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Institute of Human Virology, Nigeria

Institute of Human Virology, Nigeria(IHVN)

Report of Technical Assistance - Katsina State Review of Extent of Implementation of 2016 AOP (Quarter 1 to 3) and Development of 2017 Annual Operational Plan for Malaria Elimination

By

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Title Page

Excellence in care and treatment, training and research;Respect for the dignity of the person; Hope for the people of Nigeria and beyond

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1.0 Background/Introduction

Malaria is a major public health problem in Katsina State, and remains the number one reason for health facility attendance (70% OPD attendance) with an increased number of diagnosed cases over the last year. In Katsina State, malaria elimination activities are coordinated by the State Malaria Elimination Programme in the State Ministry of Health, and is funded and implemented by several key players in the State, one of which is Institute of Human Virology Nigeria (IHVN).

IHVN is a top indigenous non-profit, 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. IHVN has now extended its services to other infectious and non-infectious diseases including malaria, tuberculosis and cancer. IHVN was awarded a one-year Global Fund New Funding Model (GF-NFM) malaria grant in July, 2015 and this grant will likely end by December, 2016. Beneficiary states for the implementation of the GF NFM grant are Katsina, Jigawa, Kogi and Benue states.

Malaria elimination interventions covered by IHVN in Katsina (as well as other states) are in line with the National Malaria Elimination Programme (NMEP) objectives and they are: Vector control (Malaria Prevention), Community Case Management (malaria diagnosis and treatment), Logistics and supply chain management (excluding procurement of commodities), Monitoring and Evaluation, and Programme management. IHVN does not cover Advocacy, Communication and Social Mobilization (ACSM) interventions.

One of the key priorities of NMEP is the development and periodic review of “costed” Annual Operational Plans at the national and state levels and even cascaded to the LGA level. In view of this, Katsina State has so far developed about 6 malaria AOPs - 2011, 2012, 2013, 2014, 2015 and 2016 AOPs. The state also developed multi-year broad plans to provide a framework for planning in 2017 and 2018. The 2011 – 2015 plans have each been reviewed at least once. The standardized reviews of these AOPs ensure that the achievements of targets are periodically and systematically gauged and that the programme is on course for the delivery of its interventions.

The aim of this exercise is to review the extent of implementation of the 2016 AOP (Quarter 1 to 3) and to develop 2017 AOP for malaria elimination. It is hoped that the review findings and results will inform better planning of the 2017 AOP as it will reveal gaps areas which will then inform priority areas to be focused on during the development of the 2017 AOP. The 2017 AOP will capture different categories of activities – routine in order of priority, namely: must-do, important-to-do and nice-to-do activities. The plan will incorporate/ harmonize malaria elimination activities by the different key players in the State.

2.0 Objectives

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

1. To deepen the technical and leadership capacity of State officials for AOP review and development
2. To review the extent of implementation of January to September activities in the 2016 Annual Operational plan for malaria elimination
3. 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 Quarters 1 to 3 activities in the 2016 AOP and development of 2017 AOP for Katsina state was an 8-day process. It comprised a 5-day 2016 AOP review and 2017 AOP development workshop which was preceded by a one-day preparatory meeting by the two IHVN Consultants, selected members of the malaria technical working (mTWG) group and IHVN Katsina staff, and succeeded by a 3-day report writing process.

The AOP review and development workshop was a 5-day residential event held in Katsina Motels, Katsina from Wednesday 16th November to Sunday 20th November 2016. 50 persons were in attendance – comprising the two consultants, IHVN officials and members of the malaria technical working group. The Director Planning, Research and Statistics (DPRS) and the SMEP Manager volunteered to be state facilitators to understudy the consultants.

Participants worked in the seven groups representing the seven (7) objective areas of the National Malaria Programme. 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 analyze and update their malaria situation. They also set SMART (Specific, Measurable, Actionable, Realistic, and Time-bound) objectives and targets, while considering their current situation per objective area, the National Malaria Strategic Plan, and the 2017 Broad/ Multi-year Malaria Plans.

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 (agreed by all participants) as a guide.

Plenary discussions surrounding emerging and crosscutting issues, key enhancers/inhibitors and resource mobilization for implementation of the 2017 AOP also occurred and modalities were set for its effective implementation.

The first draft of the 2017 AOP was presented on Sunday 20th November 2016 for final on-site comments, inputs and consensus by the mTWG.

A three-day cleanup 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 Background Reading/ Virtual Planning

The two consultants did some background reading prior to the workshop to gain familiarity with the context, recent issues related to Katsina State, and the malaria programme at national, state and local levels. Some of the documents studied were: the National Malaria Strategic Plan (NMSP) 2014 – 2020, previous Katsina AOP documents, the 2015 Malaria Indicator Survey Report, 2017 & 2018 Multi-year broad plans for malaria elimination in Katsina State and previous AOP development and review reports

There were online interactions between IHVN officials, the state officials and the two consultants prior to their arrival to ensure that key logistics arrangements were made

4.2 Preparatory Meeting

A 1-day planning meeting for the 2016 AOP review and 2017 AOP development was held on Tuesday, 15th November, 2016 by selected members of the mTWG, the two consultants and IHVN Katsina staff.

