BENUE STATE GOVERNMENT

2016 ANNUAL OPERATIONAL PLAN FOR MALARIA ELIMINATION

BENUE STATE MINISTRY OF HEALTH

IN COLLABORATION WITH

IHV-NIGERIA

Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

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Abbreviations and Acronyms

Abbrev/Acronym	Meaning
ACOMIN	Association of Civil Society Organizations on Malaria, Immunization and Nutrition
ACSM	Advocacy, Communication and Social Mobilization
ACT	Artemisinin-based Combination Therapy
ANCs	Ante-natal Clinics
AOP	Annual Operational Plan
AWP	Annual Work Plan
BCC	Behavioural Change Communication
BENSACA	Benue State Action Committee on AIDS
CBOs	Community Based Organizations
BENSESA	Benue State Environmental Sanitation Agency
CHEW(s)	Community Health Extension Worker(s)
CHO	Community Health Officer
CMS	Central Medical Stores
CIHP	Centre for Integrated Health Practices
CV	Community Volunteers
DHIS	District Health Information System
DQA	Data Quality Assurance
DSA	Daily Subsistence Allowance
EHO(S)	Environmental Health Officer(s)
GF	Global Fund
HDCC	Health Data Consultative Committee
HFs	Health Facilities
HMB	Hospitals Management Board
HMIS	Health Management Information System
HOD	Head of Department
IEC	Information and Electronic Communication
IHVN	Institute of Human Virology Nigeria
IPC	Interpersonal Communication
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ISS	Integrated Supportive Supervision
IVM	Integrated Vector Management
JSI	John Snow International
LGA	Local Government Area
LGSC	Local Government Service Commission
LLINs	Long Lasting Insecticidal Nets
LMIS	Logistics Management Information System
MAPS	Malaria Action Plan for States

MCLS	Malaria Commodity Logistic System
MEPRMWG	Malaria Elimination Planning & Resource Mobilization Working Group
MTWG	Malaria Technical Working Group
M&E	Monitoring & Evaluation
MFPs	Malaria Focal Persons
MIP	Malaria in Pregnancy
MISS	Malaria Integrated Supportive Supervision
MoA	Ministry of Agriculture
MNCH	Maternal, Neonatal and Child Health
mRDT	Malaria Rapid Diagnostic Test
NHMIS	National Health Management Information System
NMEP	National Malaria Elimination Program
OiC	Officer in-charge
NSCIP	National Supply Chain Integration Program
PAS	Public Address System
PHC(s)	Primary Health Care (Centres)
PMI	President's Malaria Initiative
PPP	Public-Private Partnership
PSM	Procurement and Supply Chain Management
QA/QC	Quality Assurance/ Quality Control
RBM	Roll-Back Malaria
RDT	Rapid Diagnostic Test (Testing)
RMC	Role Model Caregiver
SDSS	Sustainable Drug Supply System
SFH	Society for Family Health
SHF	Secondary Health Facility
SLMCU	State Logistics Management Coordination Unit
SMAC	State Malaria Advisory Committee
SMEP	State Malaria Elimination Program
SMOH&HS	State Ministry of Health and Hospital Services
SP	SulphadoxinePyrimethamine
SPHCDB	State Primary Health Care Development Board
THF	Tertiary Health Facility
TWG	Technical Working group
UNAIDS	United Nations Agency for International Development
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WDC	Ward Development Committee
WHO	World Health Organization

1.0 Introduction

1.1 Background

Malaria is a major cause of morbidity and mortality in Nigeria.[1] There are 70-110 million clinical cases of the disease in the country per year.[2]It accounts for about 60% of all outpatient attendance and 30% of all hospital admissions with an annual death of children under 5 years estimated to be around 300,000. About 30% of childhood deaths and 11% of maternal deaths are caused by malaria.[2] Malaria is caused by four species of parasites belonging to the genus Plasmodium – *Plasmodium ovale, Plasmodium malariae, Plasmodium vivax* and *Plasmodium falciparum*. These four species of plasmodium, *Plasmodium falciparum* causes the most severe malaria illness and death throughout the world (WHO 1998). *Plasmodium falciparum* is known to be the most devastating in Nigeria. However, there is fifth specie known as *Plasmodium Knowlesi* that has been known to cause malaria in human. The transmission of the parasite is facilitated through the bite of an infected female anopheles mosquito. It is most intense in the raining season when increase in prevalence is observed.

Malaria infection also has negative socio-economic effects on the population, it impedes human development through high rate of absenteeism in both learning and work places, which is a significant contributory factor to the under development of most communities.

1.2 Benue State Profile

Benue State is one of the 36 States in the Federal Republic of Nigeria. It was created out of the then Benue-Plateau State on 3rd February, 1976 with its headquarters in Makurdi. The State is divided into twenty three (23) Local Government Areas (LGAs) which include Ado, Agatu, Apa, Buruku, Gboko, Guma, Gwer-East, Gwer-West, Katsina-Ala, Konshisha, Kwande, Logo, Makurdi, Obi, Ogbadibo, Ohimini, Oju, Okpokwu, Otukpo, Tarka, Ukum, Ushongo and Vandeikya. It is located in the North-Central geo-political zone of Nigeria.

According to 2006 census, the population of the State was 4,253,641 (with population growth rate of 3%) and a projected population of 5, 628,338 in 2016. Benue is a rich agricultural State, with many rivers, and is popularly referred to as the food basket of the Nation. The state is made of several ethnic groups: Tiv, Idoma, Igede, Etulo, Abakwa, Jukun, Hausa, Akweya and Nyifon. Tiv is the major ethnic group, constituting 14 LGAs, while Idoma and Igede constitute the remaining nine LGAs. The other ethnic groups are found among the Tiv and Idoma ethnic groups in the state. There are 277 council wards in the state. The state occupies a land mass of 32,518 square kilometres through which the lower part of River Benue passes.

The State lies between longitude 7° 47’ and 10° 0’ E, and between Latitude 6° 25’ and 8° 8’ N. It is bounded by Nasarawa State to the north, Taraba State to the east, Republic of Cameroun in the south-east, Cross-River State in the south, Enugu State in the south-west and Kogi State in the west.

Weather/Climate:

Benue State has a tropical sub humid climate, with two distinct seasons which are wet season and dry season. The wet season lasts for seven months between April and October, while the dry season comes between November and March. Temperatures are generally very high during the day, particularly in March and April. Along the river valleys, these high temperatures plus high relative humidity produce inclement/debilitating weather conditions. Makurdi, the state capital, for example, records average maximum and minimum daily temperatures of 35°C and 21°C respectively in wet season and 37°C and 16°C respectively in dry season.

Figure 1: Map of Benue State, Nigeria

1.3 Health System and Health Status

There are three tiers of health care services in Benue State, namely; primary, secondary and tertiary. The State Ministry of Health and Human Services (SMOH&HS) is in charge of supervising the overall health system in the state. The SMEP is a unit under the Department of Public Health, SMoH responsible for coordination and implementation of malaria control/elimination activities in the State. There is a State Hospitals Management Board (HMB) with Hospitals Management Committees that coordinate and supervise the day to day management of all secondary health care facilities.

There is also the Benue State AIDS Control Agency (BENSACA) that coordinates a multi-sectoral response to AIDS control in the State. The State Primary Health Care Development Board (SPHCDB) whose role is in disease prevention and control at the Primary Health Care (PHC) level has been established, key staff have been appointed and the process of take-off is ongoing.

Malaria Integrated Supportive Supervisory (MISS) system has been established and is functional. The state has a total of 1,408 health facilities which comprise 888 public and 520 registered private facilities. They could also be classified as 2 tertiary (Benue State University Teaching Hospital and the Federal Medical Centre), 117 secondary (out of which 24 are public and 93 are private) and 1,289 Primary health facilities (out of which 862 are public and 427 are private)[3]. The facilities and health personnel are concentrated more in urban areas than the rural.

There is generally poor health seeking behaviour in the state e.g. there is low ANC attendance as most women prefer to deliver their babies at home. However, the Malaria in Pregnancy technical working group (MIPTWG) has been established this year (2015) to improve issues arising from this poor ANC gap. The Maternal Neonatal and Child Health (MNCH) week, Breastfeeding Initiative and measles campaign are the other platforms used to increase the uptake of SP for IPT with the SMEP case management officer as the responsible officer. The rural population is more inclined to patronizing traditional and private health facilities than the public health facilities.

There are grossly inadequate health human resources in the state in all categories of health professionals. This is due largely to embargo on employment since late 90scoupled with retirement of health personnel on yearly basis without replacement.

Table 1.Number of registered health professionals in different categories in the State[1]

[1] Source-(SMOH&SMEP)

S/N	Professional group	Number of professionals		
		Public	Private	Total
1	Doctors	365	40	405
2	Nurses/Midwives	1980	542	2,522
3	Pharmacists	155	80	235
4	Pharmacy Technicians	43	-	43
5	Medical Laboratory Scientists	214	33	247
6	Medical Laboratory Technicians	204	-	204
7	Radiographers	5	-	5
8	Community Health Officers (CHOs)	237	47	284
9	Community Health Extension Workers (CHEWs)	1406	350	1,756
10	Medical /Health Record Officers	45	-	45
11	Environmental Health Officers (EHOs)	148	-	148
12	Environmental Health Technicians	40	-	40
13	Physiotherapists	6	-	6
14	Dental Therapists	5	-	5
15	Dental Health Technician	9	-	9
16	Prosthetics	6		6
17	JCHEW	795	51	846
18	Birth Attendant	67		67
19	Health Attendants	1,397		1,397
20	Others	3,129		3,129
	Grand Total	10,256	793	11,049

1.4 Current Situation of Malaria Elimination in the State[2]

Malaria continues to be a public health problem in Benue State in spite of the different strategies employed by the Ministry of Health to curtail it. The impact of the disease is being felt even more among the vulnerable groups, especially pregnant women and children.

[2] Source(SMOH&SMEP)
3 Benue State Directory of Facilities, 2013

1.4.1. OBJECTIVE 1: Malaria Prevention

The support gathered from global fund aided the LLINs campaign in Benue State of which 49.7% of households received at least 1 LLIN per 2 persons in 2014. Pregnant women that received LLINs during ANC visits and community distribution were 47.4%, while 52.5% of children under 5 attending clinic in public health facilities received LLINs. The high level of LLIN ownership was attributed to effective supply chain management, ANC/EPI, community continuous distribution and school distribution/private sector, inauguration of MIPTWG for scaling up supply using MNCH week, breastfeeding week and measles campaigns platform. Similarly, 25.5% of pregnant women received at least two doses of sulphadoxine for intermittent preventive treatment (IPT) during antenatal clinic visits. The access of SP for IPT at health facilities increased due to ANC visits. The ACSM activity for MIP helped increase demand creation for SP for IPT. Nonetheless, IHVN/JSI/DELIVER has been the driver behind the supply and distribution to facilities. IRS interventions have not been deployed to any LGA.

1.4.2. OBJECTIVE 2: Malaria Diagnosis

In compliance with evidence based malaria treatment, 85% of suspected malaria cases were tested by RDT or Microscopy in public health facilities with 40% of workers trained. Notably, 58% (14 of 24) secondary facilities carry out microscopy. Quality assurance and control are efficient in 58% of public secondary and tertiary facilities; however, private Laboratories are yet to commence QA/QC as planned in 2015 as result of the delayed supply of microscopes which precedes this, it is now planned for 2016. Similarly, 50% of RDT required in most facilities have been accessible. Procured RDTs are not tested before and after deployment (lot tested) and there is low awareness on the importance of dedicated microscopist. Global fund and Deliver support is significant to the improvement of diagnosis, however not all public facilities are supported through facilities not supported conduct malaria diagnosis.

1.4.3. OBJECTIVE 3: Malaria Treatment

The management of confirmed malaria cases seen in private or public health facilities is not complete without prompt and effective anti-malaria treatment according to National guidelines. In Benue State, 65% of primary and 100% of secondary and tertiary facilities have regular supply of commodities for treatment of uncomplicated malaria according to

the National guidelines. Also, only 44.4% of secondary and tertiary health facilities have skills in the management of severe malaria according to national guidelines. However, the protocol and guidelines for pre-referral treatment and referral have still not yet been instituted in most primary health facilities across the state.

1.4.4. OBJECTIVE 4: Advocacy Communication and Social Mobilisation

The practice of appropriate malaria prevention and management featured seven radio jingles and a talk show daily in the State by HC3 and Society for Family Health (SFH). School health also features talks on malaria control. Advocacy visits were made to key stakeholders in the State as planned. HC3 has scaled-up ACSM activities in 27 wards of 9 LGAs with 81 Community Volunteers while ACOMIN scaled-up ACSM activities in 28 council wards of 13 LGAs with 48 community volunteers. This is in addition to the 132 council wards in the state that were covered by MAPS to carry out advocacy, communication and social mobilization functions. ACSM activities at all levels are well co-ordinated and effective. Two Hundred and forty seven (247) volunteers in the community were trained on interpersonal communication and mostly useful for data collection during household visits.

1.4.5. OBJECTIVE 5: Procurement and Supply Chain Management

The state central medical store has good and functional storage rooms that are conducive for storage of malarial commodities (1420sq.m. of floor space) with both public and back-up power supply. However, storage space is still a major constraint as the available space cannot keep all our commodities in one location.

The support of partners has made commodities available to Service Delivery Points on a bimonthly basis for ACTs, mRDTs, SP and LLINs on a quarterly basis. Product supply and availability is consistent and regular for the 592 sites supported by PMI and IHVN (GF Sites) with no stock outs. The orphan sites have no commodities and attempts to support these sites as “surrogates” to the supported sites have not been very successful. The GF has approved scale up from 345 sites to 391 sites by 2016.

The State Government has not procured commodities for more than 2 years now. There is no sustainable drug supply system in place. The Drug Revolving Fund Scheme is functional at the secondary healthcare level only.

The distribution system is dependent on 3rd party logistics arrangements with the support of partners (JSI and GF). The state has no distribution vehicles at present. The human capacity is limited with only 3 pharmacists and one trained store officer.

Inventory management is manual while there is no budgetary provision to manage PSM activities in the state. USAID-DELIVER project(JSI) and GF through IHVN supports collection of logistic information on consumption of malaria commodities for PMI and GF supported sites only, while collection of logistics information from other sites have not been very successful. Public-Private Partnership is not in place. The State has taken steps to integrate her Procurement and Supply Chain Management activities with the formal commissioning of the State Logistics Management Coordination Unit (SLMCU) in April 2015 and a firm commitment to formally inaugurate her PSM program with support for distribution of Health Commodities.

1.4.6. Objective Area 6: MONITORING AND EVALUATION

Benue State has a total of 1,408 health facilities. Out of this number, 1,311 are on the DHIS platform, a national platform for capturing and analysing health data. While a total of 839 are currently reporting through the platform. The current reporting rate is 63.9%. There is marginal improvement in the reporting rate of 12.6% from 2014 to 2015. However, the reporting rate by private health facilities in the State is low.

Malaria data in our public facilities is managed by skilled data managers.86.9% of these managers have requisite skills in data management. Data tools were supplied by the SMOH and IPs to public and private health facilities in the State. A total of 839 health facilities were supplied with data tools as at December, 2015.However, there were shortages in the supply of some data tools in the State.

Data quality regarding malaria data is still a big problem due largely to inadequate Data Quality Assurance (DQA) exercises and feedback system.47.8% of DQAs were carried out of 92 planned. To further ensure quality control, malaria integrated supportive supervision (MISS) shall be intensified. Efforts shall be made to use co-ordination meetings to strengthen monitoring and evaluation functions for the purpose of data quality improvement. However, operational health research is yet to be institutionalized in the State. Efforts of Implementing Partners such as MAPS and IHVN in malaria control are highly commended for their support.

1.4.7. OBJECTIVE 7: Programme Management

The coordination of interventional areas and stakeholders is dependent on effective programme management. To achieve this, the malaria coordination framework required for management should be structured in accordance with the NMEP standard; however, this is not the situation in Benue. Although there exists an established mechanism for development of annual Operational Plan for malaria and quarterly reviews of these plans.Some of the technical groups are functional, while the reactivation of the others (Malaria Advisory committee, Malaria control planning and resource working group) are in progress. While Malaria technical working group, State Malaria Elimination Program (SMEP), State forum for partners supporting Malaria Elimination in Benue State, State-Local Governments coordination meeting, State Association of civil Society Organizations on Malaria, Immunization and Nutrition (ACOMIN) and Malaria in Pregnancy Technical Working Group are functional, however, there is no functional collaboration with private sector for harmonization of malaria control activities. Coordination Collaboration with the private sector as a public private partnership (PPP) is active. The development and review of the LGAs annual work plan is completed. However, SMOH needs to scale up the development and review of the AWP in 2016. Also, significant proportions (1,036) of health workers have been trained on malaria in pregnancy and case management. Malaria focal persons have been trained on programme management for optimum delivery at the health facilities. Similarly, the other interventional areas have received trainings. MAPS support is significant.

