



Nigeria National Quality of Care For RMNCAEH+N

Costed Annual Operational Plan
(2021-2022)

Federal Ministry of Health

Abuja, Nigeria

JULY 2021

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Foreword

The Federal Government of Nigeria remains committed to improving the Quality of Care (QoC) for Reproductive, Maternal, Newborn, Child, Adolescent, Elderly Health and Nutrition (RMNCAEH+N) in Nigeria. The delivery of quality healthcare is the cornerstone to reducing morbidity, mortality and improving quality of life of key populations of women, children, adolescents, and the elderly.

Healthcare in Nigeria is delivered at the primary, secondary, and tertiary levels. To make quality healthcare in Nigeria safe, efficient, effective, time sensitive, equity and safe, there is a need for more improved coordination to significantly accelerate progress and ensure positive health outcomes for women, child, adolescents, and elderly.

In February 2017, Nigeria connected with eight (8) other first wave countries as well as partners to join the WHO-led Quality, Equity and Dignity (QED) global network to improve Quality of Care to mothers and newborns. Furthermore, the aim of the QED network is to reduce maternal and newborn mortality and improve the experience of care by half in 2030. Consequently, Nigeria set up a National Technical Working Group and Steering Committee to lead implementation of the initiative. This led to the development of the National Strategy for Reproductive, Maternal, Newborn, Child, and Adolescent Health Quality of Care in Nigeria, **Volume I Maternal and Neonatal Health, 2018** by the Federal Ministry of Health, Abuja.

The National Quality of Care Strategy lays out a vision for the provision of quality of care for women and newborn and is guided by the principle of country leadership, equity, human rights, and accountability. This National Annual operational plan is derived from the key priorities for 2021 to 2022, it provides strategic operational direction and scope of activities to promote access to and utilization of quality Reproductive, Maternal, Newborn, Child and Adolescent Health and Elderly (RMNCAEH+N) services in health facilities at all levels.

I, Chair of the national inter-ministerial-level QoC Steering Committee call on all Stakeholders including Development Partners, Donors, Implementing Partners, Non-Governmental Organizations, Civil Society Groups, professional associations, and relevant health actor to work with Government at all levels in implementing this Operational Plan through the technical working group.

Dr Osagie Emmanuel Ehanire, MD, FWACS
Honorable Minister of Health

July 2021

Acknowledgement

The unacceptable Maternal mortality ratios, Neonatal Mortality Rate & under -5 mortality, are attributable to the poor quality of care services. In addition, the need for standards for the RMNCAEH+N space has necessitated the development of the National Quality of Care for RMNCAEH+N Annual Operational Plan 2021-2022.

My profound appreciation goes to the RMNCAH Quality of care Technical Working Group who are representatives of the Federal Ministry of Health, State Ministries of Health, Development Partners, Donors, Implementing Partners, Regulatory Bodies, Professional Associations and Private Sector for their hard work and inputs.

I wish to express sincere gratitude to the family health team who worked tirelessly to ensure the entire process of the development of the Quality of Care annual operational plan 2021-2022. Furthermore, the contributions made by DHPRS - Monitoring and Evaluation Division, Hospital Services- Inspectorate Division, Public Health- Non communicable Disease, NPHCDA- Community Health Service Department and BHCPF, States Focal – Kano, Kebbi, Bauchi, Adamawa, Kaduna, Katsina, Niger, Ebonyi, and Gombe.

We especially appreciate the technical and financial support of our Development Partners notably WHO, USAID/IHP, UNFPA and UNICEF, especially in conceptualization, funding meetings and technical review of the document. We equally thank other development partners who provided technical support throughout the process including JHPIEGO, CHAI, and WRAN.

Finally, I commend the National Quality of Care Focal Officer, Dr Kennedy Abiahu, for the commitment and coordination demonstrated for the success of the Quality of Care for RMNCAEH+N Annual Operational Plan 2021-2022.

