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| Sustaining Health Outcomes through the Private Sector Plus  Family Planning Program  Annual Report  October 1, 2018 to September 30, 2019 |

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# Acronyms and Abbreviations

**AM** Activity Manager

**AMAC** Abuja Municipal Area Council

**AMEL** Activity Monitoring, Evaluation and Learning

**BA** Breakthrough Action

**BCS** Balanced Counseling Strategy

**CHEW**  Community Health Extension Worker

**CYP**  Couple Years of Protection

**DHIS** District Health Information Management System

**DPRS** Department of Research, Planning, and Statistics

**DQA** Data Quality Assurance

**FCT** Federal Capital Territory

**FMoH** Federal Ministry of Health

**FP** Family Planning

**GBV** Gender-Based Violence

**GHSC-PSM** Global Health Supply Chain - Procurement and Supply Chain Management Project

**GTSS** Gender Transformative Supportive Supervision

**GON** Government of Nigeria

**HMIS** Health Management Information System

**IP** Implementing Partner

**IR** Intermediate Result

**IUD** Intrauterine Device

**IVR** Interactive Voice Response

**LARC** Long-Acting Reversible Contraception

**LAC** Local Area Council

**LGA** Local Government Area

**M&E** Monitoring and Evaluation

**MEL** Monitoring, Evaluation, and Learning

**NHMIS** National Health Management Information System

**NMA** Nigerian Medical Association

**PHC** Primary Health Center

**PHCB** Primary Health Care Boards

**PLSO** Partners Liaison Security Organization

**PTFU** Post Training Follow-Up

**RH** Reproductive Health

**SHOPS Plus** Sustaining Health Outcomes through the Private Sector Plus

**SMoH** State Ministry of Health

**SSV** Supportive Supervision Visit

**TCI** The Challenge Initiative

**TOT** Training Of Trainers

**USAID** United States Agency for International Development

**USG** United States Government

# Project Overview/Summary

|  |  |
| --- | --- |
| Program Name: | Sustaining Health Outcomes through the Private Sector Plus |
| Activity Start Date and End Date: | October 01, 2017 – September 30, 2020 |
| Name of Prime Implementing Partner: | Abt Associates |
| [Contract/Agreement] Number: | United States Agency for International Development Cooperative Agreement: AID-OAA-A-15-000-67 |
| Subcontractors/Sub awardees: | American College of Nurse-Midwives; Iris Group |
| Major Counterpart Organizations | Federal Government of Nigeria; Federal Capital Territory, Plateau, Oyo, and Akwa Ibom State Governments; Identified Private and Public Healthcare Providers and associated facilities  United States Agency for International Development Implementing Partners: Breakthrough Action, managed by Johns Hopkins University/Center for Communication Program, and Procurement and Supply Chain Management, managed by Chemonics |
| Geographic Coverage  (States) | Plateau, Akwa Ibom, and Oyo States, and Federal Capital Territory, Nigeria |
| Reporting Period: | October 01, 2018 – September 30, 2019 |

## Project Description/Introduction

Sustaining Health Outcomes through the Private Sector (SHOPS) Plus Nigeria is a multi-year project that aims to increase modern contraceptive use among couples of reproductive age in the Federal Capital Territory (FCT), Plateau, Oyo, and Akwa Ibom. The program’s goal is to improve access to quality family planning (FP) services by building the capacity of public and private providers through enhanced in-service training and effective quality improvement activities that increase and improve the quality FP counseling and service delivery. The program builds on the lessons learned from predecessor projects working on FP.

The SHOPS Plus approach is designed to address provider-side barriers to FP by tailoring its activities to achieve two intermediate results (IRs):

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| **IR 1: Increased capability of public and private health providers to deliver quality FP services** |
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| **IR 2: Improved quality of FP counseling and service delivery by public and private providers** |
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SHOPS Plus is pursuing these IRs with interventions that enhance the existing provider training system by making it 1) more user-friendly and adherent to adult learning principles, and 2) attentive to underlying factors, such as gender dynamics and provider bias. These interventions will improve provider attitudes and clinical skills. To maintain these improvements, SHOPS Plus is working to enrich and strengthen the supportive supervision process and health management information system (HMIS) to promote quality improvement, including data management for decision-making.

SHOPS Plus recognizes that its training and quality improvement-focused work will not be successful unless implementing partners (IPs) and the federal and state governments also collaborate to promote an enabling environment in which health facilities have the necessary infrastructure, commodities, and supplies to deliver quality FP services. The activity is designed to be one prong of the United States Agency for International Development’s (USAID) three-pronged programmatic approach to achieving an increased modern contraceptive prevalence rate comprised of FP service delivery, social and behavior change, and contraceptive commodity security. Key to this approach is ongoing collaboration with the other two complementary USAID global projects: Breakthrough Action (BA), managed by the Johns Hopkins University/Center for Communication Program, for consumer-side barriers, and the Global Health Supply Chain–Procurement and Supply Chain Management (GHSC-PSM), managed by Chemonics International, for supply chain barriers.

A guiding principle of the project’s design and implementation is ensuring the sustainability of improved FP service delivery beyond the life of the project. Developing strong relationships, building capacity, and working in close collaboration with the State Ministries of Health (SMoHs) broadly (not just with the FP units) is critical for ensuring that human and financial resources are made available to the FP program during and beyond the life of the project.

## Summary of Key Results to Date (Y2)

In Year 2, SHOPS Plus implemented activities to meet the project’s strategic objective of improving access to voluntary FP services in FCT, Plateau, Akwa Ibom, and Oyo. This is an essential step in achieving an increased modern contraceptive prevalence rate (mCPR), the overarching goal of the USAID/Nigeria FP project.

The project has a total of 13 output, process, and outcome indicators that map to the activity’s results framework (Annex A). These indicators, which constitute the core of the SHOPS Plus performance monitoring system, were aligned with USAID-required indicators, Federal Ministry of Health (FMoH) FP indicators, FP2020 indicators, and/or SHOPS Plus global indicators, and are disaggregated by state, sex, and provider type, among others, as appropriate.

By the end of Year 2, SHOPS Plus met its three-year program targets for training. In Q4, we focused our efforts on moving program performance from the number of providers trained to the percentage of providers certified. Also in Q4, having established the value of post training follow-up visits (PTFUs) and supportive supervision visits (SSVs), we focused on identifying sustainable approaches to ensuring quality that could be undertaken by state and LGA/LAC governments with minimal to no SHOPS Plus support. Finally, the program replicated its approach rapidly in two new states, going from hiring to completing the training of 153 providers in nine months. As a result of these efforts, the program reached every LGA/LAC in FCT and Plateau, and six LGAs each in Oyo and Akwa Ibom, enabling services to 63,144 new users in FY19.

**Overall Program Provider Training Target Met in Addition to State Expansion**

In Year 2, SHOPS Plus concluded FP trainings for private and public providers in all four states. All providers received FP service delivery instruments, including intrauterine device (IUD) insertion and removal kits, and infection prevention kits. They also received the appropriate registers and reporting forms for the District Health Information Management System (DHIS 2).

In Q1, the project trained an additional 35 trainers in FCT and Plateau, training a total of 72 trainers in both states during the life project and exceeding the target of the number of trainers trained. This allowed for the rapid roll out of trainings for 400 providers during the year.

Overall, 780 providers were trained during the year. Approximately 70% were females, while the remaining 30% were males. To expand and increase equitable access to both public and private facilities, the project trained 270 (35%) providers from private facilities and 510 (65%) providers from public facilities.

As part of SHOPS Plus efforts towards promoting equitable access to quality care, the project was deliberate in adapting its approach to suit community health extension workers (CHEWs) in its trainings because of the critical role they play in providing care in hard to reach areas and to underserved populations. The SHOPS Plus project is thus helping Nigeria implement the Task Shifting/Task Sharing policy to achieve an increase in mCPR. In line with this policy, 59% of providers trained by the SHOPS Plus project were CHEWs.

**Figure 1. Distribution of SHOPS Plus trained CHEWs by state.**

|  |  |
| --- | --- |
| FCT CHEWs | Plateau CHEW |
| Oyo CHEWs | AKwa Ibom CHEWs |

**Improved Private Sector Reporting**

Overall, the private sector data reporting in supported facilities increased by 24% across the four project states during FY19. The majority of those that did not report were mostly private facilities, some of which are not currently included by the government on DHIS 2 and therefore were unable to report data. Other facilities that are on DHIS 2, but did not submit their report, are in the process of setting up the system required to prepare and submit such reports.

**Increase in the Number of Providers Certified**

In Year 2, strong PTFUs and SSVs led to a significant increase in certification. We also explored peer coaching, implemented certification drives, and engaged ward/village development committees (W/VDCs) to better support trained providers to practice skills and attain competency in long-acting reversible contraception (LARC) provision. In Q1, only 16% of trained providers were certified for IUD and implants insertion, but by Q4 this had increased to 56%.

Overall, SHOPS Plus has conducted approximately 2,258 PTFUs and 891 SSVs to 888 facilities to strengthen the quality of care and ensure providers are adhering to standard procedures during service provision.

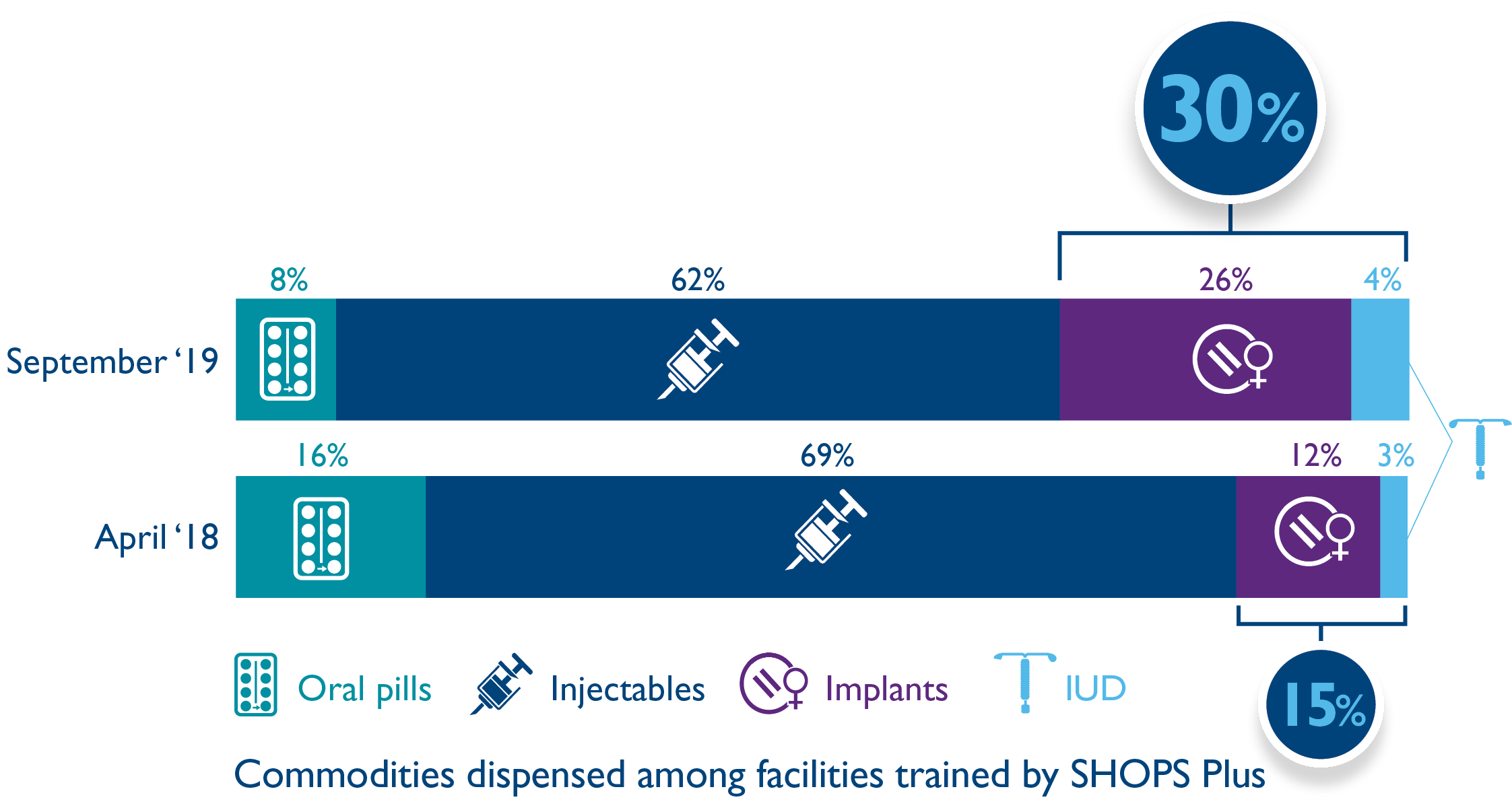
During the reporting period, more providers were supported in attaining proficiency in providing FP services, including LARCs, by meeting the criteria of providing five IUDs and five implants according to standard. The distribution of providers that are certified across the four states is shown below in Figure 2.

**Figure 2. Percentage of trained providers who have been certified by state.**

**Service Uptake**

With SHOPS Plus support, there is increased access to a wider range of FP methods, including a twofold increase in LARC methods in Plateau and FCT, as seen in Figure 3 below.

**Figure 3. Quantity of commodities dispensed in April 2018 and September 2019 among the 888 facilities trained by SHOPS Plus for FP, showing a two fold increase in the percentage of LARC commodities provided to users.**

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**Commodity availability -** **the first time private facilities receive commodities from the government in FCT and Plateau**

In FY19, due to SHOPS Plus advocacy efforts, private facilities with at least one SHOPS Plus trained provider were included in the Government of Nigeria (GON) commodity distribution list. Private facilities have traditionally sourced FP commodities from the open market. However, with this inclusion, supported private providers no longer charge clients for FP commodities, significantly reducing the cost and thus improving access to FP services by women who access care at private facilities. In FY19 more than 87% of SHOPS Plus supported private facilities received free commodities from GHSC-PSM.

# Activity Implementation Process

## Progress Narrative

The program has completed nearly all planned activities for FY19 with exception of some trainings planned for Q4. As a result of reduced funding combined with USAID’s request to expand to two new states, the program ceased its provider trainings in FY19 Q4 in FCT and Plateau and completed all its planned trainings for the expansion states Oyo and Akwa Ibom. Future focus will be on ensuring quality through PTFUs and SSVs, and identifying and testing sustainable approaches to implementing the SHOPS Plus approach starting in FY19 Q4.

