KATSINA STATE GOVERNMENT

2017 ANNUAL OPERATIONAL FOR MALARIA ELIMINATION PLAN

KATSINA STATE

MINISTRY OF HEALTH

IN COLLABORATION WITH

IHV-NIGERIA

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

Foreword

The Honourable Commissioner for Health

Acknowledgements

Permanent Secretary, Ministry of Health

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Abbreviations and Acronyms

ACSM	Advocacy, Communication and Social Mobilization
ACT	Artemisinin-based Combination Therapy
ANCs	Ante-natal Care (Clinics)
AOP	Annual Operational Plan
CBOs	Community Based Organizations
CHC	Comprehensive Health Centres

CHEW/JCHEW	Community Health Extension Worker/ Junior Community Health Extension Worker
CSOs	Civil Society Organizations
DHIS	District Health Information System
DMA	Drug Management Agency
DPH	Director of Public Health
DPHC	Director Primary Health Care
DPRS	Director, Planning, Research and Statistics
DPS	Director Procurement Services
DQA	Data Quality Assurance
DRF	Drug Revolving Fund
DSA	Daily Subsistence Allowance
FMOH	Federal Ministry of Health
GF	Global Fund
HFs	Health Facilities
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSDF	Health Strategic Development Fund
HSMB	Hospitals Services Management Board
iCCM	Integrated Community Case Management
IEC	Information, Education and Communication
IHVN	Institute of Human Virology, Nigeria
IPC	Interpersonal Communication
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ISS	Integrated Supportive Supervision
ITN	Insecticide Treated Nets
IVMO	Integrated Vector Management Officer
LGAs	Local Government Areas
LGSC	Local Government Service Commission
LGSC	Local Government Service Commission
LLINs	Long Lasting Insecticidal Nets
LMIS	Logistic Management Information System
M&E	Monitoring & Evaluation
MIP	Malaria In Pregnancy
MIS	Malaria Indicator Survey
MLS	Medical Laboratory Scientist
MLT	Medical Laboratory Technician
MNCH	Maternal and New-born Child Health
MP	Malaria Parasite

MPSS	Malaria Parasite Sentinel Surveillance
mTWG	Malaria Technical Working Group
NGO	Non-Governmental Organization
NHMIS	National Health Management Information System
NMEP	National Malaria Elimination Programme
NMSP	National Malaria Strategic Plan
OPD	Out-patient Deparment
PAS	Public Address System
PHC(s)	Primary Health Care (Centres)
PHFs	Public Health Facilities
PSM	Procurement and Supply Chain Management
QA	Quality Assurance
QC	Quality Control
RDT	Rapid Diagnostic Test (Testing)
SEPA	State Environmental Protection Agency
SFH	Society for Family Health
SHFs	Secondary Health Facilities
SMAC	State Malaria Advisory Committee
SMC	Seasonal Malaria Chemoprophylaxis
SMEP	State Malaria Eradication Programme
SMoH	State Ministry of Health
SP	Sulphadoxine/Pyrimethamine
SPHCDA	State Primary Health Care Development Agency
SQAO	State Quality Assurance Officer
SuNMaP	Support to National Malaria Programme
TWG	Technical Working Group
WDC	Ward Development Committee
WHO	World Health Organisation

1.0 Malaria Situation Analysis

1.1 Background

Malaria is a life-threatening diseases caused by parasites that are transmitted to people through bites of infected female *Anopheles* mosquitoes. About 3.2 billion people (almost half of the world's population) are at risk of malaria (WHO, 2016). In 2015, 95 countries and territories had ongoing malaria transmission. Africa bears over 80 percent of the global malaria burden of which Nigeria accounts for about 29 percent. According to the World Health Organization (WHO) in their 2014 World

Malaria Report, Democratic Republic of Congo (DRC) and Nigeria both contribute up to 40 percent of the global malaria burden. . Although the disease is preventable, treatable and curable, and increased efforts are dramatically reducing the malaria burden in many place, it remains endemic and the foremost public health problem in Nigeria. It is responsible for up to 60 percent of outpatient visits, 30 percent of admissions and contributes up to 11 percent of maternal mortality, 25 percent of infant mortality and 30 percent of under 5 mortality in Nigeria. There is an estimated 110 million clinically diagnosed malaria cases annually. The most vulnerable populations are children under age 5 and pregnant women because of their depressed immunity (FMoH and NMEP, 2014).

The recently conducted 2015 Nigeria Malaria Indicator Survey (MIS) report shows the dominant vector species globally are *Anopheles gambiae* species and the *A. funestus* group with some other species such as *A. moucheti, A. nili, A. melas, A. pharaoensis and A. coustani* playing a minor or local role. *A. gambiae* is the most dominant across Nigeria, while *A. arabiensis* is mostly found in the Northern zone and *A. melas* is only found in the mangrove coastal zone. The most prevalent species of malaria parasites in Nigeria is *Plasmodium falciparum* (> 95 percent) and it is responsible for the most severe forms of the disease. The other types found in the country, *P. ovale* and *P. malariae,* play a minor role. *P. malariae* is commonly isolated from children with mixed infections. In Katsina state, the species of the parasite are: *P. falciparium* (95.3%), *P. malariae* (6.3%), *P. ovale (*0.0%) and mixed infections (1.6%) [NMEP et al, 2016].

Malaria overburdens the already weakened health system and exerts severe social and economic burden on the nation as it retards the Gross Domestic Productivity (GDP) by 40 percent annually and costs approximately 480 billion naira in out-of-pocket treatments, prevention costs and loss of man hours (FMoH and NMEP, 2014).

The National Malaria Elimination Programme (NMEP), formerly National Malaria Control Programme (NMCP), was established to lead and drive the country's effort to fight against malaria. The programme envisions a malaria free country with a mission to ensure that all persons have access to effective malaria interventions. The expiry of the old strategic plan (National Malaria Strategic Plan (NMSP) 2009-2013 and the emergence of a new one (NMSP 2014-2020) has incorporated remarkable shifts and emphases in objectives, strategies and interventions.

To align with the National Malaria Strategic plan (NMSP) 2014-2020, Katsina state 2017 Annual Operational Plan for malaria elimination reflects activities to be implemented, grouped in seven

objective areas, namely: Malaria Prevention; Malaria Diagnosis; Malaria Treatment; Advocacy, Communication and Social Mobilization (ACSM); Procurement and Supply Chain Management, Monitoring & Evaluation and Programme Management. The new thrust in the fight against malaria makes it imperative to further scale up key interventions aimed to achieve pre-elimination status and reduction of malaria related deaths to near zero by 2020 in Katsina State.

1.2 Katsina State Profile

Katsina State is situated in the North West Geo-political Zone of the Federal Republic of Nigeria, and was carved out from old Kaduna State on 23rd September 1987. It covers a land mass area of 24,517 sq km and lies between the Sudan and Sahel-savannah ecological zone. Katsina State shares boundaries with Zamfara state on the West, Jigawa State on the East, Kaduna State on the South, Kano on the South-East, and International boundary with the Republic of Niger on the North.

The 2006 population census put the population of the State at 5,801,584. With an annual growth rate of 3.05%, the projected population for 2017 is 8,073,736 with 4,117,605 (51%) males and 3,956,131 (49%) females. About 70% of the population live in rural areas while 30% live in urban areas. Katsina state has 44.1% and 7.1% of her population in the lowest and highest wealth quintiles respectively. In the state, 54% of households use at least one ITN for every two persons, and there is 97% ITN coverage (NMIS 2015). The prevalence of malaria in children 6-59 months is 54.2% and 27.8% using RDT and microscopy respectively (NMEP et al 2016)

Administratively, the State is divided into three senatorial zones made up of 34 Local Government Areas (LGAs), 361 political wards, 174 health districts and 54 administrative districts. Katsina State has two Emirate Councils, which are Katsina and Daura. It is an ethnically homogenous State and is inhabited by individuals of predominantly Hausa/Fulani descent. The major religion practiced among the citizens is Islam, with only a small percentage of Christians. The population is mainly rural, and majority are peasant farmers, traders and cattle rearers. There are a total number of 1,573 public health facilities and 86 private clinics in the state.

Table 1: Katsina State Geo-political statistics

Statistics	Value
Number of LGAs	34
Administrative Districts in the state	60
Number of political wards	361

Number of village heads	570
Health Districts	174
Number of Primary Health Care Zones	7
Number of Administrative/Traditional Ward Heads	7,114
Major ethnic groups	Hausa and Fulani
Major religion	Islam
Total population (2017)	8,073,736
Urban population	30%
Rural population	70%
Bordering country	Niger Republic
Bordering States	Zamfara, Kaduna, Kano and Jigawa,
Total Number of Public Health Facilities	1,573
Total Number of private clinics	86

Figure 1: Map of Katsina State

1.3 Health System and Health Status

The health status of Katsina state has improved significantly over the last 5 years due to increased involvement of government and donor agencies in health service delivery, and stronger coordination of efforts amongst key players to reinforce financing for better health infrastructure. Causes of death in the State include Malaria, respiratory tract infections, diarrhoeal diseases, road traffic accidents, maternal related deaths particularly haemorrhage; while major health determinants include low socio-economic status, malnutrition, low literacy level. Katsina state has malaria has the number one reason for health facility attendance (70% OPD attendance), and the number of diagnosed cases has increased considerably over the last year.

Table 2: Katsina State current health status

Statistics	Value
Incidence of malaria (morbidity)	188/100,000 population
Maternal Mortality Ratio	283/100,000 Live Births
Neonatal Mortality Rate	55/1,000 Live Births
Infant Mortality Rate	79/1,000 Live Births
Under-5 mortality	146/1,000 Live Births
Total Fertility Rate	Rural 6.2%, Urban 4.7%

(Source: Katsina state vital statistics [DPRS]-2012)

1.4 The Katsina State Malaria Elimination Programme

The Katsina State Malaria Elimination Programme (SMEP) unit is domiciled at the department of Malaria and Sickle Cell of the State Ministry of Health (SMOH), and is mandated to coordinate all malaria programme activities in the state. The SMEP is structured according to the recommendations in the National Malaria Coordination Framework. Malaria Technical Working Group (mTWG) and the State Malaria Advisory Committee has been constituted and inaugurated by the SMOH but there is need for strengthening these committees to carry out their functions effectively.

SMEP has an established mechanism for developing a costed Annual Operational Plan (AOP) for malaria programme based on the five consecutive years of AOP development involving the mTWG with the support of 'Support to National Malaria Programme' (SuNMaP) (2011-2016) and 'Institute of Human Virology Nigeria' (IHVN) (2016-2017). There is also an established budget subhead for Malaria programme in the SMoH, which has progressively increased over the last five years until 2015. Between January and September 2016, N6.8 million was released out of the N15 million allocated for malaria intervention activities.

1.5 Situation Analysis of Malaria Elimination in Katsina State

1.5.1 Malaria Prevention

Katsina State conducted a Long Lasting Insecticidal Net (LLIN) distribution campaign in December 2014-2015. Post-campaign survey revealed 98% household coverage and 63% utilization rate. In addition, the recently conducted Nigeria Malaria Indicator survey (2015) revealed that 97% LLIN ownership; 54% LLIN coverage and utilization in the state. Also, 34% of pregnant women received at least two doses of SPs and 24% received 3 or more doses of SPs for intermittent preventive treatment of malaria.

The State Environmental Protection Agency (SEPA) supports free larvaciding and Fumigation activities in 18 LGAs (53% of the identified mosquito breeding sites) and all Boarding Secondary Schools in the state.

IHVN also supported the Rollout training for ANC staff on MIP from 578 Primary Health Centres in the State. We have identified short falls of refuse collection vans (trucks) at the LGAs, hence whenever there is special sanitation in these LGAs, the agency has to hire from the tippers' association at an agreed cost.

1.5.2 Malaria Diagnosis

All health workers (CHEWS/ JCHEWS, doctors, nurses, Lab scientists, technicians and Assistants) in 67% (57 out of 85) registered private health facilities have been trained on malaria diagnosis (RDT/ Microscopy by SFH) between 2015 and 2016. In 2015, 32% of health workers in public health facilities were trained on Rapid Diagnostic Testing (RDT), while 10.3% of Medical Laboratory Scientists and Medical Laboratory Technicians have been trained on Malarial Microscopy. However, no training was done in 2016.

All CHCs, SHCs and THFs have at least 1 microscope for diagnostic services. Proportion of persons presenting with fever at health facilities received diagnostic test for malaria as at September, 2016 has improved to 66% as against 50.4% and 35.85% in 2015 and 2014 respectively.

There is no established quality assurance and control system for diagnostic processes and services in the state. The percentage performance of Malaria Diagnosis in the review of Q1-Q3 2016 AOP was 19%.

1.5.3 Malaria Treatment

There was a significant improvement in the way cases of malaria were treated in 2016 due to effective capacity building sessions, availability and utilization of Malaria treatment policies Guidelines in all the 34 LGAs (17 copies were distributed per LGA).

Health workers were also trained by the state/partners in 2016, including training on Malaria in pregnancy (state = 39 and LGA = 578 health workers). For private health facilities, 35 health workers were trained by SFH on malaria diagnosis, malaria case management and malaria in pregnancy. Also 54 PPMVs were trained by SFH in 2015.

The first line treatment for malaria is Artemisinin-based Combination Therapy (ACT). Statistics of January to September 2016 of confirmed uncomplicated and severe malaria include: malaria RDT-Tested positive = 420,993 and microscopy positive = 62,664 cases, total number of positive cases 483,657 positive cases (IHVN/DHIS 2016). Between January to September 2016, 483,657 doses of ACTs were consumed.

85% of these ACTs were administered to patients to treat confirmed uncomplicated Malaria as well as severe malaria confirmed cases according to the national treatment guidelines.

1.5.4 Advocacy, Communication and Social Mobilization

Lack of knowledge about malaria's causes, sign and symptoms, including preventive measures by the community can contribute to incidences of malaria in the state, and this is a significant concern for ACSM.

In Katsina State, percentage of women who know about malaria is 93.1% (MIS 2015) and the percentage of women who know ways avoid malaria from the same survey is 97.6%. Other relevant indicators are shown in graph 1&2 below

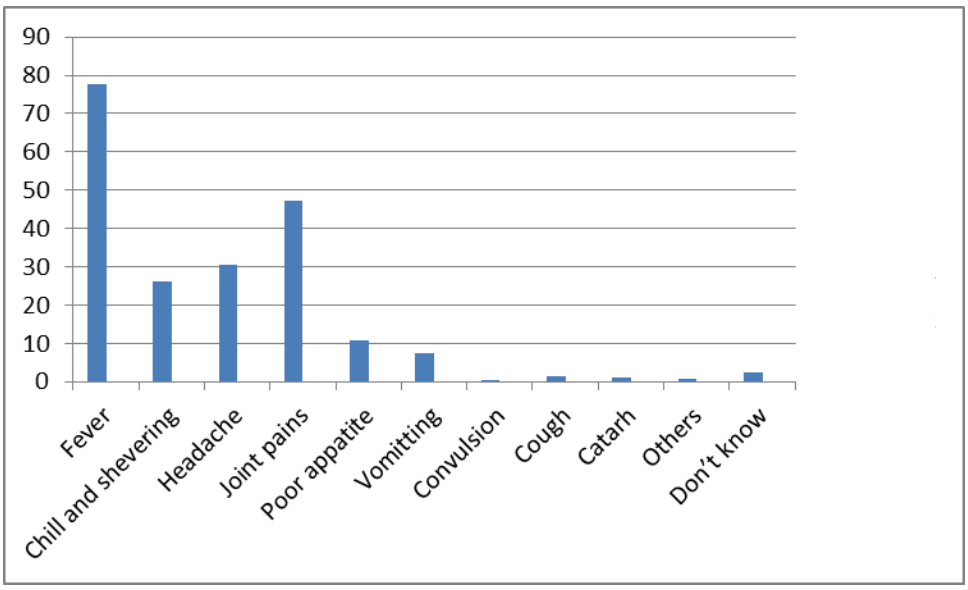

Figure 2: Level of Knowledge about Signs and Symptoms of Malaria among Women in Katsina State

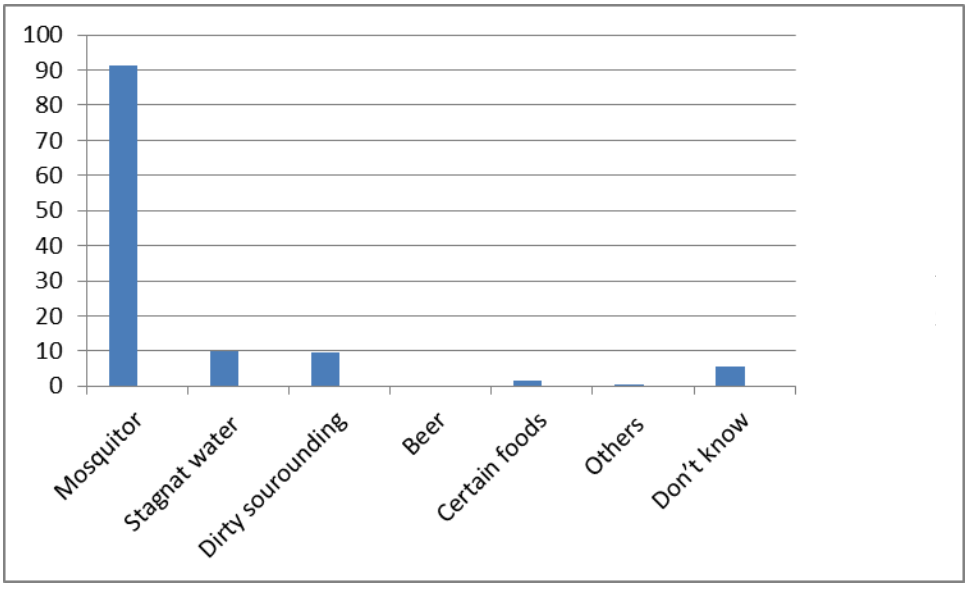

Figure 3: Level of Knowledge about Causes of Malaria among Women in Katsina State

These evidences have shown that there is a need for sustained effort to reach the general public with factual information on malaria prevention, control and management. Series of mass media programs were produced aired and broadcasted in both the public and private media stations, amounting to 144 episodes by each of the four existing media houses in the state.

A total of 17 NGOs were also engaged by SFH under the umbrella of ACOMIN to work on social mobilization in 17 LGAs as IPC conductors (ACOMIN 2016). There is also a joint network of CSOs working in health and development that include over 25 member CSOs working collaboratively to support the health sector.

1.5.5 Procurement and Supply Chain Management

There is quarterly release of funds for the procurement of antimalarial commodities by the State government. However, this is not based on needs, but significant supply by partners provides a cushion effect to the overall needs.

RDT materials are provided through revolving funds in majority of secondary and primary health care facilities. The State has an adequate central medical store, but some LGAs have inadequate storage that may be regarded as unsafe for medical material storage.

Consumption data for malarial commodities is done in almost all public health facilities but none from private health facilities. There is no public-private partnership in malarial commodities procurement. The State has sent a law to the House of Assembly for the establishment of Drug Management Agency (DMA). The DMA will be a body responsible for procurement, storage, distribution and sale of all drugs, medical and laboratory consumables in all public health facilities; both primary and secondary health facilities. Currently all drugs and consumables procurement are handled by DRF committee.

1.5.6 Monitoring and Evaluation (M&E)

Katsina State has a functional Health Management Information System (HMIS) unit that ensures regular collation of data on Malaria elimination activities. LGA M&E officers report malaria data to the National DHIS platform, which is coordinated and supervised by State HMIS Office from where SMEP can access required information.

MNCH2 has supported the training of 204 service providers on NHMIS data tools (version 2013) across the state. In 2016, 36 LGA M&E officers, 36 RBM focal persons and 3 persons from the SMoH were trained on NHMIS data tools and DHIS2 as master trainers with support from IHVN. The NHMIS data tools training was cascaded down to 2 persons from each of 17 IHVN supported health facilities in the 34 LGAs. MARIE STOPES also trained and supplied mobile phones to 82 health facilities to report data of routine services directly to DHIS2. The total number of personnel trained is 1513. However, there has been duplication in the training as partners focus mostly on their supported facilities, and effort may be overlapping in many PHCs and CHCs.

