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Report on 2021 Malaria Annual Operational Plan Development Technical Assistance to Akwa Ibom, Cross Rivers, Ebonyi, and Oyo States

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1. INTRODUCTION/BACKGROUND

A core function of the State Malaria Elimination Program (SMEP) is the coordination of partner and government malaria elimination activities and identifying resources available or required to implement these activities. In the first instance, activity planning and coordination will enable the SMEP to ensure that partner activities align with state and national malaria elimination priorities as outlined in the Malaria Strategic Plans at the State and National Levels. Furthermore, resource identification allows the SMEP to determine resource availability, funding gaps, and develop a resource mobilization plan to support unfunded activities/initiatives.

SMEPs are increasing their technical capacity to coordinate however gaps still exist. Due to poor funding and non-prioritization of malaria elimination by health sector, SMEPs have had to depend on development partners to facilitate the entire operational planning process which include the planning of operational planning workshops, development activity planning tools, process facilitation, and capacity building to monitor the implementation of the operational plans. This dependence has made the operational planning process reactionary without strong ownership by the SMEP.

The USAID and PMI for States (PMI-S) project has identified these systemic weaknesses that ultimately impact the ability of the SMEPs to identify SMART activities in the planning process, monitor the implementation of these activities during the implementation cycle, and identify resources to fund the implementation of activities. PMI-S has implemented technical support and institutional strengthening process that will improve SMEP capacity for activity planning, monitoring, and reporting of malaria activity implementation, resource mapping, and overall policy and program coordination.

Adopting the institutional capacity strengthening theory of change approach and USAID's institutional strengthening principles, PMI-S will mentor SMEP managers over three years to enhance ownership of a results-based malaria annual operational planning process. Based on the support provided, States are to develop the capacity to articulate operational plans with minimal external support from partners within the 3-year project duration.

1.1. Objectives of the assignment

1. Facilitate the development of the 2021 malaria AOP for each state (Akwa Ibom, Cross River, Ebonyi, and Oyo)
2. Support the selection, development, and use of SMOH approved tools/templates in compliance with the SMOH process
3. Support the review of collated input from government and implementing partners to ensure that they align with the objectives of the Malaria Strategic Plan
4. Support the costing of prioritized activities to provide a comprehensive understanding of the resources required for full implementation
5. Facilitate the 2021 malaria AOP development meetings in the four focus states and

- ensure alignment with the objectives of the current National Malaria Strategic Plan.
6. Support the finalization of the 2021 malaria AOP for submission

2. POLICY FRAMEWORK FOR THE 2021 ANNUAL OPERATIONAL PLAN DEVELOPMENT

Given that the current Malaria Strategic Plan (MSP), 2014-2020 was expiring, the 2021 AOP met with a vacuum for alignment with a follow up on national malaria strategy. Using the 2014-2020 MSP would effectively invalidate the policy framework for 2021 AOP development. A new strategy for 2021 - 2025, is under development by the National Malaria Elimination Program (NMEP) but was not going to be available for this purpose. The ready alternative was to use the 2018 – 2022 **State Strategic Health Development Plans (SSHDP)**, even though the malaria-specific content in the plan is considered suboptimal for comprehensive operational planning for malaria. This is because malaria activities are frequently subsumed within three of the priority areas (Table 1). Despite this limitation, the SSHDP incorporated an AOP template that allowed for prioritization of activities that link-up with the priority areas of the strategic plan.

Table 1: State Strategic Health Development Plan priority areas

SN	SSHDP II Priority Areas	Priority Goal
1)	Priority Area One	<i>Provide effective leadership and an enabling policy environment that ensures adequate oversight and accountability for the delivery of quality health care for sustainable development of the national health system</i>
2)	Priority Area Five:	<i>To improve prevention, case detection, and coordinated response for the prevention, control, and management of communicable diseases and NTDs</i>
3)	Priority Area Twelve:	<i>To institutionalize an integrated and sustainable health information system for decision-making at all levels in Nigeria</i>

The AOP template in the SSHDP is pre-populated with **goals, objectives, strategies, and broad activity** that were earlier defined as priorities for the state for the five-year duration of the plan. The 2021 AOP process will require the SMEP and its partners to define sub-activities under each pre-defined broad activity. This alternative approach will still ensure alignment with the SSHDP.