## Implementation Status

In Q4, SHOPS Plus intensified efforts to scale up capacity building of various cadres of service providers across the states and completed the year on target despite ending training activities in FCT and Plateau early. In FCT and Plateau, 627 providers were trained in Year 2; 62% of those trained were from the public sector and 38% were private providers. In Oyo and Akwa Ibom, the project collaborated with stakeholders to identify and engage both male and female FP trainers from training institutions, professional associations, private sector facilities, and government establishments. Fifty state level trainers (25 from each state) were identified and trained as state trainers during a training of trainers (TOT). A total of 522 (56%) providers have been certified, a significant increase since the end of Year 1.

Key activities are organized by IR.

## IR 1: Increased Capability of Public and Private Health Providers to Deliver Quality, Voluntary, and Rights-Based FP Services

**Table 1. Planned and achieved IR 1 outputs for the year.**

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| --- | --- |
| **Planned Outputs for the Quarter** | **Status** |
| Conducted advanced TOT for 25 male and female state level trainers trained in Year 1 | Completed |
| Expanded pool of trainers by conducting a TOT for 35 additional male and female state level trainers (18 in FCT, 17 in Plateau) | Completed |
| Produced a directory of trainers maintained by the state | Completed |
| Enhanced and updated training curriculum and supplemental training materials to include provider bias, gender dynamics, constructive male engagement, and rights-based counseling through use of the Balanced Counseling Strategy (BCS) | Completed. Final reviews will occur in Year 3 |
| Institutionalized new training materials in four FP training sites (two per state; Plateau and FCT) | Completed |
| Conducted four advocacy visits (two per state; FCT and Plateau) to relevant institutions to build consensus for curricula enhancement and strengthening of competency-based FP education/training | Completed |
| Convened two pre-service stakeholder meetings (one per state; FCT and Plateau) with regulatory entities to explore processes to institutionalize enhanced FP content into the training for CHEWs, nursing, midwifery, and doctors (including identification of pre-service institution selection criteria if necessary) introducing competency-based education/training | Completed |
| Developed FP training plan for public and private sectors | Completed |
| Developed a detailed list of additional FP service instruments, supplies, data collection forms, and supporting supplies for Year 2 trainings | Completed |
| Procured consumables and data collection materials in place for trainings | Completed |
| Identified and prepared clinical practicum sites for training of health workers | Completed |
| Developed plan for demand creation campaign in partnership with the USAIDs demand generation partners to generate client volume to support the clinical practicum | Completed |
| Trained public and private health providers to provide quality FP services | Completed |
| Provided trained providers with start-up service delivery kits and FP job aids | Completed |
| Conducted PTFU visits to reinforce and test skills | Completed for the year |
| Developed mid-year report highlighting lessons from one year of follow-up visits, including what is working and what further adjustments need to be made to training programs | Completed |
| Held one meeting with public and private sector stakeholders and IPs to discuss lessons learned from conducting PTFU visits and solutions moving forward for delivering quality FP services | Completed |
| Reinforced 25 Year 1 trainers’ skills and trained 35 additional Year 2 trainers on attitudinal learning and reducing gender barriers in care as part of TOT | Completed |
| Trained service providers (doctors, nurses, midwives, and CHEWs) to provide unbiased FP services | Completed |
| **Expansion (Oyo and Akwa Ibom) specific activities** | |
| Desk review of existing FP and human resources for health data | Completed |
| Conduced targeted health facility baseline assessments | Completed |
| Identified health workers to be trained from public and private facilities | Completed |
| Master trainers conducted TOTs to train 50 male and female state level trainers, who will conduct provider trainings and post-training coaching across health facilities in the both states | Completed |
| Identified and engaged 25 state level trainers per state with reinforced skills to effectively conduct FP provider trainings as SHOPS Plus state trainers | Completed |

### Sub-IR 1.1: Improved user-friendly FP training system with enhanced emphasis on the full range of FP services

**Activity 1.1.1: Conduct a desk review on the availability and capability of public and private health providers to deliver FP counselling and services then conduct a targeted assessment to address the gaps (Oyo and Akwa Ibom)**

In Q2, SHOPS Plus commenced activities in the two new intervention states by conducting baseline assessments to identify health workers’ FP knowledge and skills gaps. This was instrumental in developing a training plan to improve existing provider competencies. The assessments also helped to determine the availability of commodities, supplies, infrastructure, and equipment at the health facilities, including waste disposal practices and other infection prevention protocols. Data generated has also been useful in guiding the states in redistribution and recruitment of human resources and planning for infrastructure upgrades that would improve provision of quality FP services.

**Activity 1.1.2: Selection and training of state level trainers (FCT, Plateau, Akwa Ibom and Oyo)**

**During this year, SHOPS Plus expanded the pool of state level FP trainers by training 35 additional state trainers in FCT and Plateau and 50 state trainers in Oyo and Akwa Ibom. The advanced TOT conducted for trainers in FCT and Plateau** offered opportunities for trainers to practice and build confidence in conducting interactive learning exercises, practicing processing learning during sessions, and learning how to facilitate case study sessions. During this TOT, the project also increased practice time for FP skills strengthening, such as how to teach the use of the BCS algorithm, steps in performing a pelvic examination, side effects management, and coaching skills.

As part of the expansion to Akwa Ibom and Oyo, SHOPS Plus also conducted two 11-day residential TOTs for 50 state level trainers (25 per state) to reinforce participatory learning, while incorporating sessions to address provider attitudes. The training exposed them to contents such as adult learning principles, steps in a training cycle, and learning domains.

In total, 122 FP trainers were trained by SHOPS Plus in the four implementation states. These trainers facilitated competency-based FP trainings using adult learning principles to 931 providers. Several of these trainers have been engaged by state governments and other IPs to scale up the SHOPS Plus training approach to providers that were not reached by the project.

**Activity 1.1.2: Continue to enhance and standardize FP training curriculum and supplemental training materials focused on attitudinal learning and gender dynamics (FCT, Plateau, Akwa Ibom, and Oyo)**

During the reporting period, activities such as TOTs, FP trainings, and PTFUs have served as learning platforms for implementing best practices and trends in FP service provision. Since Year 1, these learnings have continuously been incorporated into the enhanced curricula for CHEWs, doctors, and nurse/midwives. Pause and reflect events have also been used for FP stakeholders to review the training content, scope, mode of delivery, and appropriateness for different cadres of health providers. In Q4, the FMoH requested the technical support of SHOPS Plus and other partners to institutionalize these enhancements into the national FP/LARC curricula. The review process will commence in Q1 of Year 3 and will include a stakeholder orientation to prepare FP/LARC curriculum reviewers to apply a participatory, adult learning principles approach to the FMoH competency-based training.

**Activity 1.1.3: Explore working with Mandatory Continuing Professional Development Program to strengthen their curricula with participatory adult education methods, gender dynamics, provider bias, and rights-based counseling content for FP services (FCT and Plateau)**

In Year 2, SHOPS Plus trainers from some pre-service institutions recognized the value of the enhanced training methodology and advocated to the management of their institutions to review their FP curricula and strengthen their tutors using the project’s participatory adult learning methods, gender dynamics, provider bias, and FP counseling content.

SHOPS Plus is also providing technical support to strengthen FP modules for the Mandatory Continuing Professional Development Program in FCT that nurses have to undergo before renewing their licenses.

The School of Midwifery in Gwagwalada, FCT requested technical assistance from SHOPS Plus in expanding the capacity of trainers on the enhanced FP training approach. The School of Midwifery in Oron, Akwa Ibom also identified 10 tutors that will receive a modular TOT on the project’s enhanced training methods with SHOPS Plus technical support. In Plateau, the College of Health Technology Pankshin, a SHOPS Plus training center, also requested technical assistance to incorporate the enhanced FP/LARC training methods in their FP curriculum.

### Sub-IR 1.2: Increased clinical skills of health workers to deliver FP counseling and services

**Activity 1.2.1: Conduct in-service trainings for health providers to introduce new clinical skills for FP services (FCT, Plateau, Akwa Ibom, and Oyo)**

Efforts to increase the capacity of public and private providers to deliver quality FP services through training across the four states has been sustained. A total of 33 trainings were conducted during the year and participants were drawn from all healthcare cadres, with a particular focus on CHEWs in accordance with the Task Shifting/Task Sharing policy of the federal government. To ensure strict adherence to set guidelines, SHOPS Plus undertook a rigorous selection process to ensure the providers were fit-for-purpose, committed, and had the passion for FP service delivery. The trainings have availed service providers from hard and difficult to reach communities the opportunity to learn current and updated trends in providing FP services. The distribution of providers is detailed in Figure 4 below.

For every training conducted, a community of practice was set up on WhatsApp, with the purpose of providing constant, ongoing support for members of the same training batch. Though these WhatsApp groups, providers and trainers have an opportunity to continue sharing and exchanging information related to FP service delivery. In addition, trainers and state and LGA/LAC level FP Coordinators use the platform to support and encourage trained providers, thereby improving their confidence.

**Image 1. A trained nurse/midwife providing couple counseling to clients in Jos, Plateau.**

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**Figure 4. Distribution of trained providers by sector, cadre, state, and sex.**

**Activity 1.2.2: Conduct PTFUs to reinforce and test clinical skills (FCT, Plateau, Akwa Ibom, and Oyo)**

SHOPS Plus recognizes that for a training cycle to be complete, all trained providers must be reached at least three times through PTFUs to ensure they internalize all skills taught, move from competency to proficiency, and are practicing skills according to national standard. The team also uses these visits as an opportunity to identify and coach providers on how to address challenges, ranging from structural deficiencies to lack of equipment or other basic amenities. The trainers also observe FP data and how the records are filled in the client cards, and check the registers for completeness.

Not only do trainers support trained providers to improve and maintain standard of skills during PTFUs, they also work with the trained providers to develop action plans on identified gaps. In Year 2, some trained providers committed personal resources to improve the state of their facilities by digging wells and collaborating with members of Ward/Village Development Committees in their communities to drill boreholes to ensure their facilities have adequate water supply to support infection prevention practices.

|  |  |
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|  | *In Akwa Ibom for example, Dr. Fred Nwadiaro, a trained private provide who sponsored himself for the training, did not have space for providing FP services in his facility prior to participating in the SHOPS Plus training. Following the training, he set up a FP unit with all required equipment and supplies as part of his commitment to put his newly acquired knowledge and skills to practice and ensure his clients receive quality FP counseling and services.* |

**Image 2. A new FP unit in Priscon clinic, created by Dr. Fred Nwadiaro, a trained private provider in Akwa Ibom.**



**Image 3. Angelina Vandi Chukuku Tsoho, a SHOPS Plus coach from a PHC in the Kwali LAC in FCT single handedly financed the construction of a new toilet in the facility.**

|  |  |
| --- | --- |
| C:\Users\dienga\AppData\Local\Microsoft\Windows\INetCache\Content.Word\PHOTO-2019-10-17-09-04-37.jpg  **Before** | C:\Users\dienga\AppData\Local\Microsoft\Windows\INetCache\Content.Word\PHOTO-2019-10-17-09-04-33.jpg  **During Constructions** |
| C:\Users\dienga\AppData\Local\Microsoft\Windows\INetCache\Content.Word\PHOTO-2019-10-17-09-04-34.jpg | C:\Users\dienga\AppData\Local\Microsoft\Windows\INetCache\Content.Word\PHOTO-2019-10-17-09-04-36.jpg |
| **After: Outside** | **After: Inside** |

During the reporting period, all trained providers in FCT and Plateau received all their PTFUs, except the last cohorts that will complete their third PTFU visits in Q1 of Year 3. Providers trained in Oyo and Akwa Ibom will all receive their third PTFUs by the end of Q1 in Year 3.

### Sub-IR 1.3: Improved provider attitudes that support FP service delivery

**Activity 1.3.1: Continue to integrate sessions on gender/provider bias into trainings for health providers to reduce bias about FP services (FCT, Plateau, Akwa Ibom, and Oyo)**

All 780 service providers trained in Year 2 and the 50 state trainers who joined the SHOPS Plus training pool in the year were exposed to gender and provider bias sessions. These sessions were delivered in accordance with adult learning principles and tools, such as role plays, case studies, group works, and values clarification exercises. The various exercises were aimed at helping providers identify their personal biases and review how it affects their interactions with providers. SHOPS Plus developed communication materials detailing how it addressed gender in the program activities, which can be found in Annex E.

“A woman brought her adolescent child who just delivered a baby out of wedlock to our clinic for FP but I refused to provide any method because I thought I will be encouraging her to be wayward, so rather, I castigated her and the mother before sending them away and told the woman to go and train her child well. But now I know better. I have been able to overcome my bias as a result of this training and will now provide FP to everyone that needs it”

-Esther Jude Udoeka, a trained Provider from Uniuyo Health Center in Akwa Ibom

Gender-based violence (GBV) was also introduced during brainstorming sessions and salient issues surrounding GBV, such as the culture of silence and lack of social support for victims, were raised. Training participants also discussed possible suggestions to address these issues and national laws with regards to GBV was explored. Providers were encouraged to report suspicious cases to identified referral centers or agencies of government equipped to handle the GBV cases.

## IR 2: Improved Quality of FP Counseling and Service Delivery by Public and Private Providers

**Table 2. Planned and achieved IR 2 outputs for the year.**

|  |  |
| --- | --- |
| **Planned Outputs for the Quarter** | **Status** |
| Selected and trained 23 health workers experienced in FP including LARC (including SOGON members) as coaches | Completed |
| Paired 23 LGA/LAC FP coordinators with 23 SOGON members and trained experienced FP health workers on coaching skills and providing constructive feedback | Completed |
| Conducted 100 quarterly SSVs that integrated attention to gender conducted by LGA/LAC FP coordinators and coaches | Completed |
| Conducted 30 supportive supervision visits (15 per state; FCT and Plateau) to private sector facilities | Completed |
| Identified scorecard indicators with stakeholders | Completed |
| Developed two LGA-Level scorecards for FCT and Plateau | Completed |
| Presented scorecards at 2 state-level stakeholder meetings | Completed |
| Identify web platform for hosting the scorecard | In progress |
| Developed criteria to identify LGA level FP service delivery champions among trained health providers (FCT and Plateau) | Completed |
| Held advocacy meetings with community leaders and government stakeholders to select providers that have demonstrated exceptional FP service improvement qualities (FCT and Plateau) | Completed for the Year |
| Held one recognition event in each LGA/LAC in collaboration with government stakeholders and community leaders to award selected providers (FCT and Plateau) | Completed |
| Conducted FP dashboard trainings for LGA RH/FP coordinators and M&E/HMIS Officers from 11 LGAs in Plateau | Completed |
| Conducted one follow-up visit to 33 trained RH/FP Coordinators and M&E/HMIS Officers | Completed |
| Operationalized FP Dashboard in FCT and Plateau | Completed |
| Revised FP HMIS registers available in all SHOPS Plus supported health facilities | Completed |
| Conducted LGA monthly data review meetings | Completed |
| Developed data quality assurance (DQA) checklists | Completed |
| Conducted quarterly DQA field exercises for SHOPS Plus supported facilities | Completed for the year |
| Documented and presented DQA findings during state M&E meetings or like fora | Completed |
| Accurate service delivery data available from all supported facilities on the HMIS on time | Completed |
| Created six WhatsApp groups for trained providers following FP training in FCT and Plateau | Completed |
| Developed and shared discussion topics in WhatsApp groups | Completed for the year |
| Developed Year 2 state level implementation plans in collaboration with relevant stakeholders | Completed |
| Implemented activities in synergy with government and USAID projects (including GHSC-PSM and BA). Collaboration includes joint participation in adaptive management learning cycles and planning and budgeting for improvements in FP supply and demand | Completed for the year |
| Obtained membership in existing state RH/FP advocacy groups | Completed |
| Participated in two meetings to develop or review favorable policies and funding for FP | Completed |
| Participated in one FP-related international conferences to share best practices and learn lessons | Completed |
| Concluded two FP policy dialogue meetings with government, civil society, and private stakeholders | Completed |

### Sub IR 2.1 Improved efficacy and continuity of facility-level supportive supervision mechanisms

**Activity 2.1.1: Provide ongoing supportive supervision and coaching to ensure trained health workers provide quality FP services (FCT, Plateau, Akwa Ibom, and Oyo)**

In Q1, SHOPS Plus in collaboration with the Plateau and FCT state Primary Health Care Boards selected and trained 28 doctors, and nurse/midwives to serve as FP coaches. These 28 coaches, in addition to all 23 LGA/LAC level FP/RH coordinators from FCT and Plateau, received further training on gender transformative supportive supervision (GTSS) to firm up their coaching skills, including giving constructive feedback, and identifying and addressing workplace gender related issues.

