parasite - (RDT And Microscopy)
Acid Fast Bacilli -
Widal test -
H . Pylori Microscopy -
Culture Test (Urine, Stool) -

fig. 2.12 Laboratory service complements at the primary healthcare level in Lagos State

PREVENTING DIAGNOSTIC ERRORS AT THE PRIMARY CARE LEVEL IN LAGOS

Medical laboratory investigations provide information that contribute to the management and effective treatment in today's healthcare system. This information enables healthcare professionals to make appropriate evidence-based diagnostic and therapeutic decisions facilitating direct improvement to patient's lives and the maintenance of public health. Laboratory information have profound impact on patient's diagnosis and healthcare management. Ensuring the correct test is performed on the right person, at the right time, producing accurate test results that enable healthcare professionals make the right diagnostic and therapeutic decisions using the right level of health care resources is a critical component of primary care development.

Following the 2018 audit of medical laboratory services at the primary care level in Lagos, the Lagos state primary healthcare board led a strategy towards the optimization of laboratory services and standardization of results across all medical laboratories at primary healthcare facilities in the state. The strategy aimed at improving the effectiveness of health services at that level while also improving the capacity of the primary care system towards disease surveillance and emergency preparedness. The approach of the LSPHCB focused on the standardization of services towards improving laboratory quality assurance in Lagos state.

The program conducted several training exercises to reduce observer specific differences and errors especially with error-prone activities. The Lagos primary healthcare board trained and retrained all existing and new laboratory personnel in the following activities: slide preparation and mounting (blood film, other specimen, staining techniques, dried blood spot, sample preparation and cutting), identification of ova and parasites under microscopy, examination of a blood film and the operation of new hematology and chemistry analyzers.

The LSPCB also invested in improving laboratory efficiency by remodeling 30 percent of all medical laboratories at the primary care level to improve operational efficiencies, increase the testing capacity of the laboratories, and shorten the processing period for the delivery of laboratory investigations. Of note towards achieving the SOML- PforR goal of improving maternal and child health outcomes, the capacity of primary care facilities to carry-out routine tests in pregnancy were ramped up. HIV testing was particularly targeted to improve the PMTCT in Lagos.

The Lagos state SOML- PforR had facilitated the importance of Laboratory services positioning the system towards reducing diagnostic errors at the primary healthcare level. This is changing operations and facilitating improvements in laboratory quality assurance by improving information gathering and organization at the primary care level, improving diagnostic probabilities and broad differential diagnosis, facilitating patient follow-up and IDSR leading to the overall improvement of practice and health system planning.

CURBING MOTHER TO CHILD TRANSMISSION OF HIV IN LAGOS

Mother-to-child transmission of HIV (MTCT) is the most prevalent cause of pediatric HIV infection. Although pediatric HIV is almost entirely preventable through adequate prevention of mother to child transmission (PMTCT) strategies, HIV can be transmitted from an HIV-positive mother to her child during pregnancy, childbirth, and breastfeeding. MTCT, also known as 'vertical transmission', accounts for most infections in children (0-14 years). In sub-Saharan Africa, women in the reproductive age-group represent the population with the fastest increase in HIV infection rates; in the hardest hit countries, more than 60% of all new HIV infections are occurring in women, infants, and young children. Without receiving any treatment, the likelihood of a pregnant woman living with HIV to pass the virus from mother-to-child is 15% - 45%. However, antiretroviral treatment (ART) and other interventions can reduce this risk to below 5%.

Screening for HIV is important in the early detection, and prevention of vertical transmission. Despite an improvement in response to PMTCT, Nigeria still contributes the greatest number of infants infected with HIV worldwide. In 2016, Nigeria accounted for 37,000 of the world's 160,000 new cases of babies born with HIV. However, since 2017, an estimated 94.9% of infants exposed to HIV by their mothers have been saved from infection through the implementation of the PMTCT interventions under the national AIDS and sexually transmitted infection control program.

The Lagos state health system with the injection of new resources from the Lagos state SOML- PforR is strengthening the capacity of primary care facilities through the laboratories to curb the transmission of HIV in Lagos. Through the government, Lagos is scaling up the screening of pregnant women, beyond primary healthcare facilities. The state is now training registered maternity homes including traditional birth attendants to screen for HIV early in pregnancy for appropriate management across all LGAs in Lagos state. Massive training of healthcare extension workers was carried out across the state especially targeting primary health facilities without a functional medical laboratory and managers of maternity homes in rural and HIV-endemic localities.

Resources from the Lagos state SOML- PforR was also used to procure HIV Uni-Gold RDTs kits which was distributed across all primary healthcare facilities and maternity homes in the state as part of the state PMTCT strategy. This ramped up HIV testing in pregnancy during ANC in Lagos. The Lagos state AIDS control program also includes awareness and advocacy for HIV at community and facility-based outreaches for primary health care sensitization. The program distributes contraceptive commodities (condoms and femidoms) to men and women using community-based outreaches and the MNCH weeks to enlighten the community about HIV.

The Lagos government believes that avoiding HIV infection in future parents will help to prevent HIV transmission to infants and young children, as well as help towards other prevention goals. As such, HIV prevention is also directed at a broad range of women at risk and their partners. In addition, the Lagos state primary healthcare board is making special effort to prevent future infection among women who have been screened HIV-negative especially through education on the risk factors, causes, and preventive steps in curbing transmission.

Lagos state is also strengthening family planning services need for all women, including those who are already HIV positive. This is to ensure that all women in the reproductive age can make informed decisions about their reproductive life. The state has increased the availability of counselling and testing services for HIV to all health facilities with laboratory services across Lagos. Also, preventing unplanned pregnancies among women living with HIV would enable them to obtain essential care and support services, including family planning and reproductive health services, so that they can make informed decisions about their future reproductive lives.

For HIV-positive women who do get pregnant in Lagos, early identification through screening at booking visits across all health facilities and maternity homes where ANC is rendered is a key strategy. The early commencement of antiretroviral therapy for HIV-infected pregnant women, counselling, safe obstetric practices, and support for HIV-infected pregnant women on infant feeding options has proven strategic in the management of HIV in Lagos state.

The care for women living with HIV in Lagos is fully integrated into maternal and child health services and structured to the needs of women for safe and effective antenatal, obstetric, and reproductive health services. This also includes sexual and reproductive health interventions for HIV-infected women and other care for HIV-infected women and for children born to HIV-infected mothers. The state is also providing all men, women, and children living with lifelong ART through identified primary health care facilities across all LGAs in the state to maintain their health and prevent transmission.

IMPROVING THE ACCESSIBILITY AND AFFORDABILITY OF ESSENTIAL MEDICINES AND CONSUMABLES FOR THE DELIVERY OF QUALITY PRIMARY HEALTHCARE IN LAGOS STATE

Essential medicines are priority healthcare commodities, and their availability must always be guaranteed in a functioning health system. Improving access to essential medicines at primary healthcare facilities is central to the achievement of universal health coverage.

The Lagos state government has improved on access to essential and lifesaving medicines to further reduce maternal and U5 mortality rates in the state. Since the introduction of the Sustainable Drug Revolving fund(SDRF), the health system in Lagos has consolidated on the continuous provision of essential drugs and commodities to residents. This has improved the availability of drug with assured quality, and at a price that individuals and the community can afford for treatment of cases and emergencies at primary healthcare facilities in Lagos state.

fig. 2.13 Lagos State drug revolving fund strategy

The sustainable drug revolving fund (SDRF was introduced in 2012 based on the principle of cost recovery, to further limit the incidence of stock-outs in health facilities across Lagos State. **SDRF** is a revised Drug Revolving Fund (DRF. It is based on the principle that commodities (Drugs and consumables from an initial stock of supplies (seed stock are sold at prices that will allow continuous replenishment of the stock, whilst ensuring that the medicines remain affordable & uninterruptedly available to those who need them all year round.

Objectives:

- The SDRF scheme which came into operationalization in 2013 at the PHCs, aims to provide the health facilities and by extension, the entire communities in which they operate with health commodities that are:
    - ✓ Qualitative & effective
    - ✓ Affordable & Accessible
    - ✓ Continuously available

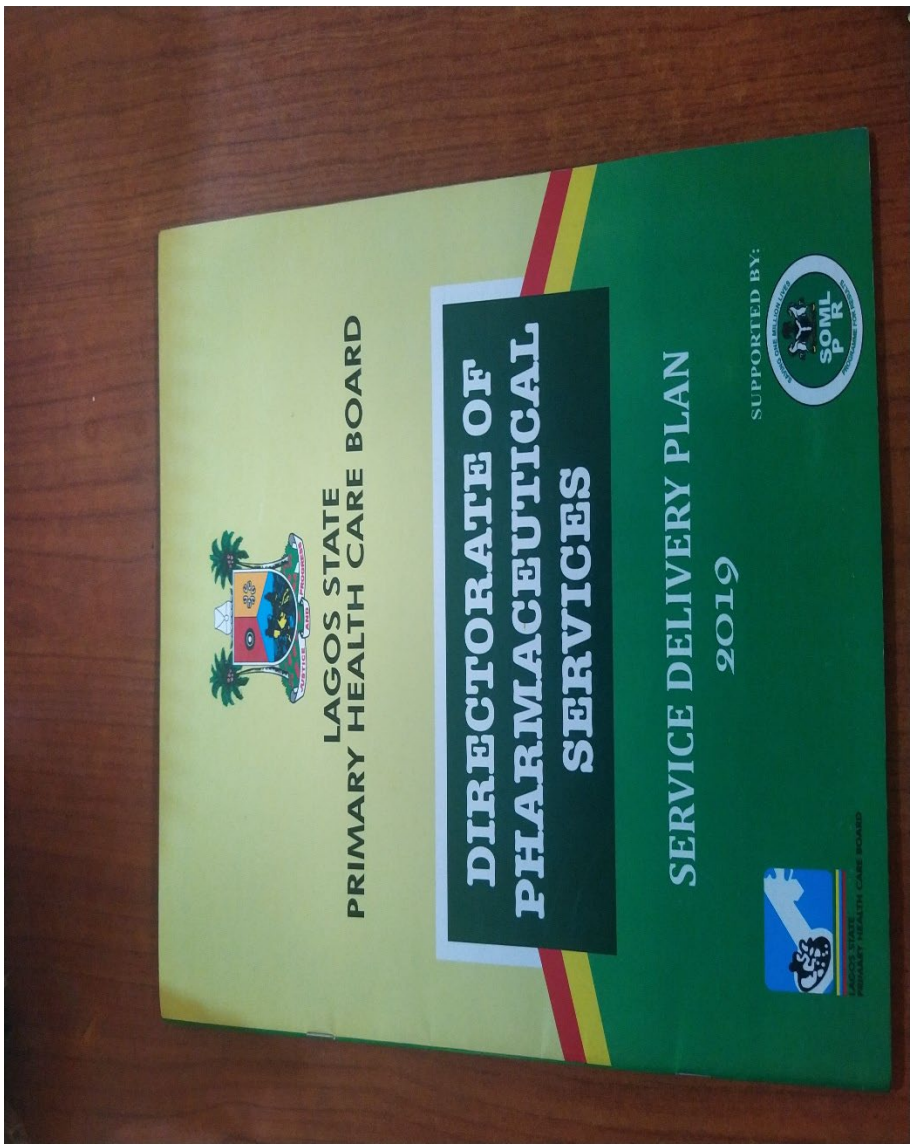
The Lagos State SOML- PforR sponsored an assessment of all PHCs in the State for the Directorate of Pharmaceutical services to review the pharmacy units in primary health care facilities between April-July 2018. The facility assessment assisted in determining the facilities where resources should be allocated to ensure adequate drug and financial management, which would also prevent losses, expiries and wastage of resources. The results from the assessment assisted in identifying the gaps in essential medicines supply at the primary care level and identified facilities that are most affected. The impact of the SOML Pfor R intervention at these PHC's was significant to improving the quality of services at the health facilities. The availability of medicines is an important measure of the quality of care and was adopted as part of the criteria for the DLI-2 under the SOML-PforR.

The SDRF scheme at the primary care level was provided with seed stock of essential medicines from the Lagos State Government, Save one million lives PforR and PATHS2. The sustainability of the scheme has ensured uninterrupted availability of essential medicines all year round. PATHS2 provided the initial seed stock to 65PHCs. The SOML-PforR project additionally provided seed stock of essential medicines and consumables, shelves, pallets and recapitalized 17 of the additional 184 PHCs.

The Lagos State Government in line with the Themes Agenda of Mr Governor, Babajide Sanwoolu, provided seed stock of essential medicines and increased the capital base of an additional 108 PHCs to commence the SDRF scheme across the State. This is to serve the ever increasing population in Lagos State. Procurement of medicines and consumables are done through the Lagos State Medical Stores, Oshodi.
Inorder to improve Pharmaceutical services at the PHCs, the program also supported with the production of the maiden compilation of Service delivery plan which consists of the job descriptions for Pharmacists and Pharmacy Technicians, Standard operating procedures/ job aids for different pharmaceutical activities.

ONILEKERE PHC , ONE OF THE PHCS CAPITALISED WITH SEED STOCK OF ESSENTIAL MEDICINES

PALLETS AND SHELVES



MAIDEN EDITION OF SERVICE DELIVERY PLAN

SDRF is a key health intervention funded by the UK Government Department for International Development (Dfid) to ensure availability of affordable quality health commodities in the public sector of Lagos State.
In January 2013,PATHS2 ,being the implementing partner supp lied drugs and medical consumables and medical equipment and laboratory reagents and consumables to Lagos State Medical Store for distribution to selected capitalised health facilities.

The SDRF is a non profit one as the mark up is only for administrative expenses and to ensure adequate maintenance of the Scheme. The SDRF medicines and medical consumables are sold at prices that allow continuous replenishment and ensure that they remain affordable to those who need.
The SDRF Scheme provide communities with medicines and Medical supplies that meet the underlisted criteria .Quality
.Affordability
.Accessibility
.Sustainability products and overall quality

IMPROVING MALARIA PREVENTION AND CONTROL AT THE PRIMARY HEALTHCARE LEVEL THROUGH THE IMPLEMENTATION OF THE LAGOS STATE MALARIA ELIMINATION PROGRAM

Malaria is a major cause of maternal and under-5 morbidity and mortality especially in Sub-Saharan Africa and Asia. While the disease is not age-specific, children under-5 and pregnant women are disproportionately at higher risk of having severe manifestations of the disease. The global incidence of malaria is on a decline, however, incidence in sub-Saharan Africa increased between 2014 and 2016, accounting for over 50 percent of the present disease burden globally. As of 2017, malaria accounted for 9 percent of deaths in under-5s globally with 90 percent of those deaths being recorded in Africa. This has negative consequences for the continuous progress of the region for several reasons. Under-5 development can be negatively affected by the infirmity caused by malaria, because children are at a higher risk of dying from malaria infection, this may affect the young population in countries with a high burden of the disease. This early child death can also result in increased fertility rates as families tend to have more children due to the uncertainties surrounding child survival.

Nigeria has a high malaria burden and reports the highest malaria morbidity and mortality globally. The country contributed 27 percent of the estimated cases globally in 2017. The SOML- PforR program recognized the importance of Malaria control in improving child health and reducing U5 mortality and as such, increasing the utilization of LLINs for children U5 was included as one of the key SOML- PforR services. In the 2015 SMART survey, the national average of children who slept under a mosquito net was 39 percent while the utilization of LLINs in children under-5 in Lagos was reported to be 26.2 percent. Among the key SOML- PforR services, the use of LLINs was the only indicator which at baseline, the national average was better than the Lagos state average.

The SOML- PforR program implementation team for Malaria control recognizes the importance of the SOML- PforR to address weak areas of the health coverage in child health to further drive down deaths caused by malaria in the state. The Lagos state SOML- PforR supported the Lagos State Malaria Elimination Program (SMEP) with the procurement and supply chain management for LLINs distribution in Lagos. This is in line with the prevention thematic area of the National Malaria Strategic Plan 2014 – 2020 with the objective "to ensure that at least 80% of targeted populations utilize appropriate malaria preventive measures by 2020". The Lagos State SOML- PforR program activities were aimed at increasing demand for malaria prevention and management services especially with respect to ownership and utilization of LLINs amongst households with children under-5. Consequently, the intent of SOML for malaria programme is to augment malaria activities being conducted in the State.

The Lagos State SOML- PforR supported the training of trainers for LGA Roll Back Malaria Managers (RBMMs), Health Education Officers (HEs), Apex Nurses and Officers in Charge on behavioural change for the effective utilization of LLINs to users. The Lagos state SOML- PforR supported in the design and printing of behavioural change communication materials on malaria prevention for households. The program also supported the procurement of LLINs in 10 LGAs namely: Ajeromi, Alimosho, Amuwo–Odofin, Eti–Osa, Ifako–Ijaiye, Ikeja, Ikorodu, Kosofe, Oshodi–Isolo and Shomolu. The selected LGAs had some of the highest burden of malaria infection in the state based on the state data obtained from the District Health Information System- 2 (DHIS-2). The program facilitated the distribution of 15,769 LLINs routinely distributed to children who had completed their immunization schedule. LLIN Utilization Trackers (LUTs) were also trained towards the sustained utilization of nets following ownership. LUTs were also trained on collecting household data on the ownership and utilization of LLINs particularly in households with children under-5.

The household data from the LUTs was collated and analyzed on a yearly basis to track progress. In the 2017, results from 2 LGAs were reviewed to assess ownership and utilization of LLINs in the households. The results of the survey revealed that 26.8 percent of households in Ikeja and Oshodi LGAs owned LLINs. 93.4 percent of children under-5 in households that owned LLINs slept under the nets at night. In 2018, a review was conducted across 5 LGAs with significant malaria burden. The survey reported that 31.6 percent of households had LLINs with a utilization rate of 67.8 percent across these 5 LGAs. Of all the interviewed households with LLINs, 76.1 percent of them reported obtaining the nets from state health facilities (obtained during routine immunization/ distribution to pregnant women) while 15.1 percent purchased the LLINs from pharmacies or a market. House-holds that reported not having LLINs protected their children from malaria using mostly pesticides and mosquito repellants. Over 60 percent of households where LLINs were not used reported increased heat when the LLINs are used. Financial constraints as a reason for non-usage among households accounted for less than 5 percent of non-users.

The last survey in the timeline of the SOML- PforR program in the state was carried out in the first quarter of 2019. The review was conducted in 10 LGAs in the state. The survey reported an LLIN ownership rate of 55.6 percent across the surveyed LGAs. The utilization rate in the under-5 population was 59.8 percent. Between the baseline figures in 2015 and the final survey of 2019, there was an increase of 12. 6 percent and 33.6 percent in LLIN owner-ship and children under-5 who slept under mosquito nets, respectively. This represents a significant improve-ment from the baseline at the start of the SOML- PforR in Lagos state.

While there was an increase from the baseline in ownership and utilization of LLINs, Lagos still fell short of the recommendation of 80 percent of targeted populations utilize appropriate malaria preventive measures by 2020. While the continuously low utilization rate may be explained by the fact that some households use mosquito repellents and insecticides in substitute to LLINs because of the heat experienced while using the nets, there is need for a household survey which tracks the utilization of alternate methods of Malaria prevention.