The following were outputs of the preparatory meeting

- 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.

4.3 2016 AOP Review and 2017 AOP Development Workshop

The AOP review and Development workshop was a 5-day residential event divided into two key sessions:

A. Opening Session
B. Technical Session:

i. Review of the Extent of implementation of 2016 AOP (Quarter 1 to 3 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, and was facilitated by the State Director, Planning Research and Statistics (DPRS). 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.

4.2.1 Technical Session

4.2.1.1 Review of the Extent of implementation of 2016 AOP (Quarter 1 to 3 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 work and plenary presentation on the three review tools – Proxy Indicator tool, Performance Measurement Tool and Force field & Causal Analysis Tool to review the extent of implementation of Quarter 1 to 3 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.

Results/ Key Findings and Analysis – Review of the Extent of Implementation of 2016 AOP (Quarter 1 to 3 Activities)

- **Review Results (January – September Activities)**

i. PROXY INDICATOR RESULTS

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

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

ii. PERFORMANCE MEASUREMENT RESULTS

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

KEY FINDINGS/ ANALYSIS

Proxy Indicators:

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

Performance Measurement Tool:

i. PSM scored highest (1st position) with 100%, Programme Management scored 76.9% (2nd position); Monitoring and Evaluation – 76.7% (3rd position), Prevention – 41.7% (4th position); ACSM – 37.5% (5th position); Treatment – 28.6% (6th position) and Diagnosis – 19% (7th position/least score). The overall percentage performance of SMEP was 54.2%.
ii. SMEP's overall performance has, over the years, fluctuated with lowest grade in 2012 (33.0%) followed by 44.7% in the maiden AOP in 2011, then 47.5% in 2014; 54.2% in 2016; 55.7% in 2015 and the highest score of 56.8% in 2013

Force field Analysis (Enhancer and Inhibitor Analysis)/ Causal Analysis

A few of the restraining factors that came up repeatedly at the workshop are listed below:

i. Delay in funds release, and insufficient funding for assigned programmes leading to poor budget implementation
ii. Communication gaps between the facilities and LGAs, as well as SPHCDA to harmonize implementation
iii. Inadequate Political will to support programmes
iv. Staff attrition, especially of program managers and principal officers

Recurrent enhancers are as follows:

i. Commitment of partners and funding support to conduct activities e.g. DQA, ISS, Training on DHIS and NHMIS data tools
ii. Effective awareness campaign at the facility level
iii. Early and good planning with effective coordination of effort

Lessons Learnt/Recommendations/ Action Points

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

4.2.1.2 2017 AOP Development

A. Highlights of Activities

Key activities of the 2017 AOP development process were:

i. Plenary review and updates of State profile, Health System and Health Status
ii. Group work on updates on Malaria Situation analysis and plenary presentations of the updated situation analysis per objective area.
iii. Delineation of specific objectives and targets from state broad objectives and national strategic objective per objective area.
iv. Generation of activities and sub-activities using a pre-designed activity framework and plenary presentations per objective area
v. Review/ update of resource list in plenary for uniform and rational costing of activities
vi. Costing of activities per objective area using a pre-designed costing template and presentation of populated costing template for inputs from the house.
vii. Plenary presentation of zero draft of the 2017 AOP for consensus by the mTWG
viii. Discussions on Resource Mobilization for Malaria
ix. Clean-up & Production of 1st Draft 2017 AOP and Report Writing

5.0 Emerging Issues

The workshop was held in a hotel in the heart of Katsina town and that affected the level of concentration and participation of attendees, especially because many had other competing priorities that conflicted with allotted workshop time.

A re-emerging issue is the extremely short duration of the AOP development and review workshop (5-days). This does not allow enough time for adequate capacity building of the state officials by the consultants

6.0 Recommendations

1. Future AOP review and development workshops should be held outside the state capital to ensure maximum concentration and participation by the State officials.

2. To ensure capacity building and in the long term, sustainability of AOP review and development process, there should be adequate time provided for hands-on coaching of the State officials during the process. AOP development process takes about 14 days and this is because of emphasis on capacity building. 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 of Activities
7	1-day Quality Assurance of plan
8	1-day Preparation for the validation/ consensus workshop
9	1-day Facilitation of the Consensus/ Validation Workshop
10.	Debriefing Meeting with Permanent Secretary/ Hon. Commissioner
10	Preparation of final draft of the AOP
11	Report writing
	Total = 14 days

7.0 Next steps

1. Endorsements/ Approvals
2. Printing of 2017 AOP
3. Dissemination of the 2017 AOP