Dr. Salma Ibrahim-Anas MBBS, MWACP, FMCPH
Director, Family Health Department
July 2021

Abbreviations

AMSTL	Active Management of Second Stage of Labor
AOP	Annual Operational Plan
CHAI	Clinton Health Access Initiative
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
IHP	Integrated Health Program
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
MNH	Maternal and Newborn Health
NDHS	Nigeria Demographic Health Survey
NEST 360	Newborn Essential Solutions and Technologies
NPHCDA	National Primary Health Care Development Agency
PHC	Primary Health Care
QED	Quality, Equality and Dignity
QOC	Quality of Care
RMNCAEH+N	Reproductive, Maternal, Newborn, Child, Adolescent, Elderly Health and Nutrition
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WRA	White Ribbon Alliance

1.0 Executive Summary

Quality of care is increasingly recognized internationally as a critical aspect of the unfinished agenda in the RMNCAEH+N field, particularly in relation to maternal and newborn care around the vulnerable periods of labor, delivery, and the immediate postnatal period. Quality care is critical to the reduction of preventable maternal, newborn, child, and adolescent death, and improving the health and well-being of mothers, newborn, and other population groups. According to WHO, based on evidence from studies, “giving birth in a health facility with a ‘skilled’ attendant is not sufficient to reduce maternal and newborn deaths and severe morbidity. Many women and their babies die from poor care practices, even after reaching a health facility. Improving the quality of care and patient safety are therefore critical if we want to accelerate reductions in maternal and newborn mortality.”

In terms of implementation of the QoC for RMNCAEH+N in healthcare agenda, Nigeria currently has structures in place at national and sub-national levels for coordination of implementation of the QoC initiative; these include the national steering committee, national and state technical working groups. However, several gaps exist with the oversight functions at the States level for QoC coordination and implementation, the designation of QoC Focal at the State Ministry of Health is not uniform across the level, the monitoring and evaluation plan does not exist to provide guidance for effective decision making and the strategic channeling of scarce resources, lack of a clear strategic utilization of the Basic Health Provision Fund by the NHPCDA for PHCs, and the quality of services for RMNCAEH+N provided in a tertiary hospital is not tracked, the regional inequalities of QoC implementation and poor integration of community engagement for QoC implementation.

The Nigerian country implementation approach builds on principles of government leadership and multi-stakeholder partnerships. The approach is driven by the National Technical Working Group on QoC for RMNCAEH which was inaugurated on 6th February 2017, in collaboration with the Steering Committee on QoC for RMNCAH by the Minister of State for Health at the time, Dr. Osagie Emmanuel Ehanire. The National Technical Working Group developed the annual operation plan and has prioritized it as a tool for coordination and implementation of QoC at all levels of healthcare to ensure a common development for RMNCAEH+N to guide implementation and foster accountability. The implementation approach calls for the ministries of health to align a broad coalition of partners and resources to develop national policies, strategies, and structures for quality of care in health services. Together, this partnership supports implementation through facilitating quality improvement activities such as onsite support, learning, quality of care measurement, community & stakeholder engagement, programme management and national quality of care forum (QoC Week) to reinforce the

need for synergy in addressing the social determinants of health that are outside the domain of the health sector.

Over the last four (4) years, the FMoH has been successful in ensuring that quality of care is at the top of the national health agenda. However, more commitment from the country leadership with regards to financial inclusion, financial commitments, addressing basic health amenities and provision of health services remains vital for the success of QoC in Nigeria. Although the COVID- 19 pandemic has delayed quality of care implementation activities and impacted the collection of quality of care data, it has also tested the relevance of the collaboration and learning functions of the QED Network.

The role of the TWG needs to be more strategic to enable Nigeria to accelerate the operationalization of the QoC care framework for the RMNCAEH+N program. The strategic interventions on scaling up and expanding the QoC to RMNCAEH+N space and to integrate their quality improvement activities within wider health system efforts for quality of care is a priority and will enhance partnerships and facilitate learning and collaboration.

Moving forward, the Federal Government of Nigeria through the Federal Ministry of Health & State Ministry of Health will have to invest more in quality of care to scale up strategic interventions, including strengthening their health information systems to improve the overall quality of the data they produce, continuously monitor maternal, newborn and child health quality of care services and data, strengthen accountability mechanisms, the systematic engagement of communities to improve quality of care and the involvement of academic institutions to support the development and implementation of a national learning platform for quality of care Continued engagement with governments and partners will be required to sustain the gains made, and to strengthen the institutionalization of quality of care for maternal, newborn and child health.

2.0 Introduction

2.1 Overview of MNH QoC Strategy

To accelerate the reduction of preventable maternal and newborn mortality and stillbirths, the World Health Organization (WHO), in collaboration with partners, developed a conceptual framework (Fig. 1) to improve quality of care (QoC) in the delivery of safe, effective, timely, efficient, equitable and people-centered maternal and newborn care. This framework recognizes the interplay of the health system, structure, and processes in health outcomes.

