# Program activities: questions for NI, 18th May 2020

I am currently working on the rough draft of the charity review that focuses on NewIncentives' activities and I have some follow-up questions I was hoping you could help me with.

**CCTs**

- My understanding is that, the day before a scheduled immunisation day, the field officer (FO) calls the clinic they work in, to check whether it's equipped to provide vaccinations the following day. What happens, if clinic staff reports vaccine shortages? Does NI take any steps to address the shortage before the following day?
    - Every morning Stakeholder Relations Officers (SROs) check prior-to-immunization-day submissions made by FMs through FM Check-in. If it indicates a potential vaccine Stockout or Runout, SROs initiate follow-ups in the following sequence:
        - SRO calls FO to understand the issue, followed by a call to the Clinic In-Charge or RI Focal Person to identify the source of the issue (usually either apex clinic or LGA cold store, sometimes State, Zonal, or National). For clinics without cold storage (majority), SROs call the apex clinic officer, while for clinics with cold storage (apex clinics) the SROs call the LCCO (Local Government Cold Chain Officer).
        - Once the source of the issue is diagnosed, action is taken to avoid the vaccine Stockout or Runout. An example of action taken is to advise LCCO to pick up vaccines from the State store, occasionally providing transportation support for the LCCO to restock from the State store. In many cases, the prior-to-immunization-day conversation between the clinic staff and FO and between the FO and FM prompts the FO to resolve these cases by calling the LCCO, which is part of why the SRO calls the FO first. Action taken by FM or FO is covered in the column for 'What has the FM or FO done?' in Clinic level Case Log, while action by the SRSS team is primarily recorded in 'What did the SRD, GRM, SRO or / and SCO do?' column. SCO is an acronym for Supply Chain Officers (LCCOs and SCCOs).

- My understanding is that (a) all vaccines have a minimum age requirement but (b) FOs check infants' age for measles, and not other vaccines. Is this because you expect the measles vaccine to be the one for which effectiveness is most affected by age? Or because the measles vaccine triggers the largest disbursement, and that creates the largest risk that caregivers might vaccinate infants too early?
    - (a) Yes, all vaccines have a minimum age requirement.
    - (b) FOs check infants' Next Visit Date to confirm the current visit is occurring on or after the Next Visit Date. The Next Visit Date is checked during each vaccination stage, when the FO reviews the Child Health Card and places a blue dot. The initial visits are typically spaced out at one month intervals, while Measles can vary, thus we provide FOs as well as clinic staff with a calendar to

assist with the calculations. In addition to that, the larger disbursement from Measles also creates the risk of caregivers wanting to come in early to get their infants immunized. As you noted, this is concerning because seroconversion can be lower, particularly for infants that are under 8 months. In the period between Oct 2018 - May 2020, 87.78% of infants were at least 9 months old (Performance Dashboard).

- Reference: “In a meta-analyses of 20 papers, the proportion of infants who seroconverted (%SC) depended on the age at MCV1 vaccination. It increased from 50% (95% CI 29-71%) at age 4 months to 67% (95% CI 51-81%) at 5 months, 76% (95% CI 71-82%) at 6 months, 72% (95% CI 56-87%) at 7 months and 85% (69-97%) at 8 months.” (Source)

**Awareness activities**

- My understanding is that, as part of your routine awareness activities, FOs maintain relationships with community leaders and influential figures (including imams, town criers, and traditional birth assistants). What activities do FOs conduct to foster these relationships, and how often? Roughly, which percentage of FO’s time is devoted to awareness activities?
  - Relationship building with community leaders and influential figures first happens through the initial awareness meetings during new clinic activation. After that, these relationships are maintained and strengthened on an ongoing basis through current engagements and activities that take the FOs to the settlements, like outreaches and awareness meetings. FO interactions also occasionally happen through community leaders visiting the clinics on immunization days. Engagements with other community members like TBAs, VCMs, VCFs, and town criers also directly and indirectly help strengthen these relationships. All activities are proposed and approved using the Work Plans App.
  - FOs have to invest minimal time outside of immunization days for most of the activities:
    - Number of days with Awareness Activity: In 2019, FOs did an activity on around 11% of the disbursement days, while in 2020, FOs have activities scheduled on around 15% of the disbursement days. This includes days with Targeted Outreaches since disbursements occur on such days.
    - Number of days with Awareness activity without Disbursement: In 2019, FOs did activities on non-disbursement days 1.5% of their total work days, while in 2020, FOs did an activity on a non-disbursement day on only around 0.6% of their total work days.
  - The table below covers the Types of Activities, Frequency, Descriptions, and Objectives. It is also structured to answer the following question asked later in this document: “On the basis of our previous conversations, and data from the Master Activities dashboard, my understanding is that the most common awareness activities are: targeted outreach, awareness meetings, defaulter tracking, and town crier announcements. What’s your estimate of the number of caregivers reached by these types of activities, per activity, on average (e.g.