Figure 1: Health Sector AOP development template

Strategic Pillar		Strategic Objective	Broad Activities	Strategies	AOP Activities	Disbursement Key	Timeline	Implementation Milestones	NSHDP II (DuAP) AOP Budget and Financing			Funding Gap
Strategic Pillar	Strategic Objective	Broad Activities	Strategies	AOP Activities	Disbursement Key	Timeline	Implementation Milestones	Cost of AOP (M)	Government Fund (M)	Dev. Partner Fund (M)	Funding Gap	
								1,461,000	781,000	-	680,000	
								1,380,000	700,000	-	680,000	
								1,380,000	700,000	-	680,000	
								430,000	430,000	-	190,000	
								730,000	230,000	-	500,000	

3. PROCESS DESIGN AND PRE-IMPLEMENTATION ACTIVITIES

3.1. Pre-Planning

Before embarking on the AOP development workshops for the Task Order 3 implementation States, Akwa Ibom, Cross River, Ebonyi, and Oyo States, the ThinkWell team (Technical Lead and Project Consultant) and the MSH team comprising the PMI-S Country Director, the State Team Director, and the State Malaria Team Leads, held a series of meetings (virtual) to deliberate on the best approach given contextual factors of each state and to evolve the approach to the proposed activities.

3.2. Modified annual operating planning process

Given the impact of COVID-19 on the planning cycle and USAID’s desire to evolve a process that supports increased stewardship of the AOP process by the SMEPs, a modified approach for conducting the AOP development was designed. The team also identified relevant tools and timelines for the different state workshops, the resources required to facilitate the sessions in each state, and the role of each team in the process. Key features of the modified approach were: 1) pre-selection of the data/input collection tools and workshop tools by the PMI-S team; 2) pre-identification and determination of inputs required from the state team and partner; 3) Sharing of the tools with the SMEPs, through the PMI-S state teams for collation and pre-population ahead of the workshops; and 4) reducing the workshop duration timeline and switching from residential to non-residential.

3.3. State Consultations

Interactions with the state teams commenced following the adoption of the AOP development framework. Virtual meetings were scheduled with the respective State Malaria Elimination Programs. The SMEP Managers and key officers, and the PMI-S teams attended each meeting. Upon introduction of the modified 2021 AOP development approach, both the PMI-S State teams and SMEP program officers expressed concerns about the workshop's duration and non-residential plan, indicating that past AOP development processes were organized as a seven-day residential workshop. The limited time for the workshop and the difficulties of working from home were highlighted as possible limiting factors to completing the task. Following deliberations, the rationale for the modified approach was accepted and adopted. The dates for the workshops, in each state, were communicated and confirmed.

Table 2: AOP workshop dates

State	Workshop Dates
Akwa Ibom	16-18 September, 2020
Cross River	21-23 September, 2020
Ebonyi	24-26 September, 2020
Oyo	29 Sept – 1 October, 2020

4. IMPLEMENTATION AND STATE AOP DEVELOPMENT PROCESS

The AOP development workshops held from the 16th September to 1st October, 2020 across the four states. An iterative and participatory approach was adopted for the workshop that lasted for three days in each location. *Technical presentation, groupwork, and plenary feedback sessions* were used during the workshop. Across the four states, the adopted framework for articulating the new AOP commenced with a review of the implementation of the previous AOP. This process assessed the number of planned activities implemented and identified the bottleneck responsible uncompleted activities.

4.1. Pre-workshop planning

Pre-workshop planning meetings were held in each of the states to review preparedness before each workshop. The meetings focused on reviewing and finalizing the workshop agenda, especially the time allocated for the different sessions, including the tea and lunch breaks. Also, the meeting room's adequacy was ascertained to ensure compliance with the COVID -19

guidelines on social distancing. The review of the participant list was also finalized as part of the pre-workshop meeting. In each state, the meeting was coordinated by both the SMEP manager and PMI-S State coordinator.

4.2. Situational Analysis

A situational analysis of the SMEP performance was conducted using the SWOT analysis tool (Strength, Weaknesses, Opportunities, and Threats). Working in the thematic groups - Case Management and Diagnosis, Vector Control-Preventions; Malaria Advocacy, Communication and Social Mobilization (ACSM); Procurement and Supply Management (PSM), Surveillance Monitoring, Evaluation and Operational Research (SMEOR); and Program management, workshop participants were required to undertake the following steps.

1. Identify malaria output indicators and its baseline value for the preceding year; in this case, 2019, the most recent implementation year
2. For each of the indicator in the preceding implementation year, the groups were to:
 - Identify the activities that were implemented well (strength);
 - Indicate the areas for improvement (weak);
 - Highlight overlooked need that increases our chances of achieving our outputs (opportunities); and
 - Enumerate the situation, barrier, or individual with the potential to prevent the achievement of the output (threats)

Based on the SWOT findings, the thematic groups generated sub-activities (operational activities) in response to the SWOT issues as the basis for setting new output targets for the next implementation year, 2021. The proposed sub-activities and resulting output targets are mapped into the strategic plan's intervention framework, as these serve as the logical entry points towards the achievement of the outcome and impact targets of the strategic plan.