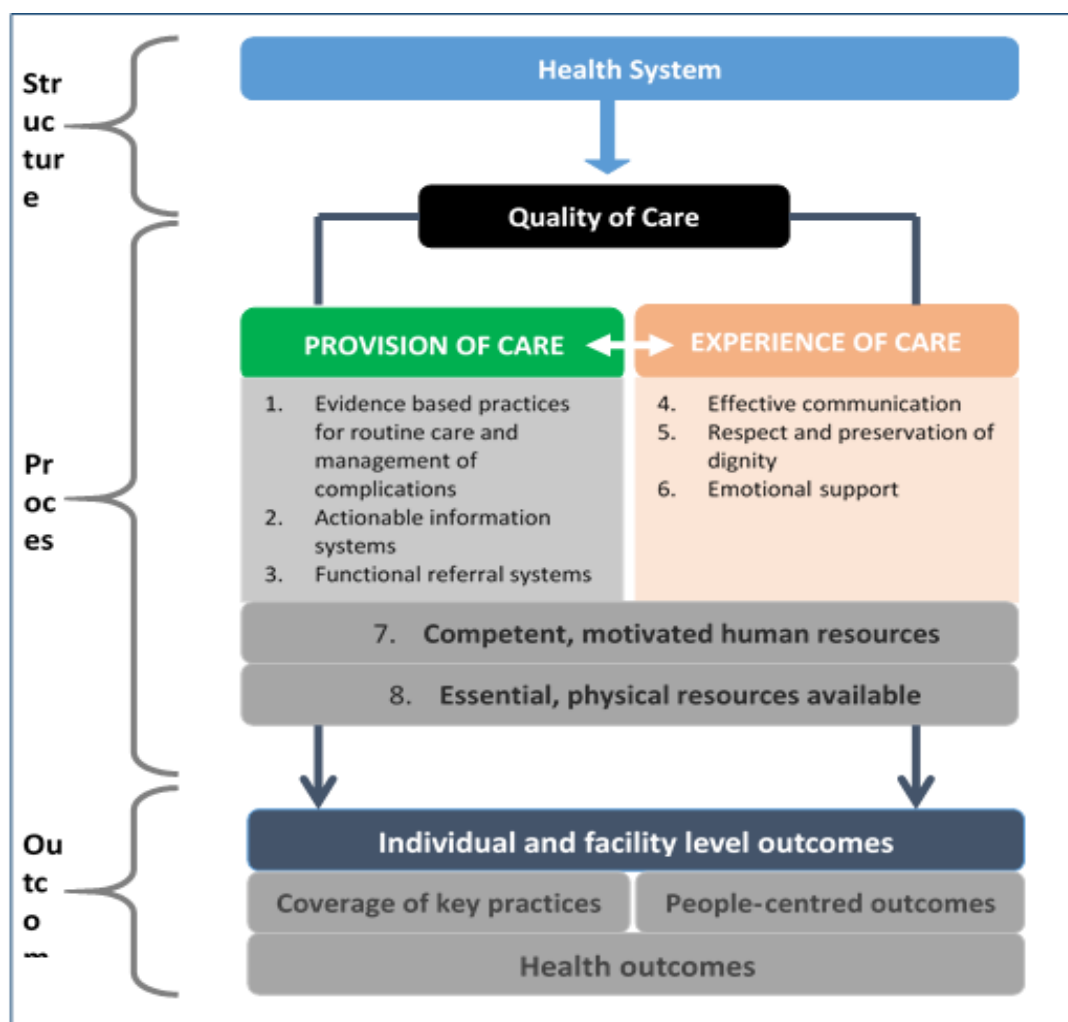


Figure 1: WHO Quality of Care Framework for Maternal and Newborn

In response to the high maternal and newborn mortality worldwide, WHO working with UNICEF, member states, and key development partners established a Quality of Care (QoC) initiative in ten (10) first-wave countries in 2017, called the Quality of Care Network for Improving Maternal, Newborn and Child health (www.qualityofcarenetwork.org.)

Nigeria is one of 10 first-wave countries participating in the Network. Each Network country has selected initial learning sites (facilities) in which Network activities are supported in line with implementation guidance developed by the QoC Network. Twelve (12) States and the F.C.T were selected for the first wave of QoC Network learning sites, due to its high burden of maternal and newborn mortality and commitment to improving quality of care.

