Abia State Primary Health Care Annual Operational Plan

2019

May 2019

FOREWORD

Remarkable progress has been made in the development of a Functional workable Annual Operational Plan for the SPHCB that speaks to the State Strategic Health Development Plan. The feedback from Partners, Civil society groups and various local Health Authorities has helped to feel gaps and omissions that are needed for a comprehensive Annual Operational Plan (AOP).

Consequently, the State Primary Health Care Development Agency Officers and Other Stakeholders undertook a comprehensive review of the targets, job description and service package to align with the Vision of the Present Government.

This publication is comprehensive in content and will be very useful to PHC managers and service providers at all levels of implementation.

I wish to appreciate the Board and management of SPHCDA, the partners and stakeholders for the commitment and kind support and that the document will help in achieving the desired Health outcomes

Dr.John Gozie Ahukannah
Hon.Commissioner for Health

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Dr. Chinagozi Adindu
Executive Secretary

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ACRONYMS

ABSACA	Abia State
ACT	Artemisinin Combination Therapy
AFB	Acid-Fact Bacillus
AFP	Acute Flaccid Paralysis
AMR	Antimicrobial Resistance
ANC	Anti Natal Care
AOP	Annual Operational Plan
ART	Antiritroviral Therapy
ARV	Antiretroviral
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behaviour Change Communication
BCG	Bacillus Calmette Guerin
BHCPF	Basic Healthcare Provision Fund
CBOs	Community Based Organizations
CCO	Cold Chain Officer
CDC	Centre for Disease Control and Prevention
CEO	Chief Executive Officer
CHEWs	Community Health Extension Workers
CHIPS	Community Health Influential Persons
CHO	Community Health Officer
CMAM	Community Management of Acute Malnutrition
CSOs	Civil Society Organizations
CVD	Cardio Vascular Diseases
DFID	Department for International Development
DPR	Department of Health Planning and Research
DHIS	District Health Information System
DOTS	Directly Observed Treatment
DSNO	Disease Surveillance and Notification Officers
EBF	Exclusive Breast Feeding
ENC	Essential Newborn Care
EmONC	Emergency Obstetric and Neonatal Care
EOC	Emergency Operation Centre
EPHS	Essential Package of Health Services
EPR	Emergency Preparedness and Response
ERGP	Economic Recovery and Growth Plan
ES	Executive Secretary
FBOs	Faith Based Organizations
FMOH	Federal Ministry of Health
FMC	Federal Medical Centres
FP	Family Planning
FSHDP	Federal Strategic Health Development Plan
HAAR	Highly Active Antiretroviral Therapy
HBV	Hepatitis B Vaccine
HDCC	Health Data Consultative Committee
HDGC	Health Data Governance Council
HFs	Health Facilities
HH	Household

HIS	Health Information System
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMB	Hospital Management Board
HRH	Human Resources for Health
HTC	HIV Testing and Counselling
IDSR	Integrated Disease Surveillance and Response
IGR	Internally Generated Revenue
C-IMCI	Community-Integrated Management of Childhood Illness
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
IPC	Infection, Prevention and Control
IPDs	Immunization Plus Days
IPTp	Intermittent Preventive Treatment in Pregnancy
IPT	Intermittent Preventative Therapy
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
IUD	Intra-Uterine Device
IYCF	Infant and Young Child Feeding
JCHEWs	Junior Commuity Health Extension Workers
LGA	Local Government Area
LGHA	Local Government Health Authority
LLINs	Long-Lasting Insecticidal Nets
LMCU	Logistics Management Coordinating Unit
LMIS	Logistic Management Information System
LWG	Logistic Working Group
MCH	Maternal and Child Health
MoH	Ministry of Health
MDA	Ministries, Department and Agencies
MDR	Multi-Drug-Resistant
M&DCN	Medical and Dental Council of Nigeria
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MH	Maternal Health
MICS	Multiple Indicator Cluster Surveys
MIS	Management Information System
MNCH	Maternal Neonatal and Child Health
MNCHW	Maternal Neonatal and Child Health Weeks
MoH	Ministry Of Health
MPPI	Minimum Prevention Package Intervention
mRDT	Malaria Rapid Diagnostic Tests
MSS	Midwives Service Scheme
NACA	National Agency for the Control of AIDS
NASCP	National AIDS and STI Control Programme
NCDs	Non-Communicable Diseases

NCDC	Nigeria Centre for Disease Control
NCH	National Council on Health
NDHS	Nigeria Demographic and Health Survey
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
NHMIS	National Health Management Information System
NHP	National Health Policy
NPHCDA	National Primary Health Care Development Agency
NSHDP	National Strategic Health Development Plan
NSHIP	Nigerian State Health Investment Project
NTD	Neglected Tropical Disease
ORT	Oral Rehydration Therapy
PAC	Post-Abortion Care
PCN	Pharmacy Council of Nigeria
PFM	Public Finance Management
PHC	Primary Health Care
PHCUOR	Primary Health Care Under One Roof
PHLs	Public Health Laboratories
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPP	Public Private Partnership
Private Sector	Private Sector Organization
R&D	Research and Development
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RI	Routine Immunization
RRT	Rapid Response Team
SDGs	Sustainable Development Goals
SMOH	State Ministries of Health
SO	Strategic Objectives
SOML	Saving One Million Lives
SOPs	Standard Operating Procedures
SPHCDA	State Primary Health Care Development Agency
SSHDP	State Strategic Health Development Plan
TB	Tuberculosis
TMP	Traditional Medicine Policy
TSTS	Task Shifting and Task Sharing
TT	Tetanus Toxoid
UHC	Universal Health Coverage
UNAID	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United State Agency for International Development
US-CDC	United States Centers for Disease Control and Prevention
WCBA	Women of Child-Bearing Age
WDC	Ward Development Committee
WHO	World Health Organization

EXECUTIVE SUMMARY

Abia State has developed its State Strategic Health Development Plan (SSHDP in line with the National Plan for the period of 2018-2022. For this plan to be successful individual agencies must develop costed annual work plans that will provide guidance on implementation and serve as resource mobilization tool.

This is even more urgent against the backdrop of poor progress in Abia State health outcomes in the last decade. For example, 20.5% of children under the age of 5 were stunted, despite a state target of 8% by 2015. The proportion of 12-23 months old children fully immunized was 34% instead of the 65% targeted and the rate of children sleeping under mosquito net (LLIN) the previous night was only 22% as against a target of 75%. Furthermore, the percentage of health facilities with all essential drugs available at all times was 32% as against a 75% target by 2015

The State Primary Health Care Delivery agency has a large role to play in addressing these gaps and has therefore developed its own annual operational plan (AOP) 2019 to contribute towards the SSHDP. Supported by the NPHCDA Technical Support Unit and Health Policy Plus during a four-day workshop, state and LGA officers adopt the SSHPD to a one-year plan for PHC in the state.

Ultimately, 13 out of 15 priority areas in the SSHDP were selected under which carefully chosen activities are to be implemented. Over 200 activities were developed at State level and an average of 60 activities per LGA were developed. During this process the capacity of State and LGA officers were built through a hands-on and participatory approach.

Abia State has projected a total cost of 956,192,812 (Nine Hundred and Fifty-Six Million, One Hundred and Ninety-Two Thousand, Eight Hundred and Twelve) Naira for its 2019 Primary Health Care AOP. Forty-five percent of the amount (436,473,260 Naira) is planned by the State alone while the remaining 55 percent by the LGAs combined. For the LGAs the cost range from 9,879,500 Naira for Isiala Ngwa North to 57,957,600 Naira for Umuahia South.

The Primary Health Care Under One Roof (PHCUOR) and Basic Health Care Provision Funds have been identified as key enablers of the AOP implementation. On the one hand, the process of repositioning for the PHCUOR in Abia is encouraging with PHC staff now absorbed into the Local Government Health Authority (LGHA) and PHC staff in MoH departments without vertical programs have been absorbed into the SPHCDA. On the other hand, Abia State has been selected among the pilot for the Basic Health Care Provision Fund. Under this fund primary health care activities can be funded.

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

The Abia State Strategic Health Development Plan (SSHDP) has been developed in line with its national counterpart to run from 2018 – 2022. The aspirations of this document dovetails into those of the national plan to attain the unachieved Millennium Development Goals (MDGs) targets and make progress towards the Sustainable Development Goals (SDGs) targets. Ultimately this will result in the improvement of health and wellbeing of the Abia State citizens and contribute Abia State's quota towards the realisation of Nigeria's economic development vision as contained in the ERGP.

1.2. Purpose/ Justification for the Abia State PHC AOP

In order to better coordinate health sector development efforts, Nigeria formulated the first five-year costed National Strategic Health Development Plan (NSHDP I 2010-2015). A successor plan has also been developed for the period of 2018-2022 which is meant to build on the first one and deepen investment in the health sector and engender substantial improvement in the health system and service delivery with the aim of reducing disease burden, increasing life expectancy and healthy years for all Nigerians.

In alignment with the direction and purpose of the National Strategic Health Development Plan (2018-2022), Abia State has developed its own State Strategic Health Development Plan to cover the same period. The aim of this document is to actualize the goals of the National plan at the subnational level, thereby improving the health and wellbeing of all Abia State citizens and contribute towards overall development nationally. For this to happen, there must be an intentional planning and budgeting process that will implement activities geared towards the set goals and objectives of the Abia SSHDP (2018-2022) within individual State Ministry of Health departments and agencies. The State PHCDA being the custodian of primary health care is therefore a critical agency to target for annual work planning and budgeting.

1.3 State Profile and Policy Environment

1.3.1 State Profile

Figure 1: Map of Abia State

Abia State was created in August 1991 from the old Imo State with its capital at Umuahia. Located in the south eastern region of Nigeria, the state covers an area of about 5,834 sq.km - approximately 5.8 per cent of the total land area of Nigeria. Abia state is bounded on the North and Northeast by the states of Anambra, Enugu and Ebonyi; on the west by Imo State; on the east by Cross River and Akwa Ibom States, and on the South by Rivers State. The Southern part of the state lies within the riverine part of Nigeria. It is low-lying tropical rain forest with some oil-palm brush. With a population of 4.1 million, most of the inhabitants of Abia State are the Igbo ethnic group (95% of the population) who are predominantly Christians. The state is governed by a governor and has 17 LGAs with 292 wards. There are 21 ministries within the State headed by commissioners and the LGAs are headed by Chairmen.

The State has one of the highest numbers of educational institutions with over 800 primary schools, 160 secondary schools, one teacher training college and five technical colleges. There is also a College of Education (Technical) at Arochukwu, Abia State University at Uturu, and the Abia State Polytechnic at Aba. Health educational institutions include Schools of Nursing and Midwifery in Abiriba, Aba and Umuahia; a School of Midwifery attached to the Methodist Hospital, Amachara; the College of Health Technology at Aba; and a School of Psychiatric Nursing located in Obingwa LGA[i].

1.3.2 Policy Environment

Nigeria, and consequently all the 36 states of the country including Abia State, has several health and health related policies and these include: National policy on the health and development of National Health Management Information System (2006); Adolescents & young people (2007); Primary Health Care (Developed for global use in 1978 but launched in Nigeria in 1988); National Health Policy (2016); National Health Insurance Scheme (1999); National Health Act (2014); National Policy on Food and Nutrition in Nigeria (2001), Midwives Service Scheme (MSS), etc. These are all aimed at improving the overall wellbeing of the people. These policies were captured among the 15 priority areas of the NSHDP II and SSHDP II. Abia State has also developed a document for implementing State Health Insurance Scheme in line with that of the nation.

1.4 The methodology for developing the Abia SPHCDA AOP

The State PHCDA AOP was designed as a subset of the State Strategic Health Development Plan. A team of technical support unit which comprises of NPHCDA, Solina and Health Policy Plus supported the ASPHCDA in developing this AOP.

Preparatory processes: In order to simplify planning, costing and the aggregation of worksheets, the TSU developed planning, costing and M&E tools which were aligned to the State Strategic Health Development Plan. The State and LGA teams were expected to develop

their AOP drafts based on this. Prior to the costing of the plan, the State PHCDA also developed a price list from a market survey, which was validated during the AOP workshop.

Development of the AOP: The State PHCDA conducted a 4-day AOP development workshop with 51 participants and facilitators from HP plus, State PHCDA and National Primary Health Care Delivery Agency (NPHCDA) Technical Support Unit (TSU). Participants were invited from all LGAs and relevant State staff ranging from DPRS director to State program officers.

Working in 6 groups each consisting of LGHA and 1 or 2 State staff, the participants reviewed the drafts AOPs from the ASPHCDA and LGHAs for alignment of contents with the State Strategic Health Development Plan and extracted relevant activities. These where then aligned to the strategic pillars, strategic objectives and interventions in the AOP template and more activities developed as relevant. Subsequently participants from the LGHAs who had then acquired the requisite planning skills developed their own AOP for their respective LGHAs.

Selecting activities for the AOP

A logical process was used to select activities for the ASPHCDA AOP including:

- Alignment with a strategic objective and intervention area contained in the SSHDP
- Selection of strategic objectives that were relevant to PHC
- Selection of strategic intervention relevant to PHC under each strategic objective
- Assessment of activities under the SSHDP and adaptation to PHC

Critical considerations in developing activities include:

- Time left within which the AOP could be implemented in 2019
- Availability of funding

The facilitators agreed on an overarching M&E plan which focused on outcome indicators for strategic objectives and a more operational one that included all activities and their output indicators. The latter is contained in the AOP workplan itself.

Finalization: the products from the 4-day workshop was harmonized by a consultant from HP Plus working in tandem with the NPHCDA TSU. Iterations took place between the SPHCDA and a final clean document was obtained. In a one-day validation meeting the essential elements of this document was presented to a robust team of stakeholders from the SMoH, SPHCDA and partners. This document was thereby validated and adopted for implementation.

1.5 Planning Framework

The AOP mirrors the SSHDP 2018-2022 which consists of strategic pillars each with priority areas and strategic objectives under each priority area. In turn, strategic objectives consist of strategic interventions under which activities are developed.

The annual operational plan sets out activities under the following strategic objectives of the respective pillars:

Strategic Pillar 1 is Enabled Environment for Attainment of Sector Outcomes. Within this are the following Priority Areas: Priority Area # 1 – Leadership and Governance; Priority Area # 2 – Community Participation and Ownership and Priority Area # 3 – Partnership for Health.

Strategic Pillar 2 is Increased Utilization of Essential Package of Health Care Services. Under this are the following Priority Areas: Priority Area # 4 – Reproductive, Maternal, Newborn, Child, Adolescent Health services and Nutrition; Priority Area # 5 – communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS) and Neglected Tropical Diseases; Priority Area # 6 – Non-Communicable Disease, Care of the Elderly, Mental Health, Oral Health, Eye Healthcare; Priority # 8 – Health Promotion and Social determinants of Health (Environmental Health).

Strategic Pillar 3 is Strengthened health system for delivery of package of essential health care services. Under this are Priority Areas # 9 – Human Resource for Health; Priority Area # 11 – Medicines, Vaccines and Other Health Technologies and Supplies; Priority Area # 12 - Health Information System; Priority Area # 13 - Research for Health.

Strategic Pillar 4 is Protection from health emergencies and risks with Priority Area # 14 as Public Health Emergencies: Preparedness and Response.

Strategic Pillar 5 is on Predictable Financing and risk protection and under this is Priority # 15 – Health Financing.

For each of the strategic objectives there are outcome indicators in tandem with the indicator list from the NSHDPII M&E plan and output indicators for each of the strategic interventions. Responsible entities and quarters within which activities will take place are also included. The AOP is fully costed with a costing sheet that shows the details of the cost elements for each activity.

Chapter 2

SITUATION ANALYSIS

2.1 Socioeconomic context

The main occupations in Abia are trading (mainly small-scale businesses), farming (subsistence) and employment in the state civil service. The state is endowed with natural resources and there are vast amounts of arable land and a good number of streams. With its adequate seasonal rainfall, Abia produces yams, maize and potatoes, cassava and rice among many other crops. Up to 70% of the population are involved in agriculture which contributes 27% of the state GDP[ii]. Employment status (currently) is 59.7% among females & 74.4% among males according to Multiple Indicator Cluster Survey (MICS) 2016

Another major contributor to the GDP of the state is crude oil and gas production with 39% of the GDP[iii]. However, economic development has been relatively poor due to collapse of infrastructure, environmental degradation and unregulated exploration. Due to poor infrastructure and energy challenges, the manufacturing sector accounts for only 2% of the state GDP.

According to the 2017 projection by the National Population Commission, Abia State has a population of about 4.1 million people, disaggregated to 2 million females and 2.1 million

males. The under-five population is 836,053; Adolescents (10 – 24 years) is 1,421,290 and women of child-bearing age (15-49 years) is 1,045,066. According to MICS 2016, literacy rate in the state is 96.0% (98.2% female; 94.2% men), households with improved source of drinking water is 83.5%, households that observe hand washing with soap is 4%, households with improved sanitary facilities (not shared) is 76.5%, households with electricity is 81.7%.

Indicators	Number/Rate	Description of indicator	Source of data

Total population	4,180,265	Demographic distribution	MICS 2016
Males	2,116,240		MICS 2016
Females	2,064,025		MICS 2016
Under 5 years (20% of Total Pop)	836,053		MICS 2016
Adolescents (10 – 24 years)			
WCBA (15 -49 years)	1,421,290		MICS 2016
	1,045,066		MICS 2016
Economic Drivers	Civil Service, Farming, IGR, Agro products, MSMSEs, Fed. Allocation		
WASH			
Households with improved source of drinking water	83.5%	Water Sanitation and Hygiene Practices	MICS 2016
Households with improved sanitary facilities (not shared)	76.5%		MICS 2016
Households with water connection in the home	4%		MICS 2016
Households practicing hand washing with soap	4%		MICS 2016
Households practicing hygienic disposal of children's stool	54.4%		MICS 2016
Non-communicable Diseases			
Diabetics	2380	Common non-communicable diseases	MICS 2016
Asthma	494		MICS 2016
CVD	2838		MICS 2016
Hypertension	4613		MICS 2016
Human resources			
Total work force in the health sector	**4862**	Health workers in the LGA/State	MICS 2016
L.G,A personnel	3275		MICS 2016
State personnel	1587		MICS 2016
Health Facilities			
Federal own health facility	1	Health infrastructure	MICS 2016
State owned tertiary health facility	2		MICS 2016
State own secondary health facility	15		MICS 2016
Public primary health facility	687		ABSPHCDA, 2017
Private health facility			SMOH 2017
Missionary	236		MICS 2016
Total health training institution	13		MICS 2016
	11		

[iv]Table1: Socio-economic and health indicators, Abia

2.2 Health Status of the Population

In the past two decades, the health status of the population in Nigeria has remained below acceptable levels. The status of some key health indicators in the country remains unacceptably low; and so are the levels of coverage with lifesaving interventions. Data on infant, child and maternal health outcomes which are central to development indices have remained discouraging. Although the disparity in the national health outcome picture means that Abia

State has better health indicators for the most part than states in the Northern Zone, current figures still leaves little to be desired.

The commonly occurring non-communicable diseases include hypertension, other cardiovascular diseases and diabetes. For communicable diseases, state prevalence of malaria, hepatitis, HIV/AIDS and tuberculosis remain high. Nutritionally, a high proportion (20.5%) of the under-fives are stunted.

By 2016, 20.5% of children under the age of 5 were stunted (height for age <2 SD), despite a state target of 8% by 2015. Unsurprisingly, coverage indicator targets between the first SSHDP and the baseline for its successor were also largely unmet. For instance, the state achieved 91.4% (MICS 2016) for the number of births attended by skilled heath personnel as against a target of 98% by 2015. Similarly, the proportion of 12-23 months old children fully immunized was 34% (2016 MICS) instead of the 65% targeted. Furthermore, the rate of children sleeping under mosquito net (LLIN) the previous night was only 22% (MICS 2016), whereas a target of at least 75% had been set.

The availability of quality health services is also problematic. The percentage of health facilities with all essential drugs available at all times was to be at least 75% by 2015 but by 2016 (MICS) only 32% of health facilities had all essential drugs available at all times.

Indicators	Number/Rate	Description of indicator	Source of data

Health care delivery& some specific health rates			
Child Mortality	30/1000	Specific rates for service delivery, mortality and morbidity	MICS 2016
Infant Mortality	55/1000		MICS 2016
Maternal mortality	139/100,000		MICS 2016
Adolescent fertility rate	37%		MICS 2016
HIV/AIDS Prevalence	3.3%		NACA
Malaria Prevalence among under 5	13.8		MICS 2016
Hepatitis prevalence rate	35 /1000		MICS 2016
Tuberculosis prevalence rates	322/100,000		MICS 2016
Antenatal care (% that book for ANC, Percentage that had at least 4 ANC visits)	49.1%		MICS 2016
Delivery by skilled birth attendant (%)	43.0%		MICS 2016
Facility-based delivery (rate)	37.6%		MICS 2016
Modern Contraceptive Prevalence Rate	2.9%		DHIS2
Vaccination rates (BCG, Penta 3, Measles and % fully immunized, partially immunized, not immunized)	BCG- 53%, Penta 3- 55%, Measles-42% Fully immunized - 34%		MICS 2016
Exclusive breast-feeding rate	18.6%		
Percent of under-fives malnourished (stunted, underweight and wasted)	20.5%, 20.2%, 11% (51.7%)		MICS 2016
TB case detection rate	54%		MICS 2016
TB cure rate	84%		MICS 2016
Number of persons on Antiretroviral	148,024		DHIS2
PMTCT coverage and number of persons of HIV Treatment	2131		DHIS2
Health systems			
Number of Health facilities	954		MICS 2016
Human resource for health	4862 (L.G.A,3275; State 1587)		MICS 2016
Health financing			
Budget allocation to health sector total as % of state budget.	3.1 billion (Less than 3%)		MICS 2016
Per Capita Expenditure on health	9.94%		MICS 2016

Table 2: Abia State health indicators

2.3 Health Service Coverage

The Ministry of Health through the Abia State Primary Health Care Development Agency provides policies and guidelines for primary health care service delivery and supervises its implementation in the 17 Local Government Areas.

Available health service performance indicators include full immunization coverage at 34% with children that have not received any immunization (zero dose) placed at 5.4%; Stunting in Under 5 children at 20.5%; Diarrhea in children is 2.5%. TFR is 5.1% (MICS 2016), Use of modern FP method by married women 15-49 is 9.5% (any method 16.6%); delivery by skilled attendants is 43.0% while facility-based delivery is 37.6%. Other service indicators are ITN ownership as

59.6%, ITN utilization at 23.5% for under-five year children and 18.9% pregnant women; Malaria treatment (any anti-malarial drug) is 42.5% for under five children and 17.6% of pregnant women took IPT at least once during their ANC visits. Knowledge of HIV is 98.6% among female and 99.2% among men. Knowledge of TB is 97.0%.

2.4 Overview of the State Health System

The Abia health care system is structured across 3 levels: primary, secondary and tertiary. She has 2 tertiary health facilities, 15 state general hospitals located across the 17 LGAs and 687 public primary health care centres located in every ward in all the LGAs (currently managed by the local government authorities).

The health system in Abia is structured so that State Ministry of Health provides policy and strategic direction for the entire health sector and oversees the operations of State health institutions and general hospitals. The Ministry of Health has 8 departments namely Department of Planning Research and Statistics, Medical Services, Public Health, Pharmaceutical Services, Nursing Services, Finance and Administration and is complimented by Abia State Primary Health Development Agency which has 8 units.

For their part, the LGHAs are responsible for implementing State health plans and policies and funding of the primary health care centres[1]. The LGA oversee the community-based health education and engagement through the Ward Health Committees (WDC) and CHIPS.

The health care delivery can be classified into two; public and private health care services. The public health care facilities are located within each ward while the private facilities are 236 in number (SMOH, medical services) and located mostly in semi-urban and urban areas. There are also 11 training institutions including a Federal Medical Centre.

S/N	State Entity	Role/Function	Number
1.	SMOH Departments	Policy formulation, health programme oversight, service departments	7
2	Departments of the SPHCDA	Primary health care programme oversight and implementation	8
3.	Agencies (SACA, State Social Health insurance, HMB and SPHCDA)	Policy implementation	4
4.	Training Institutions	Production of health professionals, development/review of health cadre curricula	12
5.	Teaching Hospital/FMC	Health service provision at the tertiary level, training, research and development	2
5.	General Hospitals (and a	Health service provision at the secondary	17

[1] This does not include the management of PHC system as described under PHCUOR below

	leprosarium)	level.	
7.	Primary Health Care Facilitates	Provides essential health care at the community level	687

Table 3: Abia State health entities and their functions

Key actors in Abia state health system include the formal and informal actors: formal actors include Federal Government of Nigeria through its Ministry of Health and parastatals, Abia State Government, Ministry of Health and other line ministries. Health and health related agencies, such as; ABSACA, SPHCDA, State Assembly, Civil Society Organizations, research institutes, development partners. Informal actors include PSO, WDC, faith-based organization, professional bodies and philanthropists.

Most health programmes are designed to allow for the integration of the various health actors in the implementation process at various levels, e.g. WDC (Immunization campaign) at the local government level. The state government through various agencies regulates and coordinates health activities to maximize the limited resource available for health care delivery in the state.

2.5 Status of Primary Health Care under One Roof in Abia State

The Primary Health Care Under One Roof (PHCUOR) is modelled after Guidelines developed by WHO for integrated district-based service delivery on the following key principles: Integration of all PHC services delivered under one authority at a minimum consisting of health education and promotion, maternal and child health, family planning, immunization disease control, essential drugs, nutrition and treatment of common ailments.

It espouses a single management body with the capacity to control services and resources especially human and financial resources. Additionally, there should be decentralized authority, responsibility and accountability following the principles of 3 ones- one management, one plan and one monitoring and evaluation system[v]. Abia State passed the SPHCDA Bill since 2011 and has since duly gazetted it. The SPHCDA has a governing board consisting of 25 members including the commissioner which meets monthly according to its constitution.

The State Primary Health Care Development agency has the mandate to implement the PHCUOR. Through this agency Abia State has developed concomitant regulations which incorporates the key principles of the PHCUOR. The rollout of PHCUOR is however still hindered by slow pace of the repositioning process. Through concerted effort of the board and senior leadership of the PHCDA, repeated sensitization has yielded dividends at the LGA level in two ways. First, the PHC staff were absorbed into the LGHA from the LGA and presently the SPHCDA has taken over the payment of their salaries. Similarly, PHC staff in MoH departments such as nutrition, family planning and social mobilization focal persons have been disengaged from the MoH departments and absorbed into the SPHCDA.

In the last 2 years there has been disengagement of staff from MoH and Local Government who are now absorbed into and managed by the SPHCDA. The board is now paying salary of all LGHA staff whereas LGAs were doing this in the past. Albeit, at State level the disengagement is largely functional with the Ministry of Health still paying salaries of PHC staff.

The main bottleneck is with vertical programs such as HIV, Malaria, Tuberculosis and Onchocerciasis where SPHCDA has neither functionally absorbed staff nor taken over the payment of their salaries from the MoH. The verticalization of programs have created a political economy whereby senior leaders within the SMoH become averse to losing their control over resources and therefore do not fully support the PHCUOR agenda. Furthermore, the technical staff themselves are skeptical if the SPHCDA will be able to pay their salaries. It is thought that the flag-off of the Basic Health Care Fund (BHCF) will assuage this since it will avail funds to pay staff salaries. Sometimes funds from Saving One Million Lives (SOML) are channelled through the MoH for PHC activities causing conflict with SPHCDA. There has been a recent change in SOML leadership in Abia and this is seen as an opportunity for advocacy before his integration into the political economy around the vertical programs. Other opportunities include the existence of the PHCUOR technical committee led by HP plus. This committee can be useful in leading policy dialogues during advocacy.

LGHA advisory committees have been constituted (LGA chairmen already have the list of constituent members) but not yet inaugurated. It is planned for this to happen before the launching of the BHCF.

Orientation of stakeholders and staff at SPHCB and LGHA have commenced but need to be scaled up. Currently the transfer of MoH staff in vertical programs to SPHCDA is being addressed as a memo has been written to the Executive Secretary of the Agency to create desk officers for these vertical programs so that LGA staff can report to them.

2.6 Analysis of Strengths, Weaknesses, Opportunities and Threats

There is the need to further analyse the essential elements in the health architecture and performance of Abia State as presented above. This will enable the identification of strengths and weaknesses on the one hand and opportunities and threats on the other. This analysis was compiled from the SSHDP 2018-2022 as relevant to PHC in Abia State and informed the development of activities for the SPHCDA AOP.

Strengths

- MOU signed with private practitioners for service delivery. This improves PPP and quality of health care delivery
- Revitalization of the WDCs; hence encouraging community participation
- Improved personnel both in number and training within and outside state teaching institutions

- Improvement in health infrastructure
- Establishment of HIV journal which could encourage research and publication of health issues in the state

Weakness

- Data harmonization is poor
- Accountability and management mechanism across all health programmes is weak
- There is poor Inter-sectorial collaborations
- Lack of complete transfer of Human Recourses Mgt. to ASPHCDA
- Unnecessary Bureaucracy in health sector thereby reducing efficiency
- Low internally Generated Revenue
- Undue government interference in HRH distribution with high turn-over of manpower
- Unregulated marketing of traditional medicine and quacks
- Inadequate funds for programmes
- Very weak Monitoring and Evaluation activities
- Weak health system and referral practices
- Poor motivation of health workers due to irregular salaries
- High level of corruption in the system
- Occasional strike action by health workers

Opportunities

- There is political stability and increased political will to strengthen health care system
- Singing into law of enabling health laws like PHC Under One Roof, Abia State Health Insurance law and Child Health laws
- There is increased number of Partners/Donors who support health care in the state
- Increased inter-sectorial collaboration in emergency services
- Reduced rate of kidnapping compared to previous years. Hence more private health facilities are being set up.
- Presence of some new programs like Saving One Million Lives, Basic Health Care Provision Fund and Quantitative Integrated Supportive Supervision
- State was selected for the Basic Healthcare Provision Fund pilot

Threats

- Cultural belief systems that negatively affect health like female genital mutilation
- Inadequate funding for health from state budget
- Poor donor coordination and increasing donor fatigue
- Increasing level of poverty and unemployment thereby reducing access to health care and increasing malnutrition
- High out-of-pocket expenses for health care services reducing access to health services
- Non-implementation of existing health policies
- Reduced access to health facilities due to bad state of roads and erosion
- Poor electricity supply hence vaccine potency may be compromised
- Poor social amenities like housing and water supply leading to increased incidence of diseases
- Inadequate recruitment of manpower into the health system

CHAPTER 3

DIRECTIONS OF THE PLAN

3.1 Vision: The SSHDP II framework sets the broad strategic directions for developing the Health Sector in the next five years. It provides the vision, mission, goals and priority areas for investments. The overarching goal is "to ensure healthy lives and promote the wellbeing of all Nigerians through enhancing access to quality, affordable, cost- effective, preventive, curative,

rehabilitative and promotive healthcare delivery'. The Vision is to guarantee a healthy and productive nation. The Abia SPHCDA AOP shares this same vision.

3.2 Mission: similarly, the mission of the SPHCDA AOP is in tandem with SSHDPI mission to ensure that the Nigerian populace have universal access to comprehensive, appropriate, affordable, efficient, equitable, and quality essential health care through a strengthened health system".

3.3 Values

The development of the plan was based on some core values and principles which include: Accountability; Alignment; Ethics and respect for human rights; Industrial harmony; Equity-driven; Multi-sectorial collaboration; Efficiency and effectiveness; Innovativeness; Community participation; Evidence-based measures; Quality of care; People-centred; Sustainability; Transparency; Partnership(s); Gender-sensitivity.

These core values and principles have been reflected across the strategies and approaches in the Abia SPHCDA AOP.

3.4 Strategic Themes and Strategic Results

The Abia State PHCDA 2019 AOP is a sub-component of the SSHDP 2018-2022 and sets out the implementation plan for the SPHCDA to make an annual contribution to the goal of the SSHDP:

"to ensure healthy lives and promote the wellbeing of all Nigerians through enhancing access to quality, affordable, cost- effective, preventive, curative, rehabilitative and promotive healthcare delivery'.

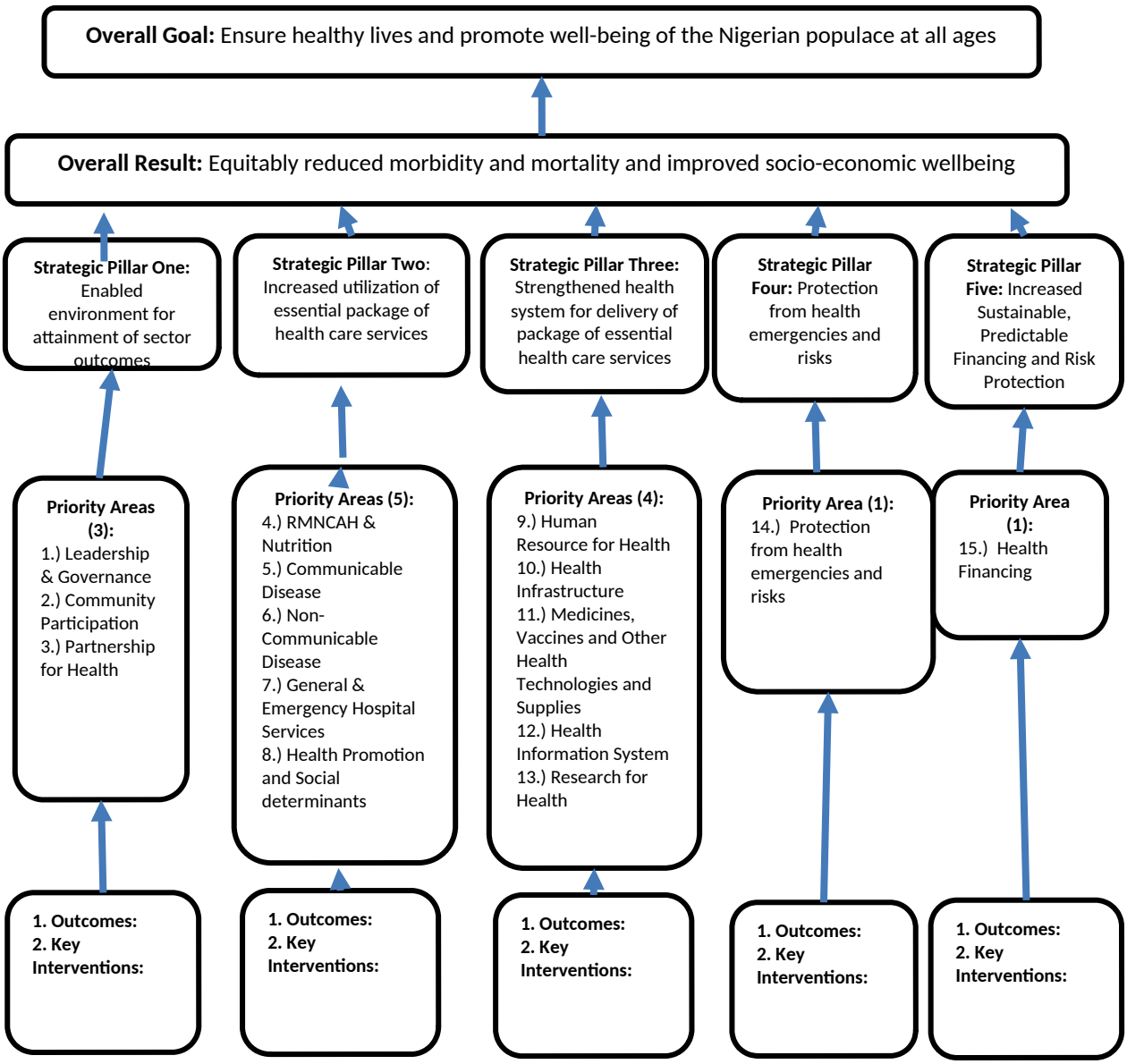

Figure 2: Framework of the National and State Strategic Health Development Plan

According to the framework above, the priority areas come under the strategic pillars. Each of these have several strategic objectives which in turn have strategic interventions under them. Hence in the list of activities below the strategic objectives are numbered with 2 digits while the interventions are numbered with 3 digits. The activities are in blue font under each of the interventions.

CHAPTER 4

STRATEGIC PILLAR ONE: ENABLED ENVIRONMENT FOR ATTAINMENT OF SECTOR OUTCOMES

4.1. Priority Area 1: Leadership and Governance for Health

4.1.1 Strategic Goal

To 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 health system

4.1.2 Strategic Objectives

SO 1.1 Provide clear policy, plans, legislative and regulatory framework for the health sector

SO 1.2 Strengthen transparency and accountability in planning, budgeting and procurement process

SO 1.3 Improve health sector performance through regular integrated reviews and reports

SO 1.4 Strengthen coordination, harmonization and alignment at all levels

4.1.3 Current Situations

The prolonged absence of appropriate legislative environment has resulted in widespread lack of quality basic health services and accountability. Indeed, the health system in Abia State has over the years faced several challenges such as poor leadership, low budgetary allocation with poor accountability, frequent change in leadership of the SMOHs, ineffective coordination, poor M&E of programmes and weak governance and partnership structures among others. Furthermore, poor managerial and governance capacity remain a major challenge. Incidentally strong leadership and governance are critical to the success of the strategic plan.

4.1.4 Interventions

SO 1.1 Provide clear policy, plans, legislative and regulatory framework for the health sector

1.1.1 Promote review and development of polices and laws as necessary

- **Review and revise the existing law**
- **Conduct an alignment meeting with relevant stakeholders to obtain their buy-in and pass the law through the house of assembly**

1.1.2 Scale-up strategic and operational planning at all levels

- **Training of 27 persons within the Agency to develop annual operational plans for the Agency**

- **Training of 3 persons per LGA (51) to develop annual workplans for the LGHA**

SO 1.2 Strengthen transparency and accountability in planning, budgeting and procurement process

1.2.1 Strengthen Public Finance Management system including oversight in Fund disbursement and utilization at all levels

- **Conduct review of existing finance management system in the Agency**
- **Training of 5 persons within the finance department on the existing financial management system**

1.2.2 Strengthen the linkages between various planning and budgeting process (MTEF/MTSS

- **Conduct 1-day joint review meeting for 30 Health planning and budgeting staff in the sate**

1.2.3 Strengthen voice and accountability, including community participation, CSO engagement.

- **Advertise in 2 local/State Newspapers, Radio and TV to identify existing CSOs in the State.**
- **Conduct 1-day quarterly review meeting for 80 CSOs in the State**

SO 1.3 Improve health sector performance through regular integrated reviews and reports

1.3.1 Strengthen annual operational/work-plan for the health sector

- **Develop and avail operational workplan for the through 4-day workshop**
- **Conduct 3-day residential meeting of 17 LGA HAS and 10 stakeholders to develop workplan for the LGA**

1.3.2 Institutionalize the mechanism for sector progress status and performance review

- **Conduct 1 Day data review meeting with 60 stake holders/policy makers in the State**
- **Conduct 1 Day data review meeting with 34 stake holders/policy makers in the LGAs**
- **Hold 1-day PHC forum meeting for 17 LG Authority Secretaries and 20 State PHC Officers**
- **Review and print 10,000 data performance evaluation tool**
- **Conduct 5-Day routine M&E visits to SDPs and facilities monthly to evaluate performance/implementation of SSP by state teams (3 teams of 8 persons plus 1 driver per team)**

1.3.3 Disseminate sector performance reports and score cards in compliance with NHAct and other channels

- **Conduct 1-day Monthly meeting for 40 data managers in the State and LGAs on Data sharing/feedback**

1.3.4 Design and institutionalize an incentivization and reward system for the efficient performance of the health sector at all levels

- **Reward for the best 3 performing LGHA in the state on all interventions (print certificates)**

SO 1.4 Strengthen coordination, harmonization and alignment at all levels

1.4.1 Strengthen governance structures, rules and processes at all levels

- **Conduct 1-day stakeholders meeting of 50 persons to review and disseminate guidelines**
- **Conduct 1-day sensitization meeting on the revised/adopted health policies once a year for 50 persons**
- **Advocacy with 20 SMOH stakeholders on PHCOUR for repositioning**

1.4.2 Strengthen development and review of sectoral policies and plans

- **Conduct 1-day Monthly management meeting of 30 collaborating MDAs and partners at State level**

1.4.3 Strengthen inter-sectoral collaboration at all levels

- **Hold 1 Day Quarterly meeting of 30 members of professional groups for planning of modalities for implementation and monitoring of health programmes**

1.4.4 Strengthen implementation of Health Service Charters at all levels

- **Conduct 2-day annual review meetings of 20 stake holders on relevant health charter**
- **1-day Training of 20 Health providers on relevant health charter**

1.4.5 Strengthen coordinating mechanism of health development partners (Development Partners and Private Sector Partners)

- **Conduct 1-day meeting to constitute 7-man Health Partners Committee (HPCC)**

4.2 Priority Area 2: Community Participation and Ownership

4.2.1 Strategic Goal

To promote community engagement for sustainable health development

4.2.2 Strategic Objectives

SO 2.1 Strengthen community level coordination mechanisms and capacities for health planning.

SO 2.2 To strengthen community engagement in implementation monitoring and evaluation of health programs

4.2.3 Current Situations

In order to strengthen community participation and ownership, the state as part of federal government mandate introduced the following: formation of Ward Development Committees; the creation and strengthening of State Primary Health Care Boards (SPHCBs) and Local Government Health Authorities (LGHAs) to support Community Health Committees (WDCs & VDCs) initiative and the adoption of national guidelines for community participation. These have resulted in significant improvement in community mobilization, and ensured community representations at high level health management through participation in Primary Health Care and Hospital Management Committees**.**

The state government has continued to promote community participation in the planning, implementation, utilization, monitoring and evaluation of health services, through the PHC, to ensure optimal maximization of healthcare benefits arising from increased self-reliance and community control on their health issues. In this respect, government intends to strengthen existing structures and infrastructure for effective collaboration and partnership between communities, local and state government that will translate into better health outcomes for the rural communities.

The major issues and challenges facing community participation and ownership in the healthcare delivery, include issues of poor funding to support community based interventions, non-involvement of private sector, poor community linkage with the health system, gaps in record keeping and monitoring, absence of policy document to enforce community participation, inadequate supportive supervision of existing community health committee, some negative cultural practices and beliefs, lack of awareness of the community on their roles and responsibilities, weak strong linkage between community and health facility among others.

4.2.4 Interventions

SO 2.1 Strengthen community level coordination mechanisms and capacities for health planning**.**

2.1.1 Strengthen institutional and coordinating mechanisms for promotion of community participation

- **Conduct 2 days sensitization meeting to strengthen the activities of WDC in the state"**
- **Hold 1-day community meeting with 51 persons (3 per LGA) comprising of CHIPs, Youth and CBOs at the LGA level**
- **Production and distribution of 10,000 copies of IEC materials for all health interventions**

2.1.2 Strengthen financial management systems at the community levels

- **Conduct 5 days training of 292 WDC on financial management**
- **Conduct 7- day financial audit of ward PHC budget (BHCPF)**

2.1.3 Strengthen capacities of communities to participate in the planning of health interventions at all levels.

- **Community sensitization for effective participation and increase access.**

SO 2.2 To strengthen community engagement in implementation monitoring and evaluation of health programs

2.2.1 Strengthen capacities of communities to facilitate the implementation of community and facility level minimum service package (MSP)

- **Printing of 2,000 copies of MSP**
- **Hold 1-day meeting to review monitoring checklist with 10 state supervisors**
- **Conduct 5-day integrated supportive supervision**

2.2.2 Strengthen mechanisms for data collection, analysis, storage, utilization and accountability at community level

- **Conduct 2-day review of tools for M& E with 25 state health workers**
- **4 days data quality assessment for 80 health facilities**
- **Produce 20,000 checklist**

4.3. Priority Area 3: Partnerships for Health

4.3.1 Strategic Goal

Enhance harmonized implementation of essential health services in line with national health policy goals.