In summary, all these trainings affected only 864 out of 1659 (52%) health facilities in the state, hence there are 795 health facilities yet to be trained on the use of harmonized NHMIS (version 2013) data tools. Data Quality Assurance is taking place quarterly at some selected health facilities in the State. Nevertheless, there still exists some data quality issues observed in all the stages of the reporting system.

1.5.7 Programme Management

The State Malaria Elimination Programme (SMEP) strategy was developed from the National malaria strategic plan 2014 to 2020, with aim of eliminating malaria from the state. The SMEP was strengthened in response to the recommendations in the performance framework for the coordination of malaria programme activities in Nigeria. There are key decision-making committees for malaria control in the state. They include: The State Malaria Advisory committee headed by the Honourable Commissioner of Health; the Malaria Technical Working Group; the ACSM committee and the State Resource Mobilization committee.

Issues on malaria elimination programme have featured with sufficient prominence in the agenda of the above listed committees as the disease is clearly identified as a major cause of morbidity and mortality in the state. Strategies have been put in place to reduce its severity through improved stakeholders involvement, funding and harmonization, etc. at the State and Local Government levels.

The SMEP has strengthened the process of coordination of the activities of all malaria stakeholders in the State to ensure efficient utilization of resources and harmonization of activities by developing the annual operational plan (which started since 2011) and reviewing it annually. The State Ministry of Health through the health partner's forum provides oversight for all sub committees that are steering the activities of all health related programmes.

1.6. Summary of Findings of Review of Extent of Implementation of 2016 AOP (Quarter 1 to 3 Activities)

Proxy Indicator Results are as shown in Table 3:

Table 3: Proxy Indicator Results for Review of Extent of Implementation of Quarter 1 to 3 Activities

Objective Area		Proxy indicator	Numerator	Denominator	Results
1	Prevention	1. Proportion of pregnant women who received at least two doses of SP for intermittent preventive treatment during antenatal care visits	143,646	422,325	34%
		2. Proportion of pregnant women who receive LLIN during antenatal care visits	72,720	422,325	17%
2	Diagnosis	Proportion of persons presenting at health facility with fever who received a diagnostic test (RDT or microscopy) for malaria	671,068	1,016,465	66.0%
3	Treatment	Proportion of persons that tested positive for malaria at health facility (uncomplicated or severe) that received antimalarial treatment according to national treatment guidelines	405,677	483,657	83.8%

4	ACSM	Proportion of wards in which Community-based organizations (CBOs), Civil society organizations or implementing partners are involved in malaria ACSM activities	361	361	100%
5	Procurement & Supply Chain Management	1. Proportion of health facilities with stock out of ACTs lasting more than one week at any time during the past one month.	666	1659	40%
		2. Proportion of health facilities with stock out of RDTs lasting more than one week at any time during the past one month.	617	1659	37.2%
		3. Proportion of health facilities with stock out of LLINs lasting more than one week at any time during the past one month.	665	1659	40.1%
6	M&E	1. Proportion of health facilities reporting through the DHIS tool/database	1594	1659	96%
		2. Proportion of health facilities reporting data in a timely manner	1,259	1659	75.8%
7	Programme	Proportion of AOP cost released by the state out of	6.8 million	15 million	45.3%

	Managem ent	total expected to be funded by the state during the period under review			

- 34% and 17% pregnant women who received at least two doses of SP for intermittent preventive treatment and LLINs on first visit during antenatal care visits in 2016 as against 23.1% and 20.8% scores in 2015 (Malaria Prevention).
- Proportion of persons presenting at health facility with fever who received a diagnostic test (RDT or microscopy) for malaria improved from 51.4% in 2015 to 66.0% in 2016 (Malaria Diagnosis)
- There was slight increase in the proportion of persons that tested positive for malaria at health facility (uncomplicated or severe) that received antimalarial treatment according to national treatment guidelines from 83.6% in 2015 to 83.8% in 2016 (Malaria Treatment)
- ACSM maintained 100% score for the two years as there are CBOs and implementing partners working through the Ward Development Committees (WDCs) and Role Model Mothers (RMMs) in all the 361 wards in the state to conduct ACSM activities.
- For PSM, no health facility had stock out of ACTs and LLINs in 2015. 60% of health facilities had stock-out of RDTs although not for a prolonged period of time. However, in 2016, the dwindling economic situation led to increase in cost of commodities, Global Fund/ NMEP Management issues and the unchanged PSM budgetary allocation led to procurement of much lesser quantity of commodities. Therefore, in 2016, facilities with ACT, RDT and LLINs stock out were 40.0%, 37.2% and 40.1% respectively.
- 89.1% of health facilities reporting through the DHIS tool/database and 75.8% health facilities reported in a timely manner during the period under review (M&E)
- In 2015, the total amount released by the state out of the amount pledged for malaria elimination activities could not be determined as there was inadequate information. However, for Q1-Q3, the State had released 1.6 million total out of 15 million budgetary allocation for malaria in 2016 meant for campaigns and procurements (Programme Management).

Summary of the Performance of SMEP and the 7 Objective Areas using the Performance Measurement tool is as shown on Table 4:

Table 4: Summary of the extent of implementation of major activities for the Seven Objective Areas and SMEP Overall Performance

SN	Objective Area	Total number of Activities planned	Number completely implemented	Number ≥50% implemented	Number <50% implemented	Number not commenced	% Performance
1	Prevention	12	4	1	1	6	**41.7**
2	Diagnosis	7	0	2	0	5	**19.0**
3	Treatment	7	2	0	0	5	**28.6**
4	ACSM	32	5	9	3	13	**37.5**
5	Procurement and Supply Chain Management	8	8	0	0	0	**100.0**
6	Monitoring & Evaluation	20	10	8	0	2	**76.7**
7	Programme Management	13	10	0	0	3	**76.9**
	Overall	**99**	**39**	**19**	**7**	**32**	**54.2**

The Performance measurement tool was used to assess performance based on number of activities planned and status of implementation against planned activities from January to September 2016. PSM scored highest (1st position) with 100%, Programme Management scored 76.9% (2nd position); Monitoring and Evaluation – 76.7% (3rd position), Prevention – 41.7% (4th position); ACSM – 37.5% (5th position); Treatment – 28.6% (6th position) and Diagnosis – 19% (7th position/least score). The overall percentage performance of SMEP was 54.2%.

SMEP's overall performance has, over the years, fluctuated with lowest grade in 2012 (33.0%) followed by 44.7% in the maiden AOP in 2011, then 47.5% in 2014; 54.2% in 2016; 55.7% in 2015 and the highest score of 56.8% in 2013 as shown in Figure 4 below:

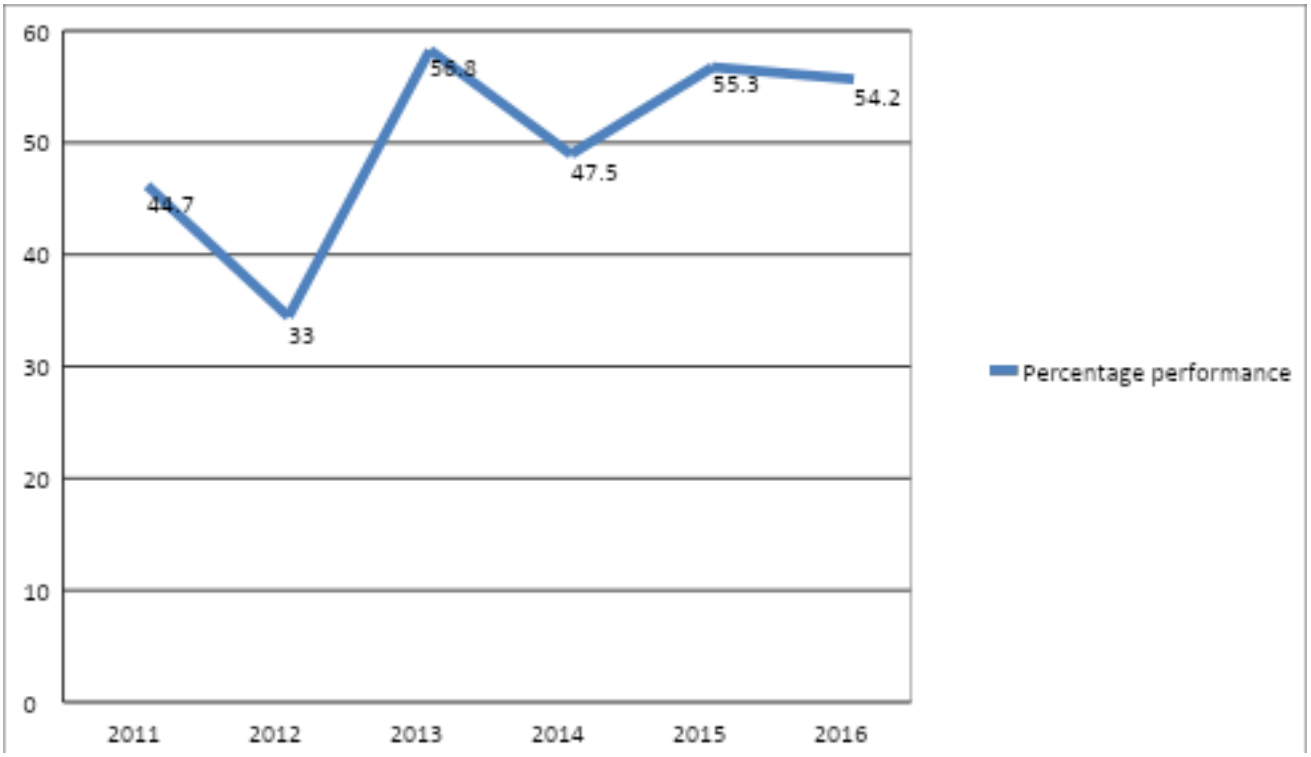

Figure 4: Trend of SMEP's Overall Performance during review exercises from 2011 to 2016.

Per objective area, percentage performance could only be compared for 2014, 2015 and 2016 accurately because the criteria for calculation of percentage performance in these years' AOP reviews are quite different from what were used in previous years' review exercises.

Figure 5 shows performance of the programme in last three years (2014, 2015 and 2016).

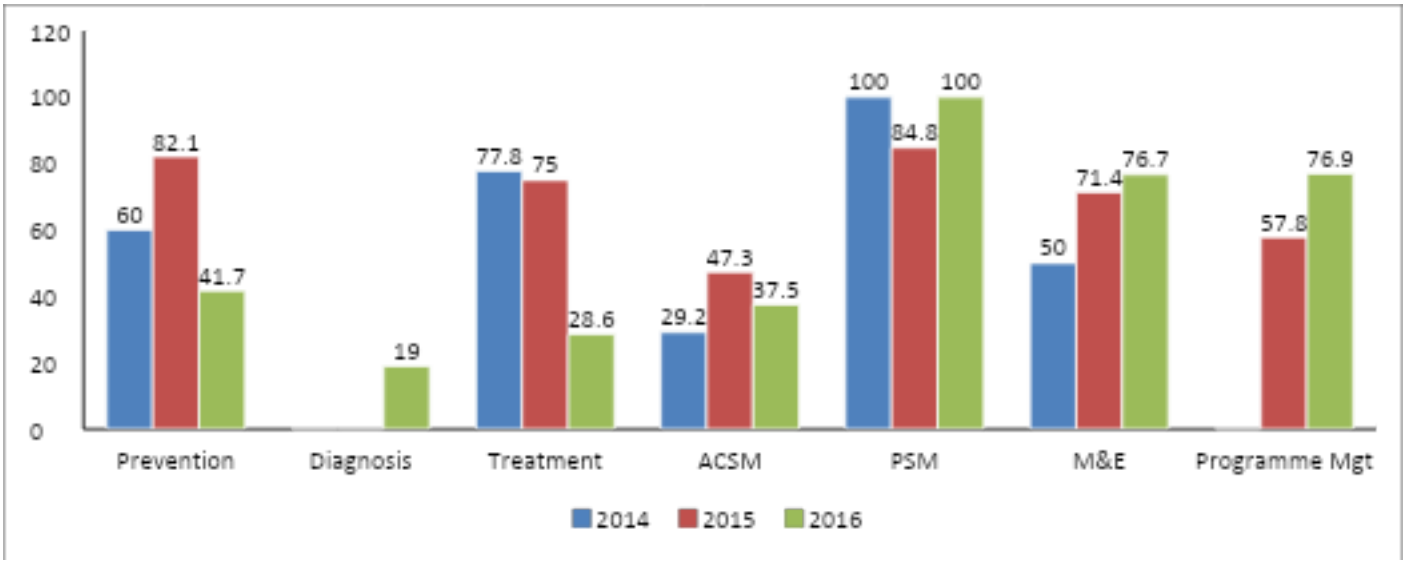

Figure 5: Performance by Objective Area for 2014, 2015 and 2016 AOP Reviews

From the above, Prevention had its highest score in 2015 (82.1%), followed by 2014 (60.0%) but deteriorated to 41.6% in 2016. Diagnosis had 0% in 2014 and 2015 but improved to 19.0% in 2016. Treatment score fell from 77.8% in 2014 to 75.0% then drastically dropped to 28.6% in 2016. ACSM had its best score in 2015 (47.3%), followed by a 37.5% score in 2016 and its lowest score in 2014 (29.2%). PSM had 100% score in 2014 and 2016 but had an 84.8% score in 2015. M&E score improved from 50% (in 2014) to 71.4% in 2015 and then 76.7% in 2016. Similarly, there was a progression in performance of Programme Management from 0% (in 2014), 57.8% in 2015 and then 76.9% in 2016.

The force field analysis tool revealed factors (enhancers and inhibitors) that affected implementation of activities from January to September 2016. Causal analysis revealed core/root causes of these issues. Below are the key/ major factors that influenced performance:

Major Enhancers:

- Political will and support from State Government for some activities
- Commitment of partners and funding support to conduct activities e.g. DQA, ISS, Training on DHIS and NHMIS data tools
- Effective awareness campaign at the facility level
- Early and good planning with effective coordination of effort
- Vibrant health care workers and frontline officers
- Prompt supply of laboratory commodities

Major Inhibitors:

- Other competing activities leading to multiplicity of activities
- Weak harmonization between partners and government
- Inadequate capacity of facility in-charges on data generation and use
- Poor supportive supervision by programme managers
- Delay in funds release, and insufficient funding for assigned programmes leading to poor budget implementation
- Communication gaps between the facilities and LGAs, as well as SPHCDA to harmonize implementation

Crosscutting issues:

- Inadequate community awareness on the importance of proper disposal of waste to avoid increase of mosquito breeding sites
- Fear of community members from being tested for other unsolicited tests e.g. HIV etc. restrains them from accessing malaria diagnosis and testing services at health facilities
- Acute shortage and lacking capacity of human resources e.g. service providers due to too frequent transfers of staff without ample time to step-down trainings and skills to others.
- Delay in the release of funds
- Inadequate Political will to support programmes
- Stock out of RDTs due to Global fund/NMEP management issues.

Key Emerging Issues:

- Treasury Single account (TSA) concerns delaying availability of funds
- Variation in remuneration among health staff especially at the LGA level (e.g. casual workers)
- Inadequate commodities to respond to high malaria prevalence communities
- Security issues in some LGAs

Key Recurring Issues:

- Staff attrition, especially of program managers and principal officers (frequent transfers, retirement)
- Inability of community members to utilize the LLINs and pregnant women to attend ANC, so as to get preventive materials to them
- Delay in the release of funds

Key recommendations/ Actions to improve performance:

- Prioritize important activities, so as to achieve better value
- Proper planning and coordinated/harmonized implementation of planned activities
- Constructive engagement of stakeholders
- Timely advocacies to key policy makers to facilitate effective mobilization of resources
- Inter-sectorial cooperation and collaboration
- Improved commitments of program officers
- Capacity building for health facilities' service providers and M&E officers to improve quality of data reporting systems
- Strengthening the partners' forum by forming a strong state task force on Malaria control that includes all stakeholders and partners.

2.0 2017 Katsina State Malaria Elimination Programme Activity Framework

CODE	CATEGORY OF SUB-ACTIVITIES
M	MUST-DO SUB-ACTIVITIES
I	IMPORTANT-TO-DO SUB-ACTIVITIES
N	NICE-TO-DO SUB-ACTIVITIES

Objective Area One: Malaria Prevention

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

State Broad Objective for 2017:
At least 80% of targeted population utilizes appropriate preventive measures by 2017

Current Situation:

1. 32.9% of pregnant women attending ANC in public health facilities have received LLIN, (the private Health Facilities data is Unknown).
2. Schools and Community LLIN distribution is ongoing.
3. 65% of pregnant women attending ANC received at least 3 doses of SP for IPT.
4. 48% of the mosquito breeding sites were larvacided but all the Major Mosquito breeding sites have been identified throughout the state, "done by SEPA"
5. Currently no IRS (Indoor Residual Spray) exercise is taking place in the state.
6. 97% Ownership and utilization of LLIN "Done by Global Fund, SuNMaP and SFH"(MIS 2015)
7. No IPT for Infants currently in Katsina State

Specific Objectives for 2017:

1. To ensure that 80% of pregnant women have access to LLINs by the end of 2017.
2. To Scale up drainage silt removal exercise in major Public drainages to reduce the breeding sites to 50%.
3. To scale up larvaciding activities to 80% of the identified major mosquito-breeding sites in 18 LGAs.
4. To ensure that 80% of pregnant women attending antenatal clinics receives the required doses of SP for IPTs.

Targets for 2017:

1. 80% of the pregnant women have access to LLINs before the end of 2017.
2. Achieved 50% coverage of Drainage silt removal exercise expanded to all the 34 LGAs.
3. Larvaciding activities conducted in at least 80% of the identified mosquito breeding sites.
4. 80% of pregnant women attending antenatal clinics receive at least three doses of SP for IPTs.