In 2018, these States were identified, and facility QoC teams were inaugurated by the State QoC TWG under the State Ministries of Health. A baseline survey was also conducted with data submitted to the FMOH for analysis and planning. In 2019, the national QoC TWG organized the first national Quality of Care Training of Trainer session for members including the State representatives. The training was stepped down and extended to State, LGA program officers and facility QI team members from March 2019 in various States and LGAs in Nigeria. In July 2019, the baseline assessment results were disseminated with the expectation that the identified gaps in all the learning sites would be addressed as part of the input measures for the initiative.

Nigeria has now prioritized the improvement in RMNCH QoC which is critical to the reduction of preventable maternal, newborn, child, and adolescent death, and improving the health and well-being of mothers, newborns, and other population groups. The goals of the Network are to reduce preventable institutional maternal, newborn and child deaths and to improve every mother's, newborns, and family's experience of care by implementing the eight (8) standards of care and quality statements for high-quality maternal, newborn care and pediatric care published by WHO in 2017 and 2018, respectively and expanding into community and households.

2.2 NIGERIA MATERNAL AND NEWBORN HEALTH

Nigeria with an estimated population of about 206 million (National population commission 2020)) has a maternal mortality ratio of 512/100,000 live births, neonatal mortality rate of 39/1000 live births, infant mortality rate at 67/1000 live births, under five mortality rate of 132/1000 live births. Sixty- seven percent (67%) of pregnant women attended ANC with 39% taking place in the health facilities and taken by skilled birth attendants, respectively. With a high fertility rate of 5.3 children per woman and modern contraceptive prevalence of 17% (NDHS 2018), the country's population is expected to grow further.

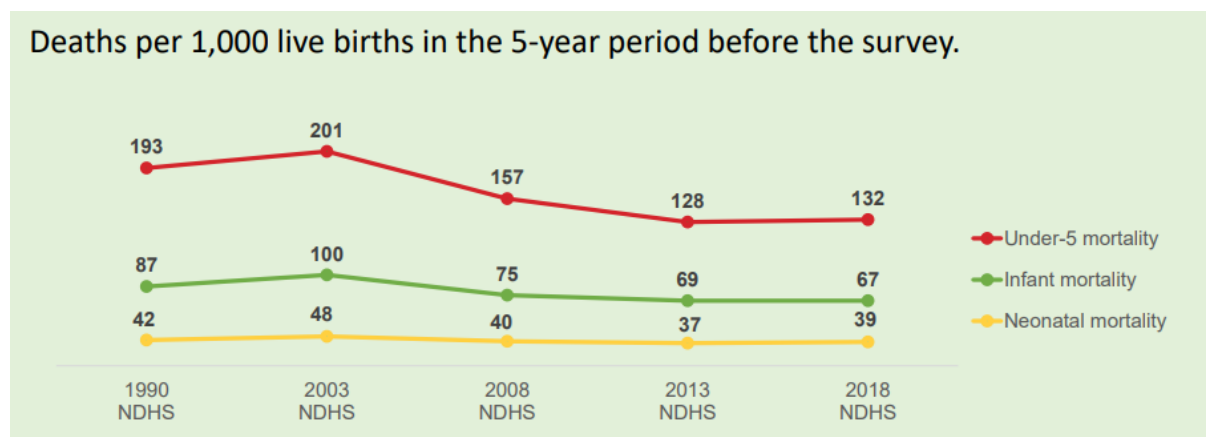


Figure 2: Trends in early childhood mortality rates (Source: Nigeria Demographic Health Survey, 2018- Deaths per 1,000 live births in the 5-year period before the survey)