4.3.2 Strategic Objectives

SO 3.1 Ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance of the health sector

4.3.3 Current Situations

Due to the multidimensional nature of health, government alone cannot secure the health of the people. Therefore partnership with the private sector, non-governmental organizations, communities and development partners (donors) as well as other social and economic sectors is essential to deliver health services that can meet the needs of the population on a sustainable basis. The basis for undertaking public-private partnership (PPP) in improving health service delivery is to leverage additional resources and managerial approaches from the private sector with the social orientation of the public sector in order to improve the delivery of health services. However, private out-of-pocket expenditure account for most of the total health expenditure in the state. In terms of Partnership with Private for profit Health Care Providers, there is a growing, but poorly regulated, private sector and a lot of private sector providers ranging from private hospitals, clinics, to pharmaceutical stores, patent medicine stores and traditional healers used increasingly by growing numbers of people to access health services. There are also numerous active non-governmental organizations providing health care in Abia state and their services are generally perceived to be of better quality and more accessible to the poor. However, they have received little government and external support. Judicious and

focused support to this sub-sector could in areas of need secure improved health benefits to the poor and the vulnerable.

4.3.4 Interventions

SO 3.1 Ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance of the health sector

3.1.1 Promote the adoption and utilization of national policies and guidelines on PPP

- **Conduct 2-day review meeting at state level for 17 HAS and 10 officers from State on policy and guidelines PPP**
- **Conduct 1 day bi-annual state level review meeting 27 persons**
- **Conduct quarterly supportive supervision visits to 17 LGAs to ensure compliance**

3.1.2 Strengthen legal and coordinating framework for PPP at all levels

- **Conduct advocacy to State house of Assembly**
- **Conduct one day biannual review meeting at the state level for24 private partners in the state**

3.1.3 Establish a single Development Partners Forum at state level, which comprises of only health development partners;

- **Hold 1-day quarterly state level meeting with partners, 24 persons**

3.1.4 Strengthen mechanisms for the implementation of PPP (e.g. contracting or out-sourcing, leases, concessions, social marketing, franchising mechanism)

- **Conduct 1-day planning meeting at State level of 68 persons**

3.1.5 Scale-up PPP in planning and implementation of health programmes

- **Conduct 2 days state level training for Private organization and CSOs, 40 participants**

3.1.6 Promote joint (public and private sector) monitoring and evaluation of health programs

- **Conduct a 1-day state level meeting with 20 relevant Public/Private sectors**
- **Conduct a 2-day joint supportive supervision of health programmes.**

3.1.7 Scale up resource mobilization interventions (funding, skills - e.g. managerial approaches) targeting the private sector

- **Conduct a 1-day meeting with relevant stakeholder for resource mobilization**

3.1.8 Establish mechanisms for resource coordination through common basket funding models such as Joint funding Agreement, Sector Wide Approaches, and sectoral multi-donor budget support.

- **Advocacy and consultation with donors and CSOs on coordination of resources**

3.1.9 Promote effective partnership with professional groups and other relevant stakeholders through jointly setting standards of training by health institutions, subsequent practice and professional competency assessments

- **Hold a 2- day meeting with 2 persons per professional bodies involved in PHC to review the curriculum of the health institutions**

3.1.10 Strengthen collaboration between government and professional groups including Nigerian health professionals in diaspora to advocate for increased coverage of essential interventions, particularly increased funding

- **Conduct 2-day proposal writing session with management committee to solicit for fund using the SPHCDA annual operational plan and necessary data**

3.1.11 Promote linkages with academic institutions to undertake research, education and monitoring through existing networks; and

- **Inaugurate a 10-man research committee to identify areas of research in the state**
- **One-day sensitization meeting with academic institution to promote the undertaking of research and monitoring**

3.1.12 Promote partnerships with communities to address felt needs of the communities

- **Conduct a 1-day community dialogue with representative of youth, woman group, CBO, FBO, community leaders and traditional ruler to promote community partnership**

3.1.13 Strengthen implementation of Health Service Charters at all levels, with Civil Society Organisations, traditional and religious institutions to promote the concept of citizen's rights and entitlement to quality and accessible basic health services

- **Conduct a 1-day annual review meeting on health service charters with 15 key stakeholders from the state**

CHAPTER 5

STRATEGIC PILLAR TWO: INCREASED UTILIZATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES

5.1 Priority area 4: Reproductive, Maternal, Newborn, Child, Adolescent Health

5.1.1 Strategic Goal

Promote universal access to comprehensive quality sexual and reproductive health services throughout life cycle and reduce maternal, neonatal, child and adolescent morbidity and mortality in Nigeria

5.1.2 Strategic Objectives

SO 4.1 Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate and effective healthcare services before, during and after child-birth.

SO 4.2 Promote demand and increase access to sexual and reproductive health services (family planning and post abortion care)

SO 4.3 Reduce neonatal and childhood mortality and promote optimal growth, protection and development of all newborns and children under five years of age.

SO 4.4 Improve access to adolescent health and young people information and services

SO 4.5 Improve the nutritional status of Nigerians throughout their life cycle with a particular focus on vulnerable groups especially children under five years, adolescent, women of reproductive age and the elderly

5.1.3 Current Situations

Despite the global achievements in improving maternal and child health outcomes, Abia state has made very little progress in this sector. Some women still find it difficult to access quality health care as a result of the state of PHCs in their community. This may lead to their patronage of unapproved centers with its effect on maternal and newborn morbidity and mortality.

5.1.4 Interventions

SO 4.1 Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate and effective healthcare services before, during and after child-birth.

4.1.1 Improve access to focused Antenatal and Postnatal -Care

- **Conduct 1-day quarterly state stakeholders review Meeting to review focused antenatal and postnatal care.**
- **Distribute 1000 mama's kit per LGA to incentivise facility-based delivery**
- **Conduct a 1-day quarterly sensitization meeting in one ward per LGA (6 LGA team members from the LGA health authority team.**

4.1.2. Expand coverage of skilled delivery services

- **Conduct 5 days non-residential training on focused antenatal and post-natal care at the state level for 57 Doctors, Nurses and Midwives**
- **Conduct 3 days non-residential training on skilled delivery for 105 midwives and S. Chews (6 per LGA drawn from midwives and S. Chews and 3 facilitators)**
- **Conduct 2-day non-residential training of 10 Medical Officers at state level on Obstetric Referrals from PHCs.**

4.1.3. Promote advocacy, community mobilization and behaviour change communication for Safe Motherhood Services

- **Conduct 1-day training for 18 persons on IPC Skill at LGA level**

4.1.4 Improve quality of care for safe motherhood services

- **Conduct 5-day bi-annual QISS visits at LGA level**
- **Conduct 2-day state quarterly review meeting for 60 participants to review the QISS report at state level**
- **Hold 1-day quarterly review meeting on safe motherhood services in the state for 55 persons.**

SO 4.2 Promote demand and increase access to sexual and reproductive health services (family planning and post abortion care)

4.2.1 Scale up sexual and reproductive health services

- **Conduct quarterly review meetings on reproductive health services at the LGA level**
- **Train one health service provider in each of the 292 wards on family planning counselling**

4.2.2 Increase demand for Reproductive health services

- **Conduct biannual community sensitization meeting with 292 WDC members 30 per LGA stakeholders on reproductive health activities in the state**
- **Production and distribution of IEC material on reproductive Health across the state**

4.2.3 Promote prevention of harmful traditional practices and gender-based violence

- **Air radio jingles for advocacy and sensitization to promote prevention of harmful traditional practices and gender-based violence**

- **Conduct two-day meeting to review and adopt policy guidelines on harmful traditional practices and gender -based Violence**

SO 4.3 Reduce neonatal and childhood mortality and promote optimal growth, protection and development of all newborns and children under five years of age.

4.3.1 Strengthen postnatal and newborn care

- **Train health workers on essential and emergency new-born care.**
- **Provide essential new-born care in all health facilities**
- **Conduct quarterly review of facilities' requirement to provide quality post-natal and newborn care services**

4.3.2 Strengthen emergency obstetric, newborn and childhood care.

- **Train Health workers on emergency obstetric, newborn and childhood care in secondary facilities in LGAs**

4.3.3 Intensify the promotion of exclusive breastfeeding for the first six months of life and appropriate complimentary feeding

- **Print and distribute 1000 IEC materials on infant and young child feeding**
- **Conduct quarterly supportive supervision of the IYCF support group in the community with the checklist for IYCF**
- **Celebrate world breastfeeding week**

4.3.4 Strengthen routine child immunization including new antigens

- **Review and implement state guidelines on routine immunization services in all health facilities**
- **Training/retraining of 51 health workers on basic immunization services and data collection platform at all levels.**
- **Produce and distribute routine Immunization data tools to all health facilities (eg Immunization cards)**
- **Conduct Quarterly DQAS on routine Immunization in facilities**

4.3.5 Improve quality of newborn and child healthcare services

- **Print 1000 copies of job aids/protocol on newborn and child health services management**
- **Train 17 health workers on management of newborn and child health care services (master trainer, one per LGA)**

4.3.6 Expand coverage of IMCI (Community-IMCI, Community Case Management (ICCM) & IMCI)

- **Hold one day meeting to review the ICCM Road map and IMCI Implementation strategy for the state (30 stakeholders and SPHCDA participants)**

- **Conduct master ICCM and IMCI trainings/retrainings for 292 Health workers from the Wards**
- **Conduct quarterly supportive supervision and DQA in the LGAs**

SO 4.4 Improve access to adolescent health and young people information and services

4.4.1 Expand access to quality adolescent reproductive health services

- **Train 17 Health workers on adolescent and reproductive health care services**
- **One day meeting to engagement relevant stakeholders to remove financial and social barriers to adolescent and reproductive services**

4.4.2 Scale-up implementation of adolescent sexual and reproductive health education in the school curriculum

- **Develop, print and distribute 1000 IEC materials on promoting positive adolescent behaviours**
- **Orient of 292 peer educators in primary/secondary schools on the effects of harmful adolescent behaviours**

SO 4.5 Improve the nutritional status of Nigerians throughout their life cycle with a particular focus on vulnerable groups especially children under five years, adolescent, women of reproductive age and the elderly

4.5.1 Promote hospital baby friendly initiative

- **Identify and designate baby friendly hospitals in the state**
- **Conduct training of health care workers of designated BFHI hospitals (51 participants)**
- **Conduct quarterly monitoring /supervision of BFHI**

4.5.2 Promote exclusive breastfeeding for the first six months of life

- **Conduct routine health talk during immunization, ANC and MNCH Weeks**
- **Print 1000 IEC materials on exclusive breastfeeding**

4.5.3 Scale-up continued breastfeeding and appropriate complementary feeding from six months

- **Training of 292 health care workers on the appropriate complementary foods and continued breastfeeding**

4.5.4 Scale-up prevention, detection, control and management of acute malnutrition

- **Establish Nutrition/Food demonstration corners in PHC Centers to promote optimal nutrition for the mother, infant and young child.**
- **Establish a referral system (hub and spoke) in all LGAs for management of acute malnutrition in children.**

4.5.5 Promote implementation of school feeding program

- **Establish school meal program in all primary schools where it is non-existent.**

Conduct quarterly monitoring and supervision of the food vendors in all the sites.

5.2 Priority area 5: Communicable Diseases (malaria, TB, Leprosy, HIV/AIDS) and Neglected Tropical Diseases

5.2.1 Strategic Goal

To improve prevention, case detection and coordinated response for the prevention, control and management of communicable diseases and NTDs.

5.2.2 Strategic Objectives

SO 5.1. Reduce significantly morbidity and mortality due to malaria and move towards pre-elimination levels

SO 5.2. Ensure universal access to high quality, client-centered TB/Leprosy diagnosis and treatment services for the reduction in the incidence and prevalence of tuberculosis/leprosy in Nigeria.

SO 5.3. Significantly reduce the incidence and prevalence of HIV/AIDS in Nigeria by 2021

SO 5.4. Reduce the incidence, morbidity and mortality due to viral hepatitis.

SO 5.5 Reduce morbidity, disability and mortality due to targeted Neglected Tropical Diseases (NTDs) and improve quality of life of those affected.

5.2.3 Current Situations

In Abia State, communicable diseases (AIDS/HIV, Viral Hepatitis, Malaria, Tuberculosis, Leprosy and neglected tropical diseases (filariasis, onchocerciasis, trachoma, worm infestation, and schistosomiasis), account for high disease burden. However, with advances in medicine, most of these diseases are now treatable (HIV, Viral Hepatitis B) and curable (Tuberculosis, Malaria and Viral Hepatitis C and NTDs). The SDG 3, Target 3.3, explicitly seeks to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases (filariasis, onchocerciasis, trachoma, worm infestation, schistosomiasis, leprosy etc.) and combat hepatitis, waterborne diseases and other communicable diseases by 2030 (*https://sustainabledevelopment.un.org*). These diseases have also been listed as priority concerns in the National Health Policy.

5.2.4 Interventions

SO 5.1. Reduce significantly morbidity and mortality due to malaria and move towards pre-elimination levels

5.1.1 Expand access to integrated vector control interventions

- **Conduct a 2-day advocacy visit by 4 stakeholders to donor agencies for Abia to be covered by entyomological surveys.**

- **Conduct Knowledge, Attitude and Practices Survey on net utilization**
- **Support 28 slots of radio jingles for sensitization on vector control practices, targeting rural communities.**
- **Hold 7-day LLIN distribution in all health facilities as a form of continuous net distribution**

5.1.2. Strengthen laboratory services for diagnosis of malaria at all levels

- **Conduct 2 weeks TOT (master) training for 17 laboratory microscopists in advanced malaria microscopy, each from the 17 LGA's.**
- **Conduct 1-day training/retraining for 17 Malaria Focal persons and 3 State Team Members on the use of malaria diagnostic KIT**

5.1.3. Improve availability of and access to commodities and supplies for treatment of uncomplicated and severe malaria

- **Procure and distribute 4.9 million ACTs and other malaria commodities for distribution to health facilities**
- **Conduct 3 days training for 22 persons (RBM manager, State Malaria logistics officer and 17 MFPs) on commodity management**

5.1.4. Expand use of IPT among pregnant women attending ANC

- **Procure and distribute 1,078,000 Sulphadoxine Pyremethamine for distribution to health facilities**

5.1.5 Strengthen systems for quality assurance and quality control of malaria diagnosis and treatment

- **Adapt and print 5,000 copies of SOP's for malaria diagnosis**
- **Hold 1-day Quarterly Quality Control Meeting for 20 persons in each LGA**

5.1.6. Promote active community participation in malaria control initiative

- **Hold 1-day decentralized world malaria day celebration in each LGA**
- **Hold a 2-day quarterly sensitization visits per LGA to Community gate keepers on malaria prevention (5 LGA staff to be engaged per LGA)**

SO 5.2. Ensure universal access to high quality, client-centered TB/Leprosy diagnosis and treatment services for the reduction in the incidence and prevalence of tuberculosis/leprosy in Nigeria.

5.2.1. Strengthen TB case detection, diagnostic capacity and access to quality treatment services

- **Conduct 8 days Active Tuberculosis case finding per month across the 17 LGA's (2 persons per visit)**
- **Conduct 5 days centralized training for 50 Health Care Workers (one from each HF) on TB identification, diagnosis and treatment of tuberculosis**
- **Conduct 2-day centralized External Quality Assurance meeting for 70 laboratory technicians and laboratory scientists.**

5.2.2. Promote demand for TB services

- **Print 10,000 copies of IEC materials**
- **Conduct 5-day quarterly mass communication and sensitization campaign in 5 communities in the state.**
- **Conduct 2-day TOT training on Community Sensitization and Mobilization skills for 17 LGA TB Supervisors.**

5.2.3. Expand access to TB diagnosis and treatment services for persons co-infected by TB and HIV

- **Procure and install 2 New GeneXpert machines, one in each LGA without a gene-xpert machine for TB diagnosis.**
- **Procure 17 motorcycles (1 per LGA) for sputum transportation to Gene-Xpert sites**
- **Hold 5-day DOTs training for 12 GHCW's from 12 ART sites not offering TB services, for full take-off of TB services in the state**

5.2.4. Scale up paediatric TB diagnosis and treatment services

- **Hold 5-day training for 20 doctors from General Hospitals on paediatric TB diagnosis and management**
- **Procure and install 3 X-ray machines in 3 General Hospitals, one in each of the senatorial zone, for free diagnosis of TB using XRay in children.**
- **Conduct 3-day training for 50 Health workers on childhood TB diagnosis. (1 facilitator)**

5.2.5. Strengthen collaboration with and capacity of CBOs to support TB programming.

- **One day training for 292 master trainers (one person per ward) to retrain all the CBO's at the community level, on the referral of Presumptive TB and DR-TB cases**

5.2.6. Strengthen mechanism for coordination of TB/HIV collaborative activities at all levels of health care.

- **Conduct a one-day joint TB / HIV Quarterly Review meeting for 40 persons, to review TB/HIV collaborative program**

5.2.7. Promote innovative advocacy, social mobilization and behaviour change intervention for the prevention and control of TB

- **Conduct 2-day training for 45 CBOs on behavioural change communication skills.**

5.2.8. Expand and improve access to quality Leprosy and TB Services

- **One-day meeting with 20 stakeholders to review existing Leprosy services currently in the state**
- **Train 34 health workers (12 doctors and 22 GHCW's, 2 from each LGA) for one day on identification, diagnosis and management of Leprosy.**

5.2.9 Build capacity of all cadres of health staff (GHW, Physicians, and specialist) and community members on Leprosy case finding and case management

- **Conduct 1-day training for 36 health workers on identification, diagnosis and management of Leprosy.**
- **Conduct 1-day training for 45 CBOs/community leaders from Leprosy endemic areas in the state on Leprosy case detection, recognition and referral.**

5.2.10. Integrate Leprosy control into the general health services

- **Hold one day meeting with 20 stakeholders to develop guideline for integration of Leprosy into general health care services.**
- **Conduct one day training for 40 PHC workers on identification, diagnosis and referral of Leprosy cases.**

5.2.11. Promote community -based TB/Leprosy control initiatives

- **Conduct 1-day advocacy visit to community stakeholders in one community per quarter (5 LGA team members)**

SO 5.3. Significantly reduce the incidence and prevalence of HIV/AIDS in Nigeria by 2021

5.3.1. Expand access to Minimum Package of Preventive Interventions (MPPI) for HIV targeting key and general populations

- **Conduct 3-day master training for 20 persons (17 LGA LACA officers and 3 facilitators) on MPPI for HIV**
- **Conduct 1-day quarterly sensitization visit of community leaders in 1 community in HIV high burden area on MPPI for HIV (5 LGA team members)**
- **Hold 1-day stakeholder meeting for 50 participants to adopt the current National MPPI guideline. (Stakeholders drawn from MOH, ABSPHCDA, LGA'S and HF's)**
- **Conduct 2-day quarterly review meeting for 40 HIV partners for review of MPPI implementation**

5.3.2. Expand access of people living with HIV and AIDS to ART and co-infection management services.

- **Train 30 healthcare providers for 2 days on ART and co-infection management**

5.3.3. Promote universal access to quality PMTCT services

- **Conduct 5 days training for 50 GHCW's from non-PMTCT sites on PMTCT**
- **Conduct a 2-day quarterly review meeting for 40 HIV partners review of MPPI implementation for 40 HIV partners. (17 LACA officers from the LGA's and 23 partners)**
- **Conduct a 4-day quarterly PMTCT outreaches to four communities in the state (3 LGA team members)**
- **Conduct a 1-day quarterly PMTCT Review meetings for 40 participants (17 LACA, SACA & NCAP SPIU)**

5.3.4. Strengthen referral and linkages between HIV/AIDS services and other health and social services

- **1-day meeting to review HIV/AIDS services linkages and referrals (40 participants - 17 LACA, SACA & NCAP SPIU)**

5.3.5. Promote injection safety and health care waste management practices

- **1-day meeting to adopt the National guideline on safety procedures and waste management (30 participants, 2 per LGA)**
- **Conduct a 2-day training for 50 health care workers on waste management and injection safety**

5.3.6. Strengthen community systems to support HIV/AIDS programming for key and general populations

- **Constitute and Inaugurate on community Action Committee on AIDS**
- **Conduct 1 day training for 50 CBOs as peer educators on HIV care and support**
- **Conduct 3-day quarterly community sensitization to 3 communities on stigma reduction. (5 LGA team members)**

5.3.7. Improve the logistics and supply chain management for all HIVAIDS- related drugs and commodities.

- **Conduct 2-day LMIS Training for 20 logistics officers**
- **Print and 10,000 logistics tools for use in healthcare facilities**
- **Support one day bimonthly meeting for 30 persons per LGA for collection of CRRIRF**

5.3.8. Promote HIV/AIDS research for improved evidence-based response

- **Support the conduct of 5-day quarterly facility level DQA and CQI visits per LGA, for 5 M&E officers.**

5.3.9. Strengthen advocacy, legislation, social mobilization and behaviour change communication for improved HIV response

- **Conduct 1 day advocacy and senstization meeting for 50 stakeholders (stakeholders from at all level)**
- **Produce 5,000 copies of IEC/BCC materials**

SO 5.4. Reduce the incidence, morbidity and mortality due to viral hepatitis.

5.4.1. Expand access of key and general populations to viral hepatitis prevention, screening and treatment services

- **Conduct a 1-day review meeting for 30 participants from MOH, SPHCDA, LGA HAS unit to adopt the National guideline on viral hepatitis**
- **Train 30 surveillance officers and community informants on viral hepatitis case detection**
- **Conduct 2-day Training of 50 health care providers on provision of viral hepatitis services**

5.4.2. Expand coverage of interventions for prevention of mother-to-child transmission of viral hepatitis

- **Screen pregnant women for infections or complications on hepatitis B**

5.4.3. Expand access and delivery of hepatitis prevention, care and treatment services in health care facilities and closed settings

- **Conduct a 2-day stakeholders meeting to develop referral and linkage services for viral Hepatitis (30 participants)**

SO 5.5 Reduce morbidity, disability and mortality due to targeted Neglected Tropical Diseases (NTDs) and improve quality of life of those affected.

5.5.1. Strengthen advocacy, social mobilization and behaviour change communication for NTDs

- **Carry out 1-day advocacy meeting with Policy makers and community leaders from LGA and state. (17 LGA participants and 13 from state)**
- **Printing and distribution of 5,000 BCC materials.**

5.5.2. Scale up delivery of integrated preventive chemotherapy packages and other packages.

- **Conduct 14-day baseline survey and mapping of Yaws, Burulli Ulcer, Triciasis, Guinea Worm**
- **Conduct 2-day quarterly house to house/focal group discussion on BCC targeting 2 communities.**

5.3. Priority Area 6: Non-communicable disease, care of the elderly, mental health, oral and eye health

5.3.1 Strategic Goal

To reduce the burden of morbidity, mortality and disability due to non-communicable diseases

5.3.2 Strategic Objectives

SO 6.1 reduce morbidity and mortality due to NCDs (cancers, cardiovascular diseases, chronic obstructive air ways)

SO 6.2 Promote the health and well-being of the elderly in Nigeria

5.3.3 Current Situations

Abia State is experiencing a rapid epidemiological and demographic transition from communicable diseases to Non-Communicable Diseases (NCDs), thus resulting in double burden of diseases. In the state, NCDs contribute significantly to adult mortality and morbidity. They impose a heavy economic burden on individuals, societies and health system as they affect the highly productive population. The major NCDs in the state include cardiovascular diseases (hypertension, stroke, and coronary heart disease), diabetes mellitus, cancers, sickle cell disease and chronic obstructive airway diseases including asthma. Others include mental health disorders, violence, road traffic injuries and oral health disorders. Unfortunately, none or very

little state wide attempt has been made in the state to screen for presence of these NCDs like cervical cancer, breast cancer, prostate cancer and diabetes. The state current has no facility to manage cancers and cases often get referred to centers outside the state. Major barriers to prevention and control of NCDs in the state include gross underfunding, lack of donor support, poor legislation and enforcement of laws linked to prevention and control. Others include inadequate screening equipment particularly at the PHC level, paucity of adequately trained staff, weak health systems, high cost of treatment and lack of multi-sectorial approach to their prevention and control. The burden of NCDs is further compounded by ignorance and misconceptions about these diseases.

5.3.4 Interventions

SO 6.1 reduce morbidity and mortality due to NCDs (cancers, cardiovascular diseases, chronic obstructive air ways)

6.1.1 promote generation of evidence for decision making for planning and implementation of NCD interventions

- **Review and adapt national policy and guidelines on NCDs**
- **Conduct 2-DAY COMMUNITY WIDE SURVEY ON NCDS AND RISK FACTORS IN 2 COMMUNITIES PER LGA OF THE STATE**
- **COMMUNITY SENSITIZATION AND SCREENING FOR CARDIOVASCULAR DISEASES (High blood pressure)**

6.1.2 BUILD CAPACITY OF HEALTH CARE PROVIDERS ESPECIALLY AT PHC IN PREVENTION AND SCREENING FOR NCDS

- **TRAINING AND RETRAINING 50 HEALTH CARE PROVIDERS PER LOCAL GOVERNMENT ON NCDS SERVICES**
- **Train 34 M&E OFFICERS IN THE LGAs ON DATA GENERATION, COLLECTION, COLLATION AND REPORTING ON NCD SERVICES**

6.1.3 INTENSIFY ADVOCACY, LEGISTLATION, SOCIAL MOBILIZATION AND BEHAVIOUR CHANGE COMMUNICATION FOR NCD PREVENTION AND CONTROL

- **ADVOCACY VISIT TO RELEVANT STAKE HOLDERS (EXECUTIVE AND LEGISLATIVE) FOR SUPPORT AND LEGISLATION ON NCDs PREVENTION AND CONTROL IN 17 LGA**
- **OBSERVING OF THE WORLD HEALTH DAYS FOR MENTAL, CADIOVASCULAR, EYE CARE OF THE ELDERLY AND ORAL HEALTH**

6.1.4 PROMOTE DEMAND FOR NCD SERVICES

- **Conduct 1 DAY ADVOCACY VISIT TO STAKEHOLDERS (17 LGA CHAIRMAN, TRADITIONAL RULERS NDI EZE, LEADERS FROM CBOs, FBOs, 1 YOUTH, WOMEN AND MEN GROUPS**

SO 6.2 Promote the health and well-being of the elderly in Nigeria

6.2.1 PROMOTE ENABLING POLICY ENVIRONMENT FOR PROGRAMING FOR THE ELDERLY

- **ENGAGE 5 VOLUNTEERS FROM CSOs PER LGA FOR A MONTHLY HOME-BASED CARE OF THE ELDERLY**

5.4 Priority Area 8: Health promotion and social determinants of health

5.4.1 Strategic Goal

Improve the wellbeing, safety and quality of life of Nigerians through health promotion and healthy environment

5.4.2 Strategic Objectives

SO 8.1 Promote the wellbeing of individuals and communities through protection from health risks and promotion

SO 8.2 Promote food hygiene and safety for the reduction of illnesses associated with unwholesome food

5.4.3 Current Situations

Abia state has adopted national policies aimed at promoting health and addressing some of the social determinants of health. Some of these include: Development of relevant Health Policies including the National Health Promotion Policy (2006), the National Food and Nutrition Policy, the Infant and Young Child Feeding Policy, Legislation on seat belts and use of telephones while driving, Reorienting health services, increasing focus on primary health care as a strategy to reduce geographic and economic inequities to access, strengthening Community Action and promoting the concept of Ward Development Committees. These actions have however been limited and have failed to make significant impact in improving the state's health status, redressing inequalities in health outcomes and dealing with the root causes of disease.

5.4.4 Interventions

SO 8.1 Promote the wellbeing of individuals and communities through protection from health risks and promotion

8.1.1 Strengthening community capacity for responses and ownership of health promotion

- **Sensitize youth groups in the 292 wards of Abia state on risky health behaviours like drug abuse, smoking and consequences**
- **Conduct 1- day orientation of 20 community health promoters per LGA on risky health behaviours like drug abuse, smoking and consequences**
- **Launch a weekly media campaign on a radio station on the prevention of NCDs**

- **Train 10 WDC members per ward (total 2920) on the proper dissemination of relevant information on NCDs to community members**

8.1.2 Strengthen health promotion coordination mechanism

- **Public enlightenment on risky health behaviours through weekly production and airing of jingles**
- **Conduct stakeholders meeting at the 17 LGAs to agree on ways to promote healthy living within the LGAs**

SO 8.2 Promote food hygiene and safety for the reduction of illnesses associated with unwholesome food

8.2.1 Strengthening system for food and water safety surveillance

- **map out food and water vendors in Abia**
- **bimonthly supervision (by food scientists and environmental officers) of food and water vendors within the 17 LGAs**
- **conduct a training of trainers of 6 health workers per LGAs on food and water safety**

CHAPTER 6

STRATEGIC PILLAR THREE: STRENGTHENED HEALTH SYSTEM FOR DELIVERY OF PACKAGE OF ESSENTIAL HEALTH CARE SERVICES

6.1 Priority Area 9: Human resource for health

6.1.1 Strategic Goal

To have in place the right number, skill mix of competent, motivated, productive and equitably distributed health work force for optimal and quality health care services provision.

6.1.2 Strategic Objectives

SO 9.1 To ensure effective coordination and partnership for institutional strengthening for HRH development and management

SO 9.2 To ensure the development of monitoring and evaluation system for HRH

SO 9.3 Ensure effective workforce management through retention, deployment, work condition and motivation and performance management

6.1.3 Current Situations

The performance of a health system and its impact on health outcomes is influenced significantly by the size, distribution, and skill mix of its health workforce. Health workforce in the state is inadequate due to so many reasons some of which include inadequate training of number of required health workers, mal-distribution of the trained personnel, high attrition rate possibly due to increased migration of the health workers to facilities outside the state and reduced employment of trained ones. Other issues are training of health professionals are not related to the requirements of the state, as there is no mechanism in place to inform health training institution intake and output targets on the basis of service demand and staffing projections. Furthermore, there are systemic deficiencies in the planning, management, development and administration of the health workforce. The observed poor human resource requirement is worse at the PHCs where they are most needed. The effects of the challenges above include poor availability, distribution and utilization of the health workforce; dysfunctional health management systems; De-motivation and high attrition among health professionals; Limited attainment of health sector goals.

6.1.4 Interventions

SO 9.1 To ensure effective coordination and partnership for institutional strengthening for HRH development and management

9.1.1 Strengthen institutional capacities of HRH coordinating structures

- **Production and distribution of adopted National policy (task shifting and task sharing policy)**
- **Conduct situation analysis on HRH at PHC levels**
- **Conduct 2-day training of managers on TSTS policy (7 management staff from ABSPHCDA and 17 LGHAS)**

SO 9.2 To ensure the development of monitoring and evaluation system for HRH

9.2.1 Strengthen/establish HRIS at ABSPHCDA and LGHA

- **Print and distribute HRIS data tools to all PHCs in the LGA.**
- **Update the OICs on the HRIS data tool**

9.2.2 Establish mechanisms for annual HRH reviews and reporting for evidence and decision making at the Federal and State levels

- **Conduct annual personnel auditing and verification exercise**

9.2.3 Improve the production of HRH research evidence through monitoring and evaluation mechanisms

- **Conduct a survey on the strength and weaknesses of HRH workforce in LGHAs**

SO 9.3 Ensure effective workforce management through retention, deployment, work condition and motivation and performance management

9.3.1 Strengthen mechanism for deployment and retention of HRH at PHC LEVELS

- **Review the current status of deployment**
- **Produce and distribution of a clear job description manual**
- **Develop and institute a system of recognition and sanction**

6.2 Priority Area 11: Medicines, vaccines and other health technology and supplies

6.2.1 Strategic Goal

To ensure that quality medicines, vaccines and other health commodities and technologies are available, affordable and accessible to all Nigerians.

6.2.2 Strategic Objectives

SO 11.1 To strengthen the availability and use of affordable, accessible and quality medicines, vaccines, and other health commodities and technologies at all levels of health care

6.2.3 Current Situations

Access to essential medicines is critical to achieving universal health coverage. It is one of the WHO key building blocks of a strong health system. The primary goal is to ensure commodity security. This is a situation where essential medicines are available, affordable, and people are able to choose, obtain and use high quality medicines and medical supplies, as at when needed. Unfortunately, essential medicines still occasionally remain unavailable in the state in many facilities, especially at the PHCs. Also the list of these essential medicines is not regularly updated. The health workers are not routinely trained or informed on this list and there is no mechanism to regulate the health worker's prescription pattern. Other challenges faced with drug management in the state include: Inconsistent policies, low political commitment, and the non-compliance with existing policies/guidelines; Poor fund allocation for medicines and commodities; Lack of transparency and accountability in commodities utilization; High prices of health commodities which lead to low spending on pharmaceuticals and vaccines as a proportion of health expenditure; Inadequate local production of medicines and vaccines due to poor infrastructures; Inefficient supply chain system and a dearth of skilled personnel at all levels of the supply chain; Lack of effective control systems which allow an indiscriminate influx of donated medicines, vaccines and other technologies that contravenes national and state guidelines for donations and lead to expiries and wastages; Poor infrastructure to support ICT and automation of the information system; Poor and inadequate storage facilities for the drugs and vaccines and hence compromising the potency of these drugs/vaccines; stock-outs of essential supplies that continue to be experienced in a number of health facilities even while expiries are noted in others; and uninformed drug use leading to increasing prevalence of antimicrobial resistance.

6.2.4 Interventions

SO 11.1 To strengthen the availability and use of affordable, accessible and quality medicines, vaccines, and other health commodities and technologies at all levels of health care

11.1.1 Strengthen the development and implementation of legal, regulatory framework, policies and plans for drugs, vaccines, commodities and health technologies at all levels

- **Two Day Review Meeting of Abia State essential drug guideline**
- **Production of essential drug list and standardized protocol for treatment at all levels**
- **Distribution of Revised Abia State Essential Drug Guideline to Health Facilities and Relevant stake Holders.**

- **Conduct quarterly inspection of facilities to ensure compliance with Essential Drug Guideline**

11.1.2 Strengthen effective procurement systems (forecasting, orders, procurement) to ensure (40% local content) and commodity security for on a sustainable basis at all levels

- **Train 51 state and LGA cold chain officers on forecasting**
- **Hold Bi-annual stakeholders meeting on the revitalization of Drug Revolving Fund in the State and LGAs**

11.1.3 Strengthen integrated supply chain management system and quality assurance models for medicines, vaccines, commodities and other technologies with a functional logistics management information system (LMIS)

- **Carry out maintenance of existing State, LGA, and PHC storage facility including cold chain**
- **Quarterly supportive supervision of cold chain store in 17 LGAs to ensure adherence to quality assurance**
- **Conduct state-level cold chain Bi-Monthly meeting of LGA cold chain officer**

11.1.4 Strengthen existing systems for the management of biological and non-biological wastes including expiries of medicines, vaccines and other commodities at all levels

- **Training and retraining of 50 state and LGA personnel in health facilities on environmental and social safeguards**
- **Quarterly procurement and distribution of Vaccines and safety commodities to 787 Primary, Secondary health facilities for the disposal of sharps**

6.3. Priority Area 12: Health Information System

6.3.1 Strategic Goal

To institutionalize an integrated and sustainable health information system for decision-making at all levels in Nigeria.

6.3.2 Strategic Objectives

SO 12.1 Improve the health status of Nigerians through the provision of timely, appropriate and reliable health information services at all levels, for evidenced based decision making.

6.3.3 Current Situations

Without reliable data from Health Information System (HIS), M&E of programmes become a major challenge. Effects of such programmes cannot be evaluated. Abia state has some vital health statistics missing due to poor HIS. The state's HIS remains weak and fragmented with

numerous vertical programmes, which are mostly Donor driven. Data from the private healthcare services which is more patronized is very limited. Overall, poor data quality still persists at all levels. In addition, there is an absence of a systematic process of routine analysis of submitted HMIS data and feedback to health institutions. Despite significant past investments aimed at improving the state's HIS, the sub-sector remains challenged due to duplications and lack of a common investment framework. There are multiplicity of data collection tools and DHIS instances resulting from the use of poorly defined non-standardized indicators. Also, some of the Development Partners and the programmes they support (including programmes within the SMoH) are reluctant to utilize national/state tools. Routine data completion rate and timeliness is still low. This inadequacy has limited the use of HMIS data as a management tool for health planning and improvement of health outcomes. Hence the revised national HIS policy provides the framework for inter-sectorial, comprehensive and integral structure for collection, collation, analysis, storage, dissemination and use of health and health-related data and information.

6.3.4 Interventions

SO 12.1 Improve the health status of Nigerians through the provision of timely, appropriate and reliable health information services at all levels, for evidenced based decision making.

12.1.1 Strengthen institutional framework and coordination for HIS at all level

- **Distribution of 1000 copies of the National HMIS Policy document**
- **Quarterly review meeting of the HDGC/HDDC**
- **Conduct Monthly State HMIS/M&E Meeting.**

12.1.2 Strengthen capacity to generate, transmit, analyze and utilize routine health data, from all health facilities, including private health facilities.

- **Printing of HMIS TOOLS**
- **Distribution of top up supplies of HMIS tools to 787 government and private Owned health facilities**
- **Monthly Data harmornization/validation review meeting at the LGA level**
- **Build capacity/Refresher training of relevant personnel on HMIS / M&E data management and DHIS.**
- **Conduct quarterly facility level supportive supervision visits and institute QISS model**
- **Conduct quarterly DQA for 10 percent (80 health facilities) public and private HFs.**

6.4 Priority area 13: Research for health

6.4.1 Strategic Goal

To utilize research to inform policy and programming for improved performance of the health sector and better health outcomes; and also contribute to global health knowledge production.

6.4.2 Strategic Objectives

SO 13.1 Strengthen health research and development to significantly contribute to the overall improvement of Nigeria's health system performance.

6.4.3 Current Situations

The role of research in improving healthcare has not been given top priority in the state in terms of funding and as a result, not many state sponsored health research works have been undertaken. Research and Development is the backbone of innovative and sustainable development of the health sector. Research findings enhance evidence-based policy and decision making at all levels of government and ensure more targeted health interventions that have a higher impact on reduction of the country's diseases burden. Challenges in carrying out research in the state include but not limited to the following: gross under funding, leadership and governance issues, poor legal and regulatory environment, infrastructural challenges, non-commercialization of research findings, non- passage of intellectual property rights , and weak linkages between health research institutes, the private sector and community needs. The donor driven research works often target specific health needs of the sponsors.

6.4.4 Interventions

SO 13.1 Strengthen health research and development to significantly contribute to the overall improvement of Nigeria's health system performance.

13.1.1 Strengthen institutions and systems at all levels for the promotion, regulation and ethical oversight of essential national health research

- **Establishing a unit for medical research within SPHCDA**

13.1.2 Enhance strategic partnerships at the national and international levels for the promotion and timely dissemination of research findings

- **Support annual publications of public health interest in international journals**

CHAPTER 7

STRATEGIC PILLAR FOUR: HEALTH EMERGENCIES

7.1 Priority Area 14: Public health emergencies; preparedness and response

7.1.1 Strategic Goal

To significantly reduce the incidence and impact of public health emergencies

7.1.2 Strategic Objectives

SO 14.1 Reduce incidence and impact of public health emergencies in Abia.

7.1.3 Current Situations

Abia state is currently not adequately prepared for or protected from public health emergencies. Poor sanitation and housing remain a major problem especially in the commercial city of Aba. In terms of some other emergencies like road traffic accidents, the state has purchased ambulances and put them in strategic locations in the state capital. Most parts of the state however do not have such service. There is need to train many more manpower on emergency management and develop coordinated inter-agency response mechanism in times of emergency. Indeed, all the aspects required for emergency preparedness like manpower, materials (e.g. public health laboratories for diagnosis) and management need to be improved.

7.1.4 Interventions

SO 14.1 Reduce incidence and impact of public health emergencies in Abia.

14.1.1 Promote an integrated national disease surveillance system in line with International Health Regulation (IHR) and IDSR

- **BUILD CAPACITY OF 20 DISEASE SURVEILLANCE PERSONNEL AT LGA LEVELS FOR 3 DAYS.**
- **STRENGTHEN DATA PRODUCTION AND MANAGEMENT SYSTEM OF OICs WARD HEALTH CENTERS at LGAs.**

14.1.2 Scale-up public education and awareness creation on public health emergencies

- **CARRY OUT SURVEILLANCE NEEDS ASSESSMENT AT LGA LEVEL**
- **CONDUCT SENSITIZATION AND PUBLIC ENLIGHTENEMENT ON PUBLIC HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE OFFICERS IN THE WDC AND VDC**

14.1.3 Promote integration of disease surveillance activities at all levels of the health care system

- **TRAINING AND RETRAINING OF 160 ADDITIONAL FOCAL PERSONS TO COVER ALL THE WARD HEALTH CENTERS IN THE STATE AND ESTABLISH RAPID RESPONSE TEAM AT ALL LEVELS**

CHAPTER 8

STRATEGIC PILLAR FIVE: HEALTH FINANCING

8.1 Priority Area 15: Health financing

8.1.1 Strategic Goal

To ensure all Nigerians have access to health services without any financial barriers or impediments at the point of accessing care

8.1.2 Strategic Objectives

SO 15.1 Increase sustainable and predictable revenue for health

SO 15.2 Strengthen governance and coordination for actualizing stewardship and ownership of health

8.1.3 Current Situations

Sustainable health financing is essential in health care system as the availability and quality of health care services are dependent on adequate funding. Optimal utilization of the health care services is influenced by the financing mechanism put in place that removes financial barriers to access. The low demand for health care services in Abia state leading to poor health outcomes is not only due to poor health care seeking behavior but also, unaffordability of the services. Most people in the state still pay out-of-pocket and many are involved in catastrophic health expenditure. To address this there has been recent increased budgetary allocation to health. Indeed, in 2017 health was targeted as one of the 5-pillar Development Initiatives by the state government and a budgetary allocation covering 38.9% of the Capital Allocation was made to the health sector (source: 2017 approved Estimates of Abia State Government of Nigeria 2017 – 2019 multi-year budget: Budget of Prudence and Self Reliance). The state government aimed to provide high quality essential healthcare services for all that are effective, affordable and accessible with the right technology, infrastructure and manpower including universal health coverage. This, it is hoped, will help address the SDGs on health (Goal 3) – Ensuring good health and well-being for all. There has also been introduction of state health insurance scheme to improve access to health. A major weakness of the state's health system however is the poor functioning health financing building block which include weak institutional structure and policy environment for health financing; low government health spending; very high levels of out-of-pocket spending leading to catastrophic health expenditure by families; low level of coverage of health insurance and other pre-payment and financial risk protection mechanisms; poor resource mobilization; allocative Inefficiency and high level of corruption.