In Akwa Ibom and Oyo, the state FP Coordinators and SHOPS Plus decided to use the SHOPS Plus trained state trainers to serve as coaches to strengthen their capacity to provide holistic support to providers as they were only going to be responsible for training three cohorts of providers in each state. The TOT curriculum used to train them therefore included content on supportive supervision functions and gender-aware coaching skills to help identify and address work place gender attitude and discrimination.

In Q4, SHOPS Plus conducted a three-day training on GTSS and coaching in Akwa Ibom and Oyo for 30 trainers (15 per state) and included the 12 FP Coordinators from the supported LGAs (six per state). In addition, 20 private facility supervisors (10 per state) were part of the training to strengthen their skills to conduct SSVs and coach providers in their respective facilities. In Year 3, these selected trained private providers with in-house supervisors will receive GTSS from their direct supervisors, in addition to receiving support from the coach and government supervisory pair.

In Year 2, 891 SSVs were made to trained providers in Plateau and FCT after they completed their three PTFU visits. By end of Q4, 56% of trained providers attained certification in the provision of FP, including LARC methods, after meeting the national criteria for IUD and implant insertions.

**Figure 5. Providers trained and certified on FP, including LARC methods.**

SHOPS Plus achieved this progress in FY19 by implementing some strategies to improve provider certification which include:

**Certification drives**: Facilities with high FP client volume were identified and trained providers from neighboring facilities who had not attained certification were assigned to these facilities to practice FP counselling and clinical procedures, especially insertion and removal of LARCs, under the supervision of trainers and SHOPS Plus staff. During these exercises, trained providers with low clientele in their facilities had the opportunity to practice skills learned during the training under the supervision of trainers, thereby meeting certification criteria for LARC service delivery.

**Peer-to-peer coaching**: SHOPS Plus in collaboration with state trainers identified trained providers who were proficient in LARC service delivery, had been certified, and were willing to provide support to their colleagues. These providers were paired with other trained providers within their catchment areas who had not attained certification to serve as peer coaches. Through this approach, peer coaches helped trained providers to improve their skills, gain confidence, discuss service delivery challenges, and agree on solutions and actions that can be taken by the providers to improve their performance.

**Image 4. Community mobilization by a trained provider in FCT.**

|  |  |
| --- | --- |
|  | **Community Mobilization**: During the reporting period, some trained providers decided to sensitize their communities’ on the availability of FP services in their facilities. Some of them visited and sent letters to churches, mosques, and markets to encourage communities to visit their facilities when in need of FP services. |

**Advocacy visits to Ward/Village Development Committees**: Part of the steps taken by trainers and providers during PTFUs and SSVs was to visit ward or village development committee members, and traditional and religious leaders to discuss the benefits of FP and other health related issues identified in the community. These gatekeepers were encouraged to inform community members of the availability of trained health workers that can provide quality FP services in facilities within their wards. Following these advocacy visits, some men personally took their wives to access FP services from the facilities and even mobilized their friends and family members to visit the facilities for FP services.

### Sub IR 2.2 Strengthened quality improvement approaches for FP service delivery

**Activity 2.2.1: Support the creation of biannual LGA/LAC-level FP scorecards (FCT and Plateau)**

In Year 2, SHOPS Plus worked with relevant state and LGA-level stakeholders in Plateau and FCT to develop an FP scorecard that was used to assess the performance of all six LACs in FCT and the initial 10 LGAs from where providers received FP trainings in Plateau. The scorecard captured six outcomes and 13 indicators that are aligned with the national/state FP blueprint, and data was obtained from DHIS 2 and project activity reports to determine the scores of each LGA/LAC. SHOPS Plus ensured that the scorecard abided by the USG’s Protecting Life in Global Health Assistance Policy, and that providers, facilities, LGAs/LACs did not have targets for FP service provision.

In Q4, the scorecard was reviewed and updated based on learnings from use of the first version and feedback from stakeholders. SHOPS Plus will provide technical assistance to the states and LGAs/LACs in Year 3 to continue using the scorecard for self-assessment towards supporting facilities and trained providers to improve FP service provision.

**Activity 2.2.2: Introduce rewards and recognition to motivate trained health workers to improve quality of FP services (FCT and Plateau)**

Plateau and FCT organized a recognition event in Q3 where 16 community members and 35 providers were recognized as FP champions. The states also used the event to present certificates to 187 trained providers that attained competency in the provision of FP, including LARC services. In FCT, more than 160 national and state government counterparts, community leaders, IPs, trainers, and providers attended the event, while in Plateau, approximately 276 participants attended.

Among those recognized were community members who have contributed to ensuring that the trained provider working in facilities within their communities received the needed support to improve services. Some of the community members went out of their way to mobilize clients to seek FP services, while others provided basic amenities for facilities in their communities, such as digging wells to provide water and constructing pit-latrines to improve the sanitary conditions of the facilities.

Providers that received awards used their personal resources to purchase items, such as cupboards for storage of commodities and locally made steam pots to ensure consumables such as cotton wool, gauze and instruments were clean for clients use.

This event also served as an avenue for SHOPS Plus to demonstrate to the states and LGA/LACs the importance of the FP scorecard and how it can be used to objectively assess LGA performance.

**Image 5. Community leaders receiving FP champion awards for supporting FP service delivery in FCT.**

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| --- | --- |
|  |  |
| **Chief of Sabon Gari, Bwari LAC, Chief Musa Gimba, and the FCT RH Coordinator** | **Etsu of Gadoro, Kuje LAC, Mallam Suleiman Adamu, and the SHOPS Plus Technical Director** |
|  |  |

### Sub IR 2.3 Improved facility-level and state-level FP data management

**Activity 2.3.1: Support state and LGA FP coordinators and logisticians to operate and maintain the FP dashboard for improved decision making (FCT and Plateau)**

In FY19 Q1, SHOPS Plus provided technical assistance to FP coordinators to upload information for all health care workers trained by the project in the two states onto the FP dashboard. Trained state RH/FP coordinators use the information from the FP dashboard on service uptake, commodity availability, and FP human resources (i.e. training data) to manage the FP programs. This includes evidence-based decision making around (1) identifying facilities that require a provider to be trained on FP, and (2) identifying which facilities could benefit from a commodity redistribution exercise based on stock status report.

SHOPS Plus further supported LGA/LAC FP coordinators and the HMIS officers on using the FP dashboard during on-the-job training and other existing platforms, such as the data validation meetings, PTFUs, and SSVs. By the end of FY19, a total of 119 HMIS and FP Officers from implementation LGA/LACs across the four supported states were trained to operate and maintain the FP dashboard for prompt decision making in FP programming.

**Activity 2.3.2: Improve FP service reporting into HMIS by facility providers (FCT, Plateau, Akwa Ibom, and Oyo)**

During the reporting period, SHOPS plus continued to support monthly data validation meetings with trained providers in each LGA/LAC in collaboration with state and LGA/LAC FP coordinators and HMIS/M&E officers. The project used the meetings to provide capacity building on data quality, data entry and reporting, and to provide guidance as necessary. This has helped to ensure consistent data reporting.

In FY19, the project trained state level LGA/LAC HMIS/M&E officers and FP/RH coordinators to address issues of poor data quality in FCT and Plateau. The trainings introduced participants to the tool used for the FP DQA in health facilities with accompanying field practice where the tool was pretested.

Also during FY19, the project worked with the GON to identify SHOPS Plus supported facilities that are not listed into DHIS 2 for inclusion into the platform. A total of 126 (18 public and 108 private) supported facilities were identified as not being on DHIS 2. To address this issue, the project held meetings with the appropriate facilities and GON personnel to discuss the modality for inclusion of the facilities in DHIS 2. The list of the 126 facilities has been forwarded to the Department of Planning, Research, and Statistics (DPRS) for action. The government promised to include the affected facilities once the state facility list update is completed. SHOPS Plus will continue to follow up with the DPRS on the issue.

The project also collaborated with GHSC-PSM and BA during these trainings to introduce providers to the concept of the Logistics Management Information System and tracking of community mobilization activities. SHOPS Plus also ensured that supported facilities had the GON approved version of the HMIS tools (i.e. the 2013 HMIS FP register) for use in reporting client data to the National Health Management Information System (NHMIS), as well as other tools required for documenting FP services provided in the facility.

**Activity 2.3.3: Continue to use digital/mobile platforms for supporting provider motivation and engagement (FCT and Plateau)**

SHOPS Plus continued to use WhatsApp in all four states to strengthen communication and support networks for trained providers. WhatsApp has been an excellent avenue of communication between trained providers and trainers in planning PTFUs, SSVs, and coaching. In addition, messages aimed at reinforcing learning were also posted and discussed on the platforms. Trained providers have used the platform to seek clarity on issues faced while providing FP services.

In FY19, SHOPS Plus developed and implemented both an on-demand audio job aid (AJA) and a comprehensive program for pushing interactive voice response (IVR) content to support trained FP providers. At the beginning of the year, the project developed, recorded, and posted 39 key IVR messages on 1) Counseling, 2) General FP knowledge, 3) Safety and Documentation, 4) Short-Acting Methods, 5) Long-Acting Methods, and 6) Pelvic Exam. All messages are currently available on-demand on the Airtel 3-2-1 platform and can be accessed by anyone with an Airtel SIM card, which have been distributed freely to providers by the SHOPS Plus team during Q3 and Q4.

Approximately 750 Airtel SIM cards and instructional/promotional flyers have been distributed to providers across FCT, Akwa Ibom, Oyo, and Plateau. In FY19, 1,922 individuals made 2,318 calls to the on-demand platform to gain access to the content; however, only 581 callers had the security code and were able to gain access. Of these callers, most listened to content on gender bias, followed by step 1 of IUD insertion. The full list of topics and content are shown in Figure 6 below.

**Figure 6. Health areas accessed by providers through 3-2-1.**

SHOPS Plus also developed, recorded, and began pushing technical messages and pop quizzes directly to trained FP providers and all state trainers two times per week. Providers were on-boarded to this program in three cohorts. Cohort 1 has 714 providers (all providers trained through July 2019), Cohort 2 has 192 providers (providers trained in August 2019), and Cohort 3 has 171 providers (providers trained in September 2019). Each cohort received an initial SMS alerting them to the IVR program and then began receiving IVR communication. In FY19, Cohort 1 received 10 calls, Cohort 2 received four calls, and Cohort 3 is scheduled to start receiving calls in FY20. On average, 75% of calls were answered by providers in Cohort 1 and 85% in Cohort 2. In Cohorts 1 and 2, 35% and 33% of providers, respectively, completed the calls and selected the correct answer on the corresponding quiz.

### Sub-IR 2.4: Improved enabling environment for the provision of quality FP services

**Activity 2.4.1: Collaborate with state governments and other USAID projects to provide health facilities with the necessary infrastructure, commodities and supplies to deliver quality FP services (FCT, Plateau, Akwa Ibom, and Oyo)**

In Q1, SHOPS Plus conducted a two-day work plan development meeting with relevant stakeholders in FCT and Plateau state to agree on priority interventions, articulate plans for harmonized and coordinated implementation, and identify areas of synergy and collaboration. This was also held in Oyo and Akwa Ibom in Q3 prior to commencement of project activities. Participants at the meetings included private sector and government stakeholders from the states and LGA/LACs, representatives of BA and GHSC-PSM, and other non-USAID funded IPs that support FP in the states.

During the reporting period, SHOPS Plus continued to collaborate with the government, IPs, and other relevant stakeholders to ensure that public and private facilities supported by the project are included in DHIS 2 and the last mile delivery list for commodity supplies. As a result of the coordination efforts, FMOH has commenced the process of reviewing the National Health Facility Register, which is a step towards getting all facilities enlisted on the national register.

In Plateau, the Executive Secretary and some of Directors of the State PHCB joined state trainers and SHOPS Plus staff to conduct PTFUs to facilities where trained providers find it challenging to deliver quality services due to poor infrastructure, inadequate sanitary facilities, or lack of basic equipment and supplies. This visit was an opportunity for the leadership of the state PHCB to observe the state of facilities and adequately plan to address service delivery gaps. Following these visits, the PHCB leadership promised to commit resources to improve facility infrastructure in the next budget cycle.

SHOPS Plus participated in the service delivery, and procurement and supply chain subcommittee meetings of the national RH technical working group where issues affecting FP services and commodity availability in health facilities were discussed. The project team also participated in USAID IPs coordination meetings, which include the digital health coordination meeting to share updates and lessons learned on implementing digital health interventions and identify potential areas of synergy and collaboration. SHOPS Plus worked with these stakeholders and state FP coordinators to redistribute commodities from facilities with low client volume to those with commodity stock outs to sustain FP service provision across the states.

**Activity 2.4.2: Collaborate with partners and relevant stakeholders to advocate for favorable policies and funding for FP (FCT, Plateau, Akwa Ibom, and Oyo)**

In Year 2, several meetings were held with the FMoH, SMoHs and state PHCBs across the four states to advocate for increased funding for FP activities. To leave behind a replicable training model that states, LGA/LACs, and training schools can scale up after project close-out, SHOPS Plus worked with state counterparts to develop various capacity building options that could be adapted by different stakeholders without compromising the quality of trainings. In Plateau and Akwa Ibom, the leadership of the states and various LGAs have shown interest in scaling up SHOPS Plus FP trainings to health providers that have not been reached by the project and this will be piloted in Year 3. SHOPS Plus has also conducted a costing analysis to determine the cost of providing LARC services and couple years protection (CYP) per provider trained. Additional details can be found in Annex C.

