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Institute of Human Virology, Nigeria

Institute of Human Virology, Nigeria(IHVN)

Report of Technical Assistance - Jigawa State Review of Extent of Implementation of 2016 AOP (January – September Activities) and Development of 2017 Annual Operational Plan for Malaria Elimination

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Title Page

people of Nigeria and beyond

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1.0 Background/Introduction

Malaria remains a major public health problem in Jigawa State despite the different strategies employed by the Government at Federal, State and Local Government levels, international and local partners to curtail it. In Jigawa State, as well as most other states, implementation of malaria elimination activities is coordinated by the State Malaria Elimination Programme under Department of Public Health, State Ministry of Health. Malaria interventions are implemented up to the grass root level. Malaria elimination activities are funded and implemented by several key players in the State. A key malaria partner is the Institute of Human Virology Nigeria (IHVN).

IHVN is a leading local Non-Governmental Organization (NGO) addressing the HIV/AIDS crises in Nigeria through the development of infrastructure for treatment, care, prevention, and support for people living with and affected by HIV/AIDS but has now expanded its services to other infectious and non-infectious diseases including malaria, tuberculosis and cancer in several states. In July, 2015, IHVN received Global Fund New Funding Model (GF-NFM) malaria grant which will end by December, 2016. Beneficiary states for the implementation of the GF NFM grant are Jigawa, Katsina, Kogi and Benue.

IHVN's interventions for malaria elimination in Jigawa as well as other states align with the NMEP objective areas, excluding Advocacy, Communication and Social Mobilization (ACSM) activities which is by supported other Global Fund Sub-recipients – SHI and ACOMIN. IHVN support areas are: Community Case Management (malaria diagnosis and treatment), Logistics and supply chain management, Monitoring and Evaluation, Vector control (Malaria Prevention) and Programme management.

Tremendous achievements have been made in the course of implementation of the GF NFM, some of which are: training of 27 LGA malaria focal persons (MFPs) and 459 health facility staff on logistics and supply chain management; training of 27 LGA MFPs and 27 LGA M&E, State PM, State M&E officer and 898 Health facility staff on NHMIS 2013 version data tools and DHIS2.0; training of 27 doctors and 27 registered nurse/registered midwives (RN/RM) as master trainers on Malaria in pregnancy (MIP) at state level and a step-down training of 997 health facility staff on MIP at the LGA level; bi-monthly LGA data validation meetings, quarterly spot check and supportive supervision to selected health facilities; monthly NHMIS meeting with 27 LGA M&E officers, state stakeholder and partners; monthly malaria coordination meeting with stake holders; HDCC quarterly meeting with stake holders; quarterly DQA/MSV to selected health facilities; and quarterly meetings of records officers of secondary and tertiary hospitals. IHVN/GF supports 17 health facilities per LGA, making a total of 459 Health facilities in the 27 LGAs and have distributed 150,000 LLINS for continuous distribution to PW an U5 children to all the supported

facilities. IHVN has also distributed about 100,000 doses of SP across all her supported health facilities.

Jigawa state has developed and periodically reviewed three (3) Annual Operational Plans for malaria control (2014, 2015 and 2016) with the technical and financial assistance of Support to Malaria Control Programme (SuNMaP). IHVN solely supported the 2016 AOP dissemination, the 2016 AOP mid-year review and now, the review of the extent of implementation of activities for three quarters (January to September 2016) and the development of 2017 AOP. It is hoped that gaps as revealed in the review findings/ results and lessons learnt from implementation of the 2016 AOP will inform improved performance of the programme in 2017.

The exit of major malaria implementing partners in the state – SuNMaP, World Bank Booster project and Global Fund New Funding Model Sub-Recipients – IHVN, SHI, SFH, ACOMIN and PPFN (exiting in December, 2016) will be taken into consideration in the development of 2017 AOP as the State will be saddled with the sole responsibility of its funding. In view of this, activities will be generated in categories based on the concept of prioritization into: must-do, important-to-do and nice-to-do .The activities planned to be funded by the State Government will be trimmed to align with the 2017 State budget's allocation for malaria control. The AOP, like others, will integrate the activities by the different malaria key players in the State.