4.3. Prioritization/Ranking

Each of the identified activities was prioritized to establish the sub-activities to be funded within the existing resources in 2021. Priority setting criteria applied include:

- a. **Effectiveness of the Intervention:** Will the impact/outcome be affected by the intervention? (Rank 1, 2, 3)
- b. **Magnitude & Relevance:** Is the issue to be addressed by the intervention important/urgent? (with an emphasis on existing/ongoing projects or projects that are jointly funded by Government and Partners) (Rank 1, 2, 3)
- c. **Cost & sustainability:** How economically feasible is the intervention? (Rank 1 or 3)
- d. **Fairness & Equity:** Does the intervention ensure equity/equality through service provision to the population/community (Rank 1, 2, 3)

- e. **Political support:** Is the issue to be addressed by the intervention amongst the Government's prioritized development agenda (Rank 1, 2, 3)

Only sub-activities with relatively high aggregate ranking scores were considered for implementation within AOP. The following AOP attributes were assigned to the prioritized activities:

- a. Level of implementation: *State, Local Govt, Community, Health Facilities*
- b. Status of Implementation: *New-Project/Activity, On-going Project/Activity*
- c. Stakeholder/Key responsible entity: *State Directorate, or Implementing partner*
- d. Implementation timelines: *Quarter for implementation*
- e. Implementation milestones: *Target/indicators for each sub-activity*

4.4. Cost estimation

Estimation of the AOP costs was the next phase of the process undertaken by the thematic groups. For each sub-activity, cost inputs assumptions were generated and assigned units and frequencies to arrive at the estimate for 2021. For the unit cost, before the commencement of the costing process, a unit cost resource list was generated and validated by SMEP. These standard values were adjusted from historical estimates.

4.5. Development of Performance Monitoring Plan

Work on the Performance Monitoring Plan (PMP) concluded the AOP development process. Each thematic workgroup generated PMP for the Output targets within their thematic areas. For each target, groups provided the following information:

- a. Output indicator for measuring the 2021 targets
- b. Data Source for Indicators (DHIS/HMIS, Activity reports, etc.)
- c. Data Collection Method (Review activity reports, etc.)
- d. Reporting Timelines for data collections
- e. Key Responsible Directorate or Department in charge of data collection

5. SUMMARY OF STATE-BY-STATE ANNUAL OPERATIONAL PLAN DEVELOPMENT

5.1. Akwa Ibom SMEP 2021 AOP development Process

The three-day AOP process commenced on the 15th of September 2020 with the pre-workshop planning meeting. The MSH State Coordinator, SMEP State leader, and other key program staff were in attendance. The list of participants, and the AOP template, were discussed. Also, the agenda was reviewed with roles assigned. On the 16th of September 2020, the workshop

commenced with introductions and rule setting to guide deliberations and activities. The technical session commenced with the Consultant’s presentation on the “*Overview of Operation Planning, Elements, and key steps in the operational planning process.*” The presentation addressed the AOP's definition, its relationship with strategic plans, and the steps involved in developing the AOP. After the presentation, the participants were divided into thematic groups.

Group Work to review the 2019 and half-year 2020 activity implementation followed shortly after the presentation. The review was done using an AOP review template distributed to participants ahead of the meeting. A plenary discussion was held at the end of the group work task. Shortly afterward, the Consultant presented an overview of situational analysis, including the SWOT analysis tool for conducting the situation analysis. Following the technical presentation, each thematic group commenced the situational analysis of the SMEP using SWOT. This process continued for the rest of the day. At the end of day one, the consultant, SMEP, and MSH organized the review of day one’s progress and updated the agenda to accommodate sessions not done and other emerging issues.

On the second day of the meeting, the SWOT analysis was completed with sub-activities and new output targets established for 2021. Prioritization and costing of sub-activities commenced by the second half of the day. The process continued for the rest of the day. On the third day of the meeting, the groups completed the costing of the prioritized activities. The performance monitoring plan was developed on the day of the meeting to bring the process to a close.

Outputs from Akwa Ibom SMEP 2021 AOP

A total of 69 activities were proposed, but 49 (71%) of these activities were ongoing. The total cost of the plan was estimated at ₦ 1,002,948,912; of this amount, PSM accounts for 77%. However, funding commitments were not established for Government, development partners, and the private sector.

