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# Sustainability Plan

**for Integrated Humanitarian Assistance to Internally Displaced Persons Plus Project (IHAP+)**

**Dikwa, Borno State**

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## Acronyms

<b>BSPHCDA</b>	Borno State Primary Health Care Development Agency.
<b>ICCM</b>	Integrated Community Case Management.
<b>IHAP+</b>	Integrated Humanitarian Assistance to internally displaced persons Project Plus.
<b>LGA</b>	Local Government Area.
<b>SIDHAS</b>	Strengthening Integrated Delivery of HIV/AIDS Services.
<b>SNEPCO</b>	Shell Nigeria Exploration and Production Company.
<b>WASH</b>	Water and Sanitation Hygiene.
<b>PHC</b>	Primary Health Care.
<b>PHCC</b>	Primary Health Care Centre.
<b>IDP</b>	Internally Displaced Person.
<b>CHEW</b>	Community Health Extension Worker.

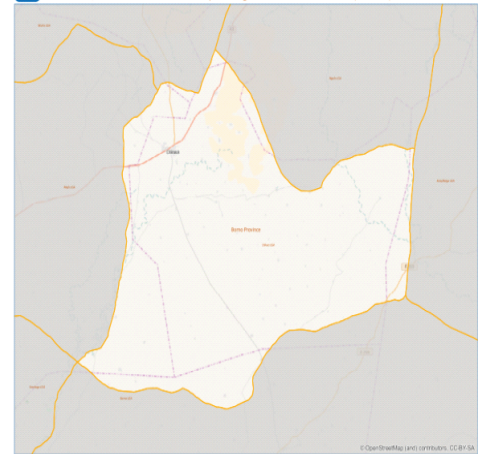


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## Background

The Shell Nigeria Exploration and Production Company is funding the implementation of the Integrated Humanitarian Assistance Project Plus (IHAP+) commenced in Dikwa, Borno State. This project commenced in October 2019 as a follow on to previous SNEPCO investments in Dikwa which are aimed at responding to the humanitarian crisis in the North-East since the insurgence began in 2015.

The project's goal is to contribute to reduced morbidity, mortality, and improved well-being of conflict-affected and displaced Nigerians by providing a multi-sector humanitarian response in Borno State, Nigeria.



### The Objectives of the Project are:

1. To improve access to critical Primary Health Care (PHC) services such as reproductive health and health outreach services.
2. To improve IDPs and host communities' well-being through access to clean and safe water, improved sanitation facilities and improved hygiene practices.

### The Key Project Intervention Areas are;

1. **Health**
  - Advocacy to state and local government level stakeholders.
  - Community engagement to raise awareness on common illnesses.
  - Provision of essential primary health care services in Primary Health Care Centre (PHCC), Dikwa such as reproductive, maternal, newborn and child health services, management of communicable and non-communicable diseases and trauma and acute care.
  - Provision and training of both facility and community-based health workers to provide essential primary health care services.
  - Provision of medical equipment and commodities to support provision of essential primary health care services.
  - Construction of a 20-bed capacity Primary Health Care Center to expand the capacity of the existing Primary Health Care Center, Dikwa.
  - Provide support for referral services.

### **The humanitarian context in Dikwa**

- The 12-year insurgency has created a humanitarian crisis in Dikwa, LGA, Borno State
- 75,826 individuals are currently internally displaced in Dikwa.
- 17 IDP camps are currently operational in Dikwa.
- 6 host communities



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## 2. **Water Sanitation and Hygiene.**

- Participation in WASH coordination meetings
- Community based hygiene promotion
- Environmental sanitation in the IDP camps
- Construction of Ventilated Improved Pit (VIP) Latrine.
- Drilling of a deep solar-powered borehole.
- Batch chlorination of water point.