2.0 Objectives

The objectives of the 2016 AOP Review (January to September activities) and Development of 2017 AOP process were:

- ✔ To deepen the technical and leadership capacity of State officials for AOP review and development
- ✔ To review the extent of implementation of January to September (Quarter 1 to 3) activities in the 2016 Annual Operational plan for malaria elimination
- ✔ To develop a State-specific, State-led costed 2017 AOP for malaria elimination in line with national strategies and objectives

3.0 Approach and Methodology

The review of the extent of implementation of January to September activities in the 2016 AOP and development of 2017 AOP for Jigawa state was an 8-day process. It comprised a 5-day 2016 AOP review and 2017 AOP development workshop which was preceded by a planning meeting by 14 selected members of the malaria technical working (mTWG) group and 2 IHVN Jigawa staff, online preparations by IHVN officials and the two consultants and a 30-minute final

preparatory meeting by the consultants, IHVN officials and State facilitators on the workshop arrival date to ensure shared understanding of the process.

The workshop was a 5-day residential event held in Badala Hotel, Airport Road, opposite Airforce Base, Kano from Monday 7th to Friday 11th November, 2016. The arrival and departure dates were Sunday 6th and Saturday 12th November, 2016 respectively. Participants comprised 36 mTWG members, 3 IHVN Abuja staff, 5 IHVN Jigawa staff, the IHVN regional manager, IHVN regional training assistant and 1 NMEP representative. Two Health System Strengthening consultants provided technical support and coordination of the process, making a total 49 persons. Two participants – the Director Public Health and HMIS officer were engaged as state facilitators to support the process.

Participants worked in seven groups representing the seven (7) objective areas of the National Malaria Strategic Plan (NMSP). The participants' allocation to groups was based on their previous experience in AOP development and review and their areas of work expertise. These groups were:

- Group one - Malaria Prevention
- Group Two - Malaria Diagnosis
- Group Three - Malaria Treatment
- Group Four - Advocacy, Communication and Social Mobilization (ACSM)
- Group Five - Procurement & Supply Chain Management (PSM)
- Group Six - Monitoring and Evaluation (M&E) and Operational Research
- Group Seven - Programme Management (PM).

The AOP Review and Development exercise was highly interactive and participatory. Adult learning principles and techniques such as group work, Power Point presentations and plenary presentations/discussions and use of pre-designed tools were applied.

Three pre-designed tools were used to review the extent of implementation/performance of the seven objective areas and the overall programme, namely:

- Proxy Indicator tool
- Performance Measurement tool and;
- Force field/ Causal analysis tool.

For the 2017 AOP development process, participants in their groups/ objective areas were guided to analyse/update their malaria situation. They also set SMART objectives and targets taking into

consideration, their current situation per objective area, the National Malaria Strategic Plan objectives and targets and the 2017 Broad/ Multi-year Malaria Plan.

Activities, sub-activities/ tasks, resources required and responsible persons to carry out the tasks, the time frame, cost, funding source(s) and output indicators were populated in a pre-designed matrix/ activity framework. The costing, however, for each sub-activity was done using an MS excel costing template and a uniform resource list as a guide.

Plenary discussions surrounding cross-cutting issues and resource mobilization for implementation of the 2017 AOP was done and modalities were set for its effective implementation.

The first draft of the 2017 AOP was presented for final on-site comments, inputs and consensus by the mTWG.

A three-day clean-up and quality assurance of the AOP review and development report and the 2017 AOP document was done before submission of final draft to IHVN/GF by the consultants.