Table 3: Akwa Ibom SMEP 2021 AOP Summary of Activities planned

SSHDP AOP PILLARS	Total number of activities planned	New activity	Ongoing Activity
Strategic Pillar One: Enabled environment for attainment of sector outcomes	14	9	5
Strategic Pillar Two: Increased utilization of essential package of health care services	46	8	38
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	9	3	6
Total	69	20	49
	% Distribution	29%	71%

Table 4: Akwa Ibom SMEP 2021 AOP Cost by Implementation Status

SSHDP II AOP PILLARS	Total Cost of AOP	Cost of new-Activity	Cost of ongoing Activity
Strategic Pillar One: Enabled environment for attainment of sector outcomes	₦ 34,647,000	₦ 28,777,000	₦ 5,870,000
Strategic Pillar Two: Increased utilization of essential package of health care services	₦ 929,148,532	₦ 23,614,200	₦ 905,534,332
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	₦ 39,153,380	₦ 4,039,400	₦ 35,113,980
Total	₦ 1,002,948,912	₦ 56,430,600	₦ 946,518,312
	% Distribution	6%	94%

Table 5: Akwa Ibom SMEP 2021 AOP Cost per Level of Implementation

SSHDP II AOP PILLARS	Total Cost of AOP	State-level	Local Government level	Secondary Health Facilities	Primary Health Facilities	Private Facilities
Strategic Pillar One: Enabled environment for attainment of sector outcomes	₦ 34,647,000	₦ 34,647,000	₦ -	₦ -	₦ -	₦ -
Strategic Pillar Two: Increased utilization of essential package of health care services	₦ 929,148,532	₦ 840,950,532	₦ 60,314,500	₦ 24,433,500	₦ 2,730,000	₦ 720,000
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	₦ 39,153,380	₦ 3,807,700	₦ 35,345,680	₦ -	₦ -	₦ -
Total	₦ 1,002,948,912	₦ 879,405,232	₦ 95,660,180	₦ 24,433,500	₦ 2,730,000	₦ 720,000
	% Distribution	87.68%	9.54%	2.44%	0.27%	0.07%

5.2. Cross River SMEP 2021 AOP development process

The pre-workshop planning meeting for Cross River State was organized on the 20th of September 2020. The MSH State Coordinator and the Consultant reviewed the agenda and other resources required for a hitch-free process. The workshop commenced on the 21st of September 2020 with introductions and rule setting to guide deliberations and activities. The Consultant presented the first technical session on the “*Overview of Operation Planning, Elements, and key steps in the operational planning process.*” The presentation addressed the AOP's definition, its relationship with strategic plans, and the steps involved in developing the AOP. After the presentation, the participants were divided into thematic groups to conduct a Situational Analysis of implementation of malaria activities under the program thematic areas. This session was preceded by a technical session which provided an overview of the Approach to situational analysis and the use of the SWOT analysis tool for the group exercises. conducting a situational analysis of the SMEP. Following the technical presentation, the thematic group commenced the situational analysis using SWOT. This process continued for the rest of the day.

On the second day of the meeting, the SWOT analysis was continued. The thematic groups struggled with the SWOT process that required them to identify output indicators and baselines for 2019. The SWOT process was completed on the third day of the meeting. Prioritization and costing of sub-activities commenced on the third day of the workshop and continued until the workshop closed. The performance Monitoring plan was completed and submitted after the meeting by some of the group.

Outputs from Cross River SMEP 2021 AOP

A total of sixty five (65) activities were proposed of which 84% were ongoing activities. The total cost of the plan was estimated at ₦2,086,898,058; of this amount, PSM accounts for 80%. From the SWOT review, commodity stockout is a significant setback to the malaria program in the State. Also, no funding commitment was not established by the government, development partners or the private sector.

Table 6: Cross River SMEP 2021 AOP Summary of Activities planned

SSHDP II AOP PILLARS	Total number of activities planned	New Activity	Ongoing Activity
Strategic Pillar One: Enabled environment for attainment of sector outcomes	13	2	11
Strategic Pillar Two: Increased utilization of essential package of health care services	31	8	23
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	21	0	21
Total	65	10	55
	% Distribution	15%	85%

Table 7: Cross River SMEP 2021 AOP Cost by Implementation Status

SSHDP II AOP PILLARS	Total Cost of AOP	New Activity	Ongoing Activity
Strategic Pillar One: Enabled environment for attainment of sector outcomes	₦ 14,149,000	₦ 887,000	₦ 13,262,000
Strategic Pillar Two: Increased utilization of essential package of health care services	₦ 1,794,389,058	₦ 1,494,084,858	₦ 300,304,200
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	₦ 279,197,000	₦ -	₦ 279,197,000
Total	₦ 2,087,735,058	₦ 1,494,971,858	₦ 592,763,200
	% Distribution	72%	28%

Table 8: Cross River SMEP 2021 AOP Cost per Level of Implementation

SSHDP II AOP PILLARS	Total Cost of AOP	State-level	Local Government level	Community/Ward level
Strategic Pillar One: Enabled environment for attainment of sector outcomes	₦ 14,149,000	₦ 14,149,000	₦ -	₦ -
Strategic Pillar Two: Increased utilization of essential package of health care services	₦ 1,794,389,058	₦ 1,787,699,558	₦ 6,297,500	₦ 392,000
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	₦ 279,197,000	₦ 279,197,000	₦ -	₦ -
Total	₦ 2,087,735,058	₦ 2,081,045,558	₦ 6,297,500	₦ 392,000
	% Distribution	99.7%	0.30%	0.02%