IMPACT OF COVID-19 PANDEMIC ON THE LAGOS STATE HEALTH SYSTEM

The COVID-19 pandemic is challenging health systems across the world. Globally, the pandemic has led to a dramatic loss of human life, however, the economic and social disruption caused by the pandemic is likewise devastating. Millions are at risk of extreme poverty because of the pandemic with low- and middle-income countries already dealing with existing humanitarian crises. For these countries, responding effectively to the pandemic, while ensuring equity for those most in need, is critical. In the heat of the global pandemic, many health systems adjusted to balance the need for routine medical services with the containment of transmission of the virus. In many cases, routine, follow-up, and elective medical encounters were suspended to ensure safe and efficient patient flow in health facilities.

Across Nigeria, there was a marked reduction in health services utilization. Routine and elective medical services were suspended especially in secondary and tertiary health facilities and the degree of utilization plummeted significantly. Though community based primary healthcare activities including outreaches and campaigns were also suspended, facility based primary healthcare continued to be available providing essential health services to the people to prevent an outright system failure. Several health system coordination and governance level initiatives were triggered at the federal and state levels to ensure the continuous delivery of essential health services through primary healthcare proving the importance of primary healthcare as a critical lever for sustaining resilience in health systems and achieving universal health coverage.

How the Lagos State Health System Built Resilience for Primary Healthcare despite the COVID-19 pandemic

The Lagos state government's continuous investment in the delivery of essential health services at all levels through its health systems strengthening agenda and emergency operations coordination had created a foundation to adapting in a pandemic/epidemic context. The system had been tested repeatedly in emergency situations with previous outbreaks of high infectious pathogens like the Cholera and Ebola to mention a few. This prior preparedness cannot be overruled in the success of Lagos in managing the shock to the health system created by the COVID-19 pandemic. Nonetheless, the pandemic poses new threats with significant impact not just on the health but also food security

and economic growth resulting from the massive wastage of food and loss of livelihood because of the national lockdown.

Amidst the lockdown, all health facilities in Lagos state remained opened though health service utilization was grinded to a minimum in decades. Social gatherings and community based primary healthcare activities (including NIPD, NIPD+, and MNCH weeks) which could predispose to mass transmission of the virus among residents were suspended. Despite being the epicenter of the pandemic in the country, the Lagos state government adapted the health system to ensure a continuous delivery of essential health services through the COVID-19 outbreak to limit morbidity and mortality that may be related to other disease conditions while also limiting direct mortality from the COVID-19 pandemic. As such, the overarching aim of the government's strategy was to:

1. Ensure the continuous delivery of essential health services and time sensi tive acute care at all levels of care
2. Protect health workers and communities through effective infection preven tion and control measures
3. Leverage primary healthcare as an adaptive platform for the continuous delivery of routine health services in Lagos

The successful implementation of such the government's strategy required the active management of the population and frontline health workers and for a high degree of cooperation. This will only be achievable with continuous reassurance of the government's strategy to bridge equity and promote frontline workforce motivation at their duty post. In addition to the state resources, the SOMPL- PforR workplan was adjusted to strategically reallocate resources provide support in the Lagos state response to the COVID-19 pandemic. Resources from the program was used to procure personnel protective equipment for frontline primary healthcare workers, push advocacy campaigns on mass media on the prevention of transmission of the COVID-19 virus and continuous utilization of primary healthcare facilities for essential healthcare services, and procure re-useable droplet containing facemasks which was distributed in primary healthcare facilities to residents during the "MASK-UP Lagos" campaign by the Lagos state governor.

ACCELERATING SOCIAL INCLUSION USING SOCIAL HEALTH INSURANCE AS A TOOL FOR ELIMINATING POVERTY IN LAGOS

Poverty alleviation and social inclusion has been a global target in the last two decades. They have been major drivers of social development policies across the globe and the development of the United Nations global development goals in the period. As the understanding of poverty improves, the relationship between health and poverty also continues to develop. There is superior evidence which proves that unconditional health access improves socio-economic development and healthcare exclusion can foster poverty. The Lagos state government in its 2003-2028 master plan aimed to develop Lagos as Africa's model megacity and a global economic and financial hub that is safe, secure, functional, and productive through poverty eradication, citizen empowerment and sustainable economic development.

The commitment to the state's vision since the development of the plan has resulted in the rapid economic development in Lagos compared to the national average which is far less. This has also created massive local migration of Nigerians from other parts of the country to Lagos. The population boom has been beneficial to the development in Lagos however, it has also created social services and infrastructure deficits which the government of Lagos has continued to strive meeting. Majority of the immigrants live in urban slums of which the Lagos bureau of statistics identified 43 in a poverty GIS survey in 2011.

In 2013, the Lagos state health account revealed that out-of-pocket expenditure in Lagos for health services was about 69 percent and the likelihood of tipping into poverty while accessing health services in Lagos was over 40 percent. This prompted the Lagos state government to begin the conversation about reducing these indices and the design of a state-owned social health insurance agency which can be used to create an opportunity for residents to access essential health services without the risk of financial impoverishment in a bid to further improve the standard of living and health indices in Lagos.

The Lagos state health scheme law: a social health insurance bill was passed in 2015 and the Lagos health insurance agency (Lagos state health management agency, LASHMA) was set up in 2017 to manage the scheme. The law which made provisions for equity through a fund to be financed by 1 percent of the consolidated revenue of the Lagos state government and other donor sources was however not implemented in 2017 at the launch of the scheme.

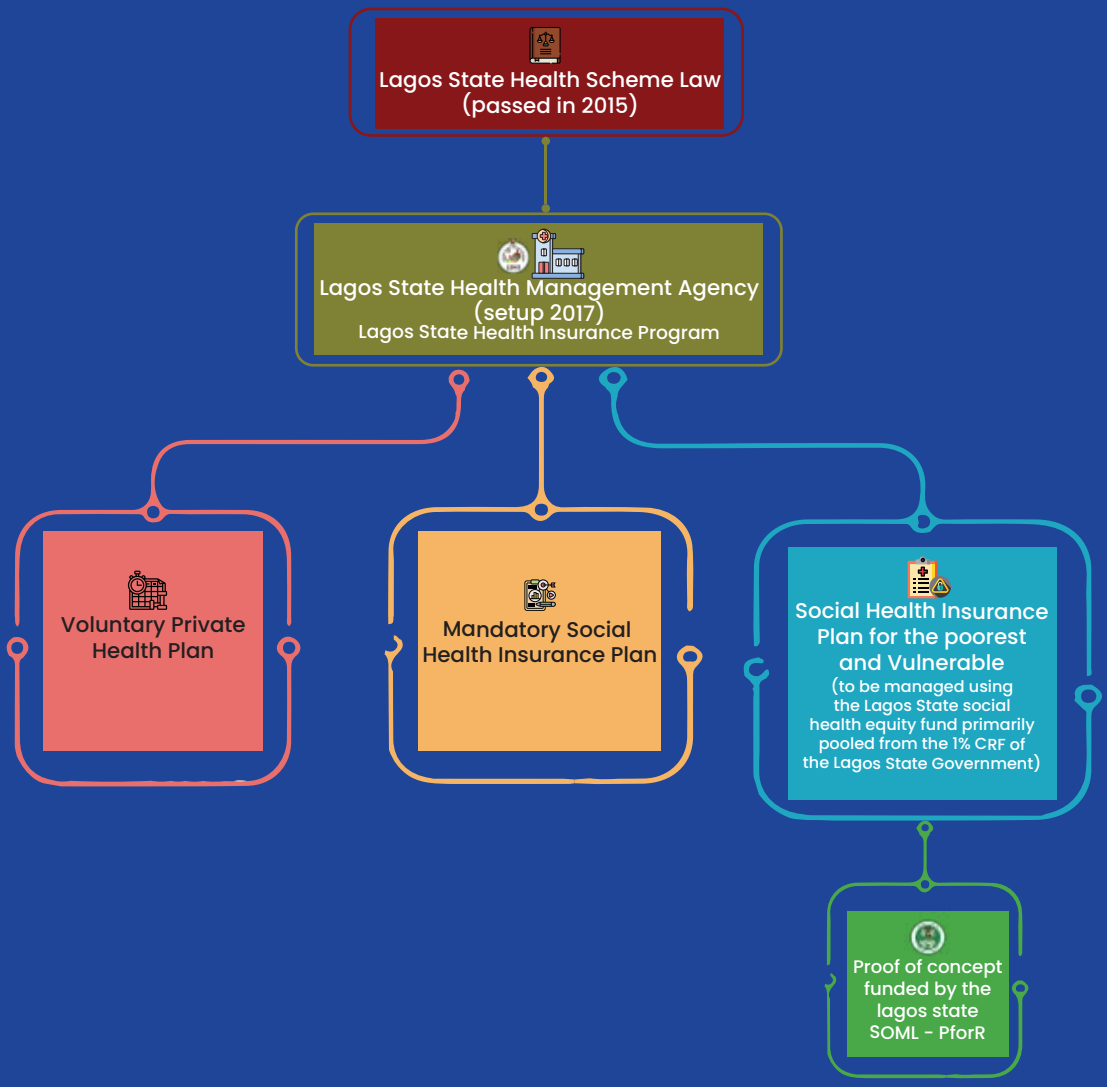


fig. 2.16 Lagos State Health Scheme

In a strategy to improve social inclusion in Lagos, the Lagos state SOML-PforR financed a household survey for poverty means testing which showed some of the most vulnerable persons in a poverty register. Subsequently, the SOML- PforR program financed the social health insurance premiums for 1,000 vulnerable households on the poverty register with women of childbearing age and children U5 (a focus of the project) as a proof of concept to the executives and legislatives of government towards appropriating and releasing resources for the equity fund. Following the commencement of the Lagos state SOML-PforR proof of concept on social health insurance with LASHMA for the poorest and vulnerable in Lagos, there was a considerable positive feedback to the Lagos state

government improving government ratings across all social class. This led to the appropriation and release of the 1 percent CRF for social health insurance equity fund in Lagos in the following fiscal year (2020) while the proof of concept was still ongoing. At the time of reporting, there are over 50,000 households who have improved health services access as part of the first phase of the release of equity fund resources for the financing of social health services in Lagos. A few millions of Lagos residents are sponsored on the Lagos social health insurance program through the equity fund in a bid to improve social inclusion and close the poverty gap in Lagos.

Jacob Zinzu, 26 and his wife Benedicta, 25 live in Apollo community in Makoko an urban slum area in Lagos with their son Olamide, 6. Makoko is part of the 45 communities identified by the Lagos Bureau of statistics in 2011 in a poverty scoring geo-mapping exercise which spread across 8 of the 20 LGAs in Lagos to hold some of the poorest and vulnerable persons living in Lagos using the poverty mapping questionnaire designed in the 2009 World Bank Group/ United Nations Living Standards report. In 2018, a poverty mean-testing carried out by LASHMA and the Lagos Bureau of Statistics was financed by the Lagos state SOML-PforR across 4 of the 8 LGAs which holds the poorest residents in Lagos. The PMT was a baseline survey to come-up with a poverty register which will form the basis of a proof of concept to the Lagos state government to free up its 1 percent consolidated revenue for the procurement of social health insurance for the poorest and most vulnerable in the state towards improving social inclusion and equity while accessing healthcare services.

Jacob and his household participated in the PMT and qualified as beneficiaries of the Lagos state SOML- PforR financed proof of concept for social health insurance. Shortly afterwards, Benedicta discovered she was pregnant and enrolled at the neighborhood primary health center where she received comprehensive antenatal services. She was subsequently delivered of twin girls; Ayomide and Morayo, 3 months old (pictured with the family) under the program. Many like the Zinzu's across Lagos are now benefitting from the social health insurance equity fund in Lagos as the government has included

and released the 1 percent CRF for social health insurance for the first time in its 2020 appropriation bill which has now enrolled over 2 million beneficiaries of social health insurance in Lagos. This is reducing the percentage of people who are excluded from essential health services as a result of their inability to pay and people who are pushed into poverty as a result of medical bills in times of emergency.

EFFICIENT PLANNING FOR THE LAGOS STATE HEALTH SYSTEM THROUGH EFFECTIVE DATA MANAGEMENT AND MONITORING IN LAGOS

Data management is fundamental to planning health systems. Dependable data is a prerequisite establishment for effective decision making, sector-wide monitoring and evaluation and feedback on any system. Routine and methodological monitoring and evaluation to assess performance of the health sector by comparing set objectives to performance indicators is critical for health system development. To do this, M&E framework must collate and interpret precise data to inform performance reviews, policy discussions and periodic revisions of strategic and operational plans. These involve the review of a wide range of state-specific and health sector parameters to provide in-depth analysis and understanding of the sector.

Monitoring and evaluation is a building block for effective planning for the health system. In Lagos, monitoring and review processes are interlinked with the design and planning for system interventions. Outcome of review processes guide decision making during planning, resource mobilization and allocation, policy direction, and development. The Lagos state health system has invested significantly in M&E frameworks over the years with a special focus on data management practices including collection, validation, feedback analysis, synthesis, dissemination, and utilization which is driving innovative interventions deployment in the development of the health system.

Routinely the system undertakes data quality audits and verification of health data for accuracy and completeness with data analysis, synthesis, and information management done at different system levels to enhance evidence-based decision-making and reporting. The health management information system (HMIS) is a broad unit in the Lagos health system across all levels of care designed as an instrument to support planning, management, and decision making. The target of the HMIS is to record data on health events and check the nature of administrations at various degrees of healthcare. The significance of patient appraisal is the idea of offering significance to patient's perspectives in improving the nature of healthcare administrations. The system has improved patient satisfaction in the state through a feedback system on health encounters, provided greater sensitivity towards patients; enhanced community awareness about the quality of services; and overall better use of services in the health system.

In this regard, the Lagos state SOML- PforR sponsored human resource training for 10 M&E officers from the ministry of health and primary healthcare board to develop capacity towards enhancing performance and productivity of monitoring and evaluation in the state. The program also supported the HMIS unit in the set-up of M&E control rooms for data tracking, monitoring of data performance, reporting rate, and indices for health service delivery across all health facilities (private and public) in the state. The control room is designed to do the following:

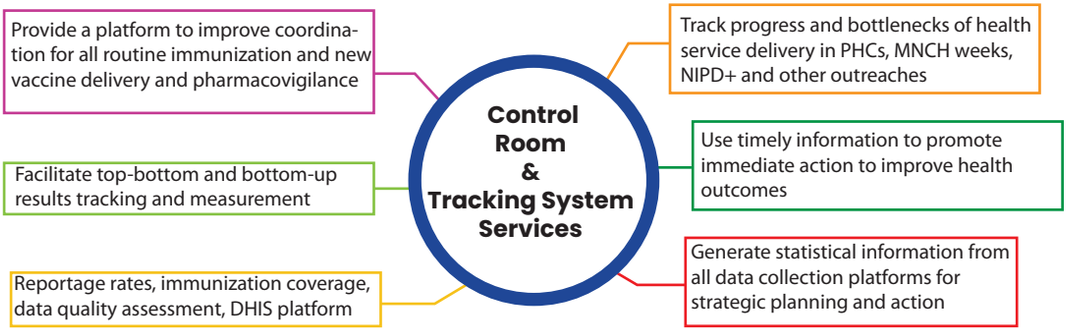


fig. 2.17 Lagos State Control Room and Tracking System Services

As the Lagos state government seek to continue investments in strengthening the health system with an increased focus on service delivery. The Lagos state SOML- PforR supported the series of technical workshops during the development of the Lagos state strategic health development plan 2018-2022 which focused on reviewing and revising the content of the Lagos SSHDP leading to its finalization. The plan which establishes and provide justifications to deepen investments in the health sector towards improving outcomes and increasing the life expectancy in Lagos is a core strategic proscription for health sector development in Lagos state.

The 5-year strategic plan with 15 priority areas intended to facilitate the translation of the state health policy into practical objectives form the basis for resource allocation by the ministry, departments, and other agencies of health in Lagos. Emphasis was on ensuring that the articulated activities form the basis of operational plan for 5 years (2018-2022) and the futuristic state's policies are adequately captured taking into consideration current budgetary allocations.

In line with the pillar of the SOML- PforR, the SSHDP also covered plans to expand the provision of reproductive, maternal, neonatal, child, adolescent health, and nutrition RMNCAH+ services to address the most significant causes of morbidity in the system. This will be achieved through:

- Promotion of demand and access to comprehensive quality sexual and reproductive health services for both men and women of all age groups,
- Provision of timely, safe, appropriate, and effective healthcare services before, during and after childbirth,
- Increased availability of comprehensive services to promote optimal growth, protection and development of all newborns and children under-5,
- Improve the nutritional status of Nigerians throughout their life cycle with a particular focus on vulnerable groups especially children under-5, adolescents, women of reproductive age and the elderly.

The Lagos state SOML- PforR also supported the development of a M&E plan for the Lagos state strategic health development plan 2018 – 2022 to operationalize the strategic orientation provided for a comprehensive tracking of progress and bottlenecks in the realistic implementation of the SSHDP. The M&E plan focuses on the main M&E activities and aligns them to the existing local, national, and international frameworks. The plan describes the M&E framework, indicators, processes, sources of data, methods, and tools that the sector will use to collect, compile, report and use data, and provide feedback as part of the Lagos state health sector M&E mechanisms towards tracking results.

The plan is designed to document what needs to be monitored, with whom, by whom, when, how, and how the M&E data will be used. It also outlines how and when the different types of studies and evaluations will be conducted by the sector. It translates these processes into annualized and costed activities and assigns responsibilities for implementation.

The specific objectives of the M&E Plan for the SSHDP are:

- To define mechanisms for assessment of the health sector performance in accordance with the agreed objectives, performance indicators and reporting timelines for the SSHDP,

- To support management for results through evidence based decision-making, policy development and advocacy; sector learning and improvement at all levels during implementation of the SSHDP,
- To enhance compliance with government policies (accountability), and constructive engagement with stakeholders (policy dialogue) in the health sector,
- To build capacity of the health sector to generate quality data and track progress of implementation of the SSHDP,
- To facilitate continuous learning (document and share the challenges and lessons learnt) at all levels during implementation of the SSHDP.

SUSTAINING WIDESPREAD IMMUNISATION OF CHILDREN U-5 AGAINST VACCINE PREVENTABLE CONDITIONS IN LAGOS STATE

Immunization has been identified as one of the most successful and impactful discoveries of the past century in the field of public health. It has proven to be an extremely effective measure in the prevention of diseases and deaths across all populations. This is even more apparent in child health, particularly for children under-5. Globally, immunization has been very instrumental in reducing the mortality rate of children under-5. Infectious diseases like pneumonia and diarrhea which are largely vaccine preventable account for a large portion of morbidity and mortality in children globally. As such, complete and timely immunization must be given top priority towards reducing childhood mortality.