4.0 Key Activities

4.1 Preparation/ Planning

A 1-day planning meeting for the 2016 AOP review and 2017 AOP development was held on Friday, 4th November, 2016 by 14 selected members of the mTWG (DPH, DDPH, PM, State M&E officer, DPHC-MoLG, Procurement Officer – JIMSO, M&E officer – State AIDS Control Programme, Vector officer – Malaria, State HMIS officer, DD-Med. Services, DPRM&E, CMS Pharmacist, DNTD-SMOH, ACSM Officer – MoLG, etc.) and were supported by two IHVN Jigawa staff. There were online interactions between IHVN officials and the two consultants prior to their arrival to ensure that appropriate logistics arrangements were made. A 30-minute final preparatory meeting by the two consultants with IHVN officials and State facilitators on the workshop arrival date to finalize preparations for the workshop was done

The following were outputs of the preparation/planning:

- Objectives of the workshop developed
- Shared Understanding of the review and development process
- Workshop time table and opening session agenda developed
- Participants grouping done
- Hall/ Venue Arrangement done and logistics arrangements finalized
- Presentations prepared and roles allocation for facilitating sessions done.

Background reading was done by the consultants prior to the workshop to gain familiarity with the context, recent issues related to Jigawa State, the malaria programme at national, state and local levels. Some of the documents studied were:

- The National Malaria Strategic Plan (NMSP) 2014 – 2020
- The National Malaria Policy (February, 2015)
- The Jigawa State 2015 and 2016 AOP for malaria elimination
- The 2015 Malaria Indicator Survey Report
- 2017 & 2017 Multi-year broad plans for malaria elimination in Jigawa State

4.2 2016 AOP Review and 2017 AOP Development Workshop

The workshop was a 5-day residential event divided into two key sessions:

A. Opening Session

B. Technical Session:

i. Review Exercise – Review of the Extent of implementation of 2016 AOP (January to September Activities)

ii. 2017 AOP Development

4.2.1 Opening Session

The opening session was a 30-minute event held on Day One of the 5-day workshop to address the introductory aspects of the workshop. The activities of the opening session included: opening/ welcome remarks, presentation of the objectives of the AOP Review and Development Workshop and familiarization with Workshop time table; setting of ground rules; and administrative/ logistics announcements.

4.2.2 Technical Session

The technical session comprised two sub-sections:

- AOP Review Exercise (Review of the Extent of implementation of 1st to 3rd Quarter Activities of the 2016 AOP
- The 2017 AOP Development exercise

4.2.2.1 Review of the Extent of Implementation of 2016 AOP (1st to 3rd Quarter Activities)

The following were activities of the 2016 AOP Review Exercise -

i. Presentation on Overview of AOP Development and Review Process – The Concept, Steps & Tools

ii. Group exercises – Use of the three review tools – Proxy Indicator tool, Performance Measurement Tool and Force field & Causal Analysis Tool to review the extent of implementation of January to September activities.

iii. Plenary presentation of Review Results

iv. Plenary Discussions on review results, factors (emerging, cross-cutting, specific and recurring issues) that affected implementation during the period under review, lessons learnt and recommendations on ways to address them.

Below are the review results, key findings and analysis:

A. REVIEW RESULTS

Table 1: 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 2: 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%

B. KEY FINDINGS AND ANALYSIS:

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:

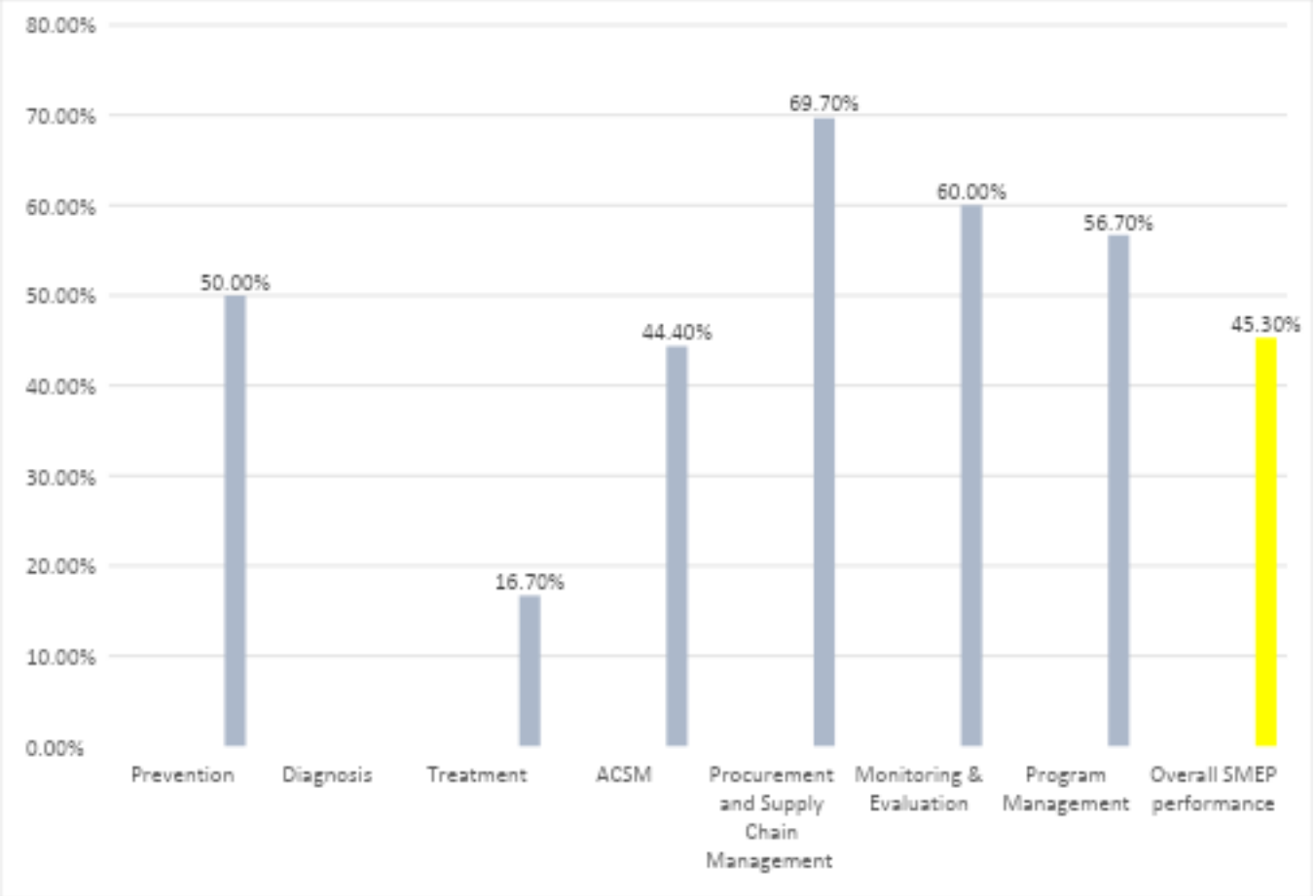

Figure 3: Percentage Performance of SMEP and the Objective Areas in 2016 AOP Review (January to September).

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

ii. Force Field/ Causal Analysis:

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 on the AOP were routine and occurred independent of availability of funds
- 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 and SMOH 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

4.2.2.2 The 2017 Annual Operational Plan (AOP) Development

Key activities were of the AOP development which succeeded the review exercise were as follows:

- Plenary review and updates of State profile, Health System and Health Status using relevant source documents such as the Nigeria Malaria Indicator Survey 2015 report, etc.
- Updates on Malaria Situation analysis and plenary presentations per objective area.
- Delineation of specific objectives and targets from state broad objectives and national strategic objective per objective area. The current malaria situation of the intervention areas was also taken into consideration while setting specific objectives and targets

- Generation of activities and sub-activities using a pre-designed activity framework per objective area and plenary presentations per group for inputs from the house. The activities were categorized into three sub-groups based on priority – Must-do activities being the ones with highest priority, followed by important-to-do activities and then nice-to-do (aspirational) activities.

