JIGAWA STATE GOVERNMENT

2017 ANNUAL OPERATIONAL PLAN FOR MALARIA ELIMINATION

JIGAWA STATE MINISTRY OF HEALTH

IN COLLABORATION WITH

IHV-NIGERIA

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Abbreviations and Acronyms

Abbreviations and Acronyms	Meaning
ACOMIN	Association of Civil Society Organizations on Malaria, Immunization and Nutrition
ACSM	Advocacy, Communication and Social Mobilization
ACT	Artemisinin-based Combination Therapy
ANC	Ante Natal Care
AOP	Annual Operational Plan
CBOs	Community Based Organization
CHEWs	Community Health Extension Workers
CSOs	Civil Society Organizations
DHIS	District Health Information System
DHS	Director Hospital Services
DPH	Director Public Health
DQA	Data Quality Assurance
DRF	Drug Revolving Fund Scheme
DSA	Daily Subsistence Allowance
FBO	Faith Based Organization
FMC	Federal Medical Centre
FMOH	Federal Ministry of Health
GF	Global Fund
GHS	Gunduma Health System
GHSB	Gunduma Health System Board
GHSC	Gunduma Health System Council
HF	Health Facility
HMIS	Health Management Information System
IEC	Information, Education and Communication
IHVN	Institute of Human Virology Nigeria
IPs	Implementing Partners
IPTp	Intermittent Preventive Treatment for Pregnancy
IRS	Indoor Residual Spraying
ISS	Integrated Supportive Supervision
IVM	Integrated Vector Management
JAR	Joint Annual Review
JIMSO	Jigawa Medicare Supply Organisation
JSPHCDA	Jigawa State Primary Health Care Development Agency
LGAs	Local Government Areas
LLIN	Long Lasting Insecticidal Treated Nets
LMCU	Logistics Management Coordinating Unit
LQA	Lot Quality Assurance
MNCH2	Maternal New-born and Child Health 2

M&E	Monitoring and Evaluation
NFM	New Funding Model
NHMIS	National Health Management Information System
NMCP	National Malaria Control Programme
NMEP	National Malaria Elimination Programme
NMSP	National Malaria Strategic Plan
PHC	Primary Health Care (Centres)
PPFN	Planned Parenthood Federation of Nigeria
PSM	Procurement and Supply Management
QA/QC	Quality Assurance/Quality Control
RBM	Roll Back Malaria
RDT	Rapid Diagnostic test
SDSS	Sustainable Drug Supply System
SFH	Society for Family Health
SHC	Secondary Health Care
SHFs	Secondary health Care Facilities
SHI	Sustainable Health International
SMC	Seasonal Malaria Chemoprevention
SMoH	State Ministry of Health
SP	Sulphadoxine/Pyrimethamine
SPHCDA	State Primary Health Care Development Agency
SuNMaP	Support to National Malaria Programme
THC	Tertiary Health Care/ Centre
THFs	Tertiary Health Facilities
TWG	Technical Working Group
WDC	Ward Development Committees
WHO	World Health Organization

1.0 Malaria Situation Analysis

1.1 Background

Malaria is endemic in Nigeria and remains the foremost public health problem, taking its greatest toll on children under age 5 years and pregnant women, although it is preventable, treatable and curable. Africa still bears over 80 percent of the global malaria burden of which Nigeria accounts for about 29 percent. Together with the Democratic Republic of Congo (DRC), Nigeria contributes up to 40 percent of the global burden (World Malaria Report, 2014). In Nigeria, malaria 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. It is estimated that about 110 million clinically diagnosed cases of malaria occur each year. (FMoH and NMEP, 2014)

From the 2015 Nigeria Malaria indicator survey report, the dominant vector species 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 the country, while *A. arabiensis* is mostly found in the North 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) 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. The species of the parasite in Jigawa state are: *P. falciiparium* (96.6%), *P. malariae* (4.8%), *P. ovale (*0.0%) and mixed infections (1.5%). (NMEP et al 2015).

The disease 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 new strategic plan, NMSP 2014-2020, Jigawa state 2017 Annual Operational Plan for malaria elimination reflects activities to be implemented, grouped in seven strategic objective areas which include 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 Jigawa State.

1.2 Jigawa State Profile

Jigawa State is one of the thirty-six states that constitute the Federal Republic of Nigeria. The State with 27 LGAs was created in 1991 with Dutse as its capital city. It is situated in the north-west geo-political zone and sahel savannah ecological zone of the country. It lies between latitude 11^0 and 13^0 North of the Equator and between longitude 8^0 and 10^0 15' east of the Greenwich Meridian. It is bounded in the north by Niger Republic, in the east by Yobe State, in the south and South-east by Bauchi State and in the west by Katsina and Kano States.

The 2006 population census put the population of the State at 4,348,649. With an annual growth rate of 2.83%, the projected population for 2017 is 5,911, 158 with 3,012 102 (51%) males and 2,899 055 (49%) females. The expected number of pregnant women and children under 5 years in 2017 are 295,558 and 1,182,232 respectively. About 85% of the population live in rural areas while 15% live in towns and cities.[3] Jigawa state has 56.6% and 1.2% of her population in the lowest and highest wealth quintiles respectively. In the state, the average number of nets per household is about 3 nets. The prevalence of malaria in children 6-59 months is 58.2% and 27.9% using RDT and microscopy respectively (NMEP et al 2016)

Religion in the State is mainly Islam which constitutes about 98.9% of the population, while Christianity constitutes 1.1%. The major ethnic groups include Hausa, Fulani and Kanuri, with some traces of Badawa mainly in the North Eastern parts. The State has 27 Local Government Areas (LGAs) with 287 political wards. The major occupations are farming, grazing and trading with a small proportion of the population being civil servants.

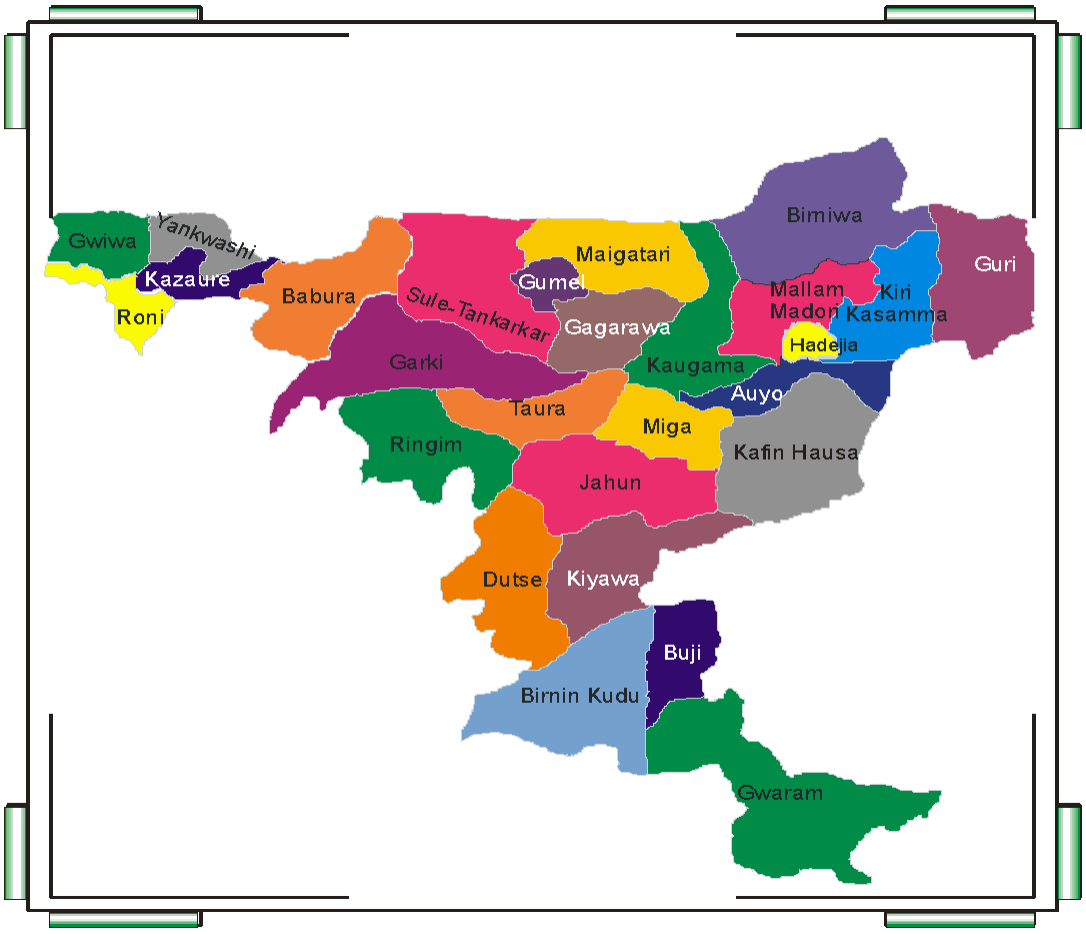

Figure 1: Map of Jigawa State, Nigeria

1.3 Health System and Health Status

The Jigawa State's health sector has over the years become a model to other states in Nigeria. Innovations have been introduced to make the state's health sector effective and outstanding.

The health system in Jigawa State has undergone series of reforms in recent times (2002 till 2016) which has repositioned the State Ministry of Health (SMoH) to effectively provide oversight function in terms of policy direction, resource mobilization and regulation of the health sector.

Jigawa State Health System Reform (2008 – early 2016)

Jigawa State embarked on major health sector reforms to address critical health issues; this led to structural changes from which emerged a unique integrated and decentralised (primary and secondary) health care services under a single line of authority and accountability called the Gunduma (District) Health System. The State Ministry of Health (SMOH) oversight functions on health care service delivery is devolve to the Gunduma Health System Board and its nine (9) Gunduma Governing Councils with a Governing Board.

This structure was unique to Jigawa State; under the defunct structure, the SMOH had oversight functions, which include policy formulation and regulation, resource mobilization, human resource development, social protection of the disadvantaged and external relations. The Commissioner for Health headed the SMOH supported by Permanent Secretary, and a team of Directors responsible for major departments.

The Gunduma Health System (GHS) was responsible for effective and efficient delivery of services at primary and secondary health facilities. The defunct Gunduma Health Systems Board (GHSB) supervised the Gunduma Health Councils (GHC), three per Senatorial District. Each GHC managed all health facilities, hospitals, primary health centres, clinics, dispensaries, health post and programmes in the LGAs within the GHC. Each GHC consisted of 2 to 4 LGAs and had some degree of autonomy and independence. A Director General headed the GHSB, reported to the Commissioner for Health, and supported by a team of Directors responsible for departments. The GHSB provided strategic direction to the GHCs, recommended policy changes to the SMOH, and Local Governments, sets fees and charges, coordinates and promotes collaboration among all health care providers in the State, supervises and monitors health teams in the primary and secondary levels of care. . The GHSB and GHSCs are jointly funded by the state and the 27 local governments.

Jigawa State Health System Reform (early 2016)

Jigawa State reverted to the former status quo by embarking on yet another health sector reforms in line with present government's desire to follow the national health system structure; this led to structural changes by dissolving the defunct Gunduma Health System Board and the nine Gunduma Health System Councils as well as the establishment of State Primary Health Care Development Agency (SPHCDA) and 27 LGA Primary Health Care Offices.

The SPHCDA is responsible for supervising the effective and efficient delivery of services at primary health care facilities through the 27 LGA PHC Offices. The Executive Secretary heads the SPHCDA and supported by Directors responsible for departments. The Executive Secretary reports to the Commissioner for Health; while the 27 LGA PHC Offices are headed by LGA PHC Managers who report to the Executive Secretary.
The SMOH maintained its oversight functions, which include policy formulation and regulation, resource mobilization, human resource development, social protection of the disadvantaged and external relations. In addition it supervises the delivery of secondary and tertiary health care services. The Commissioner for Health heads the SMOH supported by Permanent Secretary, and a team of Directors responsible for major departments.

The SPHCDA provides strategic direction to the LGA PHC Offices, recommends policy changes to the SMOH, sets fees and charges, coordinates and promotes collaboration among all primary health care providers in the State, supervises and monitors programmes and teams at the primary level of care.

Due to the dissolution of the GHS and creation of the state primary health care development agency as a result of the reforms, all the primary health centres are now managed by the Jigawa State Primary Health Care Development Agency (JSPHCDA) while the secondary health facilities, the state specialist hospital (Rasheed Shekoni specialist hospital) and 2 other specialized hospitals are under the SMOH.

Jigawa State has a Strategic Health Development Plan (2010 – 2015) that provides strategic direction with which all health programs align with. The SHDP 2010 – 2015 was last reviewed during the 2012 Joint Annual Review (JAR).

The State health sector has been witnessing progressive increase in budget allocation from 2007 to date. Between January and December, 2016, 15.74 billion naira (11%) of the total state budget of 137.23 billion naira was allocated to the health sector out of which 40 million naira (0.25%) was allocated to malaria intervention activities. Drug supply and procurement in the State is also decentralized and is under an agency called Jigawa Medicare Supply Organisation (JIMSO). The State has 705 health facilities including 17 private facilities. The facilities in the State consist of 672 PHCs, 12 secondary health facilities, 2 tertiary hospitals (Federal Medical Centre and Rasheed Shekoni Specialist Hospital) and 2 Specialized Hospitals (Kazaure Psychiatric Hospital and Tuberculosis and Leprosy [TBL] Referral Hospital, Hadejia). The 12

secondary health facilities, Rasheed Shekoni Specialist Hospital and the two specialized hospitals are under the State Ministry of Health while the FMC is under the Federal Ministry of Health. The PHCs are managed by the State Primary Health Care Development Agency (SPHCDA).

Table 1: Distribution of Health Facilities by LGAs in the State

SN	LGA	No. of PHCs	No. of SHF	No. of THF	No. of Private HFs	Total no. of HFs
1	Auyo	23	0	0	0	23
2	Barbura	25	1	0	1	27
3	Birnin Kudu	35	1	1	1	38
4	Birniwa	26	1	0	0	26
5	Buji	25	0	0	0	25
6	Dutse	37	1	1	4	43
7	Gargarawa	18	0	0	0	18
8	Garki	22	0	0	0	22
9	Gumel	14	1	0	1	16
10	Guri	16	0	0	0	16
11	Gwaram	54	1	0	2	57
12	Gwiwa	22	0	0	0	22
13	Hadejia	10	1	1	2	14
14	Jahun	37	1	0	1	39
15	Kafin Hausa	29	2	0	0	31
16	Kaugama	19	0	0	0	19
17	Kazaure	17	1	1	2	21
18	Kiri Kasamma	23	0	0	0	23
19	Kiyawa	37	0	0	2	39
20	Maigatari	20	0	0	0	20
21	Malam Madori	28	0	0	0	28
22	Miga	22	0	0	0	22
23	Ringim	28	1	0	1	30
24	Roni	17	0	0	0	17
25	Sule Tankarkar	27	0	0	0	27
26	Taura	25	0	0	0	25
27	Yankwashi	16	0	0	0	16
	Total	672	12	4	17	705

SMoH, 2016

Table 2: The numbers of healthcare providers by category

SN	Professional group	Number
1	Doctors	153
2	Nurses	670
3	Midwives	166
4	Nurses/Midwives	138
5	Pharmacists	18
6	Medical Laboratory Scientists/Technicians/Assistants	238
7	Pharmacy Technicians	50
8	Medical Record Officers/Assistants	1,445
9	Community Health Officers (CHOs)	145
10	Community Health Extension Workers (CHEWs)	3,021
11	Environmental Health Officers/Technicians/Assistants	295
	Total	**6,157**

SMoH, 2014

1.4 Situation Analysis of Malaria Elimination in the State

Malaria remains a disease of significant public health concern in Jigawa State in spite of the concerted efforts and variety of strategies adopted by the State Ministry of Health and development partners, to reduce its burden. Malaria elimination activities in the State are carried out in the three core intervention areas (Prevention, Diagnosis and Treatment), targeting the vulnerable population, especially pregnant women and children.