From 1990, under-5 mortality rate reduced by over 50 percent from 93 deaths per 1,000 live births to 38 deaths per 1000 live births in 2019. Significant amount of these gains can be attributed to the increase in vaccine access and adoption globally which reduced the incidence of preventable life-threatening diseases. Vaccines remain one of the most cost-effective measures to improving health, improving survival, and reducing mortality in children. As a result, the global investment in vaccine delivery has seen significant investments in vaccine manufacturing and deployment.

Despite the significant strides in immunization and under-5 mortality worldwide, Nigeria still has disproportionately low vaccination coverage and high under-5 mortality. Although progress has been made in the country since the implementation of the Nigerian Expanded Program on immunization (EPI) in 1979, there has been some progress and intermittent decline in the routine immunization coverage. For these reasons, vaccination coverage was selected as one of the key indicators of the SOML- PforR. For simplicity and results tracking, the immunization coverage rate was measured in the program using the Penta-3 vaccination coverage rate at the state level as it represents last RI on the NPI schedule.

At baseline, the 2015 SMART survey reported the national Penta-3 coverage average at 48.4 percent, a 3.4 percent drop from the 2014 figure. In contrary, 2015 SMART survey reported Penta-3 coverage, in Lagos at 85.8 percent which was almost double the national average. The Lagos average was comparable to the global average which had plateaued at 85% in the same period. The success in Lagos is a result of longstanding commitment, significant financial, and human resources dedication towards ensuring timely immunization of under-5s across the state.

Despite constraints, Lagos has been able to achieve good vaccination coverage over the years. The SOML-PforR supported the established immunization framework in the Lagos state health system to further reach those currently excluded in a state strategy towards leaving no child behind. Hard-to-reach, and riverine areas accounted for a significant proportion of unimmunized children in Lagos state. This was due to reduced access to primary care services in those regions, increased risk of diseases accentuated by possible malnutrition, and poor hygiene. Thus, these parts of the state were targeted to provide immunization services to the children in the under-5. Using the already established framework, which involved both facility- and outreach-based primary healthcare events to expand immunization coverage, the state was able to continuously build on the vaccination coverage. Some of the SOML- PforR supported activities in Lagos included:

1. Development of Reach Every Ward (REW) Micro plan for years 2018-2020
2. Training conduction for existing and new staff towards increasing the capacity of the Lagos state immunization taskforce
3. Monthly outreaches to hard-to-reach and riverine communities in to continuously ensure high vaccination coverage and achieving the state strategy of leaving no child behind,
4. Implementation-grant for Statewide Routine Immunization Supportive Supervision (RISS)
5. Support of State Emergency Routine Immunization Coordination (SERIC) and routine immunization working group (RIWG) Meetings.

These activities were set up to increase the chances of achieving the state target by identifying gaps in immunization coverage early. Over 300 RISS visits were conducted on a quarterly basis across the state. The efficiency of ensuring routine immunization in Lagos is worthy of replication country wide. The concise and detailed state vaccination strategy cannot be reviewed in this document however, the results recorded in Lagos does prove that the immunization system in Lagos is notable and worthy of duplication nationwide. This continuous consolidation in the vaccination coverage in Lagos state was further reassured in the 2018 SMART survey which reported Penta-3 coverage at 92.6 percent.

Without doubt, the SOML- PforR implementation in Lagos showcased the state primary healthcare delivery system as an advanced system in comparison to others nationwide. While program implementation focused on essential health services delivery especially to the poor and vulnerable, the strategies adopted across the various implementation units demonstrates the commitment of the Lagos state health system to leaving no resident behind. All of the strategies described are part of the larger Lagos health system strategy towards achieving universal health coverage.

3

CHAPTER THREE

LAGOS STATE SOML-PFORR PROGRAM ACHIEVEMENTS AND DISBURSEMENT LINKED INDICATORS REVIEW

PROGRAM RESULTS REVIEW

Results of the SOML- PforR program was reviewed nation-wide using a PforR framework which rewarded national and subnational governments in Nigeria through a performance grant from a World Bank supported credit facility to the government of Nigeria. Performance grants were released to states following a review of indicators termed Disbursement Linked Indicators (DLI) during program implementation. These Indicators which were a mix of quantitative and qualitative measures, as well as process, governance, and accountability measures, were aimed at strengthening Nigeria's primary healthcare delivery system in areas that where critical in ensuring the achievement of the SOML- PforR program development objectives. The DLIs included:

1. Increase in the combined utilization of 6 high-impact reproductive, child health and nutrition services (quantitative),
2. Improved quality of care index of the high impact reproductive, child health and nutrition services (qualitative),
3. Improved monitoring and evaluation systems and data collection (process),
4. Increasing utilization of high impact services through private sector innovation (private sector participation),
5. Increasing transparency in management and budgeting for primary healthcare (governance).

The main objectives of the SOML- PforR were to increase utilization and quality of high-impact reproductive, child health and nutrition services especially at the primary healthcare level. As such, the program bundled 6 high impact maternal and child health services termed as pillars of the SOML- PforR and outlined 2 key indicators to receive majority of the state performance grants available under the program. These 2 main indicators were:

1. An increase in the combined coverage of the 6 key SOML pillars which included:
    - vaccination coverage among young children (Penta3)
    - contraceptive prevalence rate (modern methods)
    - vitamin A supplementation among children 6 months to 5 years of age
    - skilled birth attendance coverage
    - HIV counselling and testing among women attending antenatal care, and
    - use of insecticide treated nets (ITNs) by children under 5
2. Improved quality of care index at the health center level.

The DLIs are related to the PDOs and thus in addition to being used to determine the amount of funds to be released, they also predicted the success of program activities.

PROGRAM VISIONING AND DESIGN

The SOML- PforR was envisioned in a framework which reimbursed improvement in maternal and child health indices. As previously noted, 6 high-impact MCH services were selected to be monitored during program implementation. The program conceptualization team set targets for its operations in relation to the 6 high-impact MCH services. The targets were based off the experience in Nigeria over the last 5 years leading to the visioning of the SOML program and longer term global experience. Using the National Demographic and Health Surveys (NDHS) from 2008 and 2013 the average annual change of the high impact serviced had been calculated (see table 3.1 below). The annual change in percentage points was compared to the median annual percentage point change for the same indicators and based on the this, targets were set.

The targets considered the rate of change seen over the last 5 years and what can be expected based on global experience in low-income settings. The targets also represented a near doubling of the rate of improvement seen from 2008 to 2013 in Nigeria and about 75 percent of the global median rate of change. The targets pushed to improve progress at the state level while having realistic expectations.

Indicators	Global Experience (1990-2009) Median Annual Change	Nigeria NDHS 2008-2013, Average Annual Change	Proposed Annual Target in % points	Proposed Target for 4 years of PforR
Immunization Coverage (Penta 3)	3.0	0.56	1.5	6
Vitamin A	8.3	3.1	5	20
Contraceptive Prevalence Rate	0.7	0.02	1	4
ITN use by Children Under 5	3.0	2.22	3	12
Skilled Birth Attendance	1.0	-0.16	1	4
Antenatal Care	1.7	0.58	1.5	6
Total	**17.7**	**6.32**	**13**	**52**

Tab. 3.1 Setting targets in health nutrition and population projects, Arur A. et al, World Bank 2011.

MEASURING AND VERIFYING THE DISBURSEMENT LINK INDICATORS

Results verification was done by the Independent Verification Agent (IVA) who was responsible for calculating the amount of money each state is to be reimbursed based on the outlined disbursement formula in the program implementation manual. The IVA also verified data collection for the management of PHC facilities and transparency in PHC budgeting in the states for DLI 3.3 and DLI 5, respectively. The IVA presents a report to the FMOH on an annual basis recommending states for disbursements based on its review and verification of all the disbursement linked indicators awarded at the state level.

A multi-layered measurement and verification system was designed to determine disbursements. Under the SOML- PforR, reimbursements were made based on performance on objective indicators using household standardized monitoring and assessment of reliefs and transitions (SMART) surveys, annual health facility health surveys, and the achievement of certain process indicators. These indicators were related to the implementation of the process and governance management systems and the consolidation of primary healthcare management and resources under the state primary healthcare development agencies.

The 2015 SMART survey was used as the baseline for DLI 1 which carried over 60 percent of the available SOML-PforR resources. For DLI 2, the 2016 health facility survey served as the baseline and in subsequent years, further health facility surveys were intended to monitor progress. DLIs 3, 4, and 5 were health function based and no baseline record were required for their reimbursement. Table 3.2 below shows the DLIs in relation to the means of verification and the resources allocated for in the performance grant.

Disbursement linked Indicator (main)	Disbursement linked indicator (subcomponent)	Means of Verification	Beneficiary	Allocation ($'M)	Percentage of Total Program Fund
DLI 1- Increasing Utilization of High Impact Reproductive and child Health and Nutrition Intervention	DLI 1.1 - States produces plans for achieving reductions in maternal, prenatal and Under 5 child mortalitiy	Review by FMOH	States	305	61
	DLI 1.2- Improvements on the 6 high-impact health indicators: ■ Penta3 vaccination ■ Insecticide treated nets used by children under5 ■ Contraceptive prevalence rate ■ Skilled Birth attendance ■ HIV counselling and testing during antenatal care, and Vitamin A coverage children 6 months to 5 years	SMART Survey Results dissaggregated by states	States		
	DLI 1.3- Lagging states wil strengthen their MNCH weeks as part of an impact evaluation	Review by FMOH and IVA	States		
DLI 2- Increasing Quality of High Impact Reproductive and Child Health and Nutrition Interventions	DLI 2.1- States will improve the quality of care at primary health care facilities	Health facility Survey Results dissaggregated by states	States	54	11
DLI 3- Improving M&E Systems and Data Utilization	DLI 3.1- Imroving M&E Systems ■ Conduct SMART surveys in all 36+1 states ■ Introduce annual health facility surveys (harmonized based on SDI and SARA methodologies) across 36+1 states and ■ Collect data on MMR through the 2016 census (or an acceptable alternative)	Review of survey reports by by IVA	Federal	80	16
	DLI 3.2- Imroving Data Utilization ■ Widely disseminate the results of the SMART and harmonized health facility surveys ■ Strengthen management capacity of the state and federal health sector leadership	Review by IVA	Federal and States		
	DLI 3.3- The FMOH will setup a competitive fund for private sector led innovation towards increasing utilization and quality of services	Review by FMOH and IVA	States		

Disbursement linked Indicator (main)	Disbursement linked indicator (subcomponent)	Means of Verification	Beneficiary	Allocation ($'M)	Percentage of Total Program Fund
DLI 4- Increasing Utilization and quality of services through primary healthcare innovation	DLI 4.1- The FMOH will setup a competitive fund for private sector led innovation towards increasing utilization and quality of services	Review by FMOH and Auditors and IVA	Federal	20	4
DLI 5- Increasing Transparency in Management and Budgeting for Primary Healthcare	DLI-5.1- States will transfer health staff to entity responsible for primary healthcare	Review by FMOH and IVA	Federal and States	41	8
	DLI 5.2- Produce and publish a consolidated budget execution report covering all income and expenditure for primary healthcare at the state and national levels	Review by IVA	Federal and States		
TOTAL				**500**	**100**

tab. 3.2 Table describing SOML- PforR DLIs, means of verification, beneficiaries, and performance grant allocation

REIMBURSEMENT FRAMEWORK FOR THE PERFORMANCE GRANTS UNDER THE PFORR FRAMEWORK

DLI 1: INCREASING UTILIZATION OF HIGH IMPACT REPRODUCTIVE AND CHILD HEALTH AND NUTRITION INTERVENTIONS

States received disbursements according to the attainment of the disbursement linked indicators. Following the submission of the business plan, the Lagos state SOML- PforR received a one-time seed grant of $1.5M making the SOML- PforR effective as of October 2017 in Lagos state. The submission of the annual business plan by the Lagos state SOML- PforR secretariat fulfilled the DLI 1.1 described in table 3.2 above. For DLIs 1.2 and 1.3, states get rewarded for advancements from their baseline scores (2015, SMART Survey). States were also ranked according to performance and the best performing state per geo-political zone titled the zonal champion received an additional bonus. Similarly, the best performing state in the country, termed the national champion received an additional bonus.

DLI 1 represented most of the performance grant for the SOML- PforR representing 61 percent of the total grant and 76 percent of the grants available to the states. Aside DLI 1.1 whose reimbursement was straight forward, reimbursing DLI 1.2 which tracked the improvement of the 6 high-impact MCH services faced several challenges discussed below.

Program visioning did not recognize good practice and advancement in health systems. The program design did not recognize states which had advanced good coverage of the 6 SOML high-impact MCH services. In table 3.3, a description of some of the health indices in Lagos was compared to the national indices at baseline and the global recommendation for good practice. The table demonstrates that at baseline, the indices in Lagos in many cases beat the global recommendation for good practice set by the WHO global observatory body.

SOML- PforR Indicators for DLI 1	Global Target	Global Average Baseline	Africa Average Baseline	National Average Baseline	Zonal (SW) Average Baseline	Lagos State Baseline
Vaccination Coverage; Penta-3 Coverage	70*(100)	85	73	48.8	76.4	85.8
Contraceptive Prevalence Rate (Modern Methods)	65	57	33	20	37.8	39
Vitamin Supplementation Rate	70	64	52	41.9	70.4	79.7
Skilled Birth Attendance	70*(100)	80	61	47.3	81.6	90.2
HIV Counselling and Testing Among Women Attending ANC (PMTCT)	70*(100)			49.3	65.6	72.7
Use of LLIN in Under 5				39.6	26.5	26.2
TOTAL/600				**246.9**	**358.3**	**393.6**
CUMULATIVE AVERAGE/100				**41.15**	**59.7**	**65.6**

*required to achieve population herd immunity, () to achieve complete elimination.

tab. 3.3 Table showing the six SOML- PforR key indicators in comparison to global target and average (2015, SMART Survey)

For immunization campaigns 70 percent coverage is required to attain herd immunity however, the global target has been set at 100 percent as part of the UN strategy of leaving no child behind. The attainment of 70 percent coverage for any vaccine preventable condition is protective against widespread infection of the disease condition. Global coverage for Penta-3 had also plateaued over the last decade at 85 percent despite continuous global investments. The attainment of 85.8 percent coverage for Penta-3 vaccination at baseline, should necessitate a review of the performance grant guideline for Lagos and other states with significantly high vaccination coverage at baseline.

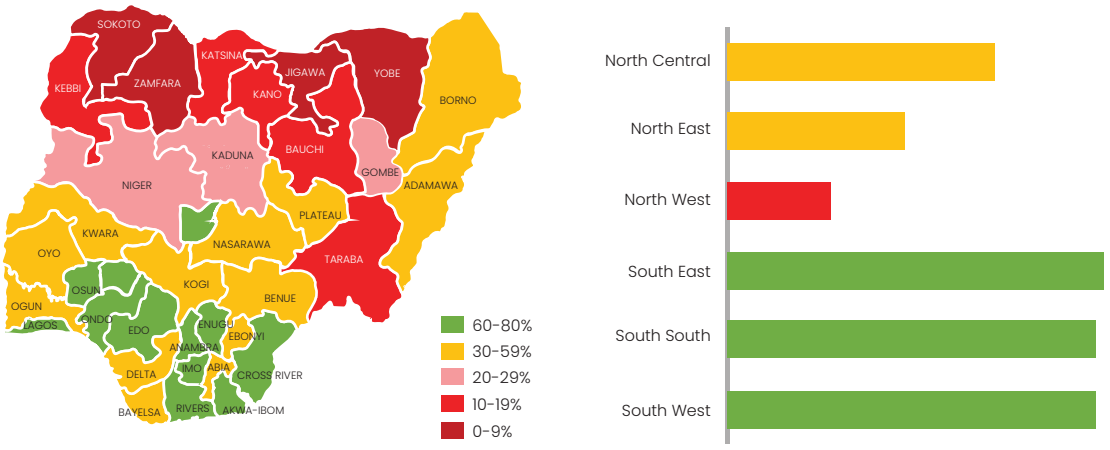


fig. 3.1 Schematic diagram showing penta3 coverage in Nigeria (2015, SMART Survey)

This was also the case for Vitamin A supplementation which the WHO global observatory body recommends that 70 percent U5 population coverage is protective and can reduce the incidence of common childhood diseases reducing U5 morbidity and mortality by 33 percent and 40 percent, respectively. Skilled birth attendance for deliveries was also significantly high in Lagos likewise the counselling and testing of women during ANC for HIV towards the prevention of mother to child transmission of the virus which is preventable if screening and treatment of HIV positive mothers commence early in pregnancy.

The Lagos state health system continued to maintain good standing in the delivery of high-impact MCH services to its citizen, though the state did not win any new money between 2015 and 2018 other than the $1.5M DLI 1.1 initial seed grant, the state had maintained significant good standing in comparison to the national average scores and improved in the indices which the state currently still struggle to meet the global recommendation for good coverage. Table 3.4 below compares the global recommendations for good practice to the national, zonal and Lagos state 2018 SMART survey results. The table also compares cumulative SOML- PforR indicators aggregate and average to further demonstrate how indices are significantly better in Lagos in comparison to the zonal and national results.

SOML- PforR Indicators for DLI 1	Global Target	National Average 2018	Zonal (SW) Average 2018	Lagos State 2018
Vaccination COverage; Penta-3 Coverage	70*(100)	57.2	78.5	92.6
Contraceptive Prevalence Rate (Modern Methods)	65	17.3	36.8	35.7
Vitamin Supplementation Rate	70	40.4	55.9	64.8
Skilled Birth Attendance	70	46.0	77.0	83.2
HIV Counselling and Testing Among Women Attending ANC (PMTCT)		54.6	67.2	83.2
Use of LLIN in Under 5		37.1	42.7	30.9
TOTAL/600		**252.6**	**358.1**	**390.4**
CUMULATIVE AVERAGE/100		**42.1**	**59.7**	**65.1**

*required to achieve population herd immunity, () to achieve complete elimination.

tab. 3.4 Table showing the six SOML- PforR key indicators in comparison to global target (2018, SMART Survey)

The table showed how the Lagos health system had sustained a good coverage of over the years, despite challenges. Lagos state maintained a good standing in the SMART 2018 survey, the cumulative average of the 6 SOML- PforR pillars was relatively maintained in comparison to baseline and this average remained the best nationwide. Despite this achievement, the Lagos state health system did not receive any significant reimbursement as the best performed state in the country.

This was because the SOML- PforR design team did not recognize the importance of rewarding states for the sustenance of good indices that met/surpassed the global recommendations for good practice. This shortfall in program design resulted in significant program challenges which affected the perception of states which contributed to the progress made in the national SOML indices over the years. For example, some of the states who had positive percentage point increase in coverage above the minimum threshold for disbursement including the national champion in 2017; Zamfara, have some of the poorest health indices nation-wide.

The performance reimbursement design reflected a lack of equity among states following the presentation of the diverging individual peculiarities among the states. This resulted in the government of Nigeria rewarding only states that have contributed to the continuously low national coverage of the SOML- PforR pillars over the years. Table 3.5 presented a critical review of overall performance of some the top earners on the SOML- PforR program to Lagos state on the SOML Pillars. The table confirms that majority of these states pulled down the national average score of the SOML pillars. While the program encouraged improvement in indices at the state level, an oversight was made in program design of rewarding the sustenance of good scores.