8.1.4 Interventions

SO 15.1 Increase sustainable and predictable revenue for health

15.1.1 Alignment of health allocations to State priorities

- **Sensitization of the community to set up committee for the monitoring of the BHCPF**
- **Hold a 1-day meeting to select the milestone for monitoring of the BHCPF**
- **Conduct monitoring and supervision of the BHCPF implementation**

SO 15.2 Strengthen governance and coordination for actualizing stewardship and ownership of health

15.2.1 Strengthen Coordination Frameworks and TWGs for health financing

- **Establish coordination frameworks and appoint a health financing focal person at the 17 LGA level and**
- **Engage stakeholders to make a case for health as an investment.**

CHAPTER 9

ACTIVITY COSTING FRAMEWORK

9.1 Activity costing Methodology

As aforementioned the process of costing the AOP entailed the use of a costing template (costing sheet) availed by the State (used during SSHDP process). This template was linked with the workplan and a price list of key inputs was availed in order to aid participants working in groups at the AOP workshop and in their respective LGHAs.

Submissions from State and LGHAs were reviewed centrally with the support of HP plus and corrections made to the cost input on the costing sheet.

9.1.1 Overview of budget

Abia State has projected a total cost of 976,212,812.00 (Nine Hundred and Seventy-Six Million, Two Hundred and Twelve Thousand, Eight Hundred and Twelve) Naira for the successful implementation of its 2019 Primary Health Care AOP. The breakdown of this is shown in the table below. Forty-seven percent of the amount (456,493,260.00 Naira) is planned by the State alone while the remaining 53

percent by the LGAs combined. Of the LGAs Umuahia South had the biggest budget with 57,957,600 Naira while Isiala Ngwa North had the lowest budget with 9,879,500 Naira. Next to Umuahia South are Aba South with 51,062,660 Naira and Umuahia North with 49,569,900 Naira.

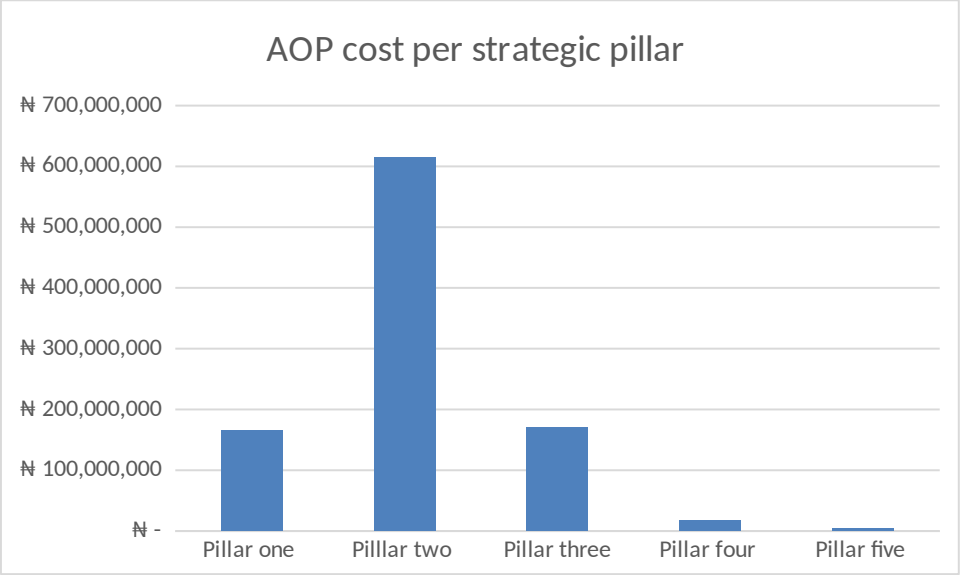

Figure 3: Cost of the 2019 SPHCDA AOP by strategic pillars

9.2 Cost Drivers

As expected, the most expensive strategic pillar is pillar 2 with a total of 613,804,600 Naira or 63% of the total budget. This pillar, with the goal to improve utilization of essential package of health care services has five priority areas (the highest) and contains basic health services including the maternal and child health. Leadership and government and health system strengthening pillars (1 and 3) come a distant 2nd each with approximately 17 percent of the budget.

The maintenance of PHC facilities carried the highest cost at NGN 43,524,000.00, then procurement of Sulphadoxine pyrimethamine and ACT at 21.5 million and 28 million naira respectively. Across all the pillars the major cost drivers are activities that have to do with workshops and meetings which require the renting of halls, transportation, lunch etc; printing of materials; and procurement of equipment such as Genexpert machine and X-rays.

S/N	State/LGA	Pillar one	Pillar two	Pillar three	Pillar four	Pillar five	Total
1	State	86,232,170.00	250,864,390.00	113,516,700.00	4,128,000.00	1,752,000.00	456,493,260.00
2	Obingwa	4,165,200	24,332,900	-	67,500		28,565,600.00
3	Osisioma Ngwa	3,292,450	12,930,610	1,706,900	-	310,500	18,240,460
4	Ugwunagbo	4,174,000	14,789,000	-	157,500	-	19,120,500
5	Ukwa East	4,174,000	14,756,500	-	67,500	-	18,998,000
6	Ukwa West	4,174,000	14,629,000	-	67,500	-	18,870,500
7	Umuahia North	6,526,000	35,242,450	7,206,450	595,000	-	49,569,900
8	Umuahia South	3,734,750	49,591,450	2,740,750	1,662,650	228,000	57,957,600
9	Umunneochi	9,319,500	13,595,450	5,869,602	382,000	335,000	29,501,552
10	Abia North	4,584,000	14,629,000	-	67,500	-	19,280,500.0
11	Abia South	7,067,960	33,415,800	3,504,900	5,140,500	1,933,500	51,062,660
12	Arochukwu	2,624,250	27,868,300	9,954,500	3,504,700	432,000	44,383,750
13	Bende	9,008,450	27,725,980	7,071,500	1,175,500	207,000	45,188,430
14	Ikwuano	3,911,850	15,038,850	1,032,000	80,000	-	20,062,700
15	Isiala Ngwa North	4,334,200	4,942,800	329,500	-	273,000	9,879,500
16	Isiala Ngwa South	2,118,950	16,397,110	1,654,900	-	310,500	20,481,460
17	Isuikwuato	2,847,320	15,871,110	5,538,060	1,169,300	-	25,425,790
18	Ohafia	2,998,750	27,183,900	10,067,500	2,402,000	478,500	43,130,650
	Grand total	**165,287,800**	**613,804,600**	**170,193,262**	**20,667,150**	**6,260,000**	976,212,812.00

Table 4: cost of Abia SPHCDA AOP 20019

9.2.1 Resource mobilization

The SPHCDA AOP activities have been carefully selected with resource constraints in consideration. Moreover, the time left for the implementation of the plan is now limited. Lack of budgeting and budget release are common factors that limit the resourcing of health programs in Nigeria. The timing of the AOP planning is therefore important and must be in sync with the State budget cycle. One opportunity of note for the SPHCDA AOP funding is the selection of Abia State as pilot for the Basic Health Care Provision Fund. There is also the possibility of support from partners. Malaria program for instance was supported by World Bank Booster program in the past. If there is to be a continuation program from World Bank that focuses on malaria some of the 49.5 million projected for malaria medicines might be contributed. Equipment such as GeneXpert machines and x-rays can also be contributed by partners. Moreover, the Saving One Million Lives Project is also a potential source of funding this AOP. Specifically, training and meetings can be channeled towards this.

CHAPTER 10

Monitoring and Evaluation Plan

10.1 Preamble

The monitoring and evaluation plan of the ASPHCDA AOP is intended to provide guidance on the methodology for measuring the performance of the AOP. It does not itemize monitoring and evaluation activities as those are already developed and listed within priority area 12 (health information system). The frequency and cost of conducting these M&E activities are captured in the workplan spreadsheet.

This workplan is expansive and outlines the framework of the AOP which was derived from the SSHDP framework. In this way, the performance on each activity and strategic intervention can be tracked using predefined output indicators contained in the workplan.

The workplan therefore serves a dual purpose of program implementation and performance monitoring. The State and individual LGAs have their customized workplan and since their activities are not the same across board, output indicators vary from one LGA to another and from State.

The strategic objectives, on the other hand, are measured by outcome indicators which are not contained within the workplan. This section defines these indicators and provides guidance on the strategy and frequency for monitoring them. These indicators are all at the outcome level and proposed to be measured annually. The timing of the indicator measurement should be such that it can feed into an annual AOP review, which should precede the development of a succeeding AOP. Targets have been set based on State baseline and result of current situational analysis.

10.2 Strategic objectives of the ASPHCDA M&E matrix

The objectives of the M&E matrix described in this section mirrors those of the NSHDP II M&E plan. These objectives are to:

- To strengthen the health sector M & E system governance
- To provide health sector-wide plan for tracking and reporting on Key Performance Indicators (KPIs).
- To build the capacity for a State M and E system
- To strengthen M and E data management system
- To facilitate advocacy, dissemination, learning and knowledge management

The HMIS component of the AOP workplan contains activities that facilitate these objectives.

10.3 Overview of indicators and indicator measurements

In order to obtain population-level and system-wide measurements which is more fitting at the outcome level, rates and percentages were used for all the indicators.

For strategic pillar 2 objectives, incidence rates were mostly selected over prevalence since new cases are more amenable to program level measurements without the need for a survey as would be if prevalence rates were used. There are, however, instances where prevalence was used when deemed more appropriate. Report from health facilities, community programs and MDAs are key to ensuring there are reliable means of verifying these indicators. Occasionally, annual surveys such as the SMART survey can be a source of data for indicator measurement.

10.3.1 Process of selecting indicators

A two-stage process was used to select indicators for the AOP M&E matrix. First there was a desk review of the NSHDP M&E plan (2018- 2022). The purpose of this was to ensure alignment with the parent national document and avoid duplication where indicators have already been selected. The national M&E plan however provided blanket core indicators under the strategic pillars without delineating which strategic objectives these indicators relate to. Accordingly, a matching process was undertaken whereby the core indicators were paired with related strategic objectives and those without indictors noted.

In stage 2 the strategic objectives without indicators were considered and indicators developed for them by reviewing the interventions and activities that flow into them. To be cost-effective and practical, some of the core indicators in the NSHDP were not selected because they will require either a State-funded survey or the need to wait for a 5-yearly survey such as the DHS. Rather indicators that can be obtained from the HMIS and program reports were developed to be measured annually.

List of indicators for the strategic objectives of the AOP

Priority Area Goals	S/N	NSHDP II Strategic Objectives	Outcome Indicators	Comment/ definition	State/ LGA Baseline	State target	Source of data/ means of verification	Result
1. 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	1.1	Provide clear policy, plans, legislative and regulatory framework for the health sector	% of coordination organs at state and LGA levels (SCH, WDC, Health Partners Coordination Committee) that are established/functional	Regular meetings prove functionality	TBD		Meeting minutes	
	1.2	Strengthen transparency and accountability in planning, budgeting and procurement process	% of increase in annual budget implementation rate of all PHCDA other MDAs and the LGHA	amount released divided by per amount budgeted	TBD		Program finance reports	
	1.3	Improve health sector performance through regular integrated reviews and reports	Proportion of Department and agencies including, SMOH that publish annual health report.	# publishing annual health reports divided by total # of entities	TBD		Program reports	
	1.4	Strengthen coordination, harmonization and alignment at all levels	% of LGAs with advisory committees established	Regular meetings prove existence	TBD		Program reports	

2.To promote community engagement for sustainable health development	2.1	To strengthen community level coordination mechanisms and capacities for health planning.	% of PHCs linked with functional Ward Development Committees;	Regular meetings prove functionality	TBD		LGA program report	
	2.2	To strengthen community engagement in implementation monitoring and evaluation of health programs	Percentage of WDCs that are using provided checklists to monitor MSP periodically	# monitoring divided by total # of WDC in the LGA/State	TBD		Monitoring reports	
3. Enhance harmonized implementation of essential health services in line with national health policy goals.	3.1	Ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance of the health sector	% of funding of health from partners (development partners and private sector) that is aligned to the National Health Policy and the SSHDP	Activities should fit into a Strategic intervention of the SSHDP	TBD		Program reports	
4. Promote universal access to comprehensive quality sexual and reproductive health services throughout life cycle and reduce maternal, neonatal, child and adolescent morbidity and	4.1	Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate and effective healthcare services before, during and after childbirth.	% of health facilities providing Basic and comprehensive EmOC and Essential newborn care	# providing divided by total # of health facilities	TBD		Health facility reports	
	4.2	Promote demand and increase access	% increase of contraceptive	Requires State survey or secondary	TBD		Survey result	

		to sexual and reproductive health services (family planning and post abortion care)	prevalence rate	data				
	4.3	Reduce neonatal and childhood mortality and promote optimal growth, protection and development of all newborns and children under five years of age.	% of mothers and babies who received postnatal care visit within two days of childbirth.		TBD		DHIS/health facility reports	
			% of infants 0-59 months who are fully immunized		TBD		DHIS/health facility reports	
mortality in Nigeria	4.4	Improve access to adolescent health and young people information and services	Percentage of PHCs which have integrated adolescent and youth friendly services as per national guidelines	# integrating divided by total # per Ward/LGA/State	TBD		Health facility reports	
	4.5	Improve the nutritional status of Nigerians throughout their life cycle with a particular focus on vulnerable groups especially children under five years, adolescents, women of reproductive age and the elderly	Exclusive breastfeeding rate in the first six months of life	Apply consistent EBF definition	TBD		DHIS/health facility reports	
			Incidence of low birth weight in children 0-28 days	Low birth weight = < 2.5 KG	TBD		DHIS/health facility reports	
			Prevalence of Global Acute Malnutrition among under 5 children at LGA level	Requires State survey or secondary data	TBD		SMART Surveys	

5. To improve prevention, case detection and coordinated response for the prevention, control and management of communicable diseases and NTDs	5.1	Reduce significantly morbidity and mortality due to Malaria and move towards pre-elimination levels	Malaria incidence per 1000 population at the LGA level	Use RDT as standard	TBD		DHIS/health facility reports	
			% of health facilities reported stockout of diagnostic kits and ACTs lasting more than one week in the past three months at the LGA level	# reporting stockout for more than 1 week divided by total #	TBD		Health facility & supportive supervision reports	
	5.2	Ensure universal access to high quality, client-centered TB/Leprosy diagnosis and treatment services for the reduction in the incidence and prevalence of tuberculosis/leprosy in Nigeria.	TB incidence per 1000 population at the LGA level	# positive from active case finding divided total # screened	TBD		DHIS/facility & community case finding reports	
	5.3	Significantly reduce the incidence and prevalence of HIV/ AIDS in Nigeria by 2021	Incidence of HIV infections by age and sex among the key and general populations	# testing positive divided by total # tested	TBD		DHIS/facility reports	
	5.4	Reduce the incidence, morbidity and mortality due to viral hepatitis.	% of diagnosed vaccine preventable Viral hepatitis per 1000 population	# testing positive divided by total # tested	TBD		DHIS/facility reports	
	5.5	Reduce morbidity,	Incidence of targeted	# testing positive	TBD		Facility/	

		disability and mortality due to targeted Neglected Tropical Diseases (NTDs) and improve quality of life of those affected.	NTDs annually	divided by total # tested			outreach reports	
6. To reduce the burden of morbidity, mortality and disability due to noncommunicable diseases	6.1	Reduce morbidity and mortality due to NCDs (Cancers, Cardiovascular Diseases, Chronic Obstructive Airway Diseases, Diabetes and Sickle Cell Disease)	Percentage of community members testing positive for NCDs during facility and community screening	E.g NCD should be measured separately	TBD		Facility/ outreach reports	
	6.2	Promote the health and wellbeing of the elderly in Nigeria	% of the elderly in State accessing basic and long-term care.	State survey needed	TBD		Survey result	
8. Improve the wellbeing, safety and quality of life of Nigerians through health promotion and healthy environment	8.1	8.1 PROMOTE THE WELL BEING OF INDIVIDUALS AND COMMUNITIES THROUGH PROTECTION FROM HEALTH RISKS AND PROMOTION	Percentage of wards with community members exposed to health education at least once a week	Health education can be through either IECs, radio, sensitization etc	TBD		Community level reports	
	8.2	8.2 PROMOTE FOOD HYGIENE AND SAFETY FOR THE REDUCTION OF ILLNESSES ASSOCIATED WITH			TBD		Community level reports	

		UNWHOLESOME FOOD						
9. To have in place the right number, skill mix of competent, motivated, productive and equitably distributed health work force for optimal and quality health care services provision.	9.1	To ensure effective coordination and partnership for institutional strengthening for HRH development and management	Proportion of Local Government Areas that are implementing HRH policies and strategic plans	Policies/strategies to be predefined	TBD		LGA program report	
	9.2	To ensure the development of monitoring and evaluation system for HRH	Percent of LGAs with established collation centers for Monitoring and Evaluation for HRH	Data to be collected at State level	TBD		LGA program report	
	9.3	Ensure effective health workforce management through retention, deployment, work condition, motivation and performance management	Proportion of Local Government Areas that are implementing HRH policies and strategic plans	Policies/strategies to be predefined	TBD		LGA program report	
11. To ensure that quality medicines, vaccines, and other health commodities and technologies are available, affordable and accessible to all Nigerians	11.1	Strengthen the availability and use of affordable, accessible and quality medicines, vaccines, and other health commodities and technologies at all levels.	% of Public Health Facilities with availability of essential drugs.	# of facilities with essential drugs divided by total # of health facilities	TBD		Health facility reports	
			Proportion of State Level MDAs and 17 LGA with functional logistic management coordinating Unit.	# of LGAs with functional LMCU divided by total # of LGAs	TBD		Program reports	

12. To institutionalize an integrated and sustainable health information system for decision-making at all levels in Nigeria	12.1	Improve the health status of Nigerians through the provision of timely, appropriate and reliable health information services at all levels, for evidenced based decision making.	% of Facilities reporting timely and complete data on the DHIS	Timeliness and completeness to be predefined	TBD		Program reports	
13. To utilize research to inform policy and programming for improved performance of the health sector and better health outcomes; and also contribute to global health knowledge production	13.1	Strengthen health research and development to significantly contribute to the overall improvement of Nigeria's health system performance.	Percentage of State stakeholders meeting on research that result in submissions to peer review journals/abstracts	# of meeting on research divided by those that result in submissions of abstracts or papers	TBD		Program reports	
14. Significantly reduce the incidence and impact of public health emergencies	14.1	Reduce incidence and impact of public health emergencies in Nigeria	Case fatality rate of public health emergencies	Data to be collected from DPRS	TBD		Program reports	
15. Ensure all Nigerians have access to health services without	15.1	Increase sustainable and predictable revenue for health	% of MDAs and LGAs implementing the BHCPF		TBD		Program reports	

any financial barriers or impediments at the point of accessing care	15.2	Strengthen governance and coordination for actualizing stewardship and ownership of health	% of LGHA and SPHCDA where finance TWG are functional	Functionality to be measured by regular meetings (at least monthly)	TBD		Meeting minutes	

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017 - 21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity	Output Indicator ({SHDP 2017-21}	Cost Elements/ details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame				Activity Means of Verification	Total Cost	Total Amount	Expenditure Classification	Funding Source(s) Name	State Contribution to activities	Expected Contributions from other Sources	Total	Priority Ranking
										Quarterly frequency {only numbers allowed}												
Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017 - 21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity					Q1	Q2	Q3	Q4									
	Step 1					Step 2									Step 4			Step 5				Step 6

1. Enabled environment for attainment of sector outcomes	1 LEADERSHIP AND GOVERNANCE FOR HEALTH	1.1 Provide clear policy, plans, legislative and regulatory framework for the health sector	1.1.1 .Promote review and development of policies and laws as necessary	**1.1.1.1**	**Review and revise the existing law**	SPHCDA law reviewed and revised	consultancy fee	SPHCDA	ABSPHCDA legal team, SMoJ AND other relevant stakeholders			**1**		Amended law document	125,000.00	12500.00						High
				1.1.1.2	**Conduct an alignment meeting with relevant**	Number of meeting conducted	1 day meeting for 20 pers(Tea break transport, lunch)	stakeholder and policy maker	SPHCDA, SMOH, representatives of MDAs			**1**			250,000.00	250,000.00						

					stakeholders to obtain their buy-in and pass the law through the house of assembly																	
			1.1.2. Scale-up strategic and operational planning at all levels	**1.1.2.1**	**training of 27 persons within the Agency to develop annual operational plans for the Agency**	Number of persons trained within the Agency	Refreshment (lunch and tea break), hall, projector, stationary, transport	ASPHCDA personnel	SPHCDA, partners			**1**			3,565,860.00	3565860.00						
				1.1.2.2	**Training of 3 persons per LGA (51) to develop annual workplans for the LGHA**	Number of persons trained at LGA level	Refreshment (lunch and tea break), hall, projector, stationary	LGHA staff	SPHCDA and partners			**1**	**1**		1,388,570.00	2777140.00						
		1.2 Strengthe	1.2.1 Strengthen	**1.2.1.**	**Conduct review of**	Number of	Refreshment (lunch and tea break), hall,	Directors of depart	SPHCDA				**1**		1,636,000	1636000.0						

		n transparency and accountability in planning, budgeting and procurement process	Public Finance Management system including oversight in Fund disbursement and utilization at all levels	**1**	**existing finance management system in the Agency**	meetings held	projector, stationary	ment							.00	0						
				1.2.1.2	**Training of 5 persons within the finnance department on the existing fiananci al manegement system**	Number of finance staff trained	Refreshment (lunch and tea break), hall, projector, stationary	account officers	SPHCDA			**1**			470,350.00	470350.00						
			1.2.2 Strenghten the linkages betwe	**1.2.2.1**	**Conduct 1 day joint review meeting for 30 Health**	Number of staff trained	Refreshment,Hall, Tea break launch and Transport	BPRS staff	SPHCDA and partner			**1**	**1**			NGN0.00						

			en various planning and budgeting process(MTEF/MTSS		**planning and budgetting staff in the sate**																	
			1.2.3 Strengthen voice and accountability, including community participation, CSO engagement.	**1.2.3.1**	**Advertise in 2 local/State Newspapers, Radio and TV to identify existing CSOs in the State.**	Number of CSOs in the State known	Number advertisment made	The CSOs	SPHCDA and partner			**1**	**1**		280,000.00	560000.00						
				1.2.3.2	**Conduct 1-day quarterly review meeting for 80 CSOs in the State**	Number of the CSOs in the attendance	Hall, transport Tea break and launch	CSOs	SPHCDA and partner			**1**				NGN0.00						
		1.3. Improve	1.3.1 Strengthen	**1.3.1.**	**Develop and avail**	Work plan avail	hotel accommodition, Hall, Transport,	stakeholder SPHCD	SPHCDA and partne			**1**				NGN0.00						

		health sector performance through regular integrated reviews and reports	annual operational/ work-plan for the health sector	**1**	**operational plan for the state through a 4-day workshop**	able for use at all levels	Tea break and Launch	A	rs													
				1.3.1.2	**Conduct 3-day residential meeting of 17 LGA HAS and 10 stakeholders to develop workplan for the LGA**	No of HAS and stakeholders in attendence	hotel accommodition, Hall, Transport, Tea break and Launch	HAS and stakeholders	SPHCDA and partners			**1**				NGN0.00						
																NGN0.00						
			1.3.2 Institu	**1.3.**	**1 Day data**	No of stake	Hall, transport Tea break and	ES, HAS	SPHCDA and			**1**				NGN0.						

			tionalize the mechanism for sector progress status and performance review	**2.1**	**review meeting with 60 stake holders /policy makers in the State**	holder in attendence and policy makers	launch	and stakeholders	partners							00					
				1.3.2.2	**1 Day data review meeting with 34 stake holders /policy makers in the LGAs**	No of member in attendence	Hall, transport Tea break and launch	HAS and stakeholders	SPHCDA and partners			**1**				NGN0.00					
				1.3.2.3	**1 day PHC forum meeting for 17 LG Authority Secretaries and 20 State PHC Officers**	No of HAS and PHC workers in attendence	Hall, transport Tea break and launch	HAS and PHC worker	SPHCDA and partners			**1**				NGN0.00					
				1.3.2.4	**Review and print 10000 data**	No of data performance	Hall, transport Tea break and launch	PHC and M & E officer	SPHCDA and partners			**1**				NGN0.00					

					performnce evaluation tools	evaluation tools printed																
				1.3.2.5	**Conduct 5 Days routine M&E visits to SDPs and facilities monthly to evaluate performance/implementation of SSP by state teams (3 teams of 8 persons plus 1 driver per team)**	No of visit to SDPs and facilities	Transport	Health facilities staff	HAS and M&E officers			**1**	**1**			NGN0.00						
			1.3.3 Disseminate sector performance report	**1.3.3.1**	**Conduct 1 day Monthly meeting for 40**	No of data mangers in state	Hall Transport, Tea break and Launch	Data managers	SPHCDA and partners			**1**	**1**			NGN0.00						

			s and score cards in compliance with NHAct and other channels		**data managers in the State and LGAs on Data sharing /feedback**	and LGA in attendance																
																NGN0.00						
			1.3.4 Design and institutionalize an incentivization and reward system for the efficient performance of the health sector at all levels	**1.3.4.1**	**Reward for the best 3 performing LGHA in the state on all interventions (print certificates)**	No of LGHAs rewarded	Transport,	3 best LGHA	SPHCDA and partners			**1**	**1**			NGN0.00						
		1.4 Strengthen coor	1.4.1 Strengthen governance	**1.4.1.1**	**Conduct 1 day stakeholders**	Review guidelines	Hall, Tea break and launch	ABSPHCDA legal team, SMOJ	SPHCDA			**1**				NGN0.00						

		dination, harmonization and alignment at all levels	structures, rules and processes at all levels		**meeting of 50 persons to review and disseminate guidelines**	disseminated		AND other relevant stakeholders														
				1.4.1.2	**Conduct 1 day sensitization meeting on the revised/ adopted health policies once a year for 50 persons**	No of persons in attendance at the meeting	Hall, Tea break and launch	SPHCDA	partners				**1**			NGN0.00						
				1.4.1.3	**Advocacy with 20 SMOH stakeholders on PHCOUR for repositioning**	100% repositioning on PHCUOR	No cost, staff time only	SPHCDA	SPHCDA			**1**				NGN0.00						
			1.4.2 Strengthen development and	**1.4.2.1**	**Conduct 1 day Monthly management**	No of persons in attendenc	Hall, Tea break and launch	SPHCDA	partners			**1**				NGN0.00						

			review of sectoral polcies and plans		**meeting of 30 collaborating MDAs and partners at State level**	e at the meeting																
			1.4.3 Strengthen inter-sectoral collaboration at all levels.	**1.4.3.1**	**1 Day Quarterly meeting of 30 members of professional groups for planning of modalities for implementation and monitoring of health programmes**	No of persons in attendance	Hall, Tea break and launch	SPHCDA	SPHCDA and partners			**1**				NGN0.00						
																NGN0.00						
			1.4.4 Strengthen implementa	**1.4.4.1**	**• Conduct 2 day annual review**	No of persons in atten	Hall, Tea break and launch	SPHCDA	SPHCDA and partners			**1**			190,050.00	190050.00						

			tion of Health Service Charters at all levels		**meetings of 20 stake holders on relevant health charter ● ●**	dence																
				1.4.4.2	**1 day Training of 20 Health providers on relevant health charter**	No of persons in attendence	Hall, Tea break and lunch Transport	SPHCDA	SPHCDA and partners				**1**		240,400.00	240400.00						
			1.4.5 Strengthen coordinating mechanism of health development partners (Development Partners and Private Sector Partners)	**1.4.5.1**	**Conduct 1 day meeting to constitute7 man Health Partners Committee (HPCC)**	No of person in attendance	Hall Tea break and Launch, production of terms of reference	SPHCDA	SPHCDA and partners			**1**			150,500.00	150500.00						

																NGN0.00						
																NGN0.00						
	2.Community Participation and Ownership	2.1 To strengthen community level coordination mechanisms and capacities for health planning.	2.1.1 Strengthen institutional and coordinating mechanisms for promotion of community participation	**2.1.1.1**	**Conduct 2 days sensitization meeting to strengthen the activities of WDC in the state**	No of person sensitized	Hall, Tea break and lunch, Transport	WDCs	SPHCDA and			**1**	**1**			NGN0.00						
				2.1.1.2	**1 day community meeting with 51 persons (3 per LGA) comprising of**	No of person in attendance	Hall Tea break and Launch, production of terms of reference	LGHA	SPHCDA			**1**	**1**			NGN0.00						

					CHIPs, Youth and CBOs at the LGA level																	
				2.1.1.3	**Production and distribution of 10,000 copies of IEC materials for allhealth interventions**	No of IEC materials printed	Printing cost	Communities	SPHCDA			**1**				NGN0.00						
			2.1.2 Strengthen financial management systems at the community levels	**2.1.2.1**	**5 days training of 292 WDC on financial management**	No of WDC members trained	Hall, Tea break and lunch, Transport	WDCs	SPHCDA			**1**	**1**			NGN0.00						
				2.1.2.2	**7- day financial audit of ward PHC budget(BHCPF)**	Audit report produced	Audit fee	SPHCDA					**1**			NGN0.00						

		2.2 To strengthen community engagement in implementation monitoring and evaluation of health programs	2.2.1 Strenghten capacities of communities to participate in the planning of health interventions at all levels.	**2.2.1.1**	**Community sensitization for effective participation and increase assess.**	No of communities sensitized	Transportation	LGHA	SPHCDA			**1**			1,894,000.00	1894000.00						
			2.2.2 Strenghten capacities of communities to facilitate the implementation of community and facility level	**2.2.2.1**	**Printing of 2,000 copies of MSP**	No of copies printed	Printing cost	SPHCDA	All Stakeholders			**1**				NGN0.00						

			minimum service package(MSP)																			
				2.2.2.2	**1 days review of monitoring checklist with 10 state supervisors**	Checklist reviewed	Hall, Tea break and lunch, Transport	SPHCDA	SPHCDA			**1**	**1**			NGN0.00						
				2.2.2.3	**5 days integrated supportive supervison**	ISS report	Transportation	Monitoring Team	SPHCDA			**1**	**1**			NGN0.00						
			2.2.2 Strengthen mechanisms for data collection,analysis, storage, utlization and accountability at community level	**2.2.2.1**	**2 days review of tools for M&E with 25 state health workers**	M&E tools reviewed	Hall, Tea break and lunch, Transport	Health Workers	SPHCDA			**1**				NGN0.00						

				2.2.2.2	**4 days data quality assessment for 80 health facilities**	Report of DQA available	Hall, Tea break and lunch, Transport	SPHCDA	SPHCDA			**1**	**1**			NGN0.00						
				2.2.2.3	**PRODUCTION OF 20,000 CHECKLIST**	No of copies printed	Printing cost	SPHCDA	SPHCDA			**1**			4,000,000.00	4000000.00						
	3.Partnerships for Health	3.1 Ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenanc	3.1.1 Promote the adoption and utilization of national policies and guidelines on PPP	**3.1.1.1**	**Conduct 2 day review meeting at state level for 17 HAS and 10 officers from State on policy and guidelines PPP**	Report of the meeting available	Refreshment, Transportation	SPHCDA/ LGHA	SPHCDA			**1**	**1**			NGN0.00						

		e of the health sector																				
				3.1.1.2	**Conduct 1 day bi-annual state level review meeting 27 persons**	Meeting report available	Hall, Tea break and lunch, Transport		SPHCDA/ LGHA			**1**	**1**			NGN0.00						
				3.1.1.3	**Conduct quarterly supportive supervision visits to 17 LGAs to ensure compliance**	Report of the supervision available	Transportation		SPHCDA/ LGHA			**1**	**1**			NGN0.00						
			3.1.2 Strengthen legal and coordinating framework for PPP at	**3.1.2.1**	**Conduct advocacy to State house of Assembly** •	report of the meeting	Transportation						**1**			NGN0.00						

			all levels																			
				3.1.2.2	**Conduct one day biannual review meeting at the state level for24 private patners in the state**	Meeting report	Refreshment, Transportation					**1**	**1**			NGN0.00						
			3.1.3 Establish a single Development Partners Forum at federal and state levels, which comprises of only health development partners;	**3.1.3.1**	**Hold 1 day quarterly state level meeting with partners, 24 persons**	Meeting report available	Refreshment, Transportation					**1**	**1**			NGN0.00						
			3.1.4 Strengthen	**3.1.4.**	**Conduct 1 day plannin**	Meeting repo							**1**			NGN0.00						

			mechanisms for the implementation of PPP (e.g. contracting or out-sourcing, leases, concessions, social marketing, franchising mechanism)	**1**	**g meeting at State level of 68 persons**	rt available																
			3.1.5 Scale-up PPP in planning and implementation of health programmes	**3.1.5.1**	**Conduct 2 days state level training for Private organization and CSOs, 40 participants**	No of persons trained						**1**				NGN0.00						
			3.1.6 Promote joint (public and	**3.1.6.1**	**Conduct 1 day state level meeting**	Meeting report avail						**1**				NGN0.00						

			private sector) monitoring and evaluation of health programs		**with 20 relevant Public/ Private sectors**	able																
				3.1.6.2	**Conduct 2 day joint supportive supervision of health programs.**	Supervision Report available						**1**	**1**			NGN0.00						
			3.1.7 Scale up resource mobilization interventions(funding, skills - e.g. managerial approaches) targeting the private sector	**3.1.7.1**	**Conduct 1 day meeting with relevant stakeholder for resource mobliza tion**	Meeting report available						**1**	**1**		295,000.00	590000.00						
			3.1.8 Establi	**3.1.**	**Advocacy and**	Meeting						**1**			20,000	20000.						

			sh mechanisms for resource coordination through common basket funding models such as Joint funding Agreement, Sector Wide Approaches, and sectoral multi-donor budget support.	**8.1**	**consultation with donors andCSOs on cordination of resources**	report									.00	00						
			3.1.9 Promote effective partnership	**3.1.9.1**	**2 days meeting with 2 persons per professional**	Report of meeting							**1**			NGN0.00						

			with professional groups and other relevant stakeholders through jointly setting standards of training by health institutions, subsequent practice and professional competency assessments;		**bodies involved in PHC to review the curriculum of the health institutions**																	
																NGN0.00						
																NGN0.00						
			3.1.10 Streng	**3.1.**	**2 days proposa**	No of pers							**1**		70,000	70000.						

			then collaboration between government and professional groups including Nigerian health professionals in diaspora to advocate for increased coverage of essential interventions, particularly increased funding;	**10.1**	**l writing by management committee to solict for fund using the SPHCDA annual operational plan and necessary data**	ons trained									.00	00						
																NGN0.00						

			3.1.11 Promote linkages with academic institutions to undertake research, education and monitoring through existing networks; and	**3.1.11.1**	**inaugurate 10 man research committee to identify areas of research in the state**	Research committee inuagurated						**1**				NGN0.00						
				3.1.11.2	**One day Sensitization meeting with academic institution to promote the undertaking of reasearch and monitor**	No of Academic institutions engaged							**1**		205,500.00	205500.00						

					ing																	
			3.1.12 Promote partnerships with communities to address felt needs of the communities	**3.1.12.1**	**conduct 1 day community dialogue with representative of youth, woman group, CBO, FBO, community leaders and traditional ruler to promote community partnership**	No of relevant stakeholder present	refreshment, transportation						**1**		25,000.00	25000.00						
			3.1.13 Strengthen implementation of Health Service Charters at all levels, with Civil	**3.1.13.1**	**Conduct 1 day annual review meeting on health service charters with 15 key stakehoders from**	Report of the meeting	refreshment, transportation						**1**		250,750.00	250750.00						

			Society Organisations, traditional and religious institutions to promote the concept of citizen's rights and entitlement to quality, accessible basic health services; and		**the state**																	
Increased utilisation of essential package of heal	4.Reproductive, Maternal, Newborn, Child,	4.1 Reduce maternal mortality and morbidity through	4.1.1 Improve access to focused Antenatal and Postnatal	**4.1.1.1**	**Conduct 1 day quarterly state stakeholders review Meeting to review focused antenat**	Stakeholder advocacy/review meeting done	refreshment, hall rental, transportation	LGA health workers, stakeholders, community leaders.	LGHA		**1**	**1**	**1**	Attendance, minutes, picturesz	1,316,000.00	3948000.00						

th care servi ces	Adol escen t Heal th	the provi sion of timel y, safe, appr opria te and effec tive healt hcare servi ces befor e, durin g and after child birth.	Care		**al and postnat al care. (7 persons per LGA drawn from LGA health authorit y team, health facility OIC's and 5 state team membe rs.)**																	
				4. 1. 1. 2	**Distribu te 1000 mama's kit per LGA to incentiv ise facility-based delivery**	**1.** Num ber of facilit y-base d deliv eries **2.** Num ber of moth ers that	delivery mat, I pk of ladies sanitary pad, pampers, methylated spirit, disinfectant, baby soap, surgical blades, hand gloves, chlorohexydene , cotton wool, oxytocin injection, detergent	Pregna nt mothe rs	LGHA, HF OIC's			**1**		Pictures, delivery vouchers	3,0 70, 000 .00	307 000 0.0 0						

						received mama's kit at health facilities															
				4.1.1.3	**Conduct a 1 day quarterly sensitization meeting in one ward per LGA (6 LGA team members from the LGA health authority team.**	Number of sensitizations done at the ward	transportation	Community members, general population	LGHA		**1**	**1**	**1**	Attendance, Pictures, minutes	12,000.00	36000.00						
			4.1.2. Expand coverage of skilled delivery services	**4.1.2.1**	**Conduct 5 days non residential training on focused antenatal and post-natal care at the state**	1. Number of Doctors trained. 2. Number of Nurses train	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Doctors, nurses, midwives, LGAHA team	LGAHA				**1**	Attendance, pictures	3,346,850.00	3346850.00						

					level for 57 Doctors , Nurses and Midwives. (1 doctor per LGA , 2 Nurses/ Midwives per LGA and 6 state team members) (2 facilitators)	ed. 3. Number of Midwives trained																
				4.1.2.2	**Conduct 3 days non-residential training on skilled delivery for 105 midwives and S. Chews(6 per LGA drawn from midwives and S.**	Number of midwives and S.Chews trained.	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Midwives, Senior Chews	ABSPH CDA/ LGHA			**1**		Attendance, Pictures	3,795,250.00	3795250.00						

					Chews and 3 facilitators.)																
				4.1.2.3	**Conduct 2 Days non-residential Training of 10 Medical Officers at state level on Obstetric Referals from PHCs. (10 Medical Officers, 1 each from each 10 General hospitals and 2 facilitators).**	Number of medical officers trained	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Medical officers	ABSPH CDA				**1**	Attendance, Pictures	610,600.00	610600.00						
			4.1.3. Promote advocacy, community Mobilization and Behavi	**4.1.3.1**	**Conduct 1 day training for 18 persons on IPC Skill at LGA level (1 Safe mother**	Number of safe motherhood focal person train	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	LGA Safe Motherhood person	LG HAS				**1**	Pictures	312,850.00	312850.00						

			our Change Communication for Safe Motherhood Services		**hood FP per LGA and 1 facilitator)**	ed.																
			4.1.4. Improve quality of care for safe motherhood services	**4.1.4.1**	**Conduct 5 days bi-annual QISS visits at the LGA level using 170 persons from the LGA HAS team and state team. (9 persons from the LGA HAS team per LGA and 17 state team members, one each for**	1. Number of facilities visited for QISS 2. Number of QISS visits conducted	Transportation	LGA health workers	SPHCDB, LGA HAS			**1**	**1**	QISS Report	1,955,000.00	3910000.00						

					the teams in each LGA)																	
				4.1.4.2	**Conduct 2 day state quarterly review meeting for 60 participants to review the QISS report at state level . (3 persons per LGA from the LGA HA team and 9 state team persons)**	1. Number of review meetings held 2. Number of HCW's attending safe motherhood QRM	Transportation, hall rental, stationeries, tea break, lunch	LGA health workers	SPHCDB, LGA HAS			**1**	**1**	attendance, pictures	1,097,000.00	2194000.00						
			4.2.1 Scale up sexual and reproductive health services	**4.1.4.3**	**Hold 1 day quarterly review meeting on safe mother hood services**	Number of quarterly review meetings held	Transportation, hall rental, stationeries, tea break, lunch	LGA health workers	SPHCDB, LGA HAS			**1**	**1**	attendance, pictures	554,750.00	1109500.00						

					in the state for 55 persons. (1 HAS, 1 SM-FP and 1 LGA M&E officer per LGA and 4 state team members)																	
		4.2 Promote demand and increase access to sexual and reproductive health services (family planning and	4.2.1 Scale up sexual and reproductive health services	**4.2.1.1**	**Conduct quarterly review meetings on reproductive health services at the LGA level**	Number of quarterly review meetings held	Transportation, hall rental, stationeries, tea break, lunch	LGA health workers	SPHCDB, LGA HAS		1	1	1	attendance, pictures								

		post abortion care)																				
				4.2.1.2	**Train one health service provider in each of the 292 wards on family planning counselling**	Number of staff trained	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	OICs in the wards	SPHCDB, LGA HAS			1		Training report								
			4.2.2 Increase demand for Reproductive health services	**4.2.2.1**	**Conduct biannual community sensitization meeting with 292 WDC members 30 per LGA stakeholders on reproductive health activities in the state**	number of meetings held	public address system, transporation	Community members, general population	LGHA. SPHCDA			1	1	program report								
				4.	**Produc**	num	printing cost	Comm	LGHA.			1		purchase								

				2.2.2	**tion and distribution of IEC material on reproductive Health across the state**	ber of IEC materials developed		unity members, general population	SPHCDA					order.								
			4.2.3 Promote prevention of harmful traditional practices and gender-based violence	**4.2.3.1**	**Air radio jingles for advocacy and sensitization to promote prevention of harmful traditional practices and gender-based violence**	number of slots of raio jingles	cost of radio jingles- 3 slots per week for 1 quarter	Community members, general population	LGHA. SPHCDA				1	copy of radio messages								
				4.2.3.2	**Conduct two-day meeting to review and adopt policy**	2-day meeting conducted	Transportation, hall rental, stationeries, tea break, lunch	PHC Stakeholders	SPHCDB, LGA HAS			1		meeting minutes								

					guidelines on harmful traditional practices and gender -based Violence																	
		4.3 Reduce neonatal and childhood mortality and promote optimal growth	4.3.1 Strengten postnatal and newborn care	**4.3.1.1**	**Train health workers on essential and emergency new-born care.**	number of health workers trained	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	LGA health workers	SPHCDB, LGA HAS				1	Training report								
				4.3.1.2	**Provide essential new-born care in all health facilities**	njumber of health facilities providin essential new born care	no cost	community members	SPHCDB, LGA HAS		1	1	1	facility report								