CAT	Activity	Sub-Activity	Responsible person	Resources Required	Time-Frame												Cost (₦)	Source of funds	Indicat
					J	F	M	A	M	J	J	A	S	O	N	D			
Specific Objective 1.1: To ensure that 80% of pregnant women have access to LLINs by the end of 2017.																			
I	1.1.1 Training of Chief Nursing officers from the 21 GHs and in charges from the 32 CHCs in the state on LLIN distribution	1.1.1.1. Planning meeting of the Chairman DPHCs forum, Director Malaria, SMEP manager and IVM officer (4 persons total)	SMEP Manager	Lunch		X											6,000	SMOH	Meetin held
I		1.1.1.2 1-day non-residential State level training to 21 Chief Nursing officers and 32 in charges from all the GHs and CHCs and in the state on LLIN distribution (3 facilitators)	SMEP Manager	Venue, transportation , facilitator's fee, Tea break, lunch, projector, PAS, workshop materials, stationeries		X											79,500	SMOH	Numbe person trained
M		1.1.1.3 1-Day non-residential zonal Cluster Roll-out Training	SMEP Manager	Venue, transportation , facilitator's fee, Tea break, lunch,			X										1,760,200	SMOH	Numbe person trained

		for 578 ANC Staff (3 zones x 193 participants and 3 facilitators per zone)		projector, workshop materials, stationeries, PAS														
TOTAL FOR SPECIFIC OBJECTIVE 1.1																1,845,700		
Specific Objective: 1.2: To scale up drainage silt removal exercise in major Public drainages to reduce the breeding sites to 50%.																		
M	1.2.1 Scale up Drainage silt removal exercise in 50% of major Public drainages in 18 LGAs	1.2.1.1. Planning meeting with 10 management staff, 3no Zonal officers, Directors Water & Sanitation dept. and 3no MOH staff (50 persons)	IVM Officer	Venue (free) Refreshment Transport		X										75,000	SEPA	Plannir meetin held
I		1.2.1.2 One-day non-residential Meeting of 10 SEPA and 2 SMOH officials with 68 CBO Leaders (2 per LGA in 18 LGAs) on silt removal for malaria prevention (80 persons total)	IVM Officer	Hall, refreshments, transport, PAS, Workshop materials, prevention IEC Materials			X									160,000	SEPA	Meetin held

M		1.2.1.3 Conduct of Drainage silt Removal exercise in Urban wards (at least 50%) to eliminate mosquito breeding sites in 34 LGAs	IVM officer	20no Refuse collection Vans (Trucks), Diggers, Shovels, Fork shovels, Rain boots, Wheel barrows, Allowances, Media coverage.					X	X	X	X					10,172,800	SEPA	Numbe Drainag urban v covere
																TOTAL FOR SPECIFIC OBJECTIVE 1.2	10,407,800		
Specific Objective 1.3: To scale up larvaciding activities to 80% of the identified major mosquito breeding sites in 18 LGAs.																			
M	1.3.1 Vector Control/ Larviciding activities of major breeding sites across the state	1.3.1.1 Identification of major breeding sites in 180 wards in the state	IVM officer	Transport allowance	X												90,000	SEPA	Numbe wards/ breedir sites identifie
I		1.3.1.2 2-days non-residential LGA level Training and Engagement 270 of	IVM Officer	Allowances Lunch		X					X						550,000	SEPA	Numbe person trained engage larvaci activitie

		Personnel for Larviciding activities (15 persons each from 18 LGAs)																
M		1.3.1.3 Conduct Larvaciding exercise on 80% of identified major breeding sites in 18 LGAs.	IVM Officer	-Face Mask -Chemicals - Goggles - Hand Gloves - Rain boots - Transport - Honorarium - Antidotes (Peak Milk) -Supervision Knap sack-Sprayers Allowance & Transport Supervisors' Allowance & Transport				X	X	X	X	X	X				18,764,550	SEPA	Numbe breedir sites in which larvaci is conduc
TOTAL FOR SPECIFIC OBJECTIVE 1.3																19,404,550		
Specific Objective 1.4: To ensure that 80% of pregnant women attending antenatal clinics receive the required doses of SP for IPTp.																		
M	1.1.1 Training on MIP to health workers conducting ANC	1.1.1.1. Planning meeting on MIP Training by DPH, DPHC-SPHCDA , Director	IVM Officer	Desk work		X				X						9,000	SMOH	Numbe plannin meetin held

		Malaria, Chairman DPHC Forum, SMEP Manager, IVM officer (6 persons total)																
M		1.1.1.2 State-level non-residential Refresher TOT on MIP for 21no. Maternity in charges from 21 GHs.	IVM Officer	Venue, transportation, DSA, facilitator's fee. Tea break, lunch, projector, workshop materials		X				X						253,700	SMOH	Numbe person trained
M		1.1.1.3 One day non-residential Roll-out LGA-level Training in (3 senatorial zones) for ANC Staff from 578 Health centres on LLIN distribution (193 per group)	IVM Officer	Venue, transportation, DSA, facilitator's fee. Tea break, lunch, projector, workshop materials			X									247,900	SMOH	Numbe person trained
TOTAL FOR SPECIFIC OBJECTIVE 1.4																510,600		

Total Cost for Malaria Prevention Activities = N32, 168, 650

Objective Area Two: Malaria Diagnosis

National Strategic Objective:
To test all care-seeking persons with suspected malaria using RDT or microscopy by 2020

State Broad Objective for 2017
To ensure that at least 80% of all care-seeking persons with suspected malaria are tested with RDT or microscopy by 2017

STATE BROAD CURRENT SITUATION (2016)
66.0% of persons with suspected malaria who sought care were tested with RDT or microscopy as at September, 2016

CURRENT SITUATION:
- 32.7% of health care workers (JCHEWS/SCHEWS and MLAs) in public health facilities (primary and secondary) have received training on RDT utilization while 10.3% of MLS and MLT from public health facilities have been trained on malaria microscopy
- QA/QC for diagnostic processes and services was done in 56.24% of public health facilities in 2015. However, QA/QC was not conducted in any health facility in 2016.

SPECIFIC OBJECTIVES FOR 2017
- To train 25% of MLS and MLT in public and private health facilities on malaria diagnosis
- To ensure that QA/QC of malaria diagnostic processes and services is conducted in at least 55% of public and private secondary health facilities

TARGETS FOR 2017
- 25% of MLS and MLT in public and private health facilities trained on malaria diagnosis
- QA/QC of malaria diagnostic processes and services conducted in at least 55% of public and private secondary health facilities

CAT	Activities	Sub-Activities	Responsible person	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: To train 25% of MLS and MLT in public and private health facilities on malaria diagnosis																			
M	2.1.1 Training of MLS and MLT from public and Private health facilities	2.1.1.1 1 day Planning meeting to strategize the training arrangement (3 persons - 1 each from SMOH, LGSC & SPHCDA	SMEP Manager	Desk work			X										0	N/A	Planning meeting held
M		2.1.1.2 5 days non-residential refresher training of 14 MLS and 41 MLT from both Public and private HFs on Malaria Diagnosis-Microscopy	SQAO	Participants' transport, hall rent, participants' DSA, Facilitators' transport, facilitators' DSA, training manuals, workshop materials, PAS, multimedia projector, workshop materials, tea break, lunch, facilitators' fees			X										1,887,300	SPHCDA (50%) SMOH (25%); LGSC (25%)	Number of MLS and MLT from both private and public facilities trained

M		2.1.1.3 Conduct 2 days non-residential Training in each Zone of the State for the 10 HFs In-charges in each 34 LGAs on RDT. (340 persons – 3 clusters)	SQAO	Participants' transport, hall rent, participants' DSA, Facilitators' transport, facilitators' DSA, training manuals, workshop materials, PAS, multimedia projector, workshop materials, tea break, lunch, facilitators' fees				X	X	X							8,657,100	SPHCDA (50%) SMOH (25%); LGSC (25%)	Number of persons trained
TOTAL FOR SPECIFIC OBJECTIVE 2.1																	10,544,400		
Specific Objective 2.2: To ensure that QA/QC of malaria diagnostic processes and services is conducted in at least 55% of public and private secondary health facilities																			
I	2.2.1 Establish QA and QC system in 20% of HFs	2.2.1.1 Identify and select one laboratory personnel each from 6 randomly selected SHFs	SMEP Manager	Deskwork	X												0	N/A	Number of QA/QC Team members selected
I		2.2.1.2 3 days non-residential training on QA Team on panel sample/slides preparation for EQA (one	SMEP Manager	Participants' transport, hall rent, Facilitators' transport, training manuals, workshop							X						70,700	SMOH (25%), SPHCDA (50%) and LGSC (25%)	Number of persons trained

		laboratory personnel from the SHFs.)		materials, PAS, lunch, projector, workshop materials, tea break, facilitators' fees															
		2.2.1.3 Quarterly Slide selection and Rechecking (blinded rechecking) – 6 persons 1 per zone	SQAO	Transport for QA team,			X			X			X			X	48,000	SMOH (25%), SPHCDA (50%) and LGSC (25%)	Number of slides sampled and Rechecked
		2.2.1.4 Planning meeting of the QA/QC Team and Selection of sentinel sites for EQA (6 persons) for Post QA/QC dissemination meeting	SMEP Manager	Desk work			X			X			X			X	130,000	SMOH (25%), SPHCDA (50%) and LGSC (25%)	Meeting held
		2.2.1.5 Quarterly Post QA/QC dissemination meeting (30 persons)	SMEP Manager	Refreshments, participants' Transport			X			X			X			X	300,000	SMOH (25%), SPHCDA (50%) and LGSC (25%)	Number of meetings held
																	548,700		

Total Cost for Diagnosis Activities = N 11, 093, 100

Objective Area Three: Malaria Treatment

National Strategic Objective for 2020:
To treat all individuals with confirmed malaria seen in private or public facilities with effective anti-malarial drug by 2020

State Broad Objective for 2017:
To ensure that 100% of persons with confirmed malaria seen in private or public health facilities received prompt treatment with an effective anti-malarial drug by the year 2017

Current Situation:

1. The proportion of confirmed cases of uncomplicated malaria in public and private health facilities treated according to National Treatment Guideline is 85% (DHIS2.0)
2. The proportion of severe malaria cases presenting in public and private health facilities that are managed according to the National Treatment Guideline is 90%
3. Sentinel surveillance is weak
4. Pharmacovigilance for antimalarial commodities is also weak or non-existent
5. ICCM case management is inactive.

Specific Objectives for 2017:

1. To ensure that 100% of confirmed cases of uncomplicated malaria in public and private health facilities are treated according to the National Treatment Guideline (NMSP 2014-2020)
2. To ensure that all patients with severe malaria presenting in public and private health facilities are managed according to the National Treatment Guideline (NMSP 2014-2020)
3. To strengthen sentinel surveillance of malaria treatment and conduct drug efficacy tests (DTET) (NMSP 2014-2020).
4. To strengthen capacity for Pharmacovigilance
5. Scale up integrated community case management (iCCM) of malaria.

Targets for 2017:

1. 100% of confirmed cases of uncomplicated malaria in public and private health facilities are treated according to the National treatment Guideline.
2. 100% of severe malaria presenting in public and private facilities are managed according to National Treatment Guidelines.
3. To strengthen sentinel surveillance of malaria treatment and conduct drug efficacy tests (DTET) (NMSP2014-2020).
4. To Strengthen capacity for Pharmacovigilance
5. To activate and Scale up integrated community case management (iCCM)

CAT	Activity	Sub-Activity	Responsible person	Resources Required	Time-Frame												Cost (₦)	Source of funds	In
					J	F	M	A	M	J	J	A	S	O	N	D			
Specific Objective 3.1: To ensure that 100% of confirmed cases of uncomplicated malaria in public and private health facilities are treated accordin National Guidelines																			
M	3.1.1 Training of health workers in the public and private health facilities on treatment of uncomplicated malaria according to the National treatment Guidelines	3.1.1.1 Conduct 3 days residential training on case management of malaria for senior health workers - 2 persons per LGA (2x 34) +RBM manager + 2 HMB staff + 3 facilitators + 1 secretariat (68 participants total)	SMEP Manager	Hall, Tea Break, Lunch, participants' and Facilitators transport, Workshop Materials, Facilitators Fees, printing of certificates, Stationeries	X												2,505,800	SMOH	N pe tra
M		3.1.1.2. Conduct 3 days non-residential training case management of malaria and referral system for 1224 PHC workers (36 per LGA -2 persons X 17 HFs in-charge/medical record officer) + IRBM focal person	SMEP Manager	Hall, Tea Break, Lunch, Transport for participants and Facilitators, Workshop Materials, Facilitators Fees and Stationeries	X												15,427,900	SMOH	N pe tra

		+ 1 PHC Coordinator) 2 facilitators + 1 Secretariat)																	
M		3.1.1.3 3-days residential state level training on community case management for Malaria (2-persons from each LGA)	SMEP Manager	Hall, Tea Break, Lunch, Transport for participants and Facilitators, Workshop Materials, Facilitators Fees, Stationeries	X											4,982,900	SMOH	N pe tra
M		3.1.1.4 Collection of 5000 copies of the National guidelines for malaria treatment from NMEP	SMEP Manager	Refreshment	X											0	N/A	N co N G pr
M		3.1.1.5 Distribution of 5000 National guideline for malaria treatment to all public and private HFs	SMEP Manager	Car hire	X											135,000	SMOH	N N G di
																TOTAL FOR SPECIFIC OBJECTIVE 3.1:	23,051,600		
Specific Objective 3.2: To ensure 100% of patients with severe malaria presenting in public and private health facilities that are managed according National Treatment Guideline /																			

M	3.2.1 Training of senior health workers and medical doctors in public and private health facilities on severe malaria according to National treatment guidelines	3.2.1.1 2 days residential training on Severe Malaria for senior health workers/Doctors (Same participants as 3.1.1.1)	SMEP Manager	Break, hall, Lunch, Transport for participants and Facilitators, Workshop Materials, Facilitators Fees, printing of certificates and Stationeries	x											1,912,300	SMOH	N pe tra
				TOTAL FOR SPECIFIC OBJECTIVE 3.2												1,912,300		
Specific Objective 3.3 : To strengthen malaria parasite sentinel surveillance sites from 1 to at least 2																		
M	3.3.1 Reactivation and creation of 2 additional MPSS sites in Daura and Funtua zones	3.3.1.1 Stakeholders engagement meeting 7(SMOH/ Partners/ HSMB/ SPHCDA) for reactivation/ creation of 2 additional MPSS sites in Daura and Funtua zones	SMEP manager	Venue/Hall Stationaries Transport allowance Lunch Tea break			X									32,400	SMOH	M he

M		3.3.1.2 3-day non-residential Training of 2 laboratory personnel on MPSS from each site (6 participants; 2 facilitators)	SMEP manager	Venue/Hall Stationaries Transport allowance Lunch Tea break Tools Microscopes Slides			X									216,600	SMOH	N pe tra
TOTAL FOR SPECIFIC OBJECTIVE 3.3																249,000		
Specific Objective 3.4: To strengthen Pharmacovigilance activities for antimalarial commodities																		
M	3.4.1 Establish a system for pharmacovigilance activities for malaria treatment in the 34 LGAs	3.4.1.1 Planning Meeting by 6 persons (from SMOH/NAFDAC/SPHCDA) on pharmacovigilance activities for malaria treatment	SMEP Manager	Venue/Hall Stationaries Transport allowance Lunch						X						39,000	SMOH	M he
M		3.4.1.2 1 day Non-residential Training of 34 personnel 1 from each of the 34 LGAs on pharmacovigilance	SMEP Manager	Venue/Hall Stationaries Transport allowance Lunch Tea break						X						196,500	SMOH	N pe tra ph ig
M		3.4.1.3 Quarterly stake holders meeting 40people to review	SMEP Manager	Venue/Hall Stationaries Transport allowance			X			X			X		X	468,300	SMOH	N m he

		and discuss pharmacovigilance related issue		Lunch Tea break															
M		3.4.1.4 2-day non-residential Refresher training for 136 (lab. scientist/ pharmacist/Nurses /doctors) on the conduct of drug efficacy tests (cluster training/ 3 classes)	SMEP Manager	Venue/Hall Stationaries Transport allowance Lunch Tea break			X										649100	SMOH	N pe tra
M		3.4.1.5 Biannual dissemination meeting 44 people(Dir. PHC FROM 34 LGAs/MOH/HSMB/ PARTNERS	SMEP Manager	Venue/Hall Stationaries Transport allowance Lunch Tea break						X					X		150,000	SMOH	N m he
TOTAL FOR SPECIFIC OBJECTIVE 3.3																	1,547,900		
Specific Objective 3.5: To reactivate Integrated Community case management in all LGAs																			

M	3.5.1 Training of RMC (Role Model Care givers) for Community Case Managemen t for malaria	3.1.5.1 Conduct a 4 day non-residential training of 816 RMCs (24 per LGA) on Community Case Management and referral system	SMEP Manager	Venue/Hall Stationaries Transport allowance Lunch Tea break DSA						X						13,855,200	SMOH	N pe tra
TOTAL FOR SPECIFIC OBJECTIVE 3.5:																13,855,200		

Total Cost for Malaria Treatment Activities = N40, 616, 000

Objective Area Four: Advocacy, Communication and Social Mobilization (ACSM)

National Strategic Objective for 2020:
To provide adequate information to all Nigerians such that at least 80% of the populace habitually takes appropriate malaria preventive and treatment measures as necessary by 2020

State Broad Objective for 2017:
At least 100% of the population are mobilized to demand and utilize appropriate malaria prevention and management services by 2017

Current Situation:

1. A total of 17 CBOs were engaged by SFH under the umbrella of ACOMIN to work on social mobilization in 17 LGAs as IPC conductors (ACOMIN 2016).
2. There is also a joint network of CSOs working in health and development that include over 25 member CSOs working collaboratively to support the health sector.
3. Advocacy visits to his excellency was done by a high level committee, but in the absence of LGA chairmen association (ALGON), the state was only able to meet the Commissioner, ministry for local government and chieftaincy affairs
4. A team of 5 ACSM sub-committee members also visited the 2 emirate councils where other district heads were present.
5. Due to the established relationship between the state and the media houses, most of the ACSM programmes are being held for free or at subsidized rates.

Specific Objectives for 2017:

1. To improve the current knowledge of malaria from 93.1% to 100% among the general public, so as to increase demand for malaria prevention and management services.
2. To enhance political will/support from key stakeholders to foster an enabling environment for malaria control/elimination activities and improved funding.
3. To strengthen the capacity of health workers to enhance facilities based dissemination of appropriate information for malaria prevention and management practice
4. To strengthen the existing State ACSM committee and replicate the same in 34 LGA, by the end of 2017.

Targets for 2017:

1. Knowledge of malaria among the general public especially women will increase from 93.1% to 100% among the general public and increase demand for malaria prevention and management service to 100%.
2. Active participation of political leaders and increase funding/budget line for malaria control/elimination activities in the state in 2017.

3. Front line Health workers will improve knowledge on IPC that will enhance facilities based dissemination of appropriate information for malaria prevention and management practice
4. State and 34 LGA ACSM committees fully functioning and having operational and implementation plan respectively by the end of 2017

CAT	Activity	Sub-Activity	Responsible person	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: To scale up the current knowledge of malaria from 93.1% to 100% among the general public and increase demand for malaria prevention and management service																			
M	4.1.1 Plan series of community awareness campaigns targeting 15 selected high risk LGA in-terms of confirmed cases of malaria.	4.1.1.1 One day stake holders meeting with 20 ACSM committee members and 3 persons each from the 15 selected LGAs on modalities of reaching 3 affected wards per LGA and 4 settlements per ward.	ACSM Officer	Hall Lunch Tea break Stationeries Workshop material Transport Projector Screen PAS			X										486,300	SMOH	Meeting held
M		4.1.1.2 One day stakeholders meeting (20 ACSMM, 45 LGA rep) a total of 65 persons for identification and engagement of	ACSM Officer	Hall Lunch Tea break Stationeries Workshop material Transport Projector			X										395,300	SMOH	Meeting held

		4 CBOs per ward for orientation and conduct of community/compound meetings on malaria. A total of 180 CBOs		Screen PAS															
M		4.1.1.3 Engage 180 CBOs to conduct series of compound meetings in 180 settlements with women groups, male, youth and elderly.	ACSM Officer	Transport Stationeries refreshment IEC materials				X	X	X	X	X	X	X	X	X	504,000	SMOH	Number of CBOs engaged
M		4.1.1.4 Compilation and documentation and reporting of activities using using standard reporting format.	ACSM Officer	Stationeries video coverage printing photocopies binding communication				X				X				X	10,050	SMOH	Number of compilations/ documentations done
M	4.1.2 Plan and implement	4.1.2.1 Two day media engagement	ACSM Officer	Hall Lunch			X										407,900	SMOH	Media materials develop

	mass media programmes targeting the general public on malaria.	and material development meeting with health 6 producers and 20 ACSM members to plan series of media programmes on malaria. To be facilitated by 2 resource persons.		Tea break Stationeries Workshop material Transport Projector Screen PAS															ed
M		4.1.2.2 Pre-testing of materials in 3 LGAs per zone total of 18 LGAs with 40 participants per LGA a total of 720 persons and 38 pre-testers	ACSM Officer	Transport for pre-testers Stationeries per LGA Refreshment for 720 participants report and documentation			X										312,000	SMOH	Pre-testing done
M		4.1.2.3 Final production of Media materials	ACSM Officer	Radio Jingles at 2 slots per day TV Jingles at 2 slots per day Radio Drama once a week TV Drama once a week Majigi film one production				X									2,780,000	SMOH	Media materials produced

				Majigi film 50 CD copies Song one production Song 50 CD copies															
M		4.1.2.4 Procurement of seven MAJIGI kits one per PHC zone.	ACSM Officer	7 14" TV 7 PAS 7 screens 7 projectors 7 digital cameras		X										1,239,000	SMOH	Number of Majigi kits procured
M	4.1.3 Work with existing structure to conduct Special sensitization meeting with key stakeholder at state and community levels on their role in malaria prevention control and elimination	4.1.3.1 Organise one day sensitization meeting on the role of the traditional leaders in malaria prevention, control and elimination for 63 district heads, to be facilitated by 3 resource persons.	ACSM Officer	Hall, lunch, tea break, stationeries, workshop materials, transport for facilitators and participants, facilitators' fees, PAS, projector and screen.						X						423,000	SMOH	Sensitization meeting held

M		4.1.3.2 Organise one day sensitization meeting on the role of the religious leaders in malaria prevention, control and elimination for 24 persons 3 each from seven islamic sects and CAN heads.	ACSM Officer	Hall, lunch, tea break, stationeries, workshop materials, transport for facilitators and participants, facilitators' fees, PAS, projector and screen.						X						207,500	SMOH	Sensitiz ation meeting held
M		4.1.3.3 One day state level meeting with 3 members of seven functional women groups 34 LGA first ladies and 10 state delegates on their role in malaria prevention, control and management under the leadership of Her Excellency	ACSM Officer	Hall, lunch, tea break, stationeries, workshop materials, transport for facilitators and participants, facilitators' fees, PAS, projector and screen.				X									414,300	SMOH	Meeting held

		to be facilitated by 2 persons.																
M		4.1.3.4 Engagement of network of women forum for health a total of 20 members in programing and implementing women sensitization campaigns in seven PHC zones under the leadership of Her Excellency first lady (malaria terminator) to be supported by 34 LGA first ladies under press coverage. A minimum of 400 participants per zone	ACSM Officer	IEC materials, transport, stationeries, allowance, refreshment				X	X	X	X	X	X	X	X	X	2,942,100	SMOH	Number of Women forums engaged
M	4.1.4 Provide facility base I.E.C materials to	4.1.4.1 Two day facility SBCC material	ACSM Officer	Posters Banners Billboards			X										356,200	SMOH	Meeting held/ SBCC Material

	support dissemination of factual information and community link activities.	development meeting with health 20 participants to be facilitated by 2 resource persons.		Stickers Flip charts Book lets Talking radio															s develop ed
M		4.1.4.2 Pre-testing of materials in 2 Facilities per LGA - total of 68 facilities with 10 clients per facility be pre-tested by 2 persons per facility.	ACSM Officer				X									196,400	SMOH	Pre-test ing done
M		4.1.4.3 Final production of assorted SBCC materials	ACSM Officer					X								1,810,000	SMOH	SBCC material s produce d
M		4.1.4.4 Distribution of SBCC to LGA for used in health facilities that include secondary HF and private	ACSM Officer					X								0	SMOH	SBCC material s distribut ed

M	4.1.5 Organise and conduct malaria days	4.1.5.1 Production of basic I.E.C materials for used during malaria day.	ACSM Officer	Posters, Banners, Stickers, T-shirts, Face caps, Hi jabs, memo booklet				X								656,000	SMOH	IEC materials produced
M		4.1.5.2 Commemoration /flagging up of world malaria day under press coverage by the H.C.M.O.H	ACSM Officer	Hall. Tea break media coverage, IEC material				X								59,000	SMOH	WMD Flagged off under press by HCMOH
M		4.1.5.3 Conduct mass media on Malaria Day.	ACSM Officer	Live phone in, panel discussion, and media dialogue program				X								515,000	SMOH	Mass media done
M		4.1.5.4 Conduct three episodes of school based symposium on malaria in 3 col ledges of health sciences with 30 students per	ACSM Officer	Hall, lunch, tea break, stationeries, workshop materials, transport for facilitators and participants, facilitators' fees, PAS, projector				X								103,800	SMOH	Number of episodes of school based symposium on malaria

		school. To be facilitated by 2 persons per school.		and screen.														done
TOTAL COST FOR SPECIFIC OBJECTIVE 4.1																13,817,850		
Specific objective: 4.2 To enhance political will and enabling environment for malaria control/elimination activities and improved funding.																		
M	4.2.1 Production of Harmonise advocacy kit	4.2.1.1 Production of malaria specific advocacy kits for use in harmonize high and low level advocacy.	ACSM Officer	Advocacy kits	X											1,000,000	SMOH	Production done
M	4.2.2 Plan and conduct series of advocacy events.	4.2.2.1 Conduct high level Advocacy to His Excellency and members of the executive council.	ACSM Officer	Advocacy kits Stationeries Media coverage, transport refreshments		X										170,000	SMOH	Advocacy conducted

M		4.2.2.2 Conduct high level Advocacy to;- Her Excellency and 34 LGA first ladies.	ACSM Officer	Advocacy kits Stationeries Media coverage, transport refreshment		X										170,000	SMOH	Advocacy conducted
M		4.2.2.3 Conduct high -level Advocacy to two Emirate councils.	ACSM Officer	Advocacy kits Stationeries Media coverage, transport Royal homage refreshment		X										190,000	SMOH	Advocacy conducted
M		4.2.2.4 Conduct advocacy event for 34 LGA (ALGON) chairmen and 4 line ministries.	ACSM Officer	Advocacy kits Stationeries Media coverage, transport refreshment			X									170,000	SMOH	Advocacy conducted
M		4.2.2.5 Organise bi-annual press briefing with His Excellency for feedback to assess progress and bottlenecks	ACSM officer	Advocacy kits Stationeries Media coverage, transport allowance.							X				X	330,000	SMOH	Number of press-briefings held

		related to malaria.																
TOTAL FOR SPECIFIC OBJECTIVE 4.2																2,030,000		
Specific objective 4.3. To strengthen the capacity of health workers for enhance facilities based dissemination of appropriate information for malaria prevention and management practice																		
M	4.3.1 Capacity building for front line health workers on IPC&C	4.3.1.1 Identify and conduct 3 days T.O.T for 45 persons 3 from each of the selected 15 LGA on effective communication, IPC&C to enhance facility based and community link activities on malaria.	ACSM Officer	Hall, lunch, tea break, stationeries, workshop materials, transport for facilitators and participants, facilitators' fees, PAS, projector and screen.			X										726,300	SMOH	Number of persons trained on IPC&C
M		4.3.1.2 Cascade communication and IPC&C training for 135 persons 3 from each of the selected 45 wards to enhance facility	ACSM Officer	Hall, lunch, tea break, stationeries, workshop materials, transport for facilitators and participants, facilitators' fees, PAS, projector				X									1,651,300	SMOH	Number of persons trained

		based and community link activities on malaria. With distribution of SBCC materials.		and screen.															
M		4.3.1.3 Incorporate monitoring of community link activities in to existing JISS plan.	ACSM Officer	Desk work				X								0	N/A	Monitoring of community link activities incorporated into JISS
TOTAL FOR SPECIFIC OBJECTIVE 4.3																2,377,600		
Specific objective 4.4: To strengthen the existing State ACSM committee and replicate same in 34 LGA, by the end of 2017.																		
M	4.4.1 Strengthening State and LGA ACSM Committee	4.4.1.1 Conduct monthly thematic area meeting with 20 ACSM members and 3 partners, to develop and review implementation plan.	DCM	Hall, lunch, tea break, stationeries, workshop materials, transport for facilitators and participants, facilitators' fees, PAS, projector and screen.	X	X	X	X	X	X	X	X	X	X	X	X	1,559,600	SMOH	Number of meetings held

M		4.4.1.2 Conduct one day sensitization meeting with 102 persons 3 from each LGA and 10 from the state on the concept and modalities of forming LGA ACSM committee and the development of LGA plan of action.	ACSM officer	Hall, lunch, tea break, stationeries, workshop materials, transport for facilitators and participants, facilitators' fees, PAS, projector and screen.			X										436,900	SMOH	Sensitiz ation done
M		4.4.1.3 Support monthly LGA and state ACSM meetings under the umbrella of the traditional leaders' forum on PHC to discuss issues related to Malaria.	ACSM Officer	Hall, lunch, tea break, stationeries, workshop materials, transport for facilitators and participants, facilitators' fees, PAS, projector and screen.	X	X	X	X	X	X	X	X	X	X	X	X	7,004,400	SMOH	Number of meeting s held

M		4.4.1.4 Compilation, documentation and reporting of State ACSM activities.	ACSM Officer	Stationeries Printing photocopies binding communication											X	60,000	SMOH	Compilation, documentation and reporting done
TOTAL FOR SPECIFIC OBJECTIVE 4.4																9,060,900		

Total cost for ACSM activities = N27, 226, 350

Objective Area Five: Procurement & Supply Chain Management (PSM)

National Strategic Objective for 2020:
To ensure timely availability of appropriate antimalarial medicines and commodities required for prevention and treatment of malaria in Nigeria wherever they are needed by 2018.

State Broad Objective for 2017:
To ensure at least 60% timely availability of appropriate anti-malarial medicine and commodities required for prevention and treatment of malaria by 2017.

Current Situation:

1. There is an improvement of supplies of commodities from the Partners (2015 MNCH2 Support). However, only 48.7% of HFs have regular supply of ACTs
2. Supplies of State driven FMS has suffered due to price fluctuations
3. From 1 & 2 above commodity gap has widen to about 60%
4. Storage facility situation at the PHC level has improved due to renovation support by MNCH2 and the State Government via the program of 1Fn PHC/W.
5. LLIN for routine distribution is available in only 578 HFs (35%) out of the total 1629 facilities.
6. Supply of commodities for the management of severe malaria at the referral HFs is improved with the recent resupplies by IHVN. Supply of RDTs is similarly improved in the 578 GF supported facilities.
7. PSM-TWG is not very active in Katsina State
8. Logistics of antimalarial medications in the private sector is not coordinated.

Specific Objectives for 2017:

1. To ensure that 60% public health facilities to have regular supply of quality SPs, RDTs and ACTs for prevention, diagnosis and management of uncomplicated malaria..
2. To ensure 100% availability of commodities for severe pre-referral treatment in CHCs and 100% availability of severe malaria management commodities in all SHFs
3. Sustain routine distribution of LLINs in all public health facilities conducting ANC
4. To reactivate PSM-TWG to strengthen PSM-related activities
5. Coordinate Private sector (SFH) logistics

Targets for 2017:

1. At least 60% public health facilities to have regular supply of quality SPs, RDTs and ACTs for prevention, diagnosis and management of uncomplicated malaria.
2. Commodities for the management of severe malaria will be available 24/7 in all the 18 SHFs and CHCs

3. Make LLIN available for routine distribution at all public facilities that are conducting ANC
4. Have a functional PSM-TWG in the State by the end of 2017
5. Integrate and coordinate the SCMS of anti-malarial commodities in all the registered Private Health Facilities offering malaria elimination program into the State SCMS.

CA

CAT	Activity	Sub-Activity	Responsible person	Resources Required	Time-Frame												Cost (₦)	Source of funds	Indi
					J	F	M	A	M	J	J	A	S	O	N	D			
Specific Objective 5.1.To ensure that 60% public health facilities to have regular supply of quality SPs, RDTs and ACTs for prevention, diagn management of uncomplicated malaria..																			
M	5.1.1 Annual quantification for malaria commodities and gap analysis	5.1.1.1 1-day Planning meeting for quantification meeting	DPS	Tea break Transport											X		42,000	SMOH	Mee
M		5.1.1.2 5-Days Quantification days meeting for procurement of commodities in 2018	DPS	DSA Refreshment Transport Accommodation Venue											X		1,050,000	NMEP	Quar done
M		5.1.1.3 1 Day dissemination meeting	DPS	Refreshment Transport												X	157,500	SMOH	Diss n he
M	5.1.2 Quarterly procurements of anti-malaria commodities	5.1.2.1 Procurement committee meetings - quarterly	DPS	Refreshment Transport	X			X			X				X		810,000	SMOH	Num mee

M	5.1.3 Routine distribution of commodities to HFs	5.1.3.1 1- Day MSVs to SMS by stakeholders	DPS	Refreshment Transport	X		X		X		X		X		X		567,000	SMOH	Num MSV done
M	5.1.4 Quarterly review meetings for quantification	5.1.4.1 1-day Planning meeting	DPS	Refreshment Transport	X			X			X			X			810,000	SMOH	Num plan mee
M		5.1.4.2 3-Days meeting to review quantification	DPS	Refreshment Transport	X			X			X			X			540,000	SMOH	Num quar mee done
				TOTAL FOR SPECIFIC OBJECTIVE 5.1													3,976,500		
Specific Objective 5.2: To ensure 100% availability of commodities for severe pre-referral treatment in CHCs and 100% availability of sever management commodities in all SHCs																			
M	5.2.1 Annual quantification for malaria commodities	5.2.1.1 1-day Planning meeting	DPS	Refreshment Transport											X		42,000	SMOH	Plan mee
M		5.2.1.2 5-Days Quantification days meeting	DPS	DSA Feeding Transport Accommodatio n Venue											X		850,000	NMEP	Quar done
		5.2.1.3 1 day dissemination meeting	DPS	Transport, refreshments												X	157500	SMOH	Diss n do

M	5.2.2 Quarterly procurements of anti-malaria commodities	5.2.2.1 3- meeting for procurement	DPS	Refreshment Transport	X			X			X			X			810,000	SMOH	Num mee done
M	5.2.3 Routine distribution of commodities to HFs	5.2.3.1 1- Day MSVs to SMS by stakeholders	DPS	Refreshment Transport	X			X			X			X			567,000	SMOH	MSM done
M	5.2.4 Quarterly review meetings for quantification	5.2.4.1 1-day Planning meeting	DPS	Refreshment Transport	X			X			X			X			810,000	SMOH	Num mee
M		5.2.4.2 3-Days Meeting to review quantification	DPS	Refreshment Transport	X			X			X			X			540,000	SMOH	Num mee
																	TOTAL FOR SPECIFIC OBJECTIVE 5.2 3,776,500		
Specific Objective 5.3: Sustain routine distribution of LLINs in all public health facilities conducting ANC																			
M	5.3.1 Annual needs assessment for LLINs required at the HFs.	5.3.1.1 3-Days needs assessment meeting	DPS	Refreshment Transport	X												540,000	SMOH	Nee asse done
																	TOTAL FOR SPECIFIC OBJECTIVE 5.3 540,000		
Specific Objective 5.4:To ensure availability of commodities for effective larvaciding activities in 90 selected urban wards in 18 LGAs																			
M	5.4.1 Annual quantification of materials required for larvaciding	5.4.1.1 3-Days quantification meeting	Director Malaria and Sickle cell	Refreshments Transport	X												540,000	SEPA	Mee

M	5.4.2 Procurement, storage and transportation of the materials	5.4.2.1 2-Days meeting for procurement	Director Malaria and Sickle cell	Refreshments Transport	X											540,000	SEPA	Mee
M		Transportation of commodities to sites	Director Malaria and Sickle cell	Refreshments Fuelling	X											1,810,000	SMOH	Tran n of com done
	TOTAL FOR SPECIFIC OBJECTIVE 5.4															2,890,000		
Specific Objective 5.5: To reactivate PSM-TWG to strengthen PSM-related activities.																		
M	5.5.1 Reactivate PSM-TWG to strengthen PSM-related activities.	5.5.1.1 Identify/ selection of members of the PSM TWG	DPS	Deskwork			X									0	N/A	Mem PSM sele
M		5.5.1.2 1-Day planning meeting	DPS	Transport Refreshments				X								27,000	SMOH	Plan mee
M		5.5.1.3 2-Days inaugural meeting.	DPS	Transport Refreshments				X								157,500	SMOH	Mee
M		5.5.1.4 2-Quarterly PSM-TWG meetings	DPS	Transport, Refreshments							X			X		472,500	SMOH	Num mee

M	5.5.2 Routine Supervision and Mentoring to selected HF Performance Management	5.5.2.1 Visits to 12 HFs/quarter	SPS	Fuelling Refreshments			X			X			X			X	4,320,000	SMOH	Num visits
TOTAL FOR SPECIFIC OBJECTIVE 5.5																	4,977,000		

Total Cost for PSM activities = N16, 160, 000

Objective Area six: **Monitoring and Evaluation**

National Strategic Objective:
At least 80% of health facilities in all LGAs report routinely on malaria by 2020, progress is measured, and evidence is used for programme improvement.

State Broad Objective for 2017:
At least 90% of health facilities report on key malaria indicators routinely by 2017

Specific Objectives for 2017:

1. To ensure that all public and private health facilities sustain the use of newly harmonized NHMIS data tools
2. To ensure that all registered Private Patent Medicine Vendors (PPMVs) are using and reporting data on NHMIS data tools.
3. To ensure that all public and private health facilities report quality, timely and complete data through DHIS2

Current Situation:

1. 100% of public health facilities are using the newly harmonized NHMIS data tools
2. 87.7% of public health facilities report complete data using NHMIS tools on average.
3. 79% of public health facilities report data through the DHIS 2.0 in a timely manner as at September 2016
4. 42 % of public health facilities are yet to receive refresher training on NHMIS data tools (version 2013)
5. 100% of registered private health facilities were trained and are using NHMIS (version 2013) data tools.
6. 53% of private health facilities reports data on DHIS2
7. Quarterly DQA was conducted in (6health facilities per LGA) all the 34 LGAs in the state using national approved checklist
8. Health Data Consultative Committee (HDCC) meeting takes place quarterly in the State.
9. Monthly HMIS meeting takes place with all 34 LGA M & E officers regularly
10. Bimonthly data validation meeting takes place in all the LGAs
11. Quarterly meetings hold with record officers from SHFs & THFs in the state.
12. Monthly control room data analysis and validation check-ups take place at HMIS office.

Targets for 2017:

- 100% public and private health facilities sustained the use of NHMIS data tool.
- 10% registered PPMVs are using NHMIS data tools.
- 100% public and private health facilities report quality, timely and complete data through DHIS2
- All registered private H/F to start reporting by 2017

CAT.	Activity	Sub-Activity	Who is Responsible	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 To ensure that all public and private health facilities sustain the use of newly harmonized NHMIS data tools																			
M	6.1.1 Training of HF in-charges on NHMIS data tools	6.1.1.1 Conduct 2 days non-residential training of 795 HFs in-charges/Record officers on NHMIS data tools	DPRS	Hall, Training materials, transport, tea break, lunch, certificate, facilitation fee,		X											**4,728,000**	MNCH2 (30%) ,UNICEF (50%), WHO (20%).	Number of health workers trained
N		6.1.1.2 post training supportive supervision to all trained HFs	DPRS	Checklist, transport, DSA			X										**979,500**	MNCH2	Number of HFs visited
																TOTAL FOR SPECIFIC OBJECTIVE 6.1	5,707,500		
Specific Objective 6.2 To ensure that all registered Private Patent Medicine Vendors (PPMVs) are using and reporting data on NHMIS data tools.																			
I	6.2.1 Training of PPMVs on NHMIS data tools	6.2.1.1 Conduct 2 days non-residential training to	DPRS	Hall, Training materials, transport, tea break,		X											**346,000**	SFH	Number of PPMVs trained

		selected PPMVs(about 60 PPMVs) on NHMIS data tools		lunch, certificate															
I		6.2.1.2 Distribution of data tools to trained PPMVs	HMIS Officer	NHMIS data tools	X					X							0	N/A	Number of registers distributed
TOTAL FOR SPECIFIC OBJECTIVE 6.2																		346,000	
Specific Objective 6.3 To ensure that all public and private health facilities report quality, timely and complete data through DHIS2																			
M	6.3.1 Provision of NHMIS data tools	6.3.1.1 Requisition and collection of tools from NMEP, state and partners	DPRS		x					X							0	N/A	Copies of Registers supplied
M		6.3.1.2 Distribution of NHMIS data tools to LGAs/HFs	DPRS	NHMIS Data tools	X	X	X	X	X	X	X	X	X	X	X	X	0	N/A	No of data tools distributed
I	6.3.2 Strengthen M&E on data management	6.3.2.1 Bi-monthly LGA data validation meeting with	LGA M & E Officers	Transport, communication, photocopies, lunch,intern		x		x		x		x		x		x	**8,098,800**	SMOH	Number of Meetings held

		17 high Malaria burden HFs		et subscription															
I		6.3.2.2 Bi monthly collection of data from all the HFs in each LGA	LGAs M&E	Transport, Communication, Internet subscription			X		X		X		X		X		**816,000**	SMOH	Number of bi-monthly data collection exercises done
I		6.3.2.3 HMIS monthly coordination meeting with 34 LGA M&E officers	DPRS	Hall, Transport, lunch, Communication,	X	X	X	X	X	X	X	X	X	X	X	X	**2,760,000**	SMOH	Number of meetings held
I		6.3.2.4 Conduct 1 day quarterly meeting with record officers from 22 secondary& Tertiary health facilities for data collection	HMIS Officer	Hall, transport, tea break, lunch, communication, photocopies	x			x			x			x			**604,800**	SMOH	Number of meeting held
M		6.3.2.5 Training of 55 number of state and LGA	DPRS	Transport, hall, DSA, tea break, lunch,			X										**4,483,500**	SMOH	Number of personnel trained

		HMIS/M&E officers on evaluation of public health programmes		facilitators fee, training materials.															
N	6.3.3 Strengthening data reporting by private health facilities	6.3.3.1 Procurement of mobile phones for data capturing at all registered private health facilities	DPRS	Phones, data plan	x											**2,143,000**	SFH	Number of mobile phones supplied
N		6.3.3.2 2 days Training of private health facilities record officers on the use of mobile phones for data capturing on DHIS2	HMIS Officer	Hall, tea break, lunch, transport, writing materials, photocopies	x											**775,750**	SFH	Number of record officers trained
I	6.3.4 Support State Health Data Consultative Committee (HDCC)	6.3.4.1 Conduct quarterly state HDCC Meeting	DPRS	Hall, Transport, tea break, lunch, writing materials,	x			x			x			x			**560,000**	MNCH2	Number of Meetings held

I	6.3.5 Strengthen Supportive supervision and data quality assurance (DQA)	6.3.5.1 1-day planning meeting for the conduct of DQA	DPRS	Hall, transport, tea break, lunch, writing materials, photocopies (meeting agenda & DQA tools)	x			x			x			x			**140,000**	MNCH2	Number of planning meeting held
M		6.3.5.2 Conduct of quarterly DQA visits at 6 selected health facilities in all the LGAs	DPRS	DSA & transport	x			x			x			x			**2,160,000**	MNCH2	Report of each LGA M & E Officer
I		6.3.5.3 Conduct of quarterly DQA/ OJCB at all registered private health facilities	DPRS	DSA & transport	x			x			x			x			**648,000**	SFH	Number of DQA done
M		6.3.5.4 Conduct monthly integrated supportive	DPRS	Transport, DSA, Checklist	X	X	X	X	X	X	X	X	X	X	X	X	**409,800**	MNCH2 (50%), UNICEF (50%)	Number of ISS done

		supervision (ISS) to selected HFs in the state																
TOTAL FOR SPECIFIC OBJECTIVE 6.3																24,829,050		

Total Cost for M&E activities = N30, 882, 550

Objective Area Seven: Programme Management

National Strategic Objective for 2017:
To strengthen governance and coordination of all stakeholders for effective program implementation towards an “A” rating by 2017 that is sustained through to 2020 on a standardized scorecard.