Table 9: Cross River SMEP Budget & Funding Source

NSHDP II AOP PILLARS	Total Cost of AOP	Government's Commitment	Development Partners including Private Sector	AOP Funding Gap
Strategic Pillar One: Enabled environment for attainment of sector outcomes	N13,312,000	-	N1,460,000	N13,166,000
Strategic Pillar Two: Increased utilization of essential package of health care services	N1,794,389,058	20,000,000	N1,438,364,000	N236,025,058
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	N279,197,000	N4,000,000	N79,288,096	N195,908,904
Total	₦ 2,087,735,058	₦24,000,000	₦1,520,572,096	₦445,099,962

5.3. Ebonyi SMEP 2021 AOP development Process

The pre-workshop planning meeting for Ebonyi State held on the first day of the workshop, the 24th of September 2020. The change was necessitated by the late arrival of the consultant from the Cross River State AOP. The PMI-S State Coordinator and her team and the Consultant reviewed the agenda and other resources required for a hitch-free process. The workshop activities commenced shortly afterward with the introductions and rule setting to guide deliberations and activities. The Consultant presented the first technical session on the *“Overview of Operation Planning, Elements, and key steps in the operational planning process.”* The presentation addressed the AOP's definition, its relationship with strategic plans, and the steps involved in developing the AOP. After the presentation, the participants were divided into thematic groups.

To kick off the process, the Consultant led a technical session on conducting a situational analysis of malaria implementation in the state using the SWOT approach. Following the technical presentation, the thematic groups commenced the analysis using SWOT tools and approach. This process continued for the rest of the day.

The SWOT process was completed on the second day of the meeting. Prioritization and costing of sub-activities commenced from the second day of the workshop and continued until the workshop closed on the third day. Although the thematic has shared the work done, the quality review indicated that some case management activities were not estimated.

Ebonyi SMEP 2021 AOP Outputs

137 activities were proposed; 26% were ongoing activities. The total cost of the plan was estimated at ₦949,658,550. Funding commitment was not established for the government, development partners, or the private sector.

Table 9: Ebonyi SMEP 2021 AOP Summary of Activities planned

SSHDP II AOP PILLARS	Total number of activities Planned	New-Activity	Ongoing Activity
Strategic Pillar One: Enabled environment for attainment of sector outcomes	19	2	17
Strategic Pillar Two: Increased utilization of essential package of health care services	72	57	15
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	47	46	1
Total	138	105	33
	% Distribution	76%	24%

Table 10: Ebonyi SMEP 2021 AOP Cost by Implementation Status

SSHDP II AOP PILLARS	Total Cost of AOP	New Activity	Ongoing Activity
Strategic Pillar One: Enabled environment for attainment of sector outcomes	₦ 25,872,500	₦1,335,000	₦ 27,287,500
Strategic Pillar Two: Increased utilization of essential package of health care services	₦822,588,658	₦ 647,504,241	₦166,420,310
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	₦173,669,296	₦166,264,296	₦1,705,000
Total	₦1,022,130,454	₦815,103,537	₦ 195,412,810
	% Distribution	80%	19%

Table 11: Ebonyi SMEP 2021 AOP Cost per Level of Implementation

SSHDP II AOP PILLARS	Total Cost of AOP	State-level	Local Government level	Community/ Ward level	Primary Health Facilities
Strategic Pillar One: Enabled environment for attainment of sector outcomes	₦ 25,872,500	₦26,522,500	₦ -	₦ -	₦ -
Strategic Pillar Two: Increased utilization of essential package of health care services	₦ 822,588,658	₦ 755,470,401	₦37,565,500	₦7,376,500	₦ 512,150
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	₦ 173,669,296	₦95,903,296	₦76,486,000	₦ 1,280,000	₦ -
Total	₦1,022,130,454	₦877,896,197	₦114,051,500	₦8,656,500	₦ 512,150
	% Distribution	86.%	11%	1%	1%

Table 12: Ebonyi SMEP Budget & Funding Source

NSHDP II AOP PILLARS	Total Cost of AOP	Government's Commitment	Development Partners including Private Sector	AOP Funding Gap
Strategic Pillar One: Enabled environment for attainment of sector outcomes	₦25,872,500	₦10,349,000	₦8,631,000	₦6,892,500
Strategic Pillar Two: Increased utilization of essential package of health care services	₦822,588,658	₦329,035,463	₦120,235,468	₦372,717,726
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	₦173,669,296	₦69,467,718	₦72,504,218	₦34,941,640

NSHDP II AOP PILLARS	Total Cost of AOP	Government's Commitment	Development Partners including Private Sector	AOP Funding Gap
Total	₦1,022,130,454	₦408,852,181	₦201,370,686	₦414,551,866

5.4. Oyo SMEP 2021 AOP development process

The State AOP development process was delayed by the industrial action of the Labour Unions. Consequently, the AOP process commenced on the 29th of September 2020 with a pre-workshop planning meeting. The morning of the workshop, the MSH State Coordinator and her team, and the Consultant reviewed the agenda and other resources required for the process.

The workshop commenced with introductions and rule setting to guide deliberations and activities. The technical session commenced with the Consultant’s presentation on *the “Overview of Operation Planning, Elements, and key steps in the operational planning process.”* The presentation addressed the AOP's definition, its relationship with strategic plans, and the steps involved in developing the AOP. After the presentation, the participants were divided into thematic groups.

Oyo SMEP did not have an AOP for 2019, so the group work to assess the 2019 and half-year 2020 activity implementation did not hold as scheduled. With the groupwork put on hold, the Consultant presented the technical session on the overview of situation analysis, including the tool for conducting a situational analysis. Following the technical presentation, the thematic group commenced the situational analysis of the SMEP using SWOT. This process continued for the rest of the day.

On the second day of the meeting, the SWOT analysis was continued. Some of the thematic groups struggled with the SWOT process that required them to identify output indicators and baselines for 2019. The absence of the 2019 AOP was the major setback for the different groups. The SWOT process was completed on the second day of the meeting.

Prioritization and costing of sub-activities commenced from the second day of the workshop and continued until the workshop closed on the third day. Only three of the thematic groups submitted their completed AOP matrix at the closed of the work. Others submitted the completed work after the workshop.

Oyo SMEP 2021 AOP Outputs

A total of 93 activities were proposed of which 53% were ongoing activities. The SMEP’s AOP budget is estimated at ₦ 1,280,714,611, with PSM related activities accounting for more than 80% of this cost. The funding for Government-led activities is still being collated while we private sector commitment have not been established. Developmental partners have highlighted their financial support.

Table 12: Oyo SMEP 2021 AOP Summary of Activities planned

NSHDP II AOP PILLARS	Total number of activities Planned	New Activities	Ongoing Activities
Strategic Pillar One: Enabled environment for attainment of sector outcomes	8	6	2
Strategic Pillar Two: Increased utilization of essential package of health care services	48	19	34
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	37	24	13
Total	93	49	49
	% Distribution	50%	50%

Table 13: Oyo SMEP 2021 AOP Cost by Implementation Status

NSHDP II AOP PILLARS	Total Cost of AOP	New Activity	Ongoing Activity
Strategic Pillar One: Enabled environment for attainment of sector outcomes	₦8,685,232	₦7,700,750	₦984,482
Strategic Pillar Two: Increased utilization of essential package of health care services	₦1,132,658,695	₦58,987,865	₦1,073,670,830
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	₦139,370,684	₦114,742,240	₦24,628,444
Total	₦1,280,714,611	₦181,430,855	₦1,099,283,756
	% Distribution	14%	86%

Table 14: Oyo SMEP 2021 AOP Cost per Level of Implementation

NSHDP II AOP PILLARS	Total Cost of AOP	State-level	Local Government level	Community/ Ward level
Strategic Pillar One: Enabled environment for attainment of sector outcomes	₦8,685,232	₦8,685,232	₦ -	₦ -
Strategic Pillar Two: Increased utilization of essential package of health care services	₦1,132,658,695	₦1,083,300,753	₦ 19,332,000	₦ 27,392,239
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	₦139,370,684	₦100,198,349	₦ 39,172,335	₦ -
Total	₦ 1,280,714,611	₦1,192,184,334	₦ 58,504,335	₦ 27,392,229
	% Distribution	93%	5%	2%

Table 15: Oyo SMEP 2021 AOP Budget and Financing

NSHDP II AOP PILLARS	Total Cost of AOP	Government's Commitment	Partners and Private Sector	AOP Funding Gap
Strategic Pillar One: Enabled environment for attainment of sector outcomes	₦ 8,685,232	₦ -	₦ 5,375,251	₦ 3,309,981
Strategic Pillar Two: Increased utilization of essential package of health care services	₦ 1,132,658,695	₦ -	₦ 327,982,195	₦ 804,676,500
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services	₦ 139,370,684	₦ -	₦ 72,489,221	₦ 67,625,088
Total	₦ 1,280,714,611	₦ -	₦ 405,846,667	₦ 875,611,569
	% Distribution	0%	32%	68%

6. MAJOR ACCOMPLISHMENTS AND OUTCOMES

1. The 2021 SMEP AOPs for Akwa Ibom, Cross River, Ebonyi, and Oyo were developed.
2. The SMEPs and stakeholders that participated in the workshop are better informed on the relationship between operational plans and strategic plans, noting that AOP is the vehicle for operationalizing strategic plans.
3. The SMEPs and stakeholders understand that the AOP activities must be fully resourced through a mix of funds from Govt budget, development partners, and the private sector for full implementation. We cannot have an AOP activities without funding sources
4. SMEP and stakeholders better understand that the AOP development process should begin from the third quarter with the situation analysis, followed by stakeholder analysis and resource mapping.
5. The AOP workshops should be strategy sessions where the activities are prioritized for inclusion into the annual budget.
6. All the states developed result-informed operation plans linked to their respective state strategic health development plans
7. Activities proposed for implementation in 2021 were a product of an objective assessment of the malaria output indicators' performance for 2019 using a SWOT tool.

7. KEY ISSUES/FINDINGS

During the AOP development process across the four PMI -supported States, a few issues were observed. A few have been highlighted and discussed below:

1. **Inadequate operational planning for malaria** – Inconsistent operational planning over the years limited the ability of participants to effectively conduct a retrospective assessment of the program performance vis-à-vis activity implementation. This was particularly evident as participants struggled with the assessment of activity implementation in the absence of prior assessments, developing relevant activities that will support achievement of the State MSP, and establishing baselines for objective measurement.
2. **Process Efficiency:** Prior AOP workshops were inefficient as they lasted up to 7 days because they were used as input gathering and activity collation events rather than strategic meetings for priority setting. Participants in all states except Akwa-Ibom struggled to adapt to the new 3-day strategic workshop format and were unable to finish within the defined period.
3. **Poor resource planning for AOP Activities** - Interaction with the participants indicated that the AOP was developed in the absence of a corresponding resource plan. SMEP activities/ responsibilities are the activities that predominantly lack a funding source and has historically resulted in the low to non-implementation of government assigned

activities/responsibilities in the AOP and an over dependence on development assistance in all the states.

4. **Activity prioritization** – A review of prior year AOPs revealed a laundry list of activities with very limited feasibility of implementation given the reality of the public sector approval process. Furthermore, majority of the activities were input-focused (i.e. trainings, printing of job aids, etc.) with very little focus on output activities/interventions that speak directly to priority indicators for malaria.
5. **Poor implementation monitoring** - All the states lacked comprehensive performance monitoring plans to monitor activity implementation. As a result, it was difficult establishing baselines for measurement/monitoring of the program indicators.

8. LESSONS LEARNED AND NEXT STEPS

1. **SMEP Strengthening** – There is a strong dependence on donors and implementing partners to initiate and facilitate the AOP process which hampers the ability of the SMEPs to adequately steward malaria elimination activities in the states. As such, it is crucial that PMI-S implements interventions to strengthen the capacity of the SMEPs to become better stewards of the AOP development process and monitor implementation of malaria activities by implementers. In addition, to deepen the understanding of the SMEP and its partners on the role of operational planning in the as the vehicle to achieving the objectives and priorities of the Malaria Strategic Plan.
2. **Resource mapping and planning:** The ability of the SMEPs to steward malaria elimination, as expected, continues to be limited due to funding poor public sector finding for malaria. To help in addressing this, PMI-S will support each state to: (1) Align operational planning cycles to the budget development cycles to ensure that the resource needs for malaria activities feed into the budgets; (2) support the development of a resource plans to address funding gaps that may arise from government and partner shortfalls, and (3) support resource mobilization efforts through increased advocacy.
3. **Implementation and performance monitoring:** To support the SMEPs capacity to perform their oversight functions optimally and lead priority setting, PMI-S will as part of its institutional strengthening activities, supporting the development and implementation of performance monitoring plans and processes in each state. This will ensure that the SMEPs are better equipped to provide the needed oversight for malaria elimination.

9. CONCLUSION

Despite the limitations and delays due to COVID-19, PMI-S was able to facilitate the development of AOPs for Akwa Ibom, Cross River, Ebonyi, and Oyo successfully. This required flexibility, and adaptation on the part of PMI-S, the SMEP, and malaria partners to make this happen despite the odds. As expected, significant gaps that would impact on the ability of the SMEPs and its partners to fully implement the prioritized activities exist, but the opportunity for PMI-S to support in addressing these gaps. Over the next 3 years, PMI-S will partner with USAID to support the states to evolve processes that are sustainable and state-owned to reduce a perennial dependence on development partners. Institutional strengthening for better stewardship and improved resource mobilization for malaria are key to this process as such, PMI-S's activities will be designed and implemented towards achieving these with the end-goal of improving sustainability of malaria elimination activities in the intervention states.