2.0 SUMMARY OF 2015 AOP 3RD QUARTER REVIEW RESULTS/ FINDINGS

TABLE 2: PROXY INDICATOR TOOL RESULTS FOR QUARTER 3 (JULY-SEPTEMBER), 2015

Objective Area		Proxy indicator	Numerator	Denominator	Percentage
1	Prevention	1. Proportion of pregnant women who received at least two doses of SP for intermittent preventive treatment during antenatal care visits	405	1587	25.5%
		2. Proportion of pregnant women who receive LLIN during antenatal care visits	663	1587	41.8%
2	Diagnosis	Proportion of persons presenting at health facility with fever who received a diagnostic test (RDT or microscopy) for malaria	5796	6689	86.6%
3	Treatment	Proportion of persons that tested positive for malaria at health facility (uncomplicated or severe) that received anti-malaria treatment according to national treatment guidelines	4256	4245	100.3%
4	ACSM	Proportion of wards in which Community-based organizations (CBOs), Civil society organizations or implementing partners are involved in malaria ACSM activities	132	277	47.7%
5	PSM	1. Proportion of health facilities without stock out of ACTs lasting more than one week at any time during the past one month.	162	1311	12.4%
		2. Proportion of primary health facilities without stock out of RDTs lasting more than one week at any time during the past one month.	183	936	19.6%
		3. Proportion of health facilities without stock out of LLINs lasting more than one week at any time during the past one month.	313	1311	23.9%
6	M&E	1. Proportion of health facilities reporting through the DHIS tool/database	752	1,311	57.3%
		2. Proportion of health facilities reporting data in a timely manner	444	1311	33.9%
7	PM	Proportion of AOP cost released by the state out of total expected to be funded by the state during the period under review	0	23,628,400	0%

Table 4: Summary of the Extent of Implementation of Third Quarter Activities/ Performance Measurement Tool Results

SN	Objective area	Total number of activities planned	Number completely implemented	Number more than 50% implemented	Number less than 50% implemented	N no co d
1	Prevention	8	5	3	0	0
2	Diagnosis	4	2	0	0	2
3	Treatment	8	5	0	0	3
4	ACSM	12	8	1	0	3
5	PSM	7	6	0	0	1
6	M&E	11	7	2	1	1
7	Programme Management	11	1	3	0	7
	Overall	**61**	**34**	**9**	**1**	**17**

TABLE 5: SUMMARY OF REVIEW RESULTS (QUARTER 1 TO 3) OF 2015 AOP

PERIOD	OBJ AREA 1	OBJ AREA 2	OBJ AREA 3	OBJ AREA 4	OBJ AREA 5	OBJ AREA 6	OBJ AR 7
	PREVENTION	DIAGNOSIS	TREATMENT	ACSM	PSM	M&E	PROCT
QUARTER 1	90	46.7	66.7	96.1	55.6	55.1	2
	90	66.7	66.7	96.1		63.9	4

QUARTER 2					52.4		
QUARTER 3	87.5	50	62.5	72.2	85.7	78.8	27
AVERAGE PERFORMANCE (Q1 – Q3)	89.2	54.5	65.3	88.1	64.6	65.9	31

Force field and causal analysis revealed root causes, enhancing and inhibiting factors that affected the extent of implementation of Quarter 3.

Key Cross-cutting enhancing factors were: High-level support from partners especially IHVN/GF, PMI/MAPS, commitment of staff at all levels, provision of enabling environment, human resources and structures by the State, improved general security in the communities which made commodities distribution and implementation of activities easier and safer; existence of a malaria in pregnancy technical working group, use of existing functional platforms to implement other activities, for example: orientation/sensitization during data validation and malaria coordination meetings, using MNCH week, Breastfeeding week, Measles campaign to implement malaria prevention, diagnosis and treatment activities.

Key cross-cutting inhibitors were: dampened motivation by staff due to inconsistent payment of salaries; poor data reporting rate by private sector, poor capturing of PSM data on the DHIS platform.

Some emerging inhibiting factors were: review of activities by PMI/ MAPS after which some of their areas of support were reduced in preparation for exit in June, 2016.

Key recurring issues were non-release of funds by SMoH for implementation of activities, irregular procurement and supply of SPs, improper documentation by officers-in-charge of primary health care facilities reflecting gaps in M&E capacity; AOP development done after State annual budget process. Key Challenges were inadequate storage space for commodities and lack of vehicles for commodities distribution, etc.

Suggested recommendations were: high-level evidence-based advocacies to Government, religious and traditional leaders at all levels to solicit for support/buy-in for malaria and other health programmes in the State especially as regards release of allocated funds for these programmes. Also, to incorporate the private sector, the

SMoH/SMEP should work with partner such as Society for Family Health (SFH) to enable them track private sector activities on malaria. There is also need to strengthen/reactivate existing key decision-making committees in the State – e.g. State Malaria Advisory Committee (SMAC), malaria Technical Working Group and its different sub-committees such as Malaria in Pregnancy Sub-Committee, Resource Mobilization Committee, etc.

3.0 Benue State Malaria Elimination Performance Framework 2015 to 2020								
	Objective Area	**Strategic objective**	**State Current Situation 2015**	**Projected State Targets 2016 - 2020**				
				2016	**2017**	**2018**	**2019**	**2020**
1	Malaria Prevention	Objective 1:*At least 80% of targeted population utilizes appropriate preventive measures by 2020*	47.4%	70%	75%	80%	85%	90%
2	Malaria Diagnosis	Objective 2:*To ensure that 80% of suspected malaria cases are tested by 2018, and 100% by 2020*	85%	95%	100%	100%	100%	100%
3	Malaria Treatment	Objective 3:*To ensure that all cases of malaria are treated with effective anti-malarial drugs by 2020*	62.5%	80%	88%	90%	100%	100%
4	Advocacy, Communication and Social Mobilization	Objective 4 : *To achieve at least 80% of the population practicing appropriate malaria prevention and control measures by 2018 and sustain it thereafter*	47.7%	60%	70%	80%	90%	100%
5	Procurement & Supply Chain Management (PSM)	Objective 5: *To ensure the timely availability of appropriate antimalarial medicines and commodities for prevention and treatment of malaria in Nigeria by 2018*	69%	80%	85%	90%	100%	100%
6	Monitoring & Evaluation (M&E)	Objective 6: *At least 80% of health facilities report on key malaria indicators routinely by 2015 and 100% by 2020.*	63.9%	100%	100%	100%	100%	100%
7	Programme Management	Objective 7: *To strengthen governance and coordination of all stakeholders for effective program implementation at all levels by 2020*	N/A	N/A	N/A	N/A	N/A	N/A

4.0 Benue State 2016 Malaria Elimination Programme Framework

COLOUR CODE	CATEGORY OF SUB-ACTIVITIES
	MUST-DO SUB-ACTIVITIES
	IMPORTANT-TO-DO SUB-ACTIVITIES
	NICE-TO-DO SUB-ACTIVITIES

Objective Area 1: Malaria Prevention

National Strategic Objective (2020)
At least 80% of targeted population utilizes appropriate preventive measures by 2020

State Broad Objective (2016)
At least 70% of targeted population utilizes appropriate preventive measures by 2020

Current situation in Benue State

1. 33.3% of households have at least 1 LLINs for 2 persons
2. 47.4% of pregnant women received LLINs during ANC visits and community distribution
3. 52.5% of Children U5 attending clinic in public health facilities received LLINs
4. 25.5% of pregnant women received at least two doses of SP for IPT during ANC visits
5. 0% of LGAs have IRS interventions

Benue State targets for 2016

1. 95% of households will receive at least 1 LLIN for 2 persons
2. 60 % of pregnant women will receive LLINs during ANC visits and 40% of pregnant women will receive at least three doses of SP for IPT during ANC visits
3. IRS intervention processes initiated in 13%pilot LGAs

Specific Objectives for 2016

1. Ensure 95% of households receive at least 1 LLIN for 2 persons
2. Ensure 60 % of pregnant women receive at least 1 LLIN during ANC and 40% of pregnant women receive three doses of SP for IPT during ANC visits
3. Initiate the process of conducting IRS interventions in 13%pilot LGAs

SN	Activity	Sub-Activity	Who is Resp.	Resources Required	Time-Frame												Cost (₦)	Source of funds	Indicator
					J	F	M	A	M	J	J	A	S	O	N	D			
Specific Objective 1.1: Ensure 95% of households receive at least 1 LLIN per 2 persons																			
Rationale: To protect 95% households in Benue State against malaria																			
Target: 95% of households will receive at least 1 LLIN for 2 persons																			
	1.1.1 Conduct continuous distribution of LLINs in health facilities, schools and communities	1.1.1.1 Production of net slips for distribution of LLINs to Communities , schools and facilities	SMEP, IVM Officer	Funds for Printing of net slips	x												5,000,000	SMOH	No. of Net slips produced
		1.1.1.2 Organize a 2 day residential State-level training for 30 persons on continuous distribution of LLINs (23 MFPs, 1 State logistician, 1	SMEP, IVM Officer	-Hire of hall, PAS & projector -stationery -Breakfast (LGA) -Lunch (LGA) -Honorarium -Transportation within LGA DSA				x									862,800	SMOH	Number of participants trained

		CMS Pharm, 2 SBMC Staff, 1 State M&E)																
		1.1.1.3 Organize 1-day non-residential step down training for persons in 2 batches (30 ppts/LGA ; 7 school head teachers/LG; 7 facility focal persons/LGA ; 2Teachers/school (2x7 14/LGA); 1 LGA M&E officer; 1 representative of LGA Educ. Board	SMEP, IVM Officer	-Hire of hall, PAS & -projector -stationery -Breakfast (LGA) -Lunch (LGA) -Transportation within LGA		X	X									344,400	IHVN	Number of persons trained

		1.1.1.4 Supervision of the Issuance of net slips to health facilities by 2 RMC per HF (2x12 = 24) and 5 LGA Team members	SMEP IVM Officer	-Transportation for -5 LGA team members	x	X	x	x	x	x	x	x	x	x	x	X	10,041,000	SMOH	No. of monthly supervision s done
		1.1.1.5 Monthly Supervision of Distribution of LLINs from HFs to schools by 5 LGA team members	SMEP IVM Officer	Transportation for 5 LGA team members				x	X	X	X	X	X	X	X	X	X	135,000	SMOH	Number of supervision s conducted
	1.1.2 Conduct LLIN Replacement campaign in all the wards.	1.1.2.1 Production of 1.7 million net slips for the	SMEP IVM Officer	Funds for printing net slips	x												8,500,000	MAPS	No. of Net slips produced

		replacement campaign																
		1.1.2.2 2-day non-residential Training of 6,244 persons on LLIN Campaign processes (State Team =35; LGA team =115; Ward supervisors =554; Mobilizers =4,155; Distributors = 1,385 Grand total =6,244	SMEP IVM Officer	-Hall rental -PAS -Projector -Tea break -Lunch -Stationeries -W/shop materials -Transportation	x											44,123,400	MAPS	Number of persons trained
		1.1.2.3 7 days Mobilization of 100% households and	SMEP IVM Officer	Allowances for 4,155 mobilizers		x										87,255,000	MAPS	Number of households mobilized

		issuance of net cards in all the wards by 4155 mobilizers																
		1.1.2.4. Supervision of issuance of LLINs at distribution points in all the wards by executive, state and ward supervisors	SMEP IVM Officer	Allowances for Executive, State, LGA, ward supervisors		x										5,880,000	MAPS	Total number of nets distributed
		1.1.2.5. Conduct 3-day End process evaluation survey by 35-man state team	SMEP IVM Officer	Transportation for 35 State Team Checklists		x										1,053,040	MAPS SMOH	End process conducted
					Subtotal cost:											163,194,640		
TOTAL FOR SPECIFIC OBJECTIVE 1																163,194,640		

Specific Objective 1.2: Ensure 60 % of pregnant women receive at least 1 LLIN and 40% of pregnant women receive three doses of SP for IPT during ANC visits																		
RATIONALE: To protect pregnant women against malaria																		
TARGET: 60 % of pregnant women receive LLINs during ANC visits and 40% of pregnant women will receive at least three doses of SP for IPT during ANC visits																		
	1.2.1 Training on MIP at State, LGA and facility levels	1.2.1.1 Conduct Three (3) days State level residential training on MIP in two batches (48 persons total = 1 doctor, 1 nurse x 23 LGAs and 2 facilitators)	SMEP Case Mgt. Officer	-Local running, -DSA (for Facilitator) -DSA for ppts -Transportation -Honorarium for state facilitator -Cost of stationery per person -Tea break (State) -Hall rental, PAS, projector -Workshop materials -Lunch				x								2,516,400	IHVN	Number of persons trained
		1.2.1.2 3-day LGA level Step down training on MIP = 851 participants	SMEP Case Mgt. Officer	-Transportation within LGA -Honorarium to facilitators at LGA -Cost of stationeries and					x							8,436,400	IHVN	Number of persons trained

		(2 HWs per HF X 17HFs , 1 RBMFP, 1RH, 1 MNCH FP x 23 LGAs)		workshop materials for 851 ppts -Tea break for 851 ppts -Lunch for 851 ppts -Hall rental, PAS & projector -Workshop materials -Printing of certificates -Job aids -DSA (secretariat)														
		1.2.1.3 Conduct 2 day non -residential cluster training on MIP for 250 health workers in 50 high-volume HFs in the 23 LGAs	SMEP case mgt. officer	-Hall rental -Consultant honorarium -Tea break -Lunch -Transport for participants -Stationeries -Job aids	x	x	x										4,138,000	MAPS	Number of persons trained

					Subtotal cost:												15,090,800		
TOTAL FOR SPECIFIC OBJECTIVE 1.2																	15,090,800		
Specific Objective 1.3: Initiate the process of conducting IRS interventions in 13% pilot LGAs																			
Rationale: To identify areas of high mosquito density for IRS intervention																			
Target: IRS intervention processes initiated in 13%pilot LGAs																			
	1.3.1 Map out 13% of LGA for IRS interventions	1.3.1.1 Meeting with MoA, Environment , Lands& Survey Information, BENSESA, LGSC/ Bureau,& Partners to map out high density LGAs for IRS (50 ppts)	SMEP IVM Officer	-Hire of Hall -Refreshment, -Stationery, -Transport			x									238,000	SMOH,	Meeting held
		Environmental assessment to identify areas of high breeding sites at the LGAs.	SMEP IVM Officer	-DSA -Transport				x								345,000	SMOH	Assessment done

					Subtotal cost	583,000		
					TOTAL COST FOR SPECIFIC OBJECTIVE 2:	583,000		

TOTAL COST FOR PREVENTION ACTIVITIES= N176, 338,440.00

OBJECTIVE AREA 2: MALARIA DIAGNOSIS

National Strategic Objective (2020)

To ensure that 80% of suspected malaria cases are tested by 2018, and 100% by 2020

State Broad Objective (2016)
To ensure that 95% of suspected malaria cases are tested by 2018, and 100% by 2020

Current situation in Benue State

1. 85% of suspected malaria cases were tested by RDT and microscopy in public health facilities
2. All tertiary and secondary public health facilities with laboratory have microscopes however, 14 out of 24 secondary facilities 58% carry out malaria microscopy
3. 40% of health workers who conduct RDTs &/or microscopy were trained
4. State microscopy QA/QC is being conducted in 58% of public secondary and tertiary facilities however, the proportions of private Laboratories are unknown
5. 50% of RDTs needed in public facilities is accessible
6. Procured RDTs are not tested before and after deployment (lot tested)

Specific Objectives for 2016

1. Ensure 90% of suspected malaria cases are tested by RDT/microscopy in the public health facilities by 2016
2. Ensure 75% of health workers who conduct RDT/ or microscopy are trained by 2016
3. Ensure Improved systems for quality assurance and control of malaria diagnostic processes and services

Benue State targets for 2016

1. At least 90% of suspected malaria cases are tested by RDT/microscopy in the public health facilities by 2016
2. At least 75% of health workers who conduct RDTs and /or microscopy are trained by 2016
3. At least 10% private Laboratories and 100% Secondary health facilities conduct QA/QC for malaria microscopy by 2016

SN	Activity	Sub-Activity	Who is Resp.	Resources Required	Time-Frame												Cost (₦)	Source of funds	Indicator
					J	F	M	A	M	J	J	A	S	O	N	D			
Specific Objective 2.1 : Ensure 90% of suspected malaria cases are tested by RDT/microscopy in the public health facilities by 2016																			
Rationale: 85% of suspected malaria cases were tested by RDT/microscopy, there is a need to scale up in other to meet up with National guidelines																			
Target: At least 90% of suspected malaria cases are tested by RDT/microscopy in the public health facilities by 2016																			
	2.1.1 Build capacity of health care workers in public facilities on the need for parasitological confirmation of malaria	2.1.1.1 1 day State level refresher training of 110 healthcare workers (Doctors. Nurses, Lab scientists) from Secondary and Tertiary facilities on the need for evidence based treatment	SMEP Manager	Hall PAS Projector Workshop materials Stationeries Transportation Honorarium for state facilitators Tea break Lunch SOP		x											873,000	MAPs	Number of national guidelines received