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## Project achievements (as at December 31st 2020)

<b>1</b>	Healthcare facilities supported by type.
<b>1</b>	Healthcare facilities supported with infrastructural upgrade .
<b>29</b>	Health care staff trained
<b>19,952</b>	Out-patient consultations
<b>12,814</b>	Communicable disease consultation
<b>2,334</b>	Pregnant women who have attended at least two comprehensive antenatal clinics
<b>394</b>	New-born that received post-natal care
<b>132</b>	Births assisted by a skilled attendant at birth
<b>3,458</b>	Consultations for non-communicable disease
<b>599</b>	Consultations for trauma-related injuries
<b>21</b>	Person trained in medical commodity supply chain management, by sex
<b>3954</b>	People receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)
<b>400</b>	People directly utilizing improved sanitation services provided with shell funding
<b>4</b>	Institutions targeted by latrine construction/promotion program whose latrine are completed, clean and with functional handwashing facilities
<b>3000</b>	People directly utilizing improved water services provided with SHELL funding
<b>1</b>	Water user committees created and/or trained by the WASH program



## Rationale for Sustainability Plan

To date in North-east Nigeria (Borno, Yobe, and Adamawa States) about 1.8 million people (440,000 women, 364,000 men, 614,000 girls and 516,000 boys) are internally displaced, with 94 per cent of the displacement attributed to ongoing conflict and over 80 per cent of displaced people in Borno State. A decade into the crisis, the protracted nature of displacement has eroded coping mechanisms, significantly weakened resilience, and heightened vulnerabilities.

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The Shell Nigeria Exploration and Production Company in collaboration with the Borno State Government and FHI 360 has responded to this humanitarian crisis by providing life-saving primary health care services, protection and water sanitation and hygiene services in local government areas of Borno State with high populations of internally displaced people such as Dikwa LGA.

SNEPCO interventions in Dikwa through the Integrated Humanitarian Assistance for Internally Displaced Persons Project (IHAP) commenced in 2017 with the rehabilitation of the Dikwa Primary Health Care Center, provision of essential primary health care, protection for survivors of sexual and gender-based violence (SGBV) and water sanitation and hygiene (WASH) services to internally displaced people in Dikwa LGA. The IHAP project served 137,020 people and was successfully closed out in 2018.

In October 2019, SNEPCO intensified their commitment to respond to the protracted crisis in Dikwa with a follow-on project called Integrated Humanitarian Assistance for Internally Displaced Persons Plus Project (IHAP+). The IHAP+ project provides health and WASH services to internally displaced persons in camps and host communities.

So far, the IHAP+ project has achieved the afore-mentioned results outlined in the project achievement section is billed to end by January 31st, 2021. Therefore, it has become imperative to support the Government of Borno state at all levels (state, LGA and community) to build their resilience and maintain both the activities and positive outcomes of the IHAP+ beyond the life of the project.

### Social, economic and political context of Dikwa Health and WASH Sectors Health

- Borno state has a fully functional State Primary Health Care Development Agency
  - Budgetary allocation to primary health care in Dikwa is improving.
  - Dikwa LGA has strong PHC coordination led by the Director of PHC.
  - Dikwa Primary Health Care Center has an active ward development committee.
- #### WASH
- Dikwa LGA has a WASH coordination committee.
  - Dikwa has a strong WASH coordination led by the Director of works and LGA representative for SEMA.



This sustainability plan outlines the key strategies and activities that will be put in place by FHI 360 to achieve smooth transition of both project assets, activities and benefits to the Government of Borno state at the end of the project. It also outlines the activities that have been conducted to build the capacity of the Government of Borno State to maintain these assets, activities and benefits of the IHAP+ project after the project has ended.

## Goal and Objectives of the Sustainability Plan

The goal of this sustainability plan is to ensure that assets, activities and benefits of the IHAP+ Project is maintained through coordinated and collaborative actions of all relevant stakeholders after the project have ended.

The sustainability plan aims to specifically;

1. Outline the relevant stakeholders that are needed to maintain IHAP+ assets, activities and benefits after the project has ended.
2. Outline the key activities that FHI 360 has conducted to build the capacity of Government of Borno State to maintain the assets, activities and benefits of the IHAP+ Project.
3. Outline the key activities that FHI 360 has taken to achieve a smooth transition of project assets, activities and benefits of IHAP+ after the project has ended.
4. Outline the key actions that stakeholders need to take to ensure that assets, activities and benefits of IHAP+ are maintained after the project has ended.

## Methodology for Developing the Sustainability Plan

This sustainability plan was developed through a two-prong approach. The first step involved the review of policy documents that provide the foundational basis for the provision of primary health care and WASH services in Nigeria and Borno State. Other documents that provide guidance on global best practices for providing primary health care and WASH services were also reviewed while developing this sustainability plan.