1.4.1 Malaria Prevention

Long Lasting Insecticidal Nets (LLIN) Campaign was launched in 2009 and 2010 during which SMoH, in collaboration with malaria partners distributed 2.5 million LLINs to households across the State on the bases of 2 nets per house hold. In practice, a household consisted of a woman and her under 5 children. A malaria household survey conducted in 9 States in 2010 indicated

94.7% household coverage in Jigawa State[9]. SMoH also collaborated with the Millennium Development Goals (MDGs) in 2011 and distributed 13,400 LLINs to students of boarding schools in the State.

A household survey carried out by Independent Monitors in October, 2014, puts the percentage of under-5 children and women sleeping inside LLIN at 84% and 79% respectively as against 36.8% and 32% in 2010[10]. Between September and October, 2014 a replacement campaign was conducted with 2.9 million LLINs during which 2.5 million LLNs were replaced and 200 additional households were covered with 400,000 nets.

Lot Quality Assurance Survey (LQAs) was carried out in 2015 to assess among others the proportion of pregnant women and children of under five years sleeping under LLIN and reported 97.7% and 98.2% respectively.

Support to National Malaria Programme (SuNMaP) provided the State with 85,333 LLINs as at the end of 2013. The organization also supported in piloting Seasonal Malaria Chemoprevention (SMC) in two LGAs (Kazaure and Roni) in 4 – circle interventions. Also seasonal Malaria Chemoprevention was conducted in only one LGA (Kazaure) in 2015 and additional 67,300 LLINS were distributed through ANC [7,8]Society for Family Health (SFH) also, through social marketing has been distributing LLINs across the state since 2012. In 2014 the organization provided a total of 164,260 LLINs while in 2016 92,120 LLIN and 15,500 SP were provided.

The percentage of pregnant women in the State who receive LLIN and two doses of IPTp (SP) during ANC visit from Jan-Sept. has improved to 72,258 (34.95%) and 71, 396 (34.53%) in 2016 as against 27% and 28% from Jan-Sept.2015 respectively[11]

In 2009 the state conducted Indoor Residual Spraying (IRS) in 2 LGAs (Auyo and Birniwa) with coverage of 96% and 92% respectively. In 2012 IRS was also conducted in 3 LGAs with the coverage of 80% (Dutse), 68% (Hadejia) and 82% (Ringim). The state in collaboration with Harvest Field (a development partner) piloted larviciding with termopase in Ringim LGA headquarters in 2012. Also in 2013 IRS was conducted in Kiri Kassama LGA. However, IRS activities was not carried out in 2014 due to closure of the booster programme.

In view of the collaboration with Logistics Management and with the availability of about 500 stock of LLIN yet to be distributed, the prevention target of reaching beneficiaries with commodities can conveniently be achieved with simple logistic support/arrangement.

1.4.2 Malaria Diagnosis

Diagnosis of malaria in Jigawa State is being carried out in accordance with the National Malaria elimination treatment guidelines (except malaria microscopy using Field stain instead of Giemsa stain). Prompt parasitological confirmation of malaria is done using microscopy or using Rapid Diagnostic test (RDT) prior to treatment in all health facilities of the State. The total fever cases presented at public health facilities between January and September, 2016 were 936,184, while total tested with both RDT and Microscopy were 596,460 giving a percentage of 63.71%. All secondary health care facilities (SHFs) and tertiary health facilities (THFs) provide microscopy services for the diagnosis of malaria and 70 out of the targeted 288 PHCs (one PHC per ward) also provide microscopic and RDT services for malaria in the State. There are functional microscopes in 84 microscopic centres (2 THC, 12 SHC and 70 PHCs) in the state. Currently, RDT kits are available in all health facilities in the State. 60 medical lab scientists were trained on malaria microscopy from 2014 to 2015.

1.4.3 Malaria Treatment

The use of ACTs as recommended in the national malaria treatment guideline is actively promoted and practiced in both public and private health facilities in the state. From January to September, 2016, of the 383,633 people who tested positive for malaria in public health facilities, 383,480 were treated using ACTs, thus giving 99.96% compliance with ACT treatment (DHS2).

In its bid to strengthen the capacity of health providers and improve quality of malaria treatment in the state, laudable initiatives were introduced to strengthen the capacity of the State for Malaria treatment at different levels of care. Fifteen key technical personnel where trained in 2014 on the management of Uncomplicated and severe Malaria and stepped down to key facility staff. Also, in August, 2014, CHAI in collaboration with the State Malaria Elimination Programme trained 13 health care providers in each of the secondary health facilities on the management of severe malaria and administration of injectable artesunate. In 2015, additional 125 health care workers were trained on the management of severe malaria by CHAI. In 2016, 920 health care workers from 460 PHC facilities were trained on malaria in pregnancy (IPTp) in 2016.

However, no primary or secondary health care workers in both private and public health facilities were trained on case management of both uncomplicated and severe malaria.

1.4.4 Advocacy, Communication and Social Mobilization (ACSM)

The National ACSM Strategic Framework/Implementation Plan is yet to be fully implemented in the State, and the ACSM quarterly meetings are not held regularly. However, analysis of social mobilization activities in the State shows that Advocacy, Communication and Social Mobilization (ACSM) activities were carried under different platforms in both the State Ministry of Health (SMoH) and the State Primary Health Care Development Agency (JSPHCDA) with most of the activities funded by partners to serve specific interest on ad-hoc basis.

The ACSM Officer in the State Malaria Elimination Programme (SMEP) is responsible for developing communication materials including radio and other media messages. Posters and job aids on various malaria messages are available in most health facilities. Airing of radio jingles in two media houses on four different aspects (correct use of LLINs, environmental sanitation, malaria diagnosis and effective case management) have been consistently carried out. The ACSM Officer coordinates the activities of Ward Development Committees in enlightening the people of the wards on the state malaria elimination.

In commemoration of World Malaria Day 2016, a radio phone-in program was aired on malaria prevention, diagnosis and treatment. A press briefing was also carried out to mark the day. Delivery kits and LLINs were distributed to antenatal care clients at Dutse General Hospital by Silver Lining for the Needy Initiative and SMoH respectively.

Presently, 12 Community Based Organizations (CBOs) and 15 Health Educators are engaged in malaria elimination activities in all the 287 wards in the state but there is the need to sustain this for the targeted 80% of the population to be reached. Proper tracking of the activities of Ward Development Committees, health educators and the CBOs is required to determine the level of awareness being created for malaria at the community level.

1.4.5 Procurement and Supply Chain Management

The State operates a Sustainable Drug Supply System (SDSS). This system manages free and user fee health commodities in the state. The drug procurement and supply management (PSM) is centralized through an agency called Jigawa Medicare Supply Organization (JIMSO). The Drug Revolving Fund Scheme (DRF), as a component of the SDSS, provides buffer stock for the supply of antimalarial commodities in the State.

The state PSM Technical Working Group (PSM-TWG) chaired by the Director Pharmaceutical Services of the SMOH has membership from all departments and partners that manage health commodities in the state. The Logistics Management Coordinating Unit (LMCU) established late 2015 under the Pharmaceutical Services department collate logistics data from the different units and report to the PSM-TWG for informed logistics decision making.

Within the year, the state received through JIMSO stores 413,765 doses of ACTs, 874,000 RDT kits, 98,680 doses of Sulphadoxine/ Pyrimethamine 500mg/25mg (SP) tabs & 200,351 LLINs from the Global Fund; 73,460 vials of Artesunate 60mg injection from CHAI while 800,000 doses of ACTS and 50,000 doses of SP were supplied through the DRF program.

So far about 85% of the commodities received have been distributed to the health facilities with support from GF and the DRF program. The GF supported two distribution sessions of antimalarial commodities to the health facilities in the state using contracted Third Party Logistics System.

The PPFN in the state distributed 191,560 doses of ACTs, 262,800 RDT kits, 15400 doses of SP, and 92,120 pieces of LLINs to 12 private clinics and 80 Patent and Proprietary Medicines Vendors through Social Marketing within the year.

However, 13% of the HFs reported stock out of ACTs and RDT kits while 28% of the HFs recorded stock out of LLINs for a period lasting more than one week in the previous quarter.

1.4.6 Monitoring & Evaluation and Operational Research

The State has a functional Health Management Information System (HMIS) unit domiciled in the Department of Planning, Research and Statistics in the SMoH. The State Primary Health Care Development Agency (SPHCDA) also has an established HMIS unit in the Department of Planning, Research, Monitoring and Evaluation. The two HMIS units work in collaboration in data management. HMIS Data flow from the facility record staff to the LGA M&E officer who then enters it into web enabled DHIS2.0 software. However, health facility staff in Ringim LGA have been provided with DHIS mobile technology which enables them to enter data into the DHIS2.0 with their cell phones thereby making it easier for them to input data. The introduction of 2013 version of NHMIS incorporates all programmes data (malaria programme inclusive) into the NHMIS system in line with the 56th National Council on Health resolution of 2013.

The 27 LGAs of the State each has an M&E Officer and Malaria Focal Person. These categories of staff play a significance role in malaria data collation and transmission to the various stakeholders in the State. Integrated Disease Surveillance and Response (IDSR) data go to the epidemiology unit of SMOH and State W.H.O. office.

The State over the years received support on data management from Partnership for Transforming Health System (PATHS), Partnership for Reviving Routine Immunization in Northern Nigeria-Maternal, New-born and Child Health (PRRINN-MNCH), Partnership for Transforming Health System 2 (PATHS 2), Support to National Malaria Programme (SuNMaP), World Health Organization (WHO), Clinton Health Access Initiative (CHAI) and Maternal New-born and Child Health 2 (MNCH2) and Institute of Human Virology, Nigeria (IHVN). They supported the State in training, provision of computers, review meetings and quarterly data quality assurance among others.

In 2016 IHVN supported the State and trained 57 staff as Master Trainers and 898 health facility staff on the use of NHMIS data tools. IHVN and MNCH2 supported the State in the provision and distribution of the NHMIS data tools.

The State Malaria Elimination Programme has 3 vehicles and each LGA has a motorcycle for monitoring and supervision of malaria activities.

The State has a feedback mechanism on data generated through bi-monthly data validation meetings at LGA level and Monthly HMIS/Programme review meetings at State level. The LGA level meeting provides avenue for data validation among health facility staff and LGA Team, while the State level meeting provides feedback to Malaria Focal persons, M&E Officers and other stakeholders supported by IHVN.

The State commenced the use of web-enabled DHIS2.0 software to capture National Health Management Information System (NHMIS) data electronically through LGA M&E officers. The IDSR data is captured using the conventional template system (Microsoft excel).

From January – September 2016, the State has appreciable data reporting rate of 92.58% and 76.96% in terms of completeness and timeliness respectively (DHIS2.0 Database).

1.4.7 Programme Management

The State Malaria Elimination Programme is coordinated by the department of Public Health of the SMoH with a dedicated malaria team of 7 persons - Director Public Health (DPH), Deputy Director Public Health (DDPH) SMEP Manager, M&E Officer, Vector Control Officer (VCO), PSM Officer and ACSM Officer. This team is headed by the Programme Manager in-charge of the Programme Implementation Unit. There is also a 6 member LGA Malaria committee (LGA Chairman, LGA PHC manager, LGA RBM, LGA Health Educator, LGA M&E focal person and District Head) in each of the 27 LGAs[4].

The strategic intervention areas for the programme include: Malaria Prevention, Malaria Diagnosis, Malaria Treatment, Advocacy, Communication and Social Mobilization (ACSM), Procurement and Supply Chain Management, Monitoring & Evaluation and Programme Management. There are National Malaria Elimination documents available in SMoH, PHCDA and LGAs. Other key players in the State malaria elimination efforts are IHVN, SFH, SHI, ACCOMIN, Planned Parenthood Federation of Nigeria (PPFN), PMVs and private health facilities. There is need to strengthen harmonisation and coordination of stakeholder activities in the state. The New Funding Model of the Global Fund (GF NFM) will end by December 2016, therefore key malaria partners - IHVN, SFH, Sustainable Health International (SHI), Association of Civil Society Organizations in Malaria, Immunization and Nutrition (ACOMIN) and PPFN who are sub-recipients of the GF NFM will be exiting the state, and as such, the State should plan to take over funding of all planned activities. The State will also explore the partnership with private sector and Non-Governmental organisations.

Table 3: The Composition of the State Malaria Elimination Programme

S/N	Designation
1	Programme Manager
2	Central Medical Store Pharmacist
3	Logistics Officer
4	Monitoring and Evaluation (M&E) Officer
5	Community Directed Intervention Officer
6	Integrated Vector Management (IVM) Officer
7	Advocacy, Communication and Social Mobilization (ACSM) Officer

1.5 Review of Extent of Implementation of 2016 AOP (January to September Activities)

The extent of implementation of January to September activities of the 2016 AOP was done using the application of three tools: Proxy Indicator tool, Performance Measurement tool and Force field/ Causal Analysis tool. The results are as follows:

Table 4: Proxy Indicator Results by Objective Area

Area	Proxy Indicators	Source	Numerator	Denominator	Result
Prevention	Proportion of pregnant women who received at least two doses of SP for intermittent preventive treatment during antenatal care visits	DHIS2	71,396	206,769	34.53%
	Proportion of pregnant women who receive LLIN during antenatal care visits		72,258	206,769	34.95%
Diagnosis	Proportion of persons presenting at health facility with fever who received a diagnostic test (RDT or microscopy) for malaria	DHIS2	596,460	936,184	63.71%
Treatment	Proportion of persons that tested positive for malaria at health facility (uncomplicated or severe) that received antimalarial treatment according to national treatment guidelines	DHIS2	383,480	383,633	99.96%
ACSM	Proportion of wards in which Community-based organizations (CBOs), Civil society organizations or implementing partners are involved in malaria ACSM activities	Desk Review	287	287	100%

PSM	1. Proportion of health facilities with stock out of ACTs lasting more than one week at any time during the past one month.	DHIS2	91	705	12.91%
	2. Proportion of primary health facilities with stock out of RDTs lasting more than one week at any time during the past one month.		89	672	13.24%
	3. Proportion of health facilities with stock out of LLINs lasting more than one week at any time during the past one month.		196	705	27.80%
M&E	1. Proportion of health facilities reporting through the DHIS tool/database	DHIS2	6,345	5,874	92.58%
	2. Proportion of health facilities reporting data in a timely manner		6,345	4,883	76.96%
PM	Proportion of AOP cost released by the state out of total expected to be funded by the state during the period under review	Desk Review	0	103,682,360	0.00%

Table 5: Percentage Performance of Objective Areas and SMEP Using the Performance Measurement Tool

SN	Objective Area	Total no of activities planned	No completely implemented	No ≥50% implemented	Number <50% implemented	No not commenced	% Performance
1	Prevention	10	5	0	0	5	50.0%
2	Diagnosis	8	0	0	0	8	0.0%
3	Treatment	12	2	0	0	10	16.7%
4	ACSM	18	4	6	0	8	44.4%

5	Procurement and Supply Chain Management	11	5	2	4	0	69.7%
6	Monitoring & Evaluation	20	12	0	0	8	60.0%
7	Program Management	10	5	1	0	4	56.7%
	Overall	89	33	9	4	43	45.3%

i. Comparative Analysis

For the proxy indicator results, ACSM had an outstanding performance of 100% and this is a very great improvement compared to their 23% score in 2015 AOP (Jan – Sept) review. Diagnosis scored 63.71% - a much better score compared to the 52% score in 2015 AOP review. Prevention scored 34.52% and 34.95% respectively for its two proxy indicators as against the 13% and 26% score in 2015 AOP review; Treatment improved from 81% in 2015 AOP review to 99.96% in 2016 AOP review. In 2016 AOP review, PSM scores were 12.91%, 13.24% and 27.80% for its three indicators as against 25%; 25% and 33% in 2015 AOP review (Please note that for PSM indicator, the lower percentage reflects improvements, therefore stock-out issues for ACTs, RDTs and LLINs were reduced in 2016 compared to 2015). M&E performance slightly dropped from 94% and 88% in 2015 to 92.58% and 76.96% in completeness and timeliness respectively in 2016.