		2.1.1.2 1 day LGA level refresher training of 23 Malaria Focal Persons in public health facilities on the need for evidence based treatment	Case Management Officer	Hall PAS Projector Workshop materials Stationeries Transportation Honorarium for state facilitators Tea break Lunch SOP			x									157,600	MAPS	Number of health facilities that received guidelines
		2.1.1.3 1-day refresher course on use of National guidelines on malaria diagnosis (microscopy/ RDT) for HOD Medical Laboratories	Case Management officer	Hall PAS Projector Workshop materials Stationeries Transportation Honorarium for state facilitators Tea break Lunch SOP					x								225,400	MAPs	Number of persons trained

		in the 23 LGA.																
															Subtotal cost:	1,256,000		
															TOTAL FOR SPECIFIC OBJECTIVE 1	1,256,000		
Specific Objective 2.2: Ensure 75% of health workers who conduct RDT/ or microscopy are trained by 2016																		
Rationale: 40% of health workers that conduct RDT/or Microscopy were trained, there is need to scale up to meet National guide lines on malaria diagnosis.																		
Target: At least 75% of health workers who conduct RDTs and /or microscopy are trained by the end of 2016																		
	2.2.1 Capacity building of lab scientist in public health facilities on malaria microscopy	2.2.1.1 Planning Meeting for training of lab scientists of public health facilities on malaria microscopy	Case Management Officer	Workshop materials Stationeries Transportation Honorarium for state facilitators Tea break Lunch Consultant DSA Consultant fee					x							183,000	MAPs	Meeting held
		2.2.1.2 14-day residential training of 15 lab scientists yet to be	Case Management Officer	Projector Workshop materials Stationeries Transportation					x							4,455,400	MAPs	Number of persons trained

		trained on malaria microscopy in SHF and THFs		Honorarium for state facilitators Tea break Lunch SOP Participant DSA Consultant DSA Consultant fee														
		2.2.1.3 3-day residential Refresher training of 18 Med. Lab. Scientists in SHFs and THFs on malaria microscopy	Case Management Officer	Projector Workshop materials Stationeries Transportation Honorarium for state facilitators Tea break Lunch SOP Participant DSA Consultant DSA Consultant fee					x							1,270,400	MAPS	Number of persons trained

					Subtotal cost:											5,908,800		
TOTAL FOR SPECIFIC OBJECTIVE 2																5,908,800		
Specific objective 2.3: ensure Improved systems for quality assurance and control of malaria diagnostic processes and services																		
Rationale: Malaria microscopy QA/QC is conducted in 58% of public secondary and tertiary facilities however, the proportions of private Laboratories are unknown hence the need to ensure state wide coverage.																		
Target: At least 10% private Laboratories and 100% Secondary health facilities conduct QA/QC for malaria microscopy by 2016																		
	2.3.1 Strengthen 10% private Laboratories that conduct QA/QC for malaria microscopy by 2016	2.3.1.1 14 -day residential Training of 40 Private med. Lab. Scientists on malaria microscopy and QA/QC.	Case Management officer	Projector Workshop materials Stationeries Transportation Honorarium for state facilitators Tea break Lunch SOP Participant DSA Consultant DSA Consultant fee									x			8,231,000	SMOH	Number of persons trained
		2.3.1.2 1-day consensus meeting on malaria	Case Management Officer	Hall PAS Projector Workshop materials						x						285,600	SFH	Consensus meeting held/ copies of

		microscopy QC/QA with private Laboratories that conduct malaria microscopy (50 participants)		Stationeries Transportation Honorarium for state facilitators Tea break Lunch SOP														resolutions and minute
		2.3.1.3 Conduct lot testing on the procured RDTs (Biological test using control samples)	Case Management Officer	3 State level QAQC Officers Transportation Honorarium		x		x		x		x		x		x	90,000	SMOH	Number of lot testing conducted/ Copy of results
		2.3.1.4 Quarterly supportive supervision of staff of private labs on QA/QC for malaria microscopy	Case Management Officer	3 State level QAQC Officers Transportation Honorarium Consultant DSA Consultants fee Car hire			x			x			x			x	240,000	SFH	Number of supportive supervisions done/ Copy of Feedback report
					Subtotal cost												8,846,600		

TOTAL FOR SPECIFIC OBJECTIVE 2.4	8,846,600		

TOTAL COST FOR OBJECTIVE AREA = 16,011,400

OBJECTIVR AREA 3: Malaria Treatment

National Strategic Objective (2020)

To ensure that all cases of malaria are treated with effective anti-malarial drugs by 2020

State Broad Objective (2016)
To ensure that 80% of all cases of malaria are treated with effective anti-malarial drugs by 2020.

Current situation of Benue State

70% of public primary and 80 % of secondary and tertiary health facilities treat cases of uncomplicated malaria according to National treatment guidelines.
No Staff in the 23 public secondary health facilities was trained on Pharmacovigilance and management of adverse drug reaction in the state
Evidence of pre-referral and referral treatment of malaria is unknown.

Specific Objectives for 2016

Ensure 90% of public primary and 100%% of secondary and tertiary health facilities treat cases of uncomplicated and severe malaria according to National Treatment Guideline in 2016.
Train 30% of public health facilities staff on Pharmacovigilance in 2016.
Ensure 50% of severe malaria cases referred out from PHC's are given pre-referral treatment according to national guidelines.

Benue State targets for 2016.

80% of public primary and 100% of secondary and tertiary health facilities treat cases of uncomplicated malaria and severe according to national Treatment Guideline in 2016.
50% of public health facilities trained on Pharmacovigilance in 2016.
Severe malaria cases referred from PHC`s given pre-referral treatment according to national guidelines.

SN	Activity	Sub-Activity	Who is Resp.	Resources Required	Time-Frame												Cost (₦)	Source of funds	Indicator
					J	F	M	A	M	J	J	A	S	O	N	D			
Specific Objective 3.1: Ensure 80% of public primary and 100% of secondary and tertiary health facilities treat cases of uncomplicated/severe malaria according to National Treatment Guideline in 2016.																			
Target: 80% of public primary and 100% of secondary and tertiary health facilities treat cases of uncomplicated malaria and severe according to national Treatment Guideline in 2016.																			
Rationale: Only 70% of public primary and 80% of secondary and tertiary health care facilities in the state have the capacity to treat uncomplicated and severe malaria according to National treatment guidelines.																			
	3.1.1 State level Training of trainers on uncomplicated malaria /severe malaria according to national Treatment Guideline in 2016	3.1.1.1 5 days residential training of 2 health care workers per LGA (1 Doctor and 1senior health care worker) from 23 general hospitals.	SMEP Case management officer.	Hall rental Transport Tea break Lunch DSA Stationeries, workshop materials, honorarium and certificates		x											4,102,380	IHVN	Number of persons trained.
	3.1.2 Two days non-residential cluster training for secondary health care workers for severe malaria.	3.1.2.1 Two day training of 50 Doctors and Nurses from general hospitals on managemen	SMEP Case management officer.	Hall rental Tea break lunch. Workshop materials, stationeries, Honorarium.	x	x	x										323,000	MAPS	Number of persons trained.

		t of severe malaria.																
	3.1.3 LGA level training of health care workers on uncomplicated malaria.	3.1.3.1 3 days non -residential Training of PHC health care providers from 17 Primary health facilities + 1 RBM + 1 HOD per LGA on case managemen t.(828)	SMEP Case manageme nt officer.	Hall rental Refreshment Transport DSA Fee Stationeries. Stationeries, workshop materials, honorarium and certificates		x										9,308,100	IHVN	Number of persons trained.
	3.1.4 3 day non-residential cluster training for health care workers on uncomplicated malaria.	3.1.4.1 Training of 150 health care workers from PHC`s and general hospitals.	SMEP Case manageme nt officer.	Hall rent. Tea break Lunch. Training modules. Transport. Stationeries. Honorarium.	x	x	x									1,494,000	MAPS	Number of trained persons.
	3.1.5 Implement Protocol for pre-referral	3.1.5.1 Distribution of 2,000 current	SMEP Case manageme nt officer.	NIL		x										0	N/A	Number of distributed copies of National

	treatment of severe malaria cases from PHC according to the National treatment guidelines.	copies of National policy on malaria diagnosis and treatment.																treatment guidelines.
					Sub-total											15,227,480		
	TOTAL FOR SPECIFIC OBJECTIVE 3.1															15,227,480		
SPECIFIC OBJECTIVE 3.2: Ensure 80% of public primary and 100% of secondary and tertiary health facilities treat cases of uncomplicated/severe malaria according to National Treatment Guideline in 2016.																		
Target: Severe malaria cases referred from PHC`s given pre-referral treatment according to national guidelines.																		
Rationale: Pre-referral treatment according to national treatment guidelines are not yet being instituted across Primary health centres in the state.																		
	3.2.1 Training on community case management.	3.2.1.1 3 days residential training of malaria focal persons/one facility focal person per LGA (46 persons) on community case managemen t.	SMEP Case manageme nt officer.	Hall rent. Tea break. Lunch Transport. Stationeries. DSA, workshop materials, honorarium and certificates			x									2,471,200	IHVN	Number of persons trained
	3.2.1 LGA level training on community	3.2.1.2 4 days training of RMC`s on	SMEP Case manageme nt officer.	Tea break Lunch Transportation within the LGA				x								5,966,200	IHVN	Number of persons trained.

	case management of malaria including community health management information system.	community case managemen t and reporting.		Honorarium Hall Rental, PAS and Projector Workshop materials, Printing of certificates, Transportation within the LGA															
		3.2.1.3 Monthly collection of drugs to and from health facilities and reporting by RMCs	SMEP Case manageme nt officer.	Transport for RMCs.	x	x	x	x	x	x	x	x	x	x	x	x	9,936,000	IHVN	Number of monthly drug collections done
		3.2.1.4 Monthly Supervision of community case managemen t implementati on by facility focal persons.	SMEP Case manageme nt officer.	Transport for facility IC	x	x	x	x	x	x	x	x	x	x	x	x	8,280,000	IHVN	Number of supervision s conducted
					Subtotal cost:												26,653, 400		

																TOTAL FOR SPECIFIC OBJECTIVE 3.2:	26,653,400		
Specific Objective 3.3: Train 30% of public health facilities staff on Pharmacovigilance in 2016																		
Rationale: Currently no healthcare provider in any public secondary health facilities is trained on pharmacovigilance and management of adverse drug reaction.																		
Target: 50% of public health facilities trained on Pharmacovigilance in 2016.																		
	3.3.1 Training of public health facilities staff on pharmacovigilance.	3.3.1.1 2-day training of 48 clinical staff (doctors, pharmacists, nurses and medical lab scientists) on identification, management of adverse drug reaction s and pharmacovigilance report.	SMEP Case Management officer	DSA Fee Hall Transport Tea-break Lunch Stationeries PAS Multimedia			x									1,822,600	SMOH	Number of participants trained.
					Subtotal cost:											1,822,600		
															TOTAL COST FOR SPECIFIC OBJECTIVE 3.3:	1,822,600		

TOTAL COST FOR OBJECTIVE AREA = N42,403,480

OBJECTIVE AREA 4: Advocacy, Communication & Social Mobilization (ACSM)

National Strategic Objective (2020)
To achieve at least 80% of the population practicing appropriate malaria prevention and control measures by 2018 and sustain it thereafter

State Broad Objective (2016)
To achieve at least 60% of the population practicing appropriate malaria prevention and control measures by 2016

Current Situation in Benue State

1. There were four radio jingles by SFH and three by HC3 and one talk show on malaria prevention and treatment in the state. (7 jingles daily)
2. There were visits to primary and secondary schools for health talks on malaria control by SFH.
3. 100% Advocacy Meetings with policy makers and political leaders on funding of malaria prevention, control and treatment activities in the State
4. 129 Community Volunteers(CV) and Ward development committees (WDCs) from 55 council wards were trained to scale-up implementation activities on advocacy, communication and community mobilizations effectively at the communities
5. There were 100% quarterly coordinated ACSM activities at the State while monthly at the LGAs and Ward levels.
6. HC3 and ACOMIN have trained 129 community volunteers across the State in Interpersonal communication (IPC) for data collection during Household visits
7. There are functional WDCs in 132 out of 277 council wards.
8. Trained 110 IPC conductors in Makurdi LGA (SFH)
9. There were IPCs and Dramas on sensitization in 18 LGAs (SFH).

Specific objectives for 2016

1. Rapid 60% scale up of malaria prevention and management information dissemination in Benue State
2. Ensure state-wide commemoration of 2016 World Malaria Day.
3. Scale-up demand for malaria prevention and management services.
4. Enhance political will and enabling environment for malaria control and elimination activities
5. Ensure Coordination of ACSM Activities
6. Ensure scale up of facility based dissemination of appropriate information for malaria prevention and management practices

Benue State Target for 2016

1. 60% of Benue populace reached with malaria prevention and management information
2. World Malaria Day commemorated in the state capital and the LGAs.
3. Targeted political leaders, policy makers advocated to for adequate and timely release of budgeted fund for malaria elimination activities in the state.
4. 80% of individuals visiting health facilities with information on malaria prevention and management by 2016 reached
5. Strengthened ACSM coordination at the State level, LGAs and the Wards.
6. 520 health workers trained across the State on interpersonal communication (IPC) to encourage the uptake of IPT during ANC.

SN	Activity	Sub-Activity	Who is Resp.	Resources Required	Time-Frame												Cost (₦)	Source of funds	Indicator
					J	F	M	A	M	J	J	A	S	O	N	D			
Specific Objective 4.1: Rapid 60% scale up of malaria prevention and management information dissemination in Benue State																			
Target: 60% of Benue populace reached with malaria prevention and management information																			
Rationale: Less than 50% coverage in malaria prevention and management information, hence the need to close the gap at all levels.																			
	4.1.1 Air and publish radio jingles, radio magazine, commentaries and feature stories on malaria programme in selected media outlets.	4.1.1.1 Air radio jingles 10 times per day in 12 months in 4 radio stations	ACSM Officer	- Production of jingles =N20,000 -Airing of 10 Jingles @ N3,000 x10x360	x	x	x	x	x	x	x	x	x	x	x	x	10,820,000	SMoH (20%), SFH (40%) & HC3(40%)	Number of radio jingles & commentaries aired.
		4.1.1.2 Quarterly production of 15 minutes radio drama in pigin one per radio station	ACSM Officer	-Drama Production =N250,000 -Allowance for Drama Group =N50,000			x			x			x			x	1,200,000	SFH (100%)	Number of radio drama aired in pigin.

		4.1.1.3 Weekly radio magazine in pigin English in 1 radio station in the state	ACSM Officer	-Production and Airing cost =N70,000	x	x	x	x	x	x	x	x	x	x	x	6,240,000	HC3 (100%)	Number of radio magazine aired.
															Sub-total	18,260,000		
				TOTAL COST FOR SPECIFIC OBJECTIVE												18,260,000		
Specific Objective 4.2: Ensure state-wide commemoration of 2016 World Malaria Day.																		
Rationale: To scale up world malaria day activities in line with global practice																		
Target: World Malaria Day commemorated in the state capital and the LGAs.																		
	4.2.1 Commemoration of 2016 World Malaria Day.	4.2.1.1 Road show, Rally and Symposium targeting minimum of 500 participants	ACSM Officer	-Allowance for Live Band Members @N50,000 -Allowance for Drama Group @N50,000				x								100,000	SMoH (20%), HC3 (30%), ACOMIN (20%) and SFH (30%)	Number of participants in attendance
		4.2.1.2 Production of 100T-Shirts, 100Fez caps, 25 Banners &	ACSM Officer	-T-shirt@N1000x100 -Face Cap @N300x100 -IEC MaterialsN10x100				x								256,000	SMoH (15%), HC3 (40%), ACOMIN (25%) and	Number of items produced

		100 IEC materials.		Banners N5000x25													SFH (20%)	
		4.2.1.3 Radio Phone-in Program and 10 Radio Announcements	ACSM Officer	-Radio announcements @N10,000 x 10 -Live phone-in program @N100,000 per hour				x								200,000	SMoH (20%), HC3 (40%) and SFH (40%)	Number of announcements made.
															Sub-Total		556,000		
															TOTAL COST FOR SPECIFIC OBJECTIVE		556,000		
Specific Objective 4.3: Scale-up demand for malaria prevention and management services.																		
Rationale: Only 20% of council wards have CVs to sensitize Households members on malaria prevention and management																		
Target:80% of individuals visiting health facilities with information on malaria prevention and management by 2016 reached																		
	4.3.1. Training of IPC facilitators on malaria prevention and management services	4.3.1.1 One day Non-residential Training of 138 facilitators (6 per LGA) to educate students on prevention and management of Malaria	ACSM Officer	-Transport for participants @N3000 x138 -Refreshment for participants @N300 x138 -Facilitation fee @N5000 x 6 - Car Hire for 6 Facilitators @N15,000 x 3			X									680,700	SHI (45%), ACOMIN (30%) & SFH (25%)	Number of trained facilitators

				-Small Hall (semi-urban) @N25,000 -Stationeries per participant @N200 x 138 -Workshop Material per class @N3000														
	4.3.2 Train of 500 community volunteers and WDCs are trained on Interpersonal communication (IPC)	4.3.2.1 One day non-residential zonal training of 500 CVs and WDCs to carryout IPC activities in Households across the state.	ACSM Officer	Local Transport for participants @N3000 x 520 -Refreshment for participants @N300 x520 -Facilitation fee @N5000 x 6 -Car Hire for 6 Facilitators @N15,000 x 3 -Small Hall (semi-urban) @N25,000 -Stationeries per participant @N200 x 520	x	x	x									1,913,000	HC3 (45%), ACOMIN (30%) & SHI (25%)	Number of CVs & WDCs trained.