These documents include;

- Ward Health System
- Minimum Standards for Primary Health Care in Nigeria
- The operational guidelines for implementing the Primary Health Care Under One Roof
- The operational guidelines for the basic health care provision fund
- Managing access to medicines and health technologies
- SIDHAS sustainability roadmap for Borno State
- Sustainability framework provided sustainability workshop organised by the SNEPCo Independent monitors.
- Global Humanitarian WASH Guidance 2019-2021
- Strategy for Water, Sanitation and Hygiene 2016-2030
- WHO WASH standards.
- WASH Sector Nigeria Emergency Technical Guidance

Best practices, interventions and strategies were extracted from these documents using a standard template.





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The second step involved consultation with the relevant stakeholders to gain their consensus on the feasibility and implementation of the best practices, intervention and strategies that emanated from these documents.

The desk review and consultation with stakeholders informed the development of the IHAP+ sustainability framework outlined in the next section.

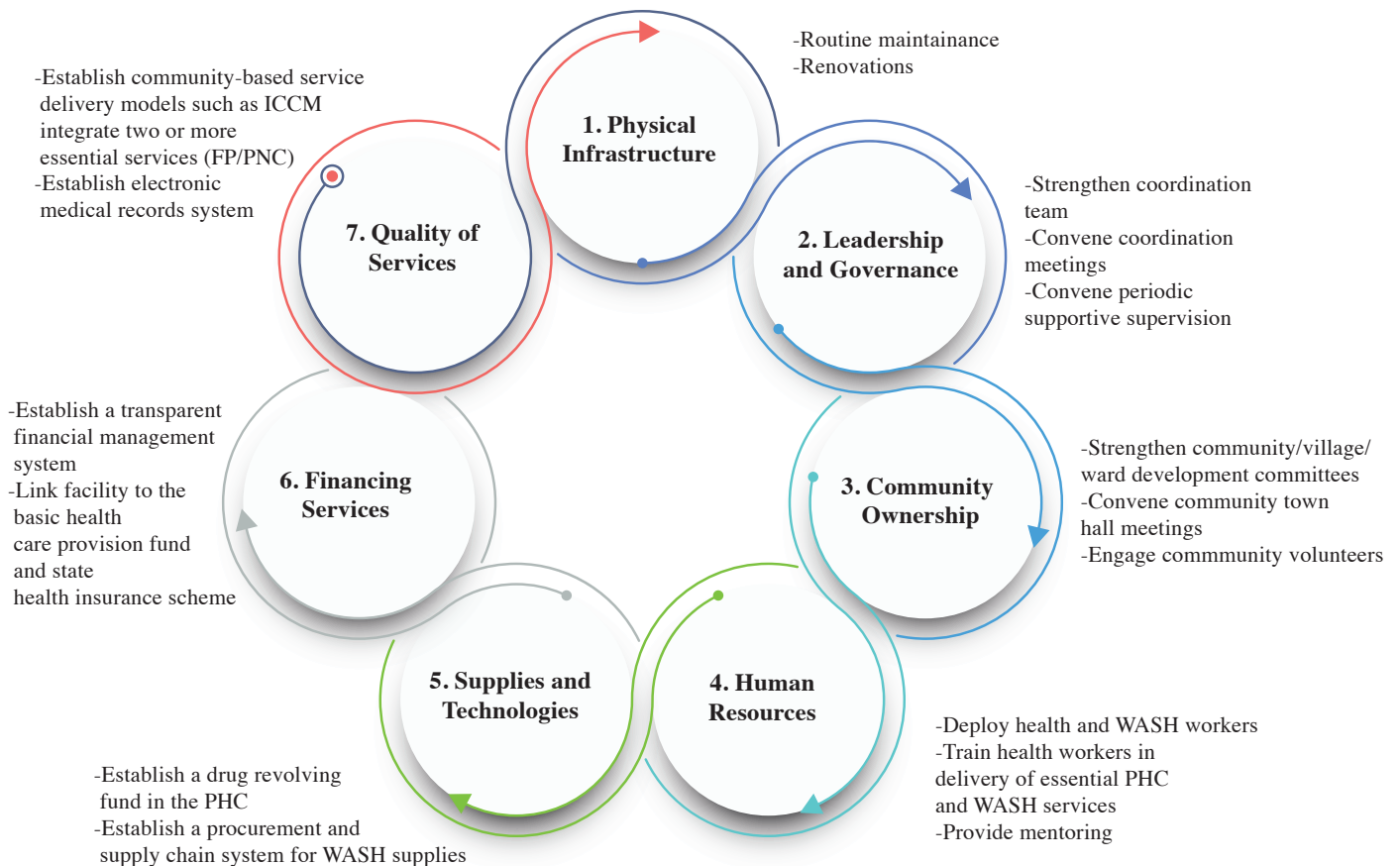
## IHAP+ Sustainability framework

This sustainability framework takes into consideration evidence-informed best practices for delivering primary health care and WASH services in fragile settings, key strategies, and interventions of the IHAP+ project and the key investments by the donor.

This framework outlines the key domains of the IHAP+ project WASH and primary health care service delivery that need to be maintained after the project has ended.

These key domains are; 1) Physical infrastructure; 2) Leadership and governance; 3) Community ownership; 4) Human resources; 5) Supplies and technologies; 6) Financing services; and 7) Quality of services.

These key domains apply to both health and WASH services. Each of these domains have specific actions that need to be taken to achieve sustainability.





## Stakeholder Mapping

The table below outlines the relevant actors who have a vested interest in maintaining IHAP+ assets, activities and benefits after the project has ended.

Sector	State Government	Local Government	Community	Non-Government Organization	UN Agency
Health	Borno State Ministry of Health	Dikwa Local Government Area Council	Ward Development Committee	FHI 360/USAID-IHANN	UNHCR
	Borno State Primary Health Care Development Agency	PHC Directorate, Dikwa	Village Health Committee	Care international	UNICEF
	Borno state Health insurance scheme		IDP camp coordination	INTERSOS	UNFPA
	Borno State Emergency Management Agency				IOM
					W.H.O