The performance measurement tool results reflected performance of the objectives areas and the overall programme performance in the implementation of activities as planned in 2016 as shown in Figure 3 below:

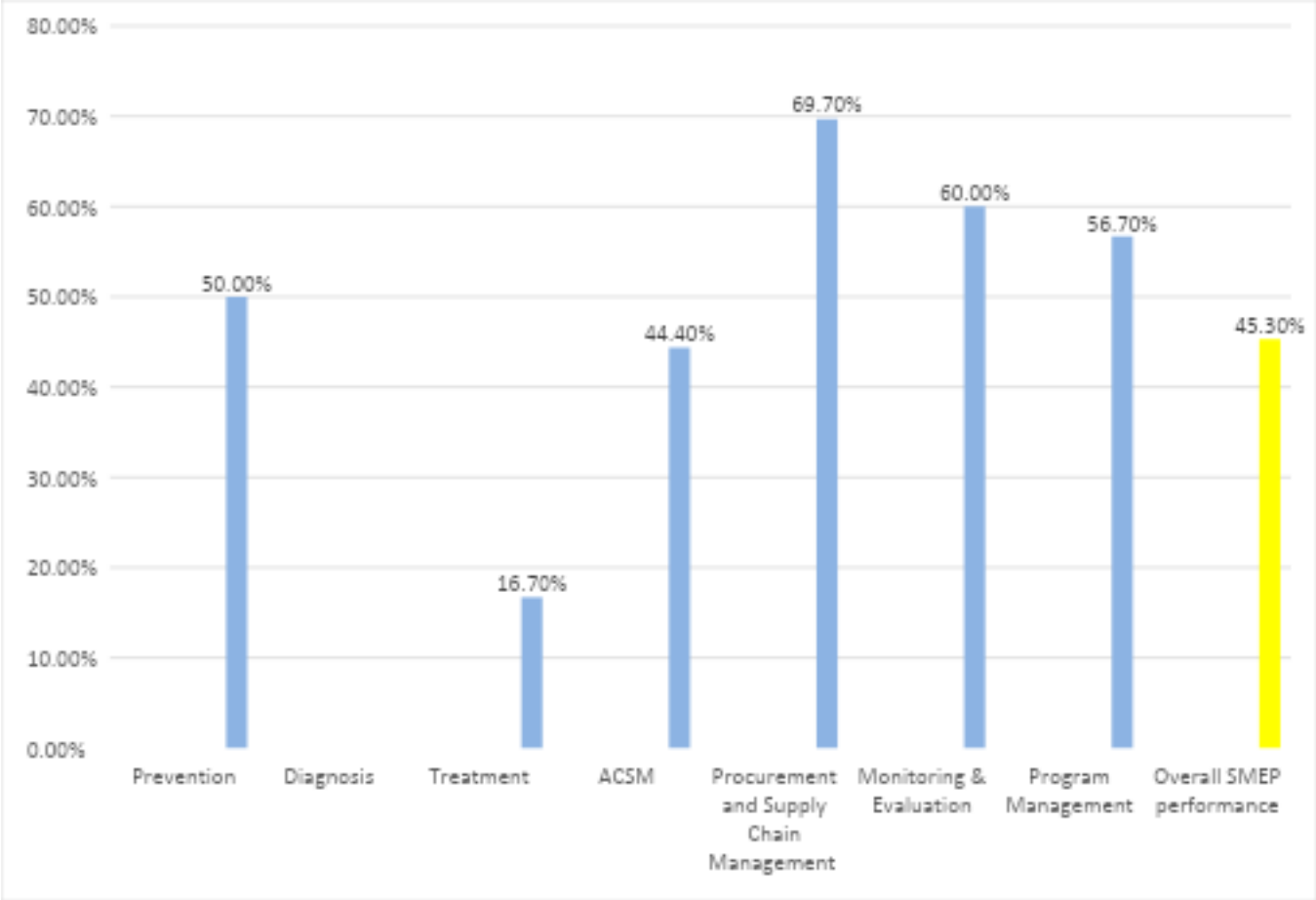

Figure 3: Percentage Performance of SMEP and the Objective Areas in 2016 AOP Review (January to September).

From Figure 3 above, the overall programme performance was 45.3%. PSM had the highest score (69.7%), followed by M&E (60%) and then Programme Management (56.7%), Prevention (50%), and ACSM (44.4%). Treatment recorded relatively very low performance of 16.7%. Diagnosis had 0% (least score) as no planned activities were carried out during the period under review

Force field (Enhancer and Inhibitor)/ Causal Analysis results revealed the root factors (enhancers and inhibitors) that affected implementation during the period under review.

Major Enhancers were:

- Technical and financial support from partners

- Commitment of State officials at all levels
- Availability of commodities provided by partners, NMEP/ Global fund and the State
- Functional Logistics Management Committee Unit in the state to drive the PSM process
- Some activities were routine and occurred independent of whether they were planned for or not in the AOP
- Jigawa state's effective DRF system enhanced availability of commodities at health facilities/ reduction of stock-out issues
- NMEP deployed a logistics officer to provide technical support to the state on logistics management

Major Inhibitors were:

- Non-release of funds by the state Government.
- In some cases, request for funds for implementation of some activities were not initiated by responsible focal persons.
- Inability to make reference to the AOP as a guide for implementation of activities
- Late dissemination of the AOP in August, 2016 did not provide the opportunity for key actors especially in the malaria technical working group to push for implementation
- Reorganization of the health system – change from the GHSB to SPHCDA re-shuffled key officers and this led to non- implementation of some activities
- Delay in release of funds for Global Fund sub-recipients partnering with the state
- Dependent activities could not be implemented as the major activities that would have kick-started full implementation could not occur.

Key Emerging Issues were:

- Lack of data element to track severe malaria treatment indicator on the DHIS/ NHMIS summary forms
- Health sector reforms in the state

Key Recurring Issues were:

- A recurring inhibiting factor to implementation is the minimal/ non-release of funds by the state government
- AOP development and implementation has been heavily dependent on partners support
- Late dissemination of AOPs has also been a recurring inhibitor

- Non-initiation of requests and follow-up by focal persons to ensure approval and release of funds in some instances has been a recurring inhibitor

Key recommendations/ Actions to improve performance were suggested as follows:

- State should take ownership of the plan and its implementation as major malaria partners are exiting the state
- Soft copies of the final draft of AOP should be circulated to key stakeholders while awaiting dissemination of hard copies
- AOPs should be produced and dissemination early on or before January of the implementing year
- Activities, objectives and targets and AOP budget should be realistic
- There is need for integration and synergy of efforts of all partners/ stakeholders
- Lessons learnt from partners' implementation should be sustained by the state
- State should leverage on existing platforms and local resources for more affordable/ cost effective implementation.
- There is need to establish a system for monitoring the implementation of the AOP by Program management
- Evidence-based advocacies should be carried out to policy makers at all levels to promote buy-in/ support for malaria elimination interventions

2.0 Jigawa State 2017 Malaria Elimination Programme Framework

COLOUR CODE	DESCRIPTION
	Must-Do Activities
	Important-to-do Activities
	Nice-to-do Activities

Objective Area One: Malaria Prevention

Strategic Objective:
At least 80% of targeted population utilize appropriate malaria preventive measures by 2020.

STRATEGIES:

Strategy 1: Ensure Universal Access to LLINs

Strategy 2: Scale up IRS Coverage

Strategy 3: Implement Larval Source Management (LSM) for malaria control

Strategy 4: Provision of IPTp to all pregnant women attending Antenatal Clinics in targeted districts

Strategy 5: Conduct vector sentinel surveillance and resistance monitoring, quality assurance of commodities

Current Situation in Jigawa State 2016

1. 72, 258 (34.95%) of pregnant women attending ANC received LLLNs as at September 2016
2. 71, 396 (34.53%) of pregnant women attending ANC received 2 doses SP as at September 2016
3. Schools for LLINs distribution were identified in 2016
4. No SMC carried out in 2016
5. No IRS carried out in 2016

Specific Objectives for 2017

1. To ensure that 45% pregnant women attending ANC receive LLINS
2. To ensure that 45% pregnant women attending ANC receive at least 2 doses of SP
3. To ensure that at least 80% of 277 day schools children comprising primary 1&4, JSS1 and SS1 across the 27 LGAs receive LLIN.

Jigawa State Targets for 2017

1. 45% of pregnant women attending ANC to receive LLINs
2. 45% of pregnant women attending ANC to receive at least 2 doses of SP
3. 80% of 277 day schools children comprising primary 1&4, JSS1 and SS1 across the 27 LGAs receive LLIN.

Specific Objective 1.1: To ensure that 45% pregnant women attending ANC receive LLINS

S/N	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			
1.1.1.1	1.1.1 Provision of LLINs for routine ANC	One day training of ANC staff in 3 events for 100 persons across the 27 LGAs and 8 staff of SMOH	IVM Officer	Venue, Tea break Lunch Stationeries, Workshop materials & Transport allowance				x									660,900	SMOH	Number of ANC staff trained
`1.1.1.2		One Day Training of 40 new ANC staff on LLIN distribution.	IVM Officer	Venue, Tea break Lunch Stationeries, Workshop materials & Transport allowance				x									273,500	SMOH	Number of New ANC staff trained
1.1.1.3		Conduct quarterly Supervision to ANC facilities by 12 staff of SMoH and JSPHCDA	IVM Officer	Merged with ISS				x			x			x			0	N/A	Number of supervisions carried out
	Sub-total																934,400		

Specific Objective 1.2: To ensure that 45% pregnant women attending ANC receive at least 2 doses of SP

S/N	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			
1.2.1.1	1.2.1 Provision of SP for routine ANC	One day training of ANC staff in 3 events for 100 persons across 27 LGAs and 8 staff of SMOH	IVM officer	Venue, Tea break Lunch Stationeries Transport allowance				x									660,900	SMOH	Number of ANC staff trained
1.2.1.2		One Day Training of 40 new ANC staff on SP distribution	IVM Officer	Venue, Tea break Lunch Stationeries Transport allowance				x									273,500	SMOH	Number of New ANC staff trained
1.2.1.3		Conduct quarterly Supervision to ANC facilities by 12 staff of SMoH and JSPHCDA	IVM Officer	N/A (Merged with ISS)				x			x			x			0	N/A	Number of supervisions carried out
	Sub-total																934,400		

Specific Objective 1.3: To ensure that at least 80% of 277 day school children comprising primary 1&4, JSS1 and SS1 across the 27 LGAs received LLIN.

S/N	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			
1.3.1.1	1.3.1 Provision of LLINs to students of day schools	Verification of 277 day schools	IVM officer	Transport allowance	x												30,000	SMOH	Number of schools identified
1.3.1.2		1 day non-residential training of 378 teachers of selected day schools (in 3 different event i.e. 126 each)	IVM officer	Venue, lunch, tea break, stationeries, workshop materials, transport		x											2,244,900	SMOH	Number of teachers trained
1.3.1.3		One Supervision each during and after distribution by the SMEP officers	IVM officer	Transport and feeding allowance			x			x							432,000	SMOH	Number of supervisions carried out
1.3.1.4		Supervision of the Distribution of LLINs to the identified schools in 27 LGAs by the LGA Malaria focal persons	LGA Malaria Focal person	Transport and feeding allowance			x										216,000	SMOH	Number of LLINs distributed
	Sub-total																2,922,900		

Total Cost for Prevention Activities= 4,791,700

Objective Area Two: Malaria Diagnosis

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

STRATEGIES:
Strategy 1: Ensure availability of and access to equipment and supplies for parasitological confirmation of malaria

Strategy 2: Build capacity of personnel in public and private health facilities, and at community level for parasitological confirmation of malaria

Strategy 3: Update and implement policies and guidelines for parasitological confirmation of malaria

Strategy 4: Deploy RDTs and microscopy for parasitological confirmation of malaria in public and private health facilities and the community level

Strategy 5: Strengthen systems for quality assurance and quality control of malaria diagnostic processes and services

Strategy 6: Create demand for utilization of parasitological confirmation of malaria processes and services

Strategy 7: Conduct operational research on parasitological confirmation of malaria processes and services

Current situation in Jigawa State 2016

- 86% (60 out of 70) of MLS and 12% (24 out of 206) of MLT have been trained on the use of Giemsa stain for malaria microscopy. Some of the 72 MLA and 2100 CHEWs/JCHEWs were trained on RDT utilization in 2014/2015. However, the number of CHEWS/JCHEWS trained is unknown and there is need for a refresher training.
- Framework and standard operating procedures for QA/QC have been developed. However, there is no functional QA/QC team to carry out QA/QC activities

Specific Objectives for 2017

1. To scale up capacity building on malaria diagnosis for 100% MLS, 36% of MLT, 56% MLA and 15% CHEWs/JCHEWS for parasitological confirmation of malaria according to national guidelines
2. To set up a functional state QA/QC system for malaria Microscopy and RDT

Jigawa State Targets for 2017

1. 100% MLS, 36% MLT, 56% MLA and 15% CHEWS/JCHEWS trained on parasitological confirmation of malaria according to national guidelines
2. Functional QA/QC system for malaria microscopy and RDT set up

Specific Objective 2.1: To scale up capacity building on malaria diagnosis for 100% MLS, 36% of MLT, 56% MLA and 15% CHEW/JCHEW for parasitological confirmation of malaria according to national guidelines

S/N	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			
2.1.1.1	2.1.1 On-site Refresher training of previously trained Health facility staff on use of Giemsa stain	Onsite refresher training of 28 Staff (2 each) from 14HFs total (12SHF + 2THF). One day per facility [14 days]	State Malaria focal person (DDH Diagnostic)	Transport (for 2 facilitators) Feeding allowance			x	x	x								112,000	SMOH	Number of persons trained on giemsa use
2.1.1.2		Supportive supervision / Mentoring of 14 HFs (SHFs and THFs) to ensure compliance on use of Giemsa stain for microscopy	State Malaria focal person (DDH Diagnostic)	Transport Feeding allowance stationeries (for 6 persons) Printing of checklist							x		x		X		1,038,240	SMOH	Number of supportive supervisions conducted

		(1 day per facility)																
2.1.2.1	2.1.2 Training of laboratory staffs on malaria microscopy and RDT utilisation	3 days residential training of 10 MLS and 50 MLT on malaria microscopy and RDT in 2 equal batches	State Malaria focal person (DDH Diagnostic)	Venue, DSA, Transport, Stationeries, Tea break, lunch, facilitator's fee, workshop materials, projector hire, reagents (free), microscope (free)						x	x					1,787,600	SMOH	Number of persons trained on malaria microscopy and RDT
2.1.2.2		1 day non-residential training of 40 MLA on the use of RDT	State Malaria focal person (DDH Diagnostic)	Venue, Transport, Stationeries, Tea break, lunch, facilitator's fee, workshop materials, projector hire, RDT kits (free)					x							296,300	SMOH	Number of persons trained on RDT utilisation
2.1.3.1	2.1.3 Train 324 CHEWS/ JCHEWS from 27 LGAs on RDT	1 day non-residential training of 12 CHEWS/JCHEWS on RDT utilization in each LGA	State Malaria focal person (DDH Diagnostic)	Facilitator fee, Stationeries, tea break, lunch, transport			x	x	x	x						1,887,200	SMOH	Number of CHEWS/ JCHEWS trained

	utilisation	(27) = 324 participants (24 participants/ batch x 14 batches) – 4 batches per month																	
	Sub-total															**5,121,340**			

Specific Objective 2.2: To set up a functional state QA/QC system for malaria Microscopy and RDT

S/N	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			
2.2.1.1	2.2.1 Engagement of a 6-man QA/ QC team	Identification of 6 QA/QC team members	State Malaria focal person (DDH Diagnostic	Desk work	x												0	N/A	Team members identified
2.2.1.2		Inauguration of the QA/QC team members (6 persons)	State Malaria focal person (DDH Diagnostic	Refreshments Venue (free)		x											4,000	SMOH	Inauguration done
2.2.1.3		2days meeting to develop SOPs and check list by state team (7 persons)	State Malaria focal person (DDH Diagnostic	Tea break, lunch ,stationeries		x											32,900	SMOH	SOPs and check list developed
2.2.1.4		Printing of 90 copies of SOPs	State Malaria focal person	Printing funds for 90		x											183,000	SMOH	Number of SOPs and

		and 400 copies of check list	(DDH Diagnostic	copies of SOPs and 400 copies of Checklist														checklists printed
2.2.1.5		Conduct quarterly supervision and monitoring to 84 QA/QC HFs by 6 persons	State Malaria focal person (DDH Diagnostic	Transport Lunch			x			x			x			x	480,000	SMOH	Number of supervisions done
2.2.1.6		Conduct quarterly one-day QA review meeting by 90 persons	State Malaria focal person (DDH Diagnostic	Workshop materials, Venue, transport, lunch, stationeries, Projector				x			x			x			1,506,900	SMOH	Number of review meetings conducted
	Sub-total																**2,206,800**		

Total Cost for Diagnosis = N7, 328, 140

Objective Area Three: Malaria Treatment

Strategic Objective
To treat all individuals with confirmed malaria seen in private or public facilities with effective anti-malarial drug by the year 2020.