2018	Zamfara	Katsina	Bayelsa	Kwara	Benue	Adamawa	Yobe	National Average	Cross River	Lagos
Cummulative SOML Indicators for DLI 1.2 score/600	79.6	103.7	178.8	210.2	220.3	239	239.6	252.6	322.1	390.4
Cummulative Average/100	13.3	17.3	29.8	35.0	36.7	39.8	39.9	42.1	53.7	65.1

tab. 3.5 Comparison of cummulative SOML- PforR key indicators among top earners to the national average (2018, SMART Survey)

Majority of the states which contributed to the success recorded over the years and have sustained good practices were ignored in the program design. Reaffirmation of good standings through reimbursements is highly required if states were to continue to deliver good coverage. This gap in program design saw majority of the states with good standing in the SOML pillars miss out on the PforR component of the SOML program. While, this oversight was not corrected during program implementation, it affected performance in many of the states with good standing on the SOML pillars who assumed the program did not recognize their effort and reimbursed only states with poor indices.

Despite the improvements recorded in immunization coverage, contraceptive prevalence rate, vitamin A supplementation and HIV counselling and testing across all the SOML-PforR top earners, they remained incredibly low even below the national average. Zamfara had 5.9 percent Penta 3 coverage at baseline. This was a whooping 79.9 percentage point differential from the coverage in Lagos at baseline, yet progress was judged between the two states using similar yardsticks despite the global Penta 3 coverage not having changed globally in last decade and the Lagos coverage being over double of the national average and comparable to the global average which had plateaued at 85 percent.

Thirdly, the implementation of the national household and facility surveys experienced several inconsistencies. Sometimes the survey exercise was late, other times, the dissemination of results was delayed. The SMART survey was also not implemented in some years necessitating the use of an alternate survey with a slightly

different methodology to the SMART survey affecting program results review. Inconsistencies in the disseminated results were also noted in the 2018 SMART survey. In Lagos for example, Vitamin A supplementation is always done during immunization campaigns in Lagos and as part of the EPI and NIPD program in health facilities and other outreach-based health interventions in the state. While Penta 3 coverage rose, vitamin A coverage dipped however, review of state record in the same period did not reveal any break in the supply chain of vitamin A supplements or a change in the state immunization and vitamin A supplementation strategy which are often co-administered to children U5 in the state. The disparity in reporting in the 2 intricately linked indicators provided some basis for a reexamination of the vitamin A supplementation coverage in children U5 in Lagos which the state believes in well over 75 percent.

While the Lagos state SOML- PforR continued to support MCH services through outreach-based interventions especially the MNCHW, it was not considered for reimbursement in this regard according to the program implementation guideline for DLI 1.3.

DLI 2: IMPROVED QUALITY OF CARE INDEX OF THE HIGH IMPACT REPRODUCTIVE, CHILD HEALTH AND NUTRITION SERVICES

This DLI required states to improve on the quality of care provided at the primary health centers. It was tracked using annual Health Facility Surveys (HFS) which checked the following indicators:

1. Diagnostic accuracy and adherence to guidelines by health facility staff,
2. Availability of drugs and minimum equipment,
3. Readiness of facilities to deliver key SOML interventions,
4. Frequency and quality of the supervision provided to the facilities, and
5. Quality of financial management and reporting.

While the baseline report in 2016 was disseminated, the results of the other health facility surveys were not publicized, and states depended on IVA reports only to access what had been earned on the DLI. This methodology did not prove the commitment of the government of Nigeria to having a very transparent review of the results of this DLI. Further to this, the baseline 2016 national health facility survey results was very inconsistent with the 2015 SMART survey. The health facility survey predicted that the quality of the primary healthcare services in zones of the country with the poorest household survey results were the best. The survey suggested that some states with some of the poorest health indices had the best primary healthcare delivery systems despite the significant disparity in outcomes.

DLI 3: IMPROVED MONITORING AND EVALUATION SYSTEMS AND DATA COLLECTION

The DLI was mainly reimbursed at the national level. DLIs 3.1 and 3.2 were related to the implementation of the household and facility surveys and the utilization of data from these surveys in the strengthening performance management at the national level. The final component of the DLI which rewarded state level performance management awarded $160,000 to states which fulfilled the following:

1. Engagement of a performance management lead
2. Evidence of continuous analysis of the available data PHC performance and the design and update of action plans

3. Quarterly high-level review meetings on the action plan

This was achieved in all the program years from the program being effective in Lagos state.

DLI 4: INCREASING UTILIZATION AND QUALITY OF MATERNAL AND CHILD HEALTH INTERVENTIONS THROUGH PRIVATE SECTOR INNOVATION

This DLI was proposed to facilitate the establishment of an innovation fund to support innovations in techniques and technology in health service delivery by private sector actors. However, this DLI was not implemented through the course of program implementation.

DLI 5: INCREASING TRANSPARENCY IN MANAGEMENT AND BUDGETING FOR PHC

The DLI required that states transferred health staff to the entity responsible for PHC and reproduce and publish a consolidated budget execution report covering all income and expenditures at the PHC. The Lagos state government had met the DLI 5.1 following the establishment of the Lagos state primary healthcare board through the Lagos State Health Sector Reform law of 2006 even before the commencement of the SOML- PforR in Lagos state. The state also commenced the publishing of its consolidated PHC budget annually on the state's website for DLI 5.2. Though the report was late in the first year of filing the budget performance report in 2018, the state published the report and continued to do so before the expiration of the second quarter of the following year as recommended in the financial management guidelines.

The SOML- PforR drew attention to the delivery of not only the SOML pillars but the entirety of primary healthcare system strengthening. The improvements in planning and budgeting for primary healthcare has improved the quality of interventions being planned in Lagos. Though the program was measured according to the listed DLIs discussed in the results section, the impact of the SOML- PforR had on the Lagos health system is far beyond what was measured.

4

CHAPTER FOUR

RECOMMENDATIONS AND CONCLUSION

RECOMMENDATIONS AND CONCLUSION

Improving primary healthcare encompasses considerations through health system planning and visioning to improve the stock and quality of services that are delivered at the individual and population levels. Ensuring continuous access to quality primary healthcare services is one of the most important responsibilities of health systems, with a view to enabling attention to essential healthcare services which largely includes maternal and child health services. Articulating actions on health promotion, disease prevention and prompt delivery of curative health services is paramount for achieving UHC.

Primary healthcare should create uniform, secure, and effective access to healthcare services. Delivering scalable and quality primary healthcare in Nigeria requires continued investments in the sector. During implementation of the SOML- PforR in Lagos state, it was evident that underestimation of foreseeable costs and costly distortions in the way care is provided is limiting the implementation of key strategies towards maintaining the availability of good quality health services. The Lagos state SOML- PforR secretariat adopted a cost-shifting strategy which helped government reprioritize certain activities which has helped significantly in the maintenance of high service indices for the Lagos health system and recentered focus on the delivery of essential primary healthcare through prepayments in a proof of concept for the Lagos state health scheme.

It is now clear that the primary barrier to equitable access to essential health services in Lagos is financial. However, realistic understanding that access to effective health services is more than a matter of money as other barriers to access also require attention including deficiencies in the structure and functioning of the health care system, including the general lack of coordinated approaches to service delivery and provider payment to secure adequate access to comprehensive and quality health services for beneficiaries. Following the implementation of the Lagos state SOML- PforR, the following recommendations are laid to policy makers and system stakeholders including partners in development while planning or implementing future programs which targets primary care expansion in resource challenged settings.

EXPANDING ACCESS AND AVAILABILITY OF PRIMARY HEALTHCARE SERVICES IN LAGOS STATE

In chapter 1, a clear description of the health challenge is Lagos was described as a significant equity gap between the well-off and the poorest. This discordance in access to essential health services is preventing the state from fully achieving universal health coverage. Closing this gap will require system-wide action which the Lagos state SOML-PforR had initiated at the primary healthcare level. This action entailed the clear definition of essential health services particularly for children and women of childbearing age who are the most disenfranchised. Essential health services were described in children to include routine immunizations, well-childcare, and treatment of common conditions in childhood and for women of childbearing age, must include antenatal care, delivery care and family planning services in addition to services covered under the basic service package. The Lagos state SOML- PforR championed the delivery of these essential health services across a defined service benefit plan for the poorest and most vulnerable in Lagos over the last 4 years of its implementation using the following distinct strategies:

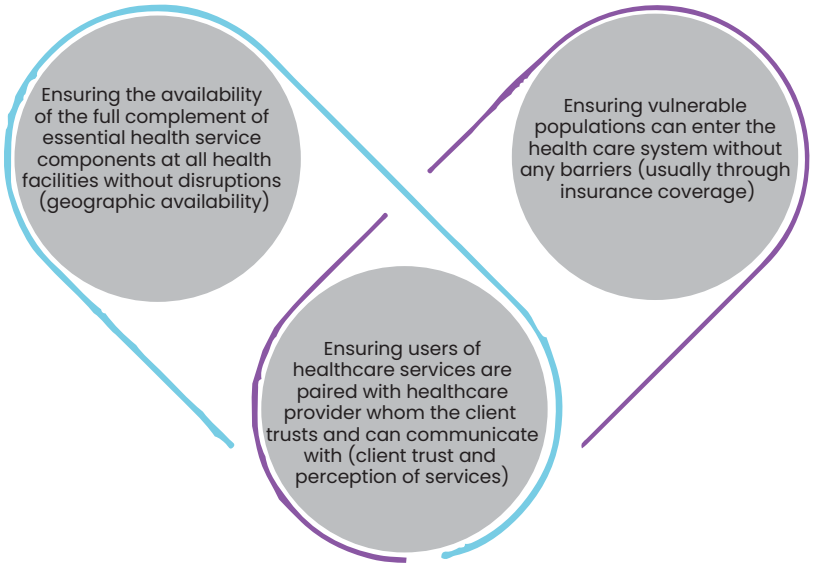


fig. 4.1 Lagos State SOML- PforR Strategies For Expanding Access to Primary Healthcare

This required multi-layered actions and activities most of which are described in the program activities in appendix to this report. Towards further expanding and availability of primary healthcare, the Lagos state SOML- PforR program team has recommended the follow-up activities below:

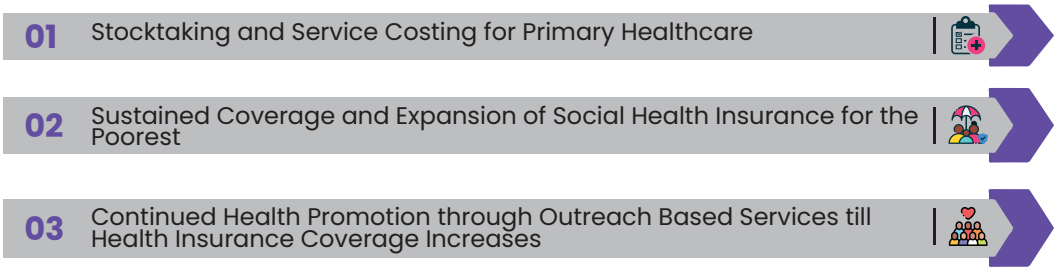


fig. 4.2 Recommended Follow-up Activities for Primary Healthcare Expansion in Lagos State

STOCKTAKING AND SERVICE COSTING FOR PRIMARY HEALTHCARE

To properly prepare for the expansion and scale-up of healthcare services, stock taking plays an important role. Policy makers and health systems planners must be fully aware and account for all health service inventory available in the system. This is crucial for efficient resource allocation and improving client experience while accessing services. Stocktaking ensures that health investments and planning are best matched with policies in the sector for a reasonable review of progress and strategy moving forward. Service availability and readiness assessments (SARA) are central to stocktaking and its centrality cannot be over-estimated, however for improved efficiency, SARA must be accompanied with service costing, client experience and quality of care surveys to improve its useability. During policy reviews, the interpretation of these assessments must be matched with policy positions to inform policy action on expanding services.

As part of its program round-off activities, the Lagos state SOML- PforR proposes to finance a universal stock-taking and service costing assessment for primary healthcare in Lagos state. The proposed exercise will assess the following characteristics of primary healthcare in Lagos state:

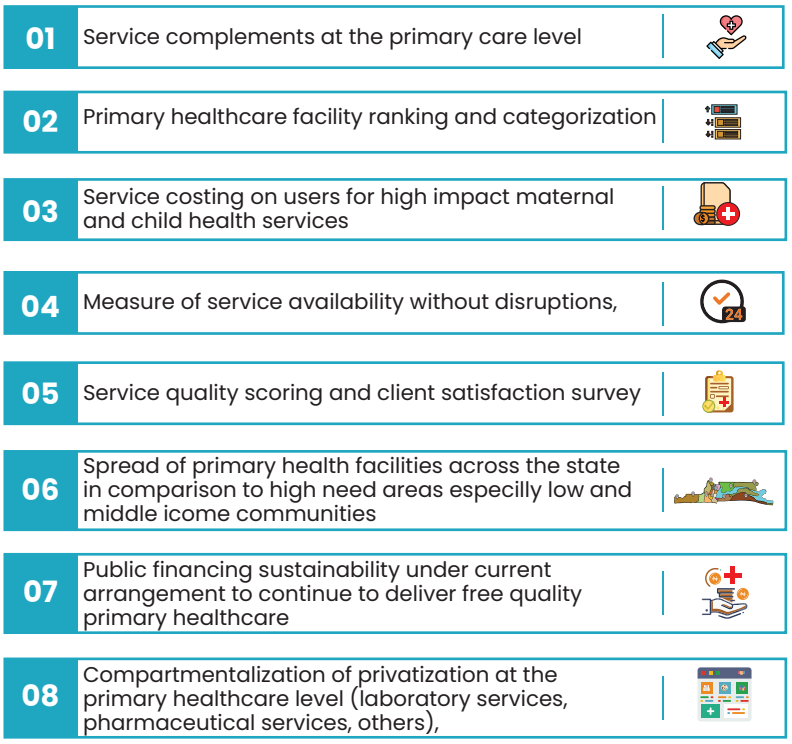


fig. 4.3 Components of the Proposed Stock-taking and Service Costing Exercise

SUSTAINED COVERAGE AND EXPANSION OF SOCIAL HEALTH INSURANCE FOR THE POOREST

Millions of Nigerians are uninsured or otherwise lack reasonable access to health care. On philosophical and practical grounds, resolving the financial barriers to health care should work from basic, interrelated principles to transforming these principles into legislation, and translating legislation into improved access to effective health services. Achieving this will be exceedingly difficult for both political and technical reasons. For social health insurance schemes to be successful, there are certain characteristics which also make them difficult to implement:

- Health insurance must be mandatory. All persons must participate in a health benefits plan which may be a single nationwide program or one of several alternative public or private plans, but no one should stay uninsured while they are healthy,
- Whether a single health plan or multiple plans are envisioned, a uniform package of core or basic health benefits must be defined and periodically updated. The package should include an array of services that are thought to be valuable in improving health and be consistent with equity and other policy objectives of the state,
- Requirements that individuals share in the cost of health coverage and health services even for low-in come individuals. Although administrative practicality may limit the degree of copayments, however, public funding alone is largely inadequate to finance sustainable health insurance schemes in developing countries.

Correspondingly, what individuals pay for health coverage should not be linked to their health status (past or anticipated), age, gender, or similar factors. Thus, what an individual pays into the system for health coverage may differ from what is paid out for a health plan for enrolling that individual. Discrimination in the cost of coverage is a divisive and highly imperfect way of achieving greater efficiency in the financing, use, or provision of health services.

For health insurance risk pools to be sustainable, the healthy and the well-off must share the cost of covering the ill and the poor. This is not simply a matter of philanthropy but a reflection of common and lifelong vulnerability to illness and economic loses.

Provision for core or standardized benefits based on effectiveness implies the need for explicit processes and criteria for defining and updating such benefits that build on the evidence available. Some of the most politically sensitive questions the health equity framework must answer: who are the poor, what measures will be employed to include, exclude, or discontinue coverage for specific services, and what other criteria for inclusion/exclusion to be employed. Following the poverty means test sponsored by the Lagos state SOML- PforR, over 1,500 households were sponsored by the program on the Lagos state health scheme as a proof of concept to government on its social health insurance equity fund which is now financing 50,000 more households as of the time of filing this report.

Determining beneficiaries and the period these beneficiaries remain on the social health insurance equity program requires significant follow-up activities which the Lagos health management agency must undertake. Another important consideration for the agency is the weaning of users off the social health insurance equity fund. If done too abruptly, might lead to a total loss of interest in health insurance coverage and must be done appropriately using an evidence backed methodology. It will be expensive and time-consuming to increase the current knowledge base and bring professional judgment systematically to bear on the question of what is effective for the great range of households on the social health insurance equity program. Thus, linking a core benefit package to services of demonstrated effectiveness and value to patients will be critical to retaining clients on the social health insurance platform.

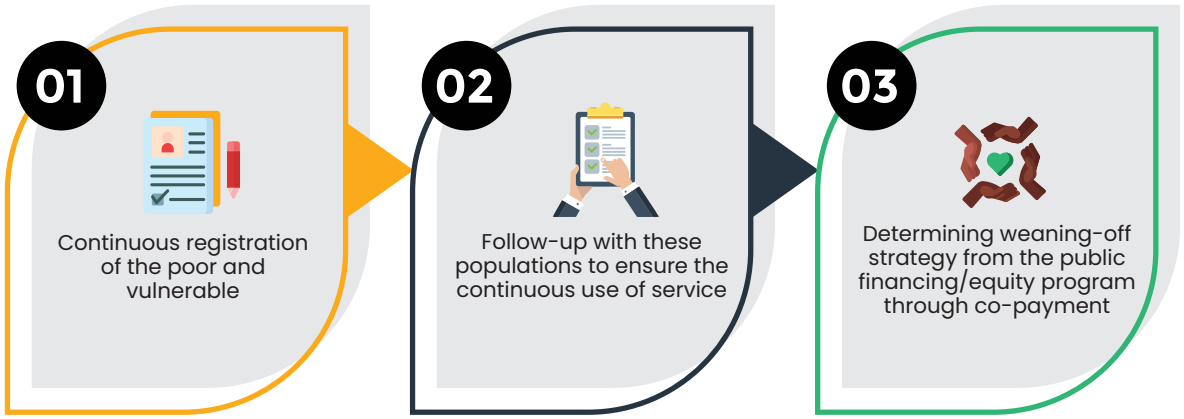


fig. 4.4 Steps to Sustain Expannsion of Social Health Insurance Enrollment and Utilization

CONTINUED HEALTH PROMOTION THROUGH OUTREACH BASED SERVICES TILL HEALTH INSURANCE COVERAGE INCREASES

Structuring inclusive services and citizen's education for appropriate health seeking behavior is important for primary healthcare utilization and UHC. This not to approve that moving away from outreach-based health systems to primary healthcare under one roof in health facilities is not ideal. However, primary healthcare services under one roof requires the complete elimination of barriers to health service access which is largely dependent on the health insurance coverage. As the system moves towards improving social health insurance coverage in Lagos,

outreach-based strategies including MNCHW, NIPDs, School health programs and others can be used to galvanize people especially in middle- and low-income communities to seek sustainable health access through enrollment in the social health insurance program in the state.