i. Costing of activities per objective area using a pre-designed costing template and presentation of populated costing template for inputs from the house. Prior to this, a resource list for uniform costing of the AOP activities was reviewed and updated. This was followed by plenary presentation of costed activities for comments and inputs by the house.

ii. The zero draft of the 2017AOP was presented to the house for corrections, more inputs, validation/ consensus and finalization.

iii. Discussions on Resource Mobilization for Malaria: There was a presentation on ways of mobilization of resources to support the State Malaria Elimination Programme. Through group work and plenary presentations, the different ways to mobilize resources agreed on were: the use and involvement of the following human resources for various malaria interventions in the state : retired health personnel, CORPS,NYSC members, retired teachers, CSOs, CBOs, PPMVs, and other volunteers and media organizations for awareness creation and Integrated Community Case Management (iCCM) activities in the state. Concerning materials and funds for malaria intervention activities, involvement of corporate organizations like telecommunication companies, banks, insurance companies and big shops like Saheed Sambajo was agreed, as part of their corporate social responsibilities. The state social contributory health scheme, philanthropists both within and outside the state, trade unions, traditional rulers, politicians, FBOs, NGOs and CSOs were also to be contacted.

iv. Clean-up & Production of 1st Draft 2017AOP and Report Writing: There was a comprehensive compilation and clean-up of the 2017 AOP document, preparation of AOP budget analysis to determine what proportion of cost each key player is contributing and the cost per category of activity (must do, important to do and nice to do).This was presented as a power point document to the house for comments and contributions.

5.0 Emerging Issues

1. An important emerging issue was the discovery of no data element on the DHIS2.0 for the treatment of severe malaria. This affected the calculation of the proxy indicator for treatment

objective area as the numerator only consisted of those who were treated using ACTs (for uncomplicated malaria) and not quinine or artesunate injection (for severe malaria).

2. On a positive note, the Nigeria Malaria Indicator Survey report (2015) was disseminated at the workshop. This added value to the event as the information from the MIS report were used to update the state profile and malaria situation analysis.

6.0 Recommendations

1. A separate day should be set aside for preparatory meeting of state facilitators and consultants. This will enhance the understanding of the AOP process by the state facilitators as they will be involved in developing session plans, rehearsals of presentations, making clarifications, identifying and proffering solutions to potential challenges. The sustainability of the AOP review and development process by the state strongly depends on this.

2. There is also need for a central preparatory meeting in Abuja with selected consultants and key IHVN/GF officials involved in implementation of malaria control activities to review the AOP Development and review processes, using lessons learnt from previous experience to modify AOP process and tools. This will promote standardization, harmonization/ uniformity and shared understanding of the process.

3. There is need to increase the number of days allotted for AOP development. A proper AOP development process takes about 14 days and this is because of emphasis on capacity building of the state officials. Increased number of days is recommended as follows:

SN	Activity
1	1-day Central Planning meeting (Abuja)
2	1-day State Preparatory meeting/ Orientation of Facilitators
	AOP Development Workshop:
3	2-day Opening Session, Introductory Presentations, Updates on State Profile and Malaria Situation analysis and group presentations
4	1-day Priority, Targets and objectives setting (including presentations)
5	2-day Activity generation (including presentations)
6	2-day Costing and Finalization of plan
7	1-day Quality Assurance of plan
8	1-day Preparation for the verification/ consensus workshop

9	1-day Facilitation of the Consensus/ Verification Workshop
10.	Debriefing Meeting with Permanent Secretary/ Hon. Commissioner
10	Preparation of final draft of the AOP
11	Process report writing
	Total = 14 days

7.0 Next steps

S/N	***ACTIVITIES***	***Suggested Dates***
1.	Approval and Printing of 2017 AOP	On or before Last week of December, 2017
2.	Sharing of Final Draft of 2017 AOP to key stakeholders to enable them follow-up/ track implementation before hard copy of AOP is printed	December, 2017
3.	Dissemination of the hard copies of the 2017 AOP	January, 2017