



Request To:	Greece Foundation
Organization Name:	Avarynth Group
Project Name:	Community-based Antenatal Response to Eliminate Malaria In Pregnancy (CARE MIP)
Amount of Request	\$191,477.00
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1.0 DESCRIPTION OF NEED

Malaria in pregnancy (MIP) is a serious public health problem in Lagos state, Nigeria. It leads to a range of adverse outcomes for both mother and child, including stillbirth, miscarriage, preterm delivery, low birth weight, and even death¹. Lagos' MIP prevalence was about 30.5% in 2020, and MIP is a significant contributor to high maternal, neonatal, and under-5 mortality rates^{1,2}. For MIP prevention, the World Health Organization (WHO) recommends the use of Insecticide-Treated Nets (ITNs) and at least 3 doses of Sulphadoxine Pyrimethamine for Intermittent Preventive Treatment (SP-IPTp). However, uptake through routine antenatal care (ANC) in health facilities) has been suboptimal in Lagos, with only 2.4% of pregnant women receiving ITNs and 8% receiving at least 3 doses of SP-IPTp^{3,4}. To improve these, WHO updated its guidelines in 2022 to include the use of community health workers (CHWs)⁵. This strategy has been included in the National Malaria Strategic Plan (2022-2026), but not yet adopted in Lagos.

Community-based Antenatal Response to Eliminate Malaria in Pregnancy (CARE MIP) – a 3-year pilot intervention is being proposed to support the state to adopt and implement the community-based approach. The pilot Local Government Areas (LGAs) are Ijebu Lekki and Lagos Island. Lessons learned from the pilot effort will provide insight for full-scale implementation. Table 1 details the population characteristics of the state and target LGAs.

Table 1: Population Characteristics of the State and Target LGAs for CARE MIP

State/LGA	Projected Total Population ⁶	Women of reproductive age - calculated	Pregnant Women per year - calculated	Pregnant Women for 3 years - calculated
Lagos State	13,491,800	2,968,196	48,034	144,102
Ijebu Lekki	174,400	38,386	621	1,863
Lagos Island	314,000	69,080	1,116	3,348
<i>The proportion of women of reproductive age, WRA (15-49 years) in Lagos = 22%⁷ Fertility rate (births) = 3.4 children per woman⁸ Abortion rate (a) = 33 abortions per 1,000⁹; Fetal loss/death rate (d)= 32.5/1000 total births¹ CDC Estimations¹⁰: (P = Proportion of the year a woman is pregnant for each pregnancy outcome by month. Pb: 9 months = .75; Pa: 2 months = .167; Pd: 3 months = .25</i>				

$$\text{The calculation for pregnant women} = \text{WRA}/1000 * \{ (B*Pb) + (A*Pa) + (D*Pd) \}$$

2.0 DESCRIPTION OF THE REQUEST

2.1 Summary of Intervention

2.1.1 Target population

The pilot intervention will last for three years, from July 2023 to June 2026, targeting two LGAs: Ijebu-Lekki (100% rural) and Lagos Island (100% urban). These LGAs were selected based on prior needs assessment findings, which revealed that they had significantly higher malaria-related deaths than all other LGAs, despite being among the least in population size. Through the CARE MIP project, we aim to serve a total of 5,211 pregnant women in the three-year period, with 621 and 1,116 pregnant women targeted and served each year in Ijebu Lekki and Lagos Island, respectively. This number is a calculated estimate and balances the potential spillovers across the 3-year period.

2.1.2 Program Hypotheses

The CARE MIP project is aimed at improving access and uptake of MIP prevention services in Lagos state, Nigeria, through the implementation of a community-based approach. Based on the current MIP prevalence in Lagos state and the suboptimal uptake of prevention methods such as ITNs and SP-IPTp, the following hypotheses have been developed for the CARE MIP project:

Hypothesis 1: Implementing a community-based approach to MIP prevention will increase the uptake of prevention methods, such as ITNs and SP-IPTp, among pregnant women in Lagos.

Hypothesis 2: Increased access and uptake of MIP prevention methods (ITNs and SP-IPTp) will reduce malaria incidents among pregnant women in Lagos.

Hypothesis 3: Reducing MIP incidence and prevalence through effective prevention strategies (ITNs and SP-IPTp) will decrease maternal, neonatal, and under-5 mortality and complications during pregnancy and early childhood development in Lagos.

Hypothesis 4: The CARE MIP project will provide critical lessons for addressing MIP prevention in both rural and urban settings (Ijebu Lekki and Lagos Island) in Lagos state and contribute to the development of effective full-scale implementation across Lagos.

2.1.3 Facilities and Resources Required

To implement and sustain the CARE MIP project, the following facilities and resources will be necessary:

- Human Resources: The project will require a team of trained and experienced personnel, including those working on a full and part-time basis (See 2.3 - staffing plan). The technical staff will include a project manager, a communications manager, and 2 project officers. The support staff will be pulled from Avarynth Group to support the project on finance, administration, procurement, logistics, and fleet-related aspects. A State coordinator will provide strategic oversight to CARE MIP as part of her portfolio. The project will also engage consultants for project planning activities (e.g. training, and development of guidelines) as well as evaluation activities (e.g. baseline and end-of-project assessments). A healthcare technology contractor organization will be engaged to develop a mobile app and integrate it with existing reporting systems.

Health Facilities: Primary healthcare centers (PHCs), will serve as the hub sites for the provision of clinic-based MIP services to pregnant women, e.g. initial evaluation of gestational age, SP-IPTp first dose administration, and ITN issuance. Existing facility health workers e.g. nurses, doctors, laboratory, and pharmacy staff will be involved in the project as routine work.

Community Structures: CHWs will play a critical role in community engagement, sensitization, and education activities to improve awareness of MIP prevention and promote the uptake of prevention methods. They will also be responsible for providing home-based SP-IPTp to pregnant women. Community structures such as the LGA event halls will be used for training and are usually offered at minimal or no costs as the community's contribution to projects.

Women's social, trade, and cultural groups will be useful for the referral of pregnant women in their groups to enroll in the CARE MIP project.

Monitoring and Evaluation (M&E) System: The project will require a robust M&E system to track progress, identify challenges, and provide feedback for program improvement. The M&E system will include data collection tools (the mobile app) and data management software (the DHIS 2.0)². The mobile app will be used by CHWs for documentation and reporting while the DHIS2.0 will be used by the facilities, LGA health department, LSMOH, and CARE MIP team based on assigned access/privilege levels.

Other Government Structures: Existing LSMOH bodies across tiers will be useful in ensuring strategic and technical support to the project, including the mTWG, LASMARTAC, LSMEP, LGA, and Health departments^{2,4}. LSMOH conference/meeting halls will be used to hold meetings and state-level mini-events upon request.

Financial Resources: The project will require adequate financial resources to support the procurement of essential commodities (ITNs and SP-IPTp), supplies, payment of salaries, and consultant/contractor fees. Funding will be required for organizing meetings, training, assessments, and other activities required for the pilot project.