				-Workshop Material per class @N3000														
	4.3.3. Sensitize IPC facilitators on malaria prevention and management services	4.3.3.1 Sensitization Visits to selected 9 schools monthly per LGA by facilitators	ACSM Officer	-Monthly allowances for school Facilitator @N7500 x 138				x	x	x	x	x	x	x	x	x	9,315,000	SHI (45%), ACOMIN (30%) & SFH (25%)	Number of schools visited
		4.3.3.2 Conduct 3960 House to House Visits to sensitize Households on Malaria Prevention and Management by IPC Conductors	ACSM Officer	-IPC Chart @N 3,000 per one -Data tools @N30 per copy -Monthly allowances for IPC Conductors @N7500 x 3960	x	x	X	x	x	x	x	x	x	x	x	x	6,825,600	HC3 (25%), SHI (25%), ACOMIN (25%) & SFH (25%)	Number of House to House visits Conducted
																Sub-Total	18,734,300		
																TOTAL COST FOR SPECIFIC OBJECTIVE	18,734,300		
Specific Objective 4.4: Enhance political will and enabling environment for malaria control and elimination activities																			

Rationale: To improve resource mobilization for ACSM activities at the state and LGA level.																
Target: Targeted political leaders, policy makers advocated to for adequate and timely release of budgeted fund for malaria elimination activities in the state.																
	4.4.1 Advocate to policy makers for malaria elimination activities	4.4.1.1 Advocacy visit to policy makers at state level	ACSM Officer	-Advocacy kits@N5000 x 7 -Local Transport for participants @N3000 x 10 participants -Refreshment for participants @N500 x 10 participants		x			x			x			x		140,000	HC3 (25%), SHI (25%), ACOMIN (25%) & SFH (25%)	Number of Advocacy visits conducted
		4.4.1.2 Quarterly advocacy visits to the policy makers at the LGA level	ACSM Officer	-Transport for 10 ACSM members @N3000 x 10 -Advocacy kits@N5000 x 33 -Refreshment of 10 ACSM members @N500 x 10		x			X			x			x		445,000	HC3 (25%), SHI (25%), ACOMIN (25%) & SFH (25%)	Number of Advocacy visits conducted
					Sub-Total											585,000		
	TOTAL COST FOR SPECIFIC OBJECTIVE 4.4															585,000		
Specific Objective 4.5: To scale-up Coordination of ACSM Activities to 70% in Benue State																

Rationale: For effective ACSM coordination platform at the state and LGA level																		
Target: Strengthened ACSM coordination at the State level, LGAs and the Wards.																		
	4.5.1 Coordination meetings of ACSM	4.5.1.1 Quarterly coordination meetings by ACSM Group	ACSM Officer	-Local Transport for 30 participants @N3000 -Lunch for 30 participants @N1200	x			x			x			x			504,000	HC3 (100%)	Number of ACSM meetings held
	4.5.2 Conduct 2016 Community dialogues and compound meetings at the council wards	4.5.2.1 Conduct 2016 Community dialogues and compound meetings at the council wards	ACSM Officer	-Refreshment for 100,800 participants @N300 -Local Transport for 10 ACSM members@N3000 x 2016	x	X	x	x	x	x	x	x	x	x	x	x	332,640,000	HC3 (45%), ACOMIN (30%) & SHI (25%)	Number of community dialogues held.
																Sub-Total	332,144,000		
				TOTAL COST FOR SPECIFIC OBJECTIVE													333,144,000		
Specific Objective 4.6: Ensure scale up of facility based dissemination of appropriate information for malaria prevention and management practices																		
Rationale: To increase uptake of malaria services from 47.7% to 70% in 2016.																		

Target: 520 health workers trained across the State on interpersonal communication (IPC) for malaria prevention and management practices																			
	4.6.1 Training of 520 Health workers across the State on interpersonal communication (IPC) to encourage the uptake of IPT during ANC.	4.6.1.1 One day non-residential zonal training of 520 Health workers(O/iCs) on IPC to scale-up IPT at the facility	ACSM Officer	-Local Transport for participants @N3000 x 520 -Refreshment for participants @N300 x520 -Facilitation fee @N5000 x 6 -Car Hire for 6 Facilitators @N15,000 x 3 -Small Hall (semi-urban) @N25,000 -Stationeries per participant @N200 x 520 -Workshop Material per class @N3000			x									2,084,000	HC3 (25%), SHI (25%), ACOMIN (25%) & SFH (25%)	Number of trained health workers on IPC
					Sub-Total											2,084,000		
				TOTAL COST FOR SPECIFIC OBJECTIVE												2,084,000		

TOTAL COST FOR OBJECTIVE AREA = 373,363,300

OBJECTIVE AREA 5:Procurement and Supply Chain Management

National Strategic Objective (2020)
To ensure the timely availability of appropriate antimalarial medicines and commodities for prevention and treatment of malaria in Nigeria by 2018

State Broad Objective (2016)
To ensure the timely availability of appropriate antimalarial medicines and commodities for prevention and treatment of malaria in Nigeria by 2016

Current situation in Benue State

1. 69% of public health facilities have LLINs for routine distribution
2. 69% of public health facilities have ACTs for the treatment of malaria.
3. 69% of public health facilities have mRDT for testing of fever cases
4. 69% of public health facilities have SPs for IPT
5. 100% of public Secondary health facilities have drugs for management of severe malaria
6. 20% good and functional storage space available for storing health commodities
7. The state has no sustainable drug supply system (SDSS)
8. The inventory management system is manual
9. Logistic management information system is functional only for PMI and GF supported sites while other programmes operate parallel LMIS.
10. No budgetary provision for supply-chain management activities.
11. There is no linkage between private sector activities and public sector activities.
12. There is no Annual Operational Plan for PSM activities.
13. There is no continuous Quality Assurance system in place for monitoring products.

Specific Objectives for 2016

1. Ensure at least 80% of public health facilities have adequate supply of mRDTs, LLINS, ACTs, and SPs by 2016
2. Strengthen PSM coordination.
3. Strengthen logistics management at State and LGA level (storage, distribution and inventory management and Reporting)
4. Implement policies on quality assurance and Pharmacovigilance.

Benue State Targets for 2016

1. At least 80% of public health facilities have adequate supply of mRDTS, LLINS, ACTs, and SPs by 2016
2. Enhanced PSM coordination.
3. Improved logistics management at State and LGA level
4. Strengthened quality assurance and Pharmacovigilance.

SN	Activity	Sub-Activity	Who is Resp.	Resources Required	Time-Frame J F M A M J J A S O N D	Cost (₦)	Source of funds	Indicator
Specific objective 5.1: At least 80% of public health facilities have adequate supply of mRDTS, LLINs, ACTs and SPs by 2016								
Rationale:Only about69% of public health facilities have adequate supply of mRDTS, LLINS, ACTs, and SPs by 2016								
Target: At least 80% of public health facilities have adequate supply of mRDTS, LLINS, ACTs, and SPs by 2016								
	5.1.1. Procurement and bi monthly distribution of malaria commodities	5.1.1.1 Procurement and bi monthly distribution of 300,000 LLINs, 2,852,403 RDT tests and 1,610,837 treatment courses of .ACTs and 492,860 treatment courses of SP by the state	SMEP PSM Officer	Funds for procurement of ACTs, LLINs, RDTs and SPs Transportation from state CMS to all supported facilities		737,311,090	5% SMOH 40% GF 55% PMI	Number of each categ of commoditie procured
					Subtotal cost:	737,311,090		

						TOTAL FOR SPECIFIC OBJECTIVE										737,311,090			
Specific Objective5.2: Strengthen PSM coordination																			
Rationale: Coordination in PSM in the State is weak and requires strengthening at all levels																			
Target: Enhanced PSM coordination																			
	5.2.1 Establish a budget line for Procurement and Supply-chain Management strengthening	5.2.1.1 Include the budget line for procurement and supply chain management in the 2016 state budget.	SMEP PSM Officer/	Deskwork.	x										x	Deskwork.	N/A	Copy budget Proposal
		5.2.1.2 Follow-up on proposal and verification of approval	SMEP PSM Officer/	Deskwork.												Deskwork	N/A	Copy of 2 budget
	5.2.2 Setup the State drug distribution centre and	5.2.2.1 Write a memo to request the state executive council for	SMEP PSM Officer/	Deskwork	x		x									Deskwork	N/A	SDDC Establishm nt approv

	implementing structure	establishment of the SDDC and do follow up.																
		5.2.2.2 Inauguration of the SDDC standing Committee (Board) and technical committee (Mgt.)	SMEP PSM officer	Lunch for 30 participants @ 1200			x					x				36,000	SMOH	List of members and TOR the two committee
	5.2.3 PSM coordinating group meeting	5.2.3.1. Conduct a one day PSM TWG meeting at the state level for 40 persons twice a year	SMEP PSM officers.	Letter of invitations, lunch @ 1200x 40 persons		x		x		x		x		x			48,000	JSI/ IHVN	Number o meetings conducte
	5.2.4 Harmonize Partner Supported PSM activities of private and	5.2.4.1 A one day meeting to synergize private sector work-plan and activity plans for	SMEP PSM Officer	Refreshment and Transport for10 persons		x											35,000	SMOH	Harmoniz work plan

	public health facilities	PSM activities in the state.																
		5.2.4.2 Quarterly meeting to track and review progress of private sector partners PSM work-plan.	SMEP PSM Officer	DSA for 20 persons Hall Workshop materials for Stationeries for participants Lunch for 20 persons Tea-break for 20 persons			x			x			x			1,204,000	NSCIP	Number o meetings.
	5.2.5 Ensure Annual Work Plan for PSM activities in 2016 is made and validated by the PSM group.	5.2.5.1 A three days non-residenti al meeting to draft and validate PSM work plan for 20 persons	SMEP PSM Officer PSM working group	Draft copies of work plan, letter of invitation, stationeries for participants , lunch PAS and Projector		x											91,000	SMOH 40% JSI 35%, CIHP 5% UNFPA 10%	Draft work plan. Approved work plan

																	UNAIDS 10%	
					Sub-total											1,414,000		
TOTAL COST FOR SPECIFIC OBJECTIVE 5.2:																1,414,000		
Specific Objective5.3: Strengthen logistics management at State and LGA level (storage, distribution and inventory management)																		
Rationale: The storage, distribution and inventory management of commodities is weak and requires strengthening at State and LGA level																		
Target: Improved logistics management at State and LGA level																		
	5.3.1 Management and operation of the SDDC.	5.3.1.1 4 days residential meeting to review and update standard operating procedures at all levels for 20 persons	SMEP PSM Officer	DSA for 20 persons, Hall, Workshop materials , Stationeries for participants, Lunch for 20 persons, Tea-break for 20 persons						x						1,252,000	NSCIP	Reviewe Guideline Policies and SOP
		5.3.1.2 2 days residential meeting with stakeholders for validation	SMEP PSM Officer	DSA for 15 persons, Hall, Tea-break for 15 persons, Lunch for						x						505,000	NSCIP	Meeting held

		of the reviewed SOPs for all levels.		15 persons, Stationeries, Transport fare for 15 persons														
		5.3.1.3 Printing of 1500 SOPs.	SMEP PSM Officer	Cost of printing1500 copies				x								900,000	NSCIP	Number SOPs printed
		5.3.1.4 Official disseminatio n meeting andpublic presentation of SOPs to stake holders.	SMEP PSM Officer	Hall, transport, lunch for 65 persons							x					323,000	NSCIP	Dissemin on event Held.
	5.3.2 Up-grade Inventory Management system in the State Central Medical Stores from manual to a computerized system by 2016	5.3.2.1 Purchase, installation of the software.	SMEP PSM Officer	Inventory management software, Installation. Computers and accessories			x									280,000	NSCIP	Function Inventory manager t softwar

		5.3.2.2 A 5-day Residential training on the inventory managemen t system for 15 staff		Hall, DSA for 15 participants,2 consultants, Tea-break Lunch stationeries						x						1,380,000	NSCIP	Number persons trained
	5.3.3 Ensure the collection; collation validation of LMIS report from supported sites is accurate and timely.	5.3.3.1 A one day Bi Monthly meeting with LGA malaria focal persons to collectcollate and validate facility Stock reports for 23 persons.	SMEP PSM Officer	Facility Stock Report Forms, Transportation for Focal persons	x		x		x		x		x		x		1,448,400	JSI 50% IHVN 50%	Complete LMIS rep
		5.3.3.2 Two days residential refresher training for LGA malaria focal persons on MCLS	SMEP PSM officer	DSA Transportation . Honorarium for state facilitator Stationeries Participant's materials Tea break		x										2,908,000	IHVN	Number trained personne

				Lunch. Hall rental PAS and projector Training materials														
		5.3.3.3 One day refresher training for health facility staff on MCLS (one person per facility for 17 health facilities for 23 LGA)	SMEP PSM officer	Transportation , Tea break Lunch, stationeries, Hall rental, PAS, projector, workshop materials and Honorarium for facilitators			x									2,318,260	IHVN	Number persons trained
																13,905,580		
															Subtotal cost			
															TOTAL COST FOR SPECIFIC OBJECTIVE 5.3:	13,905,580		
Specific Objective 5.4: Implement policies on quality assurance and Pharmacovigilance.																		
Rationale: Quality assurance and Pharmacovigilance is weak in the State and requires strengthening																		
Target: Strengthened quality assurance and Pharmacovigilance																		
	5.4.1 Institutionalize quality assurance mechanism and infrastructure	5.4.1.1 Purchase of 2 Mini Labs in the central medical store	SMEP PSM Officer	The machine (Mini Lab)	x											2,400,000	SMOH 20% NSCIP 80%	Number mini lab procure

	for commodities																	
		5.4.1.2 Installation of Mini Lab Machine and training of ten staff at the CMS on the use of the machine	SMEP PSM Officer	Personnel and training manual, writing materials, Honorarium for facilitators		x										84,000	SMOH 20% NSCIP 80%	Number persons trained/ Mini-lab installed
		5.4.1.3 Quarterly commodity spot check at the facility level(2 LGA and 10 facilities per quarter)	SMEP PSM officer	Commodity checklist, DSA for one participant for 5 days Car hire for 5 days			x			x			x			340,000	IHVN	Number quarterly spot che carried
					Subtotal cost											2,824,000		
TOTAL COST FOR SPECIFIC OBJECTIVE 5.4:																2,824,000		

TOTAL COST FOR PSM ACTIVITIES = N755, 114,670

OBJECTIVE AREA 6: MONITORING & EVALUATION

National Strategic Objective (2020)
At least 80% of health facilities report on key malaria indicators routinely by 2015 and 100% by 2020.

State Broad Objective (2016)
At least 90% of health facilities report on key malaria indicators routinely by 2016 and 100% by 2020

Current situation in Benue State

- Benue State has a total of 1,408 health facilities. Out of this number, 1,311 are on the DHIS platform, a national platform for capturing and analyzing health data.
- While a total of 839 are currently reporting through the platform.
- The current reporting rate is 63.9%. There is marginal improvement in the reporting rate of 12.6% from 2014 to 2015. However, the reporting rate by private health facilities in the State is low.
- 86.9% of these managers have requisite skills in data management.
- A total of 839 health facilities were supplied with data tools as at December, 2015. However, there were shortages in the supply of some data tools in the State.
- Data quality regarding malaria data is still a big problem due largely to inadequate DQAs exercises and feedback system.
- 47.8% (44)out of 92 DQAs planned.
- 75% (3) out of 4 Malaria integrated supportive supervision (MISS) planned were carried out.