				4.3.1.3	**Conduct quarterly review of facilities' requirement to provide quality post-natal and newborn care services**	facility review conducted	no cost	health facilities	SPHCDB, LGA HAS			1	1	monitoring report								
			4.3.2 Strengthen emergency obstetric and newborn care	**4.3.2.1**	**Train Health workers on emergency obstetric, newborn and childhood care in secondary facilities in LGAs**	number of health workers trained	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	health facilities	SPHCDB, LGA HAS				1	Training report								
			4.3.3 Intensify the promotion of exclusive	**4.3.3.1**	**Print and distribute 1000 IEC materials on**	number of materials printed	printing cost	General population	SPHCDB			1		purchase order.								

			breastfeeding for the first six months of life and appropriate complimentary feeding		**infant and young child feeding**																	
				4.3.3.2	**Conduct quarterly supportive supervision of the IYCF support group in the community with the checklist for IYCF**	number of SS visits conducted	transportaiton	health facilities	SPHCDB		1	1	1	SS report								
				4.3.3.3	**Celebrate world breastfeeding week**	world breast feeding day celebrated	transportaiton. Refreshment	General population	SPHCDB. LGHA			1										

			4.3.4 Strengthen routine child immunization including new antigens	**4.3.4.1**	**Review and implement state guidelines on routine immunization services in all health facilities**	Review meeting held	hall, refreshment	immunixation stakeholders	SPHCDB. LGHA			1	1									
				4.3.4.2	**Training / retraining of 51 health workers on basic immunization services and data collection platform at all levels.**	number of health workers trained	residential meeting for 5 days. total of 55 persons transport food, hall	health facilities	SPHCDB. LGHA				1									
				4.3.4.3	**Produce and distribute routine Immunization data tools to**		transportaiton		SPHCDB. LGHA				1									

					all health facilities (eg Immunization cards)																
				4.3.4.4	**Conduct Quarterly DQAS on routine Immunization in facilities**		transportaiton		SPHCDB. LGHA			1	1								
			4.3.5 Improve quality of newborn and child health care services	**4.3.5.1**	**Print 1000 copies of job aids/protocol on newborn and child health services management**		printing cost		SPHCDB. LGHA			1									
				4.3.5.2	**Train 17 health workers on management of newborn and child health care**		transportaiton		SPHCDB. LGHA			1									

					services (master trainer, one per LGA)																	
			4.3.6 Expand coverage of IMCI (Community-IMCI, Community Case Management (ICCM) & IMCI)	**4.3.6.1**	**Hold one day meeting to review the ICCM Road map and IMCI Implementation strategy for the state (30 stakeholders and SPHCDA participants)**		transportaiton		SPHCDB. LGHA			1										
				4.3.6.2	**Conduct master ICCM and IMCI trainings/retrainings for 292 Health workers from the**		hall,food etc		SPHCDB. LGHA			1										

					Wards																	
				4.3.6.3	**Conduct quarterly supportive supervision and DQA in the LGAs**	QSS conducted	transportaiton		SPHCDB. LGHA		1	1	1									
		4.4 Improve access to adolescent health and young people information and services	4.4.1 Expand access to quality adolescent and reproductive health	**4.4.1.1**	**Train 17 Health workers on adolescent and reproductive health care services**	number of health workers trained	hall, food, etc total persons for training 22	health facility workers	SPHCDB. LGHA			1										
				4.4.1.2	**One day meeting to engagement relevant stakeholders to remove financial and**	number of persons attending meeting	hall, refreshment		SPHCDB. LGHA			1	1									

					social barriers to adolescent and reproductive services																	
			4.4.2 Scale up the implementation of adolescent sexual and reproductive health education in school curriculum	**4.4.2.1**	**Develop, print and distribute 1000 IEC materials on promoting positive adolescent behaviours**	printing and distrisbution doned.	transportaiton. Printing cost	general popilation	SPHCDB. LGHA			1										
				4.4.2.3	**Orient of 292 peer educators in primary /secondary schools on the effects of harmful adolescent behavio**	number of peer educators oriented	hall, food etc	peer educators	SPHCDB. LGHA			1										

					urs																	
		4.5 improve the nutritional status of Nigerians throughout their life cycle	4.5.1 Promote hospital baby friendly initiative	**4.5.1.1**	**Identify and designate baby friendly hospitals in the state**	number of Baby friendly hospitals identified and supported	no cost	general population	SPHCDB. LGHA			1										
				4.5.1.2	**Conduct training of health care workers of designated BFHI hospitals (51 participants)**	number of training conducted	transportaiton	health care workers	SPHCDB. LGHA				1									
				4.5.1.3	**Conduct quarterly monitoring /supervision of BFHI**	QSS conducted for BFHI	transportaiton		SPHCDB. LGHA			1	1									
			4.5.2 Promo	**4.5.**	**Conduct routine**	number	no cost		SPHCDB.		1	1	1									

			te exclusive breastfeeding for the first 6 months of life	**2.1**	**health talk during immunization, ANC and MNCH Weeks**	of facilities conducting health talks			LGHA													
				4.5.2.2	**Print 1000 IEC materials on exclusive breastfeeding**	number of materials printed	cost of printing		SPHCDB. LGHA			1										
			4.5.3 Scaie up continuous breast feeding and appropriate complementary feeding from 6 months	**4..5.3.1**	**Training of 292 health care workers on the appropriate complementary foods and continued breastfeeding**	number of health care workers trained	hall, food etc		SPHCDB. LGHA				1									
			4.5.4 Scale up prevention	**4.5.4.1**	**Establish Nutrition/Food demons**	number of food corn	no cost		SPHCDB. LGHA				1									

			detection and control of acute malnutrition		**tration corners in PHC Centers to promote optimal nutrition for the mother, infant and young child.**	ers established																
				4.5.4.2	**Establish a referral system (hub and spoke) in all LGAs for management of acute malnutrition in children**	Referral sysems established	no cost		SPHCDB. LGHA			1	1									
			4.5.5 Promote implementation of school feeding progra	**4.5.5.1**	**Establish school meal program in all primary schools where it is**	number of meal programs established	no cost		SPHCDB. LGHA			1	1									

			mme		**non-existent.**																	
				4.5.5.2	**Conduct quarterly monitoring and supervision of the food vendors in all the sites.**	number of QSS conducted	transportaiton		SPHCDB. LGHA		1	1	1									
Increase utilization of essential package of health	5.Communicable Diseases (Malaria, TB, Leprosy, HIV/	5.1. Reduce significantly morbidity and mortality due	5.1.1. Expand access to integrated vector control interventions	**5.1.1.1**	**2 day advocacy visit by 4 stakeholders to donor agencies for Abia to be covered**	Number of advocacy visit conducted	Transportation, refreshment	PHCDA	Abia State PHCDA			**1**		Attendance, pictures, advocacy visit report	560,000.00	560000.00						

care services	AIDS) And Neglected Tropical Diseases	to Malaria and move towards pre-elimination levels			**by entyomological surveys. (Stakeholders to be drawn from MOH, SPHCDA and LGA HAS unit.)**																	
				5.1.1.2	**Conduct Knowledge, Attitude and Practices Survey on net utilization. (Engage 2 state technical officers for a total of 10 days - 5 days for field trip)**	Number of days survey was conducted	DSA, transportation	PHCDA	Abia State PHCDA			**1**		Survey Report	230,000.00	230000.00						
				5.1.1.3	**Support 28 slots of radio jingles for sensitiz**	Radio jingle aired	2 slots per day for 2 weeks	General population (community	Abia State PHCDA			**1**		Payment Receipts, Compact disk of Jingles	224,000.00	224000.00						

					ation on vector control practices, targeting rural communities.			members)													
				5.1.1.4	**Hold 7 day LLIN distribution in all health facilities as a form of continuous net distribution**	Number of	2 days car hire each for 17 LGA's for net distribution to ward HC.	Communities	LGA HAS/RBM FP		**1**		**1**	delivery vouchers	680,000.00	1360000.00						
			5.1.2. Strengthen laboratory services for diagnosis of malaria at all levels	**5.1.2.1**	**Conduct 2 weeks TOT(master) training for 17 laboratory microscopists in advanced malaria microscopy, each from**	Number of laboratory microscopists trained	training materials, hall rental, transportation, breakfast, lunch	Laboratory Microscopists from the LGA	Abia State PHCDA			**1**		Attendance, pictures	6,859,850.00	6859850.00						

					the 17 LGA's. (2 facilitators to be engaged)																
				5.1.2.2	**Conduct 1 day training /retraining for 17 Malaria Focal persons and 3 State Team Members on the use of malaria diagnostic KIT**	Number of MFP's trained	training materials, hall rental, transportation, breakfast, lunch	LGA RBM FP, STATE RBM team members	Abia State PHCDA		**1**			Attendance, pictures	1,346,000.00	1346000.00						
			5.1.3. Improve availability of and access to commodities and supplies for treatment of	**5.1.3.1**	**Procure and distribute 4.9 million ACTs and other malaria commodities for distribution to health**	Number of ACT's procured	Cost of ACT	General population	Abia State PHCDA		**1**	**1**	**1**	Procurement documents, Delivery vouchers.	28,000,000.00	84000000.00						

			uncomplicated and severe malaria		**facilities**																
				5.1.3.2	**Conduct 3 days training for 22 persons (RBM manager, State Malaria logistics officer and 17MFPs) on commodity management (1 facilitator to be engaged)**	Number of people trained	training materials, hall rental, transportation, breakfast, lunch	LGA RBM FP, STATE RBM logistics officer	Abia State PHCDA				**1**	Attendance, pictures	1,014,100.00	1014100.00						
			5.1.4. Expand use of IPT among pregnant women attending ANC	**5.1.4.1**	**Procure and distribute 1,078,000 Sulphurdoxine Pyremethamine for distribution to health**	Quantity of commodity procured	Cost of SP	LGA HF's	Abia State PHCDA	**1**	**1**	**1**	**1**	Procurement documents, Delivery vouchers.	21,560,000.00	86240000.00						

					facilities																	
																NGN0.00						
			5.1.5. Strengthen systems for quality assurance and quality control of malaria diagnosis and treatment.	**5.1.5.1**	**Adapt and print 5,000 copies of SOP's for malaria diagnosis**	Number of malaria SOP's printed	printing cost,	LGA HF's	Abia State PHCDA /LGA HAS		**1**			Payment receipt, proof of supply, delivery vouchers.	1,000,000.00	1000000.00						
				5.1.5.2	**Hold 1 day Quarterly Quality Control Meeting for 20 persons in each LGA (Laboratory Scientists/technicians from**	Number of quarterly quality control meeting held	transportation, breakfast, lunch	LGA Laboratory scientists	LGA HAS/LGA TBLS	**1**	**1**	**1**	**1**	Attendance, pictures, EQA report	3,230,000.00	12920000.00						

					LGA HF's)																	
			5.1.6. Promote active community participation in malaria control initiative	**5.1.6.1**	**Hold 1 day decentralized world malaria day celebration in each LGA**	Number of world malaria day celebrations held	Hall rental, refreshment	GHCW's, Community	LGA HAS/LGA RBM FP				**1**	Attendance, pictures	1,700,000.00	1700000.00						
				5.1.6.2	**Hold 2 day quarterly sensitization visits per LGA to Community gate keepers on malaria prevention (5 LGA staff to be engaged per LGA)**	Number of quarterly sensistization visits held	transportation, refreshment,	Community gatekeepers	LGA HAS			**1**	**1**	Pictures	340,000.00	680000.00						
		5.2. Ensure	5.2.1. Strengthen	**5.2.1.**	**Conduct 8 days Active**	Number of TB	Transportation	Communities	LGA TBLS/ABIA			**1**	**1**	Pictures	1,632,000	3264000.0						

		universal access to high quality, client-centred TB/Leprosy diagnosis and treatment services for the reduction in the incidence and prevalence of tuberculosis/leprosy in Nigeria.	TB case detection, diagnostic capacity and access to quality treatement services .	**1**	**Tuberclosis case finding per month across the 17 LG.A's (2 persons per visit)**	ACS conducted in the state			STBLCP						.00	0						
				5.2.	**Conduct 5 days**	Training	Hall rental, refreshment,	LGA HF	ABSPH CDS/			**1**		Attendance,	3,127,	312750						

				1.2	**centralized training for 50 Health Care Workers (one from each HF) on TB identification, diagnosis and treatment of tuberculosis. (1 facilitator)**	conducted	training materials, transportation	staff	ABIA STBLCP					pictures	500.00	0.00						
				5.2.1.3	**Conduct 2 day centralized External Quality Assurance meeting for 70 laboratory technicians and laboratory scientists. (3 from each**	Number of people attending	Hall rental, refreshment,	LGA Laboratory scientists and technicians.	ABSPH CDS/ ABIA STBLCP				**1**	Attendance, pictures	1,713,500.00	1713500.00						

					LGA and 1 facilitator)																
			5.2.2.Promote demand for TB services	**5.2.2.1**	**Print 10,000 copies of IEC matrials (10,000 handbills)**	Number of IEC materials printed	printing cost	LGA HF's	ABSPH CDS/ ABIA STBLCP			**1**		Payment receipts, delivery vouchers,	200,000.00	200000.00						
				5.2.2.2	**Conduct 5 day quarterly mass communication and sensitization campaign in 5 communities in the state. (2 persons per LGA)**	Number of sensitization visits conducted	Transportation	Community memebers	ABIA STBLCP /LGA HAS			**1**	**1**	Receipts, attendance	340,000.00	680000.00						
				5.2.2.3	**Conduct 2 day TOT training on Community Sensitization and Mobilization**	Number of TBLS trained	Hall rental, breakfast, lunch, training materials, transportation	LGA TBLS	ABIA STBLCP /LGA HAS				**1**	Attendance,	600,900.00	600900.00						

					skills for 17 LGA TB Supervisors. (I facilitator)																
			5.2.3. Expand access to TB diagnosis and treatment services for persons co-infected by TB and HIV	**5.2.3.1**	**Procure and install 2 New GeneXpert machines, one in each LGA in the state without a gene-xpert machine for TB diagnosis.**	Number of Gene-xpert machines procured	Cost of Gene-Xpert machine and other accessories	LGA HF	ABSPH CDS/ ABIA STBLCP		**1**			Pyment vouchers, delivery vouchers, gene-xpert sites	5,730,000.00	5730000.00						
				5.2.3.2	**Procure 17 motocycles (1 per LGA) for sputum transportation to Gene-Xpert sites**	Number of motocycles procured	Cost of motorcycles, transportation for delivery of otorcycle	LGA TBLCP	ABSPH CDS/ ABIA STBLCP			**1**		Procurement documents, Delivery vouchers.	2,550,000.00	2550000.00						
				5.2.3.	**Hold 5 day DOTs**	Number of	Hall rental, breakfast, lunch, training	HF WORKERS	ABSTB LCP			**1**		Attendance, pictures,	940,650.0	940650.00						

				3	**trainig for 12 GHCW's from 12 ART sites not offering TB services , for full take off of TB services a in the state.(2 facilitators)**	GHCW's training	materials, transportation							0							
			5.2.4. Scale up paediatric TB diagnosis and treatment services	**5.2.4.1**	**Hold 5 day training for 20 Doctors from General Hospitals on paediatric TB diagnosis and management (2 facilitators)**	Number of medical officers trained	Hall rental, breakfast, lunch, training materials, transportation	ABSPHCDS/ ABIA STBLCP	ABSPHCDS/ ABIA STBLCP			**1**		Attendance, pictures,	1,863,050.00	1863050.00						
				5.2.4.2	**Procure and install 3 Xray machines in 3 General**	Number of Xray machines proc	Gene-Xpert cost, cost of laboratory workbench, cost of inverter air conditioner, cost of inverter,	General population (community memb	ABSPHCDS/ ABIA STBLCP		**1**			Delivery machines , Gene-	3,000,000.00	3000000.00						

					Hospitals, one in each of the senatorial zone, for free diagnosis of TB using xray in children.	ured and installed	cost of solar panel	ers)													
				5.2.4.3	**Conduct 3 day training for 50 Health workers on childhood TB diagnosis. (1 facilitator)**	Number of health workers trained	Hall rental, breakfast, lunch, training materials, transportation	HF WORKERS	ABSPHCDS/ ABIA STBLCP		**1**			Attendance, pictures,	1,931,550.00	1931550.00						
			5.2.5. Strengthen collaboration with and capacity of CBOs to support TB programming.	**5.2.5.1**	**One day training for 292 master trainers (one person per ward) to retrain all the CBO's at the community**	Number of master trainers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS, CBO's	ABSPHCDS/ ABIA STBLCP	**1**				Attendance, pictures,	3,481,600.00	3481600.00						

					level, on recognition and referreal of Presumptive TB and DR-TB cases,																	
			5.2.6. Strengthen mechanism for coordination of TB/ HIV collaborative activities at all levels of health care.	**5.2.6.1**	**Conduct a one day joint TB / HIV Quarterly Review meeting for 40 persons, to eview TB/HIV collaborative program. (one TBLS and one LACA from each LGA for the 17 LGA's, and six state team membe**	Number of TB/HIV QRM conducted	Hall rental, breakfast, lunch, transportation	HF WORKERS	ABSPH CDS/ ABIA STBLCP		**1**	**1**	**1**	Attendance, pictures, minutes	573,050.00	171915 0.00						

					rs, 3 from HIV and TB Programs.																	
				5.2.6.2	**Conduct 2 day training for GHCW's on TB/HIV collaborative activities, with 55 people in attendance. (3 from high burden facility in each LGA, and 1 facilitator)**	number of training conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPH CDS/ ABIA STBLCP			**1**		Attendance, pictures,	768,800.00	768800.00						
			5.2.7.Promote innovative advocacy, social mobilization and	**5.2.7.1**	**Conduct 2 day training for 45 CBOs on Behavioural Change Communication**	Number of CBO's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPH CDS/ ABIA STBLCP		**1**			Attendance, pictures,	1,291,600.00	1291600.00						

			behaviour change intervention for the prevention and control of TB		**Skills.**																
			5.2.8. Expand and improve access to quality Leprosy and TB Services	**5.2.8.1**	**One day meeting with 20 stakeholders to review existing Leprosy services currently in the state (honourable commissioner, permanent secretary, DPHDC, ES-ASPHCDA, STBLCM, 5 TBLS and 7 GHCW's drawn from HF's**	Number of review meeting conducted	Hall rental, breakfast, lunch, transportation	State stakeholders on leprosy management	ABSPHCDS/ ABIA STBLCP		**1**			Attendance, pictures, minutes	291,000.00	291000.00						

					and 3 Leprosy state team members.)																
				5.2.8.2	**Train 34 health workers (12 doctors and 22 GHCW's, 2 from each LGA) for one day on identification, diagnosis and management of Leprosy.**	Number of health workers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPH CDS/ ABIA STBLCP		**1**			Attendance, pictures,	506,750.00	506750.00						
			5.2.9 Build capacity of all cadres of health staff (GHW, Physicians, and specialist) and comm	**5.2.9.1**	**Conduct 1 day training for 36 health workers (12 doctors and 22 GHCW's, 2 from each LGA and 2 facilitatorsa)**	Number of health workers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF Workers	ABSPH CDS/ ABIA STBLCP		**1**			Attendance, pictures,	506,750.00	506750.00						

			unity members on Leprosy case finding and case management		**on identification, diagnosis and management of Leprosy.**																
				5.2.10.2	**Conduct 1 day training for 45 CBOs/community leaders from Leprosy endemic areas in the state on Leprosy case dectection, recognition and referral.**	Number of CBO's and community leaders trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	CBO's, Community leaders	ABSPHCDS/ ABIA STBLCP			**1**		Attendance, pictures,	628,300.00	628300.00						
			5.2.10. Integrate Leprosy control into the general	**5.2.10.1**	**Hold one day meeting with 20 stakeholders to Develop guideline for integra**	Number of guideline/protocol developed	Hall rental, breakfast, lunch, transportation	General population (community members)	ABSPHCDS/ ABIA STBLCP			**1**		Attendance, pictures, minutes	291,000.00	291000.00						

			health services		**tion of Leprosy into general health care services. (HC, PS, DPHDC, ES-ASPHCDA, STBLCM, 5 TBLS and 7 GHCW's drawn from HF's and 3 Leprosy state team members)**																	
				5.2.10.2	**Conduct one day training for 40 PHC workers on identification, diagosis and referral of Leprosy cases.**	Number of health workers treained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPH CDS/ ABIA STBLCP		**1**			Attendance, pictures,	573,050.00	573050.00						
			5.2.11.	**5.**	**Conduct**	Num	Hall rental,	Gener	ABSPH		**1**	**1**	**1**	Attendan	170	510						

			Promote community based TB/Leprosy control initiatives	**2.11.1**	**1 day advocacy visit to community stakeholders in one community per quarter (5 LGA team members)**	ber od advocacy visit conducted	refreshment, transportation	al population (community members)	CDS/ ABIA STBLCP					ce, pictures, minutes	,000.00	000.00						
		5.3. Significantly reduce the incidence and prevalence of HIV/ AIDS in Nigeria by 2021	5.3.1. Expand access to Minimum Package of Preventive Interventions (MPPI) for HIV targeting key and general populations	**5.3.1.1**	**Conduct 3 day master training for 20 persons (17 LGA LACA officers and 3 facilitators) on MPPI for HIV**	Number of health workers treained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	HF Workers			**1**		Attendance, pictures,	970,050.00	970050.00						
				5.3.1.2	**Conduct 1 day quarterly**	number of sensi	Hall rental, refreshment, transportation	General population	Community leaders,				**1**	Attendance, pictures,	225,000.00	225000.00						

					sensitization visit of community leaders in 1 community in HIV high burden area on MPPI for HIV (5 LGA team members)	tization visit conducted quarterly		(community members)	Gneral population												
				5.3.1.3	**Hold 1 day stakeholder meeting for 50 participants to adopt the current National MPPI guideline. (Stakeholders drawn from MOH, ABSPHCDA, LGA'S**	Number of stakeholders meeting held	Hall rental, refreshment, transportation	MPPI stakeholders	ABSPHCDA/ NCAPS SPIU/SACA		**1**			Attendance, pictures, minutes	1,305,000.00	1305000.00						

					and HF's)																	
				5.3.1.4	**Conduct 2 day quarterly review meeting for 40 HIV partners for review of MPPI implementatrion (17 LACA officers from the LGA's and 23 partners)**	Number of QRM conducted	Hall rental, refreshment, transportation	HIV partners, LGA LACA officers, General Population	ABSPH CDA/ NCAPS SPIU/SACA		**1**	**1**	**1**	Attendance, pictures,	512,000.00	1536000.00						
			5.3.2. Expand access of people living with HIV and AIDS to ART and co-infection manag	**5.3.2.1**	**Train 30 healthcare providers for 2 days on ART and co-infection management**	Number of GHCW's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF workers	ABSPH CDA/ NCAPS SPIU/SACA				**1**	Attendance, pictures,	851,500.00	851500.00						

			ement services.																			
			5.3.3. Promote universal access to quality PMTCT services	**5.3.3.1**	**Conduct 5 days training for 50 GHCW's from non-PMTCT sites on PMTCT**	Number of GHCW's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	Health workers	ABSPH CDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures	2,977,500.00	2977500.00						
				5.3.3.2	**Conduct 2 day quarterly review meeting for 40 HIV partners review of MPPI implementatrion for 40 HIV partners. (17 LACA officers from the LGA's and 23 partners)**	QRM conducted	Hall rental, refreshment, transportation	HIV partners, LGA LACA officers, General Population	ABSPH CDA/ NCAPS SPIU/SACA		**1**	**1**	**1**	Attendance, pictures,	741,500.00	2224500.00						
				5.3.	**Conduct 4 day**	Number	breakfast, lunch, training	General	ABSPH CDA/			**1**	**1**	Attendance,	408,00	816000						

				3.3	**quarterly PMTCT outreaches to four communities in the state (3 LGA team members)**	of outreaches conducted. Number of communities benefitting from the outreach	materials, transportation, facilitator fee	population	NCAPS SPIU/SACA					pictures, minutes	0.00	.00						
				5.3.3.4	**Conduct 1 day quarterly PMTCT Review meetings for 40 participants (17 LACA, SACA & NCAP SPIU)**	Number of PMTCT review meeting held	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	LGA HA team, General population	ABSPH CDA/ NCAPS SPIU/SACA			**1**	**1**	Attendance, pictures, minutes	512,000.00	1024000.00						
			5.3.4. Strengthen referral and linkages betwe	**5.3.4.1**	**1 day meeting to review HIV/AIDS services linkages**	Number of HIV/AIDS review mee	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	LACA, SACA, NCAPS SPIU	ABSPH CDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures, minutes	200,000.00	200000.00						

			en HIV/AIDS services and other health and social services		**and referrals (40 participants - 17 LACA, SACA & NCAP SPIU)**	tings held																
			5.3.5. Promote injection safety and health care waste management practices	**5.3.5.1**	**1 day meeting to adopt the National gudeline on safety procedures and waste management (30 participants, 2 per LGA)**	Number of meeting held. Guideline on safety procedures and waste management adopted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	SPHCDB	ABSPHCDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures, minutes	150,000.00	150000.00						
				5.3.5.2	**Conduct 2 day training for 50 health care workers on waste**	Number of health workers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	GHCW's	ABSPHCDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures,	1,322,550.00	1322550.00						

					management and injection safety	on waste management and injection safety																
			5.3.6. Strengthen community systems to support HIV/AIDS programming for key and general populations	**5.3.6.1**	**Constitute and Inaugurate on community Action Committee on AIDS**	Committee inaugurated	No cost	General population	ABSPH CDA/ NCAPS SPIU/SACA				**1**	Pictures, Inauguration report	0.00	0.00						
				5.3.6.2	**Conduct 1 day training for 50 CBOs as peer educators on HIV care and support**	Number of CBO's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	CBO's, Community leaders	ABSPH CDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures	1,322,550.00	1322550.00						
				5.	**Conduct**	num	Transportation	Gener	ABSPH			**1**	**1**	Pictures,	510	102						

				3.6.3	**3 day quarterly community sensitization to 3 communities on stigma reduction. (5 LGA team members)**	ber of meetings conducted		al Populationb	CDA/ NCAPS SPIU/SACA					Attendance	,000.00	0000.00						
			5.3.7. mprove the logistics and supply chain management for all HIVAIDS-related drugs and commodities.	**5.3.7.1**	**Conduct 2 day LMIS Training for 20 logistics officers**	Number of people trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	Logistics officer	ABSPH CDA/ NCAPS SPIU/SACA			**1**		Pictures, Attendance	661,050.00	661050.00						
				5.3.7.2	**Print and 10,000 logistics tools for use**	Number of tools printed	Printing cost	GHCW's	ABSPH CDA/ NCAPS SPIU/SACA			**1**		delivery vouchers	2,000,000.00	2000000.00						

					in healthcare facilities																
				5.3.7.3	**Support one day bi monthly meeting for 30 persons per LGA for collection of CRRIRF**	Number of meetings held	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF OIC's	ABSPH CDA/ NCAPS SPIU/SACA			**1**		attendance, pictures	3,655,000.00	3655000.00						
			5.3.8. Promote HIV/AIDS research for improved evidence-based response	**5.3.8.1**	**Support the conduct of 5 day quarterly facility level DQA and CQI visits per LGA, for 5 M&E officers.**	Number of DQA conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	LGA HA team,	ABSPH CDA/ NCAPS SPIU/SACA			**1**		attendance. DQA report	125,000.00	125000.00						
			5.3.9. Strengthen advocacy, legislation, social mobili	**5.3.9.1**	**Conduct 1 day Advocacy and senstization meeting for 50 stakeho**	Number of advocacy visit conducted	transportation	Stakeholders	ABSPH CDA/ NCAPS SPIU/SACA				**1**	pictures, attendance	520,000.00	520000.00						

			zation and behaviour change communication for improved HIV response		**lders (stakeholders from at all level)**																	
				5.3.9.2	**Produce 5,000 copies of IEC/BCC materials**	Number of IEC materials printed	printing cost	HF's	ABSPHCDA/ NCAPS SPIU/SACA				**1**	receipts, delivery voucher	100,000.00	100000.00						
		5.4.Reduce the incidence, morbidity and mortality due to viral hepatitis.	5.4.2. Expand access of key and general populations to viral hepatitis prevention, screening and treatment services	**5.4.1.2**	**1 day review meeting for 30 patricipants from MOH, SPHCDA, LGA HAS unit to adopt the National guidline on viral hepatitis**	number of Review meeting held	hall, breakfast, lunch	SPHCDA, LGA HAS unit	ABSPHCDA				**1**	Attendance, pictures, minutes	150,000.00	150000.00						
				5.	**Train 30**	Num	Hall rental,	surveil	ABSPH			**1**		Attendan	462	462						

				4.1.2	**surveillance officers and community informants on viral hepatitis case detection**	ber of surveillance ofiicers trained	breakfast, lunch, training materials, transportation, facilitator fee	lance officers	CDA					ce, pictures,	,550.00	550.00					
				5.4.1.3	**Conduct 2 day Training of 50 health care providers on provision of viral hepatitis services**	Number of health workers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF workers, GHCW	ABSPH CDA				**1**	Attendance, pictures,	1,262,550.00	1262550.00						
			5.4.2. Expand coverage of interventions for prevention of mother-to-child transmission	**5.4.4.1**	**Screen pregnant women for infections or complications on hepatitis B**	Number of pregnant women screened	No cost	Pregnant women	ABSPH CDA				**1**	hepatitis screening register	0.00	0.00						

			of viral hepatitis																			
			5.4.3. Expand access and delivery of hepatitis prevention, care and treatment services in health care facilities and closed settings	**5.4.3.1**	**2 day stakeholders meeting to develop referral and linkage services for viral Hepatitis (30 participants)**	Stakeholders meeting held. Referral and linkage services for viral hepatitis developed.	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	GHCW's	ABSPH CDA		**1**			Attendance, pictures, minutes	300,000.00	300000.00						
		5.5.Reduce morbidity, disability and mortality due to targeted	5.5.1. Strengthen advocacy, social mobilization and behaviour change communication for	**5.5.1.1**	**Carry out 1 day advocacy meeting with Policy makers and community leaders from LGA**	Number of advocacy meeting held	Tarnportation	Community Leaders	ABSPH CDA			**1**		Attendance, pictures	340,000.00	340000.00						

		Neglected Tropical Diseases (NTDs) and improve quality of life of those affected.	NTDs		**and state. (17 LGA participants and 13 from state)**																
				5.5.1.b	**Printing and distribution of 5,000 BCC materials.**	Number of printedals BCC materials printed	printing cost	health facilities	ABSPHCDA				**1**	Procurement documents, Delivery vouchers.	100,000.00	100000.00						
			5.5.2. Scale up delivery of integrated preventive chemotherapy packages and	**5.5.2.1**	**Conduct 14 day baseline survey and mapping of Yaws, Burulli Ulcer, Triciasis, Guinea Worm**	Baseline survey and mapping done	No cost	General Population	ABSPHCDA/ ABIA NTD UNIT			**1**		Baseline survy report, disease map	0.00	0.00						

			other packages.		**(Dogs)**																	
				5.5.2.2	**Conduct 2 day quarterly house to house/focal group discussion on BCC targetting 2 communities.**	Number of house to house/ focal group discussion held	Transportation	General popu	lation, community members			**1**	**1**	Pictures	136,000.00	272000.00						
INCREASED UTILIZATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES	6. NON COMMUNICABLE DISEASE, CARE OF THE ELDERLY, MENTAL HEALTH, ORAL AND EYE HEALTH	6.1 REDUCE MOBIDITY AND MORTALITY DUE TO NCDS (CANCERS, CARDIOVASCULAR DISEASES, CHRONIC OBSTRUCT	6.1.1 PROMOTE GENERATION OF EVIDENCE FOR DECISION MAKING FOR PLANNING AND IMPLEMENTATION OF NCD INTERVENTION	**6.1.1.1**	**REVIEW AND ADAPT NATIONAL POLICY AND GUIDELINES ON NCDS**	NATIONAL POLICY AND GUIDELINES IS REVIEWED	1. TRANSPORT STIPEND, REFRESHMENT, ACCOMODATION FOR PARTICIPANTS. (2) STATIONARIES AND WRITING MATERIALS	STAKEHOLDERS IN THE STATE HEALTH SYSTEM	SMOH, SPHCDA, LGHA, LGA ADVISORY COMMITTEE MEMBERS, AGENCY BOARD MEMBERS		**1**		**1**	REPORTS, RECIEPTS /VOUCHERS,ATTENDANCE	2,305,500.00	4611000.00						

		IVE AIR WAYS)																			
				6.1.1.2	**2 DAY COMMUNITY WIDE SURVEY ON NCDS AND RISK FACTORS IN 2 COMMUNITIES PER LGA OF THE STATE**	DISEASE SURVEILLANCE AND SUPPORTIVE SUPERVISION CONDUCTED IN ALL THE 17 LGAs OF ABIA STATE	TRANSPORT STIPEND, PRODUCTION OF DATA TOOLS, REFRESHMENT	STAKEHOLDERS IN THE STATE HEALTH SYSTEM	SPHCDA, LGHA		**1**	**1**		REPORTS, RECIEPTS /VOUCHERS ,PICTURES	1,666,000.00	3332000.00						
				6.1.1.3	**COMMUNITY SENSITIZATION AND SCREENING FOR CARDIOVASCULAR DISEASES (High blood**	COMMUNITY MEMBERS IN THE 17 LGAs ARE SENSITIZED	HIRING OF 1 PUBLIC ADRESS SYSTEM PER LGA, PROVIDING 10 BP APPARATUS PER LGA, ENGAGING 5 SUPPORT STAFF PER LGA AND 2 STATE STAFF, HIRING OF VIDEO COVERAGE AND	THE ELDERLY IN THE VARIOUS COMMUNITIES	SPHCDA, LGHA		**1**		**1**	ATTENDANCE, RECEPTS/ VOUCHERS, PICTURES, REPORTS	833,000.00	1666000.00						

					pressure)	AND SCREENED	PHOTOGRAPHS, TRANSPORTATION, ENTERTAINMENT														
			6.1.2 BUILD CAPACITY OF HEALTH CARE PROVIDERS ESPECIALLY AT PHC IN PREVENTION AND SCREENING FOR NCDS	**6.1.2.1**	**TRAINING AND RETRAINING 50 HEALTH CARE PROVIDERS PER LOCAL GOVERNMENT ON NCDS SERVICES**	CAPACITY OF 50 HEALTHCARE PROVIDERS PER LOCAL GOVERNMENT AREA, ON NCDS BUILTH	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS, PAYMENT FOR RESOURSE PERSONS	850 HEALTH CARE PROVIDERS	SPHCDA, LGHA			**1**		ATTENDANCE, RECEPTS/ VOUCHERS, PICTURES ,REPORTS	7,862,500.00	7862500.00						
				6.1.2.2	**BUILD CAPACITY OF 34 M&E OFFICERS IN THE LGAs ON DATA GENERATION, COLLECTION,**	THE CAPACITY OF34 M&Es IN ABIA ARE BUILTH	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS, PAYMENT FOR RESOURSE PERSONS	STAKEHOLDERS IN ALL STRATA OF THE HEALTH SYSTEM	SMOH, SPHCDA, LGHA			**1**		REPORTS AND ATTENDANCE	545,700.00	545700.00						

					COLLATION AND REPORTING ON NCD SERVICES																
			6.1.3 INTENSIFY ADVOCASY,LEGISTLATION, SOCIAL MOBILIZATIONAND BEHAVIOUR CHANGE COMMUNICATION FOR NCD PREVENTION AND CONTROL	**6.1.3.1**	**ADVOCACY VISIT TO RELEVANT STAKEHOLDERS(EXECUTIVE AND LEGISLATIVE) FOR SUPPORT AND LEGISLATION ON NCDs PREVENTION AND CONTROL IN 17 LGA**	ADVOCASY TO RELEVANT STAKEHOLDERS IN 17 LGAs DONE	TRANSPORTATION, IEC MATERIALS, REFRESHMENT	STAKEHOLDERS	SMOH, SPHCDA, LGAHA		**1**			RECEIPTS, REPORT	743,000.00	743000.00						
				6.1.3.2	**OBSERVING OF THE WORLD HEALTH DAYS FOR MENTA**	4 WORLD HEALTH DAYS OBSERVER	TRANSPORTATION, IEC MATERIALS,REFRESHMENT	COMMUNITY MEMBERS	SPHCDA, LGHA		**1**	**1**	**1**	RECEIPTS, REPORT	0.00	0.00						

					L , CADIOVASCULAR,EYE,CARE OF THE ELDERLY AND ORAL HEALTH	ED															
			6.1.4 PROMOTE DEMAND FOR NCD SERVICES	**6.1.4.1**	**1 DAY ADVOCACY VISIT TO STAKEHOLDERS (17 LGA CHAIRMAN ,1 TRADITIONAL RULERS \ NDIEZE.2 LEADERS FROM1 CBOs, 1 FBOs,1 YOUTH 1,WOMEN AND MEN GROUPS**	COMMUNITY SENSITIZATION AND ADVOCASY CARRIED OUT TO ALL THE STAKEHOLDERS	TRANSPORTATION, IEC MATERIALS, REFRESHMENT	HEALTHSTAKE HOLDERS IN THE 17 LGAs	SPHCDA, LGHA		**1**	**1**	**1**		743,000.00	2229000.00						
		6.2 PROMOTE THE HEAL	6.2.1 PROMOTE ENABLING POLICY	**6.2.1.1**	**ENGAGE 5 VOLUNTEERS FROM CSOs**	INSTITUTIONALIZED ELDE	TRANSPORTATION	ELDERLY PERSONS	SMOH, SPHHCDA,LGHA		**1**	**1**	**1**	RECEIPTS, REPORTS, PHOTOGRAPHS	0.00	0.00						

		TH AND WELL BEIN G OF THE ELDE RLY IN NIGE RIA	ENVIR ONME NT FOR PROGR AMIN G FOR THE ELDER LY		**PER LGA FOR A MONTH LY HOME BASED CARE OF THE ELDERL Y**	RLY HOM ES ESTA BLIS HED IN ALL LGAs OF ABIA STAT E																
INC REA SED UTIL IZAT ION OF ESSE NTI AL PAC KAG E OF HEA LTH CAR E SER VICE S	HEAL TH PRO MOT ION AND SOCI AL DETE RMI NAN TS OF HEAL TH	8.1 PRO MOT E THE WELL BEIN G OF INDI VIDU ALS AND COM MUN ITIES THR OUG H PROT ECTI ON FRO M HEAL TH RISKS AND PRO MOTI	8.1.1 STREN GHTNI NG COMM UNITY CAPAC ITY FOR RESPO NSES AND OWNE RSHIP OF HEALT H PROM OTION	**8. 1. 1. 1**	**SENSITI ZE YOUTH GROUP S IN THE 292 WARDS OF ABIA STATE ON RISKY HEALTH BEHAVI OURS LIKE DRUG ABUSE, SMOKI NG AND CONSE QUENC ES**	YOU THS IN 17 LGAs ARE SENS ITIZE D ON CON SEQ UEN CES OF RISK Y HEAL TH BEHA VIOU RS	TRANSPORTATI ON, HIRING OF PUBLIC ADRESS SYSTEM, LIGHT REFRESHMENTS , PRODUCTION OF IEC MATERIALS, PHOTOGRAPH COVERAGE, STATIONARIES	YOUT HS	LGHA		**1**	**1**		RECIEPTS AND REPORTS	2,7 00, 000 .00	540 000 0.0 0						

		ON																			
				8.1.1.2	**1- DAY ORIENTATION OF 20 COMMUNITY HEALTH PROMOTERS PER LGA ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES**	HEALTH PRACTITIONERS WILL CASCADE THE ORIENTATION TO THE COMMUNIUTY MEMBERS	TRANSPORTATION STIPENDS, LIGHT REFRESHMENT, STATIONARIES, HIRING OF PROJECTORS	HEALTH PROMOTIONERS	SPHCDA, LGHA				**1**	ATTENDANCE,RECIEPTS/ VOUCHER, REPORT	2,397,000.00	2397000.00						
				8.1.1.3	**LAUNCH A WEEKLY MEDIA CAMPAIGN ON A RADIO STATION ON THE PREVENTION OF NCDs**	REDUCTION IN THE PREVALENCE OF NCDs IN THE LGAs	RADIO ANNOUNCEMENT, JINGLES	MEMBERS OF THE COMMUNITIES	SPHCDA, LGHA		**1**			RECEIPTS, REPORTS /VOUCHERS,ATTENDANCE	358,000.00	358000.00						
				8.1.1.	**TRAIN 10 WDC MEMBE**	CAPACITY IS	TRANSPORT STIPENDs FOR WDC	WDC MEMBERS	SPHCDA, LGHA			**1**		ATTENDANCE, RECEIPTS	19,296,00	19296000.						