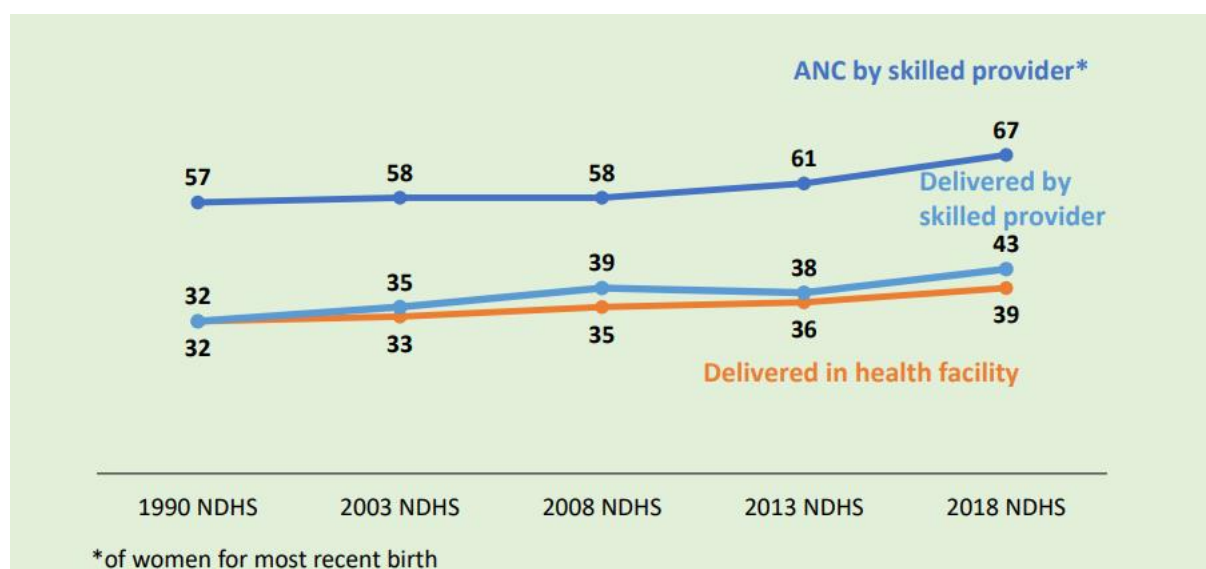


Figure 3: Trends in maternal health (Source: Nigeria Demographic Health Survey, 2018- Percent of live births in the five-year period before the survey)

As a result of the high maternal and perinatal mortality rates and in addition to other poor health indices, Nigeria, Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Kenya, and Uganda are part of the World Health Quality of the Care Network. The Nigeria quality of care Network with a goal of reducing maternal and perinatal mortality by 50% in 2022, currently has learning sites in 113 health facilities, 39 Local Government Areas in Twelve (12) states plus FCT with plans to scale up. Morbidity and mortality reduction would be achieved through quality improvement and would be prioritized as follows:

2.2.1 Maternal health: Improve the prevention and management of postpartum hemorrhage using partograph (soon to be replaced by the labour care guide), and Active Management of Second stage of labour (AMSTL), Improve the prevention of preeclampsia and treatment of eclampsia with Magnesium Sulphate and reduce the occurrence of sepsis.

2.2.2 Newborn health: Increase the practice of skin-to-skin contact, reduce birth asphyxia, and decrease the cases of sepsis using chlorhexidine for umbilical cord care.

In addition, adopt the evidence-based practice for the care of the sick and small newborn.

2.2.3 Respectful maternity care: Foster respectful maternal and newborn care through the adoption of the updated White Ribbon Alliance (WRA) patient charter and other respectful care approaches.

2.2.4 Quality of Health Care is defined as the extent to which health services provided to individuals and patient populations improve desired health outcomes. (**WHO**). Simply Stated, it is doing the right thing at the right time for every client, every time. Quality happens when all the inputs (such as trained health workers, commodities, medicines, lab tests, etc.) come together consistently at the right time to ensure that every client has what they need when they need it. It has the following dimensions:

- **Safety:** Avoiding risks and harm to patients from care that is intended to help them (e.g., treating malaria with Chloroquine instead of ACT)
- **Person-Centeredness:** Providing care that is respectful and responsive to individual needs/values.
- **Efficiency:** Maximizing resources use and avoiding waste.
- **Effectiveness:** Providing services based on scientific knowledge, and evidence-based guidelines
- **Timeliness:** Reducing delays in providing and receiving healthcare

- **Equitable:** Delivering health care that does not differ in quality according to personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status.

This two-year quality of care operational plan is designed to reduce morbidities and mortalities in Nigeria particularly as applied to Reproductive, Maternal, Newborn, Child, Adolescent and Elderly Health plus Nutrition (RMNCAEH +N).

3.0 The Annual Operation Plan

3.1 Aim of Annual Operational Plan

To provide strategic operational direction and scope of activities to promote access to and utilization of quality RMNCAEH+N services in health facilities at all levels.