number of caregivers reached on average by each targeted outreach, awareness meeting, etc)?".

| Types of Activities (Jan 2018-May 2020) | Description and Activity Objectives |
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| Awareness Meetings<br>● FM Awareness<br>● FO Awareness<br>● FV/FA Awareness<br>● Husband Awareness<br>● Awareness Activity | Frequency: 1 per clinic every 2 months (future expectation is 1 every 3 months).<br>Description: Conducted by visiting medium and large settlements with participating clinic staff and influential community leaders to address concerns related to non-compliance, vaccine suspicion, and to increase program awareness. Sometimes this is paired with a Targeted Outreach. Moving forward, awareness meetings are expected to be used when other activities are unable to resolve these concerns.<br>Target Group: Village and traditional leaders, community members, male caregiver ('husbands').<br>Reach: Typically attended by 20-30 participants per meeting.<br>Costs (Monetary and Time):<br>- Refreshments (N10,000)<br>- FO or FM Transportation Cost<br>- Half day of FO or FM |
| Community Members Engagements<br>● Community Mobilizers<br>● TBA Engagement<br>● VCM Engagement<br>● VFP Engagement<br>● VFP Introduction<br>● VFP Tracking | Frequency: 1-2 per clinic every 2 months (future expectation is 1-2 per clinic per month).<br>Description: Small stipends are paid for activities including Defaulter Tracking, filtering out-of-catchment infants, identifying households and settlements with low uptake of immunizations, resolving identified uptake issues, attracting unimmunized infants, referrals, increasing program awareness, maintaining community support, and recently, for helping maintain COVID-19 adherence at clinics (like social distancing). The type of community member is selected based on the perception of the influence, recommendation by local leaders, and the value we get from their engagements. While most are selected for short periods of time to achieve specific goals (e.g. to increase defaulters in a settlement with reduced number of enrollments), some have longer standing engagements (e.g. identify out-of-catchment infants, helping maintain COVID-19 measures adherence at clinics).<br>Target Group: Caregivers, community members, village and traditional leaders.<br>Reach: Estimate of around 9 caregivers reached when doing defaulter tracking.<br>Costs (Time and Monetary): Stipend of N500 is typically given for each community member engaged, with N1,000 given when multiple objectives need to be achieved or travel to additional settlements is needed. These are given during immunization days at the clinic. Around half of the recent contribution is at clinics for the filtering of out-of-catchment infants and for adherence of |