2.1.4 Program Components

CARE MIP is a comprehensive intervention that will bring together several components to improve malaria-related health outcomes for pregnant women in Lagos. The program components necessary to implement and sustain the program are grouped into 4 categories:

Component #1 - Institutionalization: The first component of the CARE MIP program will involve institutionalizing a community-based approach to Malaria prevention in Lagos State. This component requires policy inclusion and institutional support from the Lagos State Ministry of Health (LSMOH) and other malaria stakeholders at the LGA, facility, and community levels.

LSMOH has key strategic and advisory groups that exist at the state and LGA levels that will be involved actively in institutionalization efforts. They include the Lagos State Malaria and Research Technical Advisory Committee (LASMARTAC), the Malaria Technical Working Group (mTWG), the Lagos State Malaria Elimination Program (LSMEP), and the LGA health department's malaria implementation team². The LASMARTAC and MTWG comprise representatives of partner organizations such as donors, implementing partners, and line Ministries, Departments, and Agencies (MDAs). LSMEP is a unit under the Department of Disease Control of LSMOH, charged with the mandate of malaria control oversight in the State².

CARE MIP will aim to integrate the intervention into existing health system processes and structures. These include the integrated health sector supportive supervision, information management, and monitoring systems, and the state malaria Annual Operational Plan (AOP). The AOP is a comprehensive plan and budget for malaria control activities in the state, developed annually by the mTWG^{2,3}.

Institutionalization will help to promote the adoption, feasibility, and sustainability of the program, with significant efforts made during the inception/planning phase.

Component #2 - Capacity Strengthening: The second component of CARE MIP will involve training local health department officials as local facilitators/master trainers who will then cascade training to healthcare workers at facility and community levels. Our training will focus on the latest WHO guidelines on MIP prevention using community-based approaches and how to offer and report the MIP prevention services provided. Additionally, the program will equip health workers with the necessary tools and supervise them to ensure high-quality performance.

Capacity strengthening will also involve strengthening referral systems and linkages between community and facility MIP prevention efforts. The program will leverage a hub-spoke model to map communities and community health workers to hub health facilities within their catchment

areas. The hub's responsibility would be to store and issue commodities (ITNs and SP-IPTp) and tools as requested, as well as review and consolidate community service reports and feed them into its reporting system. Capacity strengthening efforts also aim to improve information management and supportive supervisory systems to effectively report service delivery efforts and track implementation performance. This component will ensure the availability and accessibility of commodities at all times. It will promote effectiveness and fidelity.

Component #3 - Service Delivery: The third component of the CARE MIP program is the community-based delivery of malaria prevention services. The program will leverage existing community health workers (CHWs) to identify and enroll pregnant women within their catchment areas through referrals from women's community groups and one-on-one encounters. The CHWs will provide escort services to identified pregnant women to the hub facility within their catchment area. There, their gestational age will be determined by a clinician, the first dose of SP-IPTp administered, and an ITN issued. The clinician will also work with the patient and CHW to schedule subsequent dates for home-based SP-IPTp administration by the CHW. CHWs will follow up on set dates to administer SP-IPTp to the pregnant woman at their homes. Service delivery will promote reach, appropriateness, feasibility, and acceptability.

Component #4 - Monitoring and Evaluation (M&E): The fourth component of the CARE MIP program involves establishing a robust data collection and reporting system to monitor program progress, identify challenges and opportunities for improvement, and measure program efforts. M&E activities will include site monitoring visits and data/indicator monitoring on dashboards. The State Malaria Elimination Program and LGA health department officials, Avarynth CARE MIP implementation team, and supervisors at wards and facility levels will handle these activities. The program will conduct evaluations during and after the pilot evaluation, including annual operational plan implementation reviews (done twice a year), data quality assessments

(done quarterly), and LGA-facility data validation/review sessions. M&E will promote fidelity, appropriateness, and effectiveness of the intervention.

2.2 Funding Plan, Budget & Justification

2.2.1 Funding Sources

The Greece Foundation in Boston, MA, USA will fund the pilot implementation of the CARE MIP intervention for a 3-year period (July 2023 – June 2026). After this period, the Lagos State Ministry of Health will take over the program. The project inception/planning phase will focus on engaging stakeholders to adopt the CARE MIP project's policies. Once adopted, the project will be included in the State's malaria annual operational plan (AOP), which is a harmonized plan and budget for malaria control implementation^{2,3}. Until the project ends, Avarynth Group will fund community-based MIP prevention activities through the Greece Foundation/CARE MIP grant.

The continuation of funding and implementation of community-based MIP prevention services is ensured when the CARE MIP project is incorporated into the AOP. The AOP development process is organized annually by LSMOH, with the outputs factored into government and partners' fiscal year plans. The mTWG members will be engaged during the workshop to develop the AOP, with each member representing a donor agency, implementing partner, line Ministry, Department, and Agency (MDA), or civil society organization (CSO). Avarynth will be a member throughout the project duration.

Other possible funding sources include private foundations, for-profit companies (corporate social responsibility programs), and individual philanthropists who make donations to the government. Even when such additional funding is secured, it will be added to the finance pool for AOP implementation.

2.2.2 Budget

Table 2: Budget for Year 1 Implementation of the CARE MIP Project (July 2023 – June 2024).

APIN Public Health Initiatives						
Budget for: Community-based Antenatal Response to Eliminate Malaria In Pregnancy (CARE MIP)						
	YEAR 1					
	UNIT COST (₦)	MEASURE	#MEASURE	# UNITS	TOTAL(₦)	TOTAL (USD)
A. SALARIES						
Technical Staff						
APIN Lagos State Coordinator	18,000,000	LOE	10%	1	1,800,000	2,432
CARE MIP Project Manager	14,400,000	LOE	100%	1	14,400,000	19,459
CARE MIP Communications Officer	10,150,000	LOE	100%	1	10,150,000	13,716
CARE MIP Project Associate	6,050,000	LOE	100%	2	12,100,000	16,351
Support Staff (APIN)						
Finance Coordinator	7,200,000	LOE	20%	1	1,440,000	1,946
Administrative Coordinator	7,200,000	LOE	20%	1	1,440,000	1,946
Human Resource Coordinator	7,200,000	LOE	20%	1	1,440,000	1,946
Procurement and Logistics Coordinator	7,200,000	LOE	10%	1	720,000	973
Driver	3,000,000	LOE	50%	2	3,000,000	4,054
Subtotal-Salaries					46,490,000	62,824
B. CONSULTANTS & CONTRACTORS						
MIP Technical Consultant	80,000	Day	20	2	3,200,000	4,324
Evaluation Consultant	80,000	Day	10	2	1,600,000	2,162
Healthcare Technology Company/Contractor	10,000,000	Final product	1	1	10,000,000	13,514
Subtotal-Consultants & Contractors					14,800,000	20,000

	UNIT COST (₦)	MEASURE	#MEASURE	# UNITS	TOTAL(₦)	TOTAL (USD)
C. BENEFITS						
Fringe Benefits				25%	11,622,500	15706.08
Subtotal-Benefits					11,622,500	15706.08
D ACTIVITY COSTS						
Training workshops	45,000	Person	150		6,750,000	9,122
Meetings (mTWG, LASMARTAC, AOP, etc.)	5,000	Person	95		475,000	642
Assessments/Evaluation activities	125,000	Person	5		625,000	845
Communications resources and fees	800,000	Month	6		4,800,000	6,486
Procurement of commodities (ITNs and SP-IPTp)	13,400	Client	1,737		23,275,800	31,454
Subtotal-Activity costs					35,925,800	48,548
E OTHER DIRECT COSTS						
Rent, utilities, facility management & equipment maintenance contribution	43,000,000	Year	10%	1	4,300,000	5,811
Office Supplies contribution	180,000	Month	10%	12	216,000	292
Subtotal-ODC					4,516,000	6,103
TOTAL DIRECT COSTS					113,354,300	153,181
OVERHEAD				25.00%	28,338,575	38,295
GRAND TOTAL					141,692,875	191,477

2.2.3 Budget Justification

Overview

This budget justification aims to explain the connection between the funds requested (budget) and the proposed CARE MIP staffing and activities for the first year of the project (1st July 2023 – 30th June 2024). The CARE MIP project team will be domiciled in Avarynth Group, being that the intervention sites/LGA are within the State.