Priorities of these programs may also be shifted from the typical delivery of community-based health services to a combined strategy which incorporates the community enrollment for the Lagos state social health insurance scheme into the activities and services provided during the outreach. As part of its closing activities, the Lagos state SOML-PforR will support the addition of the social health insurance enrollment and mass campaign with the state-lined outreach-based initiatives as part of the introduction of this strategy.

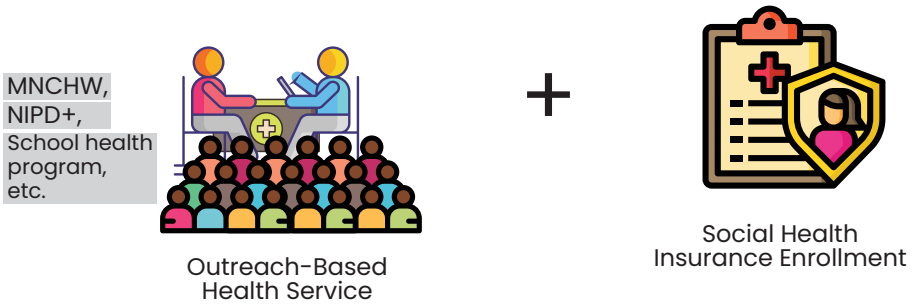


fig. 4.5 Bundling Social Health Insurance Enrollment to Outreach Based Services

IMPROVING THE QUALITY OF SERVICES AT THE PRIMARY HEALTHCARE LEVEL IN LAGOS STATE

There are several dimensions to the quality of health care services however, the dimensions listed below are critical to primary healthcare development and client perception of services.

- Safety: ensuring services provided at the primary healthcare services are not harmful to users because they are provided by appropriate, trained, and skilled workforce in an environment that is conducive,
- Effectiveness: ensuring primary healthcare service provision is based on scientific evidence of benefit this dimension of healthcare quality addresses misuse of healthcare interventions,
- Patient-centeredness: providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions,
- Timeliness: reducing waiting times and sometimes harmful delays in the delivery of healthcare services,
- Efficiency: avoiding wastages including workforce, equipment, supplies, and the strategic reallocation of resources
- Equity: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

When consumers are given a brief, understandable explanation of the dimensions of quality healthcare, they view all 6 categories as important. With improved health services, there is greater patient trust in the service, better patient-provider communication, and increased likelihood that patients will receive appropriate care. There are a handful of analytic frameworks for quality assessment guided by the measurement of the dimensions of health services described above to derive an overall quality score. To further improve the quality score of primary healthcare services in Lagos, investments are still required especially in the human resource stock and quality, healthcare infrastructure and equipment, availability of essential healthcare commodities most notably medicines, and the

client perception of services. Healthcare workforce goes beyond doctors and nurses as typically described in primary healthcare literature. In a primary healthcare laboratory services audit supported by the Lagos state SOML-PforR, there was significant evidence to show massive shortages in management in comparison to clinical services.

This evidence proved one of the reasons client perception of primary healthcare services remained low despite significant investments in infrastructural development and clinical health workforce in Lagos. It goes a long way to say patient perception of services remains low when other components of health services are underfunded. For improved services at the primary healthcare level, the Lagos state SOML- PforR recommends the funding of clinical support services most especially laboratory and pharmacy services to improve diagnostic accuracy and eliminate stock-outs of essential medicines, respectively. These will improve the overall outlook of primary healthcare in the state, additional investments to laboratory services towards meeting the gaps at the primary healthcare level and DRF recapitalization for primary healthcare towards improving the availability of essential medicines.

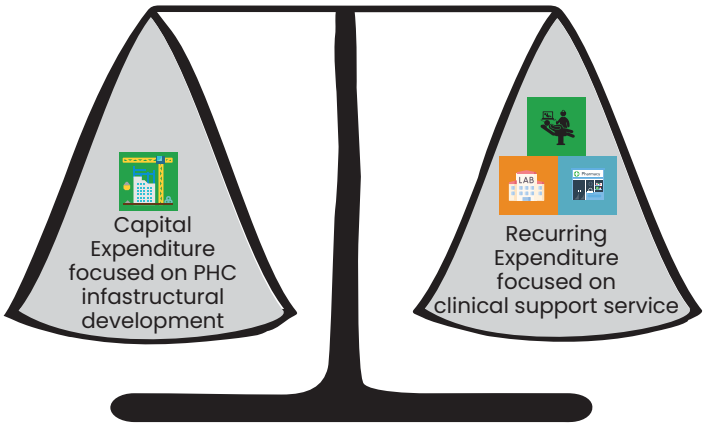


fig. 4.6 Balancing New Capital Expenditure with financing clinical support services

IMPROVING HEALTH SYSTEM PLANNING, MONITORING & EVALUATION SYSTEMS

There is an increased demand for statistics to accurately track health system progress and performance, evaluate impact of interventions and programs, and ensure accountability at national and subnational levels especially for primary healthcare towards achieving UHC. The use of results-based financing mechanisms as the SOML- PforR has further increased the demand for timely and reliable data for decision-making. However, there are major gaps in data availability, there are also operational and institutional challenges in producing data of sufficient quality to permit the regular tracking of progress, scaling-up health interventions, and strengthening health systems despite the potential advantages of facilitating increased efficiency and planning. Monitoring and evaluation frameworks must improve the availability, quality and use of the data needed to inform health sector reviews, planning processes, and system performance. The framework should address monitoring and evaluation needs for different users and multiple purposes, including:

- monitoring of program inputs, processes, and results, required for management of health system investments,
- health systems performance assessment, as the key for decision making processes, and evaluating the results of the health reform investments and identify which approaches work best.

It is essential to strike a balance between the short-term demand for data to inform results-based funding initiatives that tend to be focused on the process and output elements of the results chain, with the longer term need for data on outcomes and impact. This was noticed during review of results for Lagos state SOML- PforR where there was significant discordance between the disbursement linked indicators and other related indicators in the surveys used to assess performance. A longer-term perspective is also critical for dealing with the issue of attribution, showing how the intermediate results contribute to improved health impact. Lastly monitoring and evaluation systems must facilitate not only the identification of core indicators but also connect indicators to data sources and data collection methods, provide tools and guidance for the analysis of data from multiple sources for improved reliability and consistency.

CHAMPIONING INNOVATIONS IN PRIMARY HEALTHCARE IN LAGOS STATE

Introducing new methods and strategies to health service delivery is an important requirement for continuous growth and development. For primary care development in Lagos, government must consider new approaches to improve health seeking behavior and health service delivery. Technology is one major tool that can be used to improve primary healthcare. Its use in medical records, appointment reminders, health insurance management etc. in revolutionizing the delivery of essential health services globally. In resource challenged settings, understanding that the need for technology in service improvement is a critical requirement for scaling several primary healthcare processes.

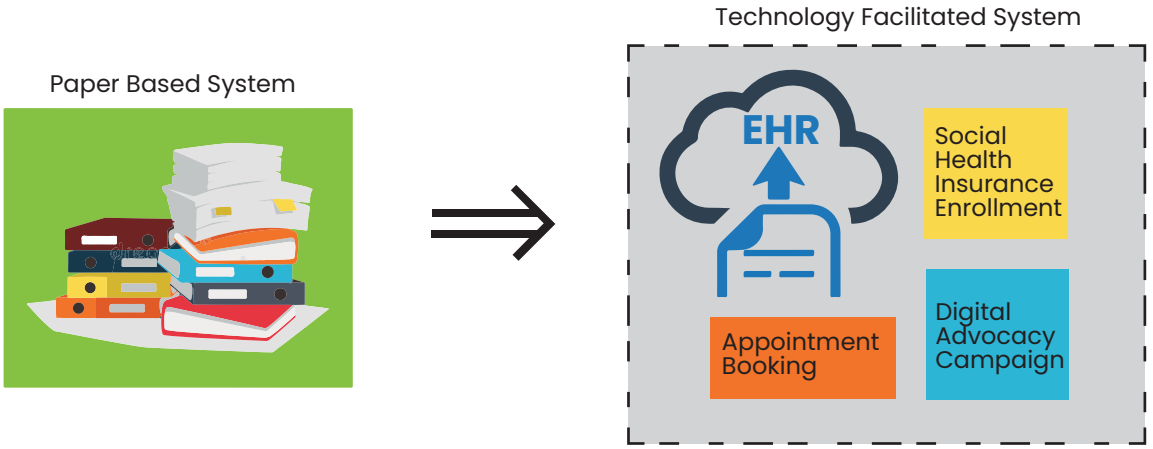


fig. 4.7 Moving Towards a Technology Facilitated System

Another critical innovation for primary healthcare development in Lagos will be the consideration of the private sector in management partnerships for health service delivery for the public sector. Already some sort of partnership occurs at the primary care level where service components are fragmented and profitable service components including pharmacy and laboratory services are privatized. The situation of privatizing gains and socializing loses can be averted if government can appropriately plan private sector engagement for primary healthcare. In places where government cannot meet up all expenditures on primary healthcare, private sector engagement must be as such that both profitable and less profitable components of health service delivery are bundled together for private sector up-taking.

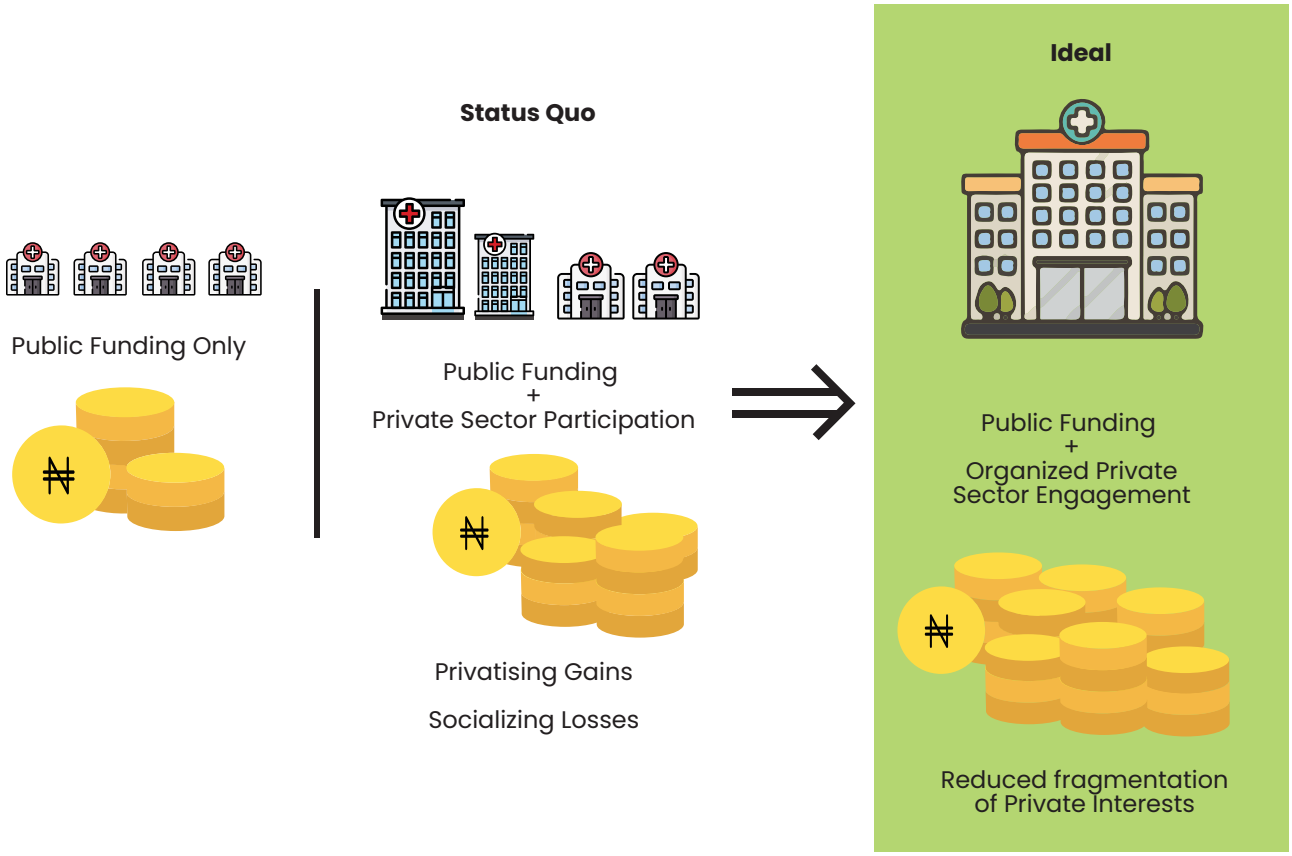


fig. 4.8 Structuring Major Private Sector Investments in Primary Healthcare

IMPROVING TRANSPARENCY IN MANAGEMENT, ACCOUNTABILITY AND BUDGETING FOR PRIMARY HEALTHCARE

As government aims to improve primary healthcare, resource accountability and transparency is critical to the efficient utilization of available resource and the mobilization of new resources. Transparency in the management of resources and a show of budget performance and fiscal auditing are important fiduciary processes which will promote suitable working systems that foster partnerships and collaborative engagements. Processes which improve system accountability must be institutionalized down to the facility level if government is to improve system efficiency and value for money spent.

PROGRAM VISIONING, PLANNING, AND IMPLEMENTATION

In the results analysis section, the Lagos state SOML- PforR described clearly how the results framework of the SOML program did not recognize the advancement of primary healthcare systems at the subnational level and the indices in these states in relation to the global standard for good practice. In the future, appropriate contextual review during program visioning and planning are particularly important for equity and improved implementation of health programs. Also, result measurement and tracking systems must be reliable. The implementation of the SMART surveys was inconsistent and when done, a review of the results showed inconsistencies especially when comparing a DLI indicator with other related indicators in the series. Alternate sources of state level data also showed significant inconsistencies with the SMART survey, the DHIS and LQA data in Lagos which was used to monitor progress for some

of the DLIs on a quarterly review completely varied from the results published in the SMART surveys which were used to review performance. The inconsistencies must be appropriately reviewed before the dissemination of national surveys to avoid a loss of trust in National programs with a strong reliance on state level participation. In our synthesis of providing recommendations for primary care services despite the barriers to service delivery might help health systems in resource challenged settings better conceptualize primary healthcare.

The recommendations for policy development, practice consideration, improved planning, budgeting, and M&E systems can lead to more equitable access to healthcare. Importantly, there is the need for health policies that address rural health problems and future program designs should focus on factoring the different advancements in the health system at the subnational level. Improved access and health status are key goals of any health care reform, and impediments to the achievement of these goals are not just financial, proposals to extend the stock of essential health services, quality of available services, sustainability of essential health commodities and health insurance .

coverage should define where coordination is needed with other programs that target these barriers. Such initiatives should include:

- broad public health, health education and promotion initiatives that help people understand how to take care of their health and use health care services appropriately,
- efforts to structure health care services, systems, and financing to reach more effectively the poorest and vulnerable such as residents of urban slums and rural areas, vulnerable mothers, and children, displaced and migrant groups, and those with certain health problems including HIV, tuberculosis, and malaria,
- programs to recruit and train (or retrain) health care practitioners to support expanded access to primary and preventive services, especially in areas where such services are already in short supply,
- vigorous, well-financed initiatives through broad resource mobilization for the delivery of health services and elimination of health system inefficiencies.

In closing, expanding primary healthcare services in resource challenged settings like Nigeria require strategies to unlock the health access of populations currently excluded from the system. This will require some reliance on social development initiatives of which health is a construct that focus directly on socio-economic development. Identity management programs at the state or national levels, social registers for the poor and vulnerable and other social development initiatives of the government will be useful to the mapping of disenfranchised population which is critical to a meaningful expansion of essential primary healthcare services. Finally, the recommendations discussed in this document are not to be adopted as a one size fit all. Local implementation differences and challenges must be considered in adapting recommendations. Reforms, once adopted, cannot just be assumed to be successful in meeting their objectives, policymakers must continue to monitor changes in access over time.

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MAZEEDAT ERINOSHO

LAGOS STATE SOML- PFORR
MANAGER

Dr. (Mrs.) Erinosho is an astute public health professional with the Lagos state ministry of health with 20 years public health experience. Her expertise cuts across the Lagos health system and her core passion for maternal and child health has seen her anchor several programs relating to primary healthcare including nutrition, school health and the SOML- PforR where she served as the program manager.

ADEBAYO DOSUNMU

LAGOS STATE SOML- PFORR
ACCOUNTANT (INCEPTION - JAN 2020)

Mr. Dosunmu is a chartered accountant with several years of professional experience in the public and private sectors. He served as the Lagos state SOML- PforR accountant from program inception till January 2020. Following his stint at the Lagos SOML- PforR secretariat, he continues to discharge duties as an accountant with the Lagos state government.

OLANIRAN BANWO

LAGOS STATE SOML- PFORR
INTERNAL AUDITOR

Mr. Banwo is a chartered Accountant with IPSAS certification. His years of professional experience in both public and private sector cuts across auditing, taxation, financial reporting and management. Prior to joining the SOML- PforR team he had worked with the Lagos ministry of works and infastructure, Motor vehicle administration agency, and the primary health care board.

OJUOLAPE BAKARE (ACCA, ACA)

LAGOS STATE SOML- PFORR
ACCOUNTANT (JAN 2020 - TILL DATE)

Mrs. Bakare is a Chartered Accountant with over 10 years' experience in Finance, Taxation, and Project Management. Her experience cuts across both public and private sectors where she championed key initiatives that improved financial management processes. Her experience further improved the Lagos SOML- PforR implementation strategy and streamlined financial processes during program implementation.

ADEOLA ADEDEJI

LAGOS STATE SOML- PFORR
ADMINISTRATOR

Ms. Adedeji is an Administrative and Human Resource Officer in the Lagos State Civil Service with 12 years' work experience. Prior to joining the SOML- PforR team she had worked at the Lagos Public Service Office, Ministry of Establishments and Training and the Primary Healthcare Board. She has a Masters in Public Administration and an Associate Member of Chartered Institute Personnel.

ADEWALE KASHIMAWO
LAGOS STATE SOML- PFORR
ACCOUNTANT

Mr. Kashimawo has several years of experience working as an executive officer for several finance and account units of various ministries, departments, and agencies within the Lagos state government. He worked with the SOML- PforR team as a finance officer processing payment with the program accountant and auditor.

HAZEEZ ONAKOYA
LAGOS STATE SOML- PFORR
TECHNICAL ASSISTANT

Mr. Onakoya is a seasoned monitoring and evaluation professional with years of experience on development projects focused on the health sector. Prior to joining the Lagos state SOML- PforR team, he had worked as a data analyst on a USAID financed project.