				4	**RS PER WARD (TOTAL 2920) ON THE PROPER DISSEMINATION OF RELEVANT INFORMATION ON NCDs TO COMMUNITY MEMBERS**	BUILT FOR THE WDCs IN ALL THE WARDS OF THE STATE	MEMBERS, STATIONARIES, HIRING OF PROJECTORS, REFRESHMENT,							/VOUCHERS, PICTURES	0.00	00						
			8.1.2 STRENGHTEN HEALTH PROMOTION COORDINATION MECHANISM	**8.1.2.1**	**PUBLIC ENLIGHTENMENT ON RISKY HEALTH BEHAVIOURS THROUGH WEEKLY PRODUCTION AND AIRING OF JINGLES**	JINGLES AIRED	PRODUCTION OF JINGLES .AIRING OF JINGLES .	GENERAL PUBLIC	SPHCDA ,SMoH, LGHA UNICEF		**1**	**1**	**1**	RECIEPT, REPORT.	358,000.00	1074000.00						
				8.1.2.2	**CONDUCT STAKEHOLDERS MEETIN**	HEALTH PROMOTION	TRANS[PORTATION, REFRESHMENT, STATIONERIES,	FBOs,CBOs,	SPHCDA,SMoH , LGHA		**1**	**1**		ATTENDANCE, RECEIPTS /VOUCHERS,	102,000.00	204000.00						

					G AT THE 17 LGAs TO AGREE ON WAYS TO PROMOTE HEALTHY LIVING WITHIN THE LGAs	INFORMATION DISCEMINATED							PICTURES								
		8.2 PROMOTE FOOD HYGIENE AND SAFETY FOR THE REDUCTION OF ILLNESSES ASSOCIATED WITH UNWHOLESOME	8.2.1 STRENGTHENING SYSTEM FOR FOOD AND WATER SAFETY SURVEILLANCE	**8.1.3.1**	**MAP OUT FOOD AND WATER VENDORS IN ABIA .**	FOOD AND WATER SURVELLANCE SYSTEM STRENGTHENED IN 17 LGAs OF ABIA	TRANSPORTSTION, STATIONERIES, REFRESHMENT, PICTURES,	BUCHERS, PIG FARMERS, WATER VENDORS AND EATRIES	SPHCDA,SMoH , LGHA		**1**	**1**	**1**	ATTENDANCE, RECEIPTS /VOUCHERS, PICTURES	340,000.00	1020000.00						

		FOOD																			
				8.1.3.2	**BIMONTHLY SUPERVISION (BY FOOD SCIENTISTS AND ENVIRONMENTAL OFFICERS) OF FOOD AND WATER VENDORS WITHIN THE 17 LGAs**	ALL FOOD AND WATER VEENDORS IN 17 LGAs INSPECTED AND CLEARED BIMONTHLY	TRANSPORTATION	FOOD AND WATER VENDORS	SPHCDA,SMoH , LGHA		**1**	**2**	**2**	REPORT, PICTURES , RECEIPTS	170,000.00	850000.00						
				8.1.3.3	**CONDUCT A TRAINING OF TRAINERS OF 6 HEALTH WORKERS PER LGAS ON FOOD AND WATER SAFETY**	FOOD AND WATER SAFETY INCULCATED ON HEALTH WORKERS	PROCUREMENT OF SAFETY MATERIALS, PROJECTORS,ENTERTAINMENTS, TRANSPORT,STATIONARIES	FOOD SCIENTIFIC OFFICERS	ABSPHCDA, LGHA		**1**		**1**	ATTENDANCE, RECEIPTS /VOUCHERS, PICTURES	684,340.00	1368680.00						
Strengthene	9. HUMAN	9.1 To ensur	Strengthen institu		Production and distribution of	production	printing of 1000 copies of tasksharing and	All PHCs, LGHAs,	ABSPHCDA/ LGHAS			**1**		DISTRIBUTION LIST	272,000.0	272000.00						

d health system for delivery of package of essential health care services	RESOURCE FOR HEALTH	e effective coordination and partnership for institutional strengthening for HRH development and management	tional capacities of HRH coordinating structures		adopted National policy(taskshifting and tasksharing policy)	and distribution of tasks haring and tasks hiftin g policy done.	taskshifting policy .2 days transportation for 18 persons for dissemination	SMOH, ABSPH CDA, AND OTHER RELEVANT STAKEHOLDERS							0							
			Strengthen institutional capacities of HRH coordinating structures		Conduct situation analysis on HRH at PHC levels	situation analysis conducted	staff time	All staff	ABSPH CDA/ LGHAS			**1**		DISTRIBUTION LIST	0.00	0.00						
					2 day training of managers on tasksharing and	2 day training held.	Non residential 2 day training for 24 persons	7 ABSPH CDA staff and 17 LGHAS	ABSPH CDA/ LGHAS			**1**		PICTURES ,TRAINING REPORT, ATTENDANCE		NGN0.00						

					taskshifting policy (7 management staff from ABSPHCDA and 17 LGHAS)																
			Strengthen/establish HRIS at ABSPHCDA and LGHA		**Print and distribute HRIS data tools to all PHCs in the LGA.**	printing and distrisbution done d.	1000 copies of HRIS data tool printed and distributed	All PHCs, LGHAS	ABSPHCDA/ LGHAS				**1**	DISTRIBUTION LIST	272,000.00	272000.00					
					Update the OICs on the HRIS data tool	HRIS Update done.	staff time	All OICs	M&Es from all the 17 LGAs and state M&Es				**1**	Not costable	0.00	0.00					
			9.2.2 Establish mechanisms for annual HRH reviews and reporting for evidence and decisio	**9.2.2.1**	**Conduct annual personnel auditing and verification exercise**	Annual personnel audit exercise conducted	2 days auditing per LGA(2 PERSONS PER LGHA)	Staff from 17 LGHAs	ABSPHCDA/ LGHAS			**1**		Audit report,	594,700.00	594700.00					

			n making at the Federal and State levels																			
			9.2.3 Improve the production of HRH research evidence through monitoring and evaluation mechanisms	**9.2.3.1**	**Conduct a survey on the strength and weaknesses of HRH workforce in LGHAs**	survey conducted.	Transportation for 8 5 personnels (5 per LGHA). Production of survey questionnaires.	All staff	ABSPH CDA/ LGHAS			**1**		SURVEY report, printed copy of questionnaire, pictures	965,000.00	965000.00						
																NGN0.00						
									ABSPH CDA/ LGHAS							NGN0.00						
		9.3 Ensure effective healt	9.3.1 Strenghthen mechanism for	**9.3.1.1**	**review the current status of deploy**	deployment status revie	staff time	All staff	ABSPH CDA/ LGHAS			**1**		Not costable	0.00	0.00						

		h work force management through retention, deployment, work condition, motivation and performance management	deployment and retention of HRH at PHC LEVELS		**ment**	wed																
				9.3.1.2	**produce and distribution of a clear job description manual**	job description manual produced and distributed	1000 copies of job description manual	LGHA staff, ABSPH CDA	ABSPH CDA/ LGHAS				**1**	PRINTED COPIES MANUAL	290,000.00	290000.00						
				9.3.1.3	**Develop and institute a system of**	personnel appraisal carrr	not costable	All staff	ABSPH CDA/ LGHAS				**1**	APPRAISAL REPORT	0.00	0.00						

					recognition and sanction	ied out.																
Strengthened Health System for Delivery of package of essential Health care services	Medicines Vaccines and other Health technology and suplliies	11.1 Strengthen the availability and use of affordable, accessible and quality medicines, vaccines, and other health commodities and technologies at all levels.	11.1.1 Strengthen the development and implementation of legal, regulatory framework, policies and plans for drugs, vaccines , commodities and health technologies at all levels	**11.1.1.1**	**Two Day Review Meeting of Abia State essential drug guideline**	Essential guideline reviwed	Hall,Transportation,Projector,Refreshment,Training Materials,Consultants.	ABSPHCDA,LGHA	SMOH					Reviwed Guideline /Worshop Report.	388,000.00	0.00		SMOH/ Partners				
				11	**Produc**	1000	Printing cost	ABSPH	SMOH			**1**		Copies of	360	360		SMO				

				.1.1.2	**tion of essential drug list and Standardized proctocol for treatment at all levels**	copies of essential guideline produced		CDA,LGHA						essentiaL guideline /Delivery note	,000.00	000.00		H/Partners				
				11.1.1.3	**Distribution of Rivised Abia State Essential Drug Guideline to Health Facilities and Relevant stake Holders.**	Copies of Guideline Distributed.	Distribution cost	ABSPHCDA,LGHA	SMOH			**1**		Delivery note	486,000.00	486000.00		SMOH/Partners				
				11.1.1.4	**Conduct quarterly inspection of facilities to ensure compliance with Essential Drug Guideline**	Number of quaterly inspection of facilties conducted.	Trasportiaiton/ perdiem, Checklist, reporting template	Heaalth facilities	ABSPHCDA/LGHA				**1**	Inspection report	750,000.00	750000.00		SMOH/Partners				

						Number of Biannual PSM TWG Meetings held	Hall,Transportation,Projector,Refreshment	PSM /LMCU group	SMOH/ Partners			**1**		Minute of meeting		NGN0.00		SMOH/ Partners				
							Perdiem, Lunch/ refreshment, workshop material	PSM /LMCU group	SMOH/ Partners			**1**		Training report		NGN0.00		SMOH/ Partners				
																NGN0.00		SMOH/ Partners				
			11.1.2 Strengthen effective procurement systems (forecasting, orders, procurement) to ensure (40% local content) and commodity securit	**11.1.2.1**	**Train 51 state and LGA cold chain officers on forcasting**	Proportion of cold chain officers trained on commodity forcasting	Hall, Consultancy fee, refreshment, Training materials,	State and LGA cold chain officers	Immunization Department SPHCDA/UNICEF/Other partners				**1**	Training report, Attendance sheet		NGN0.00		SOML				

			y for on a sustainable basis at all levels .																		
				11.1.2.2	**Hold Bi-annual statkeholders meeting on the revitalization of Drug Revolving Fund in the State and LGAs**	Number of Biannual stakeholders Meetings held	Hall, refreshment, transportation, stationaries	Health facilities	SMOH PSMT WG/ DRF focal persons at state and LGA				**1**	Minute of meeting, Attendance sheet	2,836,750.00	2836750.00		SPHCDA / Partners				
			11.1.3 Strengthen integrated supply chain management system and quality assurance models for medicines, vaccines,	**11.1.3.1**	**Maintenance of Existing State, LGA, and PHC Storage Facility including Cold chain**	Number of functional Storage Facility and cold Chain	Repair cost, transportation, fuelling cost	LGA Health Facility and **SPHCDA**	State Cold chain/ Logistic Officer /SIO			**1**	**1**	Cold chain assessment report	56,544,000.00	113088000.00		SOML/ Partners				

			commodities and other technologies with a functional logistics management information system (LMIS)																			
				11.1.3.2	**Quarterly supportive supervison of cold chain store in 17 LGAs to ensure adherence to quality assurance**	Number of quarterly supportive supervison vists conducted	Supervison checklist, ODK configuration cost	State And LGA cold chain Stores	SPHCDA Immunization Unit			**1**	**1**	Supervison report	0.00	0.00		SPHCDA / Partners				
				11.1.3.3	**Conduct state level Cold chain Bi-Monthly**	Number of Bi-monthly meetings cond	Hall,Transportation,Projector,Refreshment	State and LGA cold chain Officers	SPHCDA Immunization Unit			**2**	**2**	Meeting report	699,000.00	2796000.00		SPHCDA / Partners				

					meeting of LGA cold chain officer	ucted															
			11.1.4 Strengthen existing systems for the management of biological and non-biological wastes including expiries of medicines, vaccines and other commodities at all levels	**11.1.4.1**	**Training and retraining of 50 state and LGA peronnel in health facilites on environmental and social safeguards .**	Number of state and LGA personnel trained on environmental and social safeguards	Hall, Consultancy fee, refreshment, Training materials,	Cold chain Officers,Logistic officers, State SMOH /SPHCDA teams	SPHCDA				**1**	Training report	406,500.00	406500.00		SPHCDA / Partners				
				11.1.4.2	**Quarterly supply/ distribution of Vaccines and**	No stock out of vaccines and	Transportation	State, LGA Health facilites	PARTNERS and SPHCDA			**1**	**1**	leger, facility delivery Voucher	340,000.00	680000.00		SPHCDA / Partners				

					other commdities to 787 Primary, Secondary health facilites	commodities																
Strengthened Health System for Delivery of package of essential Health care services	Health Information System	12.1 Improve the health status of Nigerians through the provision of timely, appropriate and reliable health information services at all	Strengthen institutional framework and coordination for HIS at all levels	**12.1.1.1**	**Distribution of 1000 copies of the National HMIS Policy document**	Number of LGA/ health facilities with at least a copy of the National HMIS policy document	Distribution cost to health facilites/ LGAs	State,LGA, Health facilites	SPHCDA AND LGA			**1**	**1**	Tools distribution Voucher		NGN0.00		SPHCDA / Partners				

		levels, for evidenced based decision making.																			
				12.1.1.2	**Quaterly review meeting of the HDGC/ HDDC**	Number of quarterly HDGC/HDCC meting conducted	Hall, refreshment, trasportation, projector	Data producers and users in state	State HMIS Unit/ SMOH/ LGA			**1**	**1**	Menitue of meeting/ event	380,000.00	760000.00		SMOH/ SPHCDA/ partners				
				12.1.1.3	**Conduct Monthly State HMIS/ M&E Meeting.**	Number of State HMIS meeting conducted	Hall, refreshment, trasportation, projector	LGA HMIS officers, State HMIS officers	SPHCDA/ SMOH/ LGA			**3**	**3**	Menitue of meeting/ event	4,200,000.00	25200000.00		SMOH/ SPHCDA/ partners				
			12.1.2 Strengthen capacity to generate, transmit,	**12.1.2.1**	**Print HMIS TOOLS**	HMIS tools printed.	Printing cost	Health facilities	SMOH(DPRS), SPHCDA AND PARTNERS			**1**		Tools distribution Voucher/ Delivery note		NGN0.00		SMOH/ SPHCDA/ partners				

			analyze and utilize routine health data, from all health facilities, including private health facilities.																		
				12.1.2.2	**Distribution of top up supplies of HMIS tools to 787 government and private Owned health facilities**	HMIS tools distributed to all LGAs and HFs.	Trasportation	Health facilities	SMOH(DPRS)/ HMIS unit/SPHCDA			**1**		Number HMIS tools printed.		NGN0.00		SMOH/ SPHCDA/ partners				
				12.1.2.3	**Monthly Data hamornaization /validation review meeting at the**	Number of data validation meetings cond	Trasportation, refreshment, venue	Health facility records personnel	State HMIS officer			**3**	**3**	Number HMIS tools distributed to HFs		NGN0.00		SMOH/ SPHCDA/ partners				

					LGA level	ucted															
				12.1.2.4	**Build capacity /Refresher training of relvent personnel on HMIS / M&E data mangement and DHIS.**	Number of capacity building/refresher training sessions conducted on HMIS and DHIS	Consutant fee, venue, training materials, transportation.	LGA HMIS officers	SMOH/ SPHCDA/ PARTNERS			**1**		training report		NGN0.00		SMOH/ SPHCDA/ partners				
				12.1.2.5	**Conduct Quarterly facility level supportive supervision visits and institute QISS model**	Number of quarterly supportive supervisory visits conducted	Suppervison checklist, ODK	Health faciility	State ISS team			**1**	**1**	Supervision report		NGN0.00		SMOH/ SPHCDA/ partners				
				12.1.2.6	**Conduct quarterly DQA for 10 percent**	Number of DQA exercise	DQA checklist, transportation	Health facilities	State SMOH, SPHCDA HMIS/ M&E			**1**	**1**	DQA report		NGN0.00		SMOH/ SPHCDA/ part				

					(80 health facilites) public and private HF's	conducted			teams									ners				
Strengthened Health System for Delivery of package of essential Health care services	13. RESEARCH FOR HEALTH	13.1 Strengthen health research and development to significantly contribute to the overall improvement of Nigeria's health system performance.	13.1.1 Strengthen institutions and systems at all levels for the promotion, regulation and ethical oversight of essential national health research	**13.1.1.1**	**Establishing a unit for medical research within SPHCDA**	Unit established	Office space for the unit	SPHCDA	ES ABSPHCDA				**1**	Evidence of unit establishment	0.00	0.00		SMOH/ SPHCDA / partners				

			13.1.2 Enhance strategic partnerships at the national and international levels for the promotion and timely dissemination of research findings	**13.1.2.1**	**Supporting Annual publications of public health interest in international journals**	Number of plications facilitated by SPHCDA	publication fee	State and LGA SPHCDA staff	ES ABSPHCDA				**1**	Evidence of Publication in recognised journals	0.00	0.00		SMOH/ SPHCDA / partners				
Protection from Health Emergency and risks	Public health emergencies; preparedness and response	14.1 Reduce incidence and impact of public health emergencies in Abia.	14.1.1 Promote an integrated national disease surveillance system in line with International Health	**14.1.1.1**	**BUILD CAPACITY OF 20 DISEASE SURVEILLANCE PERSONNEL AT LGA LEVELS FOR 3 DAYS.**	• DISEASE SURVEILLANCE PERSONNELS TRAINED • •	cost of disseminating information, transportation,hiring of hall,refreshment.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT			**1**	**1**	TRAINING ATTENDANCE AND REPORT	705,000.00	1410000.00						

			Regulation (IHR) and IDSR																			
				14.1.1.2	**STRENGTHEN DATA PRODUCTION AND MANAGEMENT SYSTEM OF OICs WARD HEALTH CENTERS at LGAs.**	TRAIN PERSONNEL with LAPTOP.	cost of transportation,refreshment,purchse of LAPTOP and PRINTERS.	O IC,M & E,	DPRS,HF						2,014,000.00	0.00						
			14.1.2 Scale-up public education and awareness creation on public health emergencies	**14.1.2.1**	**CARRY OUT SURVEILLANCE NEEDS ASSESSMENT AT LGA LEVEL**	•NEEDS ASSESSMENT CARRIED OUT •SENSITIZATION ON PUBLIC HEALTH CONDUCTED • NUMBER	cost of transportation, media coverage	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT			**1**	**1**	ATTENDANCE,REPORT AND PICTURE	425,000.00	850000.00						

						OF IEC MATERIAL DEVELOPED AND DISTRIBUTED																
				14.1.2.2	**CONDUCT SENSITIZATION AND PUBLIC ENLIGHTENMENT ON PUBLIC HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE OFFICERS IN THE WDC AND VDC FOR 3 DAYS**		cost of transportation, media coverage,hall,refreshment.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT			**1**		ATTENDANCE,REPORT AND PICTURE	324,000.00	324000.00						
			14.1.3 Promote	**14.1.3.**	**TRAINING AND RETRAI**	•INTEGRATIO	cost of transportation,trainning	Health workers,	DISEASE SURVEI					ATTENDANCE,REPORT AND	0.00	0.00						

			integration of disease surveillance activities at all levels of the health care system	**1**	**NING OF 160 ADDITIONAL FOCAL PERSONS TO COVER ALL THE WARD HEALTH CENTERS IN THE STATE AND ESTABLISH RAPID RESPONSE TEAM AT ALL LEVELS**	N OF DISEASE ACTIVITIES ACHIEVED •RAPID RESPONSE TEAM ESTABLISHED AT ALL LEVEL • EPIDEMIOLOGICAL BULLETINS PUBLISHED AND DISEMINATED	material,media,.	Health practitioners.	LLANE UNIT					PICTURE								
predictable	Health finan	15.1 Increase	15.1.1 Alignment of	**15.1.1.**	**Sensitization of the**	Community	transportation	Health workers,	DPRS			**1**				NGN0.00						

financing and risk protection	cing	sustainable and predictable revenue for health	health allocations to State priorities	**1**	**community to set up committee for the monitoring of the BHCPF**	aware of the BHCPF project and ready to support.		Health practitioners, and partners.														
				15.1.1.2	**Hold a 1-day meeting to select the milestone for monitoring of the BHCPF**	Minutes of meeting available.	transportation					**1**				NGN0.00						
				15.1.1.3	**Conduct monitoring and supervision of the BHCPF implementation**	Monitoring report available.	transportation					**1**	**1**			NGN0.00						
		15.2 Strengthen governance and coor	15,2,1 Strengthen Coordination Frameworks and TWGs	**15.2.1.1**	**Establish coordination frameworks and appoint a health**	• LGA finance person appointed	No cost, staff time only	Health workers, Health practitioners,.	DPRS			**1**				NGN0.00						

		dination for actualizing stewardship and ownership of health	for health financing		**financing focal person at the 17 LGA level and**	• Quarterly meeting of TWG conducted																
				15.2.1.2	**Engage stakeholders to make a case for health as an investment.**	Number of stakeholders engaged	No cost staff time only					**1**	**1**									

Aba North LGHA Annual Operational Plan	2019	A

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017-21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity	Output Indicator ({SHDP 2017-21}	Cost Elements/ details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame				Activity Means of Verification	Total Cost	Total Amount	Expenditure Classification	Funding Source(s) Name	State Contribution to activities	Expected Contributions from other Sources	Priority Ranking
										Quarterly frequency {only numbers allowed}						-					
Stra	Priori	Objecti	Strategi	Ac	Activity					Q1	Q2	Q3	Q4			-					

tegic Pillar {SHDP 2017-21}	tyareas {SHDP 2017-21}	ves {SHDP2017-21}	c Interventions/ Output Results {SHDP2017-21}	t. Code																	
	Step 1					Step 2										Step 4		Step 5			Step 6
1. Enabled environment for attainm	1 LEADERSHIP AND GOVERNANCE FOR HEALTH	1.1 Provide clear policy, plans, legislative and regulatory framework	1.2.2 Strengthen the linkages between various planning and budgeting	1.2.2.a	**Conduct 1 day joint review meeting for 10 Health planning and budgetting staff in the LGA**	number of staff trained	Refreshment,Hall, Tea break launch and Transport	LGA HAS	SPHCDA, LGA HAS				**1**	attendance, pictures, minutes		"					

ent of sector outcomes		for the health sector	process (MTEF/ MTSS																	
			1.2.3 Strengthen voice and accountability, including community participation, CSO engagement.	**1.2.3.a**	**● Conduct 1-day quarterly review meeting for 15 health sector CSOs in the LGA to review activities**	number of the CSOs in the attendence	Hall, transport Tea break and launch	CSOs	SPHCDA and partner			**1**		attendance, pictures, minutes		"				
		1.3. Improve	1.3.1. Strengt	**1.3.**	**● Conduct 5-day**	number of meeting	hotel accommodition	stakeholder	SPHCDA and			**1**		minutes, attendance,		"				

		health sector performance through regular integrated reviews and reports	hen annual operational /work-plan for the health sector	**1.a**	**meeting of 20 LGA stakeholders in the health sector to develop operational plan for the LGA**	held	, Hall, Transport, Tea break and Launch	SPHCDA	partners					pictures							
			1.3.3. Institutionalize the mechanism for sector progress status and performanc	**1.3.3.a**	**1 Day data review meeting with 15 stakeholders/policy makers in the LGA**	1. Number of meetings held 2.Number of stakeholders attending the breview meeting	Hall, transport Tea break and launch	ES, HAS and stakeholders	LGA HAS			**1**		Pictures, attendance		"					

			e review																	
				1.3.3.b	**Support 1 day OIC meeting for 41 Public Health Facilities and LGA M&E officer for review of program activities**	Number of meetings held	Hall, transport Tea break and launch	HAS and PHC worker	LGA HAS			**1**		Pictures, attendance		"					
			1.3.4. Disseminate sector performance reports and scor	**1.3.4.a**	**Support one day meeting of 10 program officers, 5 LGA management team, LGA**	Number of meetings held.	Hall Transport, Tea break and Launch	Data managers	LGA HAS			**1**		Attendance, minutes		"					

			e cards in compliance with NH Act and other channels		**M&E officer and LGA HAS for sharing of program feedback.**															
			1.3.5. Design and institutionalize an incentivization and reward system for the efficient performanc	**1.3.5.a.**	**Reward for the best 3 performing public facilities in the LGA on all interventions**	Number of best performing health facilities	Cash incentive	3 best health facilities	LGA HAS			**1**	**1**	Pictures		"					

			e of the health sector at all levels																	
	2.Community Participation and Ownership	2.1. To strengthen community level coordination mechanisms and capacities for health planning.	2.1. 1.Strengthen institutional and coordinating mechanisms for promotion of community participation	**2.1.1.a**	**Conduct 2 days meeting to review the activities of WDC with a view to strengthen the WDC in the LGA (50 people in attendance drawn from WDC, youths, CHIPS)**	Number of meetings held Number of WDC attending the meeting	Hall rental, lunch, transportation	WDCs	LGA HAS				**1**	Attendance, pictures		"					
			2.1.	**2**	**1 day**	Numb	Hall	W	LG			**1**		Attenda		"					

			2. Strengthen financial management systems at the community levels	**.1.2.a**	**training of 30 WDC members on financial management**	er of trainings held number of WDC's that	rental, lunch, transportation	DC	AHAS					nce, pictures						
		2.2. To strengthen community engagment in the implementation, monitoring and	2.2.1. Strenghten capacities of communities to facilitate the implementation	**2.2.1.a**	**● 1 day re-orientation meeting for 40 WDC, VDC, TBAs at the LGA level**	nymber of people who wtten dedere-orientation	Hall rental, lunch, transportation	WDC, VDC, TBA	LGAHAS				**1**	Attendance, pictures, minutes		"				

		evaluation of health programs	of community and facility level minimum service package(MSP)																	
	3.Partnerships for Health	3.1. Ensure that collaborative mechanisms are put in place for involving all partners in the	3.1.10. Promote effective partnership with professional groups and other relevant stak	**3.1.10.a.**	**4 days contiuous professional development education programme for 30 people drawn from the LGA HAS unit who are memb**	Number of health works who received continuous programlopmentprofessional deve	Hall rental, lunch, transportation	Health facility workers	LGA HAS					Attendance, pictures,		"					

		development and sustenance of the health sector	eholders through jointly setting standards of training by health institutions, subsequent practice and professional competency assessments;		**ers of professional bodies (PCN, WAHEC,CHPRB,NMCN, HROPN AND LAB SCI)**															
			3.1.14. Promot	**3.1.**	**conduct 1 day comm**	Number of community	transportation	general po	LGA HAS					Attendance, pictures,		"				

			e partnerships with communities to address felt needs of the communities	**14.a**	**unity dialogue with representative of youth, woman group, CBO, FBO, community leaders and traditional ruler (5 LGA staff to attend)**	sensitization held		pulation						minutes							
Increased utilisation of essen	4.Reproductive, Maternal, Newborn, Chi	4.1 Reduce maternal mortality and morbidity through	4.1.1 Improve access to focused Antenatal and Post	**4.1.1a**	**Conduct 1 day quarterly state stakeholders review Meeting to review**	Stakeholder advocacy/review meeting done	refreshment, hall rental, transportation	LGA health workers, stakeholders, com	LGHA	**1**	**1**	**1**	**1**	Attendance, minutes, pictures z		"					

tial package of health care services	ld, Adolescent Health	the provision of timely, safe, appropriate and effective healthcare services before, during and after child birth.	natal Care		**focused antenatal and postnatal care. (10 persons drawn from LGA health authority team and health facility OIC's)**			munity leaders.												
				4.1.1.b	**Distribute 1000 mama's kit to incentivise facilit**	**1.** Number of facility-based deliveries **2.**	Cost already captured in the state PHCDA AOP	Pregnant mothers	LGHA, HF OIC's			**1**		Pictures, delivery vouchers		"					

					y-based delivery	Number of mothers that received mama's kit at health facilities														
				4.1.1.c	**Conduct a 1 day quarterly sensitization meeting in one ward (6 LGA team members from the LGA health authority team.)**	Number of sensitizations done at the ward	transportation	Community members, general population	LGHA	**1**	**1**	**1**	**1**	Attendance, Pictures, minutes		"					
			4.1.2. Expand coverag	**4.1.2.**	**Conduct 3 days non residential**	1. Number of Doctors trained	training materials, hall rental	Doctors, nurses,	LGA HA				**1**	Attendance, pictures		"					

			e of skilled delivery services	**a**	**cascade training on focused antenatal and post-natal care at the LGA level for Doctors, Nurses and Midwives. (1 doctor and 14 Nurses/Midwives)**	d. 2. Number of Nurses trained. 3. Number of Midwives trained	, transportation, tea break, lunch, stationeries, facilitator fee and transport	midwives, LGA HA team												
				4.1.2.b	**Conduct 3 days non-residential training on skilled delivery for 20 midwi**	Number of midwives and S.Chews trained.	training materials, hall rental, transportation, tea break,	Midwives, Senior Chews	ABS PHCDA/ LGHA			**1**		Attendance, Pictures		"					

					ves and S. Chews		lunch, stationeries, facilitator fee and transport													
				4.1.1.c	**Conduct a 1 day quarterly sensitization meeting in one ward (6 LGA team members from the LGA health authority team.)**	Number of sensitizations done at the ward	transportation	Community members, general population	LGHA	**1**	**1**	**1**	**1**	Attendance, Pictures, minutes		"					
			4.1.2. Expand coverage of skill	**4.1.2.a**	**Conduct 3 days non residential cascade**	1. Number of Doctors trained. 2. Numb	training materials, hall rental, trans	Doctors, nurses, midw	LGA HA				**1**	Attendance, pictures		"					

			ed delivery services		**training on focused antenatal and post-natal care at the LGA level for Doctors, Nurses and Midwives. (1 doctor and 14 Nurses/Midwives) (2 facilitators)**	er of Nurses trained. 3. Number of Midwives trained	portation, tea break, lunch, stationeries, facilitator fee and transport	ives, LGA HA team												
			4.1.3. Promote advocacy, community Mo	**4.1.3.a**	**Conduct 1 day cascade training for 15 persons on IPC Skill**	Number of safe motherhood focal person trained.	training materials, hall rental, transportation, tea break	LGA Safe Motherhood person	LGHAS				**1**	Pictures		"					

			bilization and Behaviour Change Communication for Safe Motherhood Services		**at LGA level**		, lunch, stationeries, facilitator fee and transport														
Increase utilization of essential package	5.Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS)	5.1. Reduce significantly morbidity and mortality due to Malaria and move	5.1.2. Strengthen laboratory services for diagnosis of malaria at all levels	**5.1.2.a**	**Conduct 2 weeks cascade training for 20 laboratory microscopists in advanced malaria microscopy. (2**	Number of laboratory microscopists trained	training materials, hall rental, transportation, breakfast, lunch	Laboratory Microscopists from the LGA	Abia State PHCDA			**1**		Attendance, pictures		"					

of health care services	And Neglected Tropical Diseases	towards pre-elimination levels			**facilitators to be engaged)**																
			5.1.7. Strengthen systems for quality assurance and quality control of malaria diagnosis and treatment.	**5.1.7.a**	**Hold 1 day Quarterly Quality Control Meeting for 20 Laboratory Scientists/technicians from HF's offering malaria microscopy service in the LGA.**	1. Number of meetings held 2. Number of laboratory scientists/technicians attending quality control meeting	printing cost,	LGA HF's	Abia State PHCDA/LGA HAS		**1**			Payment receipt, proof of supply, delivery vouchers.		"					
			5.1.	**5**	**Hold**	Numb	Hall	GH	LG				**1**	Attenda		"					

			8. Promote active community participation in malaria control initiative	**.1.8.a**	**world malaria day celebration in the LGA**	er of world malaria day celebfration held	rental, refreshment	CW's, Community	AHAS/LGARBMFP					nce, pictures						
				5.1.8.b	**Hold 2 day quarterly sensitization visits to Community gate keepers on malaria prevention (5 LGA staff from HAS**	Number of quarterly sensistization visits held	transportation	Community gatekeepers	LGA HAS			**1**	**1**	Pictures		"					

					unit to be engaged)															
		5.2. Ensure universal access to high quality, client-centred TB/ Leprosy diagnosis and treatment services for the reduction in the incidence	5.2.1. Strengthen TB case detection, diagnostic capacity and access to quality treatement services.	**5.2.1.b**	**Conduct 5 days centralized training for 50 Health Care Workers (one from each HF) on TB identification, diagnosis and treatment of tuberculosis. (1 facilitator)**	Training conducted	Hall rental, refreshment, training materials, transportation	LGA HF staff	ABS PHCDS/ ABIA STB LCP			**1**		Attendance, pictures		"				

		and prevalence of tuberculosis /leprosy in Nigeria.																		
				5.2.1.c	**Hold 1 day Quarterly Quality Control Meeting for 20 Laboratory Scientists/technicians from HF's offering Tuberculosis services in the LGA.**	Number of people attending	Hall rental, refreshment,	LGA Laboratory scientists and technicians.	ABS PHCDS/ ABIA STBLCP			**1**	**1**	Attendance, pictures		"				

			5.2.2.Promote demand for TB services	**5.2.2.b**	**Conduct 5 day quarterly mass communication and sensitization campaign in 5 communities in the state. (2 officers from the LGA TB Unit)**	Number of sensitization visits conducetd	Transportation	Community memebers	ABIA STBLCP/LGA HAS			**1**	**1**	Receipts, attendance		"					
			5.2.4. Scale up paediatric TB diagnosis and treatment	**5.2.4.c**	**Conduct 3 day cascade training for 30 Health facility workers on childh**	Number of health workers trained	Hall rental, breakfast, lunch, training materials, transportation	HFW ORKERS	ABSPHCDS/ ABIA STBLCP		**1**			Attendance, pictures,		"					

			services		**ood TB diagnosis. (1 facilitator)**															
			5.2.6. Strengthen collaboration with and capacity of CBOs to support TB programming.	**5.2.6.a**	**One day cascade training of 30 CBO's at the community level, on recognition and referreal of Presumptive TB and DR-TB cases,**	Number of CBO	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HFW ORKERS, CBO's	ABS PHCDS/ ABIA STBLCP	**1**				Attendance, pictures,		"					
			5.2.7. Strengthen mechanism for coordin	**5.2.7.a**	**Conduct a one day joint TB / HIV Quarterly Review**	Number of TB/HIV QRM conducted	Hall rental, breakfast, lunch, transportation	HFW ORKERS	ABS PHCDS/ ABIA STBLCP	**1**	**1**	**1**	**1**	Attendance, pictures, minutes		"					

			ation of TB/ HIV collaborative activities at all levels of health care.		**meeting for 30 persons, to eview TB/HIV collaborative program. (one TBLS and one LACA and OIC's from PMTCT sites and 2 state officers, 1 from HIV and ne from TB program**															
			5.2.8.Promote innovative	**5.2.8.a**	**Conduct 2 day training for 30 CBOs**	Number of CBO's trained	Hall rental, breakfast, lunch, traini	HFW ORKERS	ABS PHCDS/ ABIA STB			**1**		Attendance, pictures,		"					

			advocacy, social mobilization and behaviour change intervention for the prevention and control of TB		**on Behavioural Change Communication Skills.**		ng materials, transportation, facilitator fee		LCP											
			5.2.10 Build capacity of all cadres of health	**5.2.10.a**	**Train 30 OICs health facilities on identification, diagnosis and mana**	Number of OIC's trained	Hall rental, breakfast, lunch, training materials, transportation,	HFW workers	ABS PHCDS/ ABIA STB LCP				**1**	Attendance, pictures,		"					

			staff (GHW, Physicians, and specialist) and community members on Leprosy case finding and case management		**gement of Leprosy.**		facilitator fee													
				5.2.10.b	**Conduct 1 day training for 30 CBOs/community leaders from Lepro**	Number of CBO's and community leaders trained	Hall rental, breakfast, lunch, training materials, transportation,	CBO's, Community leaders	ABS PHCDS/ ABIA STB LCP				**1**	Attendance, pictures,		"					

					sy endemic areas in the LGA on Leprosy case dectection, recognition and referral.		facilitator fee													
			5.2.11. Integrate Leprosy control into the general health services	**5.2.11.b**	**Conduct one day training for 30 PHC workers on identification, diagosis and management of Leprosy cases.**	Number of health workers treained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HFW ORKERS	ABS PHCDS/ ABIA STBLCP			**1**		Attendance, pictures,		"					
			5.2.12. Pro	**5.2**	**Conduct 1 day**	Number od advoc	Hall rental,	General	ABS PHCD	**1**	**1**	**1**	**1**	Attendance, pictures		"					

			mote community based TB/Leprosy control initiatives	**.12.a**	**advocacy visit to community stakeholders in one community per quarter to promote community based TB/Leprosy control initiatives (5 LGA team members)**	acy visit conducted	refreshment, transportation	population (community members)	S/ABIA STBLCP					, minutes							
		5.3. Significantly reduce the incidence and	5.3.1. Expand access to Minimum Pac	**5.3.1.a**	**Conduct 3 day cascade training for 30 persons OIC's**	Number of health workers treained	Hall rental, breakfast, lunch, training materials, trans	HFWORKERS	HF Workers					Attendance, pictures,		"					

		prevalence of HIV/AIDS in Nigeria by 2021	kage of Preventive Interventions (MPPI) for HIV targeting key and general populations		**on MPPI for HIV**		portation, facilitator fee													
				5.3.1.b	**Conduct 1 day quarterly sensitization visit of community leaders in 1 community in HIV high burden area**	number of sensitization visit conducted quarterly	Hall rental, refreshment, transportation	General population (community members)	Community leaders, Gn eral population				**1**	Attendance, pictures,		"					

					on MPPI for HIV (3 LGA team members)																
			5.3.2. Expand access of people living with HIV and AIDS to ART and co-infection management services.	**5.3.2.a**	**Train 30 LGA general health care providers for 2 days on ART and co-infection management (attendees drawn from facilities offering both TB and HIV services.**	Number of GHCW's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF workers	ABS PHCDA/ NCAPS SPIU/SACA				**1**	Attendance, pictures,		"					

			5.3.3. Promote universal access to quality PMTCT services	**5.3.3.c**	**Conduct 4 day quarterly PMTCT outreaches to four communities in the LGA (5 LGA team members)**	Number of outreaches conducted. Number of communities benefitting from the outreach	breakfast, lunch, training materials, transportation, facilitator fee	General population	ABSPHCDA/NCAPSSPIU/SACA			**1**	**1**	Attendance, pictures, minutes		"					
			5.3.7. Strengthen community systems to support HIV/AIDS programming for	**5.3.7.a**	**Constitute and Inaugurate on community Action Committee on AIDS**	Number of committee inaugurated	No cost	General population	ABSPHCDA/NCAPSSPIU/SACA				**1**	Pictures, Inauguration report		"					

			key and general populations																	
				5.3.7.b	**Conduct 1 day training for 30 CBOs as peer educators on HIV care and support**	Number of CBO's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	CBO's, Community leaders	ABS PHCDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures		"				
		5.4. Reduce the incidence, morbidity and mortality due to viral hep	5.4.2. Expand access of key and general populations to viral hepatiti	**5.4.2.b**	**Train 30 surveillance officers and community informants on viral hepatitis case detection**	Number of surveillance ofiicers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	surveillance officers	ABS PHCDA			**1**		Attendance, pictures,		"				

		atitis.	s prevention, screening and treatment services																	
				5.4.2.c	**Conduct 1 day Training of 30 health care providers on provision of viral hepatitis services**	Number of health workers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF workers, GHCW	ABS PHCDA				**1**	Attendance, pictures,		"					
			5.4.4. Expand coverage of interventio	**5.4.4.a**	**Screen pregnant women for infections or complicatio**	Number of pregnant women screened	No cost	Pregnant women	ABS PHCDA				**1**	hepatitis screening register		"					

			ns for prevention of mother-to-child transmission of viral hepatitis		**ns on hepatitis B**															
		5.5. Reduce morbidity, disability and mortality due to targeted Neglected Tro	5.5.1. Strengthen advocacy, social mobilization and behaviour change communica	**5.5.1.a**	**Carry out 1 day advocacy meeting with Policy makers and community leaders from LGA. (15 participants)**	Number of advocacy meeting held	Tarnportation, lunch	Community Leaders	ABS PHCDA			**1**		Attendance, pictures		"				

		pical Diseases (NTDs) and improve quality of life of those affected.	tion for NTDs																		
		5.4. Reduce the incidence, morbidity and mortality due to viral hepatitis.	5.4.2. Expand access of key and general populations to viral hepatitis prevention	**5.4.2.b**	**Train 30 surveillance officers and community informants on viral hepatitis case detection**	Number of surveillance ofiicers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	surveillance officers	ABS PHCDA			**1**		Attendance, pictures,		"					

			, screening and treatment services																		
INCREASED UTILIZATION OF ESSENTIAL PACKAGE OF H	8. HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEALTH	8.1. PROMOTE THE WELL BEING OF INDIVIDUALS AND COMMUNITIES THROUGH PROTECTION FROM HEALTH RISK	8.1.2. STRENGHTNING COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP OF HEALTH PROMOTION	**8.1.2.a**	**1-DAY ORIENTATION OF 20 COMMUNITY HEALTH PROMOTERS PER LGA ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES**	1. Number of orientations orientationconducted 2. Number of community health promoters who attended	TRANSPORTATION STIPENDS, LIGHT REFRESHMENT, STATIONARIES, HIRING OF PROJECTORS	HEALTH PROMOTIONERS	SPHCDA, LGHA			1		ATTENDANCE,RECIEPTS / VOUCHER, REPORT		"					

EALTHCARESERVICES		SAND PROMOTION																		
			8.1.3. STRENGHTEN HEALTH PROMOTION COORDINATION MECHANISM AT ALL LEVEL	**8.1.3.a.**	**PUBLIC ENLIGHTENMENT ON RISKY HEALTH BEHAVIOURS THROUGH PRODUCTION AND SHARING OF 2000 FLIERS**	1. Number of fliers produced 2.Number of fliers shared	PRODUCTION OF JINGLES .AIRING OF JINGLES .	GENERAL PUBLIC	SPHCDA ,SMoH, LGHA UNICEF		**1**	**1**	**1**	RECIEPT, REPORT.		"					
Protecti	Public healt	14.1. Reduce	14.1.4. Scale-	**14.1**	**CONDUCT SENSITIZATI**		cost of transporta	Health wo	DISEASE SU			**1**		ATTENDANCE,REPORT AND		"				

on from Health Emergency and risks	hemergencies; prepardness and response	incidence and impact of public health emergencies in Abia.	up public education and awarenesscreation on public health emergencies	**.4c**	**ON AND PUBLIC ENLIGHTENEMENT ON PUBLIC HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE OFFICERS IN THE WDC AND VDC FOR 3 DAYS**		tion, media coverage,hall,refreshment.	rkers, Health practitioners, and partners.	RVEILLANE UNIT					PICTURE							

ABA SOUTH LGA Annual Operational Plan 2019 A

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017-21}	Strategic Interventions/ Output Results {SHDP 2017-21}	Act. Code	Activity	Output Indicator ({SHDP 2017-21}	Cost Elements/ details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame Quarterly frequency {only numbers allowed} Q1	Q2	Q3	Q4	Activity Means of Verification	Total Cost	Total Amount - -	Expenditure Classification	Funding Source(s) Name	State Contribution to activities	Expected Contributions from other Sources	Priority Ranking
Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017-21}	Strategic Interventions/ Output Results {SHDP 2017-21}	Act. Code	Activity																
	Step 1					Step 2									Step 4			Step 5			Step 6
1. Enabled enviro	1 LEADERSHIP AND GOV	1.1 Provide clear policy,	1.1.1.Promote review and development	**1.1.1.1**	**formation and inauguration of adversory**	No of person at the committe	sitting allowance,	LGHA	LGHA and the committee			**1**				"					

nment for attainment of sector outcomes	ERNANCE FOR HEALTH	plans, legislative and regulatory framework for the health sector	of polices and laws as necessary		**committee**	e															
				1.1.1.2	**Conduct an alignment meeting with relevant stakeholders at the LGA**	number of meeting conducted	1 day meeting for 20 pers(Tea break lunch)	LGHA advesory committee	LGHA			**1**			70,000.00	70,000.00					
			1.1.2. Scale-up strategic and operational planning at all levels	**1.1.2.1**	**training of 13 ward focal persons and 17 programme officer**	No of person trained	(lunch and tea break), hall, projector, stationary, transport	focal persons programme officer	SPHCDA and LGHA			**1**				NGN0.00					
				1.1.3.1	**Training of 2 persons per Facility (72) to develop annual**	number of person trained at LGA	Refreshment (lunch and tea break), hall, projector, stationary	LGHA staff	SPHCDA and LGHA			**1**	**1**			NGN0.00					

					workplans for the heath Facility	level															
		1.2 Strengthen transparency and accountability in planning, budgeting and procurement process	1.2.1 Strengthen Public Finance Management system including oversight in Fund disbursement and utilization at all levels	**1.2.1.1**	**Conduct review of existing finance management system in the LGA**	number of meetings held	Refreshment (lunch and tea break), hall, projector, stationary	Directors of department	SPHCDA and LGHA			**1**			0.00	0.00					
				1.2.1.2	**Training of 5 persons within the finnance department on the existing fiananci al manegement system**	number of finance staff trained	Refreshment (lunch and tea break), hall, projector, stationary	account officers	SPHCDA and LGHA			**1**				NGN0.00					
			1.2.2	**1.**	**•**	num	Refreshment,Hal	health	SPHCD			**1**	**1**		0.00						