SHOPS Plus also participated in national-level stakeholders’ meetings to review and finalize the national FP blueprint, develop a postpartum FP strategy document, which is still work in progress, and review GON funding of FP services. SHOPS Plus was also part of the committee responsible for reviewing the revenue allocation to FP by the GON. As part of its functions, the committee met with key stakeholders in the national house of assembly to discuss the benefits of maintaining FP funding to national and economic development.

## Implementation Challenges

During the period under review, the project encountered the following challenges which impacted the effective implementation of program activities:

**Commodity stock out**: Some commodities such as male condom and implants were out of stock in many facilities across the four implementation states and this affected the ability of trained providers to provide the full method mix to clients. To mitigate this, SHOPS Plus supported LGA/LACs and state FP coordinators to move commodities from facilities with low client load to those with higher volume. The project also continued to work closely with GHS-PSM and state and federal governments to identify commodity needs and ensure facilities with trained providers are on the distribution list.

**Low FP client turn out:** During the reporting period, client turn out for FP services across the four states was generally poor after provider trainings. In some communities, myths and misconceptions regarding FP are widespread and religious leaders discouraged their followers from receiving FP services. This was experienced in Itesiwaju and Ibarapa LGAs in Oyo, and in Hwolbuji in Bassa LGA in Plateau where religious leaders of the Islamic community refused to permit their wives access to FP services. Similarly, communities surrounding PHC Kogul, COCIN PHC Panyam, and PHC Amper in Mangu LGA, all in Plateau, were informed in churches not to obtain FP services and told those who had already received the services, specifically implants and IUDs, should remove it. SHOPS Plus state teams have been sharing these challenges with BA so that the communities identified can be included in their social behavior change activities.

**Staff attrition:** Attrition of service providers in both the public and private sectors affected FP service delivery in some supported facilities. In Akwa Ibom, the government suspended the services of over 700 workers from the local government service commission because their hiring process did not follow the state government’s due processes, and 12 out of our 26 trained nurse/midwives were affected. However, these providers are still working pending investigations by the state government. The project is also working closely with the PHC directors to ensure that the trained providers suspended receive PTFUs and SSVs to enable them to maintain competency and attain certification.

**Non-inclusion of some facilities on DHIS2:** To date, a total of 126 (18 Public and 108 private) supported facilities are yet to be included on DHIS 2. As a result, FP and other service delivery data from these facilities are not captured in the database. Starting in Q3, the project began to take active steps in mitigating the issue. A solution was to ensure that only eligible facilities listed on DHIS 2 were selected for trainings. SHOPS Plus also actively engaged the state and FMoH on the need to include the affected facilities to ensure comprehensive service data is captured. A list of 126 facilities has been forwarded to the DPRS for action. The government promised to include the affected facilities once the state facility list update is completed. SHOPS Plus will continue to follow up with the DPRS on the issue.

**Poor infrastructure:** In many supported facilities, providers face difficulty in providing quality services due to lack of basic infrastructure, including leaking roofs, unavailability of toilet facilities, and lack of water and power supply. SHOPS Plus has continued to advocate to various state and LGA-level stakeholders, including community leaders, to invest in improving the conditions in health facilities to enable health workers to deliver quality services in accordance with the training they received.

**Poor roads:** During the reporting period, some health facilities were not accessible due to floods and broken down bridges as a result of the rainy season. In these cases, trained providers received their PTFUs and SSVs in neighboring facilities that can be accessed by trainers, coaches, and FP supervisors. This helped to ease movement and ensured providers continued to receive support.

**Fragmented private sector:** In Akwa Ibom, there is only one private provider association for general medical practitioners, the Association of General Medical Practitioners of Nigeria, and most private medical practitioners are not members of this association. There is also no association for private nurse/midwives, so working with private providers is usually uncoordinated and fragmented. SHOPS Plus engaged with the few members of the association and also connected with individual private facilities including those led by nurse/midwives. In addition, the project engaged the state chapter of the National Association of Nigerian Nurses and Midwives, whose members include those in the private sector, to identify and reach out to additional private providers that were supported.

**Security:** During the reporting period, there were reported cases of banditry, kidnaping, and communal clashes in some supported states. In Plateau, there was a robbery incident that affected a SHOPS Plus trained provider in Riyom LGA, while the son of another trained provider was kidnapped in Bokkos LGA. In the FCT, three providers were kidnapped and released after payment of ransom by their families. These incidences have affected service provision and also limited the scope of supervision and coaching during PTFUs and SSVs around the crisis areas. To ensure safety of staff and trainers, the project worked with LGAs and hosting institutions to provide security personnel during SHOPS Plus supported activities. The project is liaising with state security structures to plan site visits for PTFUs, SSVs, and data validation meetings.

**Implementing the digital health intervention:** In Year 2, SHOPS Plus faced an obstacle during the retrospective distribution of Airtel SIM cards to providers who had already been trained. This process was cumbersome because of the legal process required in Nigeria to validate SIM cards. Cards, once distributed, must be activated and then used within a 48 hour period. If the SIM card is not used within that window, the card remains inactive. This was particularly challenging since most providers in Cohort 1 had already been trained and therefore were not accessible in one place at one time. Despite significant technical support from Airtel, this process has significantly delayed the effective use of the Airtel SIM cards for proactive on-demand access of the 3-2-1 system. This likely accounts for the lower number of callers than anticipated. However, this does not affect the push content which can be sent to any phone number regardless of operator. Occasional outages were also experienced by the mobile network operators which caused the push calls to bounce and not be received by the intended providers. Therefore, we had to push out several rounds of these calls, which delayed the program by a couple of weeks. Similar to the previous challenge, this obstacle is unfortunately beyond the control of SHOPS Plus, Viamo, and often even Airtel.

## 2.4 Monitoring, Evaluation, and Learning (MEL) Plan Update

In Q1 and Q2 of Y2, SHOPS Plus revised the activity monitoring, evaluation and learning (AMEL) plan in line with discussions with the mission. The revisions included the following:

1. Adding an indicator on the number of clients counseled on FP
2. Disaggregating the indicator on providers certified into those certified on IUD insertion and those certified on implant insertion

Further MEL activities updates are provided below:

1. **Monitoring and Evaluation activities**

**Service level data collection**: Facility staff document FP service data on the prescribed GON NHMIS registers and submit a summary of the information (using the monthly NHMIS summary form) for the immediate past month to the LGA M&E officer before the 14th of the following month (e.g., January data is submitted before the 14th of February).

**Monthly data validation meetings**: The LGA HMIS officers receive the NHMIS summary forms from the facilities located in their LGA and enter the data into the national DHIS 2 platform.

To ensure the quality of FP service delivery data available on DHIS 2 from supported facilities, SHOPS Plus continues to support data quality improvements in the existing GON data collection and reporting systems by conducting monthly data validation meetings. The project relies on this NHMIS system for reporting service utilization from supported facilities in the target states. These data validation meetings are used to review data from the previous month, and are usually held before the end of the second week of each month with the trained service providers in each LGA/LAC, the LGA/LAC FP coordinator, the LGA/LAC HMIS/M&E officers, and a representative of the state/FCT FP coordinator. Facility staff trained by SHOPS Plus in each LGA/LAC usually bring their monthly summary forms and FP service registries to a venue (identified for their LGA). These documents are verified first through a peer review mechanism: under the supervision of the LGA/LAC FP coordinator and SHOPS Plus M&E personnel, the facility staff will check the information in the monthly summary form for completeness and correctness (i.e., check if the data in the monthly summary form tallies with the data in the registries). Thereafter, the NHMIS monthly summary form undergoes further review by the FP coordinators and HMIS/M&E Officers during the meeting. If any wide variation (+/- 10%) is noticed in the service data for two consecutive months, the service provider is usually asked to explain why this happened.

A checklist to document all the data quality checks conducted for each facility is completed and signed by the facility personnel and the LGA/LAC HMIS/M&E officer after the data validation meeting. A copy is also given to the provider as documented feedback, while SHOPS Plus keeps a copy for record purposes. After the validation meeting, the providers send the original copy of the NHMIS summary form to the LGA HMIS/M&E officer for entry into DHIS 2.

To identify and address any observed transcription errors from data entry by the LGA HMIS/M&E officers, SHOPS Plus M&E staff usually compare the facility DHIS 2 data from the previous month with the corresponding facility hard copy of the NHMIS form (brought by the facility staff to the validation meeting). All identified errors are passed to the LGA HMIS/M&E officer for correction and re-entry in DHIS 2.

**Facility data entry into the NHMIS:** The LGA HMIS staff collects all the summary NHMIS forms (from the immediate past month) from the facilities in the LGA/LAC and enters it into DHIS 2 before the 26th of the month.

**Data management by SHOPS Plus:** Data collected from SHOPS Plus program activities (training, PTFUs, and SSVs) and service delivery data from the supported facilities (obtained from DHIS 2) are entered into a spreadsheet on a monthly basis. The feedback template is designed for use by the relevant technical staff to encourage data use and to determine progress due to intervention and for program decision making is undergoing revision.

**Quarterly data review meeting with the LGA/LAC FP coordinator and State HMIS officer:** In this meeting, SHOPS Plus program staff will have the opportunity to review the data with the state FP coordinators and to conduct some quality checks, identify trends, and discuss its implications for overall FP program management. This meeting is planned to commence in the next quarter.

**Data security and storage:** The M&E Manager compiles the project data (usually electronic in nature) on a spreadsheet. However, the source documents for the project data (e.g. training attendance sheets, PTFU and SSV checklists, and data validation checklist) are in the custody of project staff responsible for those activities.

1. **Increase in access to FP services**

Prior to the implementation of the Task Shifting/Task Sharing policy in Nigeria, CHEWs could not officially provide FP LARC services and hence did not receive any training in clinical provision of FP LARC services. The Figure 7 below shows the CHEWs trained and supported by the project to provide quality FP services for the first time.

**Figure 7. Cumulative number of CHEWs trained to provide the full range of FP services by SHOPS Plus.**

**Figure 8. Cumulative number of facilities with a provider trained by SHOPS Plus to provide the full range of FP services.**

All the service providers trained by SHOPS Plus were provided with starter packs and received three PTFUs, SSVs, and support from HMIS to report data. This comprehensive support enabled them to immediately implement their acquired skills to deliver high quality FP services in 888 facilities. It can be inferred that with SHOPS Plus support, FP service delivery was expanded to these 888 facilities (see Figure 8).

Figure 9 below shows cumulative data for new users of modern FP methods in facilities supported by SHOPS Plus (since inception of the project). At the end of Q4, SHOPS Plus has met 158% of the FY 19 target for new users of modern FP methods in target states.

**Figure 9. Cumulative number of new users reached with modern FP methods in facilities being supported by SHOPS Plus.**

**Figure 10. Number of facilities trained by SHOPS Plus reporting specific FP services provided in June 2018 and in September 2019 (N=888) showing an increase in LARC services.**

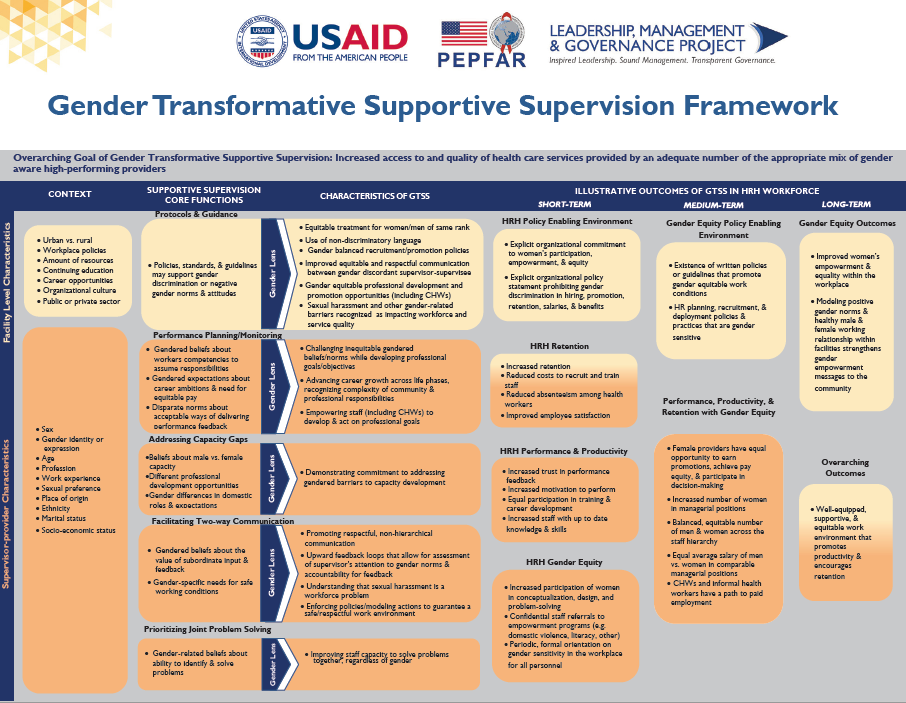
# Integration of Crosscutting Issues and USAID Forward Priorities

## Gender Equality and Female Empowerment

Gender dynamics play a role in shaping interactions between providers and supervisors. For example, gender influences conversational and leadership styles, which has consequences for the supervisory dyad.[[1]](#footnote-1) The World Health Organization has stated that “gender transformative policies are needed to address inequities and eliminate gender-based discrimination in earnings, remove barriers to access to full-time employment, and support access to professional development and leadership roles”.[[2]](#footnote-2) Despite the recognition of the importance of gender, little has been done to address gender in the context of supportive supervision.

To address this gap, the Iris Group, a SHOPS Plus partner, implemented a GTSS proof of concept pilot by introducing a GTSS module into a training for supervisors and coaches assigned to support SHOPS Plus trained public and private providers. The GTSS model incorporates a gender lens to traditional supportive supervision to improve provider performance, retention, and gender equity in the workplace. The GTSS model adds modules on gender into a standard SS training for supervisors/coaches, and provides revised supervision tools that promote supervision that is gender-aware.

The GTSS conceptual framework (Figure 11)[[3]](#footnote-3) hypothesizes that GTSS can lead to improved providers’ job satisfaction (linked to retention) and improved communication with supervisors (linked to improved feedback and therefore improved performance). If supportive supervision can achieve these outcomes then the improved enabling environment would help to reinforce and sustain SHOPS Plus efforts to improve the quality of FP service delivery.

**Figure 11. GTSS Conceptual Framework.**

The FP providers trained by SHOPS Plus in Nigeria include public sector providers (the main focus of this program) and providers at private facilities, both of whom have received training to enable them to deliver the full method mix using publicly procured commodities. There is little evidence on how gender roles play out in supervisory relationships in the private sector[[4]](#footnote-4). Staff turnover is known to be a significant issue among private providers in Nigeria. Furthermore, recruitment and training of new staff in private facilities is costly. Successful efforts at training supervisors and coaches on how to implement GTSS could lead to improved job satisfaction and retention of staff, in addition to achieving traditional supportive supervision objectives. For private providers trained by SHOPS Plus, retention of their skills in private facilities would improve access to quality FP services.

Following a review and refinement of the GTSS implantation process, SHOPS Plus, with the support of the Iris Group, conducted two GTSS trainings in September (one each in Oyo and Akwa Ibom) for 30 coaches, 12 official government supervisors (state government FP/RH coordinators from each of six LGAs in each state), and up to 20 private facility supervisors (who directly supervise the SHOPS Plus-trained FP clinicians) in the two states.

The trainings were aimed at introducing participants to the concepts and skills needed to implement GTSS, which include:

* Identification of the ways in which gender can influence health worker performance and retention and the relationships between supervisors and providers (knowledge);
* Reflecting a positive attitude toward building gender-transformative workplaces free from gender discrimination (attitudes), and;
* Demonstrating coaching skills that are gender-sensitive and free of bias, and apply GTSS tools in a coaching setting (skills).

During the training, participants were taken through various activities, including group work to review and discuss case studies of gender dynamics in the health workplace, role plays on simulating a coaching interaction using the GTSS tool, and an exercise that requires them to think concretely about issues related to gender dynamics in the workplace and discuss the different perspectives and reasoning behind decisions that people take in relation to complex gender issues.

At the end of the training, participants in both states had really perceptive questions and comments that showed they understood the complexity of these issues and were very interested in making sure GTSS gets implemented in their context. An analysis of the pre- and post-test from the GTSS training showed there was a fair amount of knowledge about (or experience with) the issue prior to the training and significant shifts in confidence around speaking with providers on gender issues at the end of the training. Some of the results are shown below.

**Figure 12. Participant responses to the question “How important do you think it is to identify and address gender discrimination at the workplace?”**

**Figure 13. Participant responses to the question “How confident are you than you can reduce your own gender-related biases during coaching?”**

In Year 3, a coach and government supervisor pair will implement GTSS with public and private providers who have been trained by SHOPS Plus in Oyo and Akwa Ibom. The supervisors will be responsible for leading the SSVs, and the coaches are responsible for facilitating the conversation and providing guidance as needed. Supervisors of private facilities where the trained provider has a direct supervisor in-house (within the private facility) will also be trained on and will implement GTSS with their reports. Therefore, private providers with in-house supervisors will receive GTSS from their direct supervisors in addition to receiving support from the coach and government supervisor pair. In this context of GTSS, SHOPS Plus will conduct a private sector implementation assessment to examine whether and how a GTSS approach may be helping supervisors/coaches and private FP providers realize the gender-transformative outcomes envisioned in Iris’ conceptual framework.

## Sustainability/Journey to Self-Reliance Update

Since inception, SHOPS Plus worked closely with national and state governments, training institutions and private sector stakeholders to foster commitment to institutionalizing the enhanced FP curriculum and approach to delivering more effective FP trainings. These stakeholders were involved in the design and implementation of the enhanced trainings and the capacity of key government staff has been built to scale up the FP trainings beyond the project’s supported facilities. During Q4, the FMoH requested technical support from SHOPS Plus to review the national FP/LARC training curriculum to ensure that in the future, providers have exposure to up-to-date clinical information, including content on gender dynamics and providers bias, and that a participatory adult learning approach to instruction is used for in-service FP training.

In line with USAID’s Journey to Self-Reliance principles of building human and institutional capacity, SHOPS Plus strengthened the capacity of 122 master trainers and state level trainers across the four project states. In addition, 35 LGA/LAC-level FP Coordinators and 78 M&E Officers were trained to effectively maintain the quality of FP services and data management processes respectively across the four implementation states.

To date, SHOPS Plus improved the capacity of 931 health workers (CHEWs, nurse/midwives, and doctors) in the public and private sector to deliver better quality FP counseling and services and 56% of them not only attained competency, but also moved to proficiency following PTFUs and SSVs by FP trainers, coaches, and supervisors.

During the reporting period, the project began the process of transitioning its activities to relevant institutions of the Nigerian government. In Q4, local solutions that were piloted included the use of peer coaching to reinforce SHOPS Plus funded SSV processes. Recognizing that SSVs are critical to ensuring competency, the project worked with government counterparts to develop the peer coaching approach where certified trained providers coach their fellow trainees. This has enhanced the confidence of both the coaches and providers being supported and has also enhanced inter-facility support systems.

## Environmental Compliance

During the reporting period, SHOPS Plus did not procure any drugs or medication, nor did it undertake any construction work. However, the project procured instruments for insertion and removal of IUDs and implants, and consumables such as chlorine solution, gauze, gloves, and swabs for trainings and services.

To offset impacts on the environment, SHOPS Plus ensured facilities have clinical standard operating procedures (SOPs) that clearly define proper disposal of medical waste in accordance with international best practices (e.g., the World Health Organization’s “Safe management of wastes from health-care activities” handbook) and Nigeria country requirements. The project also ensured providers from public and private facilities supported through the project are trained on proper disposal of medical waste directly or indirectly resulting from SHOPS Plus activities.

## Policy and Governance Support

Since inception, SHOPS Plus has worked in collaboration with the federal, state, and LGA/LAC levels of government to advance GON policies. The project helps implement policies that are already in place, including the Task Shifting/Task Sharing policy that seeks to enable CHEWs to provide FP services. In addition, the project supports the actualization of the FP Costed Implementation Plan for the four project states that were laid out in the National FP Blueprint. State coordinators and technical specialists also participate at the national and state levels in technical working groups and advocate for a better enabling environment for FP services. In addition, building capacity at the LGA/LAC level to use the FP Dashboard is resulting in improving the information that states and the national government have to make informed decisions about funding streams and resource allocation for FP services in FCT, Plateau, Akwa Ibom, and Oyo.

In Q4, SHOPS Plus paid courtesy visits to the Akwa Ibom State Commissioner of Health who was reappointed, the new Permanent Secretary, and Executive Secretary of the PHCB. During the visits, the project team shared updates on SHOPS Plus activities and implored these health sector leaders to invest in maintaining and scaling-up the capacity built by the project. The new leaders promised to support program activities and look into ways of scaling up FP services. The chairmen of some local governments across the four states provided logistics assistance for provider trainings. These include training venues, transportation, and advocacy to communities to encourage use of FP services.

In September, SHOPS Plus formally informed the leadership of state ministries of health and relevant departments and agencies in the four states about the project close-out and the need to sustain activities which have so far enhanced state FP training and data management systems. Stakeholders from all four states have made various levels of commitments to scale up SHOPS Plus supported activities, which include the release of funds to conduct provider trainings in facilities that have not been covered by SHOPS Plus. In Year 3, the project will follow up on these commitments and provide technical support towards implementing state-led capacity building interventions.

## Local Capacity Development

Local capacity development is integral for ownership and sustainability. The project worked in the first two years to build capacity of state institutions to effectively train service providers. These include SMoHs and PHCBs. SHOPS Plus also trained master trainers and state level trainers that have become a critical resource for FP capacity building activities in the four states. RH/FP coordinators from FCT, Plateau, Oyo, and Akwa Ibom who have the mandate to oversee FP programs at the state level were also trained as FP trainers and they have been leading SHOPS Plus supported activities in their various states.

The project has also strengthened the capacity of state and LGA/LAC-level FP and M&E teams to train, supervise, measure, and monitor providers and FP systems. All 35 LGA/LAC RH/FP coordinators from intervention LGAs and 58 coaches (doctors and nurse/midwives across the four supported states) were trained on the principles of GTSS using methodologies such as constructive feedback, coaching, and on-the-job training approaches. Additionally, the project trained RH Coordinators and LGA/LAC M&E officers and their assistants to conduct data quality management of service delivery and effectively use the national FP dashboard for better coordination of FP programs and use of data for decision making.

In Q4, considering the local capacity that has been built by the project, SHOPS Plus, and state and LGA/LAC teams reviewed the SSV approach to markedly reduce the cost, by reducing SHOPS Plus staff participation in the field, while maintaining quality. In FY20, the project will try this approach in FCT and Plateau with LGA/LAC RH/FP Coordinators taking the lead in conducting SSVs to facilities in their areas.

**Image 6. A trained FP provider in Plateau receiving constructive feedback from a SHOPS Plus trainer.**

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In Plateau, Oyo, Akwa Ibom, and FCT, SHOPS Plus has built the capacity of service providers to deliver the full range of FP counselling and services. A significant outcome is the institutionalization of the SHOPS Plus enhanced training curriculum by the Plateau state government and other IPs, such as The Challenge Initiative (TCI), funded by Bill and Melinda Gates Foundation, which have been asked to use our approach for their trainings. The GON has also requested technical support from SHOPS Plus to conduct a review of its FP/LARC curriculum to accommodate for SHOPS Plus indicated enhancements.

During the reporting period, two pre-service training institutions where SHOPS Plus trained some trainers (College Health Technology Pankshin and College of Health Technology Zawan) indicated interest in institutionalizing the enhanced training approach into their curriculum. In addition, the FMoH plans to review the national LARC training manual to include lessons learned using the SHOPS Plus enhanced training methodology.

## Security

In Q4 of Year 2, just like other periods of the program year, efforts to ensure the security and welfare of the program implementing team, as well as community partners (trainers and providers) were sustained. These efforts include routine sharing information received from the Overseas Security Advisory Council and Partners Liaison Security Organization (PLSO) with all staff and pertinent partners; the provision of security information and assurance for staff and partners during training and PTFUs and SSVs; and ensuring the routine security and safety meetings at all project locations (including headquarters) are used for planning and decision making and regular intelligence checks with key security operatives in all locations. The Abt Associates Nigeria office has used a dedicated security officer (as staff) to ensure adequate security measures are in place.

Generally, the security situation in the four SHOPS Plus supported states varies. For instance, in FCT, the security situation is relatively good, with law enforcement agents often seen posted in strategic locations throughout the city. Plateau on the other hand has recorded a number of ethnic and socio-political conflicts over the years. Oyo and Akwa Ibom have been relatively stable in the last few years, even though there were reported cases of violence and insecurity during the general elections in February and March. However, the SHOPS Plus team proactively took measures to avoid any harm on lives and project property that could result from election tension as the SHOPS Plus team rescheduled activity implementation to avoid intensive program activities during the election. This was successfully managed without compromising program implementation and project targets/deliverables.

In the Year 3 of the project, the SHOPS Plus Nigeria implementing team, in addition to attending security meetings and events, will continue to regularly assess the security situation of the project and use the opportunity of the PLSO to train personnel and sensitize project staff on safety and security.

## Science, Technology, and Innovation Impacts

In FY19, SHOPS Plus developed a comprehensive, engaging, and interactive program of push and on-demand IVR content to complement, reinforce, and extend the in-person training offered by SHOPS Plus to FP providers. This program leverages a unique digital partnership (3-2-1) that is sustainable beyond the life of the SHOPS Plus program because all calls to the on-demand IVR content are free to providers with Airtel sim cards, and Airtel will continue to maintain this platform even after the project ends. Additionally, the impact extends beyond SHOPS Plus as the Integrated Health Project now plans to extend this digital partnership to their providers.

## Public Private Partnership and Global Development Alliance Impacts

In an effort to support the implementation of the national guidelines for private sector access to free government commodities, private sector engagement meetings were held in collaboration with state governments in each state to discuss practical strategies of expanding FP and other health services to private health facilities.

SHOPS Plus facilitated the development of MoUs between government and private providers that outlined public sector responsibility of creating a conducive environment for the private sector to thrive, the obligation of private sector to report services delivered, and a reasonable cost of providing FP services in private facilities.

In Year 2, SHOPS Plus scaled-up efforts to enhance the delivery of quality FP services in selected private facilities across the four implementation states. By the end of Q4, 30% of all supported facilities are private.

Following the trainings, SHOPS Plus sent the list of private facilities that were not on the government facility list to the DPRS for inclusion into the national facility database. In addition, the list of private facilities with trained FP providers was shared with GHSC-PSM and state governments so that they can be added to the commodity distribution list that will receive last mile delivery of FP commodities in the next supply circle. By the end of Year 2, 56% of supported private facilities are on DHIS 2, are receiving commodities, and are reporting data. SHOPS Plus is actively following up with DPRS, state PHCBs, and GHSC-PSM to facilitate access to quality and affordable FP services in the private sector.

**Figure 14. SHOPS Plus supported private facilities on DHIS 2 and private facilities receiving commodities and reporting to DHIS 2.**

## Global Climate Change

There is no update on this section for this reporting period.

# Stakeholder Participation and Involvement

During the reporting period, SHOPS Plus planned and implemented activities in close collaboration with government and private sector stakeholders and other donor programs, especially USAID funded projects in the four supported states. The project’s approach is to work through and strengthen the capacity of existing structures to facilitate self-reliance.

In the four SHOPS Plus states, the leadership of SMoHs and PHCBs participated in developing state-level work plans and some trainings, PTFUs, and data review activities. All eight state RH/FP Coordinators in FCT, Oyo, Akwa Ibom, and Plateau have been trained as FP trainers and were involved in facilitating trainings, and conducting PTFUs and SSVs held during the year. FP coordinators from all the 35 supported LGAs/LACs (17 in Plateau and six each in FCT, Akwa Ibom, and Oyo) were also involved in provider trainings and received orientation on effective coaching. These LGA FP supervisors took the lead in planning and implementing SSVs to trained FP providers in their various areas.

In Year 2, all activities aimed at improving FP data management were also conducted in partnership with state and LGA/LAC stakeholders from the public and private sector. Heads of LGA/LAC administrations, state, and LGA/LAC HMIS/M&E Officers actively participated in data review and quality assurance activities where public and private providers had an opportunity to discuss challenges relating to FP data management and suggest solutions that would enhance their capacity to generate quality and timely HMIS data.

During PTFUs and SSVs, state and LGA/LAC FP Coordinators led teams of FP trainers, coaches, and SHOPS Plus staff to conduct advocacy visits to representatives of WDCs and other community leaders to share with them the importance of FP, seek their support in dispelling myths and misconceptions, and provide necessary amenities to improve the quality of services in facilities within their communities.

Throughout the reporting period, SHOPS Plus worked with USAID IPs and other FP stakeholders to develop various FP related national documents. In FCT, the SHOPS Plus team participated in a BA-Nigeria supported activity to develop an engagement approach for the Community Health Influencers Promoters and Services program and review capacity building materials to strengthen provider behavior change. The project has also participated in various meetings with GHSC-PSM and other commodity logistics partners to ensure commodity availability during trainings, post training activities, and last mile delivery to facilities.

SHOPS Plus also worked with various provider associations during the year to expand access to quality FP services in the private sector. Across all the states, private sector associations were part of planning and implementing activities that involve their members, and they have shown interest in collaborating with government and community stakeholders to deliver better FP services to clients.

**World Contraceptive Day**

In September, SHOPs Plus collaborated with stakeholders to celebrate the 2019 ‘World Contraceptive Day’. The World Contraceptive Day (every September 26) is a day for creating contraceptive awareness, particularly targeted at the young population to increase FP uptake and reduce unplanned pregnancies. In commemoration of the day, all four states worked with state governments, BA, and other partners such as the Nigerian Medical Association (NMA), Market Associations, and TCI to create FP awareness in various communities. The Akwa Ibom team conducted awareness visits to the Akpan Ndem market in Uyo LGA with music and dancing. The team held talks on the benefits of FP in the Ibibio language, shared FP fliers and stickers, had one to one discussions with interested men and women on FP, demonstrated how to use the female condom, and referred interested clients to the nearest health facility to receive FP services. The day was concluded with a radio talk show anchored by members of NMA who are also trainers. The Oyo team also had a market rally with a lot music to enlighten the populace, and the day was rounded off with outreach in a partner facility where 28 clients received FP services.

The FCT team did outreach at PHC Gidan Mangoro to commemorate the day. The outreach was well attended with a lot of clients counselled. Additionally, 29 clients assessed different FP methods while 60 condoms were given out. The Plateau team had a health talk at Plateau State Specialist Hospital in commemoration of the day and also collaborated with TCI in creating awareness at the state organized basketball tournament.

**Image 7. Enlightenment and distribution of condoms at the basketball tournament during the World Contraceptive Day in Plateau.**

|  |  |
| --- | --- |
| cid:249b2fa4-57cb-4324-a84f-5d22a9852ca2 |  |
| cid:7eed2aae-db4a-407c-a50e-6d1295c805a8@namprd03.prod.outlook.com | cid:d7f3ae10-6556-4a4c-934e-8bf3408240c9@namprd03.prod.outlook.com |

# Management and Administrative Issues

By the end of Year 2, SHOPS Plus had recruited 36 technical and operations staff located across the main office headquarters in Abuja and the four field offices in Plateau, Oyo, Akwa Ibom, and FCT. While previous staff orientation and program planning meetings were conducted earlier with the objectives of building a strong and focused team, occasional supervisory support and mentoring visits from Abt Associates home office and Abuja headquarters was maintained all through the year. This ensured that project staff and all other supporting state and LGA/LAC facilitators observed appropriate standards and operational procedures in line with the Mission and project guidelines. New staff promptly took the mandatory Abt Associates security and work place ethics trainings, as well as the USAID FP compliance courses.

In view of the project close out in Year 3, the SHOPS Plus team paid courtesy visits and shared pre-close out notices to the key gatekeepers and implementing partners at the national level and in the FP project states. Discussions have commenced and will continue in succeeding quarters to conclude plans for exit, sustainability, as well as documentation and dissemination of success stories, lessons, and other action plans.

# Lessons Learned

**Adapting the Implementation of Digital Technology**

SHOPS Plus has learned a number of lessons during the process of establishing the on-demand and push IVR programs. One lesson is that it is very useful to send out an informational SMS in advance of any IVR calls to “prime” providers to recognize the SHOPS Plus phone number and accept the calls. Another lesson is that providers prefer to receive calls in the afternoon rather than in the morning. In light of this, SHOPS Plus has rescheduled the push calls from 9AM to 2PM.

**Continuous Program Learning and Adaption**

Throughout the project, SHOPS Plus has undertaken an attitude of real-time, conscientious learning, in which the project’s theory of change is constantly tested to ensure the project is implemented in an effective manner. The project has adopted a learning cycle approach that encourages team members to reflect on, converse about, and learn from their daily experiences in both formal and informal venues. This includes “pause and reflect” events that foster meaningful evaluation of program progress and allow SHOPS Plus to identify lessons learned and share with other programs. These learnings are then used to support program decision making, identify areas for improvement, and problem solve.

To address FP data management gaps in Year 2, the SHOPS Plus team trained service providers engaged in data validation and review meetings to monitor and report on indicator data. During these meetings, facility-level data were peer reviewed, triangulated with data in the registries, and checked for completeness, correctness, and quality. The data were then reviewed to identify trends, and planned and unplanned achievements and challenges. Data quality management has also been incorporated into PTFUs and SSVs for trained providers. Providers are required to attend monthly meetings for the first three months following training and then on a quarterly basis. Overall, this learning cycle process encourages continuous program improvement and adaptation.

The program has been able to apply the learnings from these “pause and reflect” events and data validation and review meetings to better serve the needs of providers. This includes the following adaptions:

* The development of an on-demand AJAs that allows providers to listen to messages, reinforcing the in-person training they have received
* FP Champions events where identified providers and stakeholders are awarded for their improvements and for providing an enabling environment for quality FP service delivery
* An advanced TOT to enhance the skills of trainers from Year 1 trainings
* Continuous adjustments to the enhanced FP curriculum to incorporate lessons learned from trainings and PTFU activities
* Data Quality Management trainings for state LGA/LAC HMIS/M&E Officers
* IUD certification exercises in facilities with high FP client volume to provide more opportunities for trained providers to practice IUD insertion skills
* Planned a private sector implementation assessment in Oyo and Akwa Ibom to examine whether and how a GTSS approach may be helping supervisors, coaches, and private FP providers realize the gender-transformative outcomes envisioned in the GTSS conceptual framework.

# Planned Activities for Next Quarter Including Upcoming Events

The following activities in will be carried out in the next quarter.

**Table 3. Planned activities for Year 3 Quarter 1.**

|  |  |  |  |
| --- | --- | --- | --- |
| **OPERATIONS** | **October** | **November** | **December** |
| Submit annual report | x |  |  |
| **TECHNICAL** |  |  |  |
| Complete enhanced training curriculum and supplemental training materials that include provider bias, gender dynamics, constructive male engagement, and balanced approach to counseling | x | x | x |
| Conduct one workshop on interactive FP training model for 50 national and state stakeholders | x |  |  |
| Develop draft reviewed national trainers’ manual, participants’ reference book, and PTFU tool for training health workers on LARC methods | x | x | x |
| Conduct two PTFU visits to each trained health worker trained in Year 2 (some PTFU visits for providers trained in Year 2 will be completed in Year 3) across all four implementation states | x | x | x |
| Conduct 424 quarterly SSVs that integrate attention to gender (GTSS) by LGA/LAC RH/FP coordinators and coaches covering 150 providers trained in FY19 Q4 | x | x | x |
| Identify and strengthen 32 certified providers to become peer mentors | x | x | x |
| Peers provide 136 trained providers peer coaching | x | x | x |
| 75% of providers that receive coaching from their peers attain certification | x | x | x |
| Adapt two LGA-level scorecards (one each in Oyo and Akwa Ibom) across the six targeted LGAs in each state | x | x | x |
| Revised FP HMIS registers available in all SHOPS Plus supported health facilities | x | x | x |
| Conduct LGA monthly data review meetings | x | x | x |
| Conduct quarterly DQA field exercises for SHOPS Plus supported facilities | x | x | x |
| Document and present DQA findings during state M&E meetings or similar forum | x | x | x |
| Quality service delivery data available from all supported facilities on the HMIS on time | x | x | x |
| Conduct two advocacy visits to health facility registration and regulatory agencies in FCT and Plateau to address non-inclusion of supported facilities in the DHIS 2 | x | x | x |
| Reach 800 FP providers with weekly IVR messages for 6+ months | x | x | x |
| Proactive engagement from 50% of trained FP providers with on-demand 3-2-1 service on a monthly basis | x | x | x |
| Document learnings on provider knowledge, attitudes, and practices from IVR quiz and M&E content | x | x | x |
| Develop Year 3 state-level implementation and sustainability plans in collaboration with relevant stakeholders in FCT and Plateau | x |  |  |
| Implement activities in synergy with government and USAID projects (including GHSC-PSM and BA). Collaboration will include joint participation in adaptive management learning cycles and planning and budgeting for improvements in FP supply and demand | x | x | x |
| Participation in two meetings to develop or review favorable policies and funding for FP | x | x | x |
| Participation in two FP related national conferences to share best practices and learn lessons from other programs | x |  | x |
| Participation in two FP related international conferences to share best practices and learn lessons from other programs |  | x | x |
| Develop four state profiles (one each for FCT, Oyo, Akwa Ibom, and Plateau) | x | x | x |
| Conduct a modeling exercise demonstrating population impact of the SHOPS Plus activity | x | x | x |
| Develop a lessons learned series documenting learnings on provider bias, gender bias, and adult learning methods |  |  | x |

# How Implementing Partner has addressed A/COR comments from the last quarterly OR Semi-annual report

The project has immensely benefited from the monthly check-in meetings between the USAID SHOPS Plus FP Activity Manager (AM) and the Abt Associates implementing team. This meeting allowed for clear communication of technical directives and also served as an opportunity to clarify any issues or concerns. The meetings also helped to ensure program focus and effective coordination and collaboration with other relevant USAID implementing partners, including BA and GHSC-PSM to ensure synergy. Furthermore, the AM used these meetings to provide technical guidance on critical areas such as review of the monitoring plan and project expectations in respect of sustainability. The AM also supported the planning and designing of the project’s security measures for the safety of personnel and property. Meeting notes are shared with the Mission through the AM.

In Q4, the project responded adequately to comments on the Year 3 work plan, as well as provided responses to comments on the previous quarterly report approved by the Mission after responses to comments were provided. Other directives on what is expected of the project during close out was clarified and a work and budget plan submitted to the Mission in line with instructions received on close out.

# ANNEX A: Progress Summary

**Table 4. MEL Plan Indicator Progress. -** USAID Standard Indicators and Project Custom Indicators[[5]](#footnote-5)

|  | Baseline data | | FY 2019 | | Quarterly Status – FY 2019 | | | |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Indicator | Year | Value | Annual Cumulative Planned target | YTD Cumulative | Q1 | Q2 | Q3 | Q4 | Annual Performance Achieved for FY19 (in %) | Comment(s) |
| 1. Number of new users of modern methods of FP in target states. Disaggregated by State, LGA/LAC and Sector | 2018  (Oct 17 – Apr 18 ) | 4,902 | 40,058 | 63,144  **State**  Pl=31,770  FCT=27,164  Oyo=2,561  AKS=1,667  **LGA**  B/Ladi=605  Bassa=2273  Bokkos=1964  Jos East=1079  Jos North=4356  Jos South=2946  Kanam=538  Kanke=1665  L/North=2917  L/South=785  Mangu=1974  Mikang=821  Pankshin=1597  Quan-pan=1968  Riyom=663  Shendam=4992  Wase=627  Afijio=514  Atiba=356  Ibarapa Central=362  Ido=603  Itesiwaju=270  Oyo East=456  Esit Eket=457  Ika=162  Ini=122  Mbo=244  Nsit Atai=209  Uyo=473  LAC  Abaji=2674  Kwali=3029  Kuje=3658  Gwagwalada=3447  AMAC=9251  Bwari=5087  **Sector**  Public= 59,884  Private=3,260 | 9,277  **State**  Pl=4,497  FCT=4,780  **LGA**  B/Ladi=13  Bassa=349  Bokkos=95  Jos East=87  Jos North=735  Jos South=261  Kanam=0  Kanke=686  L/North=558  L/South=0  Mangu=0  Mikang=43  Pankshin=365  Quan-pan=29  Riyom=16  Shendam=1,260  Wase=0  LAC  Abaji=401  Kwali=478  Kuje=848  Gwagwalada=566  AMAC=1,704  Bwari=783  **Sector**  Public=9,192  Private=85 | 13,894  **State**  Pl=7,433  FCT=6,461  **LGA**  B/Ladi=41  Bassa=587  Bokkos=564  Jos East=423  Jos North=996  Jos South=1,214  Kanam=43  Kanke=272  L/North=579  L/South=0  Mangu=428  Mikang=108  Pankshin=497  Quan-pan=378  Riyom=33  Shendam=1,234  Wase=36  LAC  Abaji=509  Kwali=666  Kuje=901  Gwagwalada=739  AMAC=2,381  Bwari=1,265  **Sector**  Public=12,848  Private=1,046 | 17,009  **State**  Pl=9,672  FCT=7,337  **LGA**  B/Ladi=347  Bassa=795  Bokkos=646  Jos East=348  Jos North=1,056  Jos South=795  Kanam=196  Kanke=275  L/North=868  L/South=271  Mangu=840  Mikang=429  Pankshin=279  Quan-pan=933  Riyom=319  Shendam=997  Wase=278  LAC  Abaji=743  Kwali=991  Kuje=1,025  Gwagwalada=1,004  AMAC=2,156  Bwari=1,418  **Sector**  Public=16,092  Private=917 | 22,964  **State**  Pl=10, 168  FCT=8,568  Oyo=2,561  AKS=1,667  **LGA**  B/Ladi=204  Bassa=542  Bokkos=659  Jos East=221  Jos North=1,569  Jos South=676  Kanam=299  Kanke=432  L/North=912  L/South=514  Mangu=706  Mikang=241  Pankshin=456  Quan-pan=628  Riyom=295  Shendam=1,501  Wase=313  Afijio=514  Atiba=356  Ibarapa Central=362  Ido=603  Itesiwaju=270  Oyo East=456  Esit Eket=457  Ika=162  Ini=122  Mbo=244  Nsit Atai=209  Uyo=473  LAC  Abaji=1,021  Kwali=894  Kuje=884  Gwagwalada=  1,138  AMAC=3,010  Bwari=1,621  **Sector**  Public=21,752  Private=1,212 | 158% (63,144/40,058) | The Community Extension Workers (CHEWs) are the major workforce in the PHCs. In the two states, SHOPS Plus was the first partner to support the training of CHEWs. This has drastically increased the number of facilities providing FP services. Clients do not have to travel a distance in order to access FP services. |
| 1. Number of current users of modern methods of FP in target states   Disaggregated by State, LGA/LAC, Sector and method type  (Aligns with FP2020 Indicator #1) | 2018 YTD (Oct 17 – Apr 18) | 12,797 | 96,663 | 119,322    **State**  Pl496,749  FCT=63,033  Oyo=3,165  AKS=3,375    **LGA**  B/Ladi=1,218  Bassa=4,052  Bokkos=3,100  Jos East=1,598  Jos North=10,157  Jos South=6,786  Kanam=662  Kanke=1,371  L/North=2,350  L/South=824  Mangu=3,368  Mikang=1,342  Pankshin=1,493  Quan-pan=2,772  Riyom=1,793  Shendam=6,035  Wase=828  Afijio=666  Atiba=406  Ibarapa Central=524  Ido=794  Itesiwaju=281  Oyo East=494  Esit Eket=534  Ika=320  Ini=280  Mbo=678  Nsit Atai=442  Uyo=1,121    LAC  Abaji=2,652  Kwali=5,034  Kuje=9,656  Gwagwalada=6,281  AMAC=21,875  Bwari=17,535    **Sector**  Public=114,634  Private=4,688    **Method type** (quantity of commodities issued to clients)  Male condoms=412,656  Female condoms=9,422  FAM=N/A  Implantable Hormonal Contraceptives=29,731  Injectable Hormonal contraceptives=71,341  IUD=5,094  Oral Hormonal Contraceptives=9,485  Sterilization=122 | 16,392  **State**  Pl=6,969  FCT=9,423  **LGA**  B/Ladi=54  Bassa=749  Bokkos=176  Jos East=122  Jos North=2,008  Jos South=621  Kanam=0  Kanke=294  L/North=548  L/South=0  Mangu=0  Mikang=88  Pankshin=337  Quan-pan=114  Riyom=76  Shendam=1,782  Wase=0  LAC  Abaji=505  Kwali=680  Kuje=1,909  Gwagwalada=809  AMAC=3,137  Bwari=2,383  **Sector**  Public=16,209  Private=183  **Method type** (quantity of commodities issued to clients)  Male condoms  =74,626  Female condoms  =1,087  FAM=N/A  Implantable Hormonal Contraceptives=4,111  Injectable Hormonal contraceptives=10,023  IUD=535  Oral Hormonal Contraceptives=1,425  Sterilization=N/A | 28,180  **State**  Pl=12,989  FCT=15,191  **LGA**  B/Ladi=66  Bassa=1,087  Bokkos=935  Jos East=631  Jos North=2,757  Jos South=2,791  Kanam=53  Kanke=381  L/North=446  L/South=0  Mangu=959  Mikang=165  Pankshin=495  Quan-pan=485  Riyom=138  Shendam=1,564  Wase=36  LAC  Abaji=562  Kwali=963  Kuje=2,344  Gwagwalada=1,318  AMAC=5,751  Bwari=4,253  **Sector**  Public=26,598  Private=1,582  **Method type** (quantity of commodities issued to clients)  Male condoms  =128,596  Female condoms  =1,401  FAM=N/A  Implantable Hormonal Contraceptives=7,298  Injectable Hormonal contraceptives=16,758  IUD=1,088  Oral Hormonal Contraceptives=2,461  Sterilization=N/A | 35,465  **State**  Pl=17,450  FCT=18,015  **LGA**  B/Ladi=708  Bassa=1,505  Bokkos=1,149  Jos East=576  Jos North=3,014  Jos South=1,955  Kanam=196  Kanke=374  L/North=949  L/South=307  Mangu=1,454  Mikang=763  Pankshin=368  Quan-pan=1,435  Riyom=990  Shendam=1,343  Wase=364  LAC  Abaji=816  Kwali=1,468  Kuje=2,594  Gwagwalada=2,322  AMAC=5,827  Bwari=4,988  **Sector**  Public=34,226  Private=1,239  **Method type** (quantity of commodities issued to clients)  Male Condoms=105,579  Female Condoms=2,303  FAM=N/A  Implantable Hormonal Contraceptives=9,106  Injectable Hormonal Contraceptives=20,297  IUD=1,395  Oral Hormonal Contraceptives=2,414  Sterilization=100 | 39,285  **State**  Pl=12,341  FCT=20,404  Oyo=3,165  AKS=3,375  **LGA**  B/Ladi=390  Bassa=711  Bokkos=840  Jos East=269  Jos North=2,378  Jos South=1,419  Kanam=413  Kanke=322  L/North=407  L/South=517  Mangu=955  Mikang=326  Pankshin=293  Quan-pan=738  Riyom=589  Shendam=1,346  Wase=428  Afijio=666  Atiba=406  Ibarapa Central=524  Ido=794  Itesiwaju=281  Oyo East=494  Esit Eket=534  Ika=320  Ini=280  Mbo=678  Nsit Atai=442  Uyo=1,121  LAC  Abaji=769  Kwali=1,923  Kuje=2,809  Gwagwalada=1,832  AMAC=7,160  Bwari=5,911  **Sector**  Public=37,601  Private=1,684  **Method type** (quantity of commodities issued to clients)  Male Condoms=106,048  Female Condoms=4,631  FAM=N/A  Implantable Hormonal Contraceptive=  9,216  Injectable Hormonal Contraceptive=  24,263  IUD=2,076  Oral Hormonal Contraceptive=  3,185  Sterilization=22 | 123% (119,322  /96,663) | PHCs within communities now have trained providers. The clients who had started receiving a method from other facilities now can go back to the facility in their community. This has reduced the number of clients who do not go back for their appointments  Secondly, there is no cost for services, this has greatly encouraged clients to go back for their methods |
| 1. Percent of USG-assisted service delivery sites providing family planning (FP) counseling and/or services  (Aligns with USAID\_HL.7.1-2 )   Disaggregated by State and Sector | 2018 | 0%  (FCT and Plateau are new states receiving USAID support for FP) | 55%  (569/900) | 86%  (888/1,035)  **State**  Pl=82% (373/450)  FCT=80% (362/450)  Oyo(76)+AKS(77)=113% (153/135)  **Sector**  Public=68% (623/920)  Private=230%  (265/115) | 34%  (347/1035)  **State**  Pl=38% (173/450)  FCT=39% (174/450)  **Sector**  Public=29% (266/920)  Private=70% (81/115) | 48%  (493/1035)  **State**  Pl=50% (224/450)  FCT=60% (269/450)  **Sector**  Public=39% (361/920)  Private=115%  (132/115) | 62%  (640/1035)  **State**  Pl=71% (319/450)  FCT=71% (321/450)  **Sector**  Public=53% (486/920)  Private=134%  (154/115) | 86%  (888/1035)  **State**  Pl=82% (373/450)  FCT=80% (362/450)  Oyo(76)+AKS(77)=113% (153/135)  **Sector**  Public=68% (623/920)  Private=230%  (265/115) | 1566%  (888/569) | The project shifted the remaining trainings to Year 2 that increased achievement. |
| 1. Number of clients counselled on family planning in supported facilities in target states (New Indicator introduced in Y2Q1)   Disaggregated by State, LGA/LAC, and Sector | 2018 | 13,274 | 150,521 | 139,187  **State**  Pl=65,161  FCT=65,897  Oyo=3,599  AKS=4,530  **LGA**  B/Ladi=1,497  Bassa=4,763  Bokkos=4,165  Jos East=2,093  Jos North=11,377  Jos South=7,701  Kanam=1,081  Kanke=2,706  L/North=4,818  L/South=1,063  Mangu=4,142  Mikang=1,879  Pankshin=2,821  Quan-pan=3,727  Riyom=2,062  Shendam=8,201  Wase=1,116  Afijio=753  Atiba=431  Ibarapa Central=577  Ido=888  Itesiwaju=331  Oyo East=619  Akwa Ibom LGA  Esit Eket=764  Ika=514  Ini=396  Mbo=1,266  Nsit Atai=543  Uyo=1,047  **LAC**  Abaji=5,031  Kwali=6,331  Kuje=9,680  Gwagwalada=7,860  AMAC=20,704  Bwari=16,240  **Sector**  Public=133,801  Private=5,386 | 18,343  **State**  Pl=8,769  FCT=9,574  **LGA**  B/Ladi=14  Bassa=881  Bokkos=95  Jos East=174  Jos North=2,002  Jos South=677  Kanam=0  Kanke=914  L/North=1,115  L/South=0  Mangu=0  Mikang=119  Pankshin=623  Quan-pan=87  Riyom=0  Shendam=2,068  Wase=0  **LAC**  Abaji=776  Kwali=864  Kuje=2,035  Gwagwalada=1,150  AMAC=2,980  Bwari=1,769  **Sector**  Public=18,167  Private=176 | 30,645  **State**  Pl=15,286  FCT=15,359  **LGA**  B/Ladi=89  Bassa=1,214  Bokkos=1,249  Jos East=786  Jos North=2,478  Jos South=2,822  Kanam=60  Kanke=473  L/North=1,079  L/South=0  Mangu=976  Mikang=215  Pankshin=744  Quan-pan=630  Riyom=168  Shendam=2,200  Wase=49  **LAC**  Abaji=849  Kwali=1,295  Kuje=2,580  Gwagwalada=1,749  AMAC=5,296  Bwari=3,644  **Sector**  Public=28,896  Private=1,749 | 38,706  **State**  Pl=19,945  FCT=18,761  **LGA**  B/Ladi=805  Bassa=1,515  Bokkos=1,389  Jos East=702  Jos North=2,952  Jos South=2,094  Kanam=438  Kanke=458  L/North=1,304  L/South=341  Mangu=1,636  Mikang=941  Pankshin=547  Quan-pan=1,749  Riyom=929  Shendam=1,778  Wase=472  **LAC**  Abaji=1,519  Kwali=1,864  Kuje=2,787  Gwagwalada=2,367  AMAC=5,227  Bwari=4,892  **Sector**  Public=37,227  Private=1,479 | 51,493  **State**  Pl=21,161  FCT=22,203  Oyo=3,599  AKS=4,530  **LGA**  B/Ladi=589  Bassa=1,153  Bokkos=1,432  Jos East=431  Jos North=3,945  Jos South=2,108  Kanam=583  Kanke=861  L/North=1,320  L/South=722  Mangu=1,530  Mikang=604  Pankshin=907  Quan-pan=1,261  Riyom=965  Shendam=2,155  Wase=595  Afijio=753  Atiba=431  Ibarapa Central=577  Ido=888  Itesiwaju=331  Oyo East=619  Akwa Ibom LGA  Esit Eket=764  Ika=514  Ini=396  Mbo=1,266  Nsit Atai=543  Uyo=1,047  **LAC**  Abaji=1,887  Kwali=2,308  Kuje=2,278  Gwagwalada=2,594  AMAC=7,201  Bwari=5,935  **Sector**  Public=49,511  Private=1,982 | 92.5%  139,187/150,521 | We are on course to meet target because every client receiving service get counselled first before taking service |
| 1. Percent of USG-assisted service delivery sites providing (LARC) services   Disaggregated by State and Sector | 2018 | 0  (FCT and Plateau are new states receiving USAID support for FP) | 36%  (363699/1035) | 98%  (886/1,035)  **State**  Pl=82% (371/450)  FCT=80% (362/450)  AKS+Oyo=113% (153/135)  **Sector**  Public=68% (624/920)  Private=228%  (262/115) | 34%  (347/1035)  **State**  Pl=38% (173/450)  FCT=39% (174/450)  **Sector**  Public=29% (266/920)  Private=70% (81/115) | 48%  (493/1035)  **State**  Pl=50% (224/450)  FCT=60% (269/450)  **Sector**  Public=39% (361/920)  Private=115%  (132/115) | 49%  (510/1035)  **State**  Pl=71% (319/450)  FCT=42% (191/450)  **Sector**  Public=47% (428/920)  Private=71%  (82/115) | 84%  (886/1035)  **State**  Pl=82% (371/450)  FCT=80% (362/450)  Oyo(76)+AKS(77)=113% (153/135)  **Sector**  Public=68% (624/920)  Private=228%  (262/115) | 228% (886/369) | The project shifted the remaining trainings to Year 2 that increased achievement. |
| 1. Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year   (Aligns with USAID\_HL.7.2-2 )  *Disaggregated by State, sex and Sector* | 2018 | 0  (FCT and Plateau are new states receiving USAID support for FP) | 338[[6]](#footnote-6) | 546[[7]](#footnote-7)  **State**  Plateau=275  FCT=195  AKS=26  Oyo=50  **Sex**  Male=176  Females=370  **Sector**  Public=501  Private=45 | 203  **State**  Plateau=126  FCT=77  **Sex**  Male=57  Females=146  **Sector**  Public=176  Private=27 | 302  **State**  Plateau=151  FCT=151  **Sex**  Male=109  Females=193  **Sector**  Public=275  Private=27 | 467  **State**  Plateau=247  FCT=220  **Sex**  Male=188  Females=279  **Sector**  Public=265  Private=52 | 546  **State**  Plateau=275  FCT=195  AKS=26  Oyo=50  **Sex**  Male=176  Females=370  **Sector**  Public=501  Private=45 | 162%  (546/338) | The Project ended trainings in FY19Q4. So the Project has surpassed target. More CHEWs were found to be in need of training than anticipated |
| 1. Number of private facilities accessing free contraceptive commodities from GON  (Aligns with SHOPS Plus\_GS4) | 2018 | 0 | 100 | 228 | N/A | 108 | 109 | 228[[8]](#footnote-8) | 228%  (228/100) | This is the first time Private facilities would be receiving free contraceptives from GON. This intervention is meant to serves as a pilot. However, the intervention surpassed it expectation  SHOPS Plus ensured that all private facilities trained were included in the last mile delivery distribution list. |
| IR 1: Increased capability of public and private health providers to deliver quality, FP services, specifically LARC | | | | | | | | | | |
| 1. Number of facility providers trained to provide voluntary, rights-based family planning services, including LARC (Aligns with SHOPS Plus\_19 and USAID\_GNDR-9)   *Disaggregated by State, LGA/LAC, Sex, Cadre and Sector* | 2018 | 0  (SHOPS Plus developed the curriculum at inception of project activities) | 850[[9]](#footnote-9) | 780  **State**  Pl=314  FCT=313  Oyo=76  Akwa Ibom=77  **LGA**  B/Ladi=15  Bassa=14  Bokkos=19  Jos East=15  Jos North=41  Jos South=42  Kanam=15  Kanke=4  L/North=5  L/South=15  Mangu=32  Mikang=15  Pankshin=11  Quan-pan=22  Riyom=15  Shendam=10  Wase=24  Afijio=14  Atiba=12  Ibarapa Central=13  Ido=18  Itesiwaju=8  Oyo East=11  Esit Eket=8  Ika=10  Ini=13  Mbo=7  Nsit Atai=9  Uyo=30  **LAC**  Abaji=21  Kwali=28  Kuje=29  Gwagwalada=38  AMAC=130  Bwari=67  **Sex**  Male=229  Female=551  **Cadre**  Doctors=56  Nurse/Midwife=329  CHEW=395  **Sector**  Public=510  Private=270 | 202  **State**  Pl=103  FCT=99  **LGA**  B/Ladi=2  Bassa=9  Bokkos=3  Jos East=15  Jos North=14  Jos South=23  Kanam=1  Kanke=3  L/North=3  L/South=0  Mangu=7  Mikang=3  Pankshin=7  Quan-pan=7  Riyom=1  Shendam=3  Wase=2  **LAC**  Abaji=3  Kwali=4  Kuje=10  Gwagwalada=9  AMAC=52  Bwari=21  **Sex**  Male=45  Female=157  **Cadre**  Doctors=23  Nurse/Midwife=127  CHEW=52  **Sector**  Public=121  Private=81 | 100  **State**  Pl=52  FCT=48  **LGA**  B/Ladi=0  Bassa=4  Bokkos=13  Jos East=0  Jos North=12  Jos South=9  Kanam=0  Kanke=0  L/North=0  L/South=0  Mangu=14  Mikang=0  Pankshin=0  Quan-pan=0  Riyom=0  Shendam=0  Wase=0  **LAC**  Abaji=5  Kwali=9  Kuje=6  Gwagwalada=9  AMAC=8  Bwari=11  **Sex**  Male=47  Female=53  **Cadre**  Doctors=9  Nurse/Midwife=185  CHEW=73  **Sector**  Public=73  Private=27 | 248  **State**  Pl=101  FCT=123  Oyo=24  Akwa Ibom=N/A  **LGA**  B/Ladi=11  Bassa=0  Bokkos=1  Jos East=0  Jos North=2  Jos South=1  Kanam=11  Kanke=0  L/North=0  L/South=14  Mangu=1  Mikang=12  Pankshin=1  Quan-pan=13  Riyom=12  Shendam=0  Wase=22  Afijio=9  Atiba=7  Ibarapa Central=0  Ido=1  Itesiwaju=0  Oyo East=7  Esit Eket=0  Ika=0  Ini=0  Mbo=0  Nsit Atai=0  Uyo=0  **LAC**  Abaji=11  Kwali=13  Kuje=11  Gwagwalada=13  AMAC=51  Bwari=24  **Sex**  Male=89  Female=159  **Cadre**  Doctors=7  Nurse/Midwife=51  CHEW=190  **Sector**  Public=199  Private=49 | 230  **State**  Pl=58  FCT=43  Oyo=52  Akwa Ibom=77  **LGA**  B/Ladi=2  Bassa=1  Bokkos=2  Jos East=0  Jos North=14  Jos South=8  Kanam=2  Kanke=1  L/North=2  L/South=2  Mangu=10  Mikang=0  Pankshin=3  Quan-pan=2  Riyom=2  Shendam=7  Wase=0  Afijio=5  Atiba=5  Ibarapa Central=13  Ido=17  Itesiwaju=8  Oyo East=4  Esit Eket=8  Ika=10  Ini=13  Mbo=7  Nsit Atai=9  Uyo=30  **LAC**  Abaji=2  Kwali=2  Kuje=2  Gwagwalada=7  AMAC=19  Bwari=11  **Sex**  Male=48  Female=182  **Cadre**  Doctors=17  Nurse/Midwife=133  CHEW=80  **Sector**  Private=113  Public=117 | 92% (780/850) | Providers trained by SHOPS Plus are providing quality family planning services that are client-focused. |
| 1. Number of persons trained with USG-assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations[[10]](#footnote-10) | 2019 | 0 | 1,185 | 842 | N/A | N/A | N/A | 842 | 71% (842/1,185) | This indicator was introduced in FY19 Q4. However, The Project, since inception, included a gender component embedded into its training module. The project has, since FY18, been training participants (including Trainers, Coaches, and LGA Reproductive Health Coordinators etc.) |
| 1. Number of trainers trained on the enhanced FP/LARC modules (Aligns with SHOPS Plus\_19, and USAID\_GNDR-9, and FMoH SD12)   Disaggregated by State, Sex, Cadre (master/state level trainers), Cadre (Dr, Nurse/midwife/CHEW) | 2018 | 0  (SHOPS Plus developed the curriculum at inception of project activities) | 85 | 122  **State**  Plateau=34  FCT=38  Oyo=25  Akwa Ibom=25  **Sex**  Male=36  Female=86  Master trainers=6  State trainers=116  **Cadres**  Doctors=52  Nurses/Midwives=70 | 72  **State**  Plateau=34  FCT=38  **Sex**  Male=26  Female=46  Master trainers=6  State trainers=66  **Cadres**  Doctors=33  Nurses/Midwives=39 | 0 | 50  **State**  Plateau=0  FCT=0  Oyo=25  Akwa Ibom=25  **Sex**  Male=10  Female=40  Master trainers=0  State trainers=50  **Cadres**  Doctors=19  Nurses/Midwives=31 | 0 | 144%  (122/85) | Exceeded target[[11]](#footnote-11)  We trained more state trainers as we had to include state/FCT personnel (e.g. the state/FCT FP coordinators and also RH coordinators) in the trainings to ensure that they understand the new training methodology and the enhanced content |
| IR 2: Improved quality of FP counseling and service delivery by public and private providers | | | | | | | | | | |
| 1. Proportion of trained providers certified to provide LARC after completing post-training follow-up visits   Disaggregated by State and Sector | 2018 | 0 | 70%  (385/550) | 56% (522/931)  **State**  Plateau=42%  FCT=28%  **Sector**  Public=37%  Private=24% | 16% (33/202)  **State**  Plateau=18%  FCT=14%  **Sector**  Public=27%  Private=N/A | 33% (100/302)  **State**  Plateau=35%  FCT=30%  **Sector**  Public=35%  Private=29% | 33% (184/550)  **State**  Plateau=42%  FCT=28%  **Sector**  Public=37%  Private=24% | 56% (522/931)  **State**  Plateau=66%  FCT=57%  Oyo=29%  Akwa Ibom=31%  **Sector**  Public=54%  Private=43% | 56% (522/931) | Due to low uptake of IUD, some of the trained providers did not have the required number of clients to allow them to be certified[[12]](#footnote-12) |
| 1. Percent of trained providers who received a SSV and are found to be performing according to standard   Disaggregated by State, Sex, cadre and Sector | 2018 | 0 | 75% | 73%  (372/513)  **State**  Plateau=91%  FCT=64%  **Sex**  Male=81%  Female=83%  **Cadre**  Dr=78%  Nurses/midwives=77%  CHEWS=83%  **Sector**  Public=82%  Private=80% | 92%  (44/48)  **State**  Plateau = 88%  FCT=100%  **Sex**  Male=100%  Female=89%  **Cadre**  Dr=N/A  Nurses/midwives=N/A  CHEWS=92%  **Sector**  Public=92%  Private=N/A | NA | 85%  (156/184)  **State**  Plateau = 96%  FCT=68%  **Sex**  Male=91%  Female=94%  **Cadre**  Dr=100%  Nurses/midwives=95%  CHEWS=92%  **Sector**  Public=92%  Private=97% | 61%  (172/281)  **State**  Plateau=89%  FCT=25%  **Sex**  Male=52%  Female=67%  **Cadre**  Dr=56%%  Nurses/midwives=58%  CHEWS=66%  **Sector**  Public=62%  Private=62% | 73%  (372/513)  **State**  Plateau=91%  FCT=64%  **Sex**  Male=81%  Female=83%  **Cadre**  Dr=78%  Nurses/midwives=77%  CHEWS=83%  **Sector**  Public=82%  Private=80% | Though about 3 out of 4 trained Providers receiving SSV were found to be performing to standard. IUD availability needed for evaluating their performing to standard practices sometimes hinder their assessment |
| 1. Percent of USG-assisted facilities reporting FP data monthly   Disaggregated by State, and Sector | 2018 | 74%  (Figure from the baseline survey) | 85% | 71%  (1,908/2,687)  **State**  Pl=69%  FCT=69%  AKS=65%  Oyo=100%  **Sector**  Public=85%  Private =40% | 76%  (563/745)  **State**  Pl=69%  FCT=82%  **Sector**  Public=84%  Private =16% | 71%  (978/1,383)  **State**  Pl=76%  FCT=66%  **Sector**  Public=82%  Private =31% | 69%  (1,235/1,801)  **State**  Pl=72%  FCT=65%  **Sector**  Public=84%  Private =24% | 71%  (1,908/2,687)  **State**  Pl=69%  FCT=69%  AKS=65%  Oyo=100%  **Sector**  Public=85%  Private =40% | 71%  (1,908/2,687) | Most of the facilities that did not submit a report are private facilities who were not listed in the DHIS by the government (majority of who do not have commodities required to provide services) and hence were unable to report. However, a few of these private facilities that are listed in the DHIS but did not report are just setting up the system required to report. The project has engaged with FMoH to ensure that all the sites that we support are listed on the DHIS. |

# ANNEX B: Financial Management

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Funds** | **Obligations to Date ( A )** | **Cumulative Disbursement + Accruals by September 30, 2019 (B)\*\*** | **Pipeline (A-B)** | **FY 2019 Approved Work Plan Budget\*** | | | | | **Q4 FY 2019 Expenditure (Actuals + Accruals)** | **Q4 FY19 Monthly Burnrate\*\*\*** |
| **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| Family Planning | 14,044,976 | 11,447,203 | 2,597,773 |  |  |  |  | 8,100,000 | 2,960,927 | 986,976 |
|  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  | **-** | **-** | **-** | **-** | **8,100,000** |  |  |
| \*The SHOPS Plus Nigeria approved work plan budget was an annual budget and not broken out by quarters. | | | | | | | | | | |
| \*\*Accruals are estimates based on projections.  \*\*\*All remaining trainings in all four states were completed in Q4. The burn rate is expected to significantly decrease in Q1 of FY20 due to decrease in planned trainings. | | | | | | | | | | |

# ANNEX C: Costing Analysis

We used SHOPS Plus expenditure data across the four site offices and states to estimate the annual cost of training a provider. Out of country costs were not included. CYPs were estimated based on USAID’s conversion factors using supported facilities’ DHIS 2 service delivery data. The results can be seen in Figure 15 below. SHOPS Plus will produce a more detailed report by the end of the program.

**Figure 15. SHOPS Plus Cost per provider trained by cost categories.**

# ANNEX D: Environmental Mitigation and Monitoring Report

|  |  |  |  |
| --- | --- | --- | --- |
| List each Mitigation Measure from column 3 in the EMMP | Status of Mitigation Measures | List any outstanding issues relating to required conditions | Remarks |
| **1. Education, Technical Assistance, Training** | SHOPS Plus supported the training of 780 service providers on family planning, including LARCs in FCT, Plateau, Oyo and Akwa Ibom. As part of these trainings, knowledge and skills for proper infection prevention, instrument processing and disposal of medical waste were provided to the trainees.  All 780 trainees were provided with clinical operating protocols in the form of job aids that clearly define proper disposal of medical waste in accordance with all appropriate laws and regulations. |  | Completed in FY19 (Year 2 of program) |
| **2. Research and Development**  1. SHOPS Plus will ensure that data collection firms adopt the clinical operating protocols that clearly define proper disposal of medical waste in accordance with international best practices and appropriate laws and regulations. | During the SHOPS Plus facility baseline assessment in Oyo and Akwa Ibom states, data collection firms evaluated facility conditions and availability of appropriate waste disposal structures. The findings have been presented to state governments and relevant stakeholders during the project’s Year 2 pause and reflect event. |  | Completed in FY19 (Year 2 of program) |
| 3. Public Health Commodities  1. SHOPS Plus will ensure facilities have clinical standard operating procedures (SOPs) that clearly define proper disposal of medical waste in accordance with international best practices (e.g., the WHO “[Safe management of wastes from health-care activities](http://www.who.int/water_sanitation_health/publications/wastemanag/en/)” handbook) and host country requirements.  2. The project will also ensure the providers from the public and private facilities supported through the project are trained on proper disposal of medical waste directly or indirectly resulting from SHOPS Plus activities, in accordance with international best practices (e.g. the WHO “[Safe management of wastes from health-care activities](http://www.who.int/water_sanitation_health/publications/wastemanag/en/)” handbook) and host country requirements. .  3. SHOPS Plus will ensure that facilities where services are being provided complete the Healthcare Waste Management Minimum Program Checklist and Action Plan (Annex 1 of the IEE) | 1. All 888 facilities that SHOPS Plus trained providers have been provided with waste disposal SOPs.  2. SHOPS Plus provided 395 community health workers (CHWs) in FCT, Plateau Oyo and Akwa Ibom states with knowledge and skills for appropriate disposal of medical waste in accordance with best practices  Every facility that SHOPS Plus works with has a Healthcare Waste Management Plan. |  |  |
| **4. Small-Scale Construction** |  |  |  |
| **5. Small-Scale Water and Sanitation** |  |  |  |
| **6. Nutrition** |  |  |  |
| **7. Vector Control** |  |  |  |
| **8. Emergency Response** |  |  |  |

# ANNEX E: Addressing Gender

|  |  |  |
| --- | --- | --- |
|  |  | |
|  | |  | |

1. Granello, D. 1996. Gender and power in the supervisory dyad. The Clinical Supervisor, 14:2, 53-67, DOI: 10.1300/J001v14n02\_05 [↑](#footnote-ref-1)
2. Boniol M, McIsaac M, Xu L, Wuliji T, Diallo K, Campbell J. 2019. Gender equity in the health workforce: analysis of 104 countries. Working paper 1. Geneva: World Health Organization; (WHO/HIS/HWF/Gender/WP1/2019.1).Licence: CC BY-NC-SA 3.0 IGO. [↑](#footnote-ref-2)
3. Hastings, MB. A Conceptual Framework for Gender-Transformative Supportive Supervision. Retrieved May 2019: https://www.msh.org/sites/msh.org/files/gender\_transformative\_supportive\_supervision\_technical\_brief.pdf [↑](#footnote-ref-3)
4. Hastings, MB. A Conceptual Framework for Gender-Transformative Supportive Supervision. Retrieved May 2019: https://www.msh.org/sites/msh.org/files/gender\_transformative\_supportive\_supervision\_technical\_brief.pdf [↑](#footnote-ref-4)
5. Data sources for each Indicator are in the AMEL Plan document. Update to the AMEL plan now include an additional indicator suggested by USAID (number of clients counselled- *Indicator 5*) and additional indicators disaggregations on providers certified for IUD and those certified for Implants- Indicator 9 [↑](#footnote-ref-5)
6. Target is cumulative i.e. Y2 target = Y1 target + Y2 target [↑](#footnote-ref-6)
7. This includes year 1 performance [↑](#footnote-ref-7)
8. Cumulative of all the quarters [↑](#footnote-ref-8)
9. 8 Changes in the implementation timeline resulted in more facility providers being trained in Y2 than previously anticipated. Further program implementation adjustments mean no providers are getting trained in Y3. [↑](#footnote-ref-9)
10. 9 New indicator added in Y2Q4. [↑](#footnote-ref-10)
11. We trained more state trainers as we had to include state/FCT personnel (e.g. the state/FCT FP coordinators and also RH coordinators) in the trainings to ensure that they understand the new training methodology and the enhanced content [↑](#footnote-ref-11)
12. Most of the trained providers have not been able to fulfil the conditions required for certification due to the poor uptake of IUDs, such providers move to facilities with higher number of clients to provide services, under the supervision of the trainers, to enable them attain the certification status [↑](#footnote-ref-12)