State Broad Objective for 2017:
To strengthen governance and coordination of all stakeholders for effective program implementation by 2017

Specific Objectives for 2017:

1. To hold regular quarterly meetings by the State Malaria Advisory Committee
2. To strengthen the coordination of Malaria partners in Katsina state
3. To review 2017 AOP and develop 2018 plan
4. To incorporate the private sector activities into SMEP work plan

Current Situation:

1. Quarterly meeting of SMAC was done twice.
2. 2016 AOP review completed
3. Improved coordination of partners programme by the SMOH through the health partners forum and LMCU meetings
4. Collaboration with private sector strengthened.

Targets for 2017:

1. Hold regular meeting of the State Malaria Advisory Committee in 2017
2. Strengthen coordination of Malaria partners in Katsina state
3. Review of 2017 AOP and development of 2018 plan.
4. To disseminate and print 2017 AOP Document
5. To review 2017 AOP at least once
6. Incorporate private sector activities into the SMEP AOP for 2017.

CAT.	Activity	Sub-Activity	Who is Responsible	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 hold quarterly meetings by the State Malaria Advisory Committee																			
I	7.1.1 Meeting of State Malaria Advisory Committee	7.1.1.1 1 day meeting of mTWG in preparation for SMAC meeting (38 participants)	SMEP manager	Venue Refreshment Lunch, Projector	X			X			X			X			**20,000**	SMOH	Number of meetings held
I		7.1.1.2 1 day meeting of SMAC (7 participants: HCH, PS, DM&SC, DPH, EC, GM, Rep. Of Partners)	DM&SC	Refreshment	X			X			X			X			14000	SMOH	Number of meetings held
M	7.1.2 RBM Coordination meeting	7.1.2.1 Support monthly State level coordination meeting of RBM focal persons(42 participants)	SMEP manager	Venue Lunch Transportation, projector	X	X	X	X	X	X	X	X	X	X	X	X	**3,864,000**	SMOH	Numbers of meetings held

M	7.1.3 Supportive supervision of LGAs and Health facilities	7.1.3.1 Bimonthly ISS of selected LGAs and facilities(10 participants)	SMEP manager	Transportation, checklist, DSA		X		X		X		X		X		X	**1,893,000**	SMOH	Number of ISS done
I	7.1.4 Supervision of health facilities by LGA RBMs	7.1.4.1 Monthly supervision of health facilities by LGA RBM focal persons(34 participants)	SMEP manager	Local transport,	X	X	X	X	X	X	X	X	X	X	X	X	2,040,000	SMOH	Number of supervision done
TOTAL FOR SPECIFIC OBJECTIVE 7.1																	**7,831,000**		
Specific Objective 7.2: To strengthen the coordination of Malaria partners in Katsina state																			
I	7.2.1 Meeting of malaria technical working group	7.2.1.1 1 day quarterly meeting of mTWG (38 participants)	SMEP manager	Venue, lunch, Projector			x			x			x			x	**752,000**	SMOH	Number of meetings held
M	7.2.2 Program coordination meeting with state and partners	7.2.2.1 Quarterly meeting with SMOH and partners on	SMEP manager	Venue, lunch Projector			x			x			x			x	**448,000**	SMOH	Number of meetings held

	(Partners' forum)	activity harmonization																
TOTAL FOR SPECIFIC OBJECTIVE 7.2																**1,200,000**		
SPECIFIC OBJECTIVE 7.3: To review 2017 AOP and develop 2018 plan																		
M	7.3.1 Disseminatio n meeting	7.3.1.1 1 day dissemination meeting for AOP 2017 (	DCSC	Venue, lunch, copies of the 2017 AOPs		X										**60,000**	SMOH	Dissemin ation done
M	7.3.2 2017 AOP midyear review meeting	7.3.2.1 1 day meeting to review the 2017 AOP (45 participants)	SMEP manager	Venue, lunch PAS, Projector, Stationeries,						X						**139,000**	SMOH	Meeting held
M	7.3.3 2018 AOP Developmen t Process	7.3.3.1 1 day planning meeting for 2018 AOP development (20 participants)	SMEP manager	Venue Refreshment Transport Stationeries								X				**56,000**	SMOH	Meeting held
M		7.3.3.2 5 days Residential workshop for 2018 AOP development	SMEP manager	Venue, stationeries, tea break, lunch, DSA, transport,								X				**3,689,200**	SMOH	Draft AOP 2018 available

		with mTWG, SMOH, LGSC reps, partners + NMEP +consultant (53 Participants)		PAS, Projector Air fare Consultancy fee, workshop material Airport taxi														
M		7.3.2.3 Printing of 250 copies of the 2018 AOP manuals	SMEP manager	Printing cost											X		**750,000**	SMOH	Number of copies of 2018 AOP printed
I		7.3.2.4 1 day dissemination meeting for AOP 2018	SMEP manager	Venue, Refreshment PAS, Projector, Stationeries,												X	**65,000**	SMOH	Dissemination held
TOTAL FOR SPECIFIC OBJECTIVE 7.3																	**4,759,200**		
Specific Objective 7.4: To incorporate the private sector activities into SMEP work plan																			
M	7.4.1 private sector engagement	7.4.1.1 Conduct 1 day meeting with private sector to disseminate the work plan(34 participants)	SMEP manager	Venue Lunch Projector Copies of work plan	x												**112,000**	SMOH	Meeting held

M	7.4.2 Review meeting for private sector implementation	7.4.2.1 1 day bi-annual meeting with private sector (partners) for resource harmonization (34 participants)	DPH	Venue Projector Lunch						x						x	**224,000**	SMOH	Meeting held
TOTAL FOR SPECIFIC OBJECTIVE 7.4																	**336,000**		

Total cost for Programme Management Activities = N**6, 329,200**

GRAND TOTAL AOP COST = N171, 043, 450

3.0 Summary of Activities & Budget

3.1 Summary of Planned Activities

Table 3: Summary of Planned Activities by the 7 Strategic Objective Areas

OBJECTIVE AREA	NO OF SPECIFIC OBJECTIVES	NO OF ACTIVITIES	NO OF SUB ACTIVITIES	CATEGORY OF ACTIVITIES		
				NO OF MUST-DO SUB-ACTIVITIES	NO OF IMPORTANT-TO-DO SUB-ACTIVITIES	NO OF NICE-TO-DO SUB-ACTIVITIES
Prevention	4	4	12	8	4	0
Diagnosis	2	2	8	3	5	0
Treatment	5	5	14	14	0	0
ACSM	4	9	33	33	0	0
PSM	5	13	22	22	0	0
M&E	3	7	18	6	9	3
Programme Management	4	11	15	10	5	0
Total	**27**	**51**	**122**	**96**	**23**	**3**

3.2 Budget Analysis: By Funding Source per Category of Activities

Table 4: Budget Analysis: By Funding Source per Category of Activities for the 7 Strategic Objective Areas

OBJECTIVE AREA	FUNDING SOURCE	MUST DO	IMPORTANT TO DO	NICE TO DO	TOTAL	PROPORTION OF TOTAL COST
PREVENTION	SMOH	2,270,800	85,500	0	2,356,300	7%
	SEPA	29,102,350	710,000	0	29,812,350	93%
	TOTAL	**31,373,150**	**795,500**	**0**	**32,168,650**	100%
DIAGNOSIS	SMOH	2,636,100	137,175	0	2,773,275	25%
	SPHCDA	5,272,200	274,350	0	5,546,550	50%
	LGSC	2,636,100	137,175	0	2,773,275	25%
	TOTAL	**10,544,400**	**548,700**	**0**	**11,093,100**	100%
TREATMENT	SMOH	40,616,000	0	0	40,616,000	100%
	TOTAL	**40,616,000**	**0**	**0**	40,616,000	100%
ACSM	SMOH	27,226,350	0	0	27,226,350	100%
	TOTAL	**27,226,350**	**0**	**0**	**27,226,350**	100%
PSM	SMOH	13,180,000	0	0	**13,180,000**	81.56%
	NMEP	1,900,000	0	0	**1,900,000**	11.76%
	SEPA	1,080,000	0	0	**1,080,000**	6.68%
	TOTAL	**16,160,000**	**0**	**0**	**16,160,000**	100%
M&E	SMOH	4,483,500	12,279,600	0	**16,763,100**	57%
	UNICEF	2,568,900	0	0	**2,568,900**	9%
	MNCH2	3,783,300	700,000	979,500	**5,462,800**	18%
	SFH	0	994,000	2918750	**3,912,750**	13%
	WHO	945,600	0	-	**945,600**	3%
	TOTAL	**11,781,300**	**13,973,600**	**3,898,250**	**29,653,150**	100%
PM	SMOH	11,235,200	2,891,000	0	14,126,200	100%

	TOTAL	**11,235,200**	**2,891,000**	**0**	**14,126,200**	100%
TOTAL COST PER CATEGORY OF ACTIVITIES		**148,936,400**	**18,208,800**	**3,898,250**	**171,043,450**	

3.3 Budget Analysis: Quarterly Cost Breakdown per Objective Area & Funding Source

Table 4: Quarterly Budget Breakdown per Objective Area & Funding Source

Prevention						
FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total per Objective Area
SMOH	2,224,950	131,350	0	0	2,356,300	7%
SEPA	600,000	14,468,675	14,743,675	0	29,812,350	93%
Total for Prevention	2,824,950	14,600,025	14,743,675	0	32,168,650	100%
Diagnosis						
FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total per Objective Area
SMOH	501,700	2,194,150	47,550	29,875	2,773,275	25%
SPHCDA	1,003,400	4,388,300	95,100	59,750	5,546,550	50%
LGSC	501,700	2,194,150	47,550	29,875	2,773,275	25%
Total for Diagnosis	2,006,800	8,776,600	190,200	119,500	11,093,100	100%
Treatment						
FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total per Objective Area
SMOH	26,024,075.00	14282775	117075	192075	40,616,000	100%
Total for Treatment	26,024,075	14,282,775	117,075	192,075	40,616,000	100%
ACSM						
FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total per Objective Area
SMOH	8,397,300	11912950	3,458,050	3,458,050	27,226,350	100%

Total for ACSM	8,397,300	11912950	3458050	3458050	27226350	100%
PSM						
FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total per Objective Area
SMOH	4,793,500	2,628,000	2,679,750	3,078,750	13,180,000	81.6%
NMEP	0	0	0	1,900,000	1,900,000	11.8%
SEPA	1,080,000	0	0	0	1,080,000	6.7%
Total for PSM	5,873,500	2,628,000	2,679,750	4,978,750	16,160,000	100%
M&E						
FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total per Objective Area
SMOH	6,837,700	3,704,000	2,517,400	3,704,000	16,763,100	57%
UNICEF	2,415,225	51,225	51,225	51,225	2,568,900	9%
MNCH2	3,164,125	766,225	766,225	766,225	5,462,800	18%
WHO	945,600	0	0	0	945,600	3%
SFH	3,426,750	162,000	162,000	162,000	3,912,750	13%
Total for M&E	16,789,400	4,683,450	3,496,850	4,683,450	29,653,150	100%
PROGRAMME MANAGEMENT						
FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total per Objective Area
SMOH	2,272,000	3,234,000	5,984,200	2,636,000	14,126,200	100%
Total for PM	2,272,000	3,234,000	5,984,200	2,636,000	14,126,200	100%

3.4 Budget Summary

Table 6: Budget Summary

FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total AOP
SMOH	51,051,225	38,087,225	14,804,025	13,098,750	117,041,225	68.4%
NMEP	0	0	0	1,900,000	1,900,000	1.1%
SEPA	1,680,000	14,468,675	14,743,675	0	30,892,350	18.1%
MNCH	3,164,125	766,225	766,225	766,225	5,462,800	3.2%
UNICEF	2,415,225	51,225	51,225	51,225	2,568,900	1.5%
WHO	945,600	0	0	0	945,600	0.6%
SFH	3,426,750	162,000	162,000	162,000	3,912,750	2.3%
SPHCDA	1,003,400	4,388,300	95,100	59,750	5,546,550	3.2%
LGSC	501,700	2,194,150	47,550	29,875	2,773,275	1.62%
TOTAL	**64,188,025**	**60,117,800**	**30,669,800**	**16,067,825**	**171,043,450**	**100.0%**

4.0 Implementation Framework for 2017 Operational Plan for Malaria Elimination

This framework outlines the key features and concepts that will guide the implementation of the comprehensive operational plan for malaria elimination in Katsina State in 2017. It will help maximize and synergize the efforts of all the diverse players and stakeholders involved in malaria elimination across Katsina State.

4.1 Ownership of the Operational Plan: Katsina State Government

4.2 Leadership: Honourable Commissioner for Health, Katsina State

4.3 Scope and Coverage: Entire Katsina State population

4.4 Core Intervention Strategies

The following core interventions for malaria elimination will be implemented in the 2017 plan:

1. Prevention
2. Diagnosis
3. Treatment
4. Advocacy, Communication and Social Mobilization
5. Procurement and Supply chain Management
6. Monitoring and Evaluation
7. Programme Management

4.5 Collaboration

Malaria elimination is an enormous and cost intensive responsibility that cannot be undertaken by the Katsina 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

4.6 Resourcing

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

4.7 Coordination

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

- Malaria Programme Advisory Committee

Members

- Honorable Commissioner for Health – Chairman
- Permanent Secretary, Ministry of Health
- Chairman, Local government service commission
- General Manager , Hospital Management Board
- Executive Chairman, Primary Health Care Development Agency
- Director of Public Health, SMOH
- Director Malaria and Sickle Cell
- SMEP Manager – Secretary

- Malaria Elimination Technical Working Group chaired by the Director of DPH and disease control

- Katsina State Malaria Elimination Programme 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

- The LGA Implementation Unit comprising the following members:
    - The LGA Malaria Focal Person
    - Health Educator

- State Malaria Partners' forum
- State-LGAs coordination meetings
- State Association of Civil society Organizations on Malaria, Immunization and Nutrition
- State logistic management and coordinating committee

4.8 Major priority activities of the Roll Out

- Review of Extent of Implementation of 2017 AOP
- Engagement with the private sector
- State and LGA level Capacity building in different thematic areas
- World Malaria Day commemoration
- Advocacy visits / Resource mobilization
- Development of 2018 Operational Plan
- State and LGA level Coordination meetings
- Monthly Data Validation Meetings
- Quarterly Data Quality Assurance (DQA) exercises
- Procurement, Supply and Commodity Logistics Management activities
- Establishment and Strengthening of Quality Assurance System for Malaria Diagnosis
- Prevention Activities such as Routine and Continuous LLIN Distribution, Indoor Residual Spraying, Seasonal Malaria Chemoprevention and Larvaciding
- Integrated Supportive Supervision (ISS)/ On-the-job Capacity Building (OJCB)

5.0 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 for 2017 AOP Costing

Annex 1: Quarterly Report Format

STATE MALARIA ELIMINATION PROGRAMME, MINISTRY OF HEALTH
KATSINA STATE, NIGERIA

Quarterly Report Format

Organization:

Reporting period ……to ……, 2017

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

KATSINA STATE MALARIA ELIMINATION PROGRAMME, MINISTRY OF HEALTH
KATSINA STATE, NIGERIA
Quarterly work plan

Period covering ……to ……., 2017

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

Comments:

Annex 3: Lists of Contributors

Table 5: Consultants Profile

SN	Name	Designation	Phone	E-mail
1	Dr. Adetola Olateju		08023004280	aolateju@seamhealthinnov.com
2	Edima Ottoho	Health System Strengthening/ Programme Management Consultant	07061034439	edima_ottoho@yahoo.com

Table 6: List of Participants

PREVENTION GROUP

S/N	NAME	SEX	ORGANISATION	DEPT	DESIGNATION	MOBILE NUMBER	E-MAIL
1	HALIMA IDOWU	F	SMOH	MSC	AD	08039703222	halimamusa55@yahoo.com
2	JUNAIDU MURNAI	M	SMOH	PHD	STATE LOGISTICIAN	07060809737	murnaij@yahoo.com
3	AMINU RABE	M	PHCC	DPHC	PHCC	08036050521	aminurjibu@gmail.com
4	NURA ABUBAKAR	M	SEPA	PREV	ASSIST DIRECTOR	08069175659	nurasepa@yahoo.com
5	DR. BASHIR ZUBAYR	M	IHVN	PROGRAM	RM	08036003739	bzubayr@ihvnigeria.org
6	DR. SANI SULEIMAN	M	SMOH	DPCH	DPH	08036303431	suleimansani@yahoo.com
7	ABDULKADIR MOHAMMED	M	IHVN	FINANCE	FINANCE/ADMIN	08065768914	abmohammed@ihvnigeria.org

DIAGNOSIS GROUP

S/NO	NAME	SEX	ORGANISATION	DEPT	DESIGNATION	MOBILE NUMBER	E-MAIL
1	DR. ABUBAKAR USMAN	M	MANR	VET	CHIEF VET OFFICER	07037615044	drabubakarusman@yahoo.com
2	MANNIR MADAHA	M	SMOH	DPH	ADPH	08035979535	mannirmadaha@yahoo.com
3	ABDULMALIK UMAR	M	ACOMMIN	PRO	PRO	08060589562	bumar_bdulmalik@yahoo.com
4	LUKMAN ALADE	M	PPFN	SP	SPO	08037854981	targetalade@gmail.com
5	IBRAHIM M DORO	M	MOWA	PRS	PEO	09035996179	nil
6	ASIYA SHEHU KORAU	F	IHVN	COM MED	COMM ASST	08052576368	korausiya@gmail.com

TREATMENT GROUP

S/NO	NAME	SEX	ORGANISATION	DEPT	DESIGNATION	MOBILE NUMBER	E-MAIL
1	MUSTAPHA DANJUMA	M	IHVN	S I	D A	8134911057	mustaphadanjuma1@gmail.com
2	ABDULLAHI MOHAMMED BELLO	M	SMOH	STBL CP	SLO	08034384622	abuaniwinimi@gmail.com
3	DR BASHIR ADAMU	M	SMOH	MALA RIA MNGE	RBM MANAGER	08069451472	adamubashir2012@yahoo.com
4	SULEIMAN SANI	M	PHC DEPT	RBM FP	C/MAN RBM	08035206660	suleimansakineshibo@gmail.com

5	NURA MURTALA	M	HSMB	NURSING	CNO	08032120057	murtalanura2@gmail.com
6	SAMAILA MAMMAN	M	SMOH	NTD CO-ORD	CNO	8065826123	samailamamman@yahoo.com

ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION (ACSM) GROUP

S/NO	NAME	SEX	ORGANISATION	DEPT	DESIGNATION	MOBILE NUMBER	E-MAIL
1	IBRAHIM SOGIJI	M	SHESO	PHC	SHESO	08035452647	healdexf@gmail.com
2	SHEHU SARK IDRIS	M	SMOH	INFOR	AD 001	08035376566	shehusarky66@gmail.com
3	NTAT CHRISTOPHER	M	IHVN	SI	PA	08067135432	cntat@ihvnigeria.org
4	MUSBAHU MUHAMMED	M	SMOH	M$E	SMOH	08065849092	musbahumuhammed@gmail.com

PROCUREMENT AND SUPPLY CHAIN MANAGEMENT GROUP

S/NO	NAME	SEX	ORGANISATION	DEPT	DESIGNATION	MOBILE NUMBER	E-MAIL
1	ZUWAIRA ABUBAKAR	F	SMOH	DPH	CEHO	08030834571	zuwairasadiq@gmail.com
2	RABIU IBRAHIM	M	RBM	PHC	RBM	08061585184	nil
3	UMAR M NALYA	M	MOH DFA	FINANCE	DFA	08138022487	muhdumar75@gmail.com
4	BALA MANI	M	SPHCDA	PHARM	DPS	08135862764	usmanbala82@yahoo.com

5	LUKMAN ABBA	M	RBM	LOGISTICIAN	LOGISTICIAN	08032856283	lukmanabba72@gmail.com
6	TIJJANI UMAR	M	MNCH2	SPC	SPC	08035067404	tijjani.umar@mnch2.com
7	ABDULLAHI MUHAMMED	M	STBLCP	PIT	SLO	08034384622	abuaniwinimi@gmail.com
8	HUSSAINI I. AHMED	M	SMOH	ADMIN	DAS	08032983823	nil
9	RABEH MAMMAN	M	SMOH	ADMIN	TA	08060096203	rabe.manman@yahoo.com
10	DANNY COMLAVI	M	NMEP	SLO	SLO	07039075523	dpcomlavi@yahoo.com
11	USMAN AMINU M.	M	SMOH	PHARM	DPS	08035862145	aukoguna@yahoo.com

M&E GROUP

S/NO	NAME	SEX	ORGANISATION	DEPT	DESIGNATION	MOBILE NUMBER	E-MAIL
1	AHMAD SADA	M	SMOH	DPRS	HMISO	08067431159	abubakarahmadrefrittes@gmail.com
2	AHMAD BUBA	M	LGSC	M$E	M$E	07030103368	bubaktna@yahoo.com
3	AHMAD SANI MADOGARA	M	SMOH	DPRS	DATA MANAGER	08030869036	ahmadeenasan@yahoo.com
4	ADAMU SULEIMAN GACHI	M	SMOH	PRS	DIR PRS	08036304655	gachipharm@gmail.com
5	ABDULMAJID SAFANA IDRIS	M	NMEP	M$E	M$E	08032835518	aisafana2000@yahoo.com
6	IBRAHIM MAIWADA	M	SMOH	PRS	ADPRS	08030452905	ibrmaiwada@yahoo.com

PROGRAMME MANAGEMENT GROUP

S/NO	NAME	SEX	ORGANISATION	DEPT	DESIGNATION	MOBILE NUMBER	E-MAIL
1	DR LAWAL A RABE	M	SMOH	MSC	DIRECTOR	07033849404	drdandakyal@yahoo.com
2	TANIMU BALARABE	M	KATSACA	M$E	DIR M$E	08064991439	tbabale@yahoo.com
3	FARIDAH SALISU	F	IHVN	CM	P O	08130284651	fsalisu@ihvnigeria.org
4	AHMAD ALIYU	M	IHVN	S I	DSI	08035889521	aaliyu@ihvnigeria.org
5	ALH, ABDULLAHI MUHAMMAD	M	NMEP	PM	PMS0	08036755207	ilanabdool@yahoo.com
6	DR SHAMSUDDEEN YAHAYA	M	SPHCDA	PHC	DIRECTOR	08036447269	drshamsu01@gmail.com
7	SAFIA SANI	F	IHVN	PROGRAM	PA	07031665184	safiasani@ihvnigeria.org
8	HUSSAINI YUSUF	M	LGSC	PHC	DIRECTOR	08065993115	huyusuf2@gmail.com

Annex 4: Costing Template

Katsina State Malaria Elimination Programme								
2017 Costed Plan								
Activity code	Resources Required	Source of Funds	Unit Cost ₦	Qty	Freq/ Session	No of Days	No of Persons	Amount ₦
SMEP Grand Total								171,043,450
1. MALARIA PREVENTION								32,168,650
Specific Objective 1.1:	To ensure that 80% of pregnant women have access to LLINs by the end of 2017.							1,845,700
Activity 1.1.1	Training of Chief Nursing Officers from the 21 GHs and in-charges from the 32 CHC in the state for LLIN distribution							1,845,700
Sub activity 1.1.1.1	Panning meeting on LLIN distribution with Chairman DPHCs forum, Director Malaria, SMEP Manager and IVM officer (4 persons total)							6,000
	Lunch		1,500		1	1	4	6,000
Sub activity 1.1.1.2	1-day non-residential State level training to 21 Chief Nursing officers and 32 in-charges from all the GHs and CHCs in the State on LLIN distribution including 3 Facilitators							79,500
	Lunch		1,500		1	1	53	79,500
Sub activity 1.1.1.3	1-day non-residential Zonal cluster Roll-out training for 578 ANC Staff (3 zones x 193 participants and 3 facilitators per zone)							1,760,200
	Lunch		1,000		1	1	578	578,000
	Facilitator's fee		5,000		3	1	3	45,000
	Tea break		500		1	1	578	289,000
	PAS		3,000		3	1	1	9,000
	Projector		5,000		3	1	1	15,000

	workshop materials		400		1	1	578	231,200
	Hall		5,000		3			15,000
	Transportation		1,000		1	1	578	578,000
Specific Objective1.2:	To Scale up drainage silt removal exercise in major Public drainages to reduce the breeding sites to 50%.							10,407,800
Activity 1.2.1	Scale up drainage silt removal exercise in 50% of major Public drainages in 18 LGAs							10,407,800
Sub activity 1.2.1.1	Planning meeting with 10 SEPA Staff, 3 Zonal officers, 34 Directors water & Sanitation Dept. and 3 MOH Staff (50 person total)							75,000
	Lunch		1,500		1	1	50	75,000
Sub activity 1.2.1.2	One day non- residential meeting 10 SEPA staff, 2 SMOH officials with 68 CBO Leaders (2 per LGA from the 34 LGAs) on silt removal for Malaria Prevention (80 persons total)							160,000
	Lunch		1,000		1	1	80	80,000
	Transportation		1,000		1	1	80	80,000
Sub activity 1.2.1.3	Conduct of Drainage silt removal exercise in Urban wards (at least 50% of the wards) to eliminate mosquito breeding sites in the 34 LGAs							10,172,800
	Wheel barrow		6,000	170		1		1,020,000
	Digger		1,000	340		1		340,000
	Fork shovels		800	170		1		136,000
	Shovels		1,000	272		1		272,000
	Hand Gloves		300	816		1		244,800
	Rain boots		1,000	816		1		816,000
	Refuse collection van (Truck)		6,000	408		3		7,344,000
Specific Objective1.3:	To scale up larvaciding activities to 80% of the identified major mosquito breeding sites in 18 LGAs.							19,404,550
Activity 1.3.1	Vector control/Larvacidind activities of major breeding sites across the 18 LGAs.							19,404,550
Sub activity 1.3.1.1	Identification of major breeding sites in 180 wards in the state (18 LGAs)							90,000

	Transportation for the identification		5,000		1	1	18	90,000
Sub activity 1.3.1.2	2-days non-Residential LGA level Training for 270 personnel (15 persons each from 18 LGAs)							550,000
	Lunch		1,000		1	2	275	550,000
Sub activity 1.3.1.3	Conduct of Larvaciding exercise on 80% of identified major mosquito breeding sites in 18 LGAs and Engagement of 270 Personnel for Larvaciding activities							18,764,550
	Chemicals (in cartons)		31,200	108	1	1		3,369,600
	Face mask		25		1	3	450	33,750
	Hand Gloves		400	270	1	1	15	1,620,000
	Antidotes (Peak milk)		160	18	4	3	270	9,331,200
	Rain boots		1,000		1	1	270	270,000
	Allowance for the Supervision		2,000	1	1	18	5	180,000
	Allowance for the Labourers		1,000		4	3	270	3,240,000
	Fuelling of Supervision Vehicle		10,000		4	18		720,000
Specific Objective 1.4:	To ensure that 80% of pregnant women attending antenatal clinics receive the required doses of SP for IPTp.							510,600
Activity 1.4.1	Training on MIP to Health workers conducting ANC							510,600
Sub activity 1.4.1.1	Planning meeting on MIP training by DPH, DPHC-SPHCDA, Director Malaria, Chairman DPHC forum, SMEP manager, IVM Officer(6 persons total)							9,000
	Lunch		1,500		1	1	6	9,000
Sub activity 1.4.1.2	State level non-residential Refresher TOT on MIP for 21 maternity in-charges from 21 GHs.							253,700
	DSA,		7,500		1	1	21	157,500

	Facilitator's fee		10,000		1	1	3	30,000
	Tea break		700		1	1	24	16,800
	Lunch		1,500		1	1	24	36,000
	Projector		5,000		1	1		5,000
	workshop materials		400		1	1	21	8,400
Sub activity 1.4.1.3	One day non-Residential Roll-out LGA level Training for ANC Staff from 578 Health centres on LLIN distribution.							247,900
	DSA,		7,500		1	1	21	157,500
	Facilitator's fee		5,000		1	1	3	15,000
	Tea break		500		1	1	24	12,000
	Lunch		1,000		1	1	24	24,000
	Projector		5,000		1	1		5,000
	workshop materials		400		1	1	21	8,400
	Hall		5,000		1	1		5,000
	Transportation		1,000		1	1	21	21,000
2. MALARIA DIAGNOSIS								**11,093,100**
Specific Objective 2.1:	To train 25% of MLS and MLT in Public and Private health facilities on malaria diagnosis							10,544,400
Activity 2.1.1	Training of MLS and MLT from public and private health facilities							10,544,400
Sub activity 2.1.1.1	1 day planning meeting to strategies the training arrangement (4 persons from SMOH, SPHCDA, LGSC and SFH)							0
Sub activity 2.1.1.2	5 days non-residential refresher training of 14 MLS and 41 MLT from both Public and private HFs on Malaria Diagnosis- Microscopy							1,887,300
	Participant transport	SMOH,	2,000	1	1	5	55	550,000

		SPHC DA and LGSC						
	Hall rental		50,000	1	1	5	1	250,000
	Facilitator fee		10,000	1	1	5	3	150,000
	Facilitator transport		2,000	1	1	5	3	30,000
	Training Manuals		3,000	1	1	1	60	180,000
	Stationeries		300	1	1	1	60	18,000
	PAS		3,000	1	1	5	1	15,000
	Projector		5,000	1	1	5	1	25,000
	Workshop materials		7,300	1	1	1	1	7,300
	Tea Break		700	1	1	5	60	210,000
	Lunch		1,500	1	1	5	60	450,000
	Communication		2,000	1	1	1	1	2,000
Sub-activity 2.1.1.3	Conduct 2 days non-residential Training in each Zone of the State for the 10 HFs In-charges in each 34 LGAs on RDT. (340 persons)							8,657,100
	Participant transport		2,000	1	1	2	340	1,360,000
	Hall rental		50,000	3	1	2	1	300,000
	Facilitator fee		10,000	1	3	2	2	120,000
	Facilitator transport		2,000	1	3	2	2	24,000
	Training Manuals		3,000	1	3	1	340	3,060,000
	DSA for facilitators		7,500	1	3	2	2	90,000

	Stationeries		300	1	1	1	340	102,000
	PAS		3,000	1	3	2	1	18,000
	Projector		5,000	1	3	2	1	30,000
	workshop materials		7,300	1	3	1	1	21,900
	Tea Break		700	1	3	2	346	1,453,200
	Lunch		1,000	1	3	2	346	2,076,000
	Communicati on		2,000	1	1	1	1	2,000
Specific Objective 2.2:	To ensure that QA/QC of malaria diagnostic processes and services is conducted in at least 55% of public and private secondary health facilities							548,700
Activity 2.2.1	Establish QA and QC system in 20% of HFs							548,700
Sub activity 2.2.1.1	Identify and select one laboratory personnel each from 6 randomly selected SHFs							0
Sub activity 2.2.1.2	3 days non-residential training on QA Team on panel sample/slides preparation for EQA (one laboratory personnel from the SHFs.)							70,700
	Transport for all		2,000	1	1	2	7	28,000
	Hall rental		0	1	1	1	1	0
	Multimedia projector		0	1	1	1	1	0
	Worshop materials		7,300	1	1	1	1	7,300
	Tea Break		700	1	1	1	7	4,900
	Lunch		1,500	1	1	1	7	10,500
	Facilitators fee		10,000	1	1	2	1	20,000
Sub activity 2.2.1.3	Quarterly Slide selection and Rechecking (blinded rechecking)							48,000
	Transport		2,000	1	4	1	6	48,000
Sub activity 2.2.1.4	Planning meeting of the QA/QC Team and Selection of sentinel sites for EQA (6 persons) for Post QA/QC dissemination meeting							130,000

	Transport		2,000	1	4	1	6	48,000
	Tea Break		700	1	4	1	6	16,800
	Workshop materials		7,300	1	4	1	1	29,200
	Lunch		1,500	1	4	1	6	36,000
Sub activity 2.2.1.5	Quarterly Post QA/QC dissemination meeting (30 persons)							300,000
	Refreshment		500	1	4	1	30	60,000
	Participant transport		2,000	1	4	1	30	240,000
3. MALARIA TREATMENT								**40,616,000**
Specific Objective 3.1:	To ensure that 100% 0fconfirmed cases of uncomplicated malaria in public and private health facilities are treated according to the National Guideline							23,051,600
Activity 3.1.1	Training of health workers in the public and private health facilities on treatment of uncomplicated malaria according to the National treatment Guidelines							23,051,600
Sub activity 3.1.1.1	Conduct 3 days residential training on case management of malaria for senior health workers - 2 persons per LGA (2x 34) +RBM manager + 2 HMB staff + 3 facilitators + 1 secretariat (68 participants total)							2,505,800
	Hall		60,000	1	1	3		180,000
	Tea Break		700	1	1	3	75	157,500
	Lunch		1,500	1	1	3	75	337,500
	Workshop material		7,300	1	1	1	1	7,300
	Facilitator's Fees		10,000	1	1	3	3	90,000
	DSA		7,500	1	1	3	75	1,687,500
	Stationaries		300	1	1	1	80	24,000
	Multimedia projector		5,000	1	1	3		15,000
	Printing of Certificate		100	1	1	1	70	7,000

Sub activity 3.1.1.2	Conduct 3 days non- residential training case management of malaria and referral system for 1224 PHC workers (36 per LGA -2 persons X 17 HFs in-charge/medical record officer) + IRBM focal person + 1 PHC Coordinator) 2 facilitators + 1 Secretary							15,427,900
	Hall		60,000	1	1	3		180,000
	Tea Break		700	1	1	3	1,329	2,790,900
	Lunch		1,000	1	1	3	1,329	3,987,000
	Transport Allowances		2,000	1	1	3	1,329	7,974,000
	Facilitator's Fees		10,000	1	1	3	3	90,000
	Workshop material		7,300	1	1	1	1	7,300
	Stationaries		300	1	1	1	1,329	398,700
Sub activity 3.1.1.3	3-days residential state level training on community case management for Malaria (2-persons from each LGA)							4,982,900
	Hall		50000	1	2			100,000
	Tea Break		700	1	2	3	68	285,600
	Lunch		1500	1	2	3	68	612,000
	Transport		2000	1	2	3	68	816,000
	DSA		7500	1	2	3	68	3,060,000
	Workshop Material		7300	1	1	1	1	7,300
	Facilitation Fees		10000	1	2	3	1	60,000
	Stationaries		300	1	2	1	70	42,000
Sub activity 3.1.1.4	Collection of 5000 copies of the National guidelines for malaria treatment from NMEP							0
								0
Sub activity 3.1.1.5	Distribution of 5000 National guideline for malaria treatment to all public and private health facilities							135,000
	Car hire		15000	3	1	3		135,000

Specific Objective 3.2:	To ensure 100% of patients with severe malaria presenting in public and private health facilities that are managed according to the National Treatment Guideline							1,912,300
Activity 3.2.1	Training of senior health workers and medical doctors in public and private health facilities on severe malaria according to National treatment guidelines							1,912,300
Sub activity 3.2.1.1	2 days residential training on Severe Malaria for senior health workers/Doctors same participants as 3.1.1.1							1,912,300
	Hall		60,000	1	1	2		120,000
	Lunch		1,500	1	1	2	80	240,000
	Transport		2,000	1	1	2	75	300,000
	DSA		7,500	1	1	2	75	1,125,000
	Workshop Material		7,300	1	1	1	1	7,300
	Facilitation Fees		10,000	1	1	2	3	60,000
	Stationaries		300	1	1	1	75	22,500
	Printing of Certificate		500	1	1	1	75	37,500
Specific Objective 3.3:	To strengthen malaria parasite sentinel surveillance sites from 1 to at least 2							249,000
Activity 3.3.1.1	Reactivation and creation of 2 additional MPSS sites in Daura and Funtua zones							249,000
Sub activity 3.3.1.2	Stakeholders engagement meeting 7(SMOH/ Partners/ HSMB/ SPHCDA) for reactivation/ creation of 2 additional MPSS sites in Daura and Funtua zones							32,400
	Tea Break		700	1	1	1	7	4,900
	Lunch		1,500	1	1	1	7	10,500
	Transport		2,000	1	1	1	7	14,000
	Stationaries		300	1	1	1	10	3,000
Sub activity 3.3.2.3	Training of 2 laboratory personnel on MPSS from each site							216,600
	Hall		50,000	1	1	3		150,000
	Stationaries		300	1	1	1	6	1,800

	Transport		2,000	1	1	1	6	12,000
	Tea Break		700	1	1	3	8	16,800
	Lunch		1,500	1	1	3	8	36,000
Specific Objective 3.4:	To strengthen Pharmacovigilance activities for antimalarial commodities							1,547,900
Activity 3.4.1	Establish a system for pharmacovigilance activities for malaria treatment in the 34 LGAs							1,547,900
Sub activity 3.4.1.1	Planning Meeting by 6 persons (from SMOH/NAFDAC/SPHCDA) on pharmacovigilance activities for malaria treatment							39,000
	Transport		2,000	1	1	1	6	12,000
	Stationaries		300	1	1	1	6	1,800
	Transport		2,000	1	1	1	6	12,000
	Tea Break		700	1	1	1	6	4,200
	Lunch		1,500	1	1	1	6	9,000
Sub activity 3.4.1.2	1 day Non-residential Training of 34 personnel 1 from each of the 34 LGAs on pharmacovigilance							196,500
	Hall		50,000	1	1	1		50,000
	Lunch		1,500	1	1	1	34	51,000
	Transport		2,000	1	1	1	34	68,000
	Workshop Material		7,300	1	1	1		7,300
	Facilitation Fees		10,000	1	1	1	1	10,000
	Stationaries		300	1	1	1	34	10,200
Sub activity 3.4.1.3	Quarterly stake holders meeting 40people to review and discuss pharmacovigilance related issue							468,300
	Hall maintenance		5,000	1	3	1		15,000
	Lunch		1,500	1	3	1	41	184,500
	Transport		2,000	1	3	1	41	246,000