			Strengthen the linkages between various planning and budgeting process(MTEF/MTSS	**2.2.1**	**Conduct 1 day joint review meeting for 30 Health planning and budgetting staff in the LGA** **•** **•**	ber of staff trained	l, Tea break launch and Transport	officer and BPRS staff	A and LGHA												
			1.2.3 Strengthen voice and accountability, including community participation, CSO engagement.	**1.2.3.1**	**Advertise in 2 local Newspapers, and Radio to identify existing CSOs in the LGA**	total number of CSOs	number advertisment made	the CSOs	SPHCDA and LGHA			**1**	**1**			NGN0.00					
				1.2.3.2	**• Conduct 1-day quarterly review meeting for 12 CSOs in the LGA**	number of the CSOs in the attendence	Hall, transport Tea break and launch	CSOs and LGHA staff	SPHCDA and LGHA			**1**			0.00	0.00					
		Impr	Strengthen	**1.3**	**• Conduct**	number	Hall, Transport, Tea break and	stakeholder	SPHCDA and			**1**			0.00	0.00					

		ove health sector performance through regular integrated reviews and reports	annual operational/work-plan for the health sector		**3-day meeting of 24 LGA stakeholders to enforce operational plan for the LGA**	of meeting\ stakeholders in attendence	Launch	SPHCDA	LGHA												
				1.3.1	**•Conduct 3-day meeting of 36 OIC, LGHA, HAS and stakeholders to develop operational for the LGA**	No of OIC, HAS and stakeholders in attendence	Hall, Transport, Tea break and Lunch	OIC, HAS and stakeholders	SPHCDA and LGHA			**1**				NGN0.00					
			Institutionalize the mechanism for sector progress status	**1.3.3**	**• 1 Day data review meeting with 20 stake holders/ adversory committ**	No of stakeholder in attendence and policy make	Hall, transport Tea break and lunch	HAS and stakeholders	SPHCDA and LGHA			**1**				NGN0.00					

			and performance review		**ees in the LGA**	rs															
				1.3.3.1	**• 1 Day data review meeting with 15 stake holders and 1O adversory committees at LGA.**	No of member in attendence	Hall, transport Tea break and launch	HAS BPRS and adversory committees	SPHCDA and LGHA			**1**			0.00	0.00					
				1.3.3.1	**• 1 day PHC forum meeting for 12 ward at the LGA**	No of HAS and PHC workers in attendence	Hall, transport Tea break and launch	HAS and PHC worker	SPHCDA and LGHA			**1**			0.00	0.00					
				1.3.3.2	**• 1 day Meeting for 30 persons to review data performnce evaluation tools**	No of M & E officers and BPRS	Hall, transport Tea break and launch	PHC and BPRS	SPHCDA and LGHA			**1**			0.00	0.00					
				1.3.3.3	**• Conduct 5 Days routine M&E**	No of visit to SDPs and	Transport	Health facilities staff	HAS and M&E officers			**1**	**1**		0.00	0.00					

					visits to SDPs and facilities monthly to evaluate performance/implementation of SSP by state teams (3 teams of 8 persons plus 1 driver per team) **•** **•**	facilities															
			Disseminate sector performance reports and score cards in compliance with NHAct and other channels	**1.3.4**	**• Conduct 1 day Monthly meeting for 10 data managers in the LGA on Data sharing/ feedback**	No of attendence of data mangers in state and LGA	Hall Transport, Tea break and Launch	Data managers	SPHCDA and LGHA			**1**	**1**		0.00	0.00					
			Design	**1.**	**Reward**	No of	Transport,	3 best	SPHCD			**1**	**1**		0.00	0.0					

			and institutionalize an incentivization and reward system for the efficient performance of the health sector at all levels	**3.5**	**for the best 3 performing heath facilities in the LGA**	heath facilities LGA		facilities LGA	A and LGHA							0					
		Strengthen coordination, harmonization and alignment at all levels	Strengthen governance structures, rules and processes at all levels	**1.4**	**Engage 12 adversory committee members in a one day meeting of 20 persons to validate guidelines for heath**	No of committee	sitting allowance,		SPHCDA and LGHA			**1**				NGN0.00					
			Strengthen development ment and	**1.4.1.3**	**• Conduct 1 day Monthly management**	No of attendence to the meeti	Hall, Tea break and launch	LGHA	partners			**1**				NGN0.00					

			review of sectoral polcies and plans		**meeting of 10 collaborating MDAs and partners at LGA level**	ng															
			Strengthen inter-sectoral collaboration at all levels.	**1.4.3**	**• 1 Day Quarterly meeting of 12 members of professional groups for planning of modalities and monitoring of healthperformance**	No of persons in attendence	Hall, Tea break and launch	LGHA and professional groups	SPHCDA and LGHA			**1**			0.00	0.00					
			Improve partnership with professional groups and other relevant stakeh	**1.4.3.1**												0.00	0.00					

			older for effective service delivery and industrial harmony.																		
			Strengthen implementation of Health Service Charters at all levels	**1.4.3.2**	**• Conduct 2 day annual review meetings of 20 stake holders on relevant health charter • •**	No of persons in attendence	Hall, Tea break and launch	LGHA	SPHCDA and LGHA			**1**				NGN0.00					
				1.4.3.3	**1 day Training of 20 Health providers on relevant health charter**	No of persons in attendence	Hall, Tea break and launch Transport	LGHA	SPHCDA and LGHA				**1**		0.00	0.00					
			Strengthen coordinating mechanism of health	**1.4.6**	**Conduct 1 day meeting to constitute 7 man**	No of person in attendence	Hall Tea break and Launch, production of terms of reference	LGHA	SPHCDA and LGHA			**1**			0.00	0.00					

			development partners (Development Partners and Private Sector Partners)		**Health Partners Committee (HPCC)**																
	2.Community Participation and Ownership	To strengthen community level coordination mechanisms and capacities for health planning.	Strengthen institutional and coordinating mechanisms for promotion of community participation		**• Conduct 2 days sensitization meeting to strengthen the activities of WDC in the LGA**	No of person sensitize	No of IEC materials distributed	WDCs	SPHCDA and LGHA			**1**	**1**								
					• 1 day community meeting with 13 persons (2 per ward)	No of the person at the meeting	the number of the attendence	the Chiefs, Youth, CBOs at the meeting	LGHA			**1**				NGN0.00					

					comprising of Chiefs, Youth and CBOs at the LGA level																
			Strengthen financial management systems at the community levels		**• 5 days training of 292 WDC on financial management** **•**	No of WDCs	the number of the WDC	WDCs	LGHA			**1**				NGN0.00					
					• 7- day financial audit of PHC facilities budget(BHCPF)	No of person in the attendence	PHC officers	the auditors	LGHA			**1**				NGN0.00					
			Strenghten capacities of communities to participate in the planning of health interventions at all		**• 2 day meeting to develop job aids for VHW LGA**	No of persons in attendence	the VHW	VHW	LGHA			**1**				NGN0.00					

			levels.																		
		Strenghten capacities of communities to facilitate the implementation of community and facility level minimum service package(MSP)	Strenghten capacities of communities to facilitate the implementation of community and facility level minimum service package(MSP)		**• printing of 2,000 copies of MSP • 1 day Dissemination of the MSP with 35 heads of health facilities . • 2 facilitators**	No of persons	head of health facilitators	facilitators	LGHA			**1**				NGN0.00					
			Strengthen mechanisms for data collection,analysis, storage, utlizato		**• 2 days review of tools for M&E with 12 LGA health workers**	No of health workers	Hall, Tea break and launch Transport	health workers	LGHA			**1**				NGN0.00					

			n and accountability at community level																		
					• 1 day data quality assessment											NGN0.00					
					PRODUCTION OF 20,000 CHECKLIST										0.00	0.00					
	3.Partnerships for Health	Ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance of	Promote the adoption and utilization of national policies and guidelines on PPP		**• Conduct 2 day meeting in the LGA level for 36 OIC and 10 Focal person**	No of OIC and Focal person	Hall, Tea break and launch Transport	OIC and Focal person	HAS and LGHA			**1**				NGN0.00					

		the health sector																			
					• Conduct 1 day bi-annual LGA level meeting with 27 persons	the no of the person in attendence	Hall, Tea break and launch Transport	the Health workers	HAS and LGHA			**1**				NGN0.00					
					• Conduct quarterly supportive supervision visits to 36 LGAs to ensure compliance											NGN0.00					
			Strengthen legal and coordinating frame work for PPP at all levels		**•conduct advocacy to LGA to the heath facilities**	the no in the attendence	Transport Tea break and Lunch	the OIC	HAS and LGHA			**1**				NGN0.00					
					• Conduct one day	the no of the	Transport Tea break and Lunch	health workers	HAS and LGHA			**1**				NGN0.00					

					biannual meeting at the LGA level for24 private patners in the LGA	person at the meeting															
			Establish a single Development Partners Forum at federal and state levels, which comprises of only health development partners;		**• Hold 1 day quarterly LGA level meeting with partners, 24 persons • •**	the no of the person at the meeting	Transport Tea break and Lunch	OIC and Focal person	HAS and LGHA			**1**			0.00	0.00					
			Strengthen mechanisms for the implementation of PPP (e.g.		**• Conduct 1 day planning meeting at LGA level of 28 persons**	the no of the person at the meeting	Transport Tea break and Lunch	OIC and Focal person	HAS and LGHA			**1**			0.00	0.00					

			contracting or out-sourcing, leases, concessions, social marketing, franchising mechanism)																		
			Scale-up PPP in planning and implementation of health programmes		**• Conduct 2 days LGA training for Private organization and CSOs, 20 participants**	attendence to meeting	Hall, Tea break and launch Transport	Private organization and CSOs	HAS and LGHA			**1**				NGN0.00					
			Promote joint (public and private sector) monitoring and evaluation of health programs		**• Conduct 1 day LGA level meeting with 20 relevant Public/Private sectors**	the No of person that attended the meeting	Hall, Tea break and launch Transport	OIC Focal person and public and private sectors	HAS and LGHA			**1**			0.00	0.00					

					• conduct 2 day joint supportive supervision of health programms.	the No of person that attended the meeting	Hall, Tea break and launch Transport	OIC Focal person and public and private sectors	HAS and LGHA			**1**			0.00	0.00					
			Scale up resource mobilization interventions(funding, skills - e.g. managerial approaches) targeting the private sector		**conduct 1 day meeting with adversory committee**	attendence to meeting	Hall, Tea break and launch Transport	HAS	HAS and LGHA			**1**			0.00	0.00					
			Establish mechanisms for resource coordination through comm		**advocacy and consultation with the adversory committee**	**10 adversory committee**	Hall, Tea break and launch Transport	HAS	HAS and LGHA			**1**			0.00	0.00					

			on basket funding models such as Joint funding Agreement, Sector Wide Approaches, and sectoral multi-donor budget support.																		
			Promote effective partnership with professional groups and other relevant stakeholders through jointly setting		**engage 2 persons per professional bodies involved in PHC. To enforce health activity**	No of the person attended	Hall, Tea break and launch Transport	HAS	HAS and LGHA			**1**				NGN0.00					

			standards of training by health institutions, subsequent practice and professional competency assessments;																		
					print 100 copies of SOP to distributed to the facilities in the LGA health authority	No of SOP to be distributed	Transport	HAS	HAS and LGHA			**1**				NGN0.00					
					4 days continuous professional development education programme for	No professional bodies	Hall, Tea break and launch Transport	HAS	HAS and LGHA			**1**				NGN0.00					

					20 member per professional body (PCN,WAHEC,CHPRB,NMCN, HROPN AND LAB SCI)																
			Strengthen collaboration between government and professional groups including Nigerian health professionals in diaspora to advocate for increased coverage of essenti		**2 days proposal writing by management committee to solict for fund using the SPHCDA annual operational plan and necessary data**	the management committee	Hall, Tea break and launch Transport	the BPRS and HAS	HAS and LGHA			**1**				NGN0.00					

			al interventions, particularly increased funding;																		
Increased utilisation of essential package of health care services	4.Reproductive, Maternal, Newborn, Child, Adolescent Health	4.1 Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate and effective healthcare services before, during and after	4.1.1 Improve access to focused Antenatal and Postnatal Care	**4.1.1a**	**Conduct 1 day quarterly LGA adversory committee Meeting focused antenatal and postnatal care. (7 persons per ward drawn from LGA health authority team, health facility OIC's and 5 state team members.)**	Adversory committee meeting done	refreshment, hall rental, transportation	LGA health workers, adversory committee	LGHA	**1**	**1**	**1**	**1**			NGN0.00				

		child birth.																			
					Distribute 1000 mama's kit per LGA to incentivise facility-based delivery	**1.** Number of facility-based deliveries **2.** Number of mothers that received mama's kit at health facilities	delivery mat, I pk of ladies sanitary pad, pampers, methylated spirit, disinfectant, baby soap, surgical blades, hand gloves, chlorohexydene, cotton wool, oxytocin injection, detergent	Pregnant mothers	LGHA, HF OIC's			**1**			521,900,000.00	521900000.00					
					Conduct a 1 day quarterly sensitization meeting in one ward per LGA (6 LGA team member	Number of sensitizations done at the ward	transportation	Community members, general population	LGHA	**1**	**1**	**1**	**1**	Attendance, Pictures, minutes	12,000.00	48000.00					

					s from the LGA health authority team.																
			Expand coverage of skilled delivery services		**Conduct 5 days non residential training on focused antenatal and post-natal care at the LGA level for 4 Doctors, 36 Nurses and Midwives. (2 facilitators)**	1. Number of Doctors trained. 2. Number of Nurses trained. 3. Number of Midwives trained	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Doctors, nurses, midwives, LGA HA team	LGA HA				**1**	Attendance, pictures		NGN0.00					
					Conduct 3 days non-residential training on skilled delivery for 105 midwives and S. Chews(6	Number of midwives and S.Chews trained.	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Midwives, Senior Chews	ABSPH CDA/ LGHA			**1**		Attendance, Pictures		NGN0.00					

					per LGA drawn from midwives and S. Chews and 3 facilitators.)																
					Conduct 2 Days non-residential Training of 10 Medical Officers at LGA level on Obstetric Referals from PHCs. (10 Medical Officers, 1 each from each 36 health facility	Numberof medical officers trained	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Medical officers	LGHA				**1**	Attendance, Pictures		NGN0.00					
			Promote advocacy, community Mobilization and		**Conduct 1 day training for 20 persons on IPC Skill at LGA level**	Number of safe motherhood focal perso	training materials, hall rental, transportation, tea break, lunch, stationeries	LGHA Safe Motherhood person	LG HAS				**1**	Pictures	0.00	0.00					

			Behaviour Change Communication for Safe Motherhood Services		**(1 Safe motherhood FP per LGA and 3 facilitators)**	n trained.															
			Improve quality of care for safe motherhood services		**Conduct 5 days bi-annual QISS visits at the LGA level using 170 persons from the LGA OIC team and ward team. (9 persons from the LGA HAS team per LGA and 17 state team members, one each for the teams in each**	1. Number of facility-based deliveries 2. Number of mothers that received mama's kit at health facilities	Transportation	LGA health workers	LGA and HAS			**1**	**1**	QISS Report		NGN0.00					

					LGA)																
					Conduct 2 day LGA meeting for 30 participants for the QISS report at LGA level . (3 persons per ward from the LGA HA team and 9 state team persons)	Number of review meetings held	Transportation, hall rental, stationeries	LGA health workers	LGA and HAS			**1**	**1**	attendance, pictures		NGN0.00					
					Hold quarterly meeting on safe motherhood services in the LGA for 36 persons. (HAS, 1 SM-FP and 1 LGA M&E officer per LGA and 4	Number of quarterly review meetings held	Transportation, hall rental, stationeries	LGA health workers	LGA and HAS			**1**	**1**	attendance, pictures		NGN0.00					

					state team members).																
Increase utilization of essential package of health care services	5.Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS) And Neglected Tropical Diseases	Reduce significantly morbidity and mortality due to Malaria and move towards pre-elimination levels	Expand access to integrated vector control interventions		**Advocacy visit to donor agencies for ABA LGHA to be covered by entyomological surveys.**	Advocacy visit conducted	Transportation, refreshment	PHCDA	Aba HAS PHCDA			**1**		Attendance, pictures		NGN0.00					
					Support 28 slots of radio jingles for sensitization in all ward, targetting rural communities.	Radio jingle aired	2 slots per day for 2 weeks	General population (community members)	Aba south PHCDA			**1**		Payment Receipts, Compact disk of Jingles		NGN0.00					
					Hold 7 day Bi-annual	Bi-annual	Transportation cost for HF OIC's for 7 days, twice	Communities	LGA HAS/RBM FP		**1**		**1**	delivery vouchers	0.00	0.00					

					LLIN distribution in all health facilities as a form of continuous net distribution	LLIN distribution conducted.	yearly.														
			Strengthen laboratory services for diagnosis of malaria at all levels		**Conduct 2 weeks TOT(master) training for 17 laboratory microscopists in advanced malaria microscopy, each for the 17 LGA's.**	TOT master training conducted	training materials, hall rental, transportation, breakfast, lunch	Laboratory Microscopists from the LGA	Aba south PHCDA			**1**		Attendance, pictures	0.00	0.00					
					Conduct 1 day training /retraining for 17 Malaria Focal persons and 3 ward Team	1 day Training conducted	training materials, hall rental, transportation, breakfast, lunch	LGA RBM FP, LGA RBM team members	Aba south PHCDA		**1**			Attendance, pictures		NGN0.00					

					Members on the use of malaria diagnostic KIT																
			Improve availability of and access to commodities and supplies for treatment of uncomplicated and severe malaria		**Distribute 1000 ACTs and other malaria commodities for health facilities**	distribution of commodities conducted	Contact the LGHA RBM focal person for quantification.	LGA HF's	Aba south PHCDA	**1**	**1**	**1**	**1**	Procurement documents, Delivery vouchers.		NGN0.00					
					Conduct 3 days training for 22 persons (RBM manager, Malaria logistics officer and 17MFPs) on commodity manage	Training on commodity management conducted.	training materials, hall rental, transportation, breakfast, lunch	LGA RBM FP, LGA RBM logistics officer	Aba south and PHCDA				**1**	Attendance, pictures		NGN0.00					

					ment																
			Expand use of IPT among pregnant women attending ANC		**Distribute 500 Sulphurdoxine Pyremethamine for distribution to health facilities**	Commodity distribution	To contact the state RBM focal person for quantification.	LGHA HF's	Aba south and PHCDA	**1**	**1**	**1**	**1**	Procurement documents, Delivery vouchers.		NGN0.00					
					Avail IPT during MNCH week	IPT available for pregnant women during MNCH week.	No cost	Pregnant Mothers	LGA HAS/HF OIC				**1**	Pictures, Registers used during MNCH.	0.00	0.00					
			Strengthen systems for quality assurance and quality control of malaria diagnosis and treatment.		**Adapt and print and distribute 5,000 copies of SOP's for malaria diagnosis**	5,000 copies of SOP's malaria diagnosis printed and distributed.	printing cost, transportation for distribution to facilities	LGA HF's	Aba south PHCDA /LGA HAS		**1**			Payment receipt, proof of supply, delivery vouchers.	0.00	0.00					

		Ensure universal access to high quality, client-centred TB/Leprosy diagnosis and treatment services for the reduction in the incidence and prevalence of tuberculosis/leprosy in Nigeria.	Strengthen TB case detection, diagnostic capacity and access to quality treatement services .		**Conduct 8 days Active Tuberclosis case finding per month across the 13 LG.A's (2 persons per visit)**	Number of TB ACS conducted in the LGA	Transportation	Communities	LGA TBLS/ABA STBLCP	**1**	**1**	**1**	**1**	Pictures		NGN0.00					
					Conduct 5 days centraliz	Training cond	Hall rental, refreshment, training	LGA HF staff	ABSPH CDS/ ABA			**1**		Attendance, pictures	0.00	0.00					

					ed training for 50 Health Care Workers (one from each HF) on TB identification, diagnosis and treatment of tuberculosis.	ucted	materials, transportation		STBLCP											
					Conduct 2 day centralized External Quality Assurance meeting for 70 laboratory technicians and laboratory scientists. (3 from each LGA and 2 facilitators)	EQA meeting conducted	Hall rental, refreshment,	LGA Laboratory scientists and technicians.	ABSPH CDS/ ABA STBLCP				**1**	Attendance, pictures	0.00	0.00					

			Promote demand for TB services		**Print 10,000 copies of IEC matrials (5,000 handbills and 5,000 posters)**	IEC materials printed	printing cost, transportating coion for distribution to facilities	LGA HF's	ABSPH CDS/ ABA STBLCP	**1**				Payment receipts, delivery vouchers,	0.00	0.00					
					Conduct 5 day quarterly mass communication and sensitization campaign in 5 communities in the state.	5 day sensitization conducetd	Transportation	Community memebers	ABA SOUTH STBLCP /LGA HAS	**1**	**1**	**1**	**1**	Receipts, attendance	0.00	0.00					
					Conduct 2 day training on Community Sensitization and Mobilization skills for 13 WARD TB Supervisors.	Training conducted	Hall rental, breakfast, lunch, training materials, transportation	LGA TBLS	ABA SOUTH STBLCP /LGA HAS				**1**	Attendance,		NGN0.00					
			Expand																		

			access to TB diagnosis and treatment services for persons co-infected by TB and HIV																		
			Scale up paediatric TB diagnosis and treatment services		**Hold 5 day training for 5 Doctors on paediatric TB diagnosis and management**	Training conducted	Hall rental, breakfast, lunch, training materials, transportation	ABSPHCDS/ ABA SOUTH STBLCP	ABSPHCDS/ ABA SOUTH STBLCP			**1**		Attendance, pictures,		NGN0.00					
																NGN0.00					
					Conduct 3 day training for 50 Health workers on childhood TB diagnosis.	Training conducted	Hall rental, breakfast, lunch, training materials, transportation	HF WORKERS	ABSPHCDS/ ABA SOUTH STBLCP		**1**			Attendance, pictures,	0.00	0.00					

			Strengthen collaboration with and capacity of CBOs to support TB programming.		**One day training for 292 master trainers (one person per ward) to retrain all the CBO's at the community level, on recognition and referreal of Presumptive TB and DR-TB cases,**	Training conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS, CBO's	ABSPH CDS/ ABA STBLCP	**1**				Attendance, pictures,	0.00	0.00					
			Strengthen mechanism for coordination of TB/ HIV collaborative activities at all levels of health		**Conduct a one day joint TB / HIV Quarterly Review meeting for 40 persons, to eview TB/HIV collaborative program. (one**	TB/ HIV QRM conducted	Hall rental, breakfast, lunch, transportation	HF WORKERS	ABSPH CDS/ ABIA STBLCP	**1**	**1**	**1**	**1**	Attendance, pictures, minutes	0.00	0.00					

			care.		**TBLS and one LACA from each LGA for the 17 LGA's, and six state team members, 3 from HIV and TB Programs.**																
					Conduct 2 day training for GHCW's on TB/HIV collaborative activities, with 50 people in attendance. (3 from high burden facility in each LGA, and 4 facilitators)	Training conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPH CDS/ ABA SOUTH STBLCP			**1**		Attendance, pictures,		NGN0.00					

			Promote innovative advocacy, social mobilization and behaviour change intervention for the prevention and control of TB		**Conduct 2 day training for 45 CBOs on Behavioural Change Communication Skills.**	Training conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPH CDS/ ABA SOUTH STBLCP	**1**				Attendance, pictures,	0.00	0.00					
					Conduct 2 day training for 45 CBOs on Behavioural Change Communication Skills.	Training conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPH CDS/ ABA SOUTH STBLCP		**1**			Attendance, pictures,	0.00	0.00					
			Expand and improve access to quality Leprosy and TB		**One day meeting with 10 advesory committee on Leprosy services currentl**	One day meeting conducted	Hall rental, breakfast, lunch, transportation	advesory committee on leprosy management	ABSPH CDS/ ABA SOUTH STBLCP	**1**				Attendance, pictures, minutes		NGN0.00					

			Services		**y in the LGA.**																
					Train 34 health workers (5 doctors and 26 GHCW's, 2 from each ward) on identification, diagnosis and management of Leprosy.	health workers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPH CDS/ ABA SOUTH STBLCP		**1**			Attendance, pictures,		NGN0.00					
			Build capacity of all cadres of health staff (GHW, Physicians, and specialist) and community members on Leprosy case finding and case		**Conduct 1 day training for 34 health workers (5 doctors and 22 GHCW's, 2 from each WARD and 2 facilitatorsa) on identification, diagnosis and management of**	Health workers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF Workers	ABSPH CDS/ ABA SOUTH STBLCP		**1**			Attendance, pictures,		NGN0.00					

			management		**Leprosy.**																
					Conduct 1 day training for 45 CBOs/community leaders from Leprosy endemic areas in the state on Leprosy case dectection, recognition and referral.	CBO's and community leaders trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	CBO's, Community leaders	ABSPHCDS/ ABA SOUTH STBLCP	**1**				Attendance, pictures,	0.00	0.00					
			Integrate Leprosy control into the general health services		**Hold one day meeting with 12 adversory committee on guideline/protocol for integration of Leprosy into general health care services.**	guideline/ protocol developed	Hall rental, breakfast, lunch, transportation	General population (community members)	ABSPHCDS/ ABA SOUTH STBLCP	**1**				Attendance, pictures, minutes		NGN0.00					

					(HAS)																
					Conduct one day training for 40 PHC workers on identification, diagosis and referral of Leprosy cases.	training conducetd	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPHCDS/ ABA SOUTH STBLCP		**1**			Attendance, pictures,	0.00	0.00					
			Promote community based TB/Leprosy control initiatives		**Conduct 1 day advocacy visit to community leader in one community per quarter**	Advocacy visit conducted	Hall rental, refreshment, transportation	General population (community members)	ABSPHCDS/ ABA SOUTH STBLCP	**1**	**1**	**1**	**1**	Attendance, pictures, minutes		NGN0.00					
		Significantly reduce the incidence and prevalence of HIV/AIDS in Nigeria by	Expand access to Minimum Package of Preventive Interventions (MPPI) for HIV targeting key		**Conduct 3 day master training for 20 persons (17 LGA LACA officers and 3 facilitators) on MPPI for HIV**	Training conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	HF Workers					Attendance, pictures,	0.00	0.00					

		2021	and general populations																		
					Conduct 1 day quarterly sensitization visit of community leaders in 1 community in HIV high burden area on MPPI for HIV	Sensitization visit conducted quarterly	Hall rental, refreshment, transportation	General population (community members)	Community leaders, Gneral population				**1**	Attendance, pictures,	0.00	0.00					
					Hold 1 day adversory committee meeting for 12 participants to adopt the (MOH, ABSPHCDA, LGA'S and HF's)	Stakeholders meeting held	Hall rental, refreshment, transportation	MPPI stakeholders	ABSPHCDA/ NCAPS SPIU/SACA		**1**			Attendance, pictures, minutes		NGN0.00					
					Conduct 2 day	QRM cond	Hall rental, refreshment,	HIV partne	ABSPHCDA/	**1**	**1**	**1**	**1**	Attendance,		NGN0.					

					quarterly meeting for 40 HIV partners to implement of MPPI implementation for 40 HIV partners. (17 LACA officers from the LGA's and 23 partners)	ucted	transportation	rs, LGA LACA officers, General Population	NCAPS SPIU/SACA					pictures,		00					
			Expand access of people living with HIV and AIDS to ART and co-infection management services.		**Train 30 healthcare providers for 2 days on ART and co-infection management**	Training conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF workers	ABSPH CDA/ NCAPS SPIU/SACA				**1**	Attendance, pictures,	0.00	0.00					
			Promote		**Conduct 5 days**	Number	Hall rental, breakfast, lunch,	Health worker	ABSPH CDA/			**1**		Attendance,	0.00	0.00					

			universal access to quality PMTCT services		**training for 50 GHCW's from non-PMTCT sites on PMTCT**	of GHCW's trained	training materials, transportation, facilitator fee	s	NCAPS SPIU/SACA					pictures							
					Conduct 4 day quarterly PMTCT outreaches to four communities in the LGA	Number of outreaches conducted. Number of communities benefitting from the outreach	breakfast, lunch, training materials, transportation, facilitator fee	General population	ABSPH CDA/ NCAPS SPIU and HAS			**1**	**1**	Attendance, pictures, minutes		NGN0.00					
					Conduct 1 day quarterly PMTCT meetings for 40 participants (17 LACA, SACA & NCAP SPIU)	Number of PMTCT review meeting held	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	LGA HA team, General population	ABSPH CDA/ NCAPS SPIU/SACA HAS			**1**	**1**	Attendance, pictures, minutes		NGN0.00					
			Strengt		**1 day**	Num	Hall rental,	LACA,	ABSPH			**1**		Attendanc		NG					

			hen referral and linkages between HIV/ AIDS services and other health and social services		**meeting on HIV/ AIDS services linkages and referrals (40 participants - 17 LACA, SACA & NCAP SPIU)**	ber of HIV/ AIDS review meetings held	breakfast, lunch, training materials, transportation, facilitator fee	SACA, NCAPS SPIU	CDA and HAS					e, pictures, minutes		N0.00					
																NGN0.00					
			5.3.6. Promote injection safety and health care waste management practices						ABSPH CDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures, minutes		NGN0.00					
					Conduct 2 day training for 50 health care workers on	Number of health workers train	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	GHCW's	ABSPH CDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures,	0.00	0.00					

					waste management and injection safety	ed on waste management and injection safety															
					Distribute and install health care waste management commodites and equipment	Number of health care waste management commodites and equipment procured	information for quantification yet to be supplied		ABSPH CDA/ NCAPS SPIU HAS				**1**	Procurement documents, Delivery vouchers.		NGN0.00					
			Strengthen community systems to support HIV/AIDS programming		**Constitute and Inaugurate on community Action Committee on AIDS**		No cost		ABSPH CDA and HAS				**1**		0.00	0.00					

			for key and general populations																		
					Conduct 1 day training for 50 CBOs as per educators on HIV care and support		Hall rental, breakfast, lunch, training materials, transportation, facilitator fee		ABSPH CDA and HAS			**1**				NGN0.00					
			Expand coverage of interventions for prevention of mother-to-child transmission of viral hepatitis		Screen pregnant women for infections or complications on hepatitis B			Pregnant women	ABSPH CDA and HAS						0.00	0.00					
					Procure xxxx quantity of hepatitis vaccine for distribution to	Quantity of hepatitis vaccine procured. Num	The responsible unit is to provide information for quantification	health facilities	ABSPH CDA	**1**					0.00	0.00					

					health facilities	ber of Hepatitis vaccine distributed															
			Expand access and delivery of hepatitis prevention, care and treatment services in health care facilities and closed settings		**2 day adversory committee meeting to develop referral and linkage services for viral Hepatitis (20 participants)**	adversory meeting held. Referral and linkage services for viral hepatitis developed.		GHCW's	ABSPH CDA and HAS		**1**			Attendance, pictures, minutes		NGN0.00					
		Reduce morbidity, disability and mortality due to	Strengthen advocacy, social mobilization and behaviour change		**Carry out 1 day advocacy meeting with community leaders from**			Community Leaders	ABSPH CDA and HAS			**1**		Attendance, pictures		NGN0.00					

		targeted Neglected Tropical Diseases (NTDs) and improve quality of life of those affected.	communication for NTDs		**ward and LGA (13 LGA participants)**																
					Printing and distribution of 5,000 BCC materials.	Number of printedals BCC materials printed		health facilities	ABSPHCDA and HAS				**1**	Procurement documents, Delivery vouchers.	0.00	0.00					
			Scale up delivery of integrated preventive chemotherapy packages and		**Conduct 14 day baseline survey and mapping of Yaws, Burulli Ulcer, Triciasis, Guinea Worm (Dogs)**	Baseline survey and mapping done	Consultant fee for 14 days	General Population	ABSPHCDA/ ABA SOUTH AND HAS			**1**		Baseline survy report, disease map	0.00	0.00					

			other packages.																		
INCREASED UTILIZATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES	6. NON COMMUNICABLE DISEASE, CARE OF THE ELDERLY, MENTAL HEALTH, ORAL AND EYE HEALTH	6.1 REDUCE MOBIDITY AND MORTALITY DUE TO NCDS (CANCERS, CARDIOVASCULAR DISEASES, CHRONIC OBSTRUCTIVE AIR WAYS)	6.1.1 PROMOTE GENERATION OF EVIDENCE FOR DECISION MAKING FOR PLANNING AND IMPLEMENTATION OF NCD INTERVENTION		**ADAPT NATIONAL POLICY AND GUIDELINES ON NCDS**	NATIONAL POLICY AND GUIDELINES IS REVIEWED	1. TRANSPORT STIPEND, REFRESHMENT, ACCOMODATION FOR PARTICIPANTS. (2) STATIONARIES AND WRITING MATERIALS	STAKEHOLDERS IN THE STATE HEALTH SYSTEM	SMOH, SPHCDA, LGHA, LGA ADVISORY COMMITTEE MEMBERS, AGENCY BOARD MEMBERS		1		1	REPORTS, RECIEPTS/ VOUCHERS,ATTENDANCE		"					
				6.1.1.2	**2 DAY COMMUNITY WIDE SURVEY ON NCDS AND RISK FACTORS IN 2**	DISEASE SURVEILLANCE AND SUPPORTIVE SUPERVISI	TRANSPORT STIPEND, PRODUCTION OF DATA TOOLS, REFRESHMENT	STAKEHOLDERS IN THE STATE HEALTH SYSTEM	SPHCDA, LGHA		1	1		REPORTS, RECIEPTS/ VOUCHERS ,PICTURES	1,666,000.00	3,332,000.00					

					COMMUNITIES PER LGA OF THE STATE	ON CONDUCTED IN ALL THE 17 LGAs OF ABIA STATE															
				6.1.1.3	**COMMUNITY SENSITIZATION AND SCREENING FOR CARDIOVASCULAR DISEASES (High blood pressure)**	COMMUNITY MEMBERS IN THE 17 LGAs ARE SENSITIZED AND SCREENED	HIRING OF 1 PUBLIC ADRESS SYSTEM PER LGA, PROVIDING 10 BP APPARATUS PER LGA, ENGAGING 5 SUPPORT STAFF PER LGA AND 2 STATE STAFF, HIRING OF VIDEO COVERAGE AND PHOTOGRAPHS, TRANSPORTATION, ENTERTAINMENT	THE ELDERLY IN THE VARIOUS COMMUNITIES	SPHCDA, LGHA		1		1	ATTENDANCE, RECEPTS/ VOUCHERS, PICTURES, REPORTS	833,000.00	1,666,000.00					
			BUILT CAPACITY OF HEALTH CARE PROVIDERS ESPECIALLY AT PHC IN PREVE	**6.1.1.4**	**TRAINING AND RETRAINING 50 HEALTH CARE PROVIDERS PER LOCAL GOVERNMENT ON**	CAPACITY OF 50 HEALTHCARE PROVIDERS PER LOCAL	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS, PAYMENT FOR RESOURSE PERSONS	850 HEALTH CARE PROVIDERS	SPHCDA, LGHA			1		ATTENDANCE, RECEPTS/ VOUCHERS, PICTURES ,REPORTS	7,862,500.00	7,862,500.00					

			NTION AND SCREENING FOR NCDS		**NCDS SERVICES**	GOVERNMENT AREA, ON NCDS BUILTH															
				6.1.1.5	**BUILD CAPACITY OF 34 M&E OFFICERS IN THE LGAs ON DATA GENERATION, COLLECTION, COLLATION AND REPORTING ON NCD SERVICES**	THE CAPACITY OF34 M&Es IN ABIA ARE BUILTH	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS, PAYMENT FOR RESOURSE PERSONS	STAKEHOLDERS IN ALL STRATA OF THE HEALTH SYSTEM	SMOH, SPHCDA, LGHA			1		REPORTS AND ATTENDANCE	545,700.00	545,700.00					
			6.1.2 INTENSIFY ADVOCASY,IEGISTLATION, SOCIAL MOBILIZATIONAND BEHAVIOUR CHANGE	**6.1.2.1**	**ADVOCACY VISIT TO RELEVANT STAKEHOLDERS(EXECUTIVE AND LEGISLATIVE) FOR SUPPORT AND**	ADVOCASY TO RELEVANT STAKEHOLDERS IN 17 LGAs DONE	TRANSPORTATION, IEC MATERIALS, REFRESHMENT	STAKEHOLDERS	SMOH, SPHCDA, LGAHA		1			RECEIPTS, REPORT		"					

			COMMUNICATION FOR NCD PREVENTION AND CONTROL		**LEGISLATION ON NCDs PREVENTION AND CONTROL IN 17 LGA**																
				6.1.2.2	**OBSERVING OF THE WORLD HEALTH DAYS FOR MENTAL, CADIOVASCULAR,EYE,CARE OF THE ELDERLY AND ORAL HEALTH**	4 WORLD HEALTH DAYS OBSERVERED	TRANSPORTATION, IEC MATERIALS,REFRESHMENT	COMMUNITY MEMBERS	SPHCDA, LGHA		1	1	1	RECEIPTS, REPORT	0.00	0.00					
			PROMOTE DEMAND FOR NCD SERVICES	**6.1.2.3**	**1 DAY ADVOCACY VISIT TO adversory committee(17 LGA CHAIRMAN ,1TRADITIONAL RULERS**	COMMUNITY SENSITIZATION AND ADVOCASY CARRIED OUT TO	TRANSPORTATION, IEC MATERIALS, REFRESHMENT	HEALTHSTAKE HOLDERS IN THE 13 LGAs	SPHCDA, LGHA		1	1	1			"					

					\ NDIEZE.2 LEADERS FROM1 CBOs, 1 FBOs,1 YOUTH1 ,WOMEN AND MEN GROUPS	ALL THE STAKEHOLDERS															
		PROMOTE THE HEALTH AND WELL BEING OF THE ELDERLY IN NIGERIA	PROMOTE ENABLING POLICY ENVIRONMENT FOR PROGRAMING FOR THE ELDERLY	**6.1.2.4**	**ENGAGE 5 VOLUNTEERS FROM CSOs PER LGA FOR A MONTHLY HOME BASED CARE OF THE ELDERLY**	INSTITUTIONALIZED ELDERLY HOMES ESTABLISHED IN ALL LGAs OF ABIA STATE	TRANSPORTATION	ELDERLY PERSONS	SMOH, SPHHCDA,LGHA		1	1	1	RECEIPTS, REPORTS, PHOTOGRAPHS		"					
INCREASED UTILIZATION OF ESSENTIAL PA	HEALTH PROMOTION AND SOCIAL DETERMINANTS OF	PROMOTE THE WELL BEING OF INDIVIDUALS AND COMMUNITIES	STRENGHTNING COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP OF		**SENSITIZE YOUTH GROUPS IN THE 13 WARDS OF ABA SOUTH STATE ON RISKY HEALTH**	YOUTHS IN 13 WARD ARE SENSITIZED ON CONSEQUENCES OF	TRANSPORTATION, HIRING OF PUBLIC ADRESS SYSTEM, LIGHT REFRESHMENTS, PRODUCTION OF IEC MATERIALS, PHOTOGRAPH COVERAGE, STATIONARIES	YOUTHS	LGHA		1	1		RECIEPTS AND REPORTS		"					

CK AG E OF HE ALT H CA RE SER VIC ES	HEA LTH	THRO UGH PROT ECTIO N FRO M HEAL TH RISKS AND PRO MOTI ON	HEALT H PROM OTION		**BEHAVI OURS LIKE DRUG ABUSE, SMOKIN G AND CONSEQ UENCES**	RISKY HEAL TH BEHA VIOU RS															
					1- DAY ORIENT ATION OF 20 COMMU NITY HEALTH PROMO TERS PER LGA ON RISKY HEALTH BEHAVI OURS LIKE DRUG ABUSE, SMOKIN G AND CONSEQ UENCES	HEAL TH PRAC TITIO NERS WILL CASC ADE THE ORIE NTAT ION TO THE COM MUN IUTY MEM BERS	TRANSPORTATIO N STIPENDS, LIGHT REFRESHMENT, STATIONARIES, HIRING OF PROJECTORS	HEALT H PROM OTION ERS	SPHCD A, LGHA				1	ATTENDA NCE,RECI EPTS/ VOUCHER , REPORT	2,39 7,00 0.00	2,3 97, 000 .00					
					LAUNCH A WEEKLY MEDIA CAMPAI GN ON	REDU CTIO N IN THE PREV ALEN	RADIO ANNOUNCEMEN T, JINGLES	MEMB ERS OF THE COMM UNITIE S	SPHCD A, LGHA		1			RECEIPTS, REPORTS/ VOUCHER S,ATTEND ANCE	358, 000. 00	358 ,00 0.0 0					

					A RADIO STATION ON THE PREVENTION OF NCDs	CE OF NCDs IN THE LGAs															
					TRAIN 10 WDC MEMBERS PER WARD (TOTAL 2920) ON THE PROPER DISSEMINATION OF RELEVANT INFORMATION ON NCDs TO COMMUNITY MEMBERS	CAPACITY IS BUILT FOR THE WDCs IN ALL THE WARDS OF THE STATE	TRANSPORT STIPENDs FOR WDC MEMBERS, STATIONARIES, HIRING OF PROJECTORS, REFRESHMENT,	WDC MEMBERS	SPHCDA, LGHA			1		ATTENDANCE, RECEIPTS/ VOUCHERS, PICTURES	19,296,000.00	19,296,000.00					
			STRENGHTEN HEALTH PROMOTION COORDINATION MECHANISM		**PUBLIC ENLIGHTENMENT ON RISKY HEALTH BEHAVIOURS THROUGH WEEKLY PRODUCTION**	JINGLES AIRED	PRODUCTION OF JINGLES .AIRING OF JINGLES .	GENERAL PUBLIC	SPHCDA ,SMoH, LGHA UNICEF		**1**	**1**	**1**	RECIEPT, REPORT.	358,000.00	0.00					

					AND AIRING OF JINGLES																
					CONDUCT ADVERSORY MEETING AT THE 13 WARD TO AGREE ON WAYS TO PROMOTE HEALTHY LIVING WITHIN THE LGAs	HEALTH PROMOTION INFORMATION DISCEMINATED	TRANS[PORTATION, REFRESHMENT, STATIONERIES,	FBOs,CBOs,	SPHCDA,SMoH , LGHA		**1**	**1**		ATTENDANCE, RECEIPTS/ VOUCHERS, PICTURES		"					
		PROMOTE FOOD HYGIENE AND SAFETY FOR THE REDUCTION OF ILLNESSES ASSOCIATE	STRENGTHENING SYSTEM FOR FOOD AND WATER SAFETY SURVEILLANCE		**MAP OUT FOOD AND WATER VENDORS IN ABIA .**	FOOD AND WATER SURVELLANCE SYSTEM STRENGTHENED IN 17 LGAs OF ABIA	TRANSPORTSTION, STATIONERIES, REFRESHMENT,PICTURES,	BUCHERS, PIG FARMERS, WATER VENDORS AND EATRIES	SPHCDA,SMoH , LGHA		**1**	**1**	**1**	ATTENDANCE, RECEIPTS/ VOUCHERS, PICTURES	0.00	0.00					

		D WITH UNW HOLE SOM E FOOD																			
					BIMONTHLY SUPERVISION (BY FOOD SCIENTISTS AND ENVIRONMENTAL OFFICERS) OF FOOD AND WATER VENDORS WITHIN THE 17 LGAs	ALL FOOD AND WATER VEENDORS IN 17 LGAs INSPECTED AND CLEARED BIMONTHLY	TRANSPORTATION	FOOD AND WATER VENDORS	SPHCDA,SMoH , LGHA		**1**	**2**	**2**	REPORT, PICTURES, RECEIPTS	0.00	0.00					
					CONDUCT A TRAINING OF TRAINERS OF 6 HEALTH WORKERS PER WARDs ON FOOD AND WATER	FOOD AND WATER SAFETY INCULCATED ON HEALTH WOR	PROCUREMENT OF SAFETY MATERIALS, PROJECTORS,ENTERTAINMENTS, TRANSPORT,STATIONARIES	FOOD SCIENTIFIC OFFICERS	ABSPHCDA, LGHA		**1**		**1**	ATTENDANCE, RECEIPTS/ VOUCHERS, PICTURES		"					