3.2 Objectives of Annual Operational Plan

1. To strengthen leadership and coordination of implementation of QoC in Nigeria.
2. To identify and mobilize infrastructural, human resource and training needs for scaling up QoC implementation.
3. To facilitate establishment of structures to support & sustain QoC implementation.
4. To establish robust tracking and reporting mechanisms for QoC implementation.

3.3 Methodology for the development of the Operational Plan

The 2021 First Quarter meeting of the National Technical Working Group (TWG) on QoC was held from 21st to 23rd April 2021 with one of the objectives focusing on the development of a 2-year Operational Plan with States & Stakeholders. At the TWG meeting, the session continued with a clear overview of the group work to develop a 2-year operational plan. Each group was assigned to each of the 5 sections of the AOP organized according to the QoC strategic objectives – Leadership & Coordination, Action, Learning, and Accountability & Community Engagement.

Furthermore, a 3-day subcommittee meeting on the Monitoring and Evaluation for QoC was held from the 23rd to 25th June 2021, to chart mechanisms for strengthening monitoring, evaluation and learning on QoC implementation and how to capture operational activities on the operational plan to address this front burner issue, meeting was supported by WHO. A draft M&E plan was developed at the meeting which will represent the Monitoring and Evaluation Plan for Quality of Care for RMNCAEH+N for all levels of care in Nigeria.

This was followed by a desk costing assumption of the operational plan by USAID/IHP. The draft cost assumption was estimated at N 301, 520,000. 00.

A finalization and validation meeting which was made up of the TWG and supported by UNICEF reviewed the draft Costed Quality of Care for

RMNCAEH+N Annual Operational Plan 2021-2022 from 23rd to 25th April 2021 and built a consensus on the AOP for implementation.

The validated Cost Quality of Care for RMNCAEH+N Annual Operational Plan 2021-2022 is estimated at N 743, 125, 000 for a timeline of 2years.

3.4 KEY OUTPUT AREAS

3.4.1 LEADERSHIP & COORDINATION

- Output 1: National, strategy and operational plan for improving MNH QoC developed and funded.
- Output 2: QoC governance structures established/strengthened and functioning at all levels.

3.4.2 ACTION

- Output 1 National evidence-based standards of care for MNH developed and disseminated.
- Output 2: A National package of quality improvement interventions is developed and disseminated.
- Output 3: Clinical and managerial capabilities to support quality improvement are developed, strengthened, and sustained.
- Output 4: Quality improvement interventions for MNH are implemented.

3.4.3 LEARNING

- Output 1: Data systems are developed/strengthened to integrate and use quality of care data for improved care.
- Output 2: Mechanisms to facilitate learning and share knowledge through a learning network are developed and strengthened.
- Output 3 Data and practice are analyzed and synthesized to generate an evidence base for the quality of care improvement.

3.4.4 ACCOUNTABILITY

- Output 1: National framework and mechanisms for accountability for QoC are established and functioning.
- Output 2: Progress of the National Network on RMNCAEH+N quality of care is regularly monitored.
- Output 3: Impact of the National initiative on RMNCAEH+N quality of care is evaluated.

3.4.5 COMMUNITY ENGAGEMENT

- Output 1: National community Engagement strategy for quality of care is developed and implemented.
- Output 2: Community score card system is developed, linked with the Ward Development Committee & strengthened.

Annex 1: The list of Stakeholders Implementing QoC

S/N	STAKEHOLDERS	ROLES AND RESPONSIBILITIES
1	Department of Family Health (FMoH)	<ul style="list-style-type: none"> Coordinates and provides leadership roles. Serves as the national coordinating platform for QoC Ensures identification and use of data for evidence based QoC, dialogues and decision making. Leads resource mobilization for national level QoC
2	Department of Health Planning, Research & Statistic (FMoH)	<ul style="list-style-type: none"> Leads tracking monitoring and review of performances. Ensures identification and use of data for evidence-based QI
3	Department of Hospital Services (FMoH)	<ul style="list-style-type: none"> Coordinates and provides leadership role for the implementation of QoC at the tertiary level of care in Nigeria.
4	National Primary Healthcare Development Agency	<ul style="list-style-type: none"> Coordinates and provides a leadership role for the implementation of QoC at the primary level of care in Nigeria. Provides technical and programmatic support to States and LGAs on implementation of QoC at PHC level Mobilizes resources for PHC QoC implementation.
5	States Ministry of Health	<ul style="list-style-type: none"> Coordinates and provides a leadership role for the implementation of QoC at the secondary level of care in Nigeria.
6	WHO	<ul style="list-style-type: none"> Coordinates and provides technical guidance for the implementation of QoC in Nigeria. Serves as the Country secretariat for the QED network.

		<ul style="list-style-type: none"> Provides technical support to National QoC TWG in the Implementation of QoC in Nigeria.
7	UNICEF	<ul style="list-style-type: none"> Implementing QI in selected primary, secondary & Tertiary health facilities in Kebbi, Niger, Adamawa, Bauchi, Kano. Provides technical support to National QoC TWG in the Implementation of QoC in Nigeria.
8	USAID/IHP	<ul style="list-style-type: none"> Implementing QI in selected secondary and primary health facilities in Bauchi, Kebbi, Sokoto, Ebonyi States and FCT.
9	JHPIEGO	<ul style="list-style-type: none"> Implementing MSD for Mothers Quality of Care project in selected primary, secondary and private health facilities in FCT & Lagos. Supporting the implementation on indirect causes of maternal mortality (Focus on risk factors for CVD & Pre-Eclampsia/Eclampsia) in Nigeria.
10	CHAI	<ul style="list-style-type: none"> Support the roll-out of a revised quality of care strategy in alignment with national strategy in program States (Kaduna, Kano, Katsina & Rivers). Support the establishment and institutionalization of Quality Improvement (QI) dashboards and Quality-of-Care (QoC) teams for continuous monitoring.
11	UNFPA	<ul style="list-style-type: none"> Support & Coordinate Implementation of QoC in Gombe State
12	PATHFINDER	<ul style="list-style-type: none"> Support the TWG for coordinating & Implementation of QoC.
13	WRA	<ul style="list-style-type: none"> Support the TWG for coordinating & Implementation of QoC.
14	NEST 360	<ul style="list-style-type: none"> Newborn Essential Solutions and Technologies is implementing in Oyo & Lagos State.