Specific Objectives for 2016

1. Ensure 100% of all health facilities on DHIS report health data on timely manner by December 2016
2. Conduct quarterly DQA in at least 368 health facilities in the State by December, 2016
3. Conduct M&E coordination meetings
4. Establish a mechanism for implementation of Operational Research in the State and collaborate with relevant tertiary academic institutions

Benue State Targets for 2016

1. 100% of all health facilities on DHIS report health data on timely manner by December 2016

2. Quarterly DQA done in at least 368 health facilities in the State by December, 2016
3. M&E coordination meetings held monthly
4. Mechanism for implementation of Operational Research in the State and collaboration with relevant tertiary academic institutions established

SN	Activity	Sub-Activity	Who is Resp.	Resources Required	Time-Frame												Cost (₦)	Source of funds	Indicator
					J	F	M	A	M	J	J	A	S	O	N	D			
Specific Objective 6.1:Ensure 100% of all health facilities on DHIS report health data on timely manner by December 2016																			
Rationale: Only 63.9% of health facilities on the DHIS are reporting health data. The need to achieve 100% reporting rate cannot be over emphasized.																			
Target: 100% of all health facilities on DHIS report health data on timely manner by December 2016																			
	6.1.1 Capacity building of health workers on harmonized data tools	6.1.1.1 4 days Residential step down State TOT on NHMIS Tools and DHIS(23 LGA M&E and RBM FP, RBM Manager, State HMIS officer, SMEP M&E.	SMEP M&E Officer	DSA, transport within & outside LGA, Honorarium, Tea break, Lunch, training materials, training venue	x												2,788,000	IHVN	Number of people trained on the use of HMIS tools
		6.1.1.2 2 day non-residentia l zonal training of 782 HF record staff on M&E- NHMIS	SMEP M&E Officer	Transport within & outside LGA, Honorarium, TB/Lunch, training		x											8,967,600	IHVN	Number of people trained on the use of HMIS tools

SN	Activity	Sub-Activity	Who is Resp.	Resources Required	Time-Frame												Cost (₦)	Source of funds	Indicator
					J	F	M	A	M	J	J	A	S	O	N	D			
		tools (3 clusters) – 4 facilitators per cluster		materials, training venue															
	6.1.2 Printing and distribution of HMIS Tools	6.1.2.1 Printing and distribution of 1000 copies of each register and 3000 copies of monthly summary forms to 23 LGAs	HMIS Officer	A copy of one register at N1250 each			X	X	X								16,800,000	SMOH	Number of tools printed and distributed
															Sub-total		28,555,600		
	6.1.3 Publication health information products	6.1.3.1 Production of 1000 copies each of annual health bulletin and health fact sheets	HMIS Officer	Printing cost at 1500 per copy												x	600,000	SMOH	Copies health bulletins produced

					Subtotal cost:											600,000		
TOTAL FOR SPECIFIC OBJECTIVE 6.1																29,155,600		
Specific Objective 6.2: Strengthen the quality of data in 368 health facilities																		
Rationale: There are data quality issues arising from irregular conduct of DQAs in the health facilities.																		
Target: Quarterly DQA done in at least 368 health facilities in the state by December, 2016																		
	6.2.1 Conduct quarterly DQA in at least 368 health facilities in the State	6.2.1.1 Conduct of 5days quarterly DQA involving 10 state officers, 1 M&E officer in affected LGAs in at least 92 health facilities per quarter in the state	SMEP M&E Officer	DSA, Transport, photocopying			x			x			x			x	3,300,000	IHVN	Number of DQAs conducted in the HFs.
		6.2.1.2 Conduct 1day monthly LGA data validation in 23 LGAs involving M&E	SMEP M&E Officer	Lunch, Transport, photocopying	x	x	x	x	x	x	x	x	x	x	x	x	36,366,000 8,832,000	IHVN (60%), MAPS (40%)	Number of data validation meetings held

		Officers , RBM Officers and 3 other program Officers																	
		6.2.1.3 Monthly monitoring visits to health facilities by the LGA RBM focal persons	SMEP M & E officer	Transport support	X	X	X	X	X	X	X	X	X	X	X	X	2,760,000	IHVN	Number of supervisions done
																Sub-total		42,426,000		
																Total Specific Objective 6.2:		42,426,000		
Specific Objective 6.3: Strengthen M&E coordination in the State by December, 2016																			
Rationale: In order to strengthen data system in the State and all implementation issues, all stakeholders in the health system must be effectively coordinated to avoid duplication of efforts.																			
Target:M&E coordination meetings held monthly																			
	6.3.1 M&E coordination meetings	6.3.1.1 Conduct 1 day monthly State HMIS meeting	HMIS officer	Transport from LGA to another, photocopying Tea Break Lunch	X	X	X	X	X	X	X	X	X	X	X	X	2,574,000	MAPS, IHVN (50% each)	Number of monthly meeting held
		6.3.1.2 Conduct of 1day quarterly	HMIS Officer	Lunch for 30 participants Transport			x			x			x			x	180,000	IHVN	Number of Quarterly health data

		health data consultative committee (HDCC) meetings of involving 30 persons drawn from partners, state officials and private sector on HMIS in the State																consultative committee meetings held
		6.3.1.3 One day quarterly meeting with record officers from Secondary& Tertiary Health Facilities	SMEP M &E officer	Lunch Transport For 30 participants			x			x			x			x	4462,000	IHVN	Number of meetings conducted Number of data reports submitted
																Sub-total	3,431,600		
																Total Specific Objective 6.3:	3,431,600		
Specific Objective 6. 4: Establish a mechanism for implementation of Operational Research in the State and collaborate with relevant tertiary academic institutions																			

Rationale: Proper coordination of health system research in the State is important to avoid unethical practices and for increase knowledge for effective intervention																			
Target:Mechanism for implementation of Operational Research in the State and collaboration with relevant tertiary academic institutions established																			
	6.4.1 Institutionalization of health system research	6.4.1.1 Inauguration of ethical committee	Hon. Commissioner		x											5,000	SMOH	Inauguration held
		6.4.1.2 Monthly ethical committee meetings involving 10 members	Ethical Committee	Tea Breaks at N500		x	x	x	x	x	x	x	x	x	x	x	60,000	SMOH	Number of ethical committee meetings held
					Sub-total												65,000.00		
Total Specific Objective 6.4:																	65,000.00		

TOTAL COS FOR M&E ACTIVITIES= N75, 078,200

OBJECTIVE AREA 7: PROGRAMME MANAGEMENT

National Strategic Objective (2020)

To strengthen governance and coordination of all stakeholders for effective program implementation at all levels by 2020

State Broad Objective (2016)
To strengthen governance and coordination of all stakeholders for effective program implementation atState and LGA levels by 2020

Current Situation in Benue State

1. Harmonized and coordinated activities of all stakeholders on malaria program through regular meetings of the State Malaria Advisory Committee, mTWG, PSM working group, ACSM working group, SMEP and LGA malaria focal persons by 2015
2. There is no functional collaboration with private sector for harmonization of malaria control activities
3. Some of the technical working groups are functional, while the reactivation of the others working groups are not yet done.
4. mTWG has been meeting quarterly.
5. State Malaria Elimination Program (SMEP) and LGA focal persons have been meeting monthly
6. 2015 AWP for Malaria Program was developed for 10 LGAs however,13 LGAs need to be scaled up and supported to develop 2016 AWP
7. Malaria ISS has commenced in 16 LGAs
8. 1,036 health workers have been trained on Malaria in pregnancy and case management
   Development of AOP for 2016 is in progress
9. Malaria Control Planning and Resource Working group and malaria in pregnancy working group inaugurated
10. State Association of Civil Society Organizations on Malaria, Immunization and Nutrition (ACOMIN) is active
11. There is Bi-Monthly PSM meeting and ACSM quarterly meeting in the State
12. There is a developed training plan for Malaria program

Specific Objectives for 2016

1 To Strengthen Program Coordination at State and LGA level by 2016
2 To review and develop AWP for 23 LGAs in Benue state
3 To coordinate implementation of ISS by 2016

4 To develop a comprehensive strategy for private sector engagement by 2016
5 To Review and develop state annual malaria operational plan for Benue State.

Benue State Targets For 2016

1 Strengthen Program Coordination at State and LGA level by 2016
2 Review and development of AWP for 23 LGAs in Benue state
3 Coordinate implementation of ISS by 2016
4 Develop a comprehensive strategy for private sector engagement by 2016
5 Review and develop state annual malaria operational plan for Benue State.

SN	Activity	Sub-Activity	Who is Resp.	Resources Required	Time-Frame												Cost (₦)	Source of funds	Indicator
					J	F	M	A	M	J	J	A	S	O	N	D			
Specific Objective 7.1:To Strengthen Program Coordination at State and LGA level by 2016																			
Rationale: sustain coordination of MTWG, ACSM, PSM working and the need to urgently inaugurate malaria advisory, revenue mobilisation working groups.																			
Target: Strengthen Program Coordination at State and LGA level by 2016																			
	7.1.1 Coordination Meeting at state and LGA level.	7.1.1.1 Conduct 1day monthly State RBM meeting	SMEP Manager	30 people-Refreshment, Transport	x	x	x	x	x	x	x	x	x	x	x	x	1,260,000	IHVN	Number of meetings held
		7.1.1.2 Quarterly meeting of mTWG(45).	SMEP Manager	45 people-Lunch, TP			x			x			x			x	756,000	SMOH	Number of meetings held
	7.1.2. strengthening malaria advisory and resource mobilization working groups	7.1.2.1. conduct inauguration and quarterly meetings of malaria advisory committee (6)	SMEP manager	Hall ,materials, refreshment , TP			x			x			x			x	208,800	SMOH	Number of meetings held

		7.1.2.2. conduct inauguration and quarterly meetings of malaria control planning & resource mobilization working group(6)	SMEP manager	Hall, materials, refreshment, TP			x			x			x			x	148,000	SMOH	Number of meetings held
																Subtotal cost	1,244,800		
		7.1.2.3. Initiate and Write Memo to request for employment of at least 15 Med. Lab Scientists for SHC facilities	DMLS	Desk work		x											N/A	N/A	Recruitments of 15 MLS done
																Subtotal cost	N/A		
																TOTAL FOR SPECIFIC OBJECTIVE 7.1	2,016,000		
Specific objective 7.2: To Review and develop AWP for 23 LGAs in Benue state																			

Rationale: 2015 AWP for Malaria Program was developed for 10 LGAs therefore,13 LGA should be scaled up and support the development of 2016 AWP																	
Target: Review and development of AWP for 23 LGAs in Benue state																	
	7.2.1 Review of 2015 AW P in 10 LGAs and develop 2016 AWP in 23 LGAs	7.2.1.1 3 days non-residential Review meeting of 2015 AWP ten LGAs.	SMEP Manager	50people- Hall, 2 way TP, Lunch, material, PAS, projector, 10 State Facilitators			x									610,000	SMOH	Number of LGA AWPs reviewed
		7.2.1.2 5 days residential Developmen t of 2016 AWP for 23 LGAs	SMEP Manager	50people -Hall, DSA, TP, Lunch, material, PAS, projector, 10 State Facilitators		x										1,275,000	SMOH	No of AWPs developed
		7.2.1.3. Printing/distr ibution of AWP for 23 LGAS	SMEP Manager	74 copies (3per LGA & 5 to SMOH			x									74,000	SMOH	Number of AWP Copies printed and distributed
					Subtotal cost:											1,959,000		
TOTAL FOR SPECIFIC OBJECTIVE 7.2																1,959,000		
Specific Objective 7.3: To coordinate implementation of ISS by 2016																	
Rationale: Malaria SS has commenced in 16 LGAs however Benue State is to transit to ISS coordination and implementation.																	
Target:Coordinate implementation of ISS by 2016																	

	7.3.1 Conduct Bi-monthly ISS in 2 LGAs and quarterly MISS in 12 LGAs.	7.3.1.1 Conduct Bi-monthly state ISS (TB, Malaria, HIV) in 10 facilities in 2 LGS for 5 days	SMEP Manager	10 supervisors DSA		x		x		x		x		x		x	1,500,000	IHVN	No of ISS visits conducted
		7.3.1.2 Conduct quarterly state ISS (MISS) in 7 facilities for 2 days in 12 LGS/GHs	SMEP Manager	5 supervisors DSA			x			x			x			x	400,000	MAPS	No of ISS (MISS) visits conducted
		7.3.1.3 Monthly supportive supervision of Malaria Focal Persons (7).	SMEP Manager	DSA	X	X	X	X	X	X	X	X	X	X	X	X	4,200,000	IHVN	No of Monthly Supportive Supervision visits conducted
																Subtotal cost:		6,220,000		
		7.3.1.4 Printing of	SMEP Manager	2000 copies	x												120,000	SMOH	No of Copies of

		2000 copies of ISS checklist																ISS checklist printed
					Subtotal cost:											120,000		
TOTAL COST FOR SPECIFIC OBJECTIVE 7.3:																6,220,000		
Specific objective7.4:To develop a comprehensive strategy for private sector engagementby 2016																		
Rationale: There is no functional collaboration with private sector for harmonization of malaria control activities																		
Target: Develop a comprehensive strategy for private sector engagement by 2016																		
	7.4.1 Establish collaboration with private sector on malaria elimination	7.4.1.1 Mapping of key players on malaria elimination in the private sector	SMEP manager	Desk work	X											N/A	SMOH	Mapping done
		7.4.1.2 planning meeting of SMoH to meet with identified private sector key players on malaria elimination activities (10 persons)	SMEP manager	-Hall, Transport 2 way, Refreshment.		x										65,000	SMOH	Meeting held

		7.4.1.3. Quarterly meeting of SMAC &mTWG with identified private sector key players (40people)	SMEP manager	Hall, TP, materials, Lunch			x			x			x			x	226,000	SMOH	Number of meetings held
					Subtotal cost												291,000		
TOTAL COST FOR SPECIFIC OBJECTIVE 7.4:																	291,000		
Specific Objective 7.5: To Review and develop state annual malaria operational plan for Benue State.																			
Rationale: AOP is essential to guide the implementation of malaria activities in Benue State.																			
Target: Review and develop state annual malaria operational plan for Benue State.																			
	7.5.1. Review of 2016 AOP and development of 2017 AOP	7.5.1.1 3 days non-residential bi-annual Review of 2016 AOP	SMEP Manager	50 people-Hall, TP 2-way, lunch 2 T/Breaks, PAS, Projector 2 National Consultants						x						x	1,070,700	IHVN	Number of reviews held
		7.5.1.2. 1-day Feedback Meeting of Review	SMEP Manager	Hall, Refreshment, TP,							x					x	165,000	SMOH	Number of feedback meetings held

		findings to stakeholders(15 people)																
		7.5.1.3 Planning meeting for Development of 2017 AOP(15)	SMEP Manager	Refreshment, TP								x				82,500	IHVN	Meeting held
		7.5.1.4. 5 days Residential Development of 2017 AOP	SMEP Manager	50people, Hall, DSA,Transportation, 2 Tea Breaks Lunch material ' PAS Projector, 2 National Consultants							x					4,653,000	IHVN	AOP Document produced
		7.5.1.5. Printing/distribution of 100 copies of 2017 AOP	SMEP Manager	1000 copies								x				200,000	IHVN	No of Copies of printed AOP
					Subtotal cost											6,088,000		
TOTAL COST FOR SPECIFIC OBJECTIVE 7.5:																6,370,500		

TOTAL COST FOR OBJECTIVE AREA = N17,014,000

Summary of Planned Activities

Table 4: Summary of Planned Activities by Strategic Objective Area

OBJECTIVE AREA	NO OF SPECIFIC OBJECTIVES	NO OF ACTIVITIES	NO OF SUBACTIVITIES	CATEGORY OF ACTIVITIES		
				NO OF MUST-DO SUB-ACTIVITIES	NO OF IMPORTANT-TO-DO SUB-ACTIVITIES	NO OF NICE-TO-DO SUB-ACTIVITIES
Prevention	3	4	15	13	0	2
Diagnosis	3	3	10	3	3	4
Treatment	3	8	10	9	0	1
ACSM	6	9	14	11	3	0
PSM	4	10	21	21	0	0
M&E	4	6	12	11	1	0
Programme Management	5	6	20	15	5	0
Total	**28**	**46**	**102**	**83**	**12**	**7**

Budget Summary

Table 5: Budget Summary per Objective Area, Funding Source & Category of Sub-Activities

OBJECTIVE AREA	FUNDING SOURCE	MUST DO	IMPORTANT TO DO	NICE TO DO	TOTAL	PROPORTION OF TOTAL COST
PREVENTION	SMOH	15,903,800	NIL	583,000	16,486,800	9%
	IHVN	11,432,200	NIL	NIL	11,432,200	6%
	MAPS	150,949,440	NIL	NIL	150,949,440	84%
	TOTAL	**178,285,440**	**0**	**583,000**	**178,868,440**	100%
DIAGNOSIS	SMOH	NIL	NIL	8,321,000	8,321,000	52%
	MAPS	1,256,000	5,908,800	NIL	7,164,800	45%
	SFH	NIL	NIL	525,600	525,600	3%
	TOTAL	**1,256,000**	**5,908,800**	**8,846,600**	**16,011,400.00**	100%
TREATMENT	IHVN	40,063,880	NIL	NIL	40,063,880	94%
	MAPS	517,000	NIL	NIL	517,000	1%
	SMOH	NIL	NIL	1,822,600	1,822,600	4%
	TOTAL	**40,580,880**	**0**	**1,822,600**	**42,403,480**	100%

ACSM	SMOH	2,262,400	NIL	NIL	2,262,400	1%
	SFH	11,113,525	1,311,250	NIL	12,424,775	3%
	HC3	160,220,400	6,351,250	NIL	166,571,650	45%
	ACOMIN	105,711,010	111,250	NIL	105,822,260	28%
	SHI	86,206,965	111250	NIL	86,318,215	23%
	TOTAL	**365,514,300**	**7,885,000**	**0**	**373,399,300**	100%
PSM	SMOH	37,469,754.50	NIL	NIL	37,469,754.5	5.0%
	JSI	804,050	NIL	NIL	804,050	0.1%
	IHVN/GF	303,465,816	NIL	NIL	303,465,816	40.2%
	MAPS	405,521099.5	NIL	NIL	405,521,099.5	53.7%
	NSCIP	7,831,200	NIL	NIL	7,831,200	1.04%
	CIHP	4,550	NIL	NIL	4,550	0.001%
	UNFPA	9,100	NIL	NIL	9,100	0.001%
	UNAIDS	9,100	NIL	NIL	9,100	0.001%
		755,114,670	**0**	**0**	**755,114,670**	100%

	TOTAL					
M&E	IHVN	41,779,800	NIL	NIL	41,779,800	56%
	SMOH	16,865,000	600,000	NIL	17,465,000	23%
	MAPS	15,833,400	NIL	NIL	15,833,400	21%
	TOTAL	**74,478,200**	**600,000**	**0**	**75,078,200**	100%
PM	IHVN	12,966,200	NIL	NIL	12,966,200	76%
	SMOH	1,568,800	2,079,000	NIL	3,647,800	21%
	MAPS	400,000	NIL	NIL	400,000	2%
	TOTAL	**14,935,000**	**2,079,000**	**0**	**17,014,000**	100%
TOTAL COST PER CATEGORY OF ACTIVITIES		**1,430,164,490**	**16,472,800**	**11,252,200**	**1,457,889,490**	

Budget Summary: Proportion of Cost per Funding Source

S/N	Funding Source	Total Cost	Proportion of Total AOP Budget
1	IHVN	409,707,896.00	28.1%
2	MAPS	580,385,739.50	39.8%
3	JSI	804,050.00	0.1%
4	NSCIP	7,831,200.00	0.5%
5	CIHP	4,550.00	0.0003%
6	UNFPA	9,100.00	0.001%
7	UNAIDS	9,100.00	0.001%
8	HC3	166,571,650.00	11.4%
9	ACOMIN	105,822,260.00	7.3%
10	SFH	12,950,375.00	0.9%
11	SMOH	87,475,354.50	6.0%
12	SHI	86,318,215.00	5.9%
	TOTAL AOP BUDGET	**1,457,889,490.00**	

5.0. Implementation Framework for 2016 Operational Plan

This framework outlines the key features and concepts that will guide the implementation of the comprehensive operational plan for malaria elimination in Benue State in 2016. It will help maximize and synergize the efforts of all the diverse players and stakeholders involved in malaria elimination across Benue State.