					SAFETY	KERS															
: Strengthened health system for delivery of package of essential health care services	9. HUMAN RESOURCE FOR HEALTH	ENSURE COORDINATION AND PARTNERSHIP FOR ALIGNING INVESTMENT OF CURRENT AND FUTURE NEEDS	Strengthen institutional capacities of HRH coordinating structures		Distribution of adopted National policy(taskshifting and tasksharing policy)	Distribution of tasksharing and tasksshifting policy done.	printing of 300 copies of tasksharing and taskshifting policy .2 days transportation for 18 persons for dissemination	All PHCs, LGHAs, SMOH, ABSPHCDA, AND OTHER RELEVANT ADVERSORY	ABSPHCDA/ LGHAS			**1**		DISTRIBUTION LIST		NGN0.00					
			Strengthen institutional capacities of HRH coordinating structures		Conduct situation analysis on HRH at PHC IN ABA SOUTH	situation analysis conducted	staff time	All staff	ABSPHCDA/ LGHAS			**1**		DISTRIBUTION LIST		NGN0.00					
					2 day training of manager	2 day training held.	Non residential 2 day training for 24 persons	7 ABSPHCDA staff	ABSPHCDA/ LGHAS			**1**		PICTURES, TRAINING REPORT,ATTENDAN		NGN0.00					

					s on taskshari ng and taskshift ing policy(7 manage ment staff from ABSPHC DA AND ABA SOUTH LGA)			and 36 HEALT H FACILIT IES LGHAS					CE							
			Strengt hen/es tablish HRIS at ABSPH CDA and LGHA		**Print and distribut e HRIS data tools to the workers PHC in the LGA.**	printi ng and distri sbuti on done d.	1000 copies of HRIS data tool printed and distributed	All PHCs, LGHAS	ABSPH CDA/ LGHAS				**1**	DISTRIBU TION LIST		NG N0. 00					
					Update the OICs on the HRIS data tool	HRIS Upda te done.	staff time	All OICs	M&Es from all the 17 LGAs and state M&Es				**1**	Not costable	0.00	-					
			Establi sh mecha nisms for annual HRH review s and reporti		**Conduct annual personn el auditing and verificati on exercise**	Annu al perso nnel audit exerc ise cond ucted	2 days auditing per LGA(2 PERSONS PER LGHA)	Staff of ABA SOUTH LGHA	ABSPH CDA/ LGHAS			**1**		Audit report,	594, 700. 00	594 ,70 0.0 0					

			ng for evidence and decision making at the Federal and State levels																		
			Improve the production of HRH research evidence through monitoring and evaluation mechanisms		**Conduct a survey on the strength and weaknesses of HRH workforce in LGHAs**	survey conducted.	Transportation for 8 5 personnels (5 per LGHA). Production of survey questionnaires.	All staff	ABSPH CDA/ LGHAS			**1**		SURVEY report, printed copy of questionnaire, pictures	965,000.00	965,000.00					
		Ensure the production of adequate number of qualified health	Strengthen the quality assurance for HRH training institutions for produc		**Hold meeting with relevant stakeholders to discuss the outcome of the survey**	meeting held	1 day meeting for 30 ADVERSORY COMMITTEE, Refreshment for 30 stakeholders	All staff	ABSPH CDA/ LGHAS			**1**		Attendance, minutes of the meeting,	225,000.00	225,000.00					

		workers	ing frontline health workers																		
		Ensure effective health workforce management through retention, deployment, work condition, motivation and performance management	Strengthen mechanism for deployment and retention of HRH at PHC LEVELS													NGN0.00					
					Distribution of a clear job description manual	job description manual	1000 copies of job description manual	LGHA staff, ABSPHCDA	ABSPHCDA/ LGHAS				**1**	PRINTED COPIES MANUAL		NGN0.00					

						produced and distributed															
					Develop and institute a system of recognition and sanction	personnel appraisal carrried out.	not costable	All staff	ABSPHCDA/ LGHAS				**1**	APPRAISAL REPORT	0.00	-					
Strengthened Health System for Delivery of package of essential Health care services	Medicines Vaccines and other Health technology and supllies	11.1 Strengthen the availability and use of affordable, accessible and quality medicines, vaccines, and other health commodi	11.1.1 Strengthen the development and implementation of legal, regulatory framework, policies and plans for drugs, vaccines , commodities and health technol	**1 1. 1. 1 a**	**Two Day meeting of Abia State essential drug guideline**	Essential guideline reviwed	Hall,Transportation,Projector,Refreshment,Training Materials,Consultants.	DC MEMBERS	ABSPHCDA/ LGHAS		**1**			Reviwed Guideline /Worshop Report.				SMOH/ Partners			Medium

		ties and technologies at all levels.	ogies at all levels																		
				1 1. 1. 1 d	**Conduct quarterly inspection of facilities to ensure compliance with Essential Drug Guideline**	Number of quaterly inspection of facilties conducted.	Trasportiaiton/ perdiem, Checklist, reporting template	Heaalth facilities	ABSPH CDA/ LGHA				**1**	Inspection report	0.00	0.00		SMOH/ Partners			Medium
				1 1. 1. 2 b	**Hold Aba south PSMTWG biannual consultative forum meeting.**	Number of Biannual PSMTWG Meetings held	Hall,Transportation,Projector,Refreshment	PSM /LMCU group	SMOH and LGHA			**1**		Minute of meeting		-		SMOH/ Partners			High
				1 1. 1. 2 c	**Coduct training /refresher training of Supply Chain Carders**	Number of \ training \ or \ refresher \	Perdiem, training \materials, Lunch/refreshment, Ma, workshop material	PSM /LMCU group	SMOH and LGHA			**1**		Training report	0.00	0.00		SMOH/ Partners			Medium

					along the supply chain	training \ session conducted on supply chain management															
				11.1.2c	**Quaterly supervisory visits to Drug Revolvoing Fund Facilities in aba south by the PSMTWG**	Number of quartely supportive supervison conducted	electronic checklist, transport, carhire, Perdiem	LGHA	SMOH, ABSPHCDA and LGHA			**1**	**1**	Supervisory visit report		-		SMOH/ Partners			Medium
			11.1.4 Strengthen effective procurement systems (forecasting, orders, procurement) to	**11.1.4a**	**strenghten capacity of 51 communities and ward cold chain officers on forcasting**	Proportion of cold chain officers trained on commodity forcasting	Hall, Consultancy fee, refreshment, Training materials,	LGA cold chain officers	Immunzation Department				**1**	Training report, Attendance sheet		-		SOML			Medium

			ensure (40% local content) and commodity security for on a sustainable basis at all levels .																	
				1 1. 1. 4 b	**Hold Bi-annual advisory committee meeting on the revitalization of Drug Revolving Fund in the communities and wards**	Number of Biannual advisory committee Meetingheld	Hall, refreshment, transportation, stationaries	Health facilities	SMOH, SPHCDA and LGHA				**1**	Minute of meeting, Attendance sheet		-		SPHCDA / Partners			High
				1 1. 1. 4 b	**Hold Bi-annual advisory committee meeting on the revitaliz**	Number of Biannual advisory committe	Hall, refreshment, transportation, stationaries	Health facilities	SMOH PSMTWG/ DRF focal persons LGA				**1**	Minute of meeting, Attendance sheet		-		SPHCDA / Partners			High

					ation of Drug Revolving Fund in the LGA	e Meetings held															
			11.1.5 Strengthen integrated supply chain management system and quality assurance models for medicines, vaccines, commodities and other technologies with a functional logistics management information system	**1 1. 1. 5 a**	**Maintenance of Existing LGA, and PHC Storage Facility including Cold chain**	Number of functional Storage Facility and cold Chain	Repair cost, transportation, fuelling cost	LGA Health Facility and **SPHCDA**	State Cold chain/ Logistic Officer/ SIO			**1**	**1**	Cold chain assessment report		-		SOML/ Partners			Semi High

			(LMIS)																		
				11.1.5b	**Quarterly supportive supervison of cold chain store in 13 ward to ensure adherence to quality assurance**	Number of quarterly supportive supervison vists conducted	Supervison checklist, ODK configuration cost	State And LGA cold chain Stores	SPHCDA Immunization Unit			**1**	**1**	Supervison report		-		SPHCDA / Partners			High
				11.1.5c	**Conduct state level Cold chain Bi-Monthly meeting of LGA cold chain officer**	Number of Bi-monthly meetings conducted	Hall,Transportation,Projector,Refreshment	State and LGA cold chain Officers	SPHCDA Immunization Unit			**2**	**2**	Meeting report	0.00	0.00		SPHCDA / Partners			High
			11.1.7 Strengthen existing systems for the management of biological and		**Training and retraining of 30 LGA peronnel in health facilites on environmental and**	Number of LGA personnel trained on environmental and social	Hall, Consultancy fee, refreshment, Training materials,	LGA Cold chain Officers,Logistic officers SMOH/ SPHCDA teams	SPHCDA				**1**	Training report		-		SPHCDA / Partners			High

			non-biological wastes including expiries of medicines, vaccines and other commodities at all levels		**social safegurds .**	safeguards															
					Quarterly distribution of Vaccines and safety commodities to 787 Primary, Secondary health facilites for the disposal of sharps	Number of Quarterly Procurement and distribution conducted per year	Procurement Cost, Transportation	LGA Health facilites	PARTNERS and SPHCDA procurement unit			**1**	**1**	Procurement report, facility delivery Voucher		-		SPHCDA / Partners			High
Strengthened Health	Health Information System	Improve the health status	Strengthen institutional framework	**12.1.1**	**12.1.1a Distribution of 1000 copies of the**	Number of LGA/ health	Distribution cost to health facilites/ LGAs	LGA, Health facilites	SPHCDA AND LGA			**1**	**1**	Tools distribution Voucher		-		SPHCDA / Partners			High

System for Delivery of package of essential Health care services	em	s of Nigerians through the provision of timely, appropriate and reliable health information services at all levels, for evidenced based decision making.	and coordination for HIS at all levels		**National HMIS Policy document**	facilities with at least a copy of the National HMIS policy document															
					Quaterly adversory committee meeting of the HDGC/H	Number of quarterly HDGC/HDCC meti	Hall, refreshment, trasportation, projector	Data producers and users in LGA	State HMIS Unit/ SMOH/ LGA			**1**	**1**	Menitue of meeting/ event		-		SMOH/ SPHCDA/ partners			Medium

					DDC	ng conducted															
					Conduct Monthly LGA HMIS Meeting.	Number of State HMIS meeting conducted	Hall, refreshment, trasportation, projector	LGA HMIS officers, State HMIS officers	SPHCDA/ SMOH/ LGA		**3**	**3**	**3**	Menitue of meeting/ event		-		SMOH/ SPHCDA/ partners			Medium
			Strengthen capacity to generate, transmit, analyze and utilize routine health data, from all health facilities, including private health facilities.	**12.1.2**	**12.1.2 a printing of HMIS TOOLS**	HMIS tools printed.	Printing cost	Health facilities	SMOH(DPRS), SPHCDA AND PARTNERS			**1**		Tools distribution Voucher/ Delivery note	0.00	0.00		SMOH/ SPHCDA/ partners			Medium

					12.1.2 b Distribution of top up supplies of HMIS tools to 787 government and private Owned health facilities	HMIS tools distributed to all LGAs and HFs.	Trasportation,	Health facilities	SMOH(DPRS)/ HMIS unit/SPHCDA			**1**		Number HMIS tools printed.	0.00	0.00		SMOH/ SPHCDA / partners			Semi High
					12.1.2 c monthly Data hamornaization /validation meeting at the LGA level	Number of data validation meetings conducted	Trasportation, refreshment, venue	Health facility records personnel	LGA HMIS officer		**1**	**3**	**3**	Number HMIS tools distributed to HFs		-		SMOH/ SPHCDA / partners			High
					12.1.2 d Refresher training of relvent personnel on HMIS data mangement and DHIS.	Number of Training /refresher training sessions conducted on	Consutant fee, venue, training materials, transportation, M&IE	LGA HMIS officers	SMOH/ SPHCDA/ PARTNERS			**1**		training report		-		SMOH/ SPHCDA / partners			

						HMIS and DHIS															
					12.1.2. d Conduct Quarterly facility level supportive supervision and mentoring visits and institute QISS model	Number of quarterly supportive supervisory visits conducted	Suppervison checklist, ODK	Health faciility	LGA ISS team			**1**	**1**	Supervision report	0.00	0.00		SMOH/ SPHCDA / partners			Semi High
					12.1.2 e Conduct quarterly DQA for 10 percent (80 health facilites) public and private HF's	Number of DQA exercise conducted	DQA checklist, transportation	Health facilities	SMOH, SPHCDA HMIS/ M&E teams			**1**	**1**	DQA report	0.00	0.00		SMOH/ SPHCDA / partners			High
Strengthened Health System for	13. RESEARCH FOR HEALTH	Strengthen health research and development to	Strengthen institutions and systems at all levels for the	**13.1.5**	**Establishing a unit for medical research within SPHCDA**	Unit established	Office space for the unit	SPHCDA	LGHA and ABSPHCDA				**1**	Evidence of unit establishment	0.00	0.00		SMOH/ SPHCDA / partners			Semi High

Delivery of package of essential Health care services		significantly contribute to the overall improvement of Nigeria's health system performance.	promotion, regulation and ethical oversight of essential national health research																		
			Enhance strategic partnerships at the national and international levels for the promotion and timely dissemination of researc	**13.1.6**	**Supporting Annual publications of public health interest in international journals**	Number of plications facilitated by SPHCDA	publication fee	LGHA SPHCDA staff	LGHA and ABSPHCDA				**1**	Evidence of Publication in recognised journals		-		SMOH/ SPHCDA / partners			Semi High

			h findings																		
Protection from Health Emergency and risks	Public health emergencies; preparedness and response	Reduce incidence and impact of public health emergencies in Abia.	Promote an integrated national disease surveillance system in line with International Health Regulation (IHR) and IDSR		**Meeting OF 20 DISEASE SURVEILLANCE PERSONNEL AT LGA LEVELS FOR 3 DAYS.**	• DISEASE SURVEILLANCE PERSONNELS TRAINED • •	cost of disseminating information, transportation,hiring of hall,refreshment.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT	**1**	**1**	**1**	**1**	TRAINING ATTENDANCE AND REPORT		NGN0.00		Govt./Partners	NGN0.00	#VALUE!	High
					STRENGTHEN DATA PRODUCTION AND MANAGEMENT SYSTEM OF OICs WARD HEALTH CENTERS at LGA	TRAIN PERSONNEL with LAPTOP.	cost of transportation,refreshment,purchse of LAPTOP and PRINTERS.	O IC,M & E,	DPRS,HF							NGN0.00					
			Scale-	**1**	**CARRY**	•NEE	cost of	Health	DISEAS	**1**	**1**	**1**	**1**	ATTENDA	425,	170					

			up public education and awareness creation on public health emergencies	**4.1.4a**	**OUT SURVEILLANCE NEEDS ASSESSMENT AT LGA LEVEL**	DS ASSESSMENT CARRIED OUT •SENSITIZATION ON PUBLIC HEALTH CONDUCTED • NUMBER OF IEC MATERIAL DEVELOPED AND DISTRIBUTED	transportation,media coverage	workers, Health practitioners, and partners.	E SURVEILLANE UNIT					NCE,REPORT AND PICTURE	000.00	0000.00					
				14.1.4c	**CONDUCT SENSITIZATION AND PUBLIC ENLIGHTENEMENT ON PUBLIC**		cost of transportation,media coverage,hall,refreshment.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT	**1**		**1**		ATTENDANCE,REPORT AND PICTURE	324,000.00	648000.00					

					HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE OFFICERS IN THE WDC AND VDC FOR 3 DAYS																
			Promote integration of disease surveillance activities at all levels of the health care system	**14.1.6a**	**TRAINING AND RETRAINING OF 160 ADDITIONAL FOCAL PERSONS TO COVER ALL THE WARD HEALTH CENTERS IN THE STATE AND ESTABLISH RAPID RESPONSE TEAM AT ALL**	•INTEGRATION OF DISEASE ACTIVITIES ACHIEVED •RAPID RESPONSE TEAM ESTABLISHED AT ALL LEVEL	cost of transportation,trainning material,media,.	Health workers, Health practitioners.	DISEASE SURVEILLANE UNIT					ATTENDANCE,REPORT AND PICTURE		0.00					

					LEVELS	• EPIDEMIOLOGICAL BULLETINS PUBLISHED AND DISEMINATED															
predictable financing and risk protection	Health financing	Increase sustainable and predictable revenue for health	Alignment of health allocations to State priorities	**15.2.1**	Sensitization of the community to set up committee for the concerned project in a particuar ward by BHCPF	Community aware of the BHCPF project and ready to support.	transportation	Health workers, Health practitioners, and partners.	DPRS			**1**			584,000.00	584000.00					
					Hold a day meeting to Select the milestone,that is who does what consider	Minutes of meeting available.	transportation					**1**			584,000.00	584000.00					

					ing timeframe of the project.																
					Effective monitoring and supervision	Monitoring report available.	transportation			**1**	**1**	**1**	**1**		584,000.00	2336000.00					
			Strengthen Coordination Frameworks and TWGs for health financing		**Establish coordination frameworks and appoint a Health Financing focal person at the 17 LGA level and engage stakehohers to make a case for heath as an investment for job creation.**	• TWG in health care financing established • TWG trained and sponsored for workshop • Quarterly meeting of TWG conducted	tranportation,public address system,media,refreshment, hall.	Health workers, Health practitioners,.	DPRS	**1**		**1**			181,500.00	363000.00					

AROCHUKWU Annual operational plan 2019

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017 - 21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity	Output Indicator ({SHDP 2017-21}	Cost Elements/ details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame	Activity Means of Verification	Total Cost	Total Amount	Expenditure Classification	Funding Source(s) Name	State Contribution to activities	Expected Contributions from other Sources	Priority Ranking
										Quarterly frequency			-					

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017 - 21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity					{only numbers allowed} Q1	Q2	Q3	Q4			-					
	Step 1					Step 2									Step 4			Step 5			Step 6
protection from health emergency and risks	public health emergencies,preparedness and response	Reduce incidence and impact of public health emergencies in Abia.	Promote an integrated national disease surveillance system in line with International Health Regulation (IHR) and IDSR	14.1.1	BUILD CAPACITY OF 20 DISEASE SURVEILLANCE PERSONNEL AT LGA LEVELS FOR 3 DAYS.	• DISEASE SURVEILLANCE PERSONNELS TRAINED • •	cost of disseminating information, transportation,hiring of hall,refreshment.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT	1	1	1	1	TRAINING ATTENDANCE AND REPORT		"					
				14.1.2	STRENGTHEN DATA PRODUC	TRAIN PERSONN	cost of transportation,refreshment,purchse of LAPTOP and	OIC,M & E,	DPRS, HF			1	1	TRAINING ATTENDANCE AND REPORT		"					

					TION AND MANAGEMENT SYSTEM OF OICs WARD HEALTH CENTERS at LGAs.	EL with LAPTOP.	PRINTERS.														
			Scale-up public education and awareness creation on public health emergencies	**1 4. 1. 3**	**CARRY OUT SURVEILLANCE NEEDS ASSESSMENT AT WARD LEVEL**	•NEEDS ASSESSMENT CARRIED OUT •SENSITIZATION ON PUBLIC HEALTH CONDUCTED • NUMBER OF IEC MATERIAL DEVELOPED AND DISTRIBUT	cost of transportation,media coverage	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT			**1**	**1**	TRAINING ATTENDANCE AND REPORT		"					

						ED															
				14.1.4	**CONDUCT SENSITIZATION AND PUBLIC ENLIGHTENEMENT ON PUBLIC HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE OFFICERS IN THE WDC AND VDC FOR 3 DAYS**		cost of transportation,media coverage,hall,refreshment.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT			**1**	**1**	TRAINING ATTENDANCE AND REPORT		"					
			Promote integration of disease surveillance activities at all levels of the health care system	**14.1.5**	**TRAINING AND RETRAINING OF 41 ADDITIONAL FOCAL PERSONS TO COVER ALL THE WARD HEALTH CENTERS**	•INTEGRATION OF DISEASE ACTIVITIES ACHIEVED •RAPID RESPONSE	cost of transportation,training material,media,.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT			**1**		ATTENDANCE,REPORT AND PICTURE		"					

					IN THE STATE AND ESTABLISH RAPID RESPONSE TEAM AT ALL LEVELS	TEAM ESTABLISHED AT ALL LEVEL • EPIDEMIOLOGICAL BULLETINS PUBLISHED AND DISEMINATED															
predictable financing and risk protection	Health financing	Increase sustainable and predictable revenue for health	Alignment of health allocations to LGA priorities	**15.2.1**	**Sensitization of the community to set up committee for the concerned project in a particuar ward by BHCPF**	Community awarea of the BHCPF project and ready to support.	transportation	Health workers, Health practitioners, and partners.	DPRS			**1**		ATTENDANCE,REPORT AND PICTURE	561,000.00	561,000.00					
				15.2.2	**Hold a day meeting to Select the mileston**	Minutes of meeting available.	transportation					**1**		ATTENDANCE,REPORT AND PICTURE		"					

					e,that is who does what considering timeframe of the project.																
				15.2.3	**Effective monitoring and supervision**	Monitoring report available.	transportation					**1**	**1**	REPORT		"					
			Strengthen Coordination Frameworks and TWGs for health financing	**15.2.4**	**Establish coordination frameworks and appoint a Health Financing focal person at the 18 WARD level and engage stakehohers to make a case for heath as an investment for job creation**	• TWG in health care financing established • TWG trained and sponsored for work shop • Quarterly meeting of	tranportation,public address system,media,refreshment, hall.	Health workers, Health practitioners, .	DPRS			**1**	**1**	ATTENDANCE,REPORT AND PICTURE		"					

					.	TWG conducted															
Strengthened Health System for Delivery of package of essential Health care services	Medcines Vaccines and other Health technology and supllies	11.1 Strengthen the availability and use of affordable, accessible and quality medicines, vaccines, and other health commodities and technologies at all levels.	11.1.1 Strengthen the development and implementation of legal, regulatory framework, policies and plans for drugs, vaccines , commodities and health technologies at all levels	**1 1. 1. 1 a**	**Conduct quarterly inspection of facilities to ensure compliance with Essential Drug Guideline**	Number of quaterly inspection of facilties conducted.	transportation, report,perdiem	Health facilities	LHA				1	Inspection report, Attenance		"					
					Hold Abia State PSMTWG biannual	Number of Biannual PSMT	Hall,Transportation,Projector,Refreshment	PSM /LMCU group	SMOH / Partners			**1**		Minute of meeting		"					

					consultative forum meeting.	WG Meetings held															
			11.1.4 Strengthen effective procurement systems (forecasting, orders, procurement) to ensure (40% local content) and commodity security for on a sustainable basis at all levels .		**strenghten capacity of 51 state and LGA cold chain officers on forcasting**	Proportion of cold chain officers trained on commodity forcasting	Hall, Consultancy fee, refreshment, Training materials,	State and LGA cold chain officers	Immunzation Department SPHCDA/UNICEF/Other partners				**1**	Training report, Attendance sheet		"					
					Hold Bi-annual statkeholders meeting on the revitalization of	Number of Biannual stakeholders	Hall, refreshment, transportation, stationaries	Health facilities	SMOH PSMT WG/ DRF focal persons at state				**1**	Minute of meeting, Attendance sheet		"		SPHCDA/ Partners			HIGH

					Drug Revolving Fund in the State and LGAs	Meetings held			and LGA												
			11.1.5 Strengthen integrated supply chain management system and quality assurance models for medicines, vaccines, commodities and other technologies with a functional logistics management information		**1 1. 1. 5 a**	**Maintenance of Existing State, LGA, and PHC Storage Facility including Cold chain**	Number of functional Storage Facility and cold Chain	Repair cost, transportation, fuelling cost	LGA Health Facility and **SPHCDA**	State Cold chain/ Logistic Officer /SIO			**1**	**1**	Cold chain assessment report		"		SOML/ Partners			Semi High

			system (LMIS)																		
					Conduct state level Cold chain Bi-Monthly meeting of LGA cold chain officer	Number of Bi-monthly meetings conducted	Hall,Transportation,Projector,Refreshment	State and LGA cold chain Officers	SPHCDA Immunization Unit			**2**	**2**	Meeting report		"		SPHCDA/ Partners			High
			11.1.7 Strengthen existing systems for the management of biological and non-biological wastes including expiries of medicines, vaccines and other commodities at all levels		**Training and retraining of 50 state and LGA peronnel in health facilites on environmental and social safegurds .**	Number of state and LGA personnel trained on environmental and social safeguards	Hall, Consultancy fee, refreshment, Training materials,	Cold chain Officers,Logistic officers, State SMOH/SPHCDA teams	SPHCDA				**1**	Training report		"		SPHCDA/ Partners			

					Quarterly procurement and distribution of Vaccines and safety commodities to 787 Primary, Secondary health facilites for the disposal of sharps	Number of Quarterly Procurement and distribution conducted per year	Procurement Cost, Transportation	State, LGA Health facilites	PARTNERS and SPHCDA procurement unit			**1**	**1**	Procurement report, facility delivery Voucher		"		SPHCDA/ Partners			
Strengthened Health System for Delivery of package of essential Health car	Health Information System	Improve the health status of Abians through the provision of timely, appropriate and reliable	Strengthen institutional framework and coordination for HIS at all levels		**Quaterly review meeting of the HDGC/HDDC**	Number of quarterly HDGC/HDCC meting conducted	Hall, refreshment, trasportation, projector	Data producers and users in state	State HMIS Unit/ SMOH/LGA			**1**	**1**	Training report		"		SMOH/ SPHCDA/ partners			

e services		health information services at all levels, for evidenced based decision making.																			
			Strengthen capacity to generate, transmit, analyze and utilize routine health data, from all health facilities, including private health facilities.		**12.1.2 a printing of HMIS TOOLS**	**12.1.2 a printing of HMIS TOOLS**	Printing cost	Printing cost	SMOH (DPRS), SPHCDA AND PARTNERS			**1**		Tools distribution Voucher/ Delivery note		"		Tools distribution Voucher/ Delivery note			
					12.1.2 c	Num	Trasportation,	Heal	State			**3**	**3**	Number		"		SMO			

					monthly Data hamornaization/ validation review meeting at the LGA level	ber of data validation meetings conducted	refreshment, venue	th facility records personnel	HMIS officer					HMIS tools distributed to HFs				H/ SPHCDA/ partners			
					12.1.2. d Conduct Quarterly facility level supportive supervision and mentoring visits and institute QISS model	Number of quarterly supportive supervisory visits conducted	Trasportation, refreshment.	Health faciility	LGA ISS team			**1**	**1**	Supervision report		"		SMOH/ SPHCDA/ partners			
					12.1.2 e Conduct quarterly DQA for 10 percent (80 health facilites) public and private HF's	Number of DQA exercise conducted	DQA checklist, transportation	Health faciility	State SMOH, SPHCDA HMIS/ M&E teams			**1**	**1**	DQA report		"		SMOH/ SPHCDA/ partners			
			Enhance strategic		**Supporting Annual publicati**	Number of plica	Transportation,media coverage,lunch	LGA SPHCDA staff	ES ABSPHCDA				**1**	Evidence of Publication in		"		SMOH/ SPHCDA/			

			partner ships at the nationa l and interna tional levels for the promo tion and timely dissemi nation of researc h finding s		**ons of public health interest in internati onal journals**	tions facilit ated by SPHC DA								recognise d journals				part ners			
: Stre ngt hen ed hea lth syst em for deli ver y of pac kag e of ess enti al hea lth car	9. HUMA N RESOU RCE FOR HEALTH	ENSU RE COOR DINA TION AND PART NERS HIP FOR ALIG NING INVES TMEN T OF CURR ENT AND FUTU RE NEED S	Strengt hen institutional capaciti es of HRH coordin ating structu res		Producti on and distributi on of adopted National policy(ta skshiftin g and tasksharing policy)	prod uctio n and distri butio n of tasks harin g and tasks hiftin g policy done.	printing of 1000 copies of tasksharing and taskshifting policy .2 days transportation for 18 persons for dissemination		ABSPH CDA/ LGHAS			**1**		DISTRIBUT ION LIST		"					

e services																					
			Strengthen institutional capacities of HRH coordinating structures		Conduct situation analysis on HRH at PHC levels	situation analysis conducted	staff time	All staff	ABSPHCDA/ LGHAS			**1**		DISTRIBUTION LIST		"					
					2 day training of managers on tasksharing and taskshifting policy(7 management staff from ABSPHCDA and 17 LGHAS)	2 day training held.	Non residential 2 day training for 24 persons	7 ABSPHCDA staff and 17 LGHAS	ABSPHCDA/ LGHAS			**1**		PICTURES, TRAINING REPORT,ATTENDANCE		"					
			Strengthen/establish HRIS at ABSPHCDA and LGHA		**Print and distribute HRIS data tools to all PHCs in the LGA.**	printing and distrisbution doned.	1000 copies of HRIS data tool printed and distributed	All PHCs, LGHAS	ABSPHCDA/ LGHAS				**1**	DISTRIBUTION LIST		"					

					Update the OICs on the HRIS data tool	HRIS Update done.	staff time	All OICs	M&Es from all the 17 LGAs and state M&Es				**1**	Not costable		"					
			Establish mechanisms for annual HRH reviews and reporting for evidence and decision making at the State and LGA levels		**Conduct annual personnel auditing and verification exercise**	Annual personnel audit exercise conducted	2 days auditing per LGA(2 PERSONS PER LGHA)	Staff from 17 LGHAs	ABSPH CDA/ LGHAS			**1**		Audit report,		"					
			Improve the production of HRH research evidence through monitoring		**Conduct a survey on the strength and weaknesses of HRH workforce in LGHAs**	survey conducted.	Transportation for 85 personnels (5 per LGHA). Production of survey questionnaires.	All staff	ABSPH CDA/ LGHAS			**1**		SURVEY report, printed copy of questionnaire, pictures		"					

			and evaluation mechanisms																		
		Ensure the production of adequate number of qualified health workers	Strengthen the quality assurance for HRH training institutions for producing frontline health workers		**Hold meeting with relevant stakeholders to discuss the outcome of the survey**	meeting held	**Transportationand lunch**	All staff	ABSPH CDA/ LGHAS			**1**		Attendance, minutes of the meeting,		"					
					Disseminate survey result to stakeholders	survey result disseminated	Transportation for 18 persons for dissemination.	All staff	ABSPH CDA/ LGHAS				**1**	despatch list,		"					
		Ensure effective health workforce management through retention,	Strengthen mechanism for deployment and retention of HRH at PHC LEVELS		**review the current status of deployment**	deployment status reviewed	staff time	All staff	ABSPH CDA/ LGHAS			**1**		Not costable		"					

		deployment, work condition, motivation and performance management																			
					produce and distribution of a clear job description manual	job description manual produced and distributed	1000 copies of job description manual	LGHA staff, ABSPHCDA	ABSPHCDA/ LGHAS				**1**	PRINTED COPIES MANUAL		"					
					Develop and institute a system of recognition and sanction	personnel appraisal carrried out.	not costable	All staff	ABSPHCDA/ LGHAS				**1**	APPRAISAL REPORT		"					
INCREASED UTILIZATION OF ESS	6. NON COMMUNICABLE DISEASE, CARE OF THE ELDERLY,	6.1 REDUCE MOBIDITY AND MORTALITY DUE	6.1.1 PROMOTE GENERATION OF EVIDENCE FOR DECISI		**REVIEW AND ADAPT NATIONAL POLICY AND GUIDELINES ON**	NATIONAL POLICY AND GUIDELINES IS REVIE	1. TRANSPORT STIPEND, REFRESHMENT, ACCOMODATION FOR PARTICIPANTS. (2) STATIONARIES AND WRITING MATERIALS	STAKEHOLDERS IN THE STATE HEA	SMOH, SPHCDA, LGHA, LGA ADVISORY COM		1		1	REPORTS, RECIEPTS/ VOUCHERS,ATTENDANCE		"					

ENTIAL PACKAGE OF HEALTH CARE SERVICES	MENTAL HEALTH, ORAL AND EYE HEALTH	TO NCDS (CANCERS, CARDIOVASCULAR DISEASES, CHRONIC OBSTRUCTIVE AIR WAYS)	ON MAKING FOR PLANNING AND IMPLEMENTATION OF NCD INTERVENTION		**NCDS**	WED		LTH SYSTEM	MITTEE MEMBERS, AGENCY BOARD MEMBERS												
				6.1.1.2	**2 DAY COMMUNITY WIDE SURVEY ON NCDS AND RISK FACTORS IN 2 COMMUNITIES PER LGA OF THE STATE**	DISEASE SURVEILLANCE AND SUPPORTIVE SUPERVISION CONDUCTED IN ALL THE 17 LGAs OF ABIA STATE	TRANSPORT STIPEND, PRODUCTION OF DATA TOOLS, REFRESHMENT	STAKEHOLDERS IN THE STATE HEALTH SYSTEM	SPHCDA, LGHA		1	1		REPORTS, RECIEPTS/ VOUCHERS ,PICTURES		"					
				6.	**COMMU**		HIRING OF 1	THE			1		1	ATTENDA		"					

				1.1.3	**NITY SENSITIZATION AND SCREENING FOR CARDIO VASCULAR DISEASES (High blood pressure)**	COMMUNITY MEMBERS IN THE 17 LGAs ARE SENSITIZED AND SCREENED	PUBLIC ADRESS SYSTEM PER LGA, PROVIDING 10 BP APPARATUS PER LGA, ENGAGING 5 SUPPORT STAFF PER LGA AND 2 STATE STAFF, HIRING OF VIDEO COVERAGE AND PHOTOGRAPHS, TRANSPORTATION, ENTERTAINMENT	ELDERLY IN THE VARIOUS COMMUNITIES	SPHCDA, LGHA					NCE, RECEPTS/ VOUCHERS, PICTURES, REPORTS							
			BUILT CAPACITY OF HEALTH CARE PROVIDERS ESPECIALLY AT PHC IN PREVENTION AND SCREENING FOR NCDS	**6.1.1.4**	**TRAINING AND RETRAINING 50 HEALTH CARE PROVIDERS PER LOCAL GOVERNMENT ON NCDS SERVICES**	CAPACITY OF 50 HEALTHCARE PROVIDERS PER LOCAL GOVERNMENT AREA, ON NCDS BUILTH	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS, PAYMENT FOR RESOURSE PERSONS	850 HEALTH CARE PROVIDERS	SPHCDA, LGHA			1		ATTENDANCE, RECEPTS/ VOUCHERS, PICTURES ,REPORTS		"					
				6.1.1.5	**BUILD CAPACITY OF 34 M&E OFFICERS IN THE LGAs ON DATA**	THE CAPACITY OF34 M&Es IN ABIA ARE	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS,	STAKEHOLDERS IN ALL STRATA	SMOH, SPHCDA, LGHA			1		REPORTS AND ATTENDANCE		"					

					GENERATION, COLLECTION, COLLATION AND REPORTING ON NCD SERVICES	BUILTH	PAYMENT FOR RESOURSE PERSONS	OF THE HEALTH SYSTEM													
			6.1.2 INTENSIFY ADVOCASY,IEGISTLATION, SOCIAL MOBILIZATION AND BEHAVIOUR CHANGE COMMUNICATION FOR NCD PREVENTION AND CONTROL	**6.1.2.1**	**ADVOCACY VISIT TO RELEVANT STAKEHOLDERS(EXECUTIVE AND LEGISLATIVE) FOR SUPPORT AND LEGISLATION ON NCDs PREVENTION AND CONTROL IN 17 LGA**	ADVOCASY TO RELEVANT STAKEHOLDERS IN 17 LGAs DONE	TRANSPORTATION, IEC MATERIALS, REFRESHMENT	STAKEHOLDERS	SMOH, SPHCDA, LGAHA		1			RECEIPTS, REPORT		"					
				6.1.2.2	**OBSERVING OF THE WORLD HEALTH DAYS**	4 WORLD HEALTH DAYS	TRANSPORTATION, IEC MATERIALS,REFRESHMENT	COMMUNITY MEMBE	SPHCDA, LGHA		1	1	1	RECEIPTS, REPORT		"					

					FOR MENTAL , CADIOVASCULAR,EYE,CARE OF THE ELDERLY AND ORAL HEALTH	OBSERVERED		RS													
			PROMOTE DEMAND FOR NCD SERVICES	**6.1.2.3**	**1 DAY ADVOCACY VISIT TO STAKEHOLDERS(17 LGA CHAIRMAN ,1TRADITIONAL RULERS \ NDIEZE.2 LEADERS FROM1 CBOs, 1 FBOs,1 YOUTH1 ,WOMEN AND MEN GROUPS**	COMMUNITY SENSITIZATION AND ADVOCASY CARRIED OUT TO ALL THE STAKEHOLDERS	TRANSPORTATION, IEC MATERIALS, REFRESHMENT	HEALTHSTAKEHOLDERS IN THE 17 LGAs	SPHCDA, LGHA		1	1	1			"					
		PROMOTE THE HEALTH AND WELL	PROMOTE ENABLING POLICY ENVIRONMENT	**6.1.2.4**	**ENGAGE 5 VOLUNTEERS FROM CSOs PER LGA**	INSTITUTIONALIZED ELDERLY HOM	TRANSPORTATION	ELDERLY PERSONS	SMOH ,SPHHCDA,LGHA		1	1	1	RECEIPTS, REPORTS, PHOTOGRAPHS		"					

		BEING OF THE ELDERLY IN Abia	FOR PROGRAMING FOR THE ELDERLY		**FOR A MONTHLY HOME BASED CARE OF THE ELDERLY**	ES ESTABLISHED IN ALL LGAs OF ABIA STATE															
INCREASED UTILIZATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES	HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEALTH	PROMOTE THE WELL BEING OF INDIVIDUALS AND COMMUNITIES THROUGH PROTECTION FROM HEALTH RISKS AND PROMOTION	STRENGHTNING COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP OF HEALTH PROMOTION		**SENSITIZE YOUTH GROUPS IN THE 292 WARDS OF ABIA STATE ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES**	YOUTHS IN 17 LGAs ARE SENSITIZED ON CONSEQUENCES OF RISKY HEALTH BEHAVIOURS	TRANSPORTATION, HIRING OF PUBLIC ADRESS SYSTEM, LIGHT REFRESHMENTS, PRODUCTION OF IEC MATERIALS, PHOTOGRAPH COVERAGE, STATIONARIES	YOUTHS	LGHA		1	1		RECIEPTS AND REPORTS		"					
					1- DAY ORIENTATION OF 20 COMMU	HEALTH PRACTITIONERS	TRANSPORTATION STIPENDS, LIGHT REFRESHMENT, STATIONARIES,	HEALTH PROMOTION	SPHCDA, LGHA				1	ATTENDANCE,RECIEPTS/ VOUCHER, REPORT		"					

					NITY HEALTH PROMOTERS PER LGA ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES	WILL CASCADE THE ORIENTATION TO THE COMMUNIUTY MEMBERS	HIRING OF PROJECTORS	ERS													
					LAUNCH A WEEKLY MEDIA CAMPAIGN ON A RADIO STATION ON THE PREVENTION OF NCDs	REDUCTION IN THE PREVALENCE OF NCDs IN THE LGAs	RADIO ANNOUNCEMENT, JINGLES	MEMBERS OF THE COMMUNITIES	SPHCDA, LGHA		1			RECEIPTS, REPORTS/ VOUCHERS,ATTENDANCE		"					
					TRAIN 10 WDC MEMBERS PER WARD (TOTAL 2920) ON THE PROPER DISSEMINATION OF RELEVA	CAPACITY IS BUILT FOR THE WDCs IN ALL THE WARDS OF	TRANSPORT STIPENDs FOR WDC MEMBERS, STATIONARIES, HIRING OF PROJECTORS, REFRESHMENT,	WDC MEMBERS	SPHCDA, LGHA			**1**		ATTENDANCE, RECEIPTS/ VOUCHERS, PICTURES		"					

					NT INFORMATION ON NCDs TO COMMUNITY MEMBERS	THE STATE															
					PUBLIC ENLIGHTENMENT ON RISKY HEALTH BEHAVIOURS THROUGH WEEKLY PRODUCTION AND AIRING OF JINGLES	JINGLES AIRED	PRODUCTION OF JINGLES .AIRING OF JINGLES .	GENERAL PUBLIC	SPHCDA ,SMoH, LGHA UNICEF		**1**	**1**	**1**	RECIEPT, REPORT.		"					
					CONDUCT STAKEHOLDERS MEETING AT THE 17 LGAs TO AGREE ON WAYS TO PROMOTE HEALTHY LIVING	HEALTH PROMOTION INFORMATION DISCEMINATED	TRANS[PORTATION, REFRESHMENT, STATIONERIES,	FBOs,CBOs,	SPHCDA,SMoH , LGHA		**1**	**1**		ATTENDANCE, RECEIPTS/ VOUCHERS, PICTURES		"					

					WITHIN THE LGAs																
					MAP OUT FOOD AND WATER VENDORS IN ABIA .	FOOD AND WATER SURVELLANCE SYSTEM STRENGTHENED IN 17 LGAs OF ABIA	TRANSPORTSTION, STATIONERIES, REFRESHMENT,PICTURES,	BUCHERS, PIG FARMERS, WATER VENDORS AND EATRIES	SPHCDA,SMoH , LGHA		**1**	**1**	**1**	ATTENDANCE, RECEIPTS/ VOUCHERS, PICTURES		"					
					BIMONTHLY SUPERVISION (BY FOOD SCIENTISTS AND ENVIRONMENTAL OFFICERS) OF FOOD AND WATER VENDORS WITHIN THE 17 LGAs	ALL FOOD AND WATER VEENDORS IN 17 LGAs INSPECTED AND CLEARED BIMONTHLY	TRANSPORTATION	FOOD AND WATER VENDORS	SPHCDA,SMoH , LGHA		**1**	**2**	**2**	REPORT, PICTURES, RECEIPTS		"					
					CONDUCT A TRAININ	FOOD AND WAT	PROCUREMENT OF SAFETY MATERIALS,	FOOD SCIE	ABSPHCDA, LGHA		**1**		**1**	ATTENDANCE, RECEIPTS/		"					