			Printing and Photocopies @ N100,000	₦ 100,000	2	₦ 200,000													
			Total Budget	₦ 3,060,000		₦ 6,120,000													
	Recognise and reward States, LGAs, facilities, and individuals who excel in the implementation of RMNCAEH+N QoC	Activity 4.2.5 - Develop criteria for recognition of excellence and award system		₦ 0	1	₦ 0							FMoH	NPHCDA SMOhs SPHCDA Development partners	Criteria for high performing QoC States developed	Meeting report			
		Activity 4.2.6 - Establish multi-level (National, State and LGA) task teams for recognition of excellence and TOR		₦ 0	1	₦ 0							FMoH, SMOH SPHCDA	Development partners	Award task team identified and inaugurated	Meeting report			
		Activity 5.1 - Conduct annual National Steering committee meeting to recognize awardees	Hall for 2 days @ N200,000 / day	₦ 400,000	2	₦ 800,000							FMoH	DHS NPHCDA SMOhs SPHCDA Development partners	Award ceremony conducted	Pictures of award recognition and certificates			
			Transport for 20 participants @ N3,000 each / day	₦ 120,000	2	₦ 240,000													
			DSA for 20 participants for 3 nights @ N30,000 /night	₦ 1,800,000	2	₦ 3,600,000													
			2 Tea Breaks @ N2,000 each for 40 participants -2 days	₦ 320,000	2	₦ 640,000													
			Lunch and water @ N3,500 for 40 participants- 2 days	₦ 280,000	2	₦ 560,000													
			Stationaries / writing materials @ N1,000 each	₦ 40,000	2	₦ 80,000													
			Printing of certificates/Production of awards and Photocopies @ N100,000	₦ 300,000	2	₦ 600,000													
			Total Budget	₦ 3,260,000		₦ 6,520,000													
Activity 5.1 -Impact of the National Initiative on RMNCAEH+N quality of care is evaluated	1. Annual evaluation of the RMNCAH QoC initiative	Activity 4.3.1 - Review and build consensus on evaluation designs for the RMNCAEH+N QoC initiative	Hall for 2 days @ N200,000 / day	₦ 400,000	2	₦ 800,000							FMoH	DHS NPHCDA SMOhs SPHCDA Development partners	evaluation tools reviewed & adapted	Evaluation tools			
			Transport for 20 participants @ N3,000 each / day	₦ 120,000	2	₦ 240,000													
			DSA for 20 participants for 3 nights @ N30,000 /night	₦ 1,800,000	2	₦ 3,600,000													
			2 Tea Breaks @ N2,000 each for 40 participants -2 days	₦ 320,000	2	₦ 640,000													
			Lunch and water @ N3,500 for 40 participants- 2 days	₦ 280,000	2	₦ 560,000													
			Stationaries / writing materials @ N1,000 each	₦ 40,000	2	₦ 80,000													
			Printing and Photocopies @ N100,000	₦ 300,000	2	₦ 600,000													
		Activity 4.3.2 - Conduct baseline studies, midterm and endline evaluation on QoC where applicable.	Indicative of proposed no. of scale up states Training cost on baseline, midline assessment tools Travel Cost for assessors Accommodation Cost for Assessor	₦ 20,000,000	1	₦ 20,000,000						FMoH	DHS NPHCDA SMOhs SPHCDA Development	QoC evaluations conducted	Evaluation report				
		Activity 4.3.3 - Disseminate findings and recommendations at national and sub-national levels	Leverage on National & State TWG.	₦ 0	1	₦ 0						FMoH	DHS NPHCDA SMOhs SPHCDA Development partners	Evaluation report disseminated	Dissemination meeting report				
5. COMMUNITY ENGAGEMENT			OVERALL BUDGET - Community Engagement			₦ 79,035,000													
Output 1:National community Engagement strategy for quality of care is developed and implemented	Harmonize existing community engagement strategy with WHO Strategic guidelines on community engagement for RMNCAEH+N QOC	Activity 5.1 -Review existing community engagement guideline and plan in line with WHO strategic guideline on community Engagement for RMNCAEH+N quality of care (QoC).	Hall for 2 days @ N200,000 / day	₦ 400,000	2	₦ 800,000							FMoH/NPHCDA	FMoH/NPHCDA/WHO/UNICEF/UNFPA/Jpiego/BA-N/CHA/IHP	Copies of Community engagement guideline and plan developed on RMNCAEH+N QoC	Availability of the document, Photographs, Reports			
			Transport for 20 participants @ N3,000 each / day	₦ 120,000	2	₦ 240,000													
			DSA for 20 participants for 3 nights @ N30,000 /night	₦ 1,800,000	2	₦ 3,600,000													
			2 Tea Breaks @ N2,000 each for 40 participants -2 days	₦ 320,000	2	₦ 640,000													
			Lunch and water @ N3,500 for 40 participants- 2 days	₦ 280,000	2	₦ 560,000													
			Stationaries / writing materials @ N1,000 each	₦ 40,000	2	₦ 80,000													
			Total	₦ 2,960,000		₦ 5,920,000													
		Activity 5.1.1(Finalization and Validation of Community Engagement for RMNCAEH+N QoC)	Hall for 2 days @ N200,000 / day	₦ 400,000	2	₦ 800,000													
			Transport for 20 participants @ N3,000 each / day	₦ 120,000	2	₦ 240,000													
			DSA for 20 participants for 3 nights @ N30,000 /night	₦ 1,800,000	2	₦ 3,600,000													
			2 Tea Breaks @ N2,000 each for 40 participants -2 days	₦ 320,000	2	₦ 640,000													
			Lunch and water @ N3,500 for 40 participants- 2 days	₦ 280,000	2	₦ 560,000													
			Stationaries / writing materials @ N1,000 each	₦ 40,000	2	₦ 80,000													
		Activity 5.1.2 Printing 2000 copies of Community Engagement Strategy for RMNCAEH+N	Printing per copy @ N1,500 x 2000	₦ 3,000,000	1	₦ 3,000,000													
		Total		₦ 5,920,000		₦ 8,920,000													
		Activity 5.1.3 Conduct National level TOT on Implementation of Community Engagement Strategy for RMNCAEH+N	Hall @ N200,000 / day for 3-days	₦ 600,000	1	₦ 600,000													
			Transport for 20 Participants @ N15,000 each for 3-days	₦ 900,000	1	₦ 900,000													
			DSA for 30 participants for 4 nights @ N30,000 /night	₦ 3,600,000	1	₦ 3,600,000													
			2 Tea Breaks @ N2,000 each for 50 participants -2 days	₦ 200,000	1	₦ 200,000													
			Lunch and water @ N3,000 for 50 participants- 2 days	₦ 300,000	1	₦ 300,000													
			Stationaries / writing materials @ N1,000 each	₦ 50,000	1	₦ 50,000													