	Workshop Material		7,300	1	3	1	1	21,900
	Stationaries		300	1	3	1	1	900
Sub activity 3.4.1.4	2-day residential Refresher training for 136 (lab. scientist/ pharmacist/Nurses/doctors) on the conduct of drug efficacy tests							694,100
	Hall maintenance		5,000	1	3	2	1	30,000
	Stationeries		300	1	1	1	136	40,800
	Transport		2,000	1	1	1	139	278,000
	Lunch		1,000	1	1	1	139	139,000
	Tea break		500	1	1	2	139	139,000
	Facilitation Fees		10,000	1	1	2	3	60,000
	Workshop materials		7,300	1	1	1	1	7,300
Sub activity 3.4.1.5	Biannual dissemination meeting 44 people(Dir. PHC FROM 34 LGAs/MOH/HSMB/PARTNERS							150,000
	Hall maintenance		5,000	1	2	1	1	10,000
	Refreshments		500	1	2	1	44	44,000
	Transport		2,000	1	2	1	24	96,000
Specific Objective 3.5:	To reactivate Integrated Community case management in all LGAs							13,855,200
Activity 3.5.1	Training of RMC (Role Model Care givers) for Community Case Management for malaria							13,855,200
Sub activity 3.5.1.1	Conduct a 4 day non-residential training of 816 RMCs (24 per LGA) on Community Case Management and referral system							13,855,200
	Hall		60,000	1	1	4		240,000
	Facilitation Fees		10,000	1	1	4	3	120,000
	Tea Break		700	1	1	4	819	2,293,200
	Lunch		1,500	1	1	4	819	4,914,000

	Transport Allowances		2000	1	1	4	816	6,528,000
4. ADVOCACY COMMUNICATION AND SOCIAL MOBILIZATION (ACSM)								**27,226,350**
Specific objective 4.1:	To scale up the current knowledge of malaria from 93.1% to 100% among the general public and increase demand for malaria prevention and management service							13,817,850
Activity 4.1.1	Plan series of community awareness campaigns targeting 15 selected high risk LGA in-terms of confirmed cases of malaria.							1,395,650
Sub activity 4.1.1.1	One day stake holders meeting with 20 ACSM committee members and 3 persons each from the 15 selected LGAs on modalities of reaching 3 affected wards per LGA and 4 settlements per ward.							486,300
	Hall		50,000	1	1	1	1	50,000
	Lunch		1,500	1	1	1	65	97,500
	tea break		700	2	1	2	65	182,000
	Stationeries		300	1	1	1	65	19,500
	workshop materials		7,300	1	1	1	1	7,300
	Transport for participants		2,000	1	1	1	65	130,000
	projector and screen		0	1	1	1	1	0
	PAS		0	1	1	1	1	0
Sub activity 4.1.1.2	One day stakeholders meeting (20 ACSMM, 45 LGA rep) a total of 65 persons for identification and engagement of 4 CBOs per ward for orientation and conduct of community/compound meetings on malaria. A total of 180 CBOs							395,300
	Hall		50,000	1	1	1	1	50,000
	Lunch		1,500	1	1	1	65	97,500
	tea break		700	1	2	1	65	91,000
	Stationeries		300	1	1	1	65	19,500
	workshop materials		7,300	1	1	1	1	7,300
	Transport for participants		2,000	1	1	1	65	130,000

	projector and screen		0	1	1	1	1	0
	PAS		0	1	1	1	1	0
Sub activity 4.1.1.3	Engage 180 CBOs to conduct series of compound meetings in 180 settlements with women groups, male, youth and elderly.							504,000
	Transport		2,000	1	1	1	180	360,000
	Stationeries		300	180	1	1	1	54,000
	Refreshment		500	1	1	1	180	90,000
	IEC material		0	1	1	1	1	0
Sub activity 4.1.1.4	Compilation and documentation and reporting of activities using using standard reporting format.							10,050
	Stationeries		300	1	1	1	1	300
	video coverage		5,000	1	1	1	1	5,000
	Printing		100	10	1	1	1	1,000
	Photocopies		15	10	5	1	1	750
	Binding		200	5	1	1	1	1,000
	communicati on		2,000	1	1	1	1	2,000
Activity 4.1.2	Plan and implement mass media programmes targeting the general public on malaria.							4,738,900
Sub activity 4.1.2.1	Two day media engagement and material development meeting with 6 media health producers and 20 ACSM members to develop and plan series of media programmes on malaria.to be facilitated by 2 resource persons							407,900
	Hall		50,000	1	1	2	1	100,000
	Lunch		1,500	1	1	2	26	78,000
	tea break		700	2	1	2	26	72,800
	Stationeries		300	1	1	1	26	7,800
	workshop materials		7,300	1	1	1	1	7,300

	Transport for participants		2,000	1	1	2	26	104,000
	transport for facilitators		2,000	1	1	2	2	8,000
	DSA for facilitators		7,500	1	1	2	2	30,000
	projector and screen		0	1	1	2	1	0
	PAS		0	1	1	2	1	0
Sub activity 4.1.2.2	Pre-testing of materials in 1 LGAs per zone total of 18 LGAs with 40 participants per LGA a total of 720 persons and 38 pre-testers							312,000
	Transport for pre-testers		2,000	1	1	1	38	76,000
	Stationeries per LGA		300	18	1	1	1	5,400
	Refreshment for participants		700	1	1	1	278	194,600
	Report and documentation		2,000	1	1	1	18	36,000
Sub activity 4.1.2.3	Final production of Media materials							2,780,000
	Radio Jingles at 2 slots per day		4,000	1	2	90	1	720,000
	TV Jingles at 2 slots per day		5,500	1	2	90	1	990,000
	Radio Drama once a week		30,000	1	1	12	1	360,000
	TV Drama once a week		40,000	1	1	12	1	480,000
	Majigi film one production		100,000	1	1	1	1	100,000
	Majigi film 50 CD copies		200	200	1	1	1	40,000

	Song one production		50,000	1	1	1	1	50,000
	Song 50 CD copies		200	200	1	1	1	40,000
Sub activity 4.1.2.4	Procurement of seven MAJIGI kits for used during community dialoque e.t.c one per 6 PHC zone and one for state.							1,239,000
	7. 14" TV		15,000	7	1	1	1	105,000
	7. PAS		15,000	7	1	1	1	105,000
	7. screens		7,000	7	1	1	1	49,000
	7. projectors		70,000	7	1	1	1	490,000
	7. digital cameras		70,000	7	1	1	1	490,000
Activity 4.1.3	Work with existing structure to conduct Special sensitization meeting with key stakeholder at state and community levels on their role in malaria prevention control and elimination							3,986,900
Sub activity 4.1.3.1	Organize one day sensitization meeting on the role of the traditional leaders in malaria prevention, control and elimination for 63 district heads, to be facilitated by 3 resource persons.							423,000
	Hall		50,000	1	1	1	1	50,000
	Lunch		1,500	1	1	1	66	99,000
	tea break		700	2	1	1	66	92,400
	Stationeries		300	1	1	1	66	19,800
	workshop materials		7,300	1	1	1	1	7,300
	Transport for participants		2,000	1	1	1	63	126,000
	projector and screen		0	1	1	1	1	0
	transport for facilitators		2,000	1	1	1	3	6,000
	DSA for facilitators		7,500	1	1	1	3	22,500
	PAS		0	1	1	1	1	0

Sub activity 4.1.3.2	Organize one day sensitization meeting on the role of the religious leaders in malaria prevention, control and elimination for 24 persons 3 each from seven islamic sects and CAN heads, to facilitated by 2 persons							207,500
	Hall		50,000	1	1	1	1	50,000
	Lunch		1,500	1	1	1	26	39,000
	tea break		700	2	1	1	26	36,400
	Stationeries		300	1	1	1	26	7,800
	workshop materials		7,300	1	1	1	1	7,300
	Transport for participants		2,000	1	1	1	24	48,000
	projector and screen		0	1	1	1	1	0
	transport for facilitators		2,000	1	1	1	2	4,000
	DSA for facilitators		7,500	1	1	1	2	15,000
	PAS		0	1	1	1	1	0
Sub activity 4.1.3.3	One day state level meeting with 3 members of seven functional women groups 34 LGA first ladies and 10 state delegates on their role in malaria prevention, control and management under the leadership of Her Excellency to be facilitated by 2 persons..							414,300
	Hall		50,000	1	1	1	1	50,000
	Lunch		1,500	1	1	1	65	97,500
	tea break		700	2	1	1	65	91,000
	Stationeries		300	1	1	1	65	19,500
	workshop materials		7,300	1	1	1	1	7,300
	Transport for participants		2,000	1	1	1	65	130,000
	projector and screen		0	1	1	1	1	0
	transport for facilitators		2,000	1	1	1	2	4,000

	DSA for facilitators		7,500	1	1	1	2	15,000
	PAS		0	1	1	1	1	0
Sub activity 4.1.3.4	Engagement of network of women forum for health a total of 20 members in programing and implementing women sensitization campaigns in seven PHC zones under the leadership of Her Excellency first lady (malaria terminator) to be supported by 34 LGA first ladies under press coverrage. A minimum of 400 participants per zone							2,942,100
	Transport		2,000	1	7	1	60	840,000
	Stationeries		300	1	7	1	1	2,100
	Refreshment		500	1	7	1	500	1,750,000
	IEC material		0	1	1	1	1	0
	Media coverage		50,000	7	1	1	1	350,000
Activity 4.1.4	Provide facility base I.E.C materials to support dissemination of factual information and community link activities.							2,362,600
Sub activity 4.1.4.1	Two day facility SBCC material development meeting with health 20 participants to be facilitated by 2 resource persons.							356,200
	Hall		50,000	1	1	2	1	100,000
	Lunch		1,500	1	1	2	22	66,000
	tea break		700	2	1	2	22	61,600
	Stationeries		300	1	1	1	22	6,600
	workshop materials		4,000	1	1	1	1	4,000
	Transport for participants		2,000	1	1	2	20	80,000
	transport for facilitators		2,000	1	1	2	2	8,000
	DSA for facilitators		7,500	1	1	2	2	30,000
	projector and screen		0	1	1	2	1	0
	PAS		0	1	1	2	1	0

Sub activity 4.1.4.2	Pre-testing of materials in 2 Facilities per LGAs a total of 68 facilities with 10 clients per facility be pre-tested by 2 persons per facility.							196,400
	Transport for pre-testers		2,000	1	1	1	20	40,000
	Stationeries per facility		300	68	1	1	1	20,400
	Refreshment for participants		0	1	1	1	1	0
	Report and documentation		2,000	1	1	1	68	136,000
Sub activity 4.1.4.3	Final production of assorted SBCC materials, 10 posters ,2 hand biils,2 charts, and 10 pamphlets per facility							1,810,000
	A3 Posters colour		30	1,000	17	1	1	510,000
	A4 Hand bills colour		20	1,000	4	1	1	80,000
	A4 Counselling flip chart colour		50	1,000	4	1	1	200,000
	pamphlet		60	1,000	17	1	1	1,020,000
Sub activity 4.1.4.4	Distribution of SBCC to LGA for used in health facilities that include secondary HF and private							0
	Transporting the materials to LGAs and facilities		0	1	1	1	1	0
Activity 4.1.5	Organize and conduct malaria day							1,333,800
Sub activity 4.1.5.1	Production of basic I.E.C materials for use during malaria day.							656,000
	4 yards Banners		4,000	4	1	1	1	16,000

	Stickers		300	1,000	1	1	1	300,000
	T-shirts		500	200	1	1	1	100,000
	Face caps		200	200	1	1	1	40,000
	4 yards hijab		1,000	200	1	1	1	200,000
Sub activity 4.1.5.2	Commemoration/flagging up of world malaria day under press coverage by the H.C.M.O.H, with 20 persons in attendance.							59,000
	Transport		2,000	1	1	1	20	40,000
	Refreshment		700	1	1	1	20	14,000
	Media coverage		5,000	1	1	1	1	5,000
Sub activity 4.1.5.3	Conduct mass media phone, panel discussion, and media dialogue program on Malaria Day.							515,000
	One hour live phone in Radio		120,000	1	1	1	1	120,000
	One hour live phone in TV		200,000	1	1	1	1	200,000
	30 minute panel discussion radio		75,000	1	1	1	1	75,000
	30 minute panel discussion TV		120,000	1	1	1	1	120,000
Sub activity 4.1.5.4	Conduct three episodes of school based symposium on malaria in 3 col ledges of health sciences with 30 students per school to be facilitated by 2 persons per school.							103,800
	Hall maintenance		5,000	3	1	1	1	15,000
	Stationeries		300	1	1	1	96	28,800
	Refreshment		500	1	1	1	96	48,000
	transport for facilitators		2,000	1	1	1	6	12,000
Specific Objective 4.2:	To enhance political will and enabling environment for malaria control/elimination activities and improved funding.							2,030,000
Activity 4.2.1	Production of Harmonized advocacy kit							1,000,000

Sub activity 4.2.1.1	Production of malaria specific advocacy kits for use in harmonize high and low level advocacy.						1,000,000
	Advocacy kits	5,000	200	1	1	1	1,000,000
Activity 4.2.2.	Plan and conduct series of advocacy events.						1,030,000
Sub activity 4.2.2.1	Conduct high level Advocacy to His Excellency and members of the executive council.						170,000
	Advocacy kits	0	1	1	1	1	0
	Stationeries	300	50	1	1	1	15,000
	Media coverage,	5,000	4	1	1	1	20,000
	transport	2,000	1	1	1	50	100,000
	Refreshment	700	1	1	1	50	35,000
Sub activity 4.2.2.2	Conduct high level Advocacy to;- Her Excellency and 34 LGA first ladies.						170,000
	Advocacy kits	0	1	1	1	1	0
	Stationeries	300	50	1	1	1	15,000
	Media coverage,	5,000	4	1	1	1	20,000
	transport	2,000	1	1	1	50	100,000
	Refreshment	700	1	1	1	50	35,000
Sub activity 4.2.2.3	Conduct high level Advocacy to Two Emirate councils.						190,000
	Advocacy kits	0	1	1	1	1	0
	Stationeries	300	50	1	1	1	15,000
	Media coverage,	5,000	4	1	1	1	20,000
	transport	2,000	1	1	1	50	100,000
	Royal homage	10,000	2	1	1	1	20,000
	Refreshment	700	1	1	1	50	35,000

Sub activity 4.2.2.4	Conduct Advocacy event for 34 LGA (ALGON) chairmen and 4 line ministries.							170,000
	Advocacy kits		0	1	1	1	1	0
	Stationeries		300	50	1	1	1	15,000
	Media coverage,		5,000	4	1	1	1	20,000
	transport		2,000	1	1	1	50	100,000
	Refreshment		700	1	1	1	50	35,000
Sub activity 4.2.2.5	Organise bi-annual press briefing with His Excellency for feed back to assess progress and bottlenecks related							330,000
	Advocacy kits		0	1	2	1	1	0
	Media coverage,		5,000	6	2	1	1	60,000
	transport		2,000	1	2	1	50	200,000
	Refreshment		700	1	2	1	50	70,000
Specific objective 4.3:	To strengthen the capacity of health workers for enhance facilities based dissemination of appropriate information for malaria prevention and management practice							2,377,600
Activity 4.3.1.	Capacity building for front line health workers on effective communication, IPC&C							2,377,600
Sub activity 4.3.1.1	Identify and conduct 3 days T.O.T for 45 persons 3 from each of the selected 15 LGA on effective communication, IPC&C to enhance facility based and community link activities on malaria. 4 facilitators							726,300
	Hall		50,000	1	1	3	1	150,000
	Lunch		1,500	1	1	3	49	220,500
	tea break		700	2	1	3	49	205,800
	Stationeries		300	1	1	1	49	14,700
	workshop materials		7,300	1	1	1	1	7,300
	Transport for participants		2,000	1	1	1	45	90,000
	projector and screen		0	1	1	1	1	0

	transport for facilitators		2,000	1	1	1	4	8,000
	DSA for facilitators		7,500	1	1	1	4	30,000
	PAS		0	1	1	1	1	0
Sub activity 4.3.1.2	Cascade 3 day communication and IPC&C training for 135 persons 3 from each of the selected 45 wards to enhance facility based and community link activities on malaria. With distribution of SBCC materials.							1,651,300
	Hall maintenance		5,000	1	1	3	1	15,000
	Lunch		1,000	1	1	3	180	540,000
	tea break		500	2	1	3	180	540,000
	Stationeries		300	1	1	1	180	54,000
	workshop materials		7,300	1	1	1	1	7,300
	Transport for participants		1,000	1	1	1	135	135,000
	projector and screen		0	1	1	1	1	0
	transport for facilitators		2,000	1	1	1	45	90,000
	Facilitators allowances		2,000	1	1	3	45	270,000
	PAS		0	1	1	1	1	0
Sub activity 4.3.1.3	Incorporate monitoring of community link activities in to existing JISS plan.							0
	Joint effort		0	1	1	1	1	0
Specific Objective 4.4:	To strengthen the existing State ACSM committee and replicate same in 34 LGA, by the end of 2017.							9,060,900
Activity 4.4.1.	Strengthening State and LGA ACSM Committee							9,060,900
Sub activity 4.4.1.1	Conduct quarterly thematic area meeting with 20 ACSM members and 3 partners, to develop and review implementation plan.							1,559,600
	Hall maintenance		5,000	1	4	3	1	60,000

	Lunch		1,000	1	1	3	180	540,000
	tea break		700	2	1	3	180	756,000
	Stationeries		300	1	1	1	180	54,000
	workshop materials		7,300	2	1	1	1	14,600
	Transport for participants		1,000	1	1	1	135	135,000
	projector and screen		0	1	1	1	1	0
	PAS		0	1	1	1	1	0
Sub activity 4.4.1.2	Conduct one day sensitization meeting with 102 persons 3 from each LGA and 10 from the state on the concept and modalities of forming LGA ACSM committee and the development of LGA plan of action.							436,900
	hall		50,000	1	1	1	1	50,000
	Lunch		1,000	1	1	1	112	112,000
	tea break		500	2	1	1	112	112,000
	Stationeries		300	1	1	1	112	33,600
	workshop materials		7,300	1	1	1	1	7,300
	Transport for participants		1,000	1	1	1	102	102,000
	projector and screen		0	1	1	1	1	0
	transport for facilitators		2,000	1	1	1	10	20,000
	PAS		0	1	1	1	1	0
Sub activity 4.4.1.3	Support monthly LGA and state ACSM meetings under the umbrella of the traditional leaders forum on PHC to discuses issues related to Malaria.							7,004,400
	hall		50,000	1	12	1	1	600,000
	Lunch		1,000	1	12	1	112	1,344,000
	tea break		700	2	12	1	112	1,881,600

	Stationeries		300	1	12	1	112	403,200
	workshop materials		7,300	1	12	1	1	87,600
	Transport for participants		2,000	1	12	1	102	2,448,000
	projector and screen		0	1	12	1	1	0
	transport for facilitators		2,000	1	12	1	10	240,000
	PAS		0	1	12	1	1	0
Sub activity 4.4.1.4	Compilation, documentation and reporting of State ACSM activities.							60,000
	Documentation and reporting		5,000	1	12	1	1	60,000
5. PROCUREMENT AND SUPPLY CHAIN MANAGEMENT (PSM)								16,160,000
Specific Objective 5.1:	To ensure that 60% public health facilities to have regular supply of quality SPs, RDTs and ACTs for prevention, diagnosis and management of uncomplicated malaria..							3,976,500
Activity 5.1.1	Annual quantification for malaria commodities and gap analysis							1,249,500
Sub-activity 5.1.1.1	1-day Planning meeting							42,000
	Tea break	SMOH	700	1	1	1	10	7,000
	Lunch		1500	1	1	1	10	15,000
	Transport		2,000	1	1	1	10	20,000
Sub-activity 5.1.1.2	5-Days quantification meeting							1,050,000
	Transport	NMEP	24,000	1	1	5	5	600,000
	Accommodation		8,000	1	1	5	5	200,000
	Refreshment		2,500	1	1	5	5	62,500
	DSA		7,500	1	1	5	5	187,500