5.1 Ownership of theOperational Plan: Benue State Government

5.2 Leadership: Honourable Commissioner for Health, Benue State

5.3 Scope and Coverage: Benue State population

5.4. Core Intervention Strategies

The following core interventions for malaria elimination will be implemented in the 2016 plan:

- Prevention
- Diagnosis
- Treatment
- Advocacy, Communication and Social Mobilization
- Procurement and Supply Chain Management
- Health Information System and Monitoring and Evaluation
- Programme Management

5.5. Collaboration

Malaria elimination is an enormous and cost intensive responsibility that cannot be undertaken by the Benue State Government alone. Major collaborators include:

- Multi-lateral and Bi-lateral organizations
- Non-Governmental Organizations
- Private-for-profit health providers
- Faith based health providers
- Civil Society Organizations

5.6. Resourcing

All development partners, implementing agencies, State and non-State players involved in malaria control efforts in Benue State will buy into the plan, adopt specific activities on the plan and contribute resources for implementing them in a harmonized and coordinated manner.

5.7 Coordination

Benue State Ministry of Health will provide leadership, coordinate and harmonize the efforts of all players and stakeholders in order to achieve the desired results for malaria control. Structural arrangements that will ensure this are as follows:

A. Benue State Malaria Control Advisory Committee (MCAC)

Members
Honourable Commissioner for Health - Chairman
Permanent Secretary, Ministry of Health
Director, Public Health
Director, Primary Health Care LGSC
ES, HMB
SMCP Manager – Secretary

B. Malaria Control Planning & Resource Mobilization Working Group (MCPRMWG)

Members
Permanent Secretary, SMOH - Chairman
Permanent Secretary, BLG & CA
Permanent Secretary, Planning Commission
Permanent Secretary, SMOF
MDG Focal Person
SMCP Manager - Secretary

C. Malaria Technical Working Group (MTWG) chaired by the Director of Public Health

D. Benue State Malaria Elimination Program consisting of the following key officers at the minimum:

SMEP Manager
Deputy SMEP Manager
Case Management Officer
M&E officer
PSM Officer
IVM Officer
ACSM Officer

E. State Forum for Partners Supporting Malaria Elimination in Benue State

F. State-LGAs coordination meeting

G. State Association of Civil Society Organizations on Malaria, Immunization and Nutrition (ACOMIN)

5.8 Roll Out and Major Milestones

- ❖ Quarterly work planning and review meeting
- ❖ Mid-year review
- ❖ Engagement with private providers
- ❖ State-wide case management capacity building
- ❖ ISS
- ❖ World Malaria Day celebration
- ❖ Resource mobilization

Annexes

Annex 1:	Quarterly Report Format
Annex 2:	Quarterly Work Plan Format
Annex 3:	List of Contributors
Annex 4:	Costing Template
Annex 5:	Resource List

Annex 1: Quarterly Report Format

STATE MALARIA ELIMINATION PROGRAM, MINISTRY OF HEALTH
BENUESTATE OF NIGERIA
Quarterly Report Format

Organization:

Reporting period ……to ……2016

Strategy:

Activity	Location(s)	Target group	Participating agencies	Cost	Status of completion			Comments
					Completed	On-going	End date	

Additional comments:

Responsible officer:

Annex 2: Quarterly Work Plan Format

STATE MALARIA ELIMINATION PROGRAM, MINISTRY OF HEALTH
BENUE STATE OF NIGERIA
Quarterly work plan

Period covering ……to …….2016

Strategy:

Activity	Location	Lead partner/ agency	Participating agencies	Month:					Month:					Month:				
				WK 1	WK 2	WK 3	WK 4	WK 5	WK 1	WK 2	WK 3	WK 4	WK 5	WK 1	WK 2	WK 3	WK 4	WK 5

Annex 3: Lists of Contributors

Consultants Profile

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Annex 4: Costing Template

Benue State Malaria Elimination Programme							
SMEP 2016 Costed Plan							
Nos	Categories	Unit Cost	Qty	Freq/ Session	No of Days	No of Persons	Amount ₦
Total Cost for the Programme							1,457,889,490
Objective Area 1. Prevention Total Cost							178,868,440
Specific Objectives 1.1	Ensure 95% of households receive at least 1 LLIN per 2 persons						163,194,640
Activity 1.1.1	Conduct continuous distribution of LLINs in health facilities, schools and communities						16,383,200
Sub-activity 1.1.1.1	Production of 500,000 net slips for distribution of LLINs to Communities, schools and facilities						5,000,000
1	Printing of Net slips	5	1,000,000	1	1	1	5,000,000
Sub-activity 1.1.1.2	Organize a 2 day residential State-level training for 30 participants on continuous distribution of LLINs (23 MFPs, 1 State logistician, 1 CMS Pharm, 2 SBMC Staff, 1 State M&E) + 2 facilitators						862,800
	Hall rental	50,000	1	1	2	1	100,000
	PAS	5,000	1	1	2	1	10,000

	Projector	5,000	1	1	2	1	10,000
	Stationery	200	1	1	1	30	6,000
	Tea Break (State)	500	1	2	2	32	64,000
	Lunch (State)	1,200	1	1	2	32	76,800
	Transportation	4,000	1	2	1	32	256,000
	DSA	10,000	1	1	1	32	320,000
	Honorarium	5,000	1	1	2	2	20,000
Sub-activity 1.1.1.3	Organize 1-day non-residential step down training for 30 persons x 2 batches (30 ppts/LGA ; 7 school head teachers/LG; 7 facility focal persons/LGA; 2Teachers/school (2x7 14/LGA); 1 LGA M&E officer; 1 representative of LGA Educ. Board						344,400
	Hall rental	20,000	1	2	1	1	40,000
	PAS	5,000	1	2	1	1	10,000
	Projector	5,000	1	2	1	1	10,000
	Stationery	200	1	2	1	34	13,600
	Tea break (LGA)	300	1	1	1	34	40,800
	Facilitation fee	5,000	1	1	1	4	20,000
	Lunch (LGA)	500	1	1	1	30	30,000
	Transportation within LGA	3,000	1	2	1	30	180,000
Sub-activity 1.1.1.4	Supervision of the Issuance of net slips to health facilities by 2 RMCs (2x12 =24) and 5 LGA Team members						10,041,000
	Transportation for 5 members of LGA team	3,000	1	1	7	5	105,000
	Allowance for RMCs	1,500	1	12	1	552	9,936,000
Sub-activity 1.1.1.5	Monthly Supervision of Distribution of LLINs from HFs to schools by 5 LGA team members						135,000
	Transportation for 5 members of LGA team	3,000	1	9	1	5	135,000

Activity 1.1.2	Conduct LLIN Replacement campaign in all the wards.						146,811,440
Sub-activity 1.1.2.1	Production of 1.7 million net slips for the replacement campaign						8,500,000
	Printing of Net slips for Campaign	5	1,700,000	1	1	1	8,500,000
Sub-activity 1.1.2.2	2-day non-residential Training of 6,244 persons on LLIN Campaign processes (State Team =35; LGA team =115; Ward supervisors =554; Mobilizers =4,155; Distributors = 1,385 Grand total 6,244						44,123,400
	Hall rental	30,000	125	1	2	1	7,500,000
	PAS	5000	125	1	2	1	1,250,000
	Projector	5000	125	1	2	1	1,250,000
	Tea break	300	2	1	2	6,246	7,495,200
	Lunch	500	1	1	2	6,246	6,246,000
	Stationery	200	1	1	1	6,246	1,249,200
	Facilitation fee	5000	1	1	2	2	20,000
	W/shop materials	3000	125	1	1	1	375,000
	Transportation for ppts/Facilitators	3000	1	1	1	6,246	18,738,000
Sub-activity 1.1.2.3	7 days Mobilization of 100% households and issuance of net cards in all the wards by 4155 mobilizers						87,255,000
1	Transportation for mobilizers	3000	1	1	7	4,155	87,255,000
Sub-activity 1.1.2.4	Supervision/ monitoring and issuance of LLINs at distribution points in all the wards						5,880,000
	Allowances for Executive supervisors	10000	1	1	5	23	1,150,000
	Allowance for State supervisors	5000	1	1	5	23	575,000
	Allowance for ward supervisors	3000	1	1	5	277	4,155,000

Sub-activity 1.1.2.5	Conduct 3-day End process evaluation survey by 35-man state team						1,053,040
	Transportation	3,000	1	1	3	35	3,040
	DSA	10,000	1	1	3	35	1,050,000
SPECIFIC OBJECTIVE 1.2	1.2 Ensure 60 % of pregnant women receive at least 1 LLIN and 40% of pregnant women receive three doses of SP for IPT during ANC visits						15,090,800
Activity1.2.1	Training on MIP at State, LGA and facility levels						15,090,800
Subactivity1.2.1.1	Conduct Three (3) days State level residential training on MIP in two batches (48 persons total = 1 doctor, 1 nurse x 23 LGAs and 2 facilitators)						2,516,400
	Hall rental	60,000	1	1	3	1	180,000
	PAS	5,000	1	1	3	1	15,000
	Projector	5,000	1	1	3	1	15,000
	Tea break	500	2	1	3	48	144,000
	Lunch	1,200	1	1	3	48	172,800
	Stationery	200	1	1	1	48	9,600
	Honorarium	5,000	1	2	3	2	60,000
	DSA for participants and facilitators	10,000	1	1	4	48	1,920,000
Subactivity1.2.1.2	3-day LGA level Step down training on MIP = 851 participants (2 HWs per HF X 17HFs , 1 RBM, 1 FP, 1RH, 1 MNCH FP x 23 LGAs)						8,436,400
	Hall rental	20,000	23	1	3	1	1,380,000
	PAS	5,000	23	1	3	1	345,000
	Projector	5,000	23	1	3	1	345,000
	Stationery	200	1	1	1	851	170,200
	Tea break	300	2	1	3	851	1,531,800
	Lunch	500	1	1	3	851	1,276,500
	W/shop materials	3,000	23	1	1	1	69,000

	Transportation	3,000	1	1	1	851	2,553,000
	Printing of Certificate	300	851	1	1	1	255,300
	Job aids	600	851	1	1	1	510,600
Subactivity 1.2.1.3	Conduct 2 day non-residential cluster training on MIP for 250 health workers (nurses and CHEWs) in 50 high-volume HFs in the 23 LGAs						4,138,000
	Hall	30,000	5	1	2	1	300,000
	Tea Break	300	1	2	2	255	306,000
	Lunch	500	1	1	2	255	255,000
	Stationery	200	1	1	2	255	102,000
	Workshop materials	3,000	5	1	1	1	15,000
	Honorarium for facilitators	5,000	1	1	2	10	100,000
	Transportation	3,000	1	2	2	255	3,060,000
Specific Objective 1.3	Initiate the process of conducting IRS interventions in 13%pilot LGAs						583,000
Activity 1.3.1	Map out 13% LGA for IRS interventions						583,000
Sub-activity 1.3.1.2	Meeting with MoA, Env, Lands& Survey, Information, BENSESA, LGSC/ Bureau,& Partners to map out high density LGAs for IRS intervention						238,000
	Hall rental	60,000	1	1	1	1	60,000
	Refreshment	500	1	1	1	50	25,000
	Stationeries	3,000	1	1	1	1	3,000
	Transportation	3,000	1	1	1	50	150,000
Sub-activity 1.3.1.3	Environmental assessment to identify areas of high mosquitoes/vector breeding sites at the LGAs						345,000
	DSA	10,000	1	1	1	30	300,000
	Hire of vehicle	15,000	3	1	1	1	45,000
Objective Area 2. Diagnosis Total cost							16,011,400

Specific Objectives 2.1	Ensure 90% of suspected malaria cases are tested by RDT or microscopy in the public health facilities by 2016						1,256,000
Activity 2.1.1	Build capacity of health care workers in public facilities on the need for parasitological confirmation of malaria						1,256,000
Sub-activity 2.1.1.1	1 day State level refresher training of 110 healthcare workers (Doctors. Nurses, Lab scientists) from Secondary and Tetiary facilities on the need for evidence based treatment						873,000
	Hall	60000	3	1	1	1	180,000
	Tea Break	500	1	2	1	110	110,000
	Lunch	1200	1	1	1	110	132,000
	PAS	10000	1	3	1	1	30,000
	Projector	5000	1	3	1	1	15,000
	Stationaries	200	1	1	1	110	22,000
	workshop materials	3000	1	3	1	1	9,000
	Transport	3000	1	1	1	110	330,000
	State facilitators Honorarium	5000	3	1	1	2	30,000
	SOPs	600	1	1	1	25	15,000
Sub-activity 2.1.1.2	1 day LGA level refresher training of 23 Malaria Focal Persons in public health facilities on the need for evidence based treatment						157,600
	Hall	20,000	1	1	1	1	20,000
	Tea Break	300	1	1	1	25	7,500
	Lunch	500	1	1	1	25	12,500
	PAS	5,000	1	1	1	1	5,000
	Projector	5,000	1	1	1	1	5,000
	Stationaries	200	1	1	1	23	4,600
	Workshop Material	3,000	1	1	1	1	3,000
	Transport	3,000	1	1	1	25	75,000
	Honorarium	5,000	1	1	1	2	10,000
	SOPs	600	1	1	1	25	15,000

Sub-activity 2.1.1.3	1-day refresher course on use of National guidelines on malaria diagnosis (microscopy/RDT) for HOD Medical Laboratories in the 23 LGA .						225,400
	Hall	60,000	1	1	1	1	60,000
	Tea Break	500	1	2	1	25	25,000
	Lunch	1,200	1	1	1	25	30,000
	PAS	5,000	1	1	1	1	5,000
	Projector	5,000	1	1	1	1	5,000
	Stationaries	200	1	1	1	23	4,600
	workshop materials	3,000	1	1	1	1	3,000
	Transport	3,000	1	1	1	23	69,000
	Honorarium	5,000	1	1	1	2	10,000
	SOPs	600	1	1	1	23	13,800
SPECIFIC OBJECTIVE 2.2	Ensure that 75% of health workers who conduct RDT/ or microscopy are trained by 2016						5,908,800
Activity 2.2.1	Capacity buildng of lab scientist in public health facilities on malaria microscopy						5,908,800
subactivity 2.2.1.1	Planning Meeting for training of lab scientists in public health facilities on malaria microscopy						183,000
	Tea Break	500	1	2	1	15	15,000
	Lunch	1,200	1	1	1	15	18,000
	Transport	3,000	1	1	1	15	45,000
	Honorarium for State facilitors	5,000	1	1	1	5	25,000
	State facilitators DSA	10,000	1	1	1	5	50,000
	Consultant's fee	20,000	1	1	1	1	20,000
	Consultant DSA	10,000	1	1	1	1	10,000
Subactivity2.2.1.2	14-day residential training of 15 lab scientists yet to be trained on malaria microscopy in SHF and THFs						4,455,400
	Projector	5,000	1	1	14	1	70,000
	workshop materials	3,000	1	1	1	1	3,000
	DSA for Consultant	10,000	1	1	15	1	150,000

	Consultant's fee	20,000	1	1	15	1	300,000
	DSA for Participants	10,000	1	1	15	15	2,250,000
	Tea Break	500	1	2	14	18	252,000
	Lunch	1,200	1	1	14	18	302,400
	Stationeries	200	1	1	1	15	3,000
	Honorarium for State facilitators	5,000	1	1	15	5	375,000
	State facilitators DSA	10,000	1	1	15	5	750,000
Subactivity 2.2.1.3	3-day residential Refresher training of 18 Med. Lab. Scientists in SHFs and THFs on malaria microscopy						1,270,400
	Projector	5,000	1	1	3	1	15,000
	workshop materials	3,000	1	1	1	1	3,000
	DSA for Consultant	10,000	1	1	3	1	30,000
	Consultant's fee	20,000	1	1	4	1	80,000
	State facilitators DSA	10,000	1	1	4	5	200,000
	Tea Break	500	1	2	3	18	54,000
	Lunch	1,200	1	1	3	18	64,800
	Stationeries	200	1	1	1	18	3,600
	Honorarium for State facilitators	5,000	1	1	4	5	100,000
	Participants DSA	10,000	1	1	4	18	720,000
Specific Objective 2.3	Ensure Improved systems for quality assurance and control of malaria diagnostic processes and services						8,846,600
Activity 2.3.1	Strengthen 10% private Laboratories that conduct QA/QC for malaria microscopy by 2016						8,846,600
Sub-activity 2.3.1.1	14 -day residential Training of 40 Private med. Lab. Scientists on malaria microscopy and QA/QC.						8,231,000
	Projector	5,000	1	1	14	1	70,000
	workshop materials	3,000	1	1	1	1	3,000