STRATEGIES:
Strategy 1: Ensure availability of and access to commodities and supplies for treatment of uncomplicated and severe malaria
Strategy 2: Treat cases of uncomplicated malaria according to National Treatment Guidelines
Strategy 3: Strengthen capacity of public and private facilities for management of severe malaria
Strategy 4: Implement a comprehensive national strategy for effective participation of the private sector in malaria case management
Strategy 5: Scale up integrated community case management (iCCM)
Strategy 6: Strengthen delivery of prompt treatment of malaria for pregnant women
Strategy 7: Implement seasonal malaria chemoprevention (SMC) in Nine Sahel States
Strategy 8: Strengthen sentinel surveillance of malaria treatment and conduct drug efficacy tests (DTET)
Strategy 9: Strengthen capacity for Pharmacovigilance

Current Situation in Jigawa State 2016
- None of the public or private health facilities in the state were trained on the management of severe malaria using the revised national treatment guideline.
- 920 health care workers from 460 primary health care facilities were trained on the management of malaria in pregnancy.
- No PHC staff was trained on the management of uncomplicated malaria in 2016
- No Primary health care centre staff were trained on pre-referral treatment for severe malaria.

Specific Objectives for 2017
1. To ensure that all public (12 SHF, 2THF and 20 major PHCs) and 17 private facilities are able to manage Severe Malaria using the revised National treatment guidelines. Total of 51 facilities.
2. To ensure that 750 out of 3500 primary health care workers are able to manage uncomplicated malaria using the National malaria treatment guidelines
3. To ensure that 496 (75%) primary health centres (PHCs) have capacity to offer pre-referral treatment for severe malaria

Jigawa State Targets for 2017
1. 100% of the public (12SHF, 2THF and 20 major PHCs) and 17 private facilities receive training on the management of Severe Malaria- 51 facilities.
2. 750 (21.4%) of 3500 health care workers receive capacity building on the management of uncomplicated malaria
3. 496 PHCs have one staff trained on pre-referral treatment for severe malaria

Specific Objective 3.1: To ensure that all public (12 SHF, 2THF and 20 major PHCs) and 17 private facilities are able to manage Severe Malaria using the revised National treatment guidelines- 51 facilities.

S/N	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			
3.1.1.1	3.1.1 Training of public (12 SHF, 2THF and 20 major PHCs) and 17 private health facilities on the management of Severe Malaria using the revised National treatment guidelines	Planning meeting of SMEP Manager with the director Public Health, Director hospital services and director PHC JPHCDA	SMEP Manager	N/A	x												0	N/A	Planning meeting held
3.1.1.2		2-day non-residential training of 98persons (2persons each from 17 private, 12 SHF, 2THF and 20 major PHC in the state)on the	SMEP Manager	Venue stationeries Workshop materials PAS Tea break Lunch Transport, facilitator's fee		x	x										1,502,400	SMOH	Number of persons trained

		management of severe malaria (2 equal batches of 51)																
3.1.2.1	3.1.2 Provision and distribution of 500 copies treatment algorithm for the management of severe malaria	Production of 500 copies of treatment algorithm for severe malaria	SMEP Manager	Printing cost	x											50,000	SMOH	Number of job aid produced
3.1.2.2		Distribution of the copies of treatment algorithm for severe malaria to 51 facilities (at least 10 copies per HF)	SMEP Manager	N/A (to be distributed at the training venue)		x	x									0	N/A	Number of facilities that have received the treatment algorithms
		Sub-Total														**1,552,400**		

Specific Objective 3.2: To ensure that 750 health care workers are able to manage uncomplicated malaria using National treatment guidelines

S/N	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			

3.2.1.1	3.2.1 Training of 750 health care providers on the management of uncomplicated malaria	Two-day planning meeting of SMEP Manager with DHS, DPH and DPHC	SMEP Manager	N/A				x								0	N/A	Planning meeting held
3.2.1.2		Two -day non-residential training of 750 health care workers on the management of uncomplicated malaria using National Malaria treatment guidelines and algorithms in 12 events across the state.	SMEP Manager	Venue (free) Transport Tea break Lunch Facilitators fees Stationeries Workshop materials				x								7,814,400	SMoH	Number of persons trained
3.2.2.1	3.2.2. Provision and distribution of 3500 Job aids for the management of uncomplicated malaria to health facilities in the state	Print 2000 copies of Treatment algorithms for uncomplicated malaria to all health facilities	SMEP manager	Funds for printing			X									200,000	SMOH	Number of treatment algorithms printed
3.2.2.2		Collection of 2000 copies of national	SMEP manager	N/A	X											0	N/A	Number of guidelines collected

		treatment guidelines from NMEP																from NMEP
3.2.2.3		Distribution of printed national treatment guidelines and treatment algorithms to health facilities	SMEP	To be distributed during training			x									0	N/A	Number of treatment algorithms and national guidelines distributed
	Sub-total															**8,014,400**		

Specific Objective 3.3: To ensure that 496 primary health centers (PHCs) have capacity to offer pre-referral treatment for severe malaria

S/N	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			
3.3.1.1	3.3.1 Support 496 (75%)of PHCs in the state to provide pre-referral treatment in patients with severe malaria	One day planning meeting with DHS and DPH and SMEP Manager	SMEP Manager	N/A			X										0	N/A	Planning meeting held
3.3.1.2		One day training of 1 staff each from 496	SMEP Manager	Transport			X										2,778,000	SMOH	Number of PHCs with staff

		selected PHCs across the 27 LGAs on pre-referral treatment of severe malaria.(12 classes total running simultaneously)		Lunch and tea break Facilitation allowance Workshop materials														trained and number of staff trained
	Sub-total															2,778,800		

Total Cost for Malaria Treatment Activities = N12, 344, 800

Objective Area Four: Advocacy, Communication and Social Mobilization

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

Strategies
Strategy1: Maintain high knowledge of malaria prevention and treatment practices
Strategy 2: Scale-up demand for malaria prevention and management services
Strategy 3: Enhance political will and enabling environment for malaria control/elimination activities
Strategy 4: Scale-up facilities-based dissemination of appropriate information for malaria prevention and management practices
Strategy 5: Strengthen ACSM Coordination at all Levels

Current Situation in Jigawa State 2016

1. ACSM core group quarterly meetings are not held regularly.
2. About 18 LGA Chairmen, traditional leaders and stakeholders have been visited.
3. 100% of wards in the state are covered with malaria elimination activities.
4. Radio jingles aired in 2 Radio Stations (AM and Freedom Radio) at different slots per week in Hausa language
5. School children have not been reached with IEC materials on malaria elimination.

Specific Objectives for 2017

1. To hold quarterly coordination meeting of ACSM core group.
2. To pay advocacy visit to 27 LGA chairmen, traditional/religious leaders and other stakeholders in the community.
3. To sustain community dialogue in the 287 wards in the state, reaching more communities.
4. To air radio jingles on malaria control/elimination in 2 radio stations (AM & FM Freedom) at 4 slots per day, 2 times per week in Hausa and Fulfulde languages.
5. To produce and distribute 2000 IEC materials on malaria elimination to schools.

Jigawa State Targets for 2017

1. ACSM Core group meets quarterly.
2. Pay advocacy visit to 27 LGA chairmen, traditional and religious leaders before the end of December, 2017.
3. Malaria elimination activities through CBOs/FBOs/IPs in the 287 wards are to be sustained, reaching more communities by December 2017
4. Radio jingles to be aired at least 4 slots per day, 2 times per week for 12 months in Hausa and Fulfulde Languages
5. At least, 10% of school children (public and private) reached with IEC materials.

Specific Objective 4.1: To hold quarterly ACSM Core group meetings

S/N	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			
4.4.1.1	4.4.1 Periodic meetings of ACSM core group	1-day quarterly meeting of ACSM core group to review ACSM activities	ACSM core group Chairman	N/A			X			X			X			x	0	N/A	Number of meetings held.
	Subtotal																**0**		

Specific Objective 4.2: To pay advocacy visit to 27 LGA chairmen and community Stakeholders by the end of 2017

S/N	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			
4.2.1.1	4.2.1 Advocacy visit to 27 LGA chairmen and community Stakeholders	Conduct one day meeting to identify advocacy issues (20 persons)	ACSM officer	Refreshments	x												40,000	SMoH	Meeting held
4.2.1.2		Advocacy visit to 27 LGAs chairmen	ACSM Officer	Feeding and Transport		x	x	x	x								455,000	SMoH	Number of LGA chairmen visited

4.2.1.3		Advocacy visit to Religious and Traditional leaders in the 27 LGAs	ACSM Officer	Feeding and Transport		x	x	x	x							995,000	SMoH	Number of Traditional and Religious Leaders visited
	Sub-total															**1,490,000**		

Specific Objective 4.3: To sustain Community dialogue in 287 wards in the State, reaching more Communities

S/N	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			
4.3.1.1	4.3.1 Engage LGA Health Educators to be involved in Malaria activities in the Communities	One day planning meeting (20 person)	ACSM Officer	Refreshments		x											10,000	SMoH	Number of Meetings held
4.3.1.2		Orientation of 27 LGA Health Educators on core malaria intervention areas	ACSM Officer	Transport Allowance Facilitation fee Lunch Tea Break Workshop materials Stationeries			x										141,400	SMoH	Number of Health Educators oriented

4.3.1.3		Field visitation to assess Health Educators activities by ACSM core group member (10)	ACSM Officer	Feeding Allowance Transport				x								130,000	SMoH	Number of visits conducted
4.3.1.4		Field visitation to assess CBOs/FBOs/CSOs activities by ACSM (10 persons)	ACSM Officer	Feeding allowance Transport				x								130,000	SMoH	Number of visits
4.3.2.1	4.3.2. Social Mobilization activities by CBOs/CSOs /FBOs and LGA Health Educators at community	Community dialogue/sensitization of women on malaria treatment	ACSM officer	Transport Allowance			x			x			x			x	324,000	JSPHCDA	Number of community dialogues/sensitization conducted
4.3.2.2		Monitoring and Supervision visit to all LGAs on social mobilization	ACSM officer	Transport and feeding Allowance			x			x			x			x	80,000	SMoH	Number of Monitoring visits conducted

		activities (10 persons)																
4.3.3.1	4.3.3 Commemorate world malaria day by sensitizing women/children on malaria prevention	2017 Pre-world malaria day radio announcements	ACSM officer	Funds for radio jingles (2times per day x 3days)				x								30,000	SMoH	Number of announcements aired
4.3.3.2		Sensitization of women in the 27 LGAs	ACSM Officer	Transport Mobilisers Honorarium T-Shirt and Face Cap (500 pieces each)				x								1,270,000	SMoH	Number of LGAs covered during sensitization
	Sub-total															**2,115,400**		

Specific Objective 4.4: To air Radio jingles on Malaria Control/Elimination in 3Radio stations (AM and Freedom FM) at 4 slots per day, 3 times per week for 12 months in Hausa and Fulfulde Languages

S/N	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			
4.4.1.1	4.4.1 Airing of jingles (Emphasis	Development, testing and pre-testing of radio jingle in	ACSM Focal Person	Media Resource Person		x											10,000	SMOH	Jingle in Fulfude language developed

	on women)	Fulfulde language																	
4.4.1.2		Airing of jingles in Hausa and Fulfulde Languages in 2 radio stations (Jigawa AM and Freedom FM) at 4 slots per day x 2 times per week x 2 radio stations for 12 months. 4 per slot)	ACSM Focal Person	Funds for Radio Jingles		x	x	x	x	x	x	x	x	x	x	x	1,760,000	SMOH	Number of slots aired and radio stations covered
4.4.1.3		Monitoring of jingles aired on radio stations (2 monitors)	ACSM officer	N/A		x	x	x	x	x	x	X	x	x	x	x	0	N/A	Number of jingles monitored
	Sub-total																**1,770,000**		

Specific Objective 4.5: To produce and distribute IEC materials on Malaria Elimination in at least 10% of Schools in the State

S/N	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			
4.5.1.1	4.5.1 Development and	Development of messages for posters,	ACSM officer	Media Resource Person	x												10,000	SMoH	Messages in Hausa and English

	production of IEC materials in Hausa and English Languages	pamphlets, handbills and exercise books																Language developed
4.5.1.2		Production of 2000 each of posters, flyers, handbills and exercise books	ACSM officer	Funds for Printing of IEC materials	x											1,000,000	SMoH	No. of Pamphlets, posters, handbills and exercise books produced
4.5.1.3		Distribution of IEC materials to 264 schools	ACSM officer	Transport Allowance		x		x			x					162,000	SMoH	Number of schools that received IEC materials
4.5.1.4		Quiz competition in 2 schools in 3 senatorial districts	ACSM officer	Advocacy package (Awards/Gifts) Transport Feeding Allowance						x					x	160,000	SMoH	No of schools in which it is conducted.
	Sub-total															**1,332,000**		

Total cost of ACSM Activities = N6, 707, 400

Objective Area Five: Procurement and Supply Chain Management

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

STRATEGIES:
STRATEGY 1: Strengthen procurement -related process
STRATEGY 2: Develop efficient distribution systems for anti-malarial medicines and commodities (storage, distribution and inventory management)
STRATEGY 3: Strengthen Logistics Management
STRATEGY 4: Increase access to anti-malarial management and prevention commodities in the private sector

Current Situation 2016
13% of HFs reported stock out of RDTs and ACTs while LLIN stock out was reported in 28% of HFs.
59% of licensed PPMVs and 100% registered private clinics have access to essential medicines including malaria commodities through state DRF and Social marketing program of the PPFN/SFH.