RIHDWAN OYEBANJI
LAGOS STATE SOML- PFORR
PROJECT ADMINISTRATOR

Rihdwan is a certified project manager who worked with Lagos state SOML- PforR secretariat as a team assistant. Prior to working with the Lagos SOML- PforR team, he had been a quintessential member of several project implementation teams which delivered in line with the project objectives.

ADESOLA AKINYELU
LAGOS STATE SOML- PFORR
LOGISTICS MANAGER

Mr. Akinyelu is an experienced driver who worked as an integral team member of the Lagos state SOML- PforR secretariat. His contribution to the team played a critical role which ensured a successful implementation of the program in Lagos state.

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APPENDIX

LAGOS STATE SAVING ONE MILLION LIVES PROGRAM FOR RESULTS REVISED QUARTER ONE Y2018 WORKPLAN						
DLI 1.1 & 1.2: QUANTITY OF SERVICE						
INTERVENTION AREA	CROSS CUTTING ACTIVITY STRENGTHENING MNCHW					
GOAL	Increasing access to maternal and child health service in the state					
Objective 1	Increasing access to the coverage of maternal and child health servicec in the state					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Improve access to basic healthcare services and increase coverage during MNCHW	State level training of trainer (363 participants in 2 batches - 17 state team, 57 MOHs, 57 Apex CNO, 20 M&E, 57 Apex CHO, 20 nutritional focal persons, 22 STF, 22 LIO, 20 health educator, 20 CCC, 20 RH	Refreshing on MNCH strategies, challengies and way forward on MNCH	Refreshing on MNCH strategies, challengies and way forward on MNCH	Feb 2019	April 2019	Once
	Production of tally sheet, summary sheet, monitoring checklist, child health cards, produciton of data, management tools for 57 LGA/LCDA	Provision of data analysis		Feb 2019	April 2019	Once
	Development, production and airing of radio jingles, media appearance for effective state wide mobilization	Creation of awareness		Feb 2019	April 2019	Once
	Targetted social mobilization; LGA motorized rally, sensitization of community leaders and mobilizers on key messages on MNCHW for the 20 LGS	Community sensitization and awareness		Feb 2019	April 2019	Once
	Development and production of one-page factsheets on MNCHW for the 20 LGA/LCDA	Feedback of the MNCHW outcome		Feb 2019	April 2019	Once
	Engagement of 300 community mobilizers @ 1 personnel/ fixed post for 5 days @N1,000/ day	Engagement of 300 community mobilizers @ 1 personnel/ fixed post for 5 days @N1,000/day		Feb 2019	April 2019	Once

INTERVENTION AREA	LONG LASTING INSECTICIDE NETS (LLINs) FOR CHILDREN					
GOAL	Increaseing the proportion of children under 5years and pregnant women sleepin LLINs					
Objective 1	Increase % of children under 5years and pregnant women who slept beneath an insecticide treated bed net the night before from 56% to 60% in 3 months					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
LLINs for pregnant women and children under 5	Procure LLIN for the 110 health facilities in 5 LGA (Ikeja, Alimosho, Oshodi-Isolo, Ikorodu, somolu)	Distribute LLIN (145 balees) from central medical store to the health for the quarter		April 2018	June 2018	Once
LLINs for pregnant women and children under 5	Procure LLIN for the 110 health facilities in 5 LGA (Ikeja, Alimosho, Oshodi-Isolo, Ikorodu, somolu)	Distribute LLIN (145 balees) from central medical store to the health for the quarter		April 2018	June 2018	Monthly
	Conduct monthly data validation meetings with LGA Malaria focal persons and relevant stakeholders			April 2018	June 2018	Monthly
	Conduct sensitization with key community influencers in 5 SOML supported LGA	Number of sensitization on LLIN conducted with the key community influencers	Targeted solution are identified for the issues relating to	April 2018	June 2018	Once
	1 day capacity building session on behavioural change communication strategies on LLIN utilization			April 2018	June 2018	Monthly
	Engage community mobilizers as LLIN utilization trackers (LUTs) 10/LGA x 5 LGAs (50 LUTs)			April 2018	June 2018	Weekly
Field assessment on LLIN utilization in 5 SOML PforR supported states	Development of LUT tracking tools and review of feedback on use of tools following implementation			April 2018	June 2018	Twice
	Procurement of pluses (to be given to household who use LLIN las night during survey, evidence by hanging			April 2018	June 2018	
	Printing of IEC materials			April 2018	June 2018	

INTERVENTION AREA	SKILLED BIRTH DELIVERY					
GOAL	Improve Delivery Outcome among Pregnant women					
Objective 1	Increase Skilled birth delivery by 10%					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Increasing skilled birth delivery across the state	Pre-implementation meeting	ANC and delivery rate at PHCs	Increased ANC attendance and delivery rates at PHCs	Jan 2018	March 2018	Quarterly
	Provision of incentives to mothers who attend 4ANC visit and deliver in health facility	ANC and delivery rate at GHs	Increased ANC attendance and delivery rate at PHCs	Jan 2018	March 2018	Quarterly
Increasing skilled birth delivery across the state	Payment to every registered TBA who refer pregnants women for delivery at the GHs (2017 outstanding)	ANC and delivery register at public facility	Increase number of delivery by skilled birth attendants	April 2019	June	
	Independents monitoring of the above activities by 3 officers, 2 from MoH and 1 from PHCB, in facilities and community to triangulate information in the 3 LGAs (Epe, Ikorodu & Ibeju-Lekki) using monitoring vehicles (2017 outstanding)	ANC and delivery rate at Public facilities	Increase number of delivery by skilled birth attendant			Quarterly
	Post intervention/ post monitoring intervention meeting and dissemination at the state (2017 outstanding)	ANC and delivery rate at Public facilities	Increase number of delivery by skilled birth attendant			Quarterly
INTERVENTION AREA	VITAMIN A SUPPLEMENTATION					
GOAL	Improve awareness, access and uptake for Vitamin A					
Objective 1	Increase the uptake of Vitamin A by children 6-59 months from 71% to 80% in 3 months					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
	Training of community malnutrition trackers in wards with PHC across the state		Prompt identification of early signs of malnutrition and effective rehabilitation	April 2018	June 2018	8 times
	Procurement of RUTF for management and rehabilitation of identified malnourished children in the wards			April 2018	June 2018	Once
	Monthly transportation/ incentives for community malnutrition trackers in all 376 wards			April 2018	June 2018	Thrice

INTERVENTION AREA	EMTCT SERVICES					
GOAL	Increase utilization of EMTCT services among pregnant women					
Objective 1	Increase the uptake of EMTCT from 18% to at least 36% by June 2018					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Increase uptake of HIV testing services by pregnant women attending ante-natal clinic in 4 selected LGAs (Kosofe 20%, Somolu 33%, Ojo 29% and Eti-Osa 40%)	Conduct HIV test for pregnant women attending ante-natal clinics at TBAs and PHCs in the selected LGAs	% of pregnant women who were HIV counselled tested with result in the selected LGAs (Kosofe 30%, Somolu 44%, Ojo 39% and Eti-osa 50% LGAs)	Reduced HIV incidence in HIV exposed babies	April 2018	June 2018	Quarterly
INTERVENTION AREA	CONTRACEPTIVE USE					
GOAL	Improve uptake of modern family methods					
Objective 1	Increase the uptake of modern contraceptives by 10% in 3 months					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Improve family planning uptake	Preliminary planning meeting with LGA and community focal person			April 2018	June 2018	
	Capacity building of 60 community based distributior of non-precriptive FP commodities	Increased family planning uptake and increased CPR in the selected PHCs	Improve the uptake of family planning services, Increase patronage and the contraceptives prevalence rate and reduce the high maternal and child mortality in Lagos State	April 2018	June 2018	
	1 day motorized family planning campaign at major parks and market within the 6 LGA by CBD			April 2018	June 2018	
	Monthly review meeting/data collection with 60 CBDs			April 2018	June 2018	
	Annual review meeting with CBDs			April 2018	June 2018	
Increasing uptake of family planning commodities through demand creation	Community based distributior of non-prescriptive family planning commodities	Evaluation of total new acceptors of mCPR in the 6 LGAs post-intervention	Availability of 360 artisans trained or distribution and referral of family planning commodities in 6 LGAs	Ongoing	May	Quarterly

LAGOS STATE SAVING ONE MILLION LIVES PROGRAM FOR RESULTS REVISED QUARTER ONE Y2018 WORKPLAN						
DLI 2: QUALITY OF SERVICE						
INTERVENTION AREA	ESSENTIAL DRUGS AND IMPROVED LAB SERVICES					
GOAL	Improved access to essential medicines and consumables across the 189 functional PHCs					
Objective 1	Improved access to essential medicines across the 189 PHCs from 50% to 80%					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Availability of essential drugs	Capitalisation of PHCs through tendering by reputable pharmaceutical companies to procure and distribute essential medicines and consumables to 189 PHCs	Sighting of proof of delivery, SRIV, availability of essential medicine at the PHCs.	Low pricing of effective quality drugs, uninterrupted access to essential medicine all year round at the PHCs	April 2018	June 2018	Anually
INTERVENTION AREA	IMPROVED LABORATORY SERVICES					
GOAL	Improve Medical Laboratory Services at the Primary Level of Care					
Objective 1	Increase and improve medical laboratory services at the primary level of care					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Capacity building for all medical laboratory personnel	training on FBC and logistics management	Number of personnel trained	Qualityy data management	April 2018	June 2018	Once
Establishment of medical lab networking and data management	Creation of ODK software for data management	Real time data management and accessibility	Qualityy data management	April 2018	June 2018	Once
Purchase of medical Laboratory consumables	Use of Quality medical laboratory consumables	Report of utilization from all flagship PHCCs	Better quality service delivery at the primary level of care	April 2018	June 2018	Once
Investigation data recording	Printing of medical laboratory register	Data management system	Better record keeping	April 2018	June 2018	Once
INTERVENTION AREA	LAGOS STATE STRATEGIC HEALTH DEVELOPMENT PLAN					
GOAL	Provide effective leadership and an enabling policy environment that ensures adequate oversight					
Objective 1	Provide clear policy, plan, legislative and regulatory frameworks for health sector					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Ensure the finalization and the validation of the Lagos State Strategic health development plan II	3 day residential pre-validation workshop	Draft Lagos SSHDP II and M&E plan	Pre-validated Lagos SSHDP II and M&E plan	Nov 2018	Nov 2018	Once
	Validation meeting	Finalized Lagos SSHDP II and M&E plan	Validated Lagos SSHDP II and M&E plan	Jan 2019	Jan 2019	Once
	Dissemination meeting	Available printed copies of the plan	Widely disseminated SSHDP and M&E plan	Feb 2019	Feb 2019	Once
	Development of implementation framework for SSHDP	Draft operational plan for implementa-tion	Implemented Lagos SSHDP II	Feb 2019	Feb 2019	Once

INTERVENTION AREA	NURSING SERVICES					
GOAL	Promote good Nurse/patient relationship					
Objective 1	To ensure improvement in quality of care					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Increase in utilisation of primary healthcare centres quality health care service	Workshop training on interpersonal communication skills, attitudinal change and update of SOML PforR activities for 590 Nurses in the PHCCs in Lagos State	Update knowledge in the objectives of SOML PforR and improve nurses attitude towards client	Improve the nurses attitude towards client and enhance the quality of care in the facilities	April 2018	June 2018	
	Impact Assessment monitoring on Attitudinal changes			April 2018	June 2018	
Increase in utilisation of secondary and tertiary healthcare services by pregnant mothers	Workshop training on capacity buildings of nurses on behavioural change, attitudinal and ethical compliance, update of SOML PforR activities for 825 nurse/ midwives in Lagos State	knowledge update in the objectives of SOML PforR and improved nurses attitude towards patients	Enhanced quality of care in facilities through improved attitude towards clients	April 2018	June 2018	
Improving ethical compliance of Nurses	Production of Nursing identification tags			April 2018	June 2018	
INTERVENTION AREA	PRODUCTION OF BASIC MEDICAL EQUIPMENT					
GOAL	Increase access to affordable and quality healthcare services					
Objective 1	Ensure all residents of Lagos have access to quality healthcare without financial hardship					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Strengthening service delivery in the PHCs supporting hard to reach area	Procurement of medical equipment for 10 PHCs that support hard to reach areas	Distribution list of medical equipment	Improved service delivery	April 2019	June 2019	

INTERVENTION AREA	LAGOS STATE HEALTH INSURANCE SCHEME					
GOAL	Increase access to affordable and quality healthcare service					
Objective 1	To ensure all residents of Lagos State have access to affordable and quality healthcare without financial hardship					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
	Pay premium for identified vulnerable and indigent families	Number of enrolled poor	Improved access to healthcare services by the vulnerable	June 2018	June 2019	1 year
	Planning and logistics meeting					
	Training and pilot survey					
	Community entry and exit					
	Renumeration and transport allowance (DSA)					
	Communication allowances for field workers (communication vouchers)					
	Analysis and production of report					
	Survey tools					
INTERVENTION AREA	INTEGRATED SUPPORTIVE SUPERVISION					
GOAL	Improvement in performance of health managers and providers					
Objective 1						
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Implementation of integrated supportive services	Pre-implementation meeting		Improved service delivery	April 2018	June 2018	Quarterly
Implementation of integrated supportive services across state and LGA levels	3 day non residential ISS training of trainers			April 2018	June 2018	Quarterly
Implementation of integrated supportive services across state and LGA levels	3 day non residential ISS state level training			April 2018	June 2018	Quarterly
Implementation of integrated supportive services across state and LGA levels	Quarterly conduct of ISS visits to the LGA			April 2018	June 2018	Quarterly

INTERVENTION AREA	LAGOS STATE HEALTH INSURANCE SCHEME					
GOAL	Increase access to affordable and quality healthcare service					
Objective 1	To ensure all residents of Lagos State have access to affordable and quality healthcare without financial hardship					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Implementing structures	maintaing the PMU (SOML PforR secretariat) for effective program management	procurement of basic equipment needed for project management	Fully functional and equipped PMU secretariat	April 2018	June 2018	Once
	Travel and accomodation expenses for SOML officers on program activities		Improved functionality of SOML secretariat	April 2018	June 2018	Quarterly
	Running cost to PFMU		Improved functionality of SOML secretariat	April 2018	June 2018	Quarterly
	Financial training on Accounting softwares and IPSAS	Prompt update and compliance with relevant accounting	Improved tranparency in financial reporting	April 2018	June 2018	One-off
	Procurement of project vehicle for SOML activities		Improved functionality of SOML secretariat	April 2018	June 2018	One-off
	Entertainment and hospitality		Improved functionality of SOML secretariat	April 2018	June 2018	As the need arise
INTERVENTION AREA	HEALTH MANAGEMENT INFORMATION SYSTEM					
GOAL	Increase reporting of quality data that is reliable, available, accurate and timely for informed decision making at all levels of care					
Objective 1	Improve availabilty of quality data					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Printing of NHMIS tool	Availability of the NHMIS tool	Utilization of tool	NMIS tool printed and distributed to various health facilities	April 2018	June 2018	Bi annual
Regular quarterly data quality assurance visits	First quarter DQA at the PHC/ secondary health facilities by DHCPRS/SOML officers	DQA visit reports	Improved data coordination	April 2018	June 2018	Quarterly
Quarterly health data consultative committee meeting	QuarterIt HDCC meeting chaired by the PSH to discuss data challenges and profer solutions	Minutes of meeting and action plan	Corrective actions for both data users and data generators implemented	April 2018	June 2018	Quarterly
Printing of Index	Availability of national health indicators	use of indicators	Selected indicators	April 2018	June 2018	Quarterly
Procurement of computer/ hardware for the unit	Availability of computers and hardware for use in the unit	use of computers and hardware for improved efficiency	Improved effectiveness and efficiency of staff in the unit	April 2018	June 2018	Quarterly
Health data technical working group	Data validation before dissemination and use	Harmonized data	Cleaned and reliable data	April 2018	June 2018	Quarterly

LAGOS STATE SAVING ONE MILLION LIVES PROGRAM FOR RESULTS REVISED QUARTER ONE Y2018 WORKPLAN						
DLI 5: TRANSPARENCY IN MANAGEMENT AND PHC BUDGETING						
INTERVENTION AREA	SOML PforR SECRETARIAT					
GOAL	Increasing transparency in management and budgeting for PHC					
Objective 1	Increasing transparency in management and budgeting for PHC					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
To increase accountability and transparency	Dissemination and publication of PHC consolidated budget	Number of dissemination channels	1. Accountability and transparency in the PHC consolidation budgeting 2. Increasing the state envelope	March 2019	April 2019	Once

LAGOS STATE SAVING ONE MILLION LIVES PROGRAM FOR RESULTS REVISED QUARTER ONE Y2019 WORKPLAN						
DLI 1.1 & 1.2: QUANTITY OF SERVICE						
INTERVENTION AREA	PENTAVALENT VACCINE					
GOAL	Reduce child mobidity and mortality by improving provision of quality of immunization service through health facilities and community outreaches					
Objective 1	Increase the coverage of PENTA-3 from 92% to 95% by December 2020 and improve acess to the coverage of maternal and child health services in ward without PHCs					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Strategy 1 Reach the unimmunized children especially in HTR and undeserved areas	Conduct monthly outreaches across all HTR sites	Reduced number of unimmunized children	4 outreaches per HTR ward conducted per month to improve immunization coverage	July 2019	Sept 2019	Monthly
Improve access to basic health care services and therefore increase coverage at all levels	monitoring on the job supervision to 60 private, secondary and tertiary health facilities on routine immunization services	Improved skills of H/Ws in rendering RI with potency of vaccines adequately ensured		July 2019	Sept 2019	
	Develop REW micro plan (Mapping of health facility catchment areas to identify fixed outreach and mobile posts)	Up to date REW micro plan	Complete mapping of HF catchment areas and updated micro plan for adequate resource planning	July 2019	Sept 2019	Quarterly
	Support for state emergency routine immunization coordination centre meetings	Minutes of the meeting	Increased RI coordination and immunization coverage	July 2019	Sept 2019	Monthly
	state engagement with 200 MDs of private health facilities on RI services	Improved skill of 200 MDs in rendering RI services in tandem with global best practices		July 2019	Sept 2019	
	Routine Immunization Supportive Supervision	ODK RISS checklist	Improved immunization service delivery and data management	July 2019	Sept 2019	Weekly

INTERVENTION AREA	LLIN AT COMMUNITY AND FAMILY LEVEL					
GOAL	Reduce maternal and Child morbidity and mortality by improving access to and utilization of long lasting mosquito nets smong pregnant women and children U5					
Objective 1	Increase the utilization of LLINs from 31% to 80% by December 2019					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Increase ownership of LLINs for pregnant women and children under 5	Procure and deliver LLINs (for pregnant women at booking and full immunized children) to 100 health facilities in 5 LGAs (Ikeja, Oshodi-Isolo, Alimosho, Ikorodu and Shomolu)	Delivery of procured LLINs to 100 health facilities across 5 LGAs	Availability of LLINs in HFs in 5 SOML supported LGAs	July 2019	Sept 2019	Once