10. ANNEX I: LIST OF INFORMATION REQUIRED FOR THE AOP DEVELOPMENT

1. List of output indicators including their 2019 December values across the following the Malaria thematic Objectives (Data for routine indicators can be sourced from the Malaria repository or DHIS 2)
 - a. IVM, e.g., ITN distribution & IRS coverage
 - b. Case Management
 - c. Program Management
 - d. SMOER
 - e. ACSM, e.g., demand creation events
2. Report on the proposed activities that were implemented successfully and those that are pending from 2019 across each objective
3. A list of potential partners supporting malaria interventions and their areas of the interest
4. Factors that limited the implementation of the 2019 AOP and for 1st quarter of 2020 before COVID -19 lockdown
5. Opportunities for inter-sectoral collaboration including private sector involvement
6. List of proposed refresher and on-the-job training for the State implementation team.
7. Aspects of the health system that is limiting the implementation of the Malaria Services
8. Identify issues from 2019 implementation of the Communities interventions especially ICCM

11. ANNEX II: WORKSHOP AGENDA

STATE Malaria Elimination Programme (SMEP) 3 -Day 2021 Annual Plan Development Workshop

Venue:

Date:

Time: 8.30 am prompt

Workshop objectives

- Undertake the situation analysis to articulate the AOP
- Define priority and targets to be achieved by the AOP
- Utilize AOP planning Tools to articulate costed operational plan activities linked to the annual budget
- Develop MDA and Staff specific AOP narrative report

Workshop Agenda

Day 1:

Time	Topic	Methodology	Facilitator
8.30-9.30	Opening prayer Introduction of participants Workshop opening <ul style="list-style-type: none"> • Participants' expectations • Workshop objectives 	Plenary Plenary	SMEP SMEP, PMI SMEP
9.30 – 10.00	Overview of Operation Planning, Elements, and key steps in the operational planning process	Plenary presentation	Consultant
10.00– 10.30	Group work the 2019/ half-year 2020 Activity implementation report	Plenary presentation	SMEP & participants
10.30-11.00	Break		
11.00-11.15	Presentation of the 2019/ half-year 2020 Activity implementation report	Plenary presentation and discussion	Consultant
11.15-12.00	Situation Analysis: Overview, Tools, and process	Plenary presentation	SMEP
12.15– 1.00	Group work on the situation analysis/national response	Group plenary presentations and discussion	SMEP & participants
1.00 – 2.00	Lunch		

2.00 – 2.30	Overview of Priority setting for operational Planning	Plenary presentation and discussion	Consultants
2.30 – 3.00	Group work on Priority setting for operational Planning	Group plenary presentations and discussion	SMEP & participants
3.00-3.30	Break		
3.30-4.00	Identification of key Activities and operational activities for the AOP	Group plenary presentations	Consultant
3.30-5.30	Group work on Identification of key Activities and operational activities for the AOP	Group work	SMEP/Participant

Day 2:

Time	Topic	Methodology	Facilitator
8.30-8.45	Recap on day 1	Plenary presentation	SMEP/Participant
8.35– 10.30	Presentation of group work	Facilitated Plenary discussion	SMEP/Participant
10.30-11.00	Break		
11.00 – 11.45	Overview of AOP costing tool including the use a) Chart of accounts b) Expenditure profile AOP summary graphs & tables	Plenary presentation and discussion	Consultant
11.45 – 1.00	Group work on the costing of the operational activities	Group work	SMEP/Participant
1.00 – 2.00	Lunch		
2.00 – 3.30	Presentation of group work on costing	Facilitated Plenary discussion	SMEP/Participant
3.30-4.00	Break		
4.00-5.30	Overview of the Performance Monitoring plan	Plenary presentation and discussion	Consultant

Day 3:

Time	Topic	Methodology	Facilitator
8.30-8.45	Recap on day 1	Plenary presentation	SMEP/Participant
9.00-10-30	Group work on the Performance Monitoring plan	Group work	SMEP
10.30-11.00	Break		
11.00 – 11.45	Presentation of group work PMP	Facilitated Plenary discussion	Participants
11.45 – 12.00	Overview of Operational Plan narrative report	Plenary Presentation	Consultant
12.00 – 1.00	Group work on the Operational Plan narrative report	Group work	SMEP
1.00 – 2.00	Lunch		

2.00 – 3.30	Presentation of Group work on the Operational Plan narrative report	Plenary presentation and discussion	SMEP
3.30 – 4.00	Next Steps on the Operational Development	Plenary discussion	SMEP
4.00-4.30	Break and Departure		

12. ANNEX III: PERFORMANCE INDICATOR TRACKING TABLE

No.	Performance Indicator	Methodology/Calculation Disaggregation	Baseline and Results - FYxx					Frequency of collection	Source of data
			Baseline	Q1	Q2	Q3	Q4		
1									
2									
3									
4									
5									

Evidence for all results must be attached as part of progress reports and shared with MSH electronically in a format determined together (i.e. files sent separately, data input to a database, etc.).