Specific Objectives:

1. To ensure that 90% of health facilities report no stock out of ACTs, RDTs and commodities for microscopy lasting more than one week during the preceding quarter in 2017.
2. To ensure that 65% of the registered private facilities (clinics and PPMVs) in the state have access to antimalarial management and prevention commodities by the end of 2017

Jigawa State Targets for 2017
1. 90% of HFs reporting no stock out of mRDTs, & ACTs lasting more than one week at any time during the preceding quarter in 2017
2. 75% of HFs reporting no stock out of LLINs lasting more than one week at any time during the preceding quarter in 2017
3. 65% of the registered/licensed PPMVs and sustain 100% private clinics having access to antimalarial commodities by the end of 2017

Specific Objective 5.1.1 To ensure that 90% of health facilities report no stock out of ACTs, RDTs and commodities for microscopy lasting more than one week during the preceding quarter in 2017.

S/N	Activities	Sub-Activities	Responsibility	Resources	Time Frame (2015)												Cost (₦)	Source of funds	Indicator
					J	F	M	A	M	J	J	A	S	O	N	D			
5.1.1.1	**5.1.1** Procurement of quantified quantities of antimalarial commodities	Procurement of 1,500,000 doses of ACTs	Procurement Officer	Cost of 1,500,000 doses of ACTs.			x										150,000,000	NMEP (30%) MNCH2 (20%) SMOH (50%)	Number of ACTs procured
5.1.1.2		Procurement of 1,000,000kits of mRDTs.	Procurement Officer	Cost of 1,000,000kits of RDTs			x			x			x				200,000,000	NMEP (70%) SMOH (30%)	Number of RDT kits procured
5.1.1.3		Procurement of 100bottle of 25g Giemsa powder	Procurement Officer	Cost of 100bottles of 25g Giemsa powder			x										150,000	SMOH (50%) MNCH2 (50%)	Number of bottles of 25g Giemsa powder procured
5.1.1.4		Procurement of 100,000doses of Artesunate 60mg injection	Procurement Officer	Cost of 100,000doses of Artesunate 60mg injection			x										40,000,000	SMOH (60%) MNCH2 (40%)	Number of doses of Artesunate 60mg injection procured
5.1.1.5		Procurement of 300,000doses of	Procurement officer	Cost of 300,000doses			x										18,000,000	SMOH (40%)	Number of doses of

		Sulphadoxine/ Pyrimethamine 500mg/25mg tab		of Sulphadoxine/ Pyrimethamine 500mg/25mg tabs													MNCH2 (40%) NMEP (20%)	Sulphadoxine/ Pyrimethamine 500mg/25mg tabs procured
5.1.1.6		Procurement of 300,000 pieces of LLINs	Procurement Officer	Cost of 300,000pieces of LLINs			X									360,000,000	NMEP	Number of LLINs procured
5.1.1.7		Procurement of 20,000 packs of artesunate 50mg suppository	Procurement officer	Cost of 20,000 packs of artesunate 50mg suppository			x									12,000,000	SMOH (50%), MNCH (50%)	Number of packs of artesunate 50mg suppository procured
5.1.2.1	5.1.2.Printing of LMIS tool for tracking malaria commodities management at the HFs	Printing and distribution of 2000copies of Inventory Control Cards (ICC) to all public Hfs.	Logistics Officer SMEP	Cost of 2000copies of ICCs			X									600,000	SMOH (50%) MNCH2 (50%)	Number of ICCS printed/ Number of public facilities that received ICCs
5.1.3.1	5.1.3. Distribution of antimalarial	Bimonthly distribution of antimalarial commodities	Distribution Pharmacist	Delivery of antimalarial commodities from CMS to HFs	X		X		X		X		X		X	21,060,000	SIML (30%) SMOH (30%)	Records of antimalarial commodities deliveries at the HFs

	commodities	from CMS to 705 HFs in 27 LGAs																NMEP (40%)	
5.1.4.1	5.1.4 Regular Monitoring of the Malaria commodities Logistics data through the LMCU	Collection of the Bimonthly Facility stock reports during the Bimonthly PSM review meetings with the LGA RBM FPs	LMCU Coordinator	Venue, Lunch and Transport	X		X		X		X		X		X		801,000	SMOH	Records of the BFSRS at the LMCU secretariat
5.1.4.2		Bimonthly Collation and monitoring of the Logistics data in the state	LMCU Data Officer	Data for internet services. A4 paper and Printer cartridge	X		X		X		X		X		X		141,000	SMOH	Availability of Logistics data bank at the LMCU. Availability of commodities at the HFs
5.1.4.3		Quarterly meeting of the PSM Technical Working Group involving all stakeholders managing health commodities in the state	DPS	Venue, stationeries and Lunch			X			X			X			X	252,000	SMOH	Number of meetings with minutes held

	Sub-total																803,004,000		

Specific Objective 5.2: To ensure that 65% of the registered private facilities (clinics and PPMVs) in the state have access to antimalarial management and prevention commodities by the end of 2017

S/N	Activities	Sub-Activities	Responsible person	Resources required	Time Frame (2015)												Cost (₦)	Source of funds	Indicator
					J	F	M	A	M	J	J	A	S	O	N	D			
5.2.1.1	5.2.1 Strengthen the distribution of malaria commodities to the private sector.	Mapping and selection of additional 48 licensed private facilities (Clinics & PPMVs) to access antimalarial commodities through social marketing	SPO PPFN	NA			X										0	N/A	Number of private facilities having access to antimalarial commodities through social marketing
5.2.1.2		Selection of additional 287 PPMVs to procure health commodities including antimalarial from JIMSO/LGA DRF stores for increased access.	GM JIMSO	N/A			x										0	N/A	**Number** of the private facilities having access to antimalarial commodities through DRF program.
	Sub-total																**0**		

Total Cost for PSM Activities = N803, 004, 000

Objective Area Six: Monitoring and Evaluation

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 management

Strategies:

Strategy 1: Strengthen routine data generation and flow from public/private facilities and community-based health providers for the National Health management information system (NHMIS)
Strategy 2.Operationalize electronic database for malaria control using DHIS version 2.0
Strategy 3: Strengthen human resources for monitoring and evaluation for ATM
Strategy 4: Strengthen routine monitoring & supervision
Strategy 5: Strengthen Data Quality Assurance (DQA) at all levels of reporting
Strategy 6: Develop and implement an Operations Research (OR) agenda for the Malaria Programme
Strategy 7: Strengthen malaria surveillance coordination and linkages with National HMIS
Strategy 8: Strengthen data generation and sharing from evaluations and reviews
Strategy 9: Strengthen M&E Coordination

Current Situation in Jigawa State 2016

- All malaria data are reported through the NHMIS version 2013 data tools and entered in the DHIS2. However, some public SHC and PHC facilities in the State do not have NHMIS version 2013 data tools.
- The percentage of health facilities in the state reporting data through the DHIS2.0 is 92.58% out of which 76.96% reported in timely manner between January and September, 2016.
- Bi-monthly LGA data validation meeting and monthly HMIS/Programme Review meetings hold regularly.
- Quarterly DQA/ISS is carried out regularly

Specific Objectives for 2017

1. To ensure availability of NHMIS data tools in all public/private health facilities in the State.
2. To ensure that all public/private health facilities are reporting through the DHIS 2.0 and in a timely manner
3. To sustain bi-monthly LGA data validation meetings and monthly review meetings on data generated at State levels
4. To conduct quarterly DQA in 80 health facilities
5. To conduct monitoring and supervision in 27 LGAs and 72 health facilities in the year.

Jigawa State Targets for 2017

1. 100% of health facilities using revised NHMIS data tools
2. 100% health facilities reporting malaria data through DHIS2.0
3. 6 bimonthly data validation and 12 monthly review meetings conducted
4. Monitoring and supervision of 72 health facilities and 27 LGAs conducted
5. At least 4 DQAs conducted covering 81 public health facilities

Specific Objective 6.1: To ensure availability of NHMIS data tools in all public/private health facilities in the State

S/N	Activities	Sub-Activities	Responsible person	Resources required	Time Frame												Cost (₦)	Source of funds	I
					J	F	M	A	M	J	J	A	S	O	N	D			
6.1.1.1	6.1.1 Printing of NHMIS version 2013 data tools	Engage printer to print data tools	HMIS Officer	N/A	X												0	N/A	
6.1.1.2		Printing of 1200 copies of Daily OPD and Daily General Attendance Registers, 750 copies of Child Immunization, Immunization Tally Sheet and Facility Immunization Summary Registers, 550 copies of Daily ANC Register, 300 copies of Daily IPC, 705 copies of Monthly Summary Form.	HMIS Officer	Printing			X										9,307,500	SMOH	

6.1.1.3		Distribution of data tools to all health facilities	M&E Officer					X									0	SMOH	
	Sub-total																9,307,500		

Specific Objective 6.2: To ensure that all public/private health facilities are reporting through the DHIS 2.0

S/N	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			
6.2.1.1	6.2.1 Training of 21 health care workers on the use of NHMIS tools	One day Planning Meeting 10 persons	HMIS officer	A4 Paper, Biro, Refreshment					X								6,700	SMOH	Meeting held
6.2.1.2		2 days Non-residential State Level Training (TOT) for 64 persons (27 LGA M&E officers, 27	HMIS officer	Venue, Stationaries, NHMIS data tools Tea , Lunch, and Transport					x								632,100	SMOH	Number of staff trained.

		LGA Malaria Focal Persons and 10 SMOH and SPHCDA staff).																	
6.2.1.3		2 days Non-residential Step Down Training for 721 health Care Workers (2 participants from SHC and THC facilities, 1 person from Private, 1 person from PHC facilities and 64 Master trainers total, at	HMIS officer	Venue, Stationaries, NHMIS data tools, Tea, Lunch, Transport, workshop materials					x							4,978,400	SMOH	Number of staff trained.

		least 2 per LGA)																
6.2.2.1	6.2.2 Provide internet access service for data entry	Provide N1000 monthly air time for 27 LGA M&E Officers	LGA M&E Officer	Air time	X	X	X	X	X	X	X	X	X	X	X	X	324,000	LGA	Number of monthly air times provided
6.2.2.2		Monthly data validation check	LGA M&E Officer	N/A	X	X	X	X	X	X	X	X	X	X	X	X	0	N/A	Number of data validation checks done.
	Sub-total																5,941,200		

Specific Objective 6.3: To conduct bi-monthly LGA data validation meeting and monthly review meetings on data generated at State levels.

S/N	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			
6.3.1.1	6.3.1. LGA Bi-monthly data validation Meeting and Monthly State HMIS Review Meeting.	A day LGA data validation meeting of 759 persons total across the 27 LGAs	LGA M&E Officer	Venue, Lunch and Transport	X		X		X		X		X		X		6,831,000	SPHCDA	Number of meetings held
6.3.1.2		A day Monthly State level HMIS Review meeting for 33 persons	SMEP M&E Officer	Venue, Lunch and Transport	X	X	X	X	X	X	X	X	X	X	X	X	1,170,000	SMOH	Number of meetings held
																	8,001,000		

Specific Objective 6.4: To conduct quarterly DQA in 81 health facilities

S/N	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			
6.4.1.1	6.4.1 Quarterly DQA in 81 health facilities	A day quarterly Planning/ orientation meetings for 5 persons	M&E Officer	A4 Paper Refreshment			X			X			X			X	16,000	SMOH	Number of meetings held
6.4.1.2		2 days quarterly DQA exercise by 5 persons	M&E Officer	Fueling, Feeding allowance	x			x			x			x			120,000	SMOH	Number DQA conducted
6.4.1.3		Report writing	M&E Officer	Refreshments	x			x			x			x			4,000	SMOH	Number of Reports
6.4.1.4		Dissemination of DQA findings to stakeholders.	M&E Officer	Air time	x			x			x			x			4,000	SMOH	Number of dissemination done.
	Sub-total																**144,000**		

Specific Objective 6.5: To conduct monitoring and supervision in 27 LGAs and 72 health facilities in the year.

S/N	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			
6.5.1.1	6.5.1 Monitoring and Supervision of 27 LGAs and 72 HFs	A day monthly planning meeting for 6 persons	SMEP M&E Officer	A4 Paper Refreshment	X	X	X	X	X	X	X	X	X	X	X	X	54,000	SMOH	Number of meetings held
6.5.1.2		2 days monthly Monitoring and supervision for 2 LGAs and 6 HFs by 6 persons	SMEP M&E Officer	Fueling and Feeding	X	X	X	X	X	X	X	X	X	X	X	X	384,000	SMOH	Number of Monitoring and Supervision conducted.
6.5.1.3		Report writing	SMEP M&E Officer		X	X	X	X	X	X	X	X	X	X	X	X	12000	SMOH	Number of Report
6.5.1.4		Dissemination of Monitoring and Supervision	SMEP M&E Officer		X	X	X	X	X	X	X	X	X	X	X	X	12,000	SMOH	Number of Report disseminated.

		findings to stakeholders.																
	Sub Total															462,000		

Total cost for M&E Activities = N23,855, 700

Objective Area Seven: Programme Management

Strategic Objective

To strengthen governance and coordination of all stakeholders for effective programme implementation towards an A' rating by 2017 that is sustained through to 2020 on a standardized scorecard

STRATEGIES:

- Strategy 1: Strengthen programme coordination at state and LGA levels.
- Strategy 2: Improve unified annual operational planning
- Strategy 3: Strengthen Malaria Resource Mobilisation and Financial Management mechanisms.

CURRENT SITUATION IN JIGAWA 2016

- There is a functional mTWG that meets quarterly, supported by partners. The malaria partners' forum is integrated in the mTWG as the membership is same, although there is weak coordination between malaria partners, State and LGAs.
- AOP Reviews and development have consistently been done up till 2016
- Coordination meetings with State and LGA RBMs hold on a monthly basis.