INTERVENTION AREA	LLIN AT COMMUNITY AND FAMILY LEVEL					
GOAL	Reduce maternal and Child morbidity and mortality by improving access to and utilization of long lasting mosquito nets smong pregnant women and children U5					
Objective 1	Increase the utilization of LLINs from 31% to 80% by December 2019					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Reorientation of health workers on routine distribution of LLINs for pregnant women and children under 5	Conduct monthly coordination meetings with LGAs Malana Focal Persons and relevant stakeholders	Number of meeting held	3 meetings held in a quarter	July 2019	Sept 2019	Once
Capacity building session on behavioural change communication (BCC) strategies on LLINs utilization	1 day BCC refresher training on LLIN for LGA RBMMs, Assistant LGA RBMMs, LGA/LCDA OICs and LGA/LCDA Apex. Nurses/Apex CHOs in 5 LGAs	Number of health workers trained	Improved delivery of BCC strategies	July 2019	Sept 2019	Once
Capacity building session on behavioural change communication (BCC) strategies on LLINs utilization	1 day training for LUTs, LGA RBMMs, LGA Health Educators and LGA M&Es on tracking tools in 5 LGAs (in 2 branches)	Number of health workers trained	Improved delivery of BCC strategies	July 2019	Sept 2019	Twice
Increase awareness on LLIN utilization among pregnant women and children U5 in communities in 10 SOML supported LGAs	1 day meeting with 15 identified key community influencers/LGA in 5 LGAs, 5 LGA HEs, 5 LGA RBMMs and 8 SMEP/PHCB Officers in 2 batches on malaria prevention and case management, key influencers and relevant LGA team	Number of key influencers enlightened on malaria prevention and case management	Improved malaria prevention and case managemnt activities in communities	July 2019	Sept 2019	Twice
	Engage 120 LUTs (1 LUT/LGA) to track households with children U5s in LGAs and engage LGA RBMM and SMEP/ PHCB to monitor and review activities of the LUT in their respective LGAs	Number of LUTs trained	Number of households with U5 who utilize LLINs	July 2019	Sept 2019	

INTERVENTION AREA	STRENGTHENING MATERNAL NEWBORN & CHILD HEALTH WEEK (CROSS CUTTING)					
GOAL	Increase access to maternal and child health services in the state					
Objective 1	Improve access to the coverage of maternal and child health services in the state					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Improve access to health care service and increase coverage during MNCH	Creation of 300 temporary fixed posts especially in wards with no health facilities	Improve access to basic health care services and increase coverage during MNCHW	Refreshing on MNCH strategies, challenges and way forward on MNCH	July 2019	Sept 2019	Once
Increase coverage of children aged 12-59 months on deworming during the MNCHW	Provision of commodities (Albendazole) to children aged 12-59 months during the MNCHW	Increase coverage of children aged 12-59 months on deworming during MNCHW	Refreshing on MNCH strategies, challenges and way forward on MNCH	July 2019	Sept 2019	Once
Improve geographical access to hard to reach areas and riverine areas during MNCHW	State level training of trainer (2) batches -17 state team, 57 MOHs, 57 Apex CNO, M&E 20, 57 Apex CHO, 20 nutrition focal persons, 22 STF, 22 LIO, 20 health educator, 20 CCO, 20 RH, 20 Env Health officers, 21 NPopC	Increase coverage of children aged 12-59 months on deworming during MNCHW	Refreshing on MNCH strategies, challenges and way forward on MNCH	July 2019	Sept 2019	Once
	Development, production and Airing of radio jingles, media appearance for effective state wide mobilization	creation of awareness		July 2019	Sept 2019	Once
	Targetted social mobilization; LGA motorized rally, sensitization of community leaders and mobilizers on key messages on MNCHW	community sensitization/ Awareness		July 2019	Sept 2019	Once
	Engagement of 300 community mobilizers	Engagement of 300 community mobilizers		July 2019	Sept 2019	Once
	2019 2nd round MNCHW state flag off	Sensitization of state wide MNCHW program	Refreshing on MNCH strategies, challenges and way forward on MNCH	Nov 2019	Nov 2019	
	Purchase of 147 dozen raincoat for the 20 LGAs			Nov 2019	Nov 2019	Once

INTERVENTION AREA	CONTRACEPTIVE USE					
GOAL	Improve uptake of modern family methods					
Objective 1	Increase the uptake of modern contraceptives by 2% in 12 months					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Increase provision of FP commodities	Procurement of family planning consumables and pregnancy test kits for 256 PHCs	Distribution register for PHCs	Availability of FP consumables and test kits in the PHCs	July 2019	Sept 2019	Quarterly
Increasing awareness on FP services	Provision of BCC materials in different languages on FP methods and side effects	IEC distribution log plan	FP BCC materials available in the PHCs and used as a tool during PHC ante natal and outreach session	July 2019	Sept 2019	Quarterly
Improving quality of FP service delivery	Printing of SOPs for the FP clinic and OJT all FP providers on the use of SOP	Utilization of SOPs in service provision	Availability of FP SOPs in each FP service area, ability of provider to provide service with the SOP	July 2019	Sept 2019	Quarterly
Increasing availability of family planning commodities through effective commodities supply to the last mile	Integrated last mile distribution of reproductive health and family planning services towards improving access to family planning service in state	1. Evaluation of total new acceptors of mCPR in state 2. Evaluation of the stock-out rate of FP commodities in the state	No stock-out of family planning commodities at the state public health facilities	July 2019	Sept 2019	Twice
Improving the quality of family planning service in the state by scaling up access to and utilization of family planning service through training of health workers on FP interventions		certification of 50 family planning providers in the state health facility to follow adequate practical exposure	Additional 50 FP providers in the state ensuring good method mix and quality FP service delivery in the state	July 2019	Sept 2019	Bi-annually
INTERVENTION AREA	HTC IN ANC, L&D AND POST NATAL (E-MTCT)					
GOAL	Reduce maternal and newborn morbidity and mortality by improving access to and utilization of PMTCT services among pregnant women					
Objective 1	Increase the uptake PMTCT from 82% to 90% by December 2018					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Increase uptake of HIV testing services by pregnant women attending ante-natal clinic in 9 selected LGAs which are Eti-Osa, Kosofe, Badagry, Ibeju-Lekki, Lagos Island, Mainland, Ojo, Amuwo odofin, with a total of 569 TBAs	Conduct HIV test for pregnant women attending ante-natal clinics at TBAs and PHCs in the 9 selected LGAs	% of pregnant woman who were HIV counselled tested with result in the selected LGAs	Reduced HIV incidence in HIV exposed babies	July 2019	Sept 2019	Once
	Conducting monthly LHTC coordination meeting at the 20 LGAs to ensure proper reporting of HIV activity	Increase in the % of pregnant woman who were HIV counselled tested with result in the selected LGAs	Increase in the number of pregnant women that are CTRR. Strengthening the coordination of HIV services at the LGA state	July 2019	Sept 2019	Once
	Provision of HIV M&E tools to endure adequate reporting of HIV activities at the LGA	Printing of data tools and SOPS, posters and job AIDS	Increase in the number of pregnant women that are CTRR. Improving the quality of services provision at the PHC facilities and TBA sites for the pregnant women	July 2019	Sept 2019	Once

INTERVENTION AREA	SKILLED BIRTH DELIVERY					
GOAL	Improve Delivery Outcome among Pregnant women					
Objective 1	Increase Skilled birth delivery by 15%					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Improve knowledge on essential obsterics care and delivery outcome	Improved data collection and review of data at GHs	Monthly MPDSR data	Improved data gathering and analysis	July 2019	Sept 2019	Once
	Community sensitization meeting with TBAs in 3 LGAs	ANC and delivery rate at GHs	Increased ANC attendance and delivery rate at GHs	July 2019	Sept 2019	Quarterly
	Awareness creation through community mobilization activities	ANC and delivery rate at PHCs & GHs	Increased ANC attendance and delivery rate at PHCs	July 2019	Sept 2019	Quarterly
	Independent monitoring of activities by 6 persons	ANC and delivery rate at PHCs & GHs	Increased ANC attendance and delivery rate at PHCs and GHs	July 2019	Sept 2019	Quarterly
	Post implementation/ dissemination meeting	ANC and delivery rate at PHCs	Increased ANC attendance and delivery rate at PHCs	July 2019	Sept 2019	Quarterly
	Post intervention/ post monitoring intervention meeting and dissemination at the state	ANC and delivery rate at Public facilities	Increase number of delivery by skilled birth attendant	July 2019	Sept 2019	Quarterly
	Pre-implementation meeting	ANC and delivery rate at PHCs	Increased ANC attendance and delivery rates at PHCs	July 2019	Sept 2019	Quarterly
Improving in patient records for labour and delivery services in the health facilities	Printing of case files for ANCs including partographs for health facility records and OJT training on use of partographs	Number of deliveries with duely filled partographs number of HWs trained on use of partographs	Increased use of partographs in health facilities. Ability of HW to use partographs assessed during ISS	July 2019	Sept 2019	Biannual
Improved knowledge on essential obsterics care and delivery outcome	Training of the newly recruited nurses/mid-wives on essential new born care	Knowledge on neonatal emergency management	Emergency maternal and neonatal management	July 2019	Sept 2019	Annual
	Payment to every register TBA who refer pregnants women for delivery at the GHs (2017 outstanding)	ANC and delivery register at public facility	Increase number of delivery by skilled birth attendants	July 2019	Sept 2019	

INTERVENTION AREA	VITAMIN A SUPPLEMENTATION					
GOAL	Reduce child morbidity and mortality by improving access to and utilization of Vitamin A supplementation throughhealth facilities and outreaches or during campaigns					
Objective 1	Increase the uptake of Vitamin A by children 6-59 months from 56% to 80% in 3 months					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Increase availability of vitamin A supplements	Training of health workers in private and secondary health facilities on vitamin A supplementation, malnutrition screening and management	Number of health workers in both private and secondary health care facilities trained on vitamin A utilisation, malnutrition screening and management	Improved knowledge on Vitamin A supplementation, malnutrition screening and management	July 2019	Sept 2019	Once
	Procurement and allocation of vitamin A	Availability of Vitamin A at the Private and secondary health facility	Increased coverage of vitamin A utilisation in the state	July 2019	Sept 2019	Quarterly
Increase availability of ready to use therapeutic foof (RUTF) for the management of malnurished cases	Procurement and allocation of ready to use therapeutic food, RUTF (Eko Baby Chop Up meal) for the management of malnurished children	Screening and management of malnurished children seen at both private and secondary health facilities	Reduction in number of malnurished children in the state	July 2019	Sept 2019	Quarterly
Monitoring of vitamin A and RUTF utilisation at the facilities	Supportive Supervision and Monitoring of Nutrition activities at the private and secondary health facilities (utilization of vitamin A, RUTF)	Supportive supervision on the job and monitoring of nutrition activities at the private and secondary health facility	Improvement of nutrition service delivery at both private and secondary health facilities in the state	July 2019	Sept 2019	Quarterly
Capacity building of community health and nutrition promoter/ward health committee on vitamin A utilization	Increased sensitization on vitamin A supplement for uptake by children	Workshop for community health and nutrition promoters/ ward health committees on importance of vitamin A supplementa-tion	Improved knowledge on vitamin A supplementation for children 6-59 months among CHNP/WHC	July 2019	Sept 2019	Quarterly
Improve access and coverage of vitamin A supplementation in children 12-59 months	Procurement of ready to eat infant meal for children one year and above that visit the facilties to take vitamin A supplementation to bridge the iron gap and prevent micronutrient deficiency	Number of children one year and above that visit the facilty to take vitamin A supplement-ation	Increased number of children 1 year and above that takes vitamin A supplementation	July 2019	Sept 2019	Quarterly

INTERVENTION AREA	LAGOS STATE HEALTH INSURANCE SCHEME					
GOAL	Increase access to affordable and quality healthcare service					
Objective 1	To ensure all residents of Lagos State have access to affordable and quality healthcare without financial hardship					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
	Commence field work and upload of data into MPI tool and LSHS ICT platform	Daily survey target achieve	Each enumerator is expected to meet the required target per day	July 2019	Sept 2019	
	Monitoring and oversight function to field activities	Number of M&E visits achieved	M&E reports generated and feedback sent to LBS	July 2019	Sept 2019	
	Community exit execution	community exit conducted	community appreciation noted	July 2019	Sept 2019	
	Data Analysis and submission from MDI tool	Availability of social register by expected timeline	Social register available	July 2019	Sept 2019	
	Generation of report and printing	Availability of report by expected timeline	Printed copy of report submitted	July 2019	Sept 2019	
	Request for premium payment for identified number of households	Memo submitted within stipulated time	Memo approved	July 2019	Sept 2019	
	Complete data capturing and generation of enrolment register for Ikorodu on care pay	Premium amount generated on or before May 20	Premium amount submitted for approval	July 2019	Sept 2019	
	Operational activities before care can commence provider engagement, enrollee card generation and disbursement, enrollee forum	1. Provider readiness for care 2. Disbursed ID cards to enrollee 3. Enrollee forum	Access to care is ready to commence	July 2019	Sept 2019	
	Request disbursement for premium amount generated	Memo generated on or before May 22	Approved for payment	July 2019	Sept 2019	
	Funds paid for premiums	funds paid before cut off 25/06/19	Credit alert for the LASHEF account	July 2019	Sept 2019	
	Access to care commences	Enrollees are activated on ICT platform	Access to care can commence	July 2019	Sept 2019	

INTERVENTION AREA	VITAMIN A SUPPLEMENTATION					
GOAL	Reduce child morbidity and mortality by improving access to and utilization of Vitamin A supplementation throughhealth facilities and outreaches or during campaigns					
Objective 1	Increase the uptake of Vitamin A by children 6-59 months from 56% to 80% in 3 months					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Increase availability of vitamin A supplements	Training of health workers in private and secondary health facilities on vitamin A supplementation, malnutrition screening and management	Number of health workers in both private and secondary health care facilities trained on vitamin A utilisation, malnutrition screening and management	Improved knowledge on Vitamin A supplementation, malnutrition screening and management	July 2019	Sept 2019	Once
	Procurement and allocation of vitamin A	Availability of Vitamin A at the Private and secondary health facility	Increased coverage of vitamin A utilisation in the state	July 2019	Sept 2019	Quarterly
Increase availability of ready to use therapeutic foof (RUTF) for the management of malnurished cases	Procurement and allocation of ready to use therapeutic food, RUTF (Eko Baby Chop Up meal) for the management of malnurished children	Screening and management of malnurished children seen at both private and secondary health facilities	Reduction in number of malnurished children in the state	July 2019	Sept 2019	Quarterly
Monitoring of vitamin A and RUTF utilisation at the facilities	Supportive Supervision and Monitoring of Nutrition activities at the private and secondary health facilities (utilization of vitamin A, RUTF)	Supportive supervision on the job and monitoring of nutrition activities at the private and secondary health facility	Improvement of nutrition service delivery at both private and secondary health facilities in the state	July 2019	Sept 2019	Quarterly
Capacity building of community health and nutrition promoter/ward health committee on vitamin A utilization	Increased sensitization on vitamin A supplement for uptake by children	Workshop for community health and nutrition promoters/ ward health committees on importance of vitamin A supplementa-tion	Improved knowledge on vitamin A supplementation for children 6-59 months among CHNP/WHC	July 2019	Sept 2019	Quarterly
Improve access and coverage of vitamin A supplementation in children 12-59 months	Procurement of ready to eat infant meal for children one year and above that visit the facilties to take vitamin A supplementation to bridge the iron gap and prevent micronutrient deficiency	Number of children one year and above that visit the facilty to take vitamin A supplement-ation	Increased number of children 1 year and above that takes vitamin A supplementation	July 2019	Sept 2019	Quarterly

LAGOS STATE SAVING ONE MILLION LIVES PROGRAM FOR RESULTS REVISED QUARTER ONE Y2019 WORKPLAN						
DLI 2: QUALITY OF SERVICE						
INTERVENTION AREA	ESSENTIAL DRUGS					
GOAL	Improved access to essential medicines and consumables across the 222 functional PHCs					
Objective 1	Improved access to essential medicines across the 222 PHCs from 50% to 80%					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Availability of essential drugs	Provision of additional seed stock of essential medicines to 222 PHCs	Sighting of proof of delivery, SRIV, availability of essential medicine at the PHCs. Review, validate and submission of monthly report	Low pricing of effective quality drugs, uninterrupted access to essential medicine all year round at the PHCs	July 2019	Sept 2019	Once
	Provision of SOPs, clinical guideline and processes and reference books	Availability of SOPs, clinical guidelines and reference books at the PHCs	Ensure standard and quality delivery of pharmaceutical services in line with global best practice	July 2019	Sept 2019	Once
	Monitoring and Evaluation of 222 capitalized PHC	Availability of essential medicines. Availability of inventory control tools	Quality delivery of pharmaceutical services. Ensure drug and financial management	July 2019	Sept 2019	Twice weekly
INTERVENTION AREA	LLIN AT COMMUNITY AND FAMILY LEVEL					
GOAL	Increase and Improve Medical Laboratory Services at the Primary Level or Care					
Objective 1	Improve Medical Laboratory Services at the Primary Level or Care					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Increase or Improve Medical Laboratory Services at the Primary Level or Care	Supportive supervision, impact assessment and OTJ training on FBC & logistics Management to 57 flagship centers	Number of Personnel trained	Improve knowledge base on FBC	July 2019	Sept 2019	8 weeks
	Equipment usage and maintenance	Proper usage of available equipment	Timely release of accurate result	July 2019	Sept 2019	Once
	Integrated quality Assurance programme (40)	Checklist	Improved knowledge and quality service provision	July 2019	Sept 2019	Once
	On the Job training on blood/ DBS sample collection for newly recruited personnel	Number of personnel trained (60)	Improved knowledge	July 2019	Sept 2019	Once
	5 days training on Malaria microscopy (20)	Number of personnel trained (20)	Improved knowledge on malaria investigation	July 2019	Sept 2019	Once
	Printing of medical lab request form	Data management system/usage of standard operating procedures	Better record keeping/Improved SOPs Usage	July 2019	Sept 2019	Once