Sub- activity 5.1.1.3	1 Day dissemination meeting							157,500
	Transport	SMOH	2000	1	1	1	35	70,000
	Refreshment		2,500	1	1	1	35	87,500
Activity 5.1.2	Quarterly procurements of antimalaria commodities							810,000
Sub-activity 5.1.2.1	Procurement Committee Meetings - quarterly							810,000
	Transport	SMOH	2000	1	4	3	15	360,000
	Refreshment		2,500	1	4	3	15	450,000
Activity 5.1.3	Routine distribution of commodities to HFs							567,000
Sub-activity 5.1.3.1	1- Day MSVs to SMS by stakeholders							567,000
	Transport	SMOH	2000	1	6	3	7	252,000
	Refreshment		2,500	1	6	3	7	315,000
Activity 5.1.4	Quarterly review meetings for quantification							1,350,000
Sub-activity 5.1.4.1	1-day Planning meeting							810,000
	Transport	SMOH	2000	1	4	3	15	360,000
	Refreshment		2,500	1	4	3	15	450,000
Sub-activity 5.1.4.2	3-Days meeting to review quantification							540,000
	Transport	SMOH	2000	1	4	3	10	240,000
	Refreshment		2,500	1	4	3	10	300,000
Specific Objective 5.2	To ensure 100% availability of commodities for severe pre-referral treatment in CHCs and 100% availability of severe malaria management commodities in all SHCs							3,776,500
Activity 5.2.1	Annual quantification for malaria commodities and gap analysis							1,049,500
Sub -activity 5.2.1.1	1-day Planning meeting							42,000

	Tea break	SMOH	700	1	1	1	10	7,000
	Lunch		1,500	1	1	1	10	15,000
	Transport		2,000	1	1	1	10	20,000
Sub- activity 5.2.1.2	5-Days quantification meeting							850,000
	Transport	NMEP	24,000	1	1	5	5	600,000
	Refreshment		2,500	1	1	5	5	62,500
	DSA		7,500	1	1	5	5	187,500
Sub -activity 5.2.1.3	1 Day dissemination meeting							157,500
	Transport	SMOH	2,000	1	1	1	35	70,000
	Refreshment		2,500	1	1	1	35	87,500
Activity 5.2.2	Quarterly procurements of antimalaria commodities							810,000
5.2.2.1	3- meeting for procurement							810,000
	Transport	SMOH	2,000	1	4	3	15	360,000
	Refreshment		2,500	1	4	3	15	450,000
Activity 5.2.3	Routine distribution of commodities to HFs							567,000
5.2.3.1	1- Day MSVs to SMS by stakeholders							567,000
	Transport	SMOH	2,000	1	6	3	7	252,000

	Refreshment		2,500	1	6	3	7	315,000
Activity 5.2.4	Quarterly review meetings for quantification							1,350,000
5.2.4.1	1-day Planning meeting							810,000
	Transport	SMOH	2,000	1	4	3	15	360,000
	Refreshment		2,500	1	4	3	15	450,000
5.2.4.2	3-Days meeting to review quantification							540,000
	Transport	SMOH	2,000	1	4	3	10	240,000
	Refreshment		2,500	1	4	3	10	300,000
Specific Objective 5.3:	Sustain routine distribution of LLINs in all public health facilities conducting ANC							540,000
Activity 5.3.1	Annual needs assessment for LLINs required at the HFs.							540,000
Subactivity 5.3.1.1	3-Days needs assessment meeting							540,000
	Transport	SMOH	2,000	1	4	3	10	240,000
	Refreshment		2,500	1	4	3	10	300,000
Specific Objective 5.4:	To ensure availability of commodities for effective larvaciding activities in 90 selected urban wards in 18 LGAs							2,890,000
Activity 5.4.1	Annual quantification of materials required for larvaciding							540,000
Sub-activity 5.4.1.1	3-Days quantification meeting							540,000
	Transport	SEPA	2,000	1	4	3	10	240,000

	Refreshment		2,500	1	4	3	10	300,000
Activity 5.4.2	Procurement, storage and transportation of the materials							2,350,000
5.4.2.1	2-Days meeting for procurement							540,000
	Transport	SEPA	2,000	1	4	3	10	240,000
	Refreshment		2,500	1	4	3	10	300,000
5.4.2.2	Transportation of commodities to sites							1,810,000
	Fueling	SEPA	5,000	5	4	1	18	1,800,000
	Refreshment	SEPA	2,500	1	4	1	1	10,000
Specific Objective 5.5:	To reactivate PSM-TWG to strengthen PSM-related activities.							4,977,000
Activity 5.5.1	Inaugural meeting							657,000
Sub-activity 5.5.1.1	1-Day planning meeting							27,000
	Transport	SMOH	2,000	1	1	1	6	12,000
	Refreshment		2,500	1	1	1	6	15,000
Sub-activity 5.5.1.2	2-Days inaugural meeting							157,500
	Transport	SMOH	2,000	1	1	1	35	70,000
	Refreshment		2,500	1	1	1	35	87,500
Sub-activity 5.5.1.3	2-Quarterly PSM-TWG meetings							472,500

	Transport	SMOH	2,000	1	3	1	35	210,000
	Refreshment		2,500	1	3	1	35	262,500
Activity 5.5.2	Routine Supervision and Mentoring to selected HF Performance Management							4,320,000
Sub-activity 5.5.2.1	Visits to 12 HFs/quarter							4,320,000
	Fueling	SMOH	5,000	12	4	3	4	2,880,000
	Refreshment		2,500	12	4	3	4	1,440,000
6. MONITORING & EVALUATION (M&E)								**29,653,150**
Specific Objective 6.1: To ensure that all public and private health facilities sustain the use of newly harmonized NHMIS data tools								5,707,500
Activity 6.1.1 Training of HF in-charges on NHMIS data tools								5,707,500
Sub-activity 6.1.1.1 Conduct 2 days non-residential training of 795 HFs in-charges/Record officers on NHMIS data tools								4,728,000
	hall maintenance		5000	11	1	2	1	110,000
	Transport Allowance		1000	1	1	2	795	1,590,000
	stationaries		300	1	1	1	795	238,500
	Tea break		500	1	1	2	820	820,000
	Lunch		1,000	1	1	2	820	1,640,000
	Facilitator's fee		5,000	1	1	2	25	250,000
	certificate		100	1	1	1	795	79,500
Sub-activity 6.1.1.2 post training supportive supervision to all trained HFs								979,500
	checklist		100	795	1	1	1	79,500
	car hire		15,000	4	1	10	1	600,000

	DSA		7,500	1	1	10	4	300,000
Specific Objective 6.2: To ensure that all registered Private Patent Medicine Vendors (PPMVs) are using and reporting data on NHMIS data tools								346,000
Activity 6.2.1 Training of PPMVs on NHMIS data tools								346,000
Sub-activity 6.2.1.1: Conduct 2 days non-residential training to selected PPMVs(about 60 PPMVs) on NHMIS data tools								346,000
	hall		50000	1	1	2	1	100,000
	Transport Allowance		2000	1	1	2	60	240,000
	stationaries		300	1	1	1	60	18,000
	Tea break		700	1	1	2	65	91,000
	Lunch		1,500	1	1	2	65	195,000
	Facilitator's fee		10,000	1	1	2	3	60,000
	certificate		100	1	1	1	60	6,000
Sub-activity 6.2.1.2: Distribution of data tools to trained PPMVs								0
	NHMIS data tools		0	60	1	1	1	0
Specific Objective 6.3: To ensure that all public and private health facilities report quality, timely and complete data through DHIS2								24,829,050
Activity 6.3.1: Provision of NHMIS data tools								0
Sub-activity 6.3.1.1: Requisition and collection of tools from NMEP, state and partners								0
								0
Sub-activity 6.3.1.2: Distribution of NHMIS data tools to LGAs/HFs								0
	NHMIS data tools		0	34	1	1	1	0
Activity 6.3.2 Strengthen M&E on data management								16,763,100
Sub-activity 6.3.2.1 Bi-monthly LGA data validation meeting with 17 high malaria burden HFs								8,098,800
	Transport Allowance		1000	1	6	1	578	3,468,000

	communication		1,500	1	6	1	34	306,000
	photocopies		100	1	6	1	578	346,800
	internet subscription		1,500	1	6	1	34	306,000
	lunch		1,000	1	6	1	612	3,672,000
Sub-activity 6.3.2.2 Bi monthly collection of data from all HFs in each LGA								816,000
	Transport Allowance		1,000	1	6	1	34	204,000
	communication		1,500	1	6	1	34	306,000
	internet subscription		1,500	1	6	1	34	306,000
Sub-activity 6.3.2.3 HMIS monthly coordination meeting with 34 LGA M&E officers								2,760,000
	hall		0	1	12	1	1	0
	Transport Allowance		2,000	1	12	1	34	816,000
	communication		1,500	1	12	1	34	612,000
	Lunch		1,500	1	12	1	40	720,000
	internet subscription		1,500	1	12	1	34	612,000
Sub-activity 6.3.2.4 Conduct 1 day quarterly meeting with record officers from 22 secondary& Tertiary health facilities for data collection								604,800
	hall		0	1	4	1	1	0
	Transport Allowance		2,000	1	4	1	25	200,000
	communication		1,500	1	4	1	22	132,000
	Tea break		700	1	4	1	30	84,000
	lunch		1,500	1	4	1	30	180,000
	photocopies		100	1	4	1	22	8,800

Sub-activity 6.3.2.5 Training of 55 number of state and LGA HMIS/M&E officers on evaluation of public health programmes								4,483,500
	hall		50,000	1	1	6	1	300,000
	transport		2,000	1	1	6	55	660,000
	DSA		7,500	1	1	6	55	2,475,000
	tea break		700	1	1	6	60	252,000
	lunch		1,500	1	1	6	60	540,000
	training materials		300	1	1	1	55	16,500
	facilitators fee		10,000	1	1	6	4	240,000
Activity 6.3.3 Strengthening data reporting by private health facilities								2,918,750
Sub-activity 6.3.3.1 Procurement of mobile phones for data capturing at all registered private health facilities								2,143,000
	Mobile phones		25,000	85	1	1	1	2,125,000
	data plan subscription		1,500	1	12	1	1	18,000
Sub-activity 6.3.3.2 Two days Training of private health facilities record officers on the use of mobile phones for data capturing on DHIS2								775,750
	hall maintenance		5,000	1	1	2	1	10,000
	Transport Allowance		2,000	1	1	2	85	340,000
	writing materials		300	1	1	1	85	25,500
	Tea break		700	1	1	2	90	126,000
	lunch		1,500	1	1	2	90	270,000
	photocopies		50	1	1	1	85	4,250
Activity 6.3.4 Support state HDCC								560,000
Sub-activity 6.3.4.1Conduct quarterly state HDCC Meeting								560,000
	hall maintenance		5,000	1	4	1	1	20,000

	Transport Allowance		2,000	1	4	1	30	240,000
	writing materials		300	1	4	1	30	36,000
	Tea break		700	1	4	1	30	84,000
	lunch		1,500	1	4	1	30	180,000
Activity 6.3.5 Strengthen Supportive supervision and data quality assurance (DQA)								4,587,200
Sub-activity 6.3.5.1 One day planning meeting for the conduct of DQA								140,000
	Transport Allowance		2000	1	4	1	10	80,000
	lunch		1500	1	4	1	10	60,000
								0
Sub-activity 6.3.5.2 Conduct of quarterly DQA visits at 6 selected health facilities in all the LGAs								2,160,000
	DSA		7500	1	4	4	10	1,200,000
	Transport		6000	1	4	4	10	960,000
								0
Sub-activity 6.3.5.3 Conduct of quarterly DQA/ OJCB at all registered private health facilities								648,000
	DSA		7500	1	4	4	3	360,000
	Transport		6000	1	4	4	3	288,000
								0
Sub-activity 6.3.5.4 Conduct of quarterly integrated supportive supervision (ISS) to selected HFs in the state								1,639,200
	DSA		7500	1	4	3	10	900,000
	Transport		6000	1	4	3	10	720,000
	Checklist		80	6	4	1	10	19,200
7. PROGRAMME MANAGEMENT								**14,126,200**
Specific Objective 7.1: To hold quarterly meetings by the State Malaria Advisory Committee								34,000
Activity 7.1.1 Meeting of State Malaria Advisory Committee								34,000

Sub-activity 7.1.1.1 One day meeting of mTWG in preparation for SMAC meeting (38 participants)								20,000
	Refreshment	SMOH	500	1	4	1	38	76,000
	Venue	SMOH	50,000	1	4	1	1	200,000
	Lunch	SMOH	1,500	1	4	1	38	228,000
	projector	SMOH	5,000	1	4	1	1	20,000
Sub-activity 7.1.1.2 One day meeting of SMAC (7 participants: HCH, PS, DM&SC, DPH, EC, GM, Rep. Of Partners)								14,000
	Refreshment	SMOH	500	1	4	1	7	14,000
Activity 7.1.2 RBM Coordination meeting								3,864,000
Sub-activity 7.1.2.1 Support monthly State level coordination meeting of RBM focal persons(42 participants)								3,864,000
	Venue	SMOH	50,000	1	12	1	1	600,000
	Lunch	SMOH	1,500	1	12	1	42	756,000
	Transportation	SMOH	6,000	1	12	1	34	2,448,000
	Projector	SMOH	5,000	1	12	1	1	60,000
Activity 7.1.3 Supportive supervision of LGAs and Health facilities								1,893,000
Sub-activity 7.1.3.1 Bimonthly ISS of selected LGAs and facilities(10 participants)								1,893,000
	Car Hire	SMOH	10,000	3	6	5		900,000
	photocopy of checklist	SMOH	10	50	6	1		3,000
	DSA	SMOH	5,500	3	12	5		990,000
Activity 7.1.4 Supervision of health facilities by LGA RBMs								0
Sub-activity 7.1.4.1 Monthly supervision of health facilities by LGA RBM focal persons(34 participants)								0
	Transportation	SMOH	1,000	5	12	1	34	2,040,000
Specific Objective 7.2: To strengthen the coordination of Malaria partners in Katsina state								1,200,000

Activity 7.2.1 Meeting of malaria technical working group								752,000
Sub-activity 7.2.1.1 One day quarterly meeting of mTWG (38 participants)								752,000
	Venue	SMOH	50,000	1	4	1	1	200,000
	Lunch	SMOH	1,500	1	4	1	38	228,000
	projector	SMOH	5,000	1	4	1	1	20,000
	Transportation	SMOH	2,000	1	4	1	38	304,000
Activity 7.2.2 Program coordination meeting with state and partners (Partners' forum)								448,000
Sub-activity 7.2.2.1 Quarterly meeting with SMOH and partners on activity harmonization								448,000
	Venue	SMOH	50,000	1	4	1		200,000
	Lunch	SMOH	1,500	1	4	38		228,000
	projector	SMOH	5,000	1	4	1		20,000
Specific Objective 7.3: To review 2017 AOP and develop 2018 plan								4,759,200
Activity 7.3.1 Dissemination meeting								60,000
Sub-activity 7.3.1.1 One day dissemination meeting for AOP 2017 (20 participants)								60,000
	Venue	SMOH	50,000	1	1	1		50,000
	Refreshent	SMOH	500	1	1	20		10,000
	Copies of AOP 2017	SMOH						0
Activity 7.3.2 2017 AOP midyear review meeting								139,000
Sub-activity 7.3.2.1 One day meeting to review the 2017 AOP (45 participants)								139,000
	Venue	SMOH	50,000	1	1	1		50,000
	Lunch	SMOH	1,500	1	1	45		67,500
	PAS	SMOH	3,000	1	1	1		3,000
	Projector	SMOH	5,000	1	1	1		5,000
	Stationeries	SMOH	300	1	1	45		13,500
Activity 7.3.3 2018 AOP Development Process								4,560,200
Sub-activity 7.3.3.1 One day planning meeting for 2018 AOP development (20 participants)								56,000

	Venue(free)	SMOH						0
	Refreshment	SMOH	500	1	1	20		10,000
	transport	SMOH	2,000	1	1	20		40,000
	Stationeries	SMOH	300	1	1	20		6,000
Sub-activity 7.3.3.2 5 days Residential workshop for 2018 AOP development with mTWG, SMOH, LGSC reps, partners + NMEP +consultant (53 Participants)								3,689,200
	Venue	SMOH	50,000	1	5	1		250,000
	Lunch	SMOH	1,500	1	5	53		397,500
	Tea break	SMOH	700	2	5	53		371,000
	Workshop Material	SMOH	7,300	1	1	1		7,300
	Stationeries	SMOH	300	1	1	53		15,900
	PAS	SMOH	3,000	1	5	1		15,000
	Projector	SMOH	5,000	1	5	1		25,000
	DSA	SMOH	2,000	1	5	53		530,000
	Transportation	SMOH	2,000	2	1	50		200,000
	Accommodation	SMOH	5,500	1	5	53		1,457,500
	Airport taxi	SMOH	5,000	1	4	1		20,000
	Air fare	SMOH	50,000	1	1	3		150,000
	Consultancy fee	SMOH	25,000	1	5	2		250,000
Sub-activity 7.3.2.3 Printing of 250 copies of the 2018 AOP manuals								750,000
	Printing cost	SMOH	3,000	1	1	250		750,000
Sub-activity 7.3.2.4 One day dissemination meeting for AOP 2018(30 participants)								65,000
	Venue	SMOH	50,000	1	1	1		50,000
	Refreshment	SMOH	500	1	1	30		15,000
Specific Objective 7.4: To incorporate the private sector activities into SMEP work plan								336,000

Activity 7.4.1 private sector engagement								112,000
Sub-activity 7.4.1.1 Conduct One day meeting with private sector to disseminate the work plan(38 participants)								112,000
	Venue	SMOH	50,000	1	1	1		50,000
	Projector	SMOH	5,000	1	1	1		5,000
	lunch	SMOH	1,500	1	1	38		57,000
Activity 7.4.2 Review meeting for private sector implementation								224,000
Sub-activity 7.4.2.1 One day bi-annual meeting with private sector (partners) for resource harmonization								224,000
	venue	SMOH	50,000	1	2	1		100,000
	projector	SMOH	5,000	1	2	1		10,000
	lunch	SMOH	1,500	1	2	38		114,000

Annex 5: Resource List for 2017 AOP Costing

Katsina Resource List for 2017 AOP Costing

S/n	Cost Element	UNIT COST
1	Lunch: State LGA	 1,500 1,000
2	Tea break State LGA	 700 500
3	Venue/ Hall rental – State level Medium Size (30 – 70 seats) Large (70 and above) LGA-Level Hall Maintenance per day	 50,000 60,000 5,000
4	Stationeries kits(Biro, File, Note Pad)	300
5	Public Address System (PAS) per day	3,000
6	Multimedia projector per day	5,000
7	Fuelling of official vehicle per day/ Local running	5,000
8	Hiring of Truck for uploading/offloading commodities	20,000
9	Hiring truck – 6 trips max per day for silt evacuation	35,000
10	Hiring of Bus per day	20,000
11	Car hire per day (out-of-station)	15,000
12	Advocacy kits (Handbills, Posters, Flyers, Customized Exercise Books, Fact sheets, T-shirt, face –cap, hijab, banners, etc.)	5000
13	Photocopy per page	10
14	Transport allowance – State (2-ways) Transport allowance within LGA (2-ways) State to LGA Transport allowance (2-ways)	2,000 1,000 6000
15	DSA (including hotel accommodation & meals)	7,500
16	Photograph (Album)	2,000
17	Video coverage hire per day	5,000
18	Printing per page ● Coloured ● Black and white	 100 40
19	Rental of chairs per dozen of chairs/day	300
20	Allowance ● Mobilizers/community volunteers/ IPCs allowance (monthly) ● role play actors team (per event) ● Advocacy package to royal homage	 2,000 10,000 10,000
21	Generator (Hire) per day	5000
22	Facilitator's Fee ● State ● LGA	 10,000 5,000
23	Printing of NHMIS Registers and Form per booklet	

	• Registers • MSF and QSF	1,500 2,000
24	Refreshments (per person)	500
25	Printing of manual	3,000
26	Workshop materials • Flip chart • Markers pack • Masking Tape • Ream of A4 Paper • Sticky note pack	**7,300:** 3,500 800 300 1,500 1,200
27	Consultancy Fee	25,000
28	Air Fare (Return Ticket)	50,000
29	Printing of Certificate	500
30	Airport Taxi	5,000
31	Larvaciding chemicals – per carton	31,200
32	Digger	1200
33	Hand gloves	300
34	Wheel barrow	6000
35	Rain boot	1000
36	Shovel	1200
37	Fork shovel	700
38	Script writing – radio	3000
39	Script writing – tv	3500
40	Material development – radio	2500
41	Material development – tv	2,500
42	Editing – Radio	2500
43	Editing – TV	3500
44	Airing per slot TV	5500
45	Airing of slot Radio	4000
46	Production of documentary (30 to 60 min)/ Airtime	30,000 / 35,000
47	Production of documentary – Radio / Airtime	15,000 / 15,000