SPECIFIC OBJECTIVES

- Strengthen the activities of the state mTWG/ malaria partners forum
- To disseminate and conduct at least one review of the 2017 State AOP and develop the Unified 2018 AOP for malaria elimination Sustain monthly coordination meetings with State and LGA RBMs

Targets

1. Strengthened coordination platform for TWG and partners at state and LGAs level
2. 2017 AOP disseminated and reviewed at least once and 2018 State AOP developed
3. Monthly coordination meetings with State and LGA RBMs sustained

Specific Objective 7.1: Strengthen the activities of the state mTWG/ malaria partners forum

S/N	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			
7.1.1.1	7.1.1 Periodic meetings of MTWG and SMEP with MFPs and partners	One day quarterly review meeting with MTWG and partners (42 participants)	SMEP manager	Venue Stationeries Refreshment Lunch transport			x			x			x			x	422,400	SMOH	Number of meetings held
7.1.1.2		Periodic meetings for mapping and profiling RBM partners at state level and LGA level(15 participants)	SMEP Manager	Refreshments		x						x					15,000	SMOH	Number of meetings held
	Sub-total																**437,400**		

Specific Objective 7.2: To disseminate and conduct at least one review of the 2017 State AOP and develop the Unified 2018 AOP for malaria elimination

S/N	Activities	Sub-Activities	Responsibility	Resources	Time Frame (2017)												Cost (₦)	Source of funds	Indicator
					J	F	M	A	M	J	J	A	S	O	N	D			
7.2.1.1	7.2.1 Dissemination of 2017 AOP	Dissemination of 250 copies of the 2017 AOP (35 participants)	SMEP Manager	Venue (free) Refreshment PAS/Projector (free)		x											17,500	SMOH	Dissemination done
7.2.2.1	7.2.2 Midyear review of the 2017 AOP	Preparatory meeting for 2017 AOP review (15 participants – 7 mTWG members, DPH, SMEP and partners)	SMEP Manager	Refreshment Venue (free)							x						7,500	SMOH	Meeting held
7.2.2.2		3 days' non-residential workshop for mid-year review of 2017 AOP (35 participants)	DPH	Venue (free) PAS/Projector (free) Stationeries Tea Break Lunch Workshop Materials(flip chart stand, flip booklet and markers) 2017 AOP copies								x					248,800	SMOH	Review meeting held

7.2.3.1	7.2.3 Developme nt of 2018 AOP	One-day Preparatory meeting for 2018 AOP development (15 participants)	SMEP Manager	Refreshment Venue									x				7,500	SMOH	Preparatory meeting held
7.2.3.2		6 days' residential workshop to develop 2018 AOP (50 participants)	DPH	Venue PAS/Projector Stationeries Tea Break Lunch Workshop Materials, Copies of 2017 AOP and NMSP 2014-2020 DSA, Transport, Airfare Consultant's fee										x			2,952,300	SMOH	Draft copy of 2018 AOP developed
7.2.3.3		Printing of 250 copies of the 2018 AOP	SMEP Manager	Printing												x	750,000	SMOH	Number of 2017 AOP documents printed
	Sub-total																**3,983,600**		

Specific Objective 7.3: Sustain monthly coordination meetings with State and LGA RBMs

S/N	Activities	Sub-Activities	Responsibility	Resources	Time Frame (2017)												Cost (₦)	Source of funds	Indicator
					J	F	M	A	M	J	J	A	S	O	N	D			
7.3.1	Meeting with State, partners and LGA RBMs	Hold monthly meeting of SMEP with 27 LGAs RBM and partners	SMEP Manager	Transport Refreshment	x	x	x	x	x	x	x	x	x	x	x	x	**1,224,000**	SMOH	**Number of meetings held**
	Sub-total																**1,224,000**		

Total Cost for Programme Management = N5, 645, 000

GRAND TOTAL COST FOR AOP = N863, 676, 740

Summary of Planned Activities

Table 4: Summary of Planned Activities by Strategic Objective Area

OBJECTIVE AREA	NO OF SPECIFIC OBJECTIVES	NO OF ACTIVITIES	NO OF 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	3	3	10	3	5	2
Diagnosis	2	4	11	8	2	1
Treatment	3	5	11	11	0	0
ACSM	5	7	19	13	2	4
PSM	2	5	14	14	0	0
M&E	6	6	17	6	11	0
Programme Management	3	4	9	8	1	0
Total	**24**	**34**	**91**	**63**	**21**	**7**

Budget Summary/ Analysis

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

OBJECTIVE AREA	FUNDING SOURCE	MUST DO	IMPORTANT TO DO	NICE TO DO	TOTAL
PREVENTION	SMOH	934,400	2,922,900	934,400	4,791,700
	TOTAL	**934,400**	**2,922,900**	**934,400**	**4,791,700**
DIAGNOSIS	SMOH	3,357,040	2,083,900	1,887,200	7,328,140
	TOTAL	**3,357,040**	**2,083,900**	**1,887,200**	**7,328,140.00**
TREATMENT	SMOH	12,344,800	0	0	12,344,800
	TOTAL	**12,344,800**	**0**	**0**	**12,344,800**
ACSM	SMOH	3,751,400	1,300,000	1,332,000	6,383,400
	JSPHCDA	324,000	0	0	324,000
	TOTAL	**4,075,400**	**1,300,000**	**1,332,000**	**6,707,400**
PSM	SMOH	172,087,000	0	0	172,087,000
	NMEP	557,024,000	0	0	557,024,000
	MNCH	67,575,000	0	0	67,575,000
	Save One Million Lives Initiative	6,318,000	0	0	6,318,000
	TOTAL	**803,004,000**	**0**	**0**	**803,004,000**
M&E	SMOH	16,094,700	606000	0	**16,700,700**
	SPHCDA	6,831,000	0	0	**6,831,000**
	LGA	324,000	0	0	**324,000**
	TOTAL	**23,249,700**	**606,000**	**0**	**23,855,700**
PM	SMOH	5,630,000	15,000	0	5,645,000
	TOTAL	5,630,000	15,000	0	**5,645,000**
GRAND TOTAL		**852,595,340**	**6,927,800**	**4,153,600**	**863,676,740**

Table 6: Quarterly Budget Breakdown by Funding Source per Objective Area

Prevention						
FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total per Obj. Area
SMOH	2,706,900	2,084,800	0	0	4,791,700	100%
Total	2,706,900	2,084,800	0	0	4,791,700	100%
Diagnosis						
FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total per Obj. Area
SMOH	849,000	3,302,500	2,208,260	968,380	7,328,140	100%
Total	849,000	3,302,500	2,208,260	968,380	7,328,140	100%
Treatment						
FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total per Obj. Area
SMOH	4,530,400	7,814,400	0	0	12,344,800	100%
Total	4,530,400	7,814,400	0	0	12,344,800	100%
ACSM						
FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total per Obj. Area
SMOH	2,330,400	2919000	554,000	580,000	6,383,400	95.2%
JSPHCDA	81,000	81000	81000	81000	324,000	4.8%
Total	2,411,400	3000000	635,000	661,000	6,707,400	100%
PSM						
FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total per Obj. Area
SMOH	135,058,000	21,273,000	22,483,000	1,273,000	180,087,000	22.4%
NMEP	458,074,667	48,070,667	49,474,667	1,404,000	557,024,000	69.4%
MNCH	59,575,000	0	0	0	59,575,000	7.4%
Save One Million Lives	2,106,000	1,053,000	2,106,000	1053000	6,318,000	0.8%
Total	654,813,667	70,396,667	74,063,667	3,730,000	803,004,000	100%
M&E						
FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total per Obj. Area
SMOH	9,751,500	6,061,200	444,000	444,000	16,700,700	70.0%
LGA	81,000	81000	81,000	81,000	324,000	1.4%
JSPHCDA	2,277,000	1,138,500	2,277,000	1,138,500	6,831,000	28.6%
Total	12,109,500	7,280,700	2,802,000	1,663,500	23,855,700	100%
PROGRAMME MANAGEMENT						
FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total per Obj. Area
SMOH	436,600	411,600	682,900	4,113,900	5,645,000	100%
Total for PM	436,600	411,600	682,900	4,113,900	5,645,000	100%

Table 7: Budget Summary by Funding Source per Quarter

FUNDER	Q1	Q2	Q3	Q4	TOTAL	% of Total AOP
SMOH	155,662,800	43,866,500	26,372,160	7,379,280	233,280,740	27.01%
NMEP	458,074,667	48,070,667	49,474,667	1,404,000	557,024,000	64.49%
JSPHCDA	2,358,000	1,219,500	2,358,000	1,219,500	7,155,000	0.83%
MNCH	59,575,000	0	0	0	59,575,000	6.90%
Save One Million Lives Initiative	2,106,000	1,053,000	2,106,000	1053000	6,318,000	0.73%
LGA	81000	81000	81000	81000	324,000	0.04%
TOTAL	**677,857,467**	**94,290,667**	**80,391,827**	**11,136,780**	**863,676,740**	**100.00%**

BUDGET ANALYSIS

The total 2017 AOP budget is N863, 676, 740 and it integrates the contributions of all major stakeholders/ funders. The major proportion of the budget is in the PSM objective area with a total amount of N803,004,000 meant for procurement and distribution of commodities and funded by NMEP, MNCH, Save One Million Lives Initiative and SMOH (through the Drug Revolving Fund Scheme).

The malaria State Government allocation of 40 million naira will comfortably fund activities in malaria prevention (N4,791,700), Diagnosis (N7,328,140) , Treatment (N12,344,800), ACSM (N6,383,400), Programme Management (N5,645,000) which make a total of N30,848,040. The M&E activities sum up to N16,700,700 only which can partly be funded by the balance N9, 151, 960 balance while the rest can be leveraged from other health programs within the SMOH as M&E is a cross-cutting intervention area.

Therefore, the budget is to a very good extent, a realistic one and resources should be channeled efficiently for its effective implementation.

3.0 Implementation Framework for 2017 Operational Plan

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

3.1 Ownership of the Operational Plan: Jigawa State Government

3.2 Leadership: Honourable Commissioner for Health, Jigawa State

3.3 Scope and Coverage: Entire Jigawa State population

3.4 Core Intervention Strategies

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

- Malaria Prevention
- Malaria Diagnosis
- Malaria Treatment
- Advocacy, Communication and Social Mobilization
- Procurement and Supply Management
- Monitoring, Evaluation and Operational Research
- Programme management

3.5 Collaboration

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

- Multi-lateral and Bi-lateral organizations
- Non-Governmental Organizations
- Private-for-profit health providers
- Faith based health providers
- Corporate organizations and philanthropists
- Individuals

3.6 Resourcing

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

3.7 Coordination

Jigawa State Ministry of Health will provide leadership, coordinate and harmonize the efforts of all players and stakeholders in order to achieve the desired results for malaria elimination.The structural arrangements that will ensure these are:

- Jigawa State Malaria Elimination Advisory Committee chaired by the Honourable Commissioner for Health
- Malaria Technical Working group chaired by the Director of Disease Control and Surveillance
- Jigawa State Malaria Elimination Program consisting of the following key officers at the minimum:
    - State Malaria Elimination Programme Manager
    - M&E Officer
    - Central Medical Store Pharmacist
    - Community Directed Intervention Officer
    - Integrated Vector Management Officer
    - ACSM Officer
    - Logistics Officer
- State Forum for Partners Supporting Malaria Elimination in Jigawa State
- State-LGAs coordination meeting
- State Inter-sectoral Committee of Ministries, Departments and Agencies
- State Association of Civil Organization on Malaria, Immunization and Nutrition (ACOMIN)

3.8 Roll Out and Major Milestones

- Quarterly work planning and review meeting
- Mid-year review
- Engagement with private providers
- State-wide case management capacity building
- Integrated Supportive Supervision
- World Malaria Day celebration
- Maternal, Neonatal and Child Health Week
- Resource mobilization

Annexes

Annex 1:	Quarterly Report Format
Annex 2:	Quarterly Work Plan Format
Annex 3:	List of Contributors
Annex 4:	Resource List for 2017 Costing
Annex 5:	2017 AOP Costing Template

Annex 1: Quarterly Report Format

STATE MALARIA ELIMINATION PROGRAM
JIGAWA STATE MINISTRY OF HEALTH
JIGAWA 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

STATE MALARIA ELIMINATION PROGRAM
JIGAWA STATE MINISTRY OF HEALTH
JIGAWA 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

Annex 3: Lists of Contributors

Consultants' Profile

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Annex 4: 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 per day	

	Small size (below 30 seats) Medium Size (30 – 70 seats) Large (70 and above)	15,000 35,000 60,000
4	Stationeries kits(Biro, File, Note Pad)	300
5	Communication/phone calls	1,000
6	Public Address System (PAS) per day	3,000
7	Multimedia projector per day	3,000
8	Fuelling of vehicle per day	10,000
9	Hiring of Truck per day	35,000
10	Hiring of Bus per day	20,000
11	Hiring of Car per day	10,000
12	Printing of IEC Materials per copy ● Handbill ● Poster ● Flyer ● Exercise Book (40 leaf) customized	 50 250 50 150
13	Photocopy per page	10
14	Transport allowance (To and From) State Capital Transport allowance (To and From) within LGA	3,000 1,000
15	DSA	5,000
16	Banner ● small size ● big size	 3,000 5,000
17	T-Shirt + facing cap (customized)	2,000
18	Photograph (Album)	5,000
19	Video coverage per day	4,000
20	Printing per page ● Colour ● Black and white	 100 40
21	Rental of chairs per dozen of chairs/day	300
22	Tables per table/day	200
23	Canopy per day ● small size ● big size	 3,000 5,000
24	Honorarium per day ● Mobilizer ● role play actors ● advocacy package	 5,000 10,000 10,000
25	Generator (Hire) per day	5000
26	Advocacy kits	5,000
27	Facilitator's Fee ● State ● LGA	 10,000 5,000

28	Printing of NHMIS Registers and Form per booklet ● Registers ● MSF and QSF	 1,500 2,000
29	Refreshment	500
30.	Printing of manual	1,500
31	Radio jingles per slot	5,000
32.	Feeding Allowance per day	1,000
33.	Media Resource Person Fee	10,000
34.	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
35.	Consultancy Fee	**25,000**
36.	Air Fare (Return Ticket)	**50,000**

Annex 5: 2017 Costing Template

Jigawa 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								863,676,70
1. Malaria prevention								4,791,7
Specific Objective 1.1:	To ensure that 45% pregnant women attending ANC receive LLINs							934,
Activity 1.1.1	Provision of LLINs for routine ANC							934,
Sub activity 1.1.1.1	One day training of ANC staff in 3 events for 100 persons (33, 33 & 34 per Senatorial District) and 8 staff of SMOH Senatorial District) and 6 staff of SMOH							660,
	Venue	SMOH	15,000	1	3	1	1	45,(
	Lunch	SMOH	1,500	1	3	1	36	162,(
	Tea break	SMOH	700	1	3	1	36	75,(
	Stationeries	SMOH	300	1	3	1	36	32,4
	Workshop materials	SMOH	7,300	1	3	1	1	21,9
	Transport allowance	SMOH	3,000	1	3	1	36	324,(
Sub activity 1.1.1.2	One Day Training of 40 new ANC staff on LLIN distribution							273,
	Venue	SMOH	15,000	1	1	1	1	15,(
	Lunch	SMOH	1,500	1	1	1	46	69,(
	Tea break	SMOH	700	1	1	1	46	32,2
	Stationeries	SMOH	300	1	1	1	40	12,(
	Workshop materials	SMOH	7,300	1	1	1	1	7,3

	Transport allowance	SMOH	3,000	1	1	1	46	138,(
Sub activity 1.1.1.3	Conduct quarterly Supervision to ANC facilities by 12 staff of SMoH and JSPHCDA							
	Merged with ISS	N/A	0	1	4	1	12	
	Merged with ISS	N/A	0	1	4	1	12	
Specific Objective 1.2:	**To ensure that 45% pregnant women attending ANC receive at least 2 doses of SP**							**934,**
Activity 1.2.1	Provision of SP for routine ANC							**934,**
Sub activity 1.2.1.1	One day training of ANC staff in 3 events for 100 persons across 27LGAs and 8 staff of SMOH							**660,**
	Venue	SMOH	15,000	1	3	1	1	45,(
	Lunch	SMOH	1,500	1	3	1	36	162,(
	Tea break	SMOH	700	1	3	1	36	75,(
	Stationeries	SMOH	300	1	3	1	36	32,4
	Workshop materials	SMOH	7,300	1	3	1	1	21,9
	Transport allowance	SMOH	3,000	1	3	1	36	324,(
Sub activity 1.2.1.2	One Day Training of 40 new ANC staff on SP distribution							**273,**
	Venue	SMOH	15,000	1	1	1	1	15,(
	Lunch	SMOH	1,500	1	1	1	46	69,(
	Tea break	SMOH	700	1	1	1	46	32,2
	Stationeries	SMOH	300	1	1	1	40	12,(
	Workshop materials	SMOH	7,300	1	1	1	1	7,3
	Transport allowance	SMOH	3,000	1	1	1	46	138,(
Sub activity 1.2.1.3	Conduct quarterly Supervision to ANC facilities by 12 staff of SMoH and JSPHCDA							
	Merged with ISS		0	1	4	1	12	
	Merged with ISS		0	1	4	1	12	
Specific Objective1. 3:	**To ensure that at least 80% of 277 day school children comprising primary 1&4, JSS1 and SS1 across the 27 LGAs received LLIN**							**2,922,**
Activity 1.3.1	Provision of LLINs to students of day schools							**2,922,**
Sub activity 1.3.1.1	Verification of 277 day schools							**30,(