Exchange Rate

As of April 2023, the US Dollar to Naira official (Central Bank) [exchange rate](#) was N460 per USD. However, this rate is mostly inaccessible and the [black market/unofficial rate](#) of N740 per USD is used for foreign exchange transactions. This unofficial rate will be applied for conversion from naira (N) to US dollars on the budget.

Costing:

The budget will first be costed in local currency value (naira) since this is the most available information for a majority of the budget line items. This will then be converted and presented in USD using the 740/USD exchange rate.

Scope of First-year Implementation

The pilot implementation of the CARE MIP project spans 3 years, from July 2023 to June 2026, covering 2 LGAs – Ijebu Lekki and Lagos Island. However, for Year 1 of implementation (July 2023 – June 2024), the first 9 months will be dedicated mostly to project planning/initiation phase activities, and preliminary coordination activities (see timeline). These include stakeholder engagement efforts, baseline assessments, staff recruitments, mobile app development and integration with existing systems, and training of personnel. Communication and training materials will be produced, media outfits will be engaged, and commodities (ITNs and SP-IPTp) procurement. The last 3 months in year 1 (April – June 2024) will be used to

initiate main implementation efforts such as enrollment of beneficiaries, provision of MIP prevention services at community and facility levels, and other coordination activities.

Budget Line Items/Sections

A. Salaries: The estimates for salaries were obtained through consultation with a staff of the Finance Department in one of Avarynth's projects domiciled in the headquarters office in Abuja, Nigeria. Some compensations for similar positions were found also on [Glassdoor.com](https://www.glassdoor.com) are compared with the information obtained from the Finance staff.

Technical:

Avarynth Lagos State Coordinator – 1 person (LOE – 10%)

Annual Salary: Based on 10% LOE, the annual salary will be N1,800,000 (\$2,432).

The Lagos State Avarynth Coordinator is an existing position in Avarynth. The position holder manages Avarynth's portfolio of programs and projects in Lagos State and will directly supervise the CARE MIP project manager. The Coordinator will dedicate 10% of their LOE to provide strategic oversight to CARE MIP, along with other programs in their portfolio. They will primarily participate in high-level reviews and approvals and represent Avarynth in strategic-level government and malaria partner events.

CARE MIP Project Manager – 1 person (LOE – 100%) – Full-time

Salary: N14,400,000 (\$19,459)

The Project Manager (PM) will be an open position for external recruitment. The PM will oversee the implementation of the CARE MIP project. The PM will directly report to the Avarynth State Coordinator. The responsibilities of the PM will include managing project activities, developing and maintaining project plans, supervising project staff, and coordinating project activities with stakeholders. The position holder will have an MBBS/MD degree or Bachelor's degree in Public Health, Development Studies, or a related field. Also, at least 5 years of experience in managing public health programs/projects and excellent stakeholder management and communication

skills are required. Preferred qualifications include a Master's degree in Public Health, experience in managing malaria in pregnancy projects, and knowledge of the Lagos health system. The Project Manager will directly supervise the Communications Officer and 2 full-time project associates and will work closely with support staff from Avarynth for seamless coordination.

CARE MIP Communications Officer – 1 person (LOE – 100%) – Full time

Annual salary: N10,150,000 (\$13,716)

The Communications Officer (CO) will also be an open position for external recruitment. The CO will lead the development and implementation of the project's communication strategy and plan. The role will involve creating content for various media channels, planning events and stakeholder engagement activities, managing media relationships, and monitoring and evaluating communication activities. A bachelor's degree and 5 years of experience in a related field are required, with strong communication and interpersonal skills. Preferred qualifications/skills will be a Master's degree in Public Health or Communications. The Communications Officer will report to the CARE MIP Project Manager and work with the Project Associates, and key stakeholders at the State, LGA, and community levels.

CARE MIP Project Associates – 2 persons (LOE – 100%) – Full-time

Annual salary: N6,050,000/person x 2 = N12,100,000 (\$16,351)

Two full-time Project Associates will be recruited and assigned to one pilot LGA each, with a 100% LOE, to ensure the efficient implementation and reporting of activities in facilities and communities. They will collaborate closely with the health department of their assigned LGA to provide technical assistance to facility workers and CHWs in their respective areas. The Project Associates will report directly to the PM, and work closely with the CM. Key qualifications will be a Bachelor's degree in Public Health or a related field, with at least 3 years of experience in the nonprofit space. Basic M&E skills will be required.

Support Staff from Avarynth

Finance Coordinator – 1 (LOE – 20%) - Annual salary: N1,440,000 (\$1,946)

The Finance Coordinator will be an existing Avarynth mid-level staff from the Avarynth Finance department, Lagos office who will contribute 20% LOE on the CARE MIP project. The Finance Coordinator will ensure the efficient management of project finances, including budgeting, financial reporting, and compliance with donor regulations.

Administrative Coordinator – 1 (LOE – 20%) - Annual salary: N1,440,000 (\$1,946)

The Administrative Coordinator will be an existing Avarynth mid-level staff from the Avarynth Administrative department, Lagos office who will contribute 20% LOE on the CARE MIP project. The Administrative Coordinator will provide support for administrative tasks such as office management, site visit arrangements, and planning/scheduling of meetings and workshops.

Human Resource (HR) Coordinator – 1 (LOE – 20%) - Annual salary: N1,440,000 (\$1,946)

The HR Coordinator will be an existing Avarynth mid-level staff from the Avarynth HR unit, Lagos office who will contribute 20% LOE on the CARE MIP project. The HR Coordinator will manage HR tasks including recruitment, orientation, and training of project staff, as well as ensure alignment of staff and project activities with Avarynth HR policies and procedures.

Procurement and Logistics Coordinator – 1 (LOE – 10%) - Annual salary: N720,000 (\$973)

The Procurement & Logistics Coordinator will be an existing Avarynth mid-level staff from the Avarynth procurement unit, Lagos office who will contribute 10% LOE on the CARE MIP project. The Procurement & Logistics Coordinator will collaborate closely with the government's central medical store (CMS) to facilitate the annual quantification and procurement of commodities, including those needed for the CARE MIP project such as ITNs and SP-IPTp. Additionally, the officer will provide support for procurement processes related to vendors, such as mobile app contractors and consultants.

Drivers – 2 (LOE - 50%) - Annual salary: N1,500,000/person x 2 = N3,000,000 (\$4,054)

The Driver position on 50% LOE. 2 Drivers from the Avarynth Lagos office fleet management unit will work alternate days on the CARE MIP project to ensure that at least one driver is on ground at all times. The driver position is critical to ensure the timely and safe transportation of project staff and materials to and from various project locations. The Driver will be responsible for ensuring that the project team has reliable and safe transportation for field visits, meetings, and other project-related activities.

B. Consultants & Contractors

Similarly, the consultancy fee/contractor estimated rates were obtained from consultation with the same Finance staff at the Avarynth. The rates are a close-to-reality average for mid-level/tier 2 consultants and an approximate amount paid to a technology company to design an app for Avarynth.

The following consultants and contractors will be recruited/engaged to work on CARE MIP:

- MIP Technical Consultants – N1,600,000 per person x 2 = N3,200,000 (\$4,324)

The MIP Technical Consultants (2 persons, 1 per pilot LGA) will be engaged for a total of 20 days to develop training materials, guidelines, job aids, and tools (forms and registers) for CHW and facility workers' training and reporting. This will facilitate the master trainers' workshop. They will also provide support for cascading the training of facility workers and CHWs. The same consultants will be engaged for retraining in years 2 and 3). MIP consultants will have strong health system strengthening and malaria-in-pregnancy experience and training skills.

- Evaluation Consultants - N800,000/person x 2 = N1,600,000 (\$2,162)

Evaluation consultants (2 persons) – 1 per pilot LGA, will be engaged to lead the 10-day rapid baseline assessment at project inception in Year 1 as well. At the end of year 3, the same

consultants will lead the end-of-pilot evaluation and dissemination efforts. The assessment/evaluation and the dissemination meeting are essential to ensure that the project's impact is well-measured, widely understood, and used to inform subsequent full-scale implementation. Evaluation consultants will have strong M&E backgrounds and experience conducting evaluations for similar programs.

- Healthcare Technology Company – N10,000,000 (\$13,514)

The engagement of a healthcare technology company to develop the CARE MIP mobile app is crucial to the success of the project. The app will streamline the enrollment and reporting process for CHWs, leading to improved data quality and real-time data collection. It will also be useful for communication between CHWs, and supervisors, as well as for bulk sensitization messages, and scheduling reminders to pregnant women. The company will work closely with LSMOH IT and M&E units to ensure seamless integration with the existing State health management information system, which will enhance data utilization for decision-making. The cost for this engagement will cover the development and testing of the app, and necessary integrations with existing systems, as well as technical support and maintenance for 12 months.

C. BENEFITS – N11,622,500 (\$15,706.08)

The CARE MIP project will offer fringe benefits (calculated as 25% of annual salary), including pension, health insurance, group life assurance, and transport allowance, a communications allowance, and paid sick and maternity leave to attract and retain skilled staff. These benefits will provide the staff with a retirement plan, access to quality healthcare services, financial security in the event of death, help with daily expenses, communication-related expenses, and time off for recovery from illness or caring for a newborn child. The fringe benefits package will ensure the staff's well-being, motivation, and productivity throughout the project. This percentage was verified by the Finance staff at the Avarynth.

D. ACTIVITY COSTS

Note: To ensure lean budgeting, training or meetings will be non-residential. This is because as a State-level project and most LGAs within Lagos have a reasonable travel distance. More so, CHW and facility training will be done within their specific areas. Therefore, there are no travel/per diem costs. Avarynth will also leverage government-owned facilities such as conference halls and town halls as venues for project events for free or highly subsidized rates. The estimates were obtained from Avarynth Finance staff, Abuja headquarters. Activity costs include the following:

Training workshops: N6,750,000 (\$9,122.

These include costs associated with conducting the training of master trainers and the cascaded training to CHWs and facility workers. The cost per participant is N45,000 which includes tea break, lunch, and training materials for the training workshop. For all participants (150 total), this sums up to N6,750,000 (\$9,122).

Meetings (mTWG, LASMARTAC, AOP, etc.) – N475,000 (\$642)

These funds are set aside to support (not fully fund) the hosting of coordination meetings such as the mTWG, LASMARTAC, and AOP meetings since they will be malaria control partners. The LSMOH is the convener of meetings with these groups. The funds will be used for light refreshments and other logistics needs required for such events.

Assessments/Evaluation Activities: N625,000 (\$845)

The evaluation consultants will work with 5 research assistants during the baseline assessment. The funds in this section are set aside for the payment of the stipends and transport reimbursements of the research assistants.

Communications Resources and Fees: N4,800,000 (\$6,486)

This is particularly critical at the inception of the project where active media and stakeholder engagement will be required. It will be used to pay for media executions such as press release, advocacy, and promotional materials production.

Procurement of Commodities (ITNs and SP-IPTp) - N23,275,800 (\$31,454).

For the first year, ITNs and SP-IPTp will be procured for 1,737 pregnant women (see Table 1). The costs of [ITNs](#) and [SP-IPTp](#) were obtained from retail online stores in Nigeria and summed up. Per pregnant woman, N13,400 is required to procure 1 ITN and 3 doses of SP-IPTp for a full pregnancy period. For 1,737 pregnant women, this sums up to N23,275,800 (\$31,454).

E. OTHER DIRECT COSTS

Rent, Utilities, Facility Management, and Equipment Maintenance Contribution: N4,300,000 per year (\$5,811).

This includes costs associated with office space rental, utilities, and maintenance of equipment. The CARE MIP will be using one single-room office domiciled within the Avarynth office. The CARE MIP will contribute 10% of the total costs of utilities. These estimates were obtained from the Finance staff, at Avarynth office who estimated the cost of the electricity prepaid bill, diesel for powering the generators (for alternative power), internet subscription fees, rent plus service charge for facility and equipment maintenance.

Office Supplies Contribution: N216,000 per year (\$292)

This includes costs associated with the purchase of office supplies such as stationery, printer ink, and other office consumables. The project will not also procure its own office supplies directly. Rather, it would contribute its financial quota (10%) to the bulk procurement done by the Avarynth Lagos office amounting to N216,000 for 1 year (\$292).

Table 3: Budget Summary

	Section	Amount in Naira	Amount in USD
A.	Salaries	46,490,000	62,824
B.	Consultants and Contractors	14,800,000	20,000
C	Benefits	11,622,500	15,706.08
D.	Activity costs	35,925,800	48,548
E.	Other Director Costs	4,516,000	6,103
	Total Direct Costs	113,354,300	153,181
	Overhead Costs	28,338,575	38,295
	Grand Total	141,692,875	191,477

2.3 Staffing Plan

The following staff will be engaged for the CARE MIP project (See Table 2). 4 positions will be advertised – 1 Project Manager, 1 Communication officer, and 2 Project Associates. Recruitment will be handled by the Avarynth Lagos Human Resources (HR) department. The Project Manager will be recruited first, and will then serve as a panelist in the recruitment process for the remaining 3 positions. Other staff such as the Avarynth Lagos State Coordinator, Finance, Administrative, HR, Procurement & Logistics coordinators, and drivers will be existing Avarynth Lagos staff.

Table 4: Staff Breakdown for Avarynth Care MIP Project

Staff	# Persons	Summary of Role/Responsibilities
Technical Staff:		
Project Manager	1	The Project Manager will lead the planning and implementation of the CARE MIP project, ensuring timely reporting, effective collaboration with stakeholders, and achievement of project objectives. (See Appendix 4 for job description)
Communications Officer	1	The Communications Officer will develop and implement the CARE MIP project's communications strategy. The CM will engage stakeholders through various media channels and will develop promotional materials for the project.
Project Associate	2	2 Project Associates will be recruited full-time (100% LOE), each assigned to one pilot LGA to ensure effective implementation and reporting of activities at facilities and communities. They will work closely with the LGA health department to provide technical support to facilities and CHWs in their assigned LGAs.
Avarynth Lagos State Coordinator	1	The existing Lagos State Avarynth Coordinator will provide 10% LOE. The coordinator will provide strategic oversight to CARE MIP as with other programs in his/her portfolio. The coordinator will be involved mainly in high-level review/approvals, government and malaria partners' events.
Consultants		
MIP Technical Consultant	2	The MIP technical consultants will be recruited to develop guidelines, training materials and facilitate the master trainers' workshop. They will also provide support for cascading the training of facility workers and CHWs
Evaluation Consultant	2	Evaluation consultants will be responsible for conducting the rapid baseline assessment at the beginning of the project
Support Staff		
Finance Coordinator	1	20% LOE each These are existing officers from Avarynth. They will provide support on finance, administrative, and HR needs of the CARE MIP project respectively.
Administrative Coordinator	1	
Human Resource Coordinator	1	
Procurement & Officer	1	The Procurement & Logistics officer (10%) will work closely with the government central medical store (CMS) in annual quantification, and procurement of commodities including those for the CARE MIP. He/she will support any procurement processes for contractors and consultants.

Driver	2	Each driver will work on a 50% LOE basis for the project. They will ensure that fleet is managed in a way that accommodates CARE MIP project with other movement plans in the office.
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To recruit full-time technical staff for the project, Avarynth will leverage its website, social media platforms, and online job boards such as jobberman.com and hotnigerianjobs.com. A rigorous interview process will be conducted to select the most qualified candidates for each position. Meanwhile, existing Avarynth staff will be engaged as support staff, working on a Level-of-Effort (LOE) basis, as is standard practice for Avarynth projects throughout the country.

In addition to the full-time technical staff, the project will utilize existing human resources, including Community Health Workers (CHWs) and facility health workers. These workers, who are already government-paid employees, will receive training from LGA master trainers and be equipped with the necessary tools to provide CARE MIP services as part of their routine work. While no financial incentives will be provided, CHW schedules will be reviewed and streamlined to ensure that they are not duplicating efforts across multiple programs. The estimated number of facility health workers and CHWs required for the project is based on existing data from the Lagos Bureau of Statistics and is presented below.

Table 5: Facility Personnel and CHWs that will provide services under CARE MIP project.¹¹

LGAs	# Communities	# PHCs	# Doctors	# Nurses	#Lab staff	#Pharmacy Staff	# CHWs (calculated)
Ijebu Lekki	12	25	7	28	25	26	150
Lagos Island	15	13	12	27	23	24	78
<i>*PHC recommended structure should have 6 CHWs per PHC¹¹</i>							

Based on the above, the CHW per pregnant woman served would be 4 pregnant women per CHW in Ijebu Lekki, and 14 pregnant women per CHW in Lagos Island. These figures will be verified during baseline assessment and CHW mapping at the project inception/planning phase.

2.4 Collaboration Plan

Successful implementation of the CARE MIP project requires strong partnerships with external organizations. Avarynth will collaborate with the Lagos State Ministry of Health (LSMOH) to ensure the project's success. LSMOH has an extensive coordination structure that supports the implementation of programs such as CARE MIP. At the state level, the Avarynth CARE MIP team will work with the Lagos State Malaria Elimination Program (LSMEP), a unit under the Directorate of Disease Control of LSMOH, responsible for overseeing and leading malaria control in the state. The team will also collaborate with the Lagos State Malaria and Research Technical Advisory Committee (LASMARTAC), which is a high-level advisory board for malaria and research in the state. In addition, Avarynth will work with the Malaria Technical Working Group (mTWG). The mTWG comprises all malaria control stakeholders such as donors, implementing partners, private sector companies, line ministries, departments, and agencies (MDAs) working directly or indirectly on malaria control. At the LGA level, the Avarynth CARE MIP team will work closely with the Local Government Health Department team, where the LGA malaria implementing team is domiciled. The team will also work with primary healthcare facilities, their management, facility-based staff (e.g., doctors and nurses), and community health workers.

The above entities will work with Avarynth because the CARE MIP efforts will further strengthen their ongoing efforts on malaria control in the State.

At the community level, Avarynth will engage women's groups, including religious, social, traditional, and trade women groups, to ensure effective community mobilization and participation. The women's groups will provide a platform (during their meetings) for the sensitization of their members by CHWs. They will also encourage and refer pregnant members to enroll in the program as an added benefit of membership in their groups.

2.5 Facility Plan

The Avarynth CARE MIP project full-time technical staff will be provided an office room/space within the Avarynth office. They will share the centrally managed office resources such as vehicles, equipment (printers, scanners, and copiers), and supplies. The project will contribute financially to the administrative costs of running the office complex based on space (measured in square meters) occupied, the level of maintenance required, utilities, and consumables used (See provisions in Appendix - Budget). The CARE MIP support staff are current Avarynth administrative and finance department personnel and will work from their workstations within the same office complex. These arrangements will allow for ease of portfolio management by Avarynth management across projects in Lagos.

2.6 Specific Activities

Activities that will be implemented for the CARE MIP project are grouped into 5 broad groups. These are project initiation/planning, implementation, and end-of-pilot activities.

Project Initiation/Planning Activities

- A rapid assessment to establish baseline figures for key program indicators will be done for 10 days in August 2023 (See timeline 1.1.1). This will be led by the 2 Evaluation Consultants, who will work closely with 5 research assistants (accounted for under activity costs – assessment/ evaluation activities on the budget). The Project Manager will work closely with the Project Associates, and the LSMEP and LGA health department in reviewing the existing CHW list, and mapping to facilities and communities (timeline 1.1.3).
- As part of their 26-day consultancy engagement, the MIP Technical consultants (2 persons) will lead the development of training materials, guidelines, job aids, and tools (forms and registers) for CHW and facility workers' training and reporting. This will be reviewed by LSMEP and CARE MIP Project Managers (see timeline, 1.1.3 and 1.1.5).

- A healthcare technology company will be contracted to develop the CARE MIP mobile app that will be used for enrolling clients and reporting by CHWs. The company will then work closely with the LSMOH IT and M&E units to integrate the app with the existing State health management information system (see timeline, 1.1.4).
- Annual quantification and procurement of commodities: SP-IPTp and ITNs (annual supply + buffer stock) will be done by the LSMOH across health sector needs in January 2024. Avarynth Procurement & Logistics officer will support the process to ensure the inclusion of CARE MIP commodities that will cater to 1,737 pregnant women in the first year. The same process will be repeated for subsequent years.
- The 2 MIP technical consultants will facilitate a 3-day, non-residential training of state-based trainers. This is particularly helpful in building local capacity and will promote sustainability. Participants will be pulled from the LGA health department and LCDAs (Total participants + facilitators = 30). Retraining will occur after 1-year (see timeline, 1.8).

Implementation Activities

These include coordination, service provision, and routine data management activities. These will span from the 10th month, April 2024 until April 2026 (2 years) cumulatively.

- Coordination activities: involve Avarynth/CARE MIP participation and contribution to stakeholder meetings and workshops. Such events include the AOP development held yearly in August, the quarterly LASMARTAC and mTWG meetings, and the monthly LGA-level coordination meeting (see timeline 2.1.1.- 2.1.5). The existing quarterly Integrated Supportive Supervision (ISS) sites' visits will now include CARE MIP components (2.1.6).
- The service provision activities include identifying and mapping women groups, conducting sensitization/awareness meetings, providing escort services to pregnant women, and conducting home visits and counseling by CHWs. It also includes the facility/clinical services that will be provided to pregnant women (see timeline 2.2.1-2.2.4).

- Routine data reconciliation, consolidation, clean-up/QA, and reporting will also be done, including bi-weekly commodity data reconciliation, monthly service delivery data submission, and quarterly data quality assessment exercises of health facilities. This is an already existing mechanism, and the CARE MIP team (the project associates) will be involved to ensure that CARE MIP components are handled effectively.

End-of-Pilot Phase Activities

The evaluation consultants who conducted the 10-day rapid assessment will be engaged again to handle end-of-pilot evaluation and dissemination efforts (see timeline, section 3.0). This will be spread across the last 2 months of the project (May – June 2026) for a total of 20 days. The consultants will work with 5 research assistants (stipends accounted for under activity costs in the budget). Findings will be disseminated at a 1-day dissemination meeting (see timeline – 3.2) of different stakeholders (total persons estimated = 100 persons from mTWG, LASMARTAC, LSMEP, LSMOH, CARE MIP/Avarynth, and the LGA health department).

2.7 Summary of Logic Model and Process Map

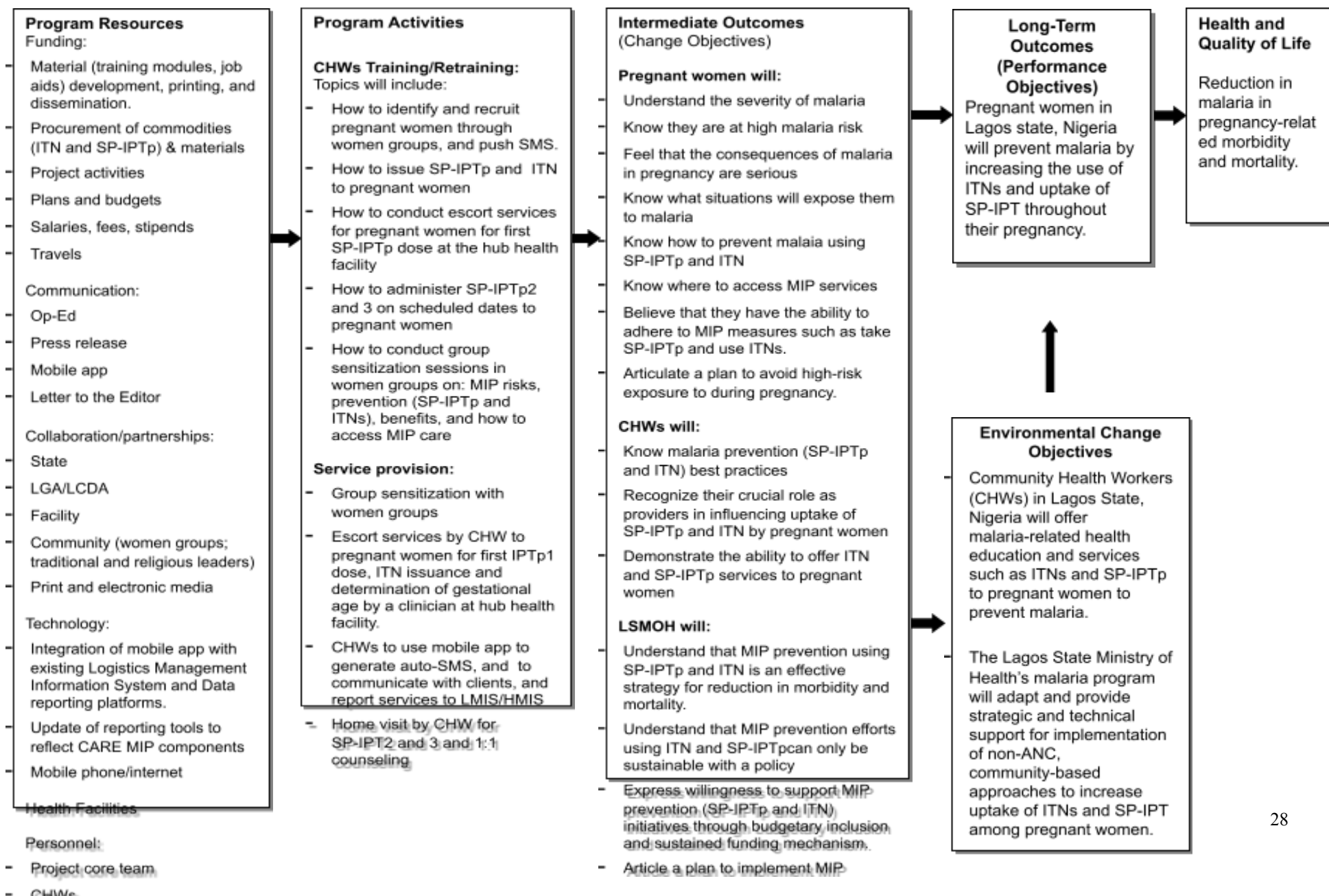
2.7.1 Summary of Logic Model

CARE MIP aims to increase the use of ITNs and SP-IPTp among pregnant women in Lagos using community-based approaches. The program resources include funding, communication, and technology integration components. The program activities include service delivery by CHWs and facility providers. The long-term outcome will be MIP prevention through the increased use of ITNs and SP-IPTp. Environmental change objectives include providers offering MIP prevention-related and LSMOH adopting the community-based approach in its policies, systems, and budgets. The health and quality of life improvement expected is a reduction in malaria in pregnancy-related morbidity and mortality.

2.7.2 Summary of Process Map/Service Delivery Pathway on the CARE MIP Project

The CARE MIP project service delivery process map consists of 9 steps that illustrate how pregnant women receive care through the intervention. Typically, pregnant women are identified by CHWs through self-disclosure or notification from women's groups in the community. The CHWs enroll them if they are not already receiving services and schedule and accompany them to the facility for a one-time visit. At the facility, their gestational age is determined, they receive an ITN, the first dose of SP-IPTp is administered, and subsequent dates for the 2nd and 3rd doses are determined. The CHW then follows up to administer the 2nd and 3rd doses at the pregnant woman's home. The client graduates from the program upon giving birth.

Appendix 1: Logic Model for the CARE MIP Project



Appendix 2: Timeline/Gantt Chart

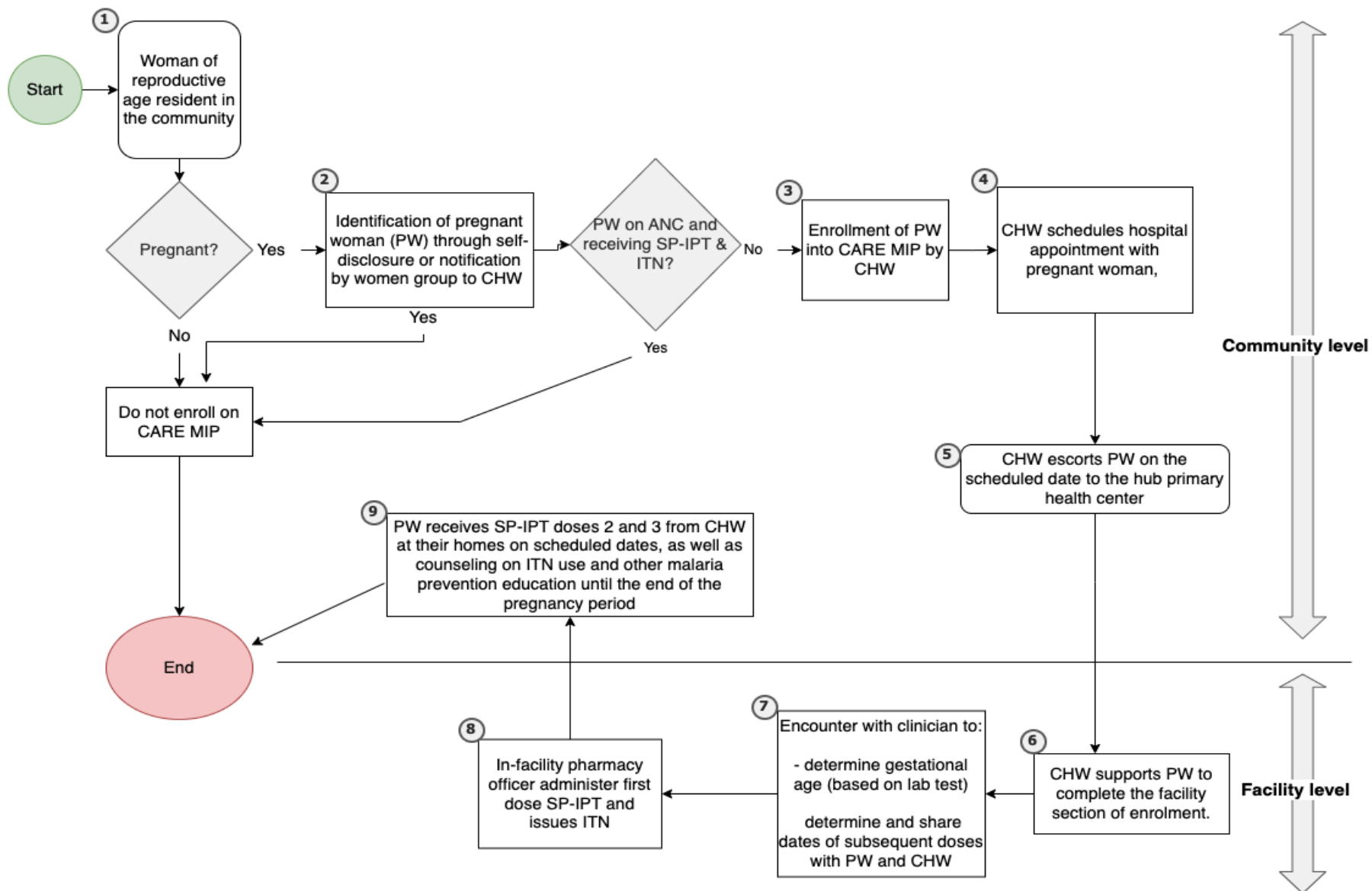
CARE MIP Project - Gantt Chart/Timeline (1st July 2023 - 31st June 2026) - Pilot Implementation

		2023						2024						2025						2026																	
		Q3			Q4			Q1			Q2			Q3			Q4			Q1			Q2			Q3			Q4			Q1			Q2		
	Phases and Tasks	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
1.0	Project Initiation/Planning																																				
1.1	Baseline and Preparatory Activities																																				
1.1.1	10-day Rapid baseline assessment																																				
1.1.2	CHWs identification, mapping to hub facilities, and recruitment (estimated at 150 in Ijebu-Lekki; 78 in Lagos Island)																																				
1.1.3	Development of training materials e.g. modules, counseling cards/brochure, and IEC materials																																				
1.1.4	Development of mobile app and integration with the HMIS and LMIS platforms																																				
1.1.5	Modification/updates of tools (forms, registers, and databases to include community-based intervention components)																																				
1.1.6	Quantification and procurement of commodities: SP-IPTp and ITNs (annual supply + buffer stock) = 17,196 doses for 3 years																																				
1.1.7	Training of trainers- 3-day non-residential TOT facilitated by 2 State-based consultants/trainers. Participants will be the 5-man LGA health department team, 2 persons per LCDA. (Total = 30 persons). Retraining will occur after 1 year																																				
1.1.8	Cascade training: Non-residential training workshops (in clusters) will facilitated by the newly trained master trainers. Participants will be CHWs and Health facility staff whom they will work directly with (202 persons total)																																				
1.2	Communication Activities (Contd)																																				
1.2.1	Recruitment of Communications Manager																																				
1.2.2	Development and posting of Opinion Editorial on Public Health Post																																				
1.2.3	Development and posting of Press Release in the Punch Newspaper																																				
1.2.4	Development and posting of Letter to the Editor, Nigeria Health Watch																																				
1.2.5	Development of mobile app mockup/wireframes for advocacy.																																				

		2023						2024								2025								2026													
		Q3			Q4			Q1			Q2		Q3			Q4		Q1		Q2		Q3			Q4			Q1			Q2						
		JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
1.2	Phases and Tasks Communication Activities (Contd)																																				
1.2.6	Develop advocacy materials - including PowerPoint presentations, app wireframes/mockups, and print-out of 1-pager policy brief summarizing the project aims, benefits, and key requests.																																				
1.2.7	Submit and follow-up on letters to request for time slot for advocacy session during mTWG, LASTMARTAC and LSMEP meetings																																				
1.2.8	Schedule appointment with key LSMOH officials - Commissioner for Health, Permanent Secretary, and Director of Disease Control																																				
1.2.9	Hold advocacy sessions during quarterly mTWG, LASTMARTAC and LSMEP meetings.																																				
1.2.10	Hold 1:1 advocacy meeting with Commissioner, Permanent Secretary and Director, Disease Control on Scheduled dates																																				
1.2.11	Conduct follow-up advocacy visits with groups and officials to ensure that the requests are implemented.																																				
2.0	Implementation																																				
2.1	Coordination Activities:																																				
2.1.1	Provide technical support and participate in the harmonized malaria Annual Operational Plan (AOP) development (5-day in-state, non-residential workshop of 40-man mTWG and 2 consultants).																																				
2.1.3	Participate in the quarterly Lagos State Malaria and Research Technical and Advisory Committee (LASMARTAC) meeting to ensure representation of the CARE MIP intervention (1 day event in the succeeding month; 15 persons)																																				
2.1.4	Participate in the quarterly malaria Technical Working Group meeting to ensure representation of the CARE MIP intervention (1 day event in the succeeding month; 40 persons).																																				
2.1.5	Participate in the monthly coordination meeting of LGA, LCDA, health facility representatives and CHWs																																				
2.1.6	Quarterly integrated supportive supervision exercise of the health program (including the CARES-MIP intervention). This will occur in the succeeding months.																																				

		2023						2024						2025						2026					
		Q3			Q4			Q1			Q2			Q3			Q4			Q1			Q2		
	Phases and Tasks	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
2.2	Service Provision Activities:																								
2.2.1	Identification/mapping of women groups in different catchment areas by the CHWs																								
2.2.2	Conduct sensitization/awareness during existing meetings of the identified women group meetings																								
2.2.3	Escort service by CHW to take pregnant woman for initial facility-based gestational age determination, IPTp1 administration, ITN issuance, and first counseling																								
2.2.4	2 home visit/one-on-one counseling and SP-IPTp2 administration to pregnant women on scheduled dates																								
2.3	Routine Data reconciliation, consolidation, clean-up/QA and reporting (commodity and program M&E data)																								
2.3.1	Bi-weekly commodity data reconciliation, and issuance of stock of SP-IPTp to CHWs by facility pharmacist.																								
2.3.2	Monthly service delivery and commodity consumption data submission through mobile app/forms to hub facility																								
2.3.3	First-level data review by facility data manager/M&E officer and facility pharmacist (monthly)																								
2.3.4	2nd level review and Q/A of data from all sites by LGA M&E and logistics officers (monthly) into the state's HMIS/DHIS2.0 and LMIS databases for central storage and visualization (monthly)																								
2.3.5	Quarterly data quality assessment exercise of health facilities (including CARE MIP intervention data documentation).																								
3.0	End-of-Pilot Phase Activities																								
3.1	End-of-Pilot Phase Evaluation (led by 2 Evaluation consultants) - 2 month exercise including review of program routine data, activity reports, and interviews with providers and beneficiaries; and subsequent report writing.																								
3.2	1-day non-residential dissemination meeting to present findings (results, and lessons learned)																								

Appendix 3: Process Map of CARE MIP Service Delivery Pathway



Appendix 4: Job Descriptions

Organization	Avarynth Group
Program	Community-based Antenatal Response to Eliminate Malaria In Pregnancy (CARE MIP)
Title	Project Manager
Work Model	Full-time, hybrid position (3 days on-site, and 2 days remote weekly)
Job Overview	The Project Manager will oversee the implementation of the CARE MIP project. Success in this position requires effective management of project activities, timely reporting, and collaboration with stakeholders to achieve project objectives. The Project Manager will report to the Avarynth State Coordinator, Lagos, and will work closely with the project technical and support teams, the Ministry of Health officials, and affiliated bodies/groups to achieve project goals.
Responsibilities & Duties (in % of time)	<ul style="list-style-type: none"> - Manage project activities to ensure the achievement of project objectives (40%) - Develop and maintain project plans, budgets, and timelines (20%) - Supervise project staff and ensure their compliance with project policies and procedures (15%) - Coordinate project activities with stakeholders including government officials, community groups and partner organizations (10%) - Monitor and report on project progress to the Program Director and other stakeholders (10%) - Identify and manage project risks and develop mitigation strategies (5%)
Qualifications <ul style="list-style-type: none"> • Required • Preferred 	<p><i>Required:</i></p> <ul style="list-style-type: none"> - MBBS/MD degree or Bachelor's degree in Public Health, Development Studies, or related field. - At least 5 years of experience in managing public health programs. - Demonstrated experience in managing donor-funded projects (USAID, UKAID, Global Fund, or other). - Excellent stakeholder management, interpersonal, communication, and team leadership/team-building skills - Excellent time management skills. - Strong analytical and problem-solving skills <p><i>Preferred:</i></p> <ul style="list-style-type: none"> - Master's degree in Public Health, Development Studies, or related field - Experience in managing malaria in pregnancy projects - Knowledge of the Lagos health system, culture, and terrain - Proficiency in Microsoft Office, teleconferencing, and data visualization
Reporting Relationships	The Project Manager will report to Avarynth State Coordinator, Lagos and will directly supervise the Communications Officer and 2 full-time project associates. There will be a horizontal relationship between the Project Manager and the support staff providing 10-25% LOE on the project. This is to facilitate effective and seamless administrative, HR, procurement, logistics, and finance processes for the CARE MIP project.
Salary	N14,400,000 (\$19,459) annual base salary with excellent fringe benefits, including pension, health insurance, group life assurance, housing, and transport allowance, a communications allowance, and paid sick and maternity leave.

Organization	Avarynth Group
Program	Community-based Antenatal Response to Eliminate Malaria In Pregnancy (CARE MIP)
Title	Communications Officer
Work Model	Full-time, hybrid position (3 days on-site; 2 days remote weekly)
Job Overview	The Communications Officer will be responsible for developing and leading the implementation of the comprehensive communications strategy and plan for the CARE MIP project. The ideal candidate will be a creative and strategic thinker with a passion for storytelling and an ability to use various media channels to engage key stakeholders. Success in this position will be demonstrated through the development of impactful communication materials, engagement of stakeholders, and measurable increases in awareness and support for the CARE MIP project.
Responsibilities & Duties (in % of time)	<ul style="list-style-type: none"> - Develop and implement a comprehensive communication strategy (40%) - Create and manage content for various media channels, including website, social media, and newsletters in collaboration with Avarynth Communications team and the Ministry of Health (25%) - Plan and execute events/engagement activities with stakeholders (15%) - Develop and manage relationships with media outlets and partners (10%) - Provide guidance and support on communication activities (5%) - Monitor & evaluate communication activities to ensure effectiveness (5%)
Qualifications <ul style="list-style-type: none"> • Required • Preferred 	<p><i>Required:</i></p> <ul style="list-style-type: none"> - Bachelor's degree in health communications, mass communications, public relations, journalism, or a related field - Minimum of 5 years of experience in communications or public relations, preferably in the development sector - Excellent written and verbal communication skills in English - Strong interpersonal and relationship-building skills - Ability to think strategically and creatively - Proficiency in Microsoft Office Suite, teleconferencing, and UI/UX and user-centered design of communication materials/tools. <p><i>Preferred:</i></p> <ul style="list-style-type: none"> - Master's degree in Public Health, Health Communications, Development Studies, or related field - Experience working in communications aspects of malaria projects - Knowledge of the health system and familiarity with the Lagos terrain - Knowledge of the Lagos health system, culture, terrain, and language. - Proficiency in Microsoft Office Suite, teleconferencing, and UI/UX and user-centered design of communication materials.
Reporting Relationships	The Communications officer will report directly to the CARE MIP Project Manager and will be working closely with the Project Associates to implement the communications component of the project.
Salary	N10,150,000 (\$13,716) annual base salary with excellent fringe benefits, including pension, health insurance, group life assurance, housing, and

	transport allowance, a communications allowance, and paid sick and maternity leave.
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