<b>WASH</b>	Borno State Ministry of Works	Dikwa LGA Education Authority.	Ward Development Committee	Solidarites	UNICEF
	Rural Water Supply and Sanitation Agency (RUWASA)	Works Directorate, Dikwa			
	Borno State Emergency Management Agency				
	Borno State Environmental and Protection Agency (BOSEPA)				



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## The Road to Sustainability: Capacity Strengthening at LGA and Facility Level

Achieving sustainability entails building both organizational and individual level capacity to maintain IHAP+ assets, activities and benefits after the project has ended. Therefore, FHI 360 engaged with state, LGA and community level stakeholders to build the capacity of both the relevant coordinating organizations at these levels and their staff to prepare them for a seamless transition and take-over when the donor funding from SNEPCO ends by January 31st, 2021.

The table below outlines the activities that FHI 360 has conducted to build organizational and individual level capacity to sustain IHAP+ project;

Key sustainability domain	Actions taken by FHI 360	Results achieved
Physical infrastructure;	<p>Held advocacy meetings with the Borno State Ministry of Health to discuss the transition and handover of the Dikwa PHCC.</p> <p>Held trainings for the Schools and hospitals management committee on management of the constructed latrines.</p> <p>Held training for the ten (10) man Water Management Committee that was formed on Operation and Maintenance of the constructed solar powered borehole.</p>	<p>The Borno State Ministry of Health has made commitment to include the health facility into the state level plans for preventive maintenance.</p> <p>The Hospital, School and Water Management Committees have made commitment to maintenance of the solar borehole and sanitary facilities constructed.</p>
Leadership and governance	<p>Conducted a training on PHC Governance and management.</p>	<p>The Officer-in-charge of Dikwa PHCC has set up a facility management committee with the support of the PHC Director of Dikwa</p>



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Community ownership	Held advocacy meetings with the ward development committee and community Leaders.	Secured the willingness of the ward development committee members to join the Dikwa PHCC facility management committee
Human resources	Advocated to the Dikwa PHC Director and the BSPHCDA to deploy staff to Dikwa PHCC.  Conducted trainings for all newly deployed	Twelve (12) community health extension workers were deployed to Dikwa PHCC in December 2020  Newly deployed CHEWs have gained the knowledge and skills to render cadre-appropriate health services at Dikwa PHCC