					G OF TRAINERS OF 6 HEALTH WORKERS PER LGAS ON FOOD AND WATER SAFETY	ER SAFETY INCULCATED ON HEALTH WORKERS	PROJECTORS,ENTERTAINMENTS,TRANSPORT,STATIONARIES	NTIFIC OFFICERS						VOUCHERS, PICTURES							
Increased utilisation of essential package of health care services	4.Reproductive, Maternal, Newborn, Child, Adolescent Health	4.1 Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate and effective healthcare services before, during and	4.1.1 Improve access to focused Antenatal and Postnatal Care	**4.1.1a**	**Conduct 1 day quarterly state stakeholders review Meeting to review focused antenatal and postnatal care. (7 persons per LGA drawn from LGA health authority team, health facility OIC's and 5 state team members.)**	Stakeholder advocacy/review meeting done	refreshment, hall rental, transportation	LGA health workers, stakeholders, community leaders.	LGHA	**1**	**1**	**1**	**1**	Attendance, minutes, picturesz		"					

		after child birth.																			
					Distribute 1000 mama's kit per LGA to incentivise facility-based delivery	**1.** Number of facility-based deliveries **2.** Number of mothers that received mama's kit at health facilities	delivery mat, I pk of ladies sanitary pad, pampers, methylated spirit, disinfectant, baby soap, surgical blades, hand gloves, chlorohexydene, cotton wool, oxytocin injection, detergent	Pregnant mothers	LGHA, HF OIC's			**1**		Pictures, delivery vouchers		"					
					Conduct a 1 day quarterly sensitization meeting in one ward per LGA (6 LGA team	Number of sensitizations done at the ward	transportation	Community members, general population	LGHA	**1**	**1**	**1**	**1**	Attendance, Pictures, minutes		"					

					members from the LGA health authority team.																
			Expand coverage of skilled delivery services		**Conduct 5 days non residential training on focused antenatal and post-natal care at the state level for 57 Doctors, Nurses and Midwives. (1 doctor per LGA , 2 Nurses/ Midwives per LGA and 6 state team members) (2 facilitators)**	1. Number of Doctors trained. 2. Number of Nurses trained. 3. Number of Midwives trained	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Doctors, nurses, midwives, LGA HA team	LGA HA				**1**	Attendance, pictures		"					
					Conduct 3 days	Number	training materials, hall	Midwive	ABSPH CDA/			**1**		Attendance, Pictures		"					

					non-residential training on skilled delivery for 105 midwives and S. Chews(6 per LGA drawn from midwives and S. Chews and 3 facilitators.)	of midwives and S.Chews trained.	rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	s, Senior Chews	LGHA												
					Conduct 2 Days non-residential Training of 10 Medical Officers at state level on Obstetric Referals from PHCs. (10 Medical Officers, 1 each from each 10	Numberof medical officers trained	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Medical officers	ABSPHCDA				**1**	Attendance, Pictures		"					

					General hospitals and 2 facilitators).																
			Promote advocacy, community Mobilization and Behaviour Change Communication for Safe Motherhood Services		**Conduct 1 day training for 20 persons on IPC Skill at LGA level (1 Safe motherhood FP per LGA and 3 facilitators)**	Number of safe motherhood focal person trained.	training materials, hall rental, transportation, tea break, lunch, stationeries	LGA Safe Motherhood person	LG HAS					Pictures		"					
			Improve quality of care for safe motherhood services		**Conduct 5 days bi-annual QISS visits at the LGA level using 170 persons from the LGA HAS team and state team. (9**	1. Number of facility-based deliveries 2. Number of mothers	Transportation	LGA health workers	SPHCDB, LGA HAS					QISS Report		"					

					persons from the LGA HAS team per LGA and 17 state team members, one each for the teams in each LGA)	that received mama's kit at health facilities															
					Conduct 2 day state review meeting for 60 participants to review the QISS report at state level . (3 persons per LGA from the LGA HA team and 9 state team persons)	Number of review meetings held	Transportation, hall rental, stationeries	LGA health workers	SPHCDB, LGA HAS			**1**	**1**	attendance, pictures		"					
					Hold quarterly review meeting on safe	Number of quarterly	Transportation, hall rental, stationeries	LGA health workers	SPHCDB, LGA HAS			**1**	**1**	attendance, pictures		"					

					motherhood services in the state for 55 persons. (1 HAS, 1 SM-FP and 1 LGA M&E officer per LGA and 4 state team members).	review meetings held															
		Reduce significantly morbidity and mortality due to Malaria and move towards pre-elimination levels	Expand access to integrated vector control interventions		**Advocacy visit to donor agencies for Abia to be covered by entyomological surveys.**	Advocacy visit conducted	Transportation, refreshment	PHCDA	Abia State PHCDA				**1**	Attendance, pictures		"					
					Conduct Knowled	Survey	Survey cost for 14 days	PHCDA	Abia State			**1**		Survey Report		"					

					ge, Attitude and Practices Survey on net utilization. (14 days survey)	Conducted			PHCDA												
					Support 28 slots of radio jingles for sensitization in all LGA's, targetting rural communities.	Radio jingle aired	2 slots per day for 2 weeks	General population (community members)	Abia State PHCDA			**1**		Payment Receipts, Compact disk of Jingles		"					
					Hold 7 day Bi-annual LLIN distribution in all health facilities as a form of continuous net distribution	Bi-annual LLIN distribution conducted.	Transportation cost for HF OIC's for 7 days, twice yearly.	Communities	LGA HAS/RBM FP		**1**		**1**	delivery vouchers		"					
			Strengthen laboratory		**Conduct 2 weeks TOT(master)**	TOT master traini	training materials, hall rental, transportation,	Laboratory Micr	Abia State PHCDA			**1**		Attendance, pictures		"					

			services for diagnosis of malaria at all levels		**training for 17 laboratory microscopists in advanced malaria microscopy, each for the 17 LGA's.**	ng conducted	breakfast, lunch	oscopists from the LGA													
					Conduct 1 day training/ retraining for 17 Malaria Focal persons and 3 State Team Members on the use of malaria diagnostic KIT	1 day Training conducted	training materials, hall rental, transportation, breakfast, lunch	LGA RBM FP, STATE RBM team members	Abia State PHCDA		**1**			Attendance, pictures		"					
			Improve availability of and access to commodities and supplie		**Procure and distribute ???? ACTs and other malaria commodities for distribu**	Procurement and distribution of commodities cond	Contact the state RBM focal person for quantification.	LGA HF's	Abia State PHCDA	**1**	**1**	**1**	**1**	Procurement documents, Delivery vouchers.		"					

			s for treatment of uncomplicated and severe malaria		**tion to health facilities**	ucted															
					Conduct 3 days training for 22 persons (RBM manager, State Malaria logistics officer and 17MFPs) on commodity management	Training on commodity management conducted.	training materials, hall rental, transportation, breakfast, lunch	LGA RBM FP, STATE RBM logistics officer	Abia State PHCDA				**1**	Attendance, pictures		"					
			Expand use of IPT among pregnant women attending ANC		**Procure and distribute ???? Sulphurdoxine Pyremethamine for distribution to health facilities**	Commodity procured	To contact the state RBM focal person for quantification.	LGA HF's	Abia State PHCDA	**1**	**1**	**1**	**1**	Procurement documents, Delivery vouchers.		"					
					Avail IPT during MNCH	IPT available	**no cost**	Pregnant Mot	LGA HAS/HF OIC				**1**	Pictures, Registers used		"					

					week	for pregnant women during MNCH week.		hers						during MNCH.							
			Strengthen systems for quality assurance and quality control of malaria diagnosis and treatment.		**Adapt and print and distribute 5,000 copies of SOP's for malaria diagnosis**	5,000 copies of SOP's malaria diagnosis printed and distributed.	printing cost, transportation for distribution to facilities	LGA HF's	Abia State PHCDA/LGA HAS		**1**			Payment receipt, proof of supply, delivery vouchers.		"					
					Hold 1 day Quarterly Quality Control Meeting for 20 persons in each LGA (Laboratory Scientists/technicians from	Quarterly quality control meeting held	transportation, breakfast, lunch	LGA Laboratory scientists	LGA HAS/LGA TBLS	**1**	**1**	**1**	**1**	Attendance, pictures, EQA report		"					

					LGA HF's)																
			Promote active community participation in malaria control initiative		**Hold 1 day decentralized world malaria day celebration in each LGA**	World malaria day celebration held	Hall rental, refreshment	GHCW's, Community	LGA HAS/LGA RBMFP				1	Attendance, pictures		"					
					Hold 2 day quarterly sensitization visits per LGA to Community gate keepers on malaria prevention	2 day sensitization visits held	transportation, refreshment,	Community gate keepers	LGA HAS	**1**	**1**	**1**	**1**	Pictures		"					
		Ensure universal access to high quality, client-centred TB/Le	Strengthen TB case detection, diagnostic capacity and access to quality treatement		**Conduct 5 days centralized training for 50 Health Care Workers (one from each HF) on TB identific**	Training conducted	Hall rental, refreshment, training materials, transportation	LGA HF staff	ABSPHCDS/ ABIA STBLCP			**1**		Attendance, pictures		"					

		prosy diagn osis and treat ment servic es for the reduc tion in the incide nce and preva lence of tuber culosi s/lepr osy in Nigeri a.	service s .		**ation, diagnosi s and treatme nt of tubercul osis.**																
					Conduct 2 day centraliz ed External Quality Assuran ce meeting for 70 laborato ry technici ans and laborato ry scientist	EQA meeti ng cond ucted	Hall rental, refreshment,	LGA Labo rato ry scie ntist s and tech nicia ns.	ABSPH CDS/ ABIA STBLC P				**1**	Attendanc e, pictures		"					

					s. (3 from each LGA and 2 facilitators)																
					Print 10,000 copies of IEC matrials (5,000 handbills and 5,000 posters)	IEC materials printed	printing cost, transportating coion for distribution to facilities	LGA HF's	ABSPH CDS/ ABIA STBLCP	**1**				Payment receipts, delivery vouchers,		"					
			Promote demand for TB services		**Conduct 5 day quarterly mass communication and sensitization campaign in 5 communities in the state.**	5 day sensitization conducetd	Transportation	Community memebers	ABIA STBLCP/LGA HAS	**1**	**1**	**1**	**1**	Receipts, attendance		"					
					Conduct 2 day training on Community Sensitization and Mobilization	Training conducted	Hall rental, breakfast, lunch, training materials, transportation	LGA TBLS	ABIA STBLCP/LGA HAS				**1**	Attendance,		"					

					skills for 17 LGA TB Supervisors.																
					Procure and install 12 New GeneXpert machines, one in each LGA in the state without a gene-xpert machine for TB diagnosis.	17 Gene-xpert machines procured and installed	Cost of motorcycles, transportation for delivery of otorcycle	LGA HF	ABSPHCDS/ ABIA STBLCP		**1**			Pyment vouchers, delivery vouchers, gene-xpert sites		"					
			Expand access to TB diagnosis and treatment services for persons co-infected by TB and HIV		**Hold 5 day DOTs trainig for 12 GHCW's from 12 ART sites not offering TB services, for full take off of TB services a in the state.**	DOTs training conducted	Hall rental, breakfast, lunch, training materials, transportation	HF WORKERS	ABSTBLCP	**1**				Attendance, pictures,		"					
1.	1	1.1	1.1.2.		**3Days**	numb	Refreshment	Heal	SPHCD			**1**	**1**	REPORT,		"					

Enabled environment for attainment of sector outcomes	LEADERSHIP AND GOVERNANCE FOR HEALTH	Provide clear policy, plans, legislative and regulatory framework for the health sector	Scale-up strategic and operational planning at all levels		**Training of 3 persons at LGA to develop annual workplans for the LGHA**	er of person trained at LGA level	(lunch and tea break),Transportation,projector, stationary	th worker	A and LGA					AND PICTURES							
					Training of 3 persons within the finnance department on the existing fiananci al manegement system	number of finance staff trained	Transportation,lunch	account officers	SPHCDA and LGA			**1**	**1**	report, Attendance		"					
					•Conduct 3-day residential meeting with HAS and all OIC	HAS and numberOIC in attendence	hotel accommodition, Hall, Transport, Tea break and Launch	Health worker	SPHCDA and LGA			**1**	**1**	Attendance, pictures,		"					

					to develop operational for the LGA ● Conduct 1 day validation meeting to adopt it into LGA operational health plan ● Printing and dissemination of adopted plan ● ●																
					● Conduct 2 Days routine M&E visits to facilities monthly to evaluate performance/implementation of SSP by	No of visit to facilities	Transportation	Health worker	SPHCDA and LGA			**1**	**1**	Attendance ana Report		"					

					LGA teams															

BENDE LGHA OPERATIONAL PLAN 2019 2019 A

[P	Priority areas {SHDP 2017-21}	Objectives {SHDP 2017 - 21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity	Output Indicator ({SHDP 2017-21}	Cost Elements/ details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame Quarterly frequency {only numbers allowed}	Activity Means of Verification	Total Cost	Total Amount -	Expenditure Classification	Funding Source(s) Name	State Contribution to activities	Expected Contributions from other Sources

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Strengthen coordination, harmonization and alignment at all levels	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity					Q1	Q2	Q3	Q4			-			
	Step 1					Step 2									Step 4			Step 5	
1. Enabled environment for attainment of sector outcomes	1 LEADERSHIP AND GOVERNANCE FOR HEALTH	1.1 Provide clear policy, plans, legislative and regulatory framework for the health sector	1.1.1.Promote review and development of polices and laws as necessary		**Training of 18 LGA desk officers and 20 Ward focal persons at the LGA to develop annual workplans for the LGHA**	number of person trained at LGA level	Refreshment (lunch and tea break), hall, projector, stationary	LGHA staff	LGHA SPHCDA and partners		1			Attendance /Report		"			
		1.2 Strengthen transparency and accountability in	1.2.1 Strengthen Public Finance Management system includin	**1.2.1.1**	**Conduct review of existing finance management system at the LGAHA.**	number of meetings held	Refreshment (lunch and tea break), hall, projector, stationary	Directors of department	LGHA SPHCDA and partners		1					"			

		planning, budgeting and procurement process	g oversight in Fund disbursement and utilization at all levels		**(10 Persons)**															
				1.2.1.2	**Training of 3 persons within the LGA finnance unit on the existing fianancial manegement system**	number of finance staff trained	Refreshment (lunch and tea break), hall, projector, stationary	account officers	LGHA			1				"				
			1.2.2 Strengthen the linkages between various planning and budgeting process (MTEF/ MTSS	**1.2.2.1**	**• Conduct 1 day joint review meeting for 4 Health planning and budgetting at the LGA. • •**	number of staff trained	Refreshment,Hall, Tea break launch and Transport	BPRS staff	SPHCDA and partner/ LGHA		1					"				
		Improve	Strengthen annual	**1.3**	**• Conduct 1-day**	number of perso	hotel accommodition, Hall, Transport,	stakeholder	SPHCDA and partners		1					"				

		health sector performance through regular integrated reviews and reports	operational/work-plan for the health sector		**meeting of 3 persons to develop operational plan for the LGA.** **● Conduct 1 day validation meeting to adopt it into state operational health plan** **● dissemination of adopted plan**	ns in attendence	Tea break and Launch	/LGHA	/LGHA											
			1.2.3 Strengthen voice and accountability, including community participation, CSO engage	**1.** **2.** **3.** **1**	**Advertise in 2 local/State Newspapers, Radio and TV to identify existing CSOs in the LGA.. Support transport**	total number of CSOs maps	number advertisment made	the CSOs	SPHCDA and partner/ LGHA		1					"				

			ment.		**and logistics for Mapping of CSOs in the LGHAfor 5 days Print CSOs directory in the Sate**															
			Institutionalize the mechanism for sector progress status and performance review	**1.3.3.1**	**• 1 Day data review meeting with HAH, 18 LGA Desk officers and stake holders/ policy makers in the LGAs(25)** **•** **•** **•**	No of membesr in attendence	Hall, transport Tea break and launch	HAS and stakeholders	SPHCDA and partners /LGHA			**1**				"				
				1.3.3.1	**• 1 day OIC meeting for 53 OICs and 18 desk offices at the LGA and HAS.** **•**	No of OICs and dest officers in attendence	Hall, transport Tea break and launch	HAS and PHC worker	SPHCDA and partners /LGHA			**1**				"				

					•															
				1.3.3.3	**• Conduct 5 Days routine M&E visits to SDPs and facilities monthly to evaluate performance/implementation of SSP by state teams (3 teams of 8 persons plus 1 driver per team)** **• •**	No of visit to SDPs and facilities	Transport	Health facilitY staff	HAS and M&E officers /LGHA		**1**					"				
			Disseminate sector performance reports and score cards in compliance with NHAct and	**1.3.4**	**• Conduct 1 day Monthly meeting for 20 ward focal persons and 5 LGA TEAM MEMBERS on Data sharing/f**	No of attendence of data mangers in state and LGA	Hall Transport, Tea break and Launch	Data managers	SPHCDA and partners /LGHA		**1**	**1**	**1**			"				

			other channels		**eedback ● ●**															
			Design and institutionalize an incentivization and reward system for the efficient performance of the health sector at all levels	**1.3.5**	**Reward for the best 3 performing Health facilities in the LGA on all interventions**	No of best LGHA	Transport,	3 best HFs	SPHCDA and partners /LGHA				**1**		"				
															"				
		Strengthen coordination, harmonization and alignment at all levels	Strengthen governance structures, rules and processes at all levels	**1.4.1**	**● Conduct 1 day sensitization meeting on the revised/adopted health policies once a year for 50 persons ●**	No of attendence to the meeting	Hall, Tea break and launch	LGHA	SPHCDA and partners /LGHA			**1**	**1**			"				

					●															
			Strengthen inter-sectoral collaboration at all levels.	**1.4.3**	**● 1 Day Quarterly meeting of 10 members of professional groups for planning of modalities for implementation and monitoring of health programmes ● Engage 10 professional group members in monitoring Health programmes in the State ●**	No of persons in attendence	Hall, Tea break and launch	LGHA	SPHCDA and partners /LGHA			1	1			"				
			Improve partnership with	**1.4.3.1**												"				

			professional groups and other relevant stakeholder for effective service delivery and industrial harmony.																	
			Strengthen implementation of Health Service Charters at all levels	**1.4.3.2**	**• Conduct 2 day annual review meetings of 20 stake holders on relevant health Matters • •**	No of persons in attendence	Hall, Tea break and launch	LGHA	SPHCDA and partners /LGHA				**1**			"				
				1.4.3.3	**1 day Training of 20 Health providers on relevant health charter**	No of persons in attendence	Hall, Tea break and launch Transport	LGHA	SPHCDA and partners /LGHA			**1**				"				
			Strengt	**1.**	**Conduct**	No of	Hall Tea break and	LGH	SPHCDA			**1**				"				

			hen coordinating mechanism of health development partners (Development Partners and Private Sector Partners)	**4.6**	**1 day meeting to constitute7 man Health Partners Committee (HPCC)**	person in attendence	Launch, production of terms of reference	A	and partners /LGHA											
																"				
																"				
	2.Community Participation and Ownership	To strengthen community level coordination mechanisms and capacities for health	Strengthen institutional and coordinating mechanisms for promotion of community participation		**• Conduct 2 days sensitization meeting to strengthen the activities of WDC in the state**	No of person sensitize	Transport, Refreshment	WDCs	SPHCDA and partners /LGHA							"				

		planning.																		
					● 1 day community meeting with 60 persons (3 per Ward) comprising of CHIPs, Youth and CBOs at the LGA level ● 5 Resource persons ●	No of persons in attendance	Transport, Refreshment	Youths, CHIPs and CBOs	SPHCDA and partners /LGHA							"				
					● Distribution of 250 copies of IEC materials for allhealth interventions ● sensitization meeting for VDCs,WDC, CB0S, YOUTHS, women leaders, religious	No of IEC materials seen on strategic places	Transport, Refreshment	LGHA	LGHA							"				

					leaders • 2 resource persons per LGA.															
																"				
																"				
																"				
			Strengthen financial management systems at the community levels		**• 5 days training of 20 WDC on financial management**	No of persons in attendence	Transport, Refreshment	LGHA	SPHCDA and partners /LGHA							"				
					• 7- day financial audit of ward PHC budget(BHCPF)	No of persons in attendence	Transport, Refreshment	LGHA	SPHCDA and partners /LGHA							"				
			Strengthen capaciti		**• 2 day meeting to**	No of persons in	Transport, Refreshment	LGHA	SPHCDA and partners							"				

			es of communities to participate in the planning of health interventions at all levels.		**develop job aids for VHW with 25 TWG. 1 day distribution for produced JOB AIDS ● 2 personell per LGA**	atten dence			/LGHA											
					Training of 50 VHW on their job aids	No of VHWs trained	Transport, Refreshment,Hall, Training materiaks	LGHA	SPHCDA and partners /LGHA							"				
																"				
		Strenghten capacities of communities to facilitate the implementation of community and facility	Strenghten capacities of communities to facilitate the implementation of community and facility level minimum service package		**● distribution of 200 copies of MSP ● 1 day Dissemination of the MSP with 53 heads of health facilities. ● 2 facilitators**												"				

		level minimum service package(MSP)	(MSP)																	
					• 1 day re-orientation meeting for 20 WDC, 20 VDC, 40 TBAs at the LGA level **•**	No of persons in attendence										"				
																	"			
					• 5 days integrated supportive superviso n	No of reports documented	Transport										"				
			Strengthen mechanisms for data collection,analysis, storage,			No of reports documented											"				

			utlization and accountability at community level																	
					• 1 day data quality assessment	No of persons in attendence										"				
																"				
	3.Partnerships for Health	Ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance of the health	Promote the adoption and utilization of national policies and guidelines on PPP		**• Conduct 2 day review meeting at LGA level for HAS and 10 18 DESK OFFICERS** **•** **•**	No of persons in attendence										"				

		sector																		
																"				
																"				
			Strengthen legal and coordinating framework for PPP at all levels													"				
																"				
			Establish a single Development Partners Forum at federal and state levels, which comprises of only													"				

			health development partners;																	
			Strengthen mechanisms for the implementation of PPP (e.g. contracting or out-sourcing, leases, concessions, social marketing, franchising mechanism)		**• Conduct 1 day planning meeting at LGA level of 10persons • Conduct 2 day SITAN survey at LGA level for 68 persons • Printing of 2000 copopies oof developed guidelines**	No of persons in attendence										"				
			Scale-up PPP in planning and implementation of health programmes		**• Conduct 2 days LGA level training for Private organization and CSOs, 40**	No of persons in attendence										"				

					participants **•** **•**															
			Promote joint (public and private sector) monitoring and evaluation of health programs		**• Conduct 1 day LGA level meeting with 20 relevant Public/Private sectors**	No of persons in attendence										"				
					• conduct 2 day joint supportive supervision of health programs.	supportive supervision conducted										"				
			Scale up resource mobilization interventions(funding, skills - e.g. managerial approac		**conduct 1 day meeting with relevant stakeholder.**	Scale up resource mobilization intervention conducted										"				

			hes) targeting the private sector																	
			Establish mechanisms for resource coordination through common basket funding models such as Joint funding Agreement, Sector Wide Approaches, and sectoral multi-donor budget support.		**advocacy and consultation with the stakeholder at the LGA level**	advocacy and consultation done										"				
			Promote effective partnership with														"			

			professional groups and other relevant stakeholders through jointly setting standards of training by health institutions, subsequent practice and professional competency assessments;																	
					distributed 200 Copies of the SOP to the facilities in the LGA health authority	no of copies of SOPs distributed.										"				

																"				
			Strengthen collaboration between government and professional groups including Nigerian health professionals in diaspora to advocate for increased coverage of essential interventions, particularly increased funding;													"				
			Leverage		**Training of 10**												"				

			human resources for health from partners, health professionals, other levels of government to optimize resource use and improve service delivery		**persons on research**															
			Promote linkages with academic institutions to undertake research, education and monitoring through existing													"				

			networ ks; and																	
																"				
			Promot e partner ships with commu nities to address felt needs of the commu nities		**conduct 1 day communi ty dialogue with represen tative of youth, woman group, CBO, FBO, communi ty leaders and tradition al ruler**											"				
			Strengt hen implem entatio n of Health Service Charter s at all levels, with Civil Society Organis ations, traditio nal and													"				

			religious institutions to promote the concept of citizen's rights and entitlement to quality, accessible basic health services; and																	
Increased utilisation of essential package of health care services	4.Reproductive, Maternal, Newborn, Child, Adolescent Health	4.1 Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate and effective health care	4.1.1 Improve access to focused Antenatal and Postnatal Care	**4.1.1a**	**Conduct 1 day quarterly LGA stakeholders review Meeting to review focused antenatal and postnatal care. (7 persons per LGA drawn from LGA health authority team, health facility**	Stakeholder advocacy/review meeting done	refreshment, hall rental, transportation	LGA health workers, stakeholders, community leaders.	LGHA	**1**	**1**	**1**	**1**	Attendance, minutes, picturesz		"				

		servic es befor e, during and after child birth.			**OIC's and 5 state team members .)**															
					Distribut e 1000 mama's kit per LGA to incentivis e facility-based delivery	**1.** Numb er of facilit y-based delive ries **2.** Numb er of moth ers that receiv ed mama 's kit at healt h faciliti es	delivery mat, I pk of ladies sanitary pad, pampers, methylated spirit, disinfectant, baby soap, surgical blades, hand gloves, chlorohexydene, cotton wool, oxytocin injection, detergent	Preg nant moth ers	LGHA, HF OIC's			**1**		Pictures, delivery vouchers		"				
					Conduct a 3 days quarterly sensitiza tion meeting in 3 ward of the LGA (6	Numb er of sensi tizatio ns done at the ward	transportation	Com munit y mem bers, gene ral popu latio	LGHA		**1**	**1**	**1**	Attendanc e, Pictures, minutes		"				

					LGA team members from the LGA health authority team.			n												
			Expand coverage of skilled delivery services		**Conduct 5 days non residential training on focused antenatal /skill delivery and post-natal care at the LGA level skill birth attendants- Doctors, Nurses and Midwives. (1 doctor per LGA , 25 Nurses/ Midwives in LGA) (2 facilitators)**	1. Number of Doctors trained. 2. Number of Nurses trained. 3. Number of Midwives trained	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Doctors, nurses, midwives, LGAHA team CHOs and SCHEWs	LGHA			**1**	**1**	Attendance, pictures		"				

																"				
																"				
			Promote advocacy, community Mobilization and Behaviour Change Communication for Safe Motherhood Services		**Conduct 2 day training for 106 persons on IPC Skill at LGA /Ward level (1 Safe motherhood FP per LGA and 3 facilitators)**	Number of Ward focal persons and safe motherhood focal person trained.	training materials, hall rental, transportation, tea break, lunch, stationeries	106 Health Workers	LGHA RH Team		**1**	**1**		Pictures,attendance and report.		"				
			Improve quality of care for safe mother hood services		**Conduct five days supportive supervisory visit to 53 health facilities at the LGA level using 18 persons from the LGA**	1. Number of facility-based deliveries 2. Number of mothers that	Transportation	LGA health workers	LGHA Team(18)		**1**	**1**	**1**	ISS Report		"				

					HAS . (9 persons from the LGA HAS team per LGA and 17 state team members , one each for the teams in each LGA)	received mama 's kit at health facilities														
																"				
												1	**1**	attendance , pictures		"				
Increase utilization of essential package of health care services	5.Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS) And Neglected Tropi	Reduce significantly morbidity and mortality due to Malaria and move towards pre-elimination	Expand access to integrated vector control interventions			Advocacy visit conducted	Transportation, refreshment	LGHA	Abia State PHCDA			**1**		Attendance, pictures		"				

	cal Diseases	levels																		
					Conduct Knowledge, Attitude and Practices Survey on net utilization. (14 days survey)	Survey Conducted	Survey cost for 14 days	LGHA	Abia State PHCDA/ LGHA			**1**		Survey Report		"				
																"				
					Hold 7 day Bi-annual LLIN distribution in all health facilities as a form of continuous net distribution	Bi-annual LLIN distribution conducted.	Transportation cost for HF OIC's for 7 days, twice yearly.	Communities	LGA HAS/RBM FP		**1**		**1**	delivery vouchers		"				
																"				
			Strengthen laboratory		**Conduct 1 day training/ retrainin**	1 day Training conducted	training materials, hall rental, transportation, breakfast, lunch	LGA RBM FP, STAT	Abia State PHCDA		**1**			Attendance, pictures		"				

			services for diagnosis of malaria at all levels		**g for 17 Malaria Focal persons and 3 State Team Members on the use of malaria diagnostic KIT**	cted		E RBM team members												
			Improve availability of and access to commodities and supplies for treatment of uncomplicated and severe malaria		**distribute ???? ACTs and other malaria commodities for distribution to health facilities**	Procurement and distribution of commodities conducted	Contact the state RBM focal person for quantification.	LGA HF's	Abia State PHCDA	**1**	**1**	**1**	**1**	Procurement documents, Delivery vouchers.		"				
					Conduct 3 days training for 22 persons (RBM manager, State Malaria logistics	Training on commodity management conducted.	training materials, hall rental, transportation, breakfast, lunch	LGA RBM FP, STATE RBM logistics officer	Abia State PHCDA				**1**	Attendance, pictures		"				

					officer and 17MFPs) on commodity management															
			Expand use of IPT among pregnant women attending ANC		**Procure and distribute ???? Sulphurdoxine Pyremethamine for distribution to health facilities**	Commodity procured	To contact the state RBM focal person for quantification.	LGA HF's	Abia State PHCDA	**1**	**1**	**1**	**1**	Procurement documents, Delivery vouchers.		"				
					Avail IPT during MNCH week	IPT available for pregnant women during MNCH week.	No cost	Pregnant Mothers	LGA HAS/HF OIC				**1**	Pictures, Registers used during MNCH.		"				
			Strengthen systems for quality assurance and quality		**Adapt and and distribute 200 copies of SOP's for malaria diagnosis**	200 copies of SOP's malaria diagnosis	printing cost, transportation for distribution to facilities	LGA HF's	Abia State PHCDA/ LGA HAS		**1**			Payment receipt, proof of supply, delivery vouchers.		"				

			control of malaria diagnosis and treatment.			printed and distributed.														
					Hold 1 day Quarterly Quality Control Meeting for 20 persons in LGA (Laboratory Scientists /technicians from LGA HF's)	Quarterly quality control meeting held	transportation, breakfast, lunch	LGA Laboratory scientists	LGA HAS/LGA TBLS	**1**	**1**	**1**	**1**	Attendance, pictures, EQA report		"				
			Promote active community participation in malaria control initiative		**Hold 1 day decentralized world malaria day celebration on in each LGA**	World malaria day celebration held	Hall rental, refreshment	GHCW's, Community	LGA HAS/LGA RBM FP				**1**	Attendance, pictures		"				
					Hold 2 day quarterly sensitization visits per LGA to Community gate keepers	2 day sensitization visits held	transportation, refreshment,	Community gate keepers	LGA HAS	**1**	**1**	**1**	**1**	Pictures		"				

					on malaria preventi on															
		Ensur e univer sal access to high qualit y, client-centre d TB/Le prosy diagn osis and treat ment servic es for the reduc tion in the incide nce and preval ence of tuberc ulosis /lepro sy in Nigeri a.	Strengt hen TB case detectio n, diagnos tic capacity and access to quality treatem ent services .		**Conduct 5 days centraliz ed training for 50 Health Care Workers (one from each HF) on TB identifica tion, diagnosis and treatmen t of tubercul osis.**	Traini ng condu cted	Hall rental, refreshment, training materials, transportation	LGA HF staff	ABSPHC DS/ABIA STBLCP			**1**		Attendanc e, pictures		"				

																"				
					Conduct 2 days step down Quality Assurance training for at least 20 laboratory technicians and laboratory scientists. (1 from each ward and 2 facilitators)	quality assurance training conducted.	Hall rental, refreshment,	LGA Laboratory scientists and technicians.	ABSPHCDS/ABIASTBLCP				**1**	Attendance, pictures		"				
			Promote demand for TB services						ABSPHCDS/ABIASTBLCP	**1**				Payment receipts, delivery vouchers,		"				
					Conduct 5 day quarterly mass communication and sensitization campaign in 5	5 day sensitization conducetd	Transportation Refreshment	Community memebers	ABIA STBLCP/ LGA HAS	**1**	**1**	**1**	**1**	Receipts, attendance		"				

					communities in the LGA															
					Conduct 2 day training on Community Sensitization and Mobilization skills for 20 wards TB Supervisors.	Training conducted	Hall rental, breakfast, lunch, training materials, transportation	LGA TBLS	ABIA STBLCP/ LGA HAS				**1**	Attendance,		"				
			Expand access to TB diagnosis and treatment services for persons co-infected by TB and HIV													"				
																"				
																"				

																"				
					Procurement of xxxxx anti TB kits and Laboratory kits.	anti TB kits procured	State Tb Logistics officer to provide quantification	LGHA	ABSPHCDS/ABIASTBLCP	**1**				delivery vouchers,		"				
			Scale up paediatric TB diagnosis and treatment services													"				
																"				
																"				
			Strengthen collaboration with and capacity of CBOs to support TB programming.		**One day training for 20 master trainers (one person per ward) to retrain all the CBO's at the**	Training conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS, CBO's	ABSPHCDS/ABIASTBLCP/HAS	**1**				Attendance, pictures,		"				

					community level, on recognition and referreal of Presumptive TB and DR-TB cases,															
			Strengthen mechanism for coordination of TB/HIV collaborative activities at all levels of health care.		**Conduct a one day joint TB / HIV Quarterly Review meeting for 40 persons, to review TB/HIV collaborative program. (one TBLS and one LACA from each LGA for the 17 LGA's, and six state team members, 3 from HIV and TB Programs.**	TB/ HIV QRM conducted	Hall rental, breakfast, lunch, transportation	HF WORKERS	ABSPHCDS/ABIASTBLCP/HAS	**1**	**1**	**1**	**1**	Attendance, pictures, minutes		"				
					Conduct	Traini	Hall rental,	HF	ABSPHC			**1**		Attendanc		"				

					2 day training for GHCW's on TB/HIV collaborative activities, with 55 people in attendance. (3 from high burden facility in each LGA, and 4 facilitators)	ng conducted	breakfast, lunch, training materials, transportation, facilitator fee	WORKERS	DS/ABIASTBLCP/HAS					e, pictures,						
			Promote innovative advocacy, social mobilization and behaviour change intervention for the prevention and control of TB		**Conduct 2 day training for 45 CBOs on Behavioural Change Communication Skills.**	Training conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPHC DS/ABIASTBLCP/HAS	**1**				Attendance, pictures,		"				
						Traini	Hall rental,	HF	ABSPHC		**1**			Attendanc						

						ng conducted	breakfast, lunch, training materials, transportation, facilitator fee	WORKERS	DS/ABIASTBLCP					e, pictures,						
			Expand and improve access to quality Leprosy and TB Services							**1**				Attendance, pictures, minutes						
					kk	health workers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPHCDS/ABIASTBLCP		**1**			Attendance, pictures,						
					distribute xxxx quantity of Leprosy drugs to all health facilities	Leprosy drugs procured	The state TB logistics officer will provide quantification in this regards	health facilities	ABSPHCDS/ABIASTBLCP	**1**				Delivery Voucher, Procurement documents						
			Build capacity of all cadres of health staff (GHW, Physicians, and specialist) and community																	

			members on Leprosy case finding and case management																	
					Conduct 1 day training for 45 CBOs/community leaders from Leprosy endemic areas in the state on Leprosy case dectection, recognition and referral.	CBO's and community leaders trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	CBO's, Community leaders	ABSPHCDS/ABIASTBLCP	**1**				Attendance, pictures,						
			Integrate Leprosy control into the general health services																	
					Conduct one day training for 40 PHC	training conducetd	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPHCDS/ABIASTBLCP		**1**			Attendance, pictures,						

					workers on identification, diagosis and referral of Leprosy cases.															
			Promote community based TB/Leprosy control initiatives		**Conduct 1 day advocacy visit to community per quarter**	Advocacy visit conducted	Hall rental, refreshment, transportation	General population (community members)	ABSPHCDS/ABIASTBLCP	**1**	**1**	**1**	**1**	Attendance, pictures, minutes						
		Significantly reduce the incidence and prevalence of HIV/AIDS in Nigeria by 2021	Expand access to Minimum Package of Preventive Interventions (MPPI) for HIV targeting key and general populations		**Conduct 2 day step down training for 53 OICs (LGHA health workers and 3 facilitators) on MPPI for HIV**	Training conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	HF Workers					Attendance, pictures,						
					Conduct 1 day quarterly	Sensitization visit	Hall rental, refreshment, transportation	General popu	Commuity leaders,				**1**	Attendance, pictures,						

					sensitization visit of community leaders in 1 community in HIV high burden area on MPPI for HIV	conducted quarterly		lation (community members)	Gneral population											
					Hold 1 day stakeholder meeting for 50 participants to adopt the current National MPPI guideline. (Stakeholders drawn from MOH, ABSPHCDA, LGA'S and HF's)	Stakeholders meeting held	Hall rental, refreshment, transportation	MPPI stakeholders	ABSPHCDA/ NCAPS SPIU/SACA		**1**			Attendance, pictures, minutes						
			Expand		**Train 30**	Traini	Hall rental,	HF	ABSPHC				**1**	Attendanc						

			access of people living with HIV and AIDS to ART and co-infection management services.		**healthcare providers for 2 days on ART and co-infection management**	ng conducted	breakfast, lunch, training materials, transportation, facilitator fee	workers	DA/ NCAPS SPIU/SACA					e, pictures,						
			Promote universal access to quality PMTCT services		**Conduct 5 days training for 50 GHCW's from non-PMTCT sites on PMTCT**	Number of GHCW's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	Health workers	ABSPHCDA/ NCAPS SPIU/SACA /HAS			**1**		Attendance, pictures						
					Conduct 4 day quarterly PMTCT outreaches to four communities in the LGA	Number of outreaches conducted. Number of communities benefitting	breakfast, lunch, training materials, transportation, facilitator fee	Community members	ABSPHCDA/ NCAPS SPIU/SACA			**1**	**1**	Attendance, pictures, minutes						

						from the outreach														
			Strengthen referral and linkages between HIV/AIDS services and other health and social services									**1**		Attendance, pictures, minutes						
													1							
			5.3.6. Promote injection safety and health care waste management practices		**1 day meeting to adopt the National gudeline on safety procedures and waste management (30 participa**	Number of meeting held. Guideline on safety procedures and waste	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	Health workers	ABSPHCDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures, minutes						

					nts, 2 per LGA)	management adopted														
					Conduct 2 day training for 50 health care workers on waste management and injection safety	Number of health workers trained on waste management and injection safety	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	GHCW's	ABSPHCDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures,						
							information for quantification yet to be supplied						**1**	Procurement documents, Delivery vouchers.						
			Strengthen community systems to support HIV/AIDS programming for key and general populations		**Constitute and Inaugurate on community Action Committee on AIDS**		Refreshment	Health workers and stakeholders	ABSPHCDA/ NCAPS SPIU/SACA				**1**							

					Conduct 1 day training for 30 CBOs as peer educators on HIV care and support		Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	community	ABSPHCDA/ NCAPS SPIU/SACA			**1**								
					Conduct 3 day quarterly community sensitization to 3 communities on stigma reduction.	Number of health workers trained on stigma reduction	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	community													
			Improve the logistics and supply chain management for all HIVAIDS-related drugs and commodities.		**Conduct 2 day LMIS Training/ retraining for 5 logistics officers for both drugs and vaccine**																

					Support one day bi monthly meeting for 35 persons for collection of CRRIRF															
			Promote HIV/AIDS research for improved evidence-based response																	
			Strengthen advocacy, legislation, social mobilization and behaviour change communication for improved HIV respons		**Conduct 1 day Advocacy and senstization meeting for 15 stakeholders (stakeholders at all level)**															

			e																	
					distribute 200 copies of IEC/BCC materials															
		Reduce the incidence, morbidity and mortality due to viral hepatitis.	Expand access of key and general populations to viral hepatitis prevention, screening and treatment services		**1 day review meeting for 30 patricipants to adopt the National guidline on viral hepatitis**															
					Mass immunization campaign against viral hepatitis		To be quantified													
					Train/ retrain 30 surveillance officers and community informants on															

					viral hepatitis case detection															
					Conduct 2 day Training/ retraining of 50 health care providers on provision of viral hepatitis services	Number of health workers trained	Transportation, breakfast, lunch, training materials, facilitators fee	HF workers, GHCW	ABSPHCDA	**1**				Attendance, pictures,						
			Expand coverage of interventions for prevention of mother-to-child transmission of viral hepatitis		**Screen pregnant women for infections or complications on hepatitis B**			Pregnant women	ABSPHCDA/ LGHA											
					Conduct 2 outreaches per facility per month on routine immuniz	Iremarkable reduction of un-immunized children achiv				**1**										

					ation (53 Health facilities)	ed in the LGA														
			Expand access and delivery of hepatitis prevention, care and treatment services in health care facilities and closed settings					GHCW's	ABSPHCDA/ LGHA		**1**			Attendance, pictures, minutes						
		Reduce morbidity, disability and mortality due to targeted Neglected Tropical Diseases	Strengthen advocacy, social mobilization and behaviour change communication for NTDs					Community Leaders	ABSPHCDA/ LGHA			**1**		Attendance, pictures						

		(NTDs) and improve quality of life of those affected.																		
					distribution of 200 BCC materials.	Number of printedals BCC materials printed		health facilities	ABSPHCDA /LGHA				**1**	Procurement documents, Delivery vouchers.						
			Scale up delivery of integrated preventive chemotherapy packages and other packages.		**Conduct 14 day baseline survey and mapping of Yaws, Burulli Ulcer, Triciasis, Guinea Worm (Dogs)**	Baseline survey and mapping done	Consultant fee for 14 days	General Population	ABSPHCDA/ ABIA NTD UNIT			**1**		Baseline survy report, disease map						
					Procure XXX Albendazole and Ivermectine.	Quantity of commodities procured	The NTD lead to provide information for quantification		ABSPHCDA	**1**				Procurement documents, Delivery vouchers.						
					Conduct	Numb			ABSPHC	**1**	**1**	**1**	**1**	Pictures						

					2 day quarterly house to house/focal group discussion on BCC targetting 2 communities.	er of house to house / focal group discussion held			DA											
INCREASED UTILIZATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES	6. NON COMMUNICABLE DISEASE, CARE OF THE ELDERLY, MENTAL HEALTH, ORAL AND EYE HEALTH	6.1 REDUCE MOBIDITY AND MORTALITY DUE TO NCDS (CANCERS, CARDIOVASCULAR DISEASES, CHRONIC OBSTRUCTIVE AIR WAYS)	6.1.1 PROMOTE GENERATION OF EVIDENCE FOR DECISION MAKING FOR PLANNING AND IMPLEMENTATION OF NCD INTERVENTION		**ADAPT NATIONAL POLICY AND GUIDELINES ON NCDS**	NATIONAL POLICY AND GUIDELINES IS REVIEWED	1. TRANSPORT STIPEND, REFRESHMENT, ACCOMODATION FOR PARTICIPANTS. (2) STATIONARIES AND WRITING MATERIALS	STAKEHOLDERS IN THE LGHA	SMOH, SPHCDA, LGHA, LGA ADVISORY COMMITTEE MEMBERS, AGENCY BOARD MEMBERS		1		1	REPORTS, RECIEPTS/ VOUCHERS ,ATTENDANCE						
				6.1.1.2	**2 DAY COMMUNITY WIDE SURVEY**	DISEASE SURVEILLANCE	TRANSPORT STIPEND, PRODUCTION OF DATA TOOLS, REFRESHMENT	STAKEHOLