

Country Name	Project for Strengthening Pro-Poor Community Health Services in Lagos State
Federal Republic of Nigeria	

I. Project Outline

Background	<p>In Lagos State, the revitalization of Primary Health Center (PHC) was one of the policies to improve health promotion policy at community level. According to the policy, delivery of health services at community level has been improved, to which JICA contributed by implementing a technical cooperation project named “Project for Improving Maternal, New Born and Child Health in Lagos State”.</p> <p>On the other hand, although a certain improvement in the quality of these services had been achieved, many residents, especially in urban slum areas did not use services of PHC facilities due to social reasons such as resistance to discrimination by PHC facility staff and other patients when using services, distrust of Western medicine, and economic reasons such as the cost of transportation to the medical facility and the cost of medicines for treatment. Thus, removing the social barriers for the residents to use PHC facilities was an issue.</p>				
Objectives of the Project	<p>Through (i) developing pro-poor community health service models and operation guides, (ii) strengthening capacity of Lagos State Primary Healthcare Board(LSPHCB), Local Government Health Teams and Ward Health Committees (WHCs) to support target communities, (iii) improving the capacity of community health officers (CHOs), community health extension workers (CHEWs), other PHC-related workers and Ward Health Committee members, (iv) conducting health promotion activities to improve health-seeking behaviors, and (v) generating evidences for developing strategic options for nationwide and/or state-wide scaling-up pro-poor community health service systems, the project aims at establishing pro-poor health services system using standardized models, thereby contributing to improving equitable, affordable, and accessible maternal and child health services for the population in urban slum communities in Lagos State.</p> <ol style="list-style-type: none"> Overall Goal: Equitable, affordable, and accessible maternal and child health services for the population in urban slum communities in Lagos State are improved. Project Purpose: Pro-poor health services system is established and strengthened using standardized models. 				
Activities of the project	<ol style="list-style-type: none"> Project site: Eti-Osa Local Government Area (LGA), Mainland Lagos LGA Main activities: (i) developing pro-poor community health models and operation guides, (ii) strengthening capacity of PHC Board, Local Government Health Teams and Ward Health Committees (WHCs) to support target communities, (iii) improving the capacity of community health officers (CHOs), community health extension workers (CHEWs), other PHC workers and Ward Health Committee members, (iv) conducting health promotion activities to improve health-seeking behaviors, and (v) generating evidences for developing strategic options for nationwide and/or state-wide scaling-up pro-poor community health service systems Inputs (to carry out above activities) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Japanese Side 1) Experts: 16 persons 2) Trainees received: 8 persons 3) Equipment: Medical Isolation Tent System, Solar Power system, solar lightning system, software development, vehicles, porta cabin, etc. 4) Local expenses: training expenses, outreach activities, etc. </td> <td style="width: 50%; vertical-align: top;"> Nigerian Side 1) Staff allocated: 10 persons 2) Land and facilities: provision of office space with electricity and water 3) Equipment: Vehicles for on-site training and supervision </td> </tr> </table> 			Japanese Side 1) Experts: 16 persons 2) Trainees received: 8 persons 3) Equipment: Medical Isolation Tent System, Solar Power system, solar lightning system, software development, vehicles, porta cabin, etc. 4) Local expenses: training expenses, outreach activities, etc.	Nigerian Side 1) Staff allocated: 10 persons 2) Land and facilities: provision of office space with electricity and water 3) Equipment: Vehicles for on-site training and supervision
Japanese Side 1) Experts: 16 persons 2) Trainees received: 8 persons 3) Equipment: Medical Isolation Tent System, Solar Power system, solar lightning system, software development, vehicles, porta cabin, etc. 4) Local expenses: training expenses, outreach activities, etc.	Nigerian Side 1) Staff allocated: 10 persons 2) Land and facilities: provision of office space with electricity and water 3) Equipment: Vehicles for on-site training and supervision				
Project Period	(ex-ante) April 2014-March 2018 (actual) May 2014-March 2019 (Extended period: April 2018-March 2019)	Project Cost	(ex-ante) 384 million yen, (actual) 499 million yen		
Implementing Agency	Lagos State Primary Health Care Board (LSPHCB)				
Cooperation Agency in Japan	-				

II. Result of the Evaluation

<Special Perspectives Considered in the Ex-Post Evaluation>

- Continuation status of the indicator 2 and 3 of the Project Purpose was verified under the Overall Goal

I Relevance/Coherence

[Relevance]

<Consistency with the Development Policy of Nigeria at the Time of Ex-Ante Evaluation >

The project was consistent with the development policy of Nigeria at the time of ex-ante evaluation. In 2010, Nigeria developed the “National Strategic Health Development Plan 2010-2015” (NSHDP) and set nine overall indicator items to measure the improvement of health and sanitation in Nigeria, seven of which (average life expectancy, under-five mortality rate, neonatal mortality rate, measles immunization rate, percentage of underweight children, percentage of children sleeping under mosquito nets, and maternal mortality rate) are related to maternal and child health, it can be concluded that maternal and child health is of paramount importance. In line with the

above NSHDP, the Lagos State Ministry of Health prepared the "Lagos State Strategic Health Development Plan 2010-2015" ("LSSHDP"), which has eight key strategies similar to those in the NSHDP, but in addition has its own areas of focus, including Infrastructure development, revitalization of PHC, and improvement of the health of the population, based on which the company plans to strengthen its outreach service activities through CHOs and CHEWs.

<Consistency with the Development Needs of Nigeria at the Time of Ex-Ante Evaluation >

The project was consistent with the development needs of Nigeria at the time of ex-ante evaluation. Many residents, especially in urban slum areas did not use the service of PHC facilities due to social reasons and removing the social barriers was an issue, as mentioned above ("Background").

<Appropriateness of Project Design/Approach>

No problem attributed to the project design/approach was confirmed. The project design/approach was appropriate in terms of consideration to the people whose access to equitable participation to the society was prevented as well as to equality among population. The project focused on improving the accessibility of primary health care services for urban slum populations. Accessibility means not only physical but also psychological accessibility. Inclusive and participatory approaches that the project has taken at the community level were to ensure equitable access to primary health care. It is expected to lead to the improvement of health systems, which will bring about the improvement of the health status of community people. Ultimately, it will contribute to poverty reduction.

<Evaluation Result>

In light of the above, the relevance of the project is ③¹.

[Coherence]

<Consistency with Japan's ODA Policy at the Time of Ex-Ante Evaluation>

The project was consistent with the Japan's ODA policy to Nigeria at the time of ex-post evaluation. Under the "Country Assistance Policy to Federal Republic of Nigeria (2012), promotion of social development with a focus on urban areas was one of the priority areas for assistance. In the Abuja Metropolitan Area and Lagos City area, focus was placed on the improvement of social services. Especially, contribute to the improvement of livelihoods and business environment through development of facilities and technology transfer for the improvement of water supply and health services were anticipated.

<Collaboration/Coordination with other JICA's interventions>

Any collaboration/coordination between the project and other JICA's intervention was not clearly planned at the time of ex-ante evaluation.

<Cooperation with other institutions/ Coordination with international framework>

Any the cooperation/coordination with other development partner was not clearly planned at the time of ex-ante evaluation or during the project period.

<Evaluation Result>

In light of the above, the coherence of the project is ②.

[Evaluation Result of Relevance/Coherence]

In the light above, the relevance/coherence of the project is ③.

2 Effectiveness/Impact

<Status of Achievement of the Project Purpose at the Time of Project Completion>

At the time of project completion, the Project Purpose was partially achieved. Pro-poor community health model and its operation guide introduced by the project was partly being scaled-up (Indicator 1), and vaccination coverage among children under one-year somewhat increased (Indicator 2); however, the proportion of pregnant women who utilize Antenatal Care (ANC) and Skilled Birth Attendants (SBA) did not necessarily increase (Indicator 3).

<Continuation Status of Project Effects at the Time of Ex-Post Evaluation>

By the time of the ex-ante evaluation, the project effects have been partially continued.

Some aspects of the pro-poor community health model developed under the project have continued and been scaled up. "Hard-to-Reach Outreach", "Health education by Community Resource Persons (CORPs)", "Community Engagement through Empowerment of WHC", "TBA Referral & Reporting" have been/is being scaled up. On the other hand, "Automatic Appointment Reminder and Defaulter Tracing (AR&DT) System" and "Automatic Voice-call Message Delivery" were suspended. The government has not been able to share the necessary data due to the fact that the service provider was not in the list of public procurement of the State, as well as the company who developed the system with the support of the Project did not fully release its developed technology. Accordingly, This means that the PHCs have resorted back to the manual card tracking system.

As for the continuity of the activities of target PHCs, some PHCs like Iwaya PHCs have some funds which they used for transport arrangement to Hard-to-Reach (HTR) areas to ensure they are able to carry out their monthly outreach. The PHCs are out of stock on TBA reporting books as such the TBA are unable to provide detailed information on the birthing experience in their care

<Status of Achievement of the Overall Goal at the Time of Ex-Post Evaluation>

During the period of ex-post evaluation, the Overall Goal could not be verifiable mainly due to COVID-19 pandemic effect.. Though the target of an indicator meant to be the population int the urban slums, the information obtained is for the whole state and it is difficult to speak about the indicator relating to just the urban slums. At the time of project completion, it was anticipated that it could be very difficult to segregate the data only for the urban slum population because all the data in the District Health Information Software (DHIS) system is aggregated data. Considering that urban slum areas are located everywhere in Lagos State but that rich people tend to patronize private health facilities, the public PHC utilization could be perceived as a proxy for the service utilization by the habitants in slum areas. So, state-wise, PHC data shows that the coverage of maternal and child health services, i.e. ANC, PNC, immunization and SBA has not shown much progress. In terms of ANC and PNC, this could be due to the pandemic was very much in 2020 and 2021 as such many people in these communities sought alternative support for their delivery process as they were scared of the clinics. Unvaccinated children percentage increased in 2020 which was also during the height of the pandemic but in 2021 with the introduction of the COVID-19 vaccine and a

¹ ④ : very high, ③ : high, ② : moderately low, ① : low

country wide focus on routine immunization activities there is an observed decrease in 2021. The reduction in SBAs over the years could be as a result of the talent drain in the system due to many medical professionals migrating out of the country for better opportunities
<Other Impacts at the Time of Ex-Post Evaluation>

There have been positive impact on gender as this project ensured the inclusion of men education in terms of family planning and fertility which made it easier to approach the women and reemphasize the important of both. Also, focus on male involvement has been of positive impact as it has yielded a slight increase in uptake of contraceptive services in PHCs by female partners, efforts are ongoing to sustain the increase and improve on it.

At the ex-ante evaluation, the possible cooperation with UNICEF who implemented the support activities for slum population was proposed. The training materials and action plan developed in WHC capacity development in the Project were transferred to UNICEF's training of WHCs, and extended to use for the riverside communities.

No negative impacts on the natural environment have been observed.

<Evaluation Result>

In light of the above, the effectiveness/impact of the project is ②.

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results	Source	
(Project Purpose) Pro-poor health services system is established and strengthened using standardized models.	Indicator 1 Pro-poor community health model and its operation guide are in the official approval process for their state-wide scale-up.	Status of the Achievement (Status of the Continuation): partially achieved (partially continued) (Project completion) i. The existing outreach protocol was utilized. Cost-effectiveness of Hard-to-Reach outreach, especially to riverine highly populated areas was demonstrated with evidence. The state is trying to allocate funds for special transport arrangements as part of the routine immunization activities. ii. Community health education by CORPs was promoted with the existing operation manual. The activity has been taken up and sustained in Lagos Mainland by another project called "Alive and Thrive" supported by FHI360, Save the Children and Bill & Melinda Gates Foundation after the JICA project ended. iii. WHC training slides were developed by adding practical components on problem identification and analysis, action plan development and advocacy to the existing manual created by Partnership for Transforming Health Systems 2 (PATHS2) Project. The slides are being used for WHC refresher training for riverine wards in Lagos supported by UNICEF since January 2019. iv. Two operating manuals for Appointment Reminder and Defaulter Tracing System have been developed and approved by LSPHCB with the signature of the Permanent Secretary. LSPHCB has taken up the intervention as a state-owned project, although the budget for sustaining it has not been allocated yet. v. An operating manual for TBA Referral and Reporting system have been developed and approved by the state for state-wide expansion. (Ex-Post Evaluation)	JICA documents, LSPHCB	
		Item		Status (status of use of operation guide and status of scale up)
		Strategic Outreach (Hard-to-Reach Outreach) by health care providers		Scaled up by the team across the PHC board in Lagos
		Health Education by Community Resource Persons (CORPs) (Health Volunteers) in Communities		Scaled up for use in family planning and the Resilient and Accelerated Scaleup of DMPA-SC Self Injecting in Nigeria (RASuDIN) project, a project by LSPHCB on one of the injectable family planning commodity; however sustainability is a challenge as financial incentives are expected.
		Community Engagement through Empowerment of WHC		Scaling up in progress all newly inaugurated WHC to be trained across the 57 LGAs. However, the implementation of the training for WHCs has been in process of re-examination during the Project due to the new policy in 2019 which clarified the position of WHC (changed to Ward Development Committee (WDC)) and its role, the delay of Primary Healthcare administration, newly introduced training for Community Influencer

		<table border="1"> <tr> <td></td> <td>Promoters and Services (CHIPS) in collaboration with WDC.</td> </tr> <tr> <td>Automatic Appointment Reminder and Defaulter Tracing (AR&DT) System</td> <td>Service was suspended. As the company developed the system was not the registered company of public procurement of the State, the state government could not release the information of patients.</td> </tr> <tr> <td>Automatic Voice-call Message Delivery</td> <td></td> </tr> <tr> <td>TBA Referral & Reporting</td> <td>Scaled up for utilization by Lagos State Traditional Medicine Board (LSTMB), Lagos State College of Health Technology (LASCOHET) in the TBA course at the institution</td> </tr> </table>		Promoters and Services (CHIPS) in collaboration with WDC.	Automatic Appointment Reminder and Defaulter Tracing (AR&DT) System	Service was suspended. As the company developed the system was not the registered company of public procurement of the State, the state government could not release the information of patients.	Automatic Voice-call Message Delivery		TBA Referral & Reporting	Scaled up for utilization by Lagos State Traditional Medicine Board (LSTMB), Lagos State College of Health Technology (LASCOHET) in the TBA course at the institution									
	Promoters and Services (CHIPS) in collaboration with WDC.																		
Automatic Appointment Reminder and Defaulter Tracing (AR&DT) System	Service was suspended. As the company developed the system was not the registered company of public procurement of the State, the state government could not release the information of patients.																		
Automatic Voice-call Message Delivery																			
TBA Referral & Reporting	Scaled up for utilization by Lagos State Traditional Medicine Board (LSTMB), Lagos State College of Health Technology (LASCOHET) in the TBA course at the institution																		
		The alternate emergency transportation scheme in collaboration with keke marwas (tricycles used for public transportation in Lagos) was initiated in Ikorodu LGA as well by CHAI and currently ongoing although it has its own challenges.																	
Indicator 2 Full vaccination coverage among children under one-year increases.	Status of the Achievement (Status of the Continuation): partially achieved (Project Completion) Difference between the intervention-exposed and the non-exposed groups on the percentage of women age 15-49 who had a live birth in the past one year and whose child immunized in accordance with the routine immunization schedule” was surveyed. The evaluation was done based on the three analysis and results described below: i. Percentage difference in the routine immunization between the intervention and control groups of children who were born to 15-49 aged women: No significance in difference ii. Relationship between the CORP’s knowledge and the probability of immunization status among the children living in the same settlement: The result suggests that children of the mothers who reside in the same settlement of a CORP whose knowledge test score is high are likely to be fully immunized than children of mothers who reside in the same settlement of another CORP whose score is low. iii. Transition of number of unvaccinated children in Lagos Mainland between January 2016 to September 2018: The number of unvaccinated children is likely to have decreased (Ex-Post Evaluation) See the Overall Goal below. However, there were lockdown and reluctance to go to medical facilities in 2020 and 2021 due to COVID-19 pandemic, especially densely populated Lagos state. In consequence, the indicators in both years were slightly deteriorated. In mid-2022 when the COVID-19 pandemic was settled, the government started massive vaccination campaign including HTRwith the support of UNICEF and WHO.	JICA documents																	
Indicator 3 The proportion of pregnant women who utilize ANC and SBA increases.	Status of the Achievement (Status of the Continuation): not achieved (Project Completion) Difference between the intervention-exposed and the non-exposed groups on the percentage of women age 15-49 who had a live birth in the past one year and attended antenatal care (ANC) more than four times during her recent pregnancy” and “Difference between the intervention-exposed and the non-exposed groups on the percentage of women age 15-49 who had a live birth attended by a skilled birth attendant (SBA) in the past one year” are surveyed. No difference demonstrated. (Ex-Post Evaluation) See the Overall Goal below.	JICA documents																	
(Overall Goal) The alternate emergency transportation scheme in collaboration with keke marwas (tricycles used for public transportation in Lagos) was initiated in Ikorodu LGA as well by CHAI and currently ongoing although it has its own challenges.	Indicator 1 Coverage of maternal and child health services (ANC, PNC, Immunizations, and SBA) among the population in urban slums are increased (Ex-Post Evaluation) Not verified	<table border="1"> <thead> <tr> <th></th> <th>2019</th> <th>2020</th> <th>2021</th> </tr> </thead> <tbody> <tr> <td>1) % of women aged 15-49 with a live birth in the past one year who attended antenatal care (ANC) four or more than four times during their most recent pregnancy</td> <td>80.42%</td> <td>86.07%</td> <td>77.9%</td> </tr> <tr> <td>2) % of mothers and babies who received postnatal care within two days of childbirth In Lagos state, data available is for less than 3 days</td> <td>73.48%</td> <td>73.82%</td> <td></td> </tr> <tr> <td>3) % of unvaccinated children in the past one year</td> <td>45.10%</td> <td>58.30%</td> <td>42.20%</td> </tr> </tbody> </table>		2019	2020	2021	1) % of women aged 15-49 with a live birth in the past one year who attended antenatal care (ANC) four or more than four times during their most recent pregnancy	80.42%	86.07%	77.9%	2) % of mothers and babies who received postnatal care within two days of childbirth In Lagos state, data available is for less than 3 days	73.48%	73.82%		3) % of unvaccinated children in the past one year	45.10%	58.30%	42.20%	DHIS Platform, LSPHCB
	2019	2020	2021																
1) % of women aged 15-49 with a live birth in the past one year who attended antenatal care (ANC) four or more than four times during their most recent pregnancy	80.42%	86.07%	77.9%																
2) % of mothers and babies who received postnatal care within two days of childbirth In Lagos state, data available is for less than 3 days	73.48%	73.82%																	
3) % of unvaccinated children in the past one year	45.10%	58.30%	42.20%																

	4) % of births attended by SBAs in the past one year	98.40%	95.47%	86.82%		
--	--	--------	--------	--------	--	--

3 Efficiency

The project cost exceeded the plan (the ratio against the plan: 130%) and the project period slightly exceeded the plan (the ratio against the plan: 123%). The reason for the difference from the plan was to secure ample time for the geographical expansion of the project site from Eti-Osa LGA alone to include Lagos Mainland LGA, which was agreed on 10th of November 2016. The second amendment was made during the Sixth Joint Coordinating Committee (JCC) Meeting held on 11th of December 2018 to further extend the period to 31st of March 2019 to test the new Appointment Reminder and Defaulter Tracing System developed by the project and operationalize it at the targeted PHCs. The project cost exceeded the plan due to combined factors including the extension of project period. Outputs were produced as planned.

In the light above, the efficiency of the project is ②.

4 Sustainability

<Policy Aspect> In federal level, the various policies were introduced for promoting Universal Health Care (UHC). Basic Health Care Provision Fund (BHCPF) was established under the National Health Act in 2014. National Health Policy in 2016 aimed to promote UHC, service delivery of primary healthcare, protection of people in poverty from financial risk, National Health Financing Policy and Strategy in 2017 designated the allocation of 5% of national budget to Health sector for promoting UHC, while National Strategic Health Development Plan II 2018-22 (NSHDP II) introduced with particular emphasis on improvement of Primary Healthcare service, to protect people in poverty from financial burden/risk with increase in training for mid-wife and free medical service for Maternal and Child Healthcare. National Health Promotion Policy in 2019 aimed to increase the efficiency of medical personnel as well as management of health sector institutions, especially clarifies the role, tasks, and management system of Ward Development Committee (WDC) as well as LGAs, State governments. Then, National Health Insurance Authority Act in 2022 specified the implementation of mandatory health insurance for all population in Nigeria through BHCPF and PPP.

Given these initiatives of federal government, Lagos state government introduced Lagos State Health Scheme in 2015 to facilitate the BHCPF application in Lagos, and established Lagos State Health Management Agency (LASHMA) as the implementation agency. LASHMA has started insurance program for those in informal sector and people in poverty since 2018 as the organ to manage the state's insurance scheme.

<Institutional/Organizational Aspect>

After operationalization of LSPHCB in 2010, there had been some overlapping tasks and subsequent management issues between LSMOH and LSPHCB (especially in field level) had been observed by the Project. However, by 2019, the management system and clarification of tasks in respective institution had been completed.

The organizational structure in LSPHCB who is in charge of primary healthcare has developed to 19 directions and units. Through the experiences of Ebola outbreak in West Africa in 2014, Medical Laboratory Service Direction was created while Community Health Service Direction became independent division to proceed the liaison between TBA and PHC, as well as to manage efficiently various vaccination campaigns. LSPHCB is responsible to supervise PHCs and budget for PHCs will be allocated from LSPHCB and from Health Authority of LGAs who is responsible to monitor and to supervise plan and activities in PHCs.

The National Health Promotion Policy of 2019 sets the responsibility and function of Ward Health Committee (WHC), as Ward Development Committee (WDC), to set the priority of local health related issues and challenges in collaborate with local PHCs, and to facilitate the resource mobilization both to LGA authority and to local community. During the Project, the inadequate level of actions taken by some committees was identified, the effort to re-activate these committees and prepared for the training concerning services in PHCs. However, given the prevision of 2019 Health Promotion Act, NPHCDA, for reducing the maternal, newborn, infant mortality rate, has introduced CHIPS program where WDC is one of the monitoring organ of CHIPs agent in collaboration with local PHC staffs. In Lagos, all the basic training for CHIPS has been completed by 2022 and will start the field activities in 2023 after the Presidential and Governors' election in Feb. to March 2023.

Understanding the crucial role of TBAs, LSPHCB has been collaborating with Traditional Medicine Board (TMB) to sustain data collection through Community Health Management Information System (CHMIS) from TBAs. TMB was without a board for a while which hampered the effectiveness, but a board is now in place and looking to address all the challenges.

The two-way referral between PHC and secondary health facilities is firmly in place, the state has also established a state Maternal Perinatal Death Surveillance Response (MPDSR) which engages all relevant stakeholders when any maternal or newborn death occurs (from TBC, PHC staff to secondary health facility staff). In addition, effort to increase the referral facilities has continued and "one ward one MCC" effort has been in progress after the introduction of the Maternal, Child Mortality Reduction Strategies in 2019.

As mentioned in relevance of the Project approach, the selection of a company for development and utilization of AR&DT system was not according to the public procurement regulation of Lagos state, the system was not well positioned in the public service framework, and thus could not secure the continuing usage. However, given the COVID-19 pandemic, various start-up companies emerged for providing tele-medicine, pharmaceutical services, electric maternal and child handbook etc. using DX. NPHCDA who took in charge of COVID vaccination also used the electric system of vaccination record by using QR code. Thus, both in public and private sectors, the digitalization of services was progressed rapidly. Given this rapid innovation of services, the system developed in the Project faced serious difficulty to re-utilization.

<Technical Aspect>

According to LSPHCB, the technical capacity of its staffs is appropriate. The step-down training (training for healthcare staffs in family planning) opportunities, as well as on-site supervision of skill development are created. As one of the MCMR program, LSPHCB and state TMB collaborated to implement the sensitization and training program for traditional medical personnel, including TBA (facilitating the registration of medical personnel, collaboration with local PHCs, etc.). For TBA, the training program for 6 weeks has been implemented at the secondary medical facilities. Also, Lagos AIDS Control Agency, in support of UNAIDS, started the training of data collection and

management of human resources to develop the Human Resource for Health Information System *HRHIS).

<Financial Aspect>

Currently, the passages of budget allocation for health care from Federal level is organized as following: National Health Insurance Scheme (NHIS) receives the budget from Federal Government, then, it allocates to State level, State Social Health Insurance Scheme (SSHIS). State Government, after receiving the budget from Federal Government, allocates the budget to State Ministry of Health, State Primary Healthcare Board, as well as SSHIS (as the subsidies from state). The LGAs authority receives the budget from State Governments (from the State, 10% of State budget) and allocates the part of this budget to PHCs through its Health department. On the other hand, LSPHCB receives the budget from BHCPF and NPHCDA, and then, allocates the part of that budget to respective PHC. Although there was a delay due to COVID-19 pandemic, the budget of BHCPF to LSPHCB finally started in May 2022. This budget is used for Basic Healthcare package for vulnerable people.

Lagos state has been very keen on Maternal, Newborn and Child Health (MNCH) as such has had a couple of budget lines in the yearly state budget relating to MNCH. Lagos, as a state, also has had support from development partners like Clinton Health Access Initiative (CHAI) and Bill and Merinda Gates Foundation (BMGF) focused on strengthening MNCH in the state. Furthermore, as one of the biggest economic cities in Africa, it is facilitating the medical insurance program for people in poverty by introducing the fund from private sector.

<Environmental and Social Aspect>

No risks have been found on environmental and social aspect.

<Evaluation Result>

In light of the above, some problems have been observed in terms of the institutional/organizational aspect. Therefore, the sustainability of the effectiveness through the project is ③.

5 Summary of the Evaluation

The project partially achieved the Project Purpose as the Pro-poor community health model introduced by the project was partially being scaled-up, although there was relative stagnation of some indicators. The Overall Goal has been partially achieved, as ANC, PNC, immunization and SBA has not shown much progress due to the impact of COVID-19 pandemic which caused lockdown and widespread reluctance to visit medical facilities. After the project completion, part of the model has continued. As for the sustainability, although a series of policies were introduced both in federal and state levels with various actions, and in institutional /organizational aspects, the administrative system was developed among related MDAs, the AR&DT system developed in the project was not continued to be utilized because of the procurement method of the company in accordance with the state's public procurement regulation. As for the efficiency, the project cost exceeded the plan and the project period slightly exceeded the plan.

Considering all of the above points, this project is evaluated to be partially satisfactory.

III. Non-score Items

Additionality and Creative Values:

The interventions based on unique knowledges and experiences of Japan brought about better results. Using the maternal and child health handbook, it guided in the development of training materials and the birth attendant reporting book that are used by LSPHCB.

IV. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

1. LSPHCB needs to make the TBA reporting book available, as TBAs are unable to provide detailed information on birthing experience of mother and child.
2. LSPHCB needs to extend support and provide training to WHC. WHC will create support and potentially improve awareness of PHC services in their locality which in turn will result in an increase in PHC services uptake

Lessons Learned for JICA:

JICA should have actively facilitated the involvement of management level of state's health administration by conducting the periodical reporting sessions and sharing the difficulties and challenges with them as many of these management officials and stakeholders were unfamiliar with the project at the time of ex-post evaluation. JICA should also have been actively involved in sustainability plans with the counterparts from the onset of the project to increases the changes that the project will be adapted and carried on by the counterparts after the project ends. Especially, for developing and/or introducing new system or tool, JICA should carefully judge the feasibility of such by examining overall aspects of policy, institutional framework, finance, technical capacities of targeted state if the state can support the system/ tools sustainably during and after the project.