INTERVENTION AREA	LAGOS STATE STRATEGIC HEALTH DEVELOPMENT PLAN					
GOAL	Provide effective leadership and an enabling environment that ensures adequate oversight					
Objective 1	Provide clear policy, plan, legislative and regulatory frameworks for the health sector					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Ensure the finalization and the validation of the Lagos state strategic health development plan II	3 day residential pre-validation workshop	Draft lagos SSHDP II and M&E plan	Pre-validated Lagos SSHDP II and M&E plan	July 2019	Sept 2019	Once
	Validation meeting	Finalized Lagos SSHDP II and M&E plan	Validated Lagos SSHDP II and M&E plan	July 2019	Sept 2019	Once
	Dissemination meeting	Available printed copies of the plan	Widely disseminated SSHDP and M&E plan	July 2019	Sept 2019	Once
	Dissemination of implementation framework for SSHDP	Draft operational plan for implementa-tion	Implemented Lagos SSHDP II	July 2019	Sept 2019	Once
INTERVENTION AREA	CAPACITY BUILDING OF NURSES ON BCC AND ETHICAL COMPLIANCE					
GOAL	Promote Good Nurse/Patient relationship and improved ethical compliance					
Objective 1	To ensure improvement in quality of care					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Improve knowledge on essential obsterics care and delivery outcome	Impact assessment of the one-day personal effectiveness training for nurse	Number of nurses found compliant with agreed standard of practice	Increased ANC attendance and delivery rates at General hospitals and PHCs	July 2019	Sept 2019	Quarterly
INTERVENTION AREA	PROVISION OF BASIC MEDICAL EQUIPMENT					
GOAL	Increase access to affordable and quality healthcare service					
Objective 1	To ensure all residents of Lagos State have access to affordable and quality healthcare without financial hardship					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Strengthening service delivery in the PHCs supporting hard to reach area	Procurement of medical equipment for 10 PHCs that support hard to reach areas	Distribution list of medical equipment	Improved service delivery	July 2019	Sept 2019	Once
Implementing Structure	Workshop training on capacity building of all health workers in the 3 level of health care in the state on behavioural change, attitudinal and ethical compliances	Knowledge update in objectives of SOML PforR and improved attitude towards work	Improve health workers attitude towards client and enhance the quality of care in the facility	July 2019	Sept 2019	Once
	Procurements of laptops to health insurance accredited PHCs			July 2019	Sept 2019	Once

INTERVENTION AREA	LAGOS STATE HEALTH INSURANCE SCHEME					
GOAL	Increase access to affordable and quality healthcare service					
Objective 1	To ensure all residents of Lagos State have access to affordable and quality healthcare without financial hardship					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
	Provision of premium for identified extremely poor and vulnerable enrollees registered in Y2018 at makoko community, Lagos Mainland LGA	Number of enrolled poor	Improved access to healthcare services by the vulnerable	July 2019	Sept 2019	1 year
	Planning and logistic meetings	Presence of all stakeholder attendance at all meetings	5 meetings held and all necessary pre-commencement activities concluded	July 2019	Sept 2019	5 times
	Obtain approval for funds to be disbursed following all necessary	Approval obtained within time frame specified	Approval for disbursement of funds	July 2019	Sept 2019	
	Purchase of training materials, survey materials, survey tools, contracting out of halls, lunch/tea break and banner	All purchase received and retired before the proposed training date	1. Training material ready for training event 2. Field apparatus for enumerators purchased and ready to be disbursed 3. Hall booed and secured, lunch/tea break contracted out	July 2019	Sept 2019	
	Compile list of enumerators, mobilizers and coordinators along	List sent to SOML	List prepared and sent to SOML	July 2019	Sept 2019	
	Secure subscription and up date configuration of survey tools	Action completed on or before specified deadline	1. Survey application ready for use 2. Adequate number of configured kits for use by the enumerators	July 2019	Sept 2019	
	Compose, print and dispatch necessary communication with LGA/LCDA chairpersons, Baales, MoH, Police and other relevant personalities survey area	Letters dispatched within stipulated time	Acknowledgement copies of letters retired	July 2019	Sept 2019	
	Preparation for community entry and execution of community entry	Community entry executed	All stakeholders are aware of the survey objectives, start date and expected end	July 2019	Sept 2019	
	Training of enumerators and supervisors	100% attendance of training by all enumerators, and supervisor	1. Enumerators know how to use the MDI and collect the right information for care pay upload	July 2019	Sept 2019	

INTERVENTION AREA	LAGOS STATE HEALTH INSURANCE SCHEME					
GOAL	Increase access to affordable and quality healthcare service					
Objective 1	To ensure all residents of Lagos State have access to affordable and quality healthcare without financial hardship					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
	Commence field work and upload of data into MPI tool and LSHS ICT platform	Daily survey target achieve	Each enumerator is expected to meet the required target per day	July 2019	Sept 2019	
	Monitoring and oversight function to field activities	Number of M&E visits achieved	M&E reports generated and feedback sent to LBS	July 2019	Sept 2019	
	Community exit execution	community exit conducted	community appreciation noted	July 2019	Sept 2019	
	Data Analysis and submission from MDI tool	Availability of social register by expected timeline	Social register available	July 2019	Sept 2019	
	Generation of report and printing	Availability of report by expected timeline	Printed copy of report submitted	July 2019	Sept 2019	
	Request for premium payment for identified number of households	Memo submitted within stipulated time	Memo approved	July 2019	Sept 2019	
	Complete data capturing and generation of enrolment register for Ikorodu on care pay	Premium amount generated on or before May 20	Premium amount submitted for approval	July 2019	Sept 2019	
	Operational activities before care can commence provider engagement, enrollee card generation and disbursement, enrollee forum	1. Provider readiness for care 2. Disbursed ID cards to enrollee 3. Enrollee forum	Access to care is ready to commence	July 2019	Sept 2019	
	Request disbursement for premium amount generated	Memo generated on or before May 22	Approved for payment	July 2019	Sept 2019	
	Funds paid for premiums	funds paid before cut off 25/06/19	Credit alert for the LASHEF account	July 2019	Sept 2019	
	Access to care commences	Enrollees are activated on ICT platform	Access to care can commence	July 2019	Sept 2019	

INTERVENTION AREA	LAGOS STATE HEALTH INSURANCE SCHEME					
GOAL	Increase access to affordable and quality healthcare service					
Objective 1	To ensure all residents of Lagos State have access to affordable and quality healthcare without financial hardship					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
	Commence field work and upload of data into MPI tool and LSHS ICT platform	Daily survey target achieve	Each enumerator is expected to meet the required target per day	July 2019	Sept 2019	
	Monitoring and oversight function to field activities	Number of M&E visits achieved	M&E reports generated and feedback sent to LBS	July 2019	Sept 2019	
	Community exit execution	community exit conducted	community appreciation noted	July 2019	Sept 2019	
	Data Analysis and submission from MDI tool	Availability of social register by expected timeline	Social register available	July 2019	Sept 2019	
	Generation of report and printing	Availability of report by expected timeline	Printed copy of report submitted	July 2019	Sept 2019	
	Request for premium payment for identified number of households	Memo submitted within stipulated time	Memo approved	July 2019	Sept 2019	
	Complete data capturing and generation of enrolment register for Ikorodu on care pay	Premium amount generated on or before May 20	Premium amount submitted for approval	July 2019	Sept 2019	
	Operational activities before care can commence provider engagement, enrollee card generation and disbursement, enrollee forum	1. Provider readiness for care 2. Disbursed ID cards to enrollee 3. Enrollee forum	Access to care is ready to commence	July 2019	Sept 2019	
	Request disbursement for premium amount generated	Memo generated on or before May 22	Approved for payment	July 2019	Sept 2019	
	Funds paid for premiums	funds paid before cut off 25/06/19	Credit alert for the LASHEF account	July 2019	Sept 2019	
	Access to care commences	Enrollees are activated on ICT platform	Access to care can commence	July 2019	Sept 2019	

INTERVENTION AREA	INTEGRATED SUPPORTIVE SUPERVISION (ISS)					
GOAL	Increase access to affordable and quality healthcare service					
Objective 1	To ensure all residents of Lagos State have access to affordable and quality healthcare without financial hardship					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Implementation of Integrated supportive service (ISS) across state and LGA levels	Quarterly conduct of ISS visits to 26 hospitals		Improved service delivery	July 2019	Sept 2019	Quarterly
	Quarterly conduct of ISS visits to PHCs		Improved service delivery	July 2019	Sept 2019	Quarterly
	Quarterly review meeting		Improved service delivery	July 2019	Sept 2019	Quarterly
	Quarterly conduct of ISS visit to LGAs			July 2019	Sept 2019	Quarterly
	3 day non residential ISS LGA level training for 18 LGAs			July 2019	Sept 2019	Quarterly
	3 day non residential ISS LGA level training for 2 LGAs (Alimosho and Ikorodu)			July 2019	Sept 2019	Quarterly
	Quarterly conduct of ISS visits to the PHCs			July 2019	Sept 2019	Quarterly
	Quarterly review meeting			July 2019	Sept 2019	Quarterly

LAGOS STATE SAVING ONE MILLION LIVES PROGRAM FOR RESULTS REVISED QUARTER ONE Y2019 WORKPLAN						
DLI 3.3: PERFORMANCE MANAGEMENT						
INTERVENTION AREA	PROJECT MANAGEMENT UNIT					
GOAL						
Objective 1						
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
	Planning/review and harmonization meeting	Minutes of meeting held	Implementation strategies work plan/ action plan approved for execution	July 2019	Sept 2019	Once
	Mid year implementation meeting	Minutes of meeting held	Implementation strategies work plan/ action plan approved for execution	July 2019	Sept 2019	Once
	Training of the PMU core staff on programme management and other areas relevant to the SOML program	Training attended	Strengthened capacity to coordinate programmatic	July 2019	Sept 2019	
	Performance management training for PMU and key program officers	Improvement in key SOML PforR indicators	Improved health outcomes	July 2019	Sept 2019	One-off
	SOML TCG meeting on implementation strategies and review	Minutes of meetings held	Outlined activities and project implemented	July 2019	Sept 2019	Quarterly
	Maintaining the SOML PMU (SOML PforR secretariat) for effective program management	Procurement of basic equipment needed for project management	fully functional and equipped PMU secretariat	July 2019	Sept 2019	Once
	Maintaining the SOML PMU (SOML PforR secretariat) for effective program management	Procurement of basic equipment needed for project management	fully functional and equipped PMU secretariat	July 2019	Sept 2019	Anually
	Steering committee meeting			July 2019	Sept 2019	Twice
	Traveling and hotels for SOML officers on program related activities		Improvement in key SOML PforR Indicators	July 2019	Sept 2019	As the need arises
	Strategic retreat and workshop	Increased uptake of key indicators	Improved health deliverables	July 2019	Sept 2019	One-off
	Annual report writing and analysis on SOML PforR disseminating meeting			July 2019	Sept 2019	
	Renewal of Accounting software licence and upgrading	prompt update and compliance with relevant accounting standards in the preparation of SOML financial statements	Improves transparency in financial reporting	July 2019	Sept 2019	

LAGOS STATE SAVING ONE MILLION LIVES PROGRAM FOR RESULTS REVISED QUARTER ONE Y2019 WORKPLAN						
DLI 3.1: IMPROVING M&E SYSTEMS AND DATA UTILIZATION						
INTERVENTION AREA	MONITORING AND EVALUATION					
GOAL						
Objective 1						
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
	Control room and tracking system to monitor collection, collation and uploading of quality data	% of LGAs making monthly NHMIS returns that are timely and complete to DHIS platform	Quality data collated, verified and analysed in a timely manner	July 2019	Sept 2019	Monthly
	Collection and collation of data during IPDs	Percentage of LGAs with timely and accurate data collection and report rate during the IPDs exercise	Improved health interventions from data collected	July 2019	Sept 2019	Quarterly
	Collection, collation and verification of data during MNCHW	Percentage of LGAs with timely and accurate data collection and report rate during the MNCHW	Improved health interventions from data collected	July 2019	Sept 2019	Bi annual
	Sending of bulk SMS reminders on data reporting to health facilities during reporting period	Percentage of health facilities contacted monthly in a timely manner	Data reported in a timely manner with increase in reporting rate	July 2019	Sept 2019	Twice monthly
	Availability of the NHMIS tool	Utilization of tool	NHMIS tool printed and distributed to the various health facilities	July 2019	Sept 2019	Bi annual
	Reactivation of community health information data	Number of community data collected	Improved data rendition	July 2019	Sept 2019	Monthly
	3 day non-residential training of CHEWs on the comunity register (pilot phase)	Increased capacity of CHEWs on Community NHMIS registers	Improved data management	July 2019	Sept 2019	Once
	3 day non-residential training of TBAs on the community tally sheets (pilot phase)	Increased capacity of TBAs on Community tally sheet	Improved data management	July 2019	Sept 2019	Once
	Availablility of the NHMIS community register and tally sheets	Utilization of community registers and tally sheets	NHMIS community registers printed and distributed to the various health facilities	July 2019	Sept 2019	Bi annual
	Quarterly review meeting with the CHOs in the 5 piloted LGAs	measure data quality improvement	Improved data quality	July 2019	Sept 2019	Quarterly
Printing of Index Indicators	Availability of national health indicators	Use of indicators	Selected indicator printed and distributed for use	July 2019	Sept 2019	Quarterly

LAGOS STATE SAVING ONE MILLION LIVES PROGRAM FOR RESULTS REVISED QUARTER ONE Y2019 WORKPLAN						
DLI 5: TRANSPARENCY IN MANAGEMENT AND PHC BUDGETING						
INTERVENTION AREA	SOML PforR SECRETARIAT					
GOAL	Increasing transparency in management and budgeting for PHC					
Objective 1	Increasing transparency in management and budgeting for PHC					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
To increase accountability and transparency	Dissemination and publication of PHC consolidated budget	Number of dissemination channels	1. Accountability and transparency in the PHC consolidation budgeting 2. Increasing the state envelope	July 2019	Sept 2019	Once

LAGOS STATE SAVING ONE MILLION LIVES PROGRAM FOR RESULTS REVISED QUARTER ONE Y2020 WORKPLAN						
DLI 1.1: QUANTITY OF SERVICE						
INTERVENTION AREA	PENTAVALENT VACCINE					
GOAL	Increase Access To Routine Immunization Services In The State					
Objective 1	Increase the coverage of PENTA-3 by 10%					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Strategy 1 Reach the unimmunized children especially in HTR and undeserved areas	Conduct monthly outreaches across all HTR sites	Reduced number of unimmunized children	4 outreaches per HTR ward conducted per month to improve immunization coverage	June 2020	August 2020	Monthly
	Develop REW micro plan (Mapping of health facility catchment areas to identify fixed outreach and mobile posts)	Up to date REW micro plan	Complete mapping of HF catchment areas and updated micro plan for adequate resource planning	June 2020	August 2020	Quarterly
	Support for state emergency routine immunization coordination centre / routine immunization working group meetings	Minutes of the meeting	Increased RI coordination and immunization coverage	June 2020	August 2020	Monthly
	Routine Immunization Supportive Supervision	ODK RISS checklist	Improved immunization service delivery and data management	June 2020	August 2020	Weekly
	Purchase of basic PPEs for routine immunization supportive supervision	PPEs purchased	Improved immunization service delivery and data management	June 2020	August 2020	Weekly
INTERVENTION AREA	SKILLED BIRTH DELIVERY					
GOAL	Improve Delivery Outcome among Pregnant Women					
Objective 1	Increase Skilled Birth Delivery by 15%					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Improve knowledge on essential obstetrics care and delivery outcome	Improved data collation, collection and review of data at GHs	Monthly MPDSR data	Improved data gathering and analysis	June 2020	June 2020	Once

LAGOS STATE SAVING ONE MILLION LIVES PROGRAM FOR RESULTS REVISED QUARTER ONE Y2020 WORKPLAN						
DLI 2: QUANTITY OF SERVICE						
INTERVENTION AREA	SUPPORT FOR COVID-19 (PROCUREMENT OF PPE)					
GOAL	Improved access to PPEs across the 57 LGAs/LCDAs					
Objective 1	Improved access to PPEs across the 57 LGAs/LCDAs from 50% to 80%					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Availability of Personal Protective Equipments (PPEs)	Procurement of PPEs and distribution to 306 PHCs, GHs and Isolation Centres	Sighting of proof of delivery, SRV, availability of PPEs at the PHCs, GHs and Isolation centres. Ensuring procurement process		June 2020	August 2020	Once
INTERVENTION AREA	PRODUCTION OF DOCUMENTARY ON SOML PforR					
GOAL	Promoting Saving One Million Lives Program for Result Activities					
Objective 1	To promote as well as Documentation of successes recorded					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
Press and Publicity	Placement of Documentary	Production of documentary on SOML-PforR	Document success recorded	June 2020	August 2020	Monthly
	Placement/Airing of Documentary	Production of documentary on SOML-PforR	Document success recorded	June 2020	August 2020	Monthly
INTERVENTION AREA	ANNUAL REPORT WRITING AND ANALYSIS ON SOML PforR DISSEMINATING MEETING					
GOAL						
Objective 1						
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
	Annual Report Writing and Analysis on SOML-PforR dissemination meeting	Proper documentation of all SOML PforR supported activities	To promote documentation of SOML-PforR activities successfully recorded	Jan 2021	Jan 2021	Once
INTERVENTION AREA	PROJECT MANAGEMENT UNIT					
GOAL						
Objective 1						
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
	Maintaining the SOML-PforR Secretariat for effective program management	Procurement of basic equipment needed for project management	Fully functional and equipped PMU Secretariat	June 2020	Jan 2021	Monthly
	Maintaining the SOML-PforR Secretariat for effective program management	Procurement of basic equipment needed for project management	Fully functional and equipped PMU Secretariat	June 2020	August 2020	Monthly

INTERVENTION AREA	PROJECT MANAGEMENT UNIT					
GOAL						
Objective 1						
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
	Monitoring of SOML activities	Quality check of SOML-PforR activities	Improved Health Outcomes	June 2020	August 2020	Monthly
	Purchase of customized nosemask and hand sanitizer for the distribution to program staff and stakeholder			June 2020	August 2020	Monthly
	Meetings and entertainment	Minutes of meetings held/ attendance sheet	Implementation strategies workplan/action plan approved for execution	June 2020	Jan 2021	Monthly

LAGOS STATE SAVING ONE MILLION LIVES PROGRAM FOR RESULTS REVISED QUARTER ONE Y2020 WORKPLAN						
DLI 3: IMPROVING DATA QUALITY						
INTERVENTION AREA	MONITORING AND EVALUATION					
GOAL	Improved access to PPEs across the 57 LGAs/LCDAs					
Objective 1	Improved access to PPEs across the 57 LGAs/LCDAs from 50% to 80%					
STRATEGIES	ACTIVITIES	PERFORMANCE MEASURES	EXPECTED RESULT	START DATE	END DATE	FREQUENCY
	Collection, collation and upload of data unto DHIS2 monthly to improve state's reporting rate	Reporting rate of the state on DHIS2	Improved reporting rate	May 2020	July 2020	Monthly
	Introduction to monitoring and evaluation in global health online course	Increased capacity built in HMIS/M&E officers in the state	Improved data management	Jan 2021	Jan 2021	One off
	Control room and tracking system to monitor collection, collation and uploading of quality data	% of LGAs making monthly NHMIS return that are timely and complete to DHIS platform	Quality data collated, verified and analysed in a timely manner	May 2020	July 2020	Monthly
	Advanced training on DHIS (District Health Information System)	Increased capacity built in HMIS/ M&E officers in the state	Improved data management	Jan 2020	Jan 2020	One off
	Online training on use of excel for data analysis (Advanced Excel Formulars and Functions)	Increased capacity built in HMIS/M&E officers in the State	Improved data management	Jan 2020	Jan 2020	One off