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| | COVID-19 Measures. |
| Targeted Outreaches<br>● Targeted Outreach | Frequency: 1 per clinic per month (future expectation is 1 per clinic per month).<br>Description: Conducted by holding an immunization day at a settlement, with participating clinic staff to address concerns related to distance or sometimes non-compliance.<br>Target Group: Female caregiver (Beneficiary).<br>Reach: On average, we disburse funds to 11 caregivers per Targeted Outreach.<br>Costs (Time and Monetary): Costs incurred are the same as those for a regular immunization day (transportation cost, one full FO day). Small fuel stipend of around N1,000-N2,000 is given to clinic staff, based on distance to outreach location and number of clinic staff. |
| Meetings with Community Leaders and LGA<br>● LLO Engagement<br>● Meeting with Village Leaders | Frequency: 1 per clinic per year (this is to be discontinued as a separate activity).<br>Description: Engagements are visits to the community leader (village leader or traditional leader) or LGA stakeholder for the clinic (including LLO). Typically, village and traditional leaders are visited and engaged during other activities like Awareness Meetings and Targeted Outreaches. The support of these leaders is often essential to maintain support from the community.<br>Target Group: Village leaders (mai-unguwa), traditional and religious leaders (imams), LGA stakeholders (like LLOs).<br>Reach: 1-2 members per visit.<br>Costs (Time and Monetary): Usually no additional costs are incurred since this is paired with transportation and time cost of Manager Supervision visit or Awareness Meetings. This activity is done more frequently than documented. |
| Town Criers<br>● Town Crier Announcement | Frequency: 1 per clinic, every 3-4 months (future expectation is 1 per clinic every 1-2 months).<br>Description: Conducted by making announcements using loudspeakers at settlements, informing caregivers about immunization days and outreaches. This serves as a reminder and helps maintain program awareness. Sometimes, town criers can also be engaged for Defaulter Tracking, in addition to their typical responsibilities.<br>Target Group: Caregivers, community members, village and traditional leaders.<br>Reach: Estimate of 20 caregivers reached per engagement.<br>Costs (Time and Monetary): N500 per week of engagement, given during immunization days at the clinic. |
| Defaulter Tracking<br>● Defaulter Tracking | Frequency: 1 per clinic, every 4 months (this is to be discontinued as a separate activity).<br>Description: Conducted by visiting settlements and identifying beneficiaries who have not returned on-time (defaulters). |

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| | Target Group: Typically involves FO reviewing Defaulter Tracking lists and engaging community members to help address cases of caregivers who have not returned by Next Visit Date (through Defaulter Tracking app); occasionally it includes FO visiting a settlement to identify and address cases of defaulters and identify causes of defaulting.<br>Reach: Estimate of 10-15 caregivers are reached per day of dedicated Defaulter Tracking day.<br>Costs (Time and Monetary): FO typically conducts this during immunization day at no additional time or monetary costs through community member engagements and caregivers. When settlements are visited specifically for defaulter tracking (happens infrequently), it can come with transportation cost and full day of FO. |

- My understanding is that, in some cases, NI pays fees for VFPs, town criers and TBAs that help promote the program. How do you decide whether to pay them? How much are town criers and TBAs paid?
    - Community members are given a stipend of N500 per community member engaged. Usually, we engage less than 3 community members in a week per clinic. All budgetary requests for Awareness Activities are submitted through the Work Plan App with details of the objectives, name and phone number of community members ('0' for phone number when not available), and amount. The Manager is then responsible for reporting on the objectives through PEAs (Post Expenditure Assessments). Future Work Plan requests are approved based on a brief review of previous engagements and goals achieved to reduce the chances of misuse of funds. Sometimes the community members are given N1,000 in anticipation of transportation costs, this can happen if our request to them involves visiting multiple settlements (e.g. for defaulter tracking or raising awareness).

- The Program units and responsibilities document mentions the following KPI for Clinic and Settlement Activities:
  "Average enrollments should exceed Target Population for all (100%) of clinics
  Average Enrollments should exceed Target Population for at least 90% of settlements
  Immunisation Rates for each vaccine for each settlement should exceed 90%
  On-time immunisation Rates for each vaccine for each settlement should exceed 80%
  At least one activity should be completed for all (100%) of low-performing settlements"

  What is the Target Population for clinics and settlements? How do you estimate Immunisation Rates for each vaccine for each settlement? When is a settlement considered 'low performing'?
    - What is the Target Population for clinics and settlements? Target population per settlement is calculated based on Microplans. Microplans are developed by clinic staff and LGAs to estimate the approximate number of infants in the catchment area. In cases where we cannot get Microplan Targets we use VTS Population

as an alternative source. The Target Population is set to be at least 100% at clinics to account for out-of-catchment infants.

- How do you estimate Immunisation Rates for each vaccine for each settlement? The extract below from our engineering wiki covers the logic behind the calculation of Immunization Rate. Illustrative example: assume we enrolled 200 infants in January at settlement '1409 - Salihawa' and out of those, 100 infants are due for Measles in September. If by the end of September 80 out of the 100 infants have returned then the Immunization rate for the cohort at settlement '1409 - Salihawa' would be 80% for the month of September. If infants who were due in September return during a later month, the Immunization Rate for September would increase as the infants return. The Immunization Rate for Measles can be found in Immunization Rate - Measles.