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<p>Supplies and technologies</p>	<p>Held advocacy meetings with Borno State Ministry of Health, BSPHCDA and Dikwa LGA to gain their support to set up facility logistics management and coordinating unit (LMCU) in Dikwa PHCC.</p> <p>Conducted a workshop with the Dikwa PHCC facility management committee and Dikwa PHC Directorate of Dikwa LGA to set up a drug revolving fund.</p> <p>Compiled a list of essential medicines and supplies needed and quantified the supply needed to sustain services in the PHC for one year.</p> <p>Advocated to UN Agencies and NGOs to donate these commodities and supplies to Dikwa PHCC.</p>	<p>The tools for setting up a facility level logistics management and coordinating unit have been identified and adapted to the context of Dikwa PHCC.</p> <p>Have secured the commitment of UNICEF and the USAID-IHANN project to continue providing medical equipment and supplies after the IHAP+ project has ended</p>
<p>Financing services</p>	<p>Have held advocacy meetings with Borno State Ministry of Health and Borno State Health Insurance Scheme to include the Dikwa PHCC as part of the facilities to benefit from the Basic Health Care Provision Fund.</p> <p>Held advocacy meeting with Dikwa WASH cluster members on continued operation and maintenance of WASH facilities.</p>	<p>Basic Health Care Fund training and Drug revolving Fund training has been conducted.</p>



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## Pictures



**The facility-in-charge consulting with a beneficiary**



**A deployed CHEW consulting with a beneficiary**



**A deployed laboratory assistant carrying out investigations**



**A deployed CHEW collecting health data**



**A deployed CHEW conducting an antenatal session**



**A deployed CHEW dispensing prescribed medication**



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**A deployed CHEW doing a stock check**



**Deployed CHEWs and FHI360 staff**



**Facility-in-Charge addressing the deployed CHEWs on ownership of the PHCC**



**PHC LGA focal person addressing the Deployed CHEWs on ownership of the PHCC**



**Maternal and Child Health Coordinator addressing the deployed CHEWs on the ownership of the PHCC**



**Project Coordinator-IHAP+ addressing the deployed CHEWs on the ownership of the PHCC**



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**Meeting with the Ward Development Committee Members, the Community Leaders, Women Leaders, and Youth Leaders to discuss ownership and sustainability of the health facility and other WASH infrastructures.**



**Capacity Building session for CHEWs**



**Capacity Building of members of the community incorporated into Water Management Committee**



**Capacity building of Schools and Hospital Management committee on sustainability of constructed sanitary infrastructure.**



**Capacity Building session for CHEWs to enable them provide quality health service according to national guidelines.**





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**The Pharmacist Presenting the Drug Revolving Fund (DRF) tools to the stakeholders.**



**The Stakeholders reviewing the DRF tools**



**FHI 360 staff and LGA stakeholders.**



**Project Coordinator seeking approval from the LGA Chairman to revive the DRF in the PHCC Dikwa.**



**LGA Chairman reviewing DRF tools and approval letter for FHI360 IHANN**



**Drug Revolving Fund/Basic Primary Health care Fund training**



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**Participants of the Drug Revolving Fund/Basic Primary Health Care Fund training**



## Sustainability Plan

The table below shows the key actions that stakeholders need to take to ensure that assets, activities, and benefits of IHAP+ are maintained after the project has ended.

SUSTAINABILITY DOMAIN	EXPECTED ACTIONS	ORGANIZATION RESPONSIBLE	ACTION TAKEN
<b>Physical infrastructure</b>	Handing over of the newly constructed health facility, deep solar powered borehole and latrines to the hospital facility management Local government and primary school management.	FHI 360, Borno State Primary health care development Agency (BSPHCDA), Borno State Ministry of Health (MoH), Dikwa LGA authority (Director of works).	27 <sup>th</sup> of January 2021
	Provision of quality hospital equipment and hand over to the Government	FHI 360	27 <sup>th</sup> January 2021
	Periodic maintenance and replacement of damaged health equipment and provision of bore hole spare parts.	LGA health and WASH department. State Primary health care development Agency (SPHCDA), Local government.	TBD
	Ensuring there is power supply for proper operation of medical equipment and borehole.	LGA health and WASH department. State Primary health care development Agency (SPHCDA).	Ongoing
	Capacity building of formed community committee on routine facility/infrastructural maintenance.	FHI 360 Dikwa LGA Health and WASH Department. State Primary health care development Agency (SPHCDA) focal person.	Completed. (Facility manager with be assigned to the PHCC)
	Periodic supervision of the health facilities and WASH infrastructure to ensure its proper utilization.	Dikwa LGA health and WASH Departments. State Primary health care development Agency (SPHCDA) focal person.	Commitment has been made to carry out this activities both on a short, medium and long-term basis. Check list are