	Transport allowance	SMOH	3,000	1	2	1	5	30,(
Sub activity 1.3.1.2	1 day training of 378 teachers of selected day schools (in 3 different event i.e 126 each)							**2,244,**
	Venue	SMOH	15,000	1	3	1	1	45,(
	Lunch	SMOH	1,500	1	3	1	132	594,(
	Tea break	SMOH	700	1	3	1	132	277,2
	Stationeries	SMOH	300	1	3	1	132	118,8
	Workshop materials	SMOH	7,300	1	3	1	1	21,9
	Transport allowance	SMOH	3,000	1	3	1	132	1,188,(
Sub activity 1.3.1.3	One Supervision each during and after distribution by the SMEP officers							**432,(**
	Transport allowance	SMOH	3,000	1	2	1	54	324,(
	Feeding allowance	SMOH	1,000	1	2	1	54	108,(
Sub activity 1.3.1.4	Supervision of the distribution of LLINs to the identified schools in 27 LGAs by the LGA malaria focal person							**216,(**
	Transport allowance	SMOH	3,000	1	1	1	54	162,(
	Feeding allowance	SMOH	1,000	1	1	1	54	54,(
2. DIAGNOSIS								**7,328,1**
Specific Objective 2.1	**To scale up capacity building on malaria diagnosis for 100% MLS, 36% of MLT, 56% MLA and 15% CHEW/JCHEW for parasitological confirmation of malaria according to national guidelines**							**5,121,**
Activity 2.1.1	On-site Refresher training of previously trained Health facility staff on use of Giemsa stain							**1,150,2**
Sub activity 2.1.1.1	Onsite refresher training of 28 Staff (2 each) from 14HFs total (12SHF + 2THF). One day per facility [14 days]							**112,(**
	Feeding allowance	SMoH	1,000	1	1	14	2	28,(
	Transportation for 2 facilitators	SMoH	3,000	1	1	14	2	84,(
Sub activity 2.1.1.2	Supportive supervision / Mentoring of 14 HFs (SHFs an THFs) to ensure compliance on use of Giemsa stain for microscopy (1 day per facility)							**1,038,2**
	Transport	SMoH	3,000	1	3	14	6	756,(
	Feeding allowance	SMoH	1,000	1	3	14	6	252,(
	Printing of Checklist per page	SMoH	40	3	3	14	6	30,2
Activity 2.1.2	Training of laboratory staffs on malaria microscopy and RDT utilization							**2,083,9**
Sub activity 2.1.2.1	3 days residential training of 10 MLS and 50 MLT on malaria microscopy and RDT in 2 equal batches							**1,787,(**

	Venue (medium size)	SMoH	15,000	1	2	3	1	90,(
	DSA	SMoH	5,000	1	2	3	33	990,(
	Stationeries	SMoH	300	1	2	3	33	59,4
	Tea Break (State)	SMoH	700	1	2	3	33	138,(
	Lunch (State)	SMoH	1,500	1	2	3	33	297,(
	Facilitator's fee (state)	SMoH	10,000	1	2	3	3	180,(
	Workshop materials	SMoH	7,300	1	2	1	1	14,(
	Projector hire	SMoH	3,000	1	2	3	1	18,(
	Reagents	SMoH	0	0	0	0	0	
	Microscope	SMoH	0	0	0	0	0	
Sub activity 2.1.2.2	1 day non-residential training of 40 MLA on the use of RDT							**296,**
	Venue (medium size)	SMoH	35,000	1	1	1	1	35,(
	Transport	SMoH	3,000	1	1	1	42	126,(
	Stationeries	SMoH	300	1	1	1	42	12,(
	Tea break (State)	SMoH	700	1	1	1	42	29,4
	Lunch (State)	SMoH	1,500	1	1	1	42	63,(
	Facilitator's fee	SMoH	10,000	1	1	1	2	20,(
	Workshop materials	SMoH	7,300	1	1	1	1	7,3
	Projector hire	SMoH	3,000	1	1	1	1	3,(
	RDT kits	SMoH	0	120	0	0	0	
Activity 2.1.3	Train 324 CHEWS/JCHEWS from 27 LGAs on RDT utilization							**1,887,**
Sub activity 2.1.3.1	1 day non-residential training of 12 CHEWS/JCHEWS on RDT utilization in each LGA (27) = 324 participants (24 participants/ batch x 14 batches)							**1,887,**
	Facilitators fee (LGA)	SMoH	5,000	1	14	1	2	140,(
	Stationeries	SMoH	300	1	14	1	26	109,2
	Tea break (LGA)	SMoH	500	1	14	1	26	182,(
	Lunch (LGA)	SMoH	1,000	1	14	1	26	364,(

	Transport	SMoH	3,000	1	14	1	26	1,092,(
Specific Objective 2.2	To set up a functional state QA/QC system for malaria Microscopy and RDT							**2,206,**
Activity 2.2.1	Engagement of a 6-man QA/ QC team							**2,206,**
Sub activity 2.2.1.1	Identification of 6 QA/QC team members							
	Desk review	SMOH	0	0	0	0	0	
Sub activity 2.2.1.2	Inauguration of the QA/QC team members (6 persons)							**4,**
	Refreshments	SMoH	500	1	1	1	8	4,(
	Venue	SMoH	0	1	1	1	1	
Sub activity 2.2.1.3	2 days meeting to develop SOPs and check list by state team (7 persons)							**32,**
	Tea break (State)	SMoH	700	1	1	2	7	9,8
	Lunch (State)	SMoH	1,500	1	1	2	7	21,(
	Stationeries	SMoH	300	1	1	1	7	2,1
Sub activity 2.2.1.4	Printing of 90 copies of SOPs and 400 copies of check list							**183,**
	Printing of SOP manual	SMoH	1,500	90	1	1	1	135,(
	Printing of Checklist (3 pages each)	SMoH	40	400	3	1	1	48,(
Sub activity 2.2.1.5	Conduct quarterly supervision and monitoring to 84 QA/QC HFs by 6 persons							**480,**
	Transport	SMoH	3,000	1	4	5	6	360,(
	Lunch	SMoH	1,000	1	4	5	6	120,(
Sub activity 2.2.1.6	Conduct quarterly one-day QA review meeting by 90 persons							**1,506,**
	Workshop materials	SMoH	7,300	1	3	1	1	21,9
	Venue	SMoH	60,000	1	3	1	1	180,(
	Transport	SMoH	3,000	1	3	1	90	810,(
	Lunch	SMoH	1,500	1	3	1	90	405,(
	Stationeries	SMoH	300	1	3	1	90	81,(
	Projector	SMoH	3,000	1	3	1	1	9,(
3. TREATMENT								**12,344,8**

Specific Objective 3.1	**To ensure that all public (12 SHF, 2THF and 20 major PHCs) and 17 private facilities are able to manage Severe Malaria using the revised National treatment guidelines-49 facilities**							**1,552,**
Activity 3.1.1	Training of public (12 SHF, 2THF and 20 major PHCs) and 17 private health facilities on the management of Severe Malaria using the revised National treatment guidelines							**1,502,**
Sub activity 3.1.1.1	Planning meeting of SMEP manager with the director Public Health, Director hospital services and director PHC JPHCDA							
Sub activity 3.1.1.2	2-day non-residential training of 98persons (2persons each from 17 private, 12 SHF, 2THF and 20 major PHC in the state)on the management of severe malaria (2 equal batches of 51)							**1,502,**
	Venue (medium-size)	SMOH	35,000	1	2	2	1	140,(
	Stationaries	SMOH	300	1	2	1	53	31,8
	Tea break	SMOH	700	1	2	2	55	154,(
	Lunch	SMOH	1,500	1	2	2	55	330,(
	Transport	SMOH	3000	1	2	2	55	660,(
	PAS	SMOH	3,000	1	2	2	1	12,(
	Workshop materials	SMOH	7,300	1	2	1	1	14,(
	Facilitator's fee	SMOH	10,000	1	2	2	4	160,(
Activity 3.1.2	Provision and distribution of 500 copies job aid for the management of severe malaria							50,(
Sub activity 3.1.2.1	Production of 500 copies of treatment algorithm for severe malaria							**50,**
	Treatment algorithm	SMOH	100	500	1	1	1	50,(
Sub activity 3.1.2.2	Distribution of the copies of treatment algorithm for severe malaria to 51 facilities (at least 10 copies per HF), this distribution will be done the training hence no cost will be incurred							
Specific Objective 3.2	To ensure that 750 health care workers are able to manage uncomplicated malaria using National treatment guidelines							**8,014,**
Activity 3.2.1	Training of 750 health care providers on the management of uncomplicated malaria							**7,814,**
Sub activity 3.2.1.1	One day planning meeting of SMEP Manager with DHS, DPH and DPHC							
Sub activity 3.2.1.2	Two -day non-residential training of 750 health care workers (at least 2 from 640 PHCs) on the management of uncomplicated malaria using National malaria treatment guideline and algorithms in 12 events across the state.							**7,814,**

	Venue		0	1	12	2	1	
	Stationeries	SMOH	300	1	12	1	63	226,8
	Tea break	SMOH	500	1	12	2	65	780,0
	Lunch	SMOH	1,000	1	12	2	65	1,560,0
	Transport	SMOH	3000	1	12	2	65	4,680,0
	Workshop materials	SMOH	7,300	1	12	1	1	87,6
	Facilitator's fee	SMOH	10,000	1	12	2	2	480,0
Activity 3.2.2	Provision and distribution of 2000 Job aids for the management of uncomplicated malaria to health facilities in the state							200,0
Sub activity 3.2.2.1	Print 2000 copies of National Malaria Treatment guidelines, Job Aids and algorithms for uncomplicated malaria to all health facilities							**200,0**
	Printing of treatment algorithm (coloured)	SMOH	100	2000	1	1	1	200,0
Sub activity 3.2.2.2	Collection of 2000 copies of national treatment guidelines from NMEP							
Sub activity 3.2.2.3	Distribution of printed national treatment guidelines and treatment algorithms to health facilities							
Specific Objective 3.3	To ensure that 496 primary health centers (PHCs) have capacity to offer pre-referral treatment for severe malaria							**2,778,0**
Activity 3.3.1	Support 496 (75%)of PHCs in the state to provide pre-referral treatment in patients with severe malaria							**2,778,0**
Sub activity 3.3.1.1	One day planning meeting with DHS and DPH and SMEP Manager							
Sub activity 3.3.1.2	One day training of 1 staff each from 496 selected PHCs across the 27 LGAs on pre-referral treatment of severe malaria in 20 events.							**2,778,0**
	Venue		0	1	12	1	1	
	Stationeries	SMOH	300	1	12	1	44	158,4
	Tea break	SMOH	500	1	12	1	44	264,0
	Lunch	SMOH	1,000	1	12	1	44	528,0

	PAS	SMOH	3000	1	12	1	1	36,(
	Workshop materials	SMOH	7,300	1	12	1	1	87,(
	Transport	SMOH	3,000	1	12	1	44	1,584,(
	Faciliator's fee	SMOH	5,000	1	12	1	2	120,(
4.ACSM								**6,707,4**
Specific Objective 4.1	To hold quarterly ACSM Core group meetings							
Activity 4.1.1	Periodic meetings of ACSM core group							
Sub activity 4.1.1.1	1-day meeting of ACSM core group to review ACSM activities							
	Venue Free	SMoH	0	1	1	1	20	
Specific Objective 4.2	To pay advocacy visit to 27 LGA chairmen and community Stakeholders by the end of 2017							**1,490,(**
Activity 4.2.1	Advocacy visit to 27 LGA chairmen and community Stakeholders							**1,490,(**
Sub activity 4.2.1.1	Conduct one day meeting to identify advocacy issues (20 persons)							**40,(**
	Refreshment	SMoH	500	1	4	1	20	40,(
Sub activity 4.2.2.2	Advocacy visit to 27 LGAs chairmen							**455,(**
	Feeding Allowance	SMoH	1000	1	2	2	20	80,(
	Advocacy Kits	SMoH	5000	1	1	1	27	135,(
	Transport	SMoH	3000	1	2	2	20	240,(
Sub activity 4.2.2.3	Advocacy visit to Religious and Traditional leaders in the 27 LGAs							**995,(**
	Feeding Allowance	SMoH	1000	1	2	2	20	80,(
	Advocacy Kits	SMoH	5000	1	1	1	135	675,(
	Transport	SMoH	3,000	1	2	2	20	240,(
Specific Objective 4.3	To sustain Community dialogue in 288 wards in the State, reaching more Communities							**2,115,**
Activity 4.3.1	Engage LGA Health Educators to be involved in Malaria activities in the Communities							**411,**
Sub activity 4.3.1.1	One day planning meeting (20 person)							**10,(**
	Refreshment	SMoH	500	1	1	1	20	10,(
Sub activity 4.3.1.2	Orientation of 27 LGA Health Educators on core malaria intervention areas							**141,**

	Transport Allowance		3,000	1	1	1	27	81,(
	Lunch		1,500	1	1	1	30	45,(
	Workshop materials		7,300	1	1	1	1	7,3
	Stationeries Kits		300	1	1	1	27	8,1
	Venue Free		0	0	0	0	0	
Sub activity 4.3.1.3	Field visitation to assesses Health Educators activities by ACSM core group member (10)							**130,(**
	Feeding Allowance	SMoH	1000	1	1	1	10	10,(
	Transport		3000	1	4	1	10	120,(
Sub activity 4.3.1.4	Field visitation to assesses CBOs/FBOs/CSOs activities by ACSM (10 persons)							**130,(**
	Feeding Allowance	SMoH	1000	1	1	1	10	10,(
	Transport		3000	1	4	1	10	120,(
Activity 4.3.2	Social Mobilization activities by CBOs/CSOs /FBOs and LGA Health Educators at community							**404,(**
Sub activity 4.3.2.1	Community dialogue/Sensitization of women on malaria treatment							**324,(**
	Transport Allowance	JSPHCDA	3,000	1	4	1	27	324,(
Sub activity 4.3.2.2	Monitoring and Supervision visit to all LGAs on social mobilization activities (10 persons)							**80,(**
	Transport Allowance	SMoH	3000	1	1	1	20	60,(
	Feeding Allowance		1000	1	1	1	20	20,(
Activity 4.3.3	Commemorate world malaria day sensitizing women/children							1,300,(
Sub activity 4.3.3.1	2017 Pre-world malaria day radio announcements							30,(
	Radio Jingles	SMoH	5000	1	2	3		30,(
Sub activity 4.3.3.2	Sensitization of women in the 27 LGAs							1,270,(
	Transport Allowance	SMoH	3000	1	2	2	27	135,(
	Mobilizer Honorarium	SMoH	5000	1	1	1	27	135,(
	T-Shirt and Face Cap	SMoH	2000	500	1	1	1	1,000,(
Specific Objective 4.4	To air Radio jingles on Malaria Control/Elimination in 2 Radio stations (AM and Freedom FM) at 4 slots per day, 3 times per week for 12 months in Hausa and Fulfulde Languages							**1,770,(**
Activity 4.4.1	Airing of jingles							**1,770,(**