## Immunization rate

### Vaccination Dues

Every infant's 5 vaccines dues are arrived using the stated primary due date when available & valid. The secondary due dates are applied when primary date is not available or invalid.

| Vaccine | Primary Due Date | Secondary Due Date |
|---|---|---|
| BCG | Date of Birth | - |
| PENTA1 | Next Visit Date from BCG disbursement | Date of Birth + 42 days |
| PENTA2 | Next Visit Date from PENTA1 disbursement | Date of Birth + 70 days |
| PENTA3 | Next Visit Date from PENTA2 disbursement | Date of Birth + 98 days |
| MEASLES | Next Visit Date from PENTA3 disbursement | Date of Birth + 270 days |

### Vaccinations Received

Earliest disbursement record's `Created_Date` with a vaccine in `immunisations_received` is considered as the Vaccination date of that vaccine. A vaccination received before or after a due date is counted as Received.

### Immunization Rate

Immunization rate is the ratio of Vaccinations Received over the number of Vaccination Dues in any stated time period from for the stated Vaccine.

- When is a settlement considered 'low performing'? A settlement is considered 'low performing' when either the Enrollment Rate or Immunization Rate for any of the vaccines (BCG, Penta, Measles) at a settlement is less than 90%. The reliability of population data is lower at the settlement-level so we have a lower threshold to flag settlements with potential issues. Field Managers primarily use information coming from the field through sources like the FO, village leaders, number of defaulters (presented in Defaulter Tracking App and in Work Plans App), and information from other community members to schedule Work Plan activities. Immunization Rates are part of the criteria used to assess the

performance of FOs and their supervisors (Field Managers) for the clinics that are under their responsibility.

- I looked at activities recorded on the Master Activities dashboard, from March 2019 onwards. (My understanding is that this is the period for which the dashboard includes all the awareness activities performed). (a) I found a list of several activities labelled as "Awareness" - i.e. FO Awareness, FM Awareness, Husband Awareness, FV/FA Awareness. I interpreted this as being awareness meetings; is this right? What does "FV/FA Awareness" stand for? (b) I also found two types of activities labelled at "Tracking" - Defaulter tracking and VFP Tracking. I interpreted this as being two distinct types of defaulter tracking activities - one conducted by VFPs and the other conducted by other collaborators. I summed them to obtain the total number of defaulter tracking activities. Is this right?
    - (a) Yes, "Awareness" includes FO Awareness, FM Awareness, Husband Awareness, FV/FA Awareness. Until May-2019, our Field Officers were part-time paid volunteers called Field Volunteers (FV) and Field Assistants (FA) based on performance and experience. Effectively, FV/FA Awareness is the same as FO Awareness.
    - (b) As per the table in the response to the first question under Awareness Activities, Defaulter Tracking is primarily used for FOs visiting settlements. While many community members are engaged to do defaulter tracking, this function cannot be explicitly separated from other functions of community members.

- On the basis of our previous conversations, and data from the Master Activities dashboard, my understanding is that the most common awareness activities are: targeted outreach, awareness meetings, defaulter tracking, and town crier announcements. What's your estimate of the number of caregivers reached by these types of activities, per activity, on average (e.g. number of caregivers reached on average by each targeted outreach, awareness meeting, etc)?
    - The most common activities are 'Community Members Engagements', 'Targeted Outreaches', and 'Awareness Meetings'. The table in the first question in Awareness Activities has been structured to answer this question.

**Supply-side activities**

- Could you share the number of people who work in the Stakeholder Relations and Supply-Side unit, disaggregated by role?
    - There are 7 people in the SRSS Unit.
    - National Coordinator (NC -1): Manages Operations, Security, and SRSS Units, and manages stakeholder relations and resolves supply-side issues at the National level.
    - Stakeholder Relations Director (SRD -1): Manages SRSS unit, manages stakeholder relations and resolves supply-side issues at the Zonal and State levels, and intervenes when issues are beyond the resolution of the SRM or the SROs.

    - Stakeholder Relations Manager (SRM - 1): Supervises Supply-Side Officers (SSOs), manages stakeholder relations and resolves supply-side issues at the LGA and State levels in Katsina State.
    - Stakeholder Relations Officer (SRO - 2): Manage stakeholder relations and resolve supply-side issues at the LGA and State levels in Zamfara and Jigawa States.
    - Supply-Side Officers (SSO - 2): Review dashboards, transfer cases to the SRSS Case Log, call the apex and LGA stakeholders intermittently, coordinate communication to resolve each case and escalate to SROs and SRM for resolution when needed.
    - With this structure, the SRSS Unit is able to have physical presence necessary for relationships in each important geography (Abuja, the capital, and each of the program states), while covering Supply-Side efforts in a majority of the LGAs in each of the states.

- When we discussed your supply side work, you mentioned that this includes (a) tracking and addressing supply bottlenecks; and (b) providing more proactive support, by helping stakeholders analyse their historical data and helping them compile the documentation needed to obtain vaccine supply from higher levels of the supply-chain. It would be helpful to get a concrete sense of what activities in (b) might look like. Is there any documents you could share, which details activities (b) in more detail? For instance: logs of activities, MOUs signed with local authorities, or a list of examples you have collected from the SRSS unit. For reference, I found the 2019-2020 Vaccine Supply Case Log and NI-ABAE Work Plan very helpful to get a sense of the activities performed as part of (a).
    - Below are examples of some proactive support provided to avoid supply-side issues:
        - SSOs call LGAs every fortnight to check and inform if they have adequate stock for the next 2 weeks, if any of the vaccines are going to expire in the next 2 months, and if the LGAs have received the summary of VM1A & B from all health facilities in the LGA. VM1A & B are vaccine monitoring forms that LCCOs and SCCOs use to fill the vaccine utilization form required to receive vaccines from the National level. The SRSS unit reminds the LCCOs and SCCOs to start this process on time and then follows up to ensure early submission. In 2019, when we were not reminding and following up with them, delay in vaccine utilization and vaccine request submissions led to delay in vaccine distribution to our states and widespread stock outs. Fortnightly call with SCCO and LCCO Log documents the responses from calls to check on VM1A & B forms, action are primarily recorded in LGA or Apex Clinic level Case Log.
        - LGA or Apex Clinic level Case Log covers many of the cases where we took proactive action to avoid stockouts. These dropdowns in LGA or Apex Clinic level Case Log cover examples of proactive actions taken by the organization:

        - Minimal stock or Shortage at LGA store, Minimal stock or Shortage at State store, Minimal stock or Shortage at Zonal Store, Unsteadiness of stock availability at the State level
        - Delay in stock supply to LGA, LCCO failed to collect adequate stock for no good reason, Poor estimation of the actual stock required by clinics under the LGA, Rationalization of available limited stock by State, Inadequate stock supply from the state
        - Available stock has expired, Clinics have no VM1 forms
    - Master Case Log, and SR Meeting Activity Attendance Log (previous months have hidden tabs) and Stakeholder Meeting Notes contains notes from many of our stakeholder relations meetings since March 2018.
    - Memorandum of Understanding (MoUs) and Approvals contains key MoUs signed with Nigerian authorities.

**Budget**

- The Financial Summary includes a row for "Field Activities and Transportation" (row 8) and one for "Field Supplies" (row 9). My understanding is that, together, these include all expenses incurred in while disbursing incentives and conducting awareness activities (aside from salaries); is that right?
    - Together, these include all expenses incurred while disbursing incentives and conducting awareness activities that are direct field costs. They do not contain associated technology costs including mobile devices and other subscriptions or data entry and quality review costs for the disbursements (described below).
    - The following account groups also contain some field-related costs: Office Expenses and Accessories, Communications and Technology, Travel, Miscellaneous Expenses, Field Expenses.

- The Financial Summary includes a row for "Contractors and Consultants" (row 13). What activities do they perform?
    - Contractors and Consultants Total for Period Nov-2017 through Feb-2020: $507,227
        - 5150 Freelancers: $352,040 (69.4%) → please see breakdown below (further details for any rows in the table can be provided upon request)

| Account 5150 Freelancers Breakdown<br>(Nov 2017 - Feb 2020) | | |
|---|---|---|
| Positions | Scope | Amount |
| Program Manager, Operations Reviewer, Operations Support Manager | - Site visits to assess program and make recommendations<br>- Review of program processes and procedures<br>- Manage Auditors, Audit Console, Employee Support Console, and the RI Hotline<br>- Support the management of operations requests and team performance reviews | $109,664 |

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| | - Review data from various sources and conduct investigations<br>- Identify gaps in adherence to Approved Procedures and developing trainings<br>- Weekly compliance review and report issuance<br>- Testing and supervising the rollout of new apps<br>- Detailed review of settlements and catchments<br>- Maps and Settlement Changes | |
| Console Agent, Console Supervisor | - Admin Support<br>- Cash Management<br>- myDay Approvals<br>- Clinic Gifts distribution management<br>- Coordination of printing of program assets (ABAE Cards, ABAE ID Stickers, etc)<br>- Expense reviews and approvals<br>- Field Expense Discrepancy Console (review of weekly staff office money account submissions and resolving discrepancies if there are differences between staff submitted balances and system balances)<br>- Questions Console<br>- Coordination of program audits and management of auditors<br>- Management of Human Resources recurring tasks and HR data<br>- Processing of mandatory employer contributions for Nigerian staff<br>- Auditing of data entry<br>- Review of Clinic Daily Images (Vaccine Expiration, VVMs)<br>- Review of incoming airtime requests and processing of airtime<br>- Disbursement reviews (accessing fidelity to program procedures, for example, application of gold dots and blue dots)<br>- Review of errors and daily reporting to teams<br>- Monthly Fraud Report Sign-Offs<br>- Carrying out virtual investigations, preparing investigation reports, participating in Disciplinary Committee hearings<br>- Management of Log of Inquiries, Field Issues Log<br>- Management of staff help desk and email tickets | $117,933 |
| Data Entry | - Based on per record fees to enter data for each CCT disbursement based on a defined protocol using a secure application, with audits of 10% of records | $34,911 |
| Console Manager | - Supervision and management of Console Agent, Console Supervisor, and Data Entry | $20,509 |
| Accounting | - Management of accounting for New Incentives and All | $14,431 |

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| Manager | Babies Are Equal Initiative | |
| Software Engineer, Junior Software Engineer, Operations Support | - Development and management of applications used by staff to carry out program and manage expenses<br>- Maintenance of all data analytics queries, data warehousing and storage, and development pipeline | $35,168 |
| HR Consultant | - Assistance to develop employee information management tools and setup<br>- Review and development of HR Policies | $8,068 |
| Data Analytics Consultant | - One-time support by Tableau Consultant | $3,723 |
| Trial Projects, Other | - Trial Projects to Select Freelancers<br>- Help with design of program materials and other company assets | $2,621 |
| Upwork Fee | - Fee to use Upwork platform to recruit and work with freelancers | $5,337 |

- 5190 Contractors: $125,590 (24.8%) → please see breakdown below

| Account 5190 Contractors Breakdown (Nov 2017 - Feb 2020) | | |
|---|---|---|
| Cost Description | Amount | Notes |
| Developer (Ben Finn) | $47,237 | Engineering costs before New Incentives identified a viable data collection, storage and analysis strategy. New Incentives' current solution is to use enterprise applications combined with Google Cloud Platform, Google BigQuery, and Google Data Studio to manage large volumes of data with immediate processing and low bandwidth accessibility for teams. |
| Data Analytics Developer (Jim Barlow) | $51,986 | Business intelligence software development costs before New Incentives identified a viable analytics strategy (applications built using AppSheet combined with BigQuery and Data Studio). |
| Data Analytics Firm | $1,861 | Trial to develop core program dashboards for usability in low internet bandwidth environments. |
| Security Expert Maarten Merkelbach | $11,507 | One-time engagement with a senior security consultant who visited Nigeria, developed the Country Security Plan, conducted training and other exercises with Senior Managers, and completed a documented review of the Operational security context with recommendations. |

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| Security Advisory Firm O'Neill Paragon Solutions | $11,375 | Ongoing engagement to provide professional oversight of changing security procedures and context, and to provide support in case of severe crisis management needs. |
| Note: FY19 is now closed; the updated total expenditure for this account between Nov 2017 and Feb 2020 is $123,967 (instead of $125,590). | | |

- 7000 Research: $29,597 (5.8%)
  - This is expenses incurred for 3ie's quality assurance services for the RCT