	DSA for Consultant	10,000	1	1	15	1	150,000
	Consultant's fee	20,000	1	1	15	1	300,000
	DSA for Participants	10,000	1	1	15	40	6,000,000
	Tea Break	500	1	2	14	43	602,000
	Lunch	1,200	1	1	14	43	722,400
	Stationeries	200	1	1	1	43	8,600
	Honorarium for State facilitators	5,000	1	1	15	5	375,000
Sub-activity 2.3.1.2	1-day consensus meeting on malaria microscopy QC/QA with private Laboratories that conduct malaria microscopy (50 participants)						285,600
	Tea Break	500	1	2	1	53	53,000
	Lunch	1,200	1	1	1	53	63,600
	Transport	3,000	1	1	1	53	159,000
	Honorarium for State facilitors	5,000	1	1	1	2	10,000
Sub-activity 2.3.1.3	Conduct lot testing on the procured RDTs (Biological test using control samples)						90,000
	hononarium for 3 State level QA/QC Officers, Transportation	5,000	1	6	1	3	90,000
Sub-activity 2.3.1.4	Quarterly supportive supervision of staff of private labs on QA/QC for malaria microscopy						240,000
	Car hire	15,000	1	4	1	1	60,000
	honoraranium for 3 state level QA/QC Officers	5,000	1	4	1	3	60,000
	Consultants fee	20,000	1	4	1	1	80,000
	Consultants DSA	10000	1	4	1	1	40,000
Objective Area 3. Treatment Total Cost							42,403,480
Specific Objective: 3.1	Ensure 80% of public primary and 100% of public secondary and tertiary health facilities treat cases of uncomplicated malaria according to National Treatment Guideline in 2016						5,919,380

Activity: 3.1.1	State level Training of trainers on uncomplicated malaria /severe malaria according to national Treatment Guideline in 2016						4,102,380
Sub-activity 3.1.1.1	5 days residential training of 2 health care workers per LGA (including Doctors and senior health care worker) from 23 general hospitals.						4,102,380
	Hall rent	50,000			5		250,000
	Transport	1500	1	2	1	50	150,000
	Tea break	500		2	5	50	250,000
	Lunch	1200	1	1	5	50	300,000
	DSA	10000	1	1	6	46	2,760,000
	DSA(Facilitator)	10000	1	1	5	4	200,000
	Honorarium	5000	1	1	5	4	100,000
	Stationary and material	200	1	1	1	50	10,000
	PAS	10000	1	1	5	1	50,000
	Projector	5000	1	1	5	1	25,000
	Training material	3000	1	2	1	1	6,000
	Printing of training material	30	1	1	1	46	1,380
Activity 3.1.2	Two days non-residential cluster training for secondary health care workers for severe malaria						323,000
Subactivity:3.1.2.1 .	Two day training of 50 Doctors and Nurses from general hospitals on management of severe malaria.						323,000
	Hall rental	60,000	1	1	2	1	120,000
	Tea break	500	1	1	2	50	50,000
	Lunch	1,200	1	1	2	50	120,000
	Training modules	3,000	1	1	1	1	3,000
	Stationeries.	200	1	1	1	50	10,000
	Honorarium	5,000	1	1	2	2	20,000
Activity 3,1,3	LGA level training of health care workers on uncomplicated malaria						9,308,100
Sub-activity 3.1.3.1	3 days Non residential Training of PHC health care providers from 17 Primary health facilities + 1 RBM + 1 HOD per LGA on case management.(828)						9,308,100

	Hall rent	30,000	23	1	3	1	2,070,000
	Transport	1,500	23	1	3	38	3,933,000
	Tea break	300	23	1	3	38	786,600
	Lunch	500	23	1	3	38	1,311,000
	Training Materials	3,000	23	1	1	1	69,000
	Printing of certificates	200	23	1	1	36	165,600
	Job aids	300	23	1	1	17	117,300
	Honorarium	5,000	23	1	3	2	690,000
	Participant's material	200	23	1	1	36	165,600
Activity 3.1.4	3 day non-residential cluster training for health care workers on uncomplicated malaria.						1,494,000
Sub-activity 3.1.4.1	Training of 150 health care workers from PHC`s and general hospitals.						1,494,000
	Hall rent	30,000	3	1	3	1	270,000
	Tea break	300	3	1	3	50	135,000
	Lunch.	500	3	1	3	50	225,000
	Training modules.	3,000	3	1	1	1	9,000
	Transport.	1,500	3	1	3	50	675,000
	Participant Material	200	3	1	3	50	90,000
	Honorarium.	5,000	3	1	3	2	90,000
Activity 3.1.5	Implement Protocol for pre-referral treatment of severe malaria cases from PHC according to the National treatment guidelines.						0
Subactivity 3.1.5.1	Distribution of 2,000 current copies of National policy on malaria diagnosis and treatment.						0
							0
SPECIFIC OBJECTIVE 3.2	Ensure 80% of public primary and 100% of secondary and tertiary health facilities treat cases of uncomplicated/severe malaria according to National Treatment Guideline in 2016.						26,653,400
Activity 3.2.1	Training on community case management						26,653,400
Subactivity 3.2.1.1	3 days residential state level training of malaria focal persons/one facility focal person per LGA (46 persons) on community case management.						2,471,200
	Hall rental	50,000	1	1	3	1	150,000

	Tea break	500	1	2	3	50	150,000
	Lunch break	1,200		1	3	50	180,000
	Transport	3,000	1	1	2	46	276,000
	DSA(Participants)	10,000	1	1	3	46	1,380,000
	DSA(Facilitators)	10,000	1	1	3	4	120,000
	Training Materials	3,500	1	1	1	46	161,000
	Stationaries and material	200	1	1	1	46	9,200
	PAS	10,000	1	1	3	1	30,000
	Projector	5,000	1	1	3	1	15,000
Subactivity 3..2.1.2	4 days LGA level training of RMC`s on community case management and reporting						5,966,200
	Hall rental	20,000	23	1	4	1	1,840,000
	Tea break	300	23	1	4	26	717,600
	Lunch break	500	23	1	4	26	1,196,000
	Transport	1,500	23	2	1	26	1,794,000
	Training Materials	3,000	23	1	1	1	69,000
	Participant's material	200	23	1	1	26	119,600
	PAS	5,000	23	1	1	1	115,000
	Projector	5,000	23	1	1	1	115,000
Subactivity 3.2.1.3	Monthly collection of drugs to and from health facilities and reporting by RMCs						9,936,000
	Transport	1,500	1	12	1	552	9,936,000
Subactivity 3..2.1.4	Monthly Supervision of community case management implementation by facility focal persons.						8,280,000
	Honorarium	2500	23	12	1	12	8,280,000
Specific Objective 3.3	Train 30% of public health facilities staff on Pharmacovigilance in 2016						1,822,600
Activity 3.3.1	Training of public health facilities staff on pharmacovigilance						1,822,600

Sub-activity 3.3.1.1	2-day residential training of 48 clinical staff (doctors, pharmacists, nurses and medical lab scientists) on identification, management of adverse drug reaction s and pharmacovigilance report						1,822,600
	Hall rent	60,000	1	1	2	1	120,000
	Tea break	500	1	2	2	50	100,000
	Lunch	1,200	1	1	2	50	120,000
	Transport	3,000	1	2	1	50	300,000
	Workshop material	3,000	1	1	1	1	3,000
	Honorarium	20,000	1	1	2	2	80,000
	DSA(Participants)	10,000	1	1	2	50	1,000,000
	DSA(Facilitators)	10,000	1	1	2	2	40,000
	Projector	5,000	1	1	2	1	10,000
	PAS	10,000	1	1	2	2	40,000
	Stationaries	200	1	1	1	48	9,600
Objective Area 4. ADVOCACY COMMUNICATION AND SOCIAL MOBILIZATION							373,999,300
Specific Objectives 4.1 :	Rapid 60% scale up of malaria prevention and management information dissemination in Benue State						18,260,000
Activity 4.1.1:	Air and publish radio jingles, radio magazine, , commentaries and feature stories on malaria programme in selected media outlets.						18,260,000
Sub-activity 4.1.1.1:	Air radio jingles 10 times per day in 12 months in 4 radio stations						10,820,000
	Production of jingles	20000	1	1	1	1	20,000
	Airing of 10 Jingles	3000	10	1	360	1	10,800,000
Sub-activity 4.1.1.2 :	Quarterly production of 15 minutes radio drama in pigin one per radio station						1,200,000
	Drama Production	250,000	1	4	1	1	1,000,000
	Allowance for Drama Group	50,000	1	4	1	1	200,000
Sub-activity 4.1.1.3 :	Weekly radio magazine in pigin English in 1 radio station in the state						6,240,000

	Weekly radio magazine in pigin English in 1 radio station in the state	120,000	52	1	1	1	6,240,000
SPECIFIC OBJECTIVE 4.2	Ensure state-wide commenmorationof 2016 World Malaria Day.						556,000
Activity 4.2.1:	commemoration of 2016 World Malaria Day.						556,000
Subactivity 4.2.1.1	Road show, Rally and Symposium						100,000
	Allowance for Live Band Members	50,000	1	1	1	1	50,000
	Allowance for Drama Group	50,000	1	1	1	1	50,000
Subactivity 4.2.1.2 :	Production of T-Shirts, Face caps, Banners & IEC materials.						256,000
	T-shirt	1,000	100	1	1	1	100,000
	Face-Cap	300	100	1	1	1	30,000
	IEC Materials	10	100	1	1	1	1,000
	Banners	5,000	25	1	1	1	125,000
Subactivity 4.2.1.3 :	Radio Phone-in Program and Announcements						200,000
	Radio announcements	10,000	10	1	1	1	100,000
	Live phone-in program	100,000	1	1	1	1	100,000
Specific Objective 4.3.	Scale-up demand for malaria prevention and management services						18,734,300
Activity 4.3.1 :	Training of IPC facilitators on malaria prevention and management services						680,700
Sub-activity 4.3.1.1:	One day Non-residential Training of 138 facilitators (6 per LGA) to educate students on prevention and management of Malaria						680,700
	Transport for participants	3,000	1	1	1	138	414,000
	Refreshment for participants	300	1	1	1	147	44,100
	Facilitation fee	5,000	2	1	3	1	30,000
	Car Hire for 6 Facilitators	15,000	1	1	3	1	45,000
	Stationeries per participant	200	1	1	1	138	27,600

	Workshop Material per class	3,000	1	5	3	1	45,000
	Small Hall (semi-urban)	25,000	3	1	1	1	75,000
Activity 4.3.2:	Train 500 community volunteers and WDCs on Interpersonal communication (IPC)						18,053,600
Subactivity 4.3.2.1	One day non-residential zonal training of 500 CVs and WDCs to carryout IPC activities in Households across the state.						1,913,000
	Local Transport for participants	3,000	1	1	1	500	1,500,000
	Refreshment for participants	300	1	1	1	500	150,000
	Facilitation fee	5,000	1	1	1	6	30,000
	Car Hire for 6 Facilitators	15,000	1	1	1	3	45,000
	Small Hall (semi-urban)	25,000	1	1	1	3	75,000
	Stationeries per participant	200	1	1	1	520	104,000
	Workshop Material per class	3,000	1	1	1	3	9,000
Sub-activity 4.3.2.2	Sensitization Visits to selected schools in all LGAs						9,315,000
	Monthly stipends for school Facilitators	7,500	1	9	1	138	9,315,000
Sub-activity 4.3.2.3	Conduct 3960 House to House Visits to sensitize Households on Malaria Prevention and Management by IPC Conductors						6,825,600
	Monthly allowances for IPC Conductors	7500	1	12	1	72	6,480,000
	IPC Chart	3,000	1	1	1	72	216,000
	Data tools	30	5	12	1	72	129,600
Specific Objective 4.4 :	Enhance political will and enabling environment for malaria control and elimination activities						585,000
Activity 4.4.1 :	Advocate to policy makers for malaria elimination activities						585,000

Sub-activity 4.4.1.1:	Advocacy visit to policy makers at state level						140,000
	Local Transport for participants	3,000	3	1	1	10	90,000
	Advocacy kits	5,000	1	1	1	7	35,000
	Refreshment for participants	500	3	1	1	10	15,000
Sub-activity 4.1.1.2:	Quarterly advocacy visits to the policy makers at the LGA level						445,000
	Transport for 10 ACSM members	3,000	2	4	1	10	240,000
	Advocacy kits	5,000	1	1	1	33	165,000
	Refreshment of 10 ACSM members	500	2	4	1	10	40,000
Specific Objective 4.5	Ensure Coordination of ACSM Activities						333,144,000
Activity 4.5.1	Coordination meetings of ACSM						333,144,000
Sub-activity 4.5.1.1	Quarterly coordination meetings by ACSM Group						504,000
	Local Transport for 30 participants	3,000	1	4	1	30	360,000
	Lunch for 30 participants	1,200	1	4	1	30	144,000
Sub-activity 4.5.1.2	Conduct 2016 Community dialogues and compound meetings at the council wards						332,640,000
	Refreshment for 100,800 participants	300	1	1	1	100,800	30,240,000
	Local Transport for 10 ACSM members	3,000	1	1	1	100,800	302,400,000
Specific Objective 4.6:	Ensure scale up of facility based dissemination of appropriate information for malaria prevention and management practices						2,084,000
Activity 4.6.1	Capacity building of health workers on IPC to scale up IPT uptake						2,084,000

Sub-activity 4.6.1.1	One day non-residential zonal training of 520 Health workers(O/iCs) on IPC						2,084,000
	Local Transport for participants	3,000	1	1	1	520	1,560,000
	Refreshment for participants	300	1	1	1	520	156,000
	Facilitation fee	5,000	1	1	1	6	30,000
	Car Hire for 6 Facilitators	15,000	3	1	1	1	45,000
	Large Hall (semi-urban)	60,000	3	1	1	1	180,000
	Stationeries per participant	200	1	1	1	520	104,000
	Workshop Material per class	3,000	1	1	1	3	9,000
Objective Area 5. Procurement and Supply Chain Mgt. Total Cost							755,114,670
Specific Objectives 5.1	At least 80% of public health facilities have adequate supply of mRDTS, LLINs, ACTs and SPs by 2016						737,311,090
Activity 5.1.1	Procurement and bi monthly distribution of malaria commodities						737,311,090
Sub-activity 5.1.1.1	Procurement and bi monthly distribution of 300,000 LLINs, 2,852,403 RDT tests and 1,610,837 treatment courses of .ACTs and 492,860 treatment courses of SP by the state						737,311,090
	LLINs	1000	300,000	1	1	1	300,000,000
	RDTs	30	2,852,403	1	1	1	85,572,090
	ACTs	200	1,610,837	1	1	1	322,167,400
	SPs	60	492,860	1		1	29,571,600
SPECIFIC OBJECTIVE 5.2	Strengthen PSM coordination						1,414,000
Activity5.2.2	Setup the State drug distribution centre and implementing structure						36,000
Subactivity5.2.2.2	Inauguration of the SDDC standing Committee (Board) and technical committee (Mgt.)						36,000
	Lunch	1,200	1	1	1	30	36,000
Activity5.2.3	PSM coordinating group meeting						48,000

Subactivity 5.2.3.1	Conduct a one day PSM TWG meeting at the state level for 40 persons twice a year						48,000
	Lunch	1,200	1	1	1	40	48,000
Activity5.2.4	Harmonize Partner Supported PSM activities of private and public health facilities						1,239,000
Subactivity 5.2.4.1	A one day meeting to synergize private sector work-plan and activity plans for PSM activities in the state						35,000
	Refreshment	500	1	1	1	10	5,000
	Transport	3,000	1	1	1	10	30,000
Subactivity 5.2.4.2	Quarterly meeting to track and review progress of private sector partners PSM work-plan.						1,204,000
	DSA	10000	1	4	1	20	800,000
	Hall rental	50000	1	4	1	1	200,000
	Stationeries	200	1	4	1	20	16,000
	Tea-break	500	2	4	1	20	80,000
	Lunch	1200	1	4	1	20	96,000
	Workshop materials	3000	1	4	1	1	12,000
Activity5.2.4	Ensure Annual Work Plan for PSM activities in 2016 is made and validated by the PSM group.						91,000
Sub-activity 5.2.4.1	A Three days non residential meeting to draft and validate PSM work plan - 20 persons						91,000
	stationeries	200	1	1	1	20	4,000
	Lunch	1,200	1	1	3	20	72,000
	PAS	10,000	1	1	1	1	10,000
	Projector	5,000	1	1	1	1	5,000
Specific Objective 5.3	Strengthen logistics management at State and LGA level (storage, distribution and inventory management						13,905,580
Activity 5.3.1	Management and operation of the SDDC						2,980,000
Sub-activity 5.3.1.1	4 days residential meeting to review and update standard operating procedures at all levels for 20 persons						1,252,000
	DSA	10,000	1	1	4	20	800,000
	Hall rental	50,000	1	1	4	1	200,000
	Tea-break	500	2	1	4	20	80,000

	stationeries	200	1	1	1	20	4,000
	Workshop materials	3,000	1	1	4	1	12,000
	Lunch	1,200	1	1	4	20	96,000
	PAS	10,000	1	1	4	1	40,000
	Projector	5,000	1	1	4	1	20,000
Sub-activity 5.3.1.2	2 days residential meeting with stakeholders for validation of the reviewed SOPs for all levels.						505,000
	DSA	10,000	1	1	2	15	300,000
	Hall rental	50,000	1	1	2	1	100,000
	Tea-break	500	2	1	2	15	30,000
	stationaries	200	1	1	1	15	3,000
	Workshop materials	3,000	1	1	2	1	6,000
	Lunch	1,200	1	1	2	15	36,000
	PAS	10,000	1	1	2	1	20,000
	Projector	5,000	1	1	2	1	10,000
Sub-activity 5.3.1.3	Printing of SOPs.						900,000
	Printing	600	1,500	1	1	1	900,000
Sub-activity 5.3.1.4	Official dissemination meeting and public presentation of SOPs to stake holders.						323,000
	Hall rental	50,000	1	1	1	1	50,000
	Lunch	1,200	1	1	1	65	78,000
	Transport	3,000	1	1	1	65	195,000
Activity 5.3.2	Up-grade Inventory Management system in the State Central Medical Stores from manual to a computerized system by 2016						1,660,000
Sub-activity 5.3.2.1	Purchase, installation of the software						280,000
	Multi-user Inventory software	200,000	1	1	1	1	200,000
	Installation cost	80,000	1	1	1	1	80,000