Sub activity 4.4.1.1	Development, testing and pre-testing of radio jingle in Fulfulde language							**10,**
	Media Resource person	SMoH	10,000	1	1	1	1	10,(
Sub activity 4.4.1.2	Airing of jingles in Hausa and Fulfulde Languages in 2 radio stations (Jigawa AM and Freedom FM) at 2 slots per day x 2 times per week x 2 radio stations for 12 months. 4 per slot)							1,760,(
	Radio Jingles	SMoH	5,000		4	88		1,760,(
Sub activity 4.4.1.3	Monitoring of jingles aired on radio stations (2 monitors)							
	Monitoring of jingles	SMoH	0	0	0	0	0	
Specific Objective 4.5	To produce and distribute IEC materials on Malaria Elimination in at least 10% of Schools in the State							**1,332,**
Activity 4.5.1	Development and production of IEC materials in Hausa and English Languages							**1,332,**
Sub activity 4.5.1.1	Development of messages for posters, pamphlets, handbills and exercise books							**10,**
	Media Resource person	SMoH	10,000	1	1	1	1	10,(
Sub activity 4.5.1.2	Production of 2000 each of posters, pamphlets, handbills and exercise books (Customized)							1,000,(
	Printing of posters	SMoH	250	2000				500,(
	Printing of handbills	SMoH	50	2000				100,(
	Printing of Flyers	SMoH	50	2000				100,(
	Printing of Exercise books	SMoH	150	2000				300,(
Sub activity 4.5.1.3	Distribution of IEC materials to 246 schools							162,(
	Transport Allowance	SMoH	1,000	1	3	2	27	162,(
Sub activity 4.5.1.4	Quiz Competition in 2 Schools each in 3 senatorial district in the state							160,(
	Advocacy package (Award/Gifts)	SMoH	10,000	6	2	1	1	120,(
	Transport Allowance	SMoH	3000		2	1	5	30,(
	Feeding Allowance	SMoH	1000		2	1	5	10,(
5. PSM Total Cost								**803,004,0**

Specific Objective 5.1	**To ensure that 90% of health facilities report no stock out of ACTs, RDTs and commodities for microscopy lasting more than one week during the preceding quarter in 2017.**							**803,004,**
Activity 5.1.1	1 Procurement of quantified quantities of antimalarial commodities							**780,150,**
Sub activity 5.1.1.1	Procurement of 1,500,000 doses of ACTs							**150,000,**
	Cost of 1500,000 doses of ACTs	NMEP (30%) MNCH2 20%) SMOH (50%)	100	1,500,000	1	1	1	150,000,
Sub activity 5.1.1.2	Procurement of 1,000,000kits of mRDTs.							**200,000,**
	1,000,000kits of RDTs	NMEP (70%) SMOH (30%)	200	1,000,000	1	1	1	200,000,
Sub activity 5.1.1.3	Procurement of 100bottle of 25g Giemsa powder							**150,**
	100bottles of 25g Giemsa powder	SMOH (50%) MNCH2 (50%)	1,500	100	1	1	1	150,
Sub activity 5.1.1.4	Procurement of 100,000doses of Artesunate 60mg injection							**40,000,**
	100,000doses of Artesunate 60mg injection	SMOH (50%) MNCH2 (50%)	400	100,000	1	1	1	40,000,
Sub activity 5.1.1.5	Procurement of 300,000 doses of Sulphadoxine/ Pyrimethamine 500mg/25mg tab							**18,000,**
	300,000 doses of Sulphadoxine/Pyrimethamine 500mg/25mg tabs	SMOH (40%) MNCH2 (40%) NMEP (20%)	60	300,000	1	1	1	18,000,
Sub activity 5.1.1.6	Procurement of 300,000 pieces of LLINs							**360,000,**
	300,000pieces of LLINs	**NMEP**	1,200	300,000	1	1	1	360,000,
Sub activity 5.1.1.7	Procurement of 20,000 pack of Artesunate supository 50mg							**12,000,**
	20,000 pack of Artesunate 50mg supository	SMOH (50%) MNCH2 (50%)	600	20,000	1	1	1	12,000,
5.1.2	.Printing of LMIS tool for tracking malaria commodities management at the HFs							**600,**
5.1.2.1	Printing and distribution of 20000copies of Inventory Control Cards (ICC) to all public HFs							**600,**
	20000copies of ICCs	SMOH (50%) MNCH2 (50%)	30	20,000	1	1	1	600,

5.1.3	. Distribution of antimalarial commodities							**21,060,**
5.1.3.1	Bimonthly distribution of antimalarial commodities from CMS to 705 HFs in 27LGAs							**21,060,**
	Delivery of antimalarial commodities from CMS to 705 HFs in 27 LGAs	SIML (30%) DRF (30%) NMEP (40%)	130,000	27	6	1	1	21,060,(
5.1.4	Periodic Monitoring of the Malaria commodities Logistics data through the LMCU							**1,194,**
5.1.4.1	Collection of the Bimonthly Facility stock reports during the Bimonthly PSM review meetings with the LGA RBM FPs							**801,**
	Venue,	SMOH	0	1	6	1	1	
	Lunch	SMOH	1,500	1	6	1	35	315,(
	Transport	SMOH	3000	1	6	1	27	486,(
5.1.4.2	Bimonthly Collation and Analysis of the Logistics data in the state							**141,**
	Data for internet services.	SMOH	5,000	1	6	1	1	30,(
	1 ream of A4 paper	SMOH	1,500	1	6	1	1	9,(
	Printer cartridge	SMOH	17,000	1	6	1	1	102,(
5.1.4.3	Quarterly meeting of the PSM Technical Working Group involving all stakeholders managing health commodities in the state							**252,**
	Venue,	SMOH	0	1	4	1	1	
	Lunch	SMOH	1,500	1	4	1	35	210,(
	Stationeries	SMOH	300	1	4	1	35	42,(
Specific Objective 5.2	To ensure that 65% of the registered private facilities (clinics and PPMVs) in the state have access to antimalarial management and prevention commodities by the end of 2017							
5.2.1	Strengthen the distribution of malaria commodities to the private sector.							
5.2.1.1	Increase the number of licensed private facilities from 92 to 140 (Clinics & PPMVs) by PPFN/SFH							
5.2.1.2	Link additional 287 PPMVs to JIMSO/LGA DRF stores for the procurement of health commodities including antimalarial commodities for increased access							
6. M&E Total Cost								**23,855,7**

Specific Objective 6.1	**To ensure availability of NHMIS data tools in all public/private health**							**9,307,**
Activity 6.1.1 Printing of NHMIS version 2013 data tools								**9,307,**
Sub activity 6.1.1.1	Engage printer to print data tools							
Engage printer to print data tools	Routine office duty	No resource required	0	0	0	0	0	
Sub activity 6.1.1.2 Printing of NHMIS Data tools								**9,307,**
Daily OPD Register	Printing	SMOH	1,500	1200	1	1	1	1,800,(
Daily General Attendances Register	Printing	SMOH	1,500	1200	1	1	1	1,800,(
Child Immunization Register	Printing	SMOH	1,500	750	1	1	1	1,125,(
Immunization Tally Sheet	Printing	SMOH	1,500	750	1	1	1	1,125,(
Facility Immunization Summary Registers,	Printing	SMOH	1,500	750	1	1	1	1,125,(
Daily ANC Register	Printing	SMOH	1,500	550	1	1	1	825,(
Daily IPC	Printing	SMOH	1,500	300	1	1	1	450,(
Monthly Summary Form.	Printing	SMOH	1,500	705	1	1	1	1,057,5
Subactivity 6.1.1.3 Distribution of data tools to all health facilities								
Distribution of data tools to all health facilities	Use existing platform (HMIS Review Meeting) to distribute at no cost	SMOH	0	0	0	0	0	
Specific Objective 6.2:	**To ensure that all public/private HFs are reporting through the DHIS 2.0**							**5,941,**
Activity 6.2.1 Training of 721 health care workers on the use of NHMIS tools								**5,617,**
Sub activity 6.2.1.1: One day Planning Meeting 10 persons								**6,**
	A4 Paper	SMOH	1,500	1	1	1	1	1,5
	Biro	SMOH	20	1	1	1	10	2
	Refreshment	SMOH	500	1	1	1	10	5,(

Sub-activity 6.2.1.2:	2 days State Level Training (TOT) for 64 persons (27 LGA M&E officers, 27 LGA Malaria Focal Persons and 10 SMOH and SPHCDA staff).							**632,**
	Venue,	Sardauna Hall	0	1	1	2	1	
	Stationaries	SMOH	300	1	1	1	64	19,2
	Tea Break	SMOH	700	1	1	2	64	89,6
	Lunch	SMOH	1,500	1	1	2	64	192,(
	Transport	SMOH	3000	1	1	2	54	324,(
	Projector	SMOH	0	1	0	0	1	
	Workshop materials	SMOH	7,300	1	1	1	1	7,3
6.2.1.3: 2 days Non- residential Step Down Training for 721 health Care Workers (2 participants from SHC and THC facilities while 1 person from Private and 1 from PHC facilities) and 64 LGA master trainers at least 2 per LGA								**4,978,4**
	Venue,	LGA Conference Hall	0	27	1	2	1	
	Stationaries	SMOH	300	1	1	1	721	216,3
	Tea Break	SMOH	500	1	1	2	785	785,(
	Lunch	SMOH	1,000	1	1	2	785	1,570,(
	Transport	SMOH	1000	1	1	2	785	1,570,(
	Facilitators fee	SMOH	5000	1	1	2	64	640,(
	Workshop materials	SMOH	7,300	27	1	1	1	197,1
Activity 6.2.2 Provide internet access service for data entry								**324,(
Sub activity 6.2.2.1: Provide N1000 monthly air time for 27 LGA M&E Officers								**324,(
	Air time	LGA	1000	1	12	1	27	324,(
Sub activity 6.2.2.2: Monthly data validation check								
Specific Objective 6.3:	**To conduct bi-monthly LGA data validation meeting and monthly review meetings on data generated at State levels.**							**8,001,(
Activity 6.3.1: LGA Bi-monthly data validation Meeting and Monthly State HMIS Review Meeting.								**8,001,(
Sub activity 6.3.1.1: A day Bi-monthly LGA data validation meeting of 759 persons across the 27 LGAs								**6,831,(
	Venue	LGA Conference Hall	0	27	6	1	1	
	Refreshment	PHC LGA Offices	500	1	6	1	759	2,277,(

	Transport	PHCLGA Offices	1,000	1	6	1	759	4,554,(
Sub activity 6.3.1.2: A day Monthly State level HMIS Review meeting for 33 persons								**1,170,**
	Venue	SMOH	0	1	12	1	1	
	Refreshment	SMOH	500	1	12	1	33	198,(
	Transport	SMOH	3,000	1	12	1	27	972,(
Specific Objective 6.4:	**To conduct quarterly DQA in 80 health facilities**							**144,**
Activity 6.41: Quarterly DQA in 81 health facilities								**144,**
Sub activity 6.4.1.1: A day quarterly Planning/orientation meetings for 5 persons								**16,**
	A 4 Paper	SMOH	1500	1	4	1	1	6,(
	Refreshment	SMOH	500	1	4	1	5	10,(
Sub-activity 6.41.2: 2 days quarterly DQA exercise by 5 persons								**120,**
	Fueling for vehicle	SMOH	10,000	1	4	2	1	80,(
	Feeding Allowance	SMOH	1,000	1	4	2	5	40,(
Sub-activity 6.4.1.3: Report Writing								**4,**
	Refreshment	SMOH	500	1	4	2	1	4,(
Sub-activity 6.4.1.4: Dissemination of DQA Findings								**4,**
	Air time	SMOH	1,000	1	4	1	1	4,(
Specific Objective 6.5: To conduct monitoring and supervision in 27 LGAs and 72 health facilities in the year.								**462,**
Activity 6.5.1: Monitoring and Supervision of 27 LGAs and 72 Health Facilitie								**462,**
Sub activity 6.51.1:	A day monthly planning meeting for 6 persons							**54,**
:	A 4 Paper	SMOH	1500	1	12	1	1	18,(
	Refreshment	SMOH	500	1	12	1	6	36,(
Sub activity 6.5 .1.2: 2 days monthly Monitoring and supervision for 2 LGAs and 6 Health facilities by 6 persons								**384,**
	Fueling for vehicle	SMOH	10,000	1	12	2	1	240,(
	Feeding Allowance	SMOH	1,000	1	12	2	6	144,(
Sub activity 6.5.1.3 Report writing								**12,**

	Refreshment	SMOH	500	1	12	2	1	12,(
Sub-activity 6.5.1.4: Dissemination of Monitoring and Supervsion Findings								**12,(**
	Air time	SMOH	1,000	1	12	1	1	12,(
7. PM Total Cost								**5,645,0**
Specific Objective 7.1	**Strengthen the activities of the state mTWG/ malaria partners forum**							**437,**
Activity 7.1.1	Periodic meetings of MTWG and SMEP with MFPs and partners							**437,**
Sub activity 7.1.1.1	One day quarterly review meeting with MTWG and partners							**422,**
	Venue							
	Stationeries	SMOH	300	1	4	1	42	50,4
	Refreshment	SMOH	500	1	4	1	42	84,(
	Lunch	SMOH	1,500	1	4	1	42	252,(
	Transport	SMOH	3,000	1	4	1	3	36,(
Sub activity 7.1.1.2	Periodic meetings for mapping and profiling RBM partners at state level and LGAs level							**15,(**
	Refreshment	SMOH	500	1	2	1	15	15,(
Specific Objective 7.2	**Disseminate and Conduct at least one review of the 2017 State AOP and develop the Unified 2018 AOP for malaria elimination**							**3,983,(**
Activity 7 .2.1	Dissemination of 2017 AOP							**17,**
Sub activity 7.2.1.1	Dissemination of 250 copies of 2017 AOP (35 participants)							**17,**
	Refreshments	SMOH	500	1	1	1	35	17,5
Activity 7 .2.2	Midyear review of the 2017 AOP							**256,**
Sub activity 7.2.2.1	Preparatory meeting for 2017 AOP review (15 participants-7mTWG members, DPH,SMEP and partners)							**7,**
	Refreshment	SMOH	500	1	1	1	15	7,5
Sub activity 7.2.2.2	3 days' non-residential workshop for mid-year review of 2017 AOP (35 participants)							**248,**
	stationeries	SMOH	300	1	1	1	35	10,5
	tea break	SMOH	700	1	1	3	35	73,5
	lunch	SMOH	1,500	1	1	3	35	157,5
	workshop material	SMOH	7,300	1	1	1	1	7,3

Activity 7.2.3	Development of 2018 AOP							3,709,8
Sub activity 7.2.3.1	0ne day preparatory meeting for 2018 AOP development (15 participants)							**7,**
	Refreshments	SMOH	500	1	1	1	15	7,5
Sub activity 7.2.3.2	6-days residential workshop to develop 2018 AOP (50 participants)							**2,952,**
	Venue	SMOH	35,000	1	1	5	1	175,(
	PAS	SMOH	3,000	1	1	5	1	15,(
	Projector	SMOH	3000	1	1	5	1	15,(
	Tea break	SMOH	700	1	2	5	50	350,(
	Lunch	SMOH	1,500	1	1	5	50	375,(
	W/shop material	SMOH	7300	1	1	1	1	7,3
	stationaries	SMOH	300	1	1	1	50	15,(
	Consultancy fee	SMOH	25,000	1	1	5	2	250,(
	DSA	SMOH	5,000	1	1	6	50	1,500,(
	Transport	SMOH	3,000	1	1	1	50	150,(
	Air fare	SMOH	50,000	1	1	1	2	100,(
Sub activity 7.2.3.3	Printing of 250 copies of the 2018 AOP							**750,(
	Printing cost	SMOH	3,000	250	1	1	1	750,(
Specific Objective 7.3	Sustain monthly coordination meetings with State and LGA RBMs							1,224,(
Activity 7.3.1	Meeting with State, partners and LGA RBMs							**1,224,(
Sub activity 7.3.1.1	Hold monthly meeting of SMEP with 27 LGAs RBM and partners							**1,224,(
	Transport	SMOH	3,000	1	12	1	27	972,(
	Refreshments	SMOH	500	1	12	1	42	252,(