	Periodic renovations of the constructed health facility.	LGA Authority, Facility-in-charge, Facility manager. State Primary health care development Agency (SPHCDA)	available will the local government.
<b>Leadership and governance</b>	Ensure funds are allocated for daily running and maintenance of the health facility.	State Primary health care development Agency (SPHCDA).	Short term
	Formulation of policies and laws that promotes access to quality health care services.	State House of Assembly, Local government council.	Long term
	Provision of security to ensure a safe and enabling environment.	State Ministry of Health in collaboration with relevant law enforcement agencies	Short term
	Provision of good welfare/incentive to staff.	State Primary health care development Agency (SPHCDA) and Ministry of Health (MoH)	Ongoing
	Secure Budget allocation and establishment of a Drug revolving Fund (DRF)	State Government and State Primary health care development Agency (SPHCDA).	Short term
<b>Community ownership</b>	Creating awareness and promote utilization of services through community mobilization.	Women group, Youth group, Ward Development Committee (WDC)	Ongoing
	Participate in Health facility Management Committee	Ward Development Committee	Ongoing
	Participation in periodic supervisory visits.	Ward Development Committee	Ongoing
	Participate in WASH coordination committee	Ward Development Committee	Ongoing
<b>Human resources</b>	Provision of CHEWs, nurses, doctors, and midwives.	State Primary Health Care Development Agency (SPHCDA), Ministry of Health (MoH)	Ongoing
	Capacity building of deployed staff.	State Primary health care development Agency (SPHCDA), Ministry of health (MoH)	Ongoing
	Provision of additional incentives.	State Primary health care development Agency (SPHCDA), Ministry of Health (MoH)	Ongoing



<b>Supplies and technologies</b>	Establish logistics coordination and management unit for health commodities	State Primary health care development Agency (SPHCDA), Ministry of Health (MoH)	Ongoing
	Prevent out-of-stock of essential medicines and commodities	State Primary health care development Agency (SPHCDA), Ministry of Health (MoH)	Ongoing
	Establish procurement and supply chain for WASH commodities and consumables	State Ministry of Water Resources  Rural Water Supply and Sanitation Agency (RUWASA)  State Ministry of Environment	Ongoing
<b>Financing services</b>	Mobilize resources from bilateral and multi-lateral agencies for health and WASH	State Primary Health Care Agency  Rural Water Supply and Sanitation Agency (RUWASA)	Ongoing
	Link facility to domestic sources for health and WASH financing	State Primary Health Care Agency  Rural Water Supply and Sanitation Agency (RUWASA)	Ongoing
<b>Quality of services</b>	Periodic supervision of services provided at the health facility (Quality assurance team) and periodic water quality testing of the solar powered borehole.	LGA Health department State Primary Health Care Development Agency  LGA Department of works. Rural Water Supply and Sanitation Agency (RUWASA)	Ongoing
	Implementation of an effective Client Response Feedback Mechanism in the health facility and water points	State Primary Health Care Development Agency (SPHCDA)  Rural Water Supply and Sanitation Agency (RUWASA)	Ongoing
	Implementation of a digital format of the National	Dikwa LGA M&E focal person	TBD



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	Health Management Information System (HMIS) and WASH Information Management System		
	Implementation of community health activities e.g., Integrated Community Case Management (ICCM) and health education and counselling.	State Primary Health Care Development Agency (SPHCDA)	Ongoing
	Implementation of community based environmental sanitation exercises in the IDP camps and host communities	Rural Water Supply and Sanitation Agency (RUWASA)	Ongoing



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