Sub-activity 5.3.2.2	A 5-day Residential training on the inventory management system for 15staff						1,380,000
	DSA	10,000	1	1	5	17	850,000
	Hall rental	50,000	1	1	5	1	250,000
	Tea-break	500	2	1	5	15	75,000
	stationaries	200	1	1	1	15	3,000
	Workshop materials	3,000	1	1	5	1	15,000
	Lunch	1,200	1	1	5	17	102,000
	PAS	10,000	1	1	5	1	50,000
	Projector	5,000	1	1	5	1	25,000
	Computer accessories	10,000	1	1	1	1	10,000
Activity 5.3.3	Ensure the collection, collation validation of LMIS report from supported sites is accurate and timely.						9,265,580
Sub-activity 5.3.3.1	one day Bi Monthly meeting with LGA malaria focal persons to Collect, collate and validate facility Stock reports for 23 persons.						1,448,400
	Hall rental	50000	1	6	1	1	300,000
	Lunch	1200	1	6	1	32	230,400
	Transport within one LGA	3000	1	6	1	23	414,000
	Tranport from one LGA to another	3000		6	1	23	414,000
	PAS	10000		6	1	1	60,000
	Projector	5000		6	1	1	30,000
Sub-activity 5.3.3.2	Two days residential refresher training for LGA malaria focal persons on MCLS						5,498,920
	DSA	10,000		1	2	28	560,000
	Hall rental	50,000	1	1	2	1	100,000
	Tea-break	500	2	1	2	32	64,000
	stationaries	200	1	1	1	28	5,600
	Workshop materials	3,000	1	1	2	1	6,000
	Lunch	1,200	1	1	2	32	76,800

	PAS	10,000	1	1	2	1	20,000
	Projector	5,000	1	1	2	1	10,000
	Honorarium	5,000	1	1	2	2	20,000
Sub-activity 5.3.3.3	One day refresher training for health facility staff on MCLS (one person per facility for 17 health facilities for 23 LGA						2,318,260
	Honorarium	5000	23	1	1	1	115,000
	Transportation	3000	1	1	1	415	1,245,000
	Stationeries for participants	200	1	1	1	414	82,800
	Tea break	500	1	1	1	415	207,500
	Lunch	500	1	1	1	415	207,500
	Hall rental	20	1	23	1	1	460
	PAS	10000	1	23	1	1	230,000
	Projector	5000	1	23	1	1	115,000
	Hiring generator/ fueling	5000	1	23	1	1	115,000
Specific Objective 5.4	Implement policies on quality assurance and Pharmacovigilance						2,824,000
Activity 5.4.1	Institutionalize quality assurance mechanism and infrastructure for commodities						2,824,000
Sub-activity 5.4.1.1	Purchase of 2 MiniLab in the central medical store						2,400,000
	MiniLab Machine	1,200,000	2	1	1	1	2,400,000
Sub-activity 5.4.1.2	Installation of Mini Lab Machine and training of ten staff at the CMS on the use of the machine						84,000
	Honorarium	20,000	1	1	1	1	20,000
	Lunch	1,200	1	1	1	10	12,000
	Stationeries for participants	200	1	1	1	10	2,000
	Hall rental	50,000	1	1	1	1	50,000
Sub-activity 1.4.1.3	Quarterly commodity spot check at the facility level(2 LGA and 10 facilities per quarter)						340,000
	DSA	1,000	1	4	5	2	40,000
	Car hire	15,000	1	4	5	1	300,000

Objective Area 6. Monitoring and Evaluation Total Cost							75,078,200
Specific Objectives 6.1	Ensure 100% of all health facilities on DHIS report health data on timely manner by December 2016						29,155,600
Activity 6.1.1	Capacity building of health workers on harmonized data tools						29,155,600
Sub-activity 6.1.1.1	4 day Residential step down State TOT on NHMIS Tools and DHIS						2,788,000
	DSA	10,000	1	1	4	49	1,960,000
	Lunch for State level	1200	1	1	4	49	235,200
	Tea Break	500	1	2	4	49	196,000
	Stationeries per participant	200	1	1	1	49	9,800
	PAS	10,000	1	1	4	1	40,000
	Large Hall	50,000	1	1	4	1	200,000
	Transport (two ways)	3,000	1	1	1	49	147,000
Sub-activity 6.1.1.2	2 day non residential training of 782 HF record staff on M&E- NHMIS tools						8,967,600
	Lunch for LGA level	500	1	1	2	794	794,000
	Hall (Rural)	30,000	12	1	2	1	720,000
	Tea Break Rural)	300	1	2	2	794	952,800
	Stationeries per participant	200	1	1	1	794	158,800
	PAS (Rural)	5,000	12	1	2	1	120,000
	Transport (two ways)	3,000	1	1	1	794	2,382,000
	Facilitators (DSA)	10,000	1	16	2	12	3,840,000
Sub-activity 6.1.1.3	Printing and distribution of 1000 copies of each register and 3000 copies of monthly summary forms to 23 LGAs						16,800,000
	Printing of HMIS Registers/ Forms	1,200	11,000	1	1	1	13,200,000
	Printing of 3000 monthly summary forms	1,200	3000	1	1	1	3,600,000

sub-activity 6.1.1.4	Production of 1000 copies of annual health bulletin and health fact sheets						600,000
	Print of annual health bulletin	1,000	600	1	1	1	600,000
SPECIFIC OBJECTIVE 6.2	Strengthen the quality of data in 368 health facilities						42,426,000
Activity 6.2.1	Conduct quarterly DQA in at least 368 health facilities in the State						42,426,000
Sub-activity 6.2.1.1	Conduct of 5days quarterly DQA involving 10 state officers, 1 M&E officer in affected LGAs in at least 92 health facilities per quarter in the state						3,300,000
	Car hire	15,000	3	4	5	1	900,000
	DSA	12,000	1	4	5	10	2,400,000
Subactivity 6.2.1.2	Conduct of 1day monthly data validation in 23 LGAs involving M&E Officers , RBM Officers and 3 other program Officers						36,366,000
	Lunch (Rural)	500	1	1	12	1,245	7,470,000
	Transport	1,500	1	1	12	1,245	22,410,000
	Communication	1,000	1	1	12	46	552,000
	Modem recharge	1,500	1	1	12	23	414,000
Sub-activity 6.2.1.3	Monthly supervision of health facilities by the 23 LGA RBM focal persons for 5 days						2,760,000
	Transport support	2,000	1	12	5	23	2,760,000
Specific Objective 6.3	Strengthen M&E coordination in the State by December, 2016						3,431,600
Activity 6.3.1	M&E coordination meetings						3,431,600
Sub-activity 6.3.1.1	Conduct of 1day monthly HMIS meeting in the State						2,574,000
	Lunch (urban)	1,000		12		33	396,000
	Tea Break	500		12		33	198,000
	Transport	5,000		12		33	1,980,000
Sub-activity 6.3.1.2	Conduct of 1day quarterly health data consultative committee meetings of involving 30 persons drawn from partners, state officials and private sector on HMIS in the State						384,000

	Lunch (Urban)	1,200		4		30	144,000
	Tea Break	500		4		30	60,000
	Transport	1,500		4		30	180,000
Sub-activity 6.3.1.3	One day quarterly meeting with 37 record officers from SHC & THC						473,600
	Lunch (Urban)	1,200		4		37	177,600
	Tea Break	500		4		37	74,000
	Transport	1,500		4		37	222,000
Specific Objective 6.4	Establish a mechanism for implementation of Operational Research in the State and collaborate with relevant tertiary academic institutions						65,000
Activity 6.4.1	Institutionalization of health system research						65,000
Sub-activity 6.1.4.1.1	Inauguration of ethical committee						5,000
	Refreshment (State)	500	1	1	1	10	5,000
Sub-activity 6.1.4.1.2	Monthly ethical committee meetings involving 10 members						60,000
	Refreshment (State)	500	1	12	1	10	60,000
Objective Area 7. Program Management Total Cost							17,014,000
Specific Objectives 7.1	To Strengthen Program Coordination at State and LGA level						2,016,000
Activity 7.1.1	Coordination meetings at State and LGA level						2,016,000
Sub-activity 7.1.1.1	Monthly coordination meeting of SMEP and LGA malaria focal Persons						1,260,000
	Refreshment	500	1	12	1	30	180,000
	Transport	3000	1	12	1	30	1,080,000
Sub-activity 7.1.1.2	Quarterly meeting of mTWG						756,000
	Lunch	1,200	1	4	1	45	216,000
	Transport	3,000	1	4	1	45	540,000

Activity 7.2.1	Strengthening malaria advisory and resource mobilization working group						356,800
Sub-activity 7.2.1.1	Conduct inaugural and quarterly meeting of malaria advisory group						208,800
	Hall	30,000	1	4	1	1	120,000
	Stationary	200	1	4	1	6	4,800
	Refreshment	500	1	4	1	6	12,000
	Transport	3,000	1	4	1	6	72,000
Subactivity 7.2.1.2	Conduct inaugural and quarterly meeting of resource mobilization working group						148,000
	Hall	30,000	1	4	1	1	120,000
	Stationary	200	1	4	1	10	8,000
	Refreshment	500	1	4	1	10	20,000
SPECIFIC OBJECTIVE 7.2	Review and development of AWP for 23 LGAs in Benue state						1,959,000
Activity7.2.1	Reviewof 2015 AWPin 10 and development of 2016AWP for 23 LGAs in Benue state						1,959,000
Subactivity7.2.1.1	3 days non residential review meeting in 10 LGAs						610,000
	Local transport	3,000	1	1	1	60	180,000
	Stationary	200	1	1	1	50	10,000
	Lunch	500	1	1	3	60	90,000
	State Facilitator	5,000	1	1	3	10	150,000
	Projector	5,000	1	1	3	1	15,000
	PAS	5,000	1	1	3	1	15,000
	Semi-urban hall	50,000	1	1	3	1	150,000
Subactivity7.2.1.2	5 days residential AWP development						1,275,000
	DSA	10,000	1	1	6	50	500,000
	Local transport	3,000	1	1	1	60	180,000
	Stationery	200	1	1	1	50	15,000
	Lunch	500	1	1	5	60	90,000
	State Facilitator	5,000	1	1	7	10	150,000

	Projector	5,000	1	1	5	1	45,000
	PAS	5,000	1	1	5	1	45,000
	Semi-urban hall	50,000	1	1	5	1	250,000
Subactivity 7.2.1.3	printing and dissemination of AWP Document						74,000
	Printing	1,000	74	1	1	1	74,000
Specific Objective 7.3	Coordinate implementation of State Integrated supportive Supervision						6,220,000
Activity 7.3.1	Conduct Bi-monthly ISS in 2 LGAs and quarterly MISS in 12 LGAs						6,220,000
Sub-activity 7.1.1.3	Bi-monthly Integrated Suppportive Supervision by State and partners						1,500,000
	DSA	10,000	1	6	5	5	1,500,000
Quarterly MISS by State and Partners							400,000
	DSA	10,000	1	4	2	5	400,000
	Monthly Supportive Supervision of Malaria Focal Persons						4,200,000
	DSA	10,000		12	5	7	4,200,000
	Printing of check list for SSV						120,000
	Printing of copies	30	2,000	2	1	1	120,000
Specific Objective 7.4	To develop a comprehensive strategy for private sector engagement						291,000
Activity 7.4.1	Establish collaboration with private on malaria elimination						291,000
Sub-activity 7.4.1.1	Mapping of key players on malaria elimination in private sector						0
							0
Sub-activity 7.4.1.2	Planning meeting of SMOH to meet with identified private sector keyplayers						65,000
	Urban small Hall	30,000	1	1	1	1	30,000
	Transport 2 way	3,000	1	1	1	10	30,000
	Refreshment	500	1	1	1	10	5,000

Sub-activity 7.4.1.3	Quarterly meeting of SMAC and MTWG with identified key players						226,000
	Medium Hall	50,000	1	1	1	1	50,000
	Lunch	1,200	1	1	1	40	48,000
	Transport	3,000	1	1	1	40	120,000
	Stationeries	200	1	1	1	40	8,000
Specific Objective 7.5	To review and develop State Annual Malaria Operational Plan for Benue State						6,370,500
Activity 7.5.1.	Review of 2016 AOP and Development of 2017 AOP						6,370,500
Sub-activity7.5.1.1	Bi - annual review of 2016 AOP						1,070,000
	Urban large hall	60,000	1	2	1	1	120,000
	Projector	5,000	1	2	3	1	30,000
	Tea- break	500	2	2	3	50	300,000
	Transport	3,000	1	2	1	50	150,000
	Lunch	1,200	1	2	3	50	60,000
	PAS	10,000	1	2	3	1	10,000
	Honorarium	20,000	1	2	5	2	400,000
Sub-activity 7.5.1.2	Feedback on review meetings						165,000
	Refreshment	500	1	2	1	15	15,000
	Urban small hall	30,000	1	2	1	1	60,000
	Transport	3,000	1	2	1	15	90,000
Sub -activity 7.5.3	Planning meeting for development of 2017 AOP						82,500
	Refreshment	500	1	1	1	15	7,500
	Transport	3,000	1	1	1	15	45,000

	urban small Hall	30,000	1	1	1	1	30,000
Sub-activity 7.5.1.3	Development of 2017 AOP						4,853,000
	urban large hall	60,000	1	1	5	1	300,000
	Projector	5,000	1	1	5	1	25,000
	tea break	500	2	1	5	50	250,000
	transport	7,280	2	1	1	50	728,000
	honurarium	20,000	1	1	5	2	200,000
	lunch	1,200	1	1	5	50	300,000
	PAS	10,000	1	1	5	1	50,000
	DSA	10,000	1	1	6	50	3,000,000
Sub-activity 7.5.1.3	Printing and Dissemination of 2017 AOP						200,000
	Printing of copies	1,000	200	1	1	1	200,000

Annex 5: Benue State Resource List

Resource	Category	Unit cost
Hall Rent	Hall (urban): Large hall	60,000
	Medium Hall	50,000
	Small Hall	30,000
	Hall(semi-urban) Large Hall	50,000
	Medium Hall	40,000
	Small	25,000
	Hall (rural): Large Hall	30,000
	Medium Hall	20,000
	Small Hall	10,000
Facilitation/Consultancy	State Trainer/ Facilitator's fee	5,000
	National Consultant's fees	20,000
Feeding	Tea Break: LGA/rural level	300
	State/ urban level	500
	Lunch: LGA/rural level	500
	State/urban level	1200
	Refreshments: LGA level	300
	State level	500
Workshop	Stationeries per participant	200
	Workshop materials per class (class size= 30-40 persons)	3000
	PAS (per day)- urban	10,000
	PAS (per day)- rural	5,000
	Projector	5,000
Transportation	All transport per km	N70
	Local Transport (2 ways)	3000
	Car hire per day	15,000
	Air ticket (one way)	25,000
DSA	DSA	10,000
Printing of documents	Printing of register	1200
	Printing of forms or single sheet document	30
	Printing of AOP	1000
	Printing of SOP or copy of guideline	600
	Printing of net slips	5

	Printing of QA/QC form	30
	Printing of checklist	30
	Production of IEC materials per unit	10
	Photocopy per page	10
ACSM	Production of jingles per minute radio	20,000
	Town announcer stipend per day	1000
	Airing of jingles per minute/slot radio	3000
	Radio announcements	10,000
	Fuelling per litre	97
	scripting	30,000
	Live phone-in program per hour	100,000
	Allowance for Supervisors, volunteers	7500 monthly
	Transport for RMCs	2000 monthly
	Large Banner	5000
	t-shirt	1000
	Face cap	300
	Allowance for drama group and live band	50,000
PSM	RDT per pack	165
	ACT per pack	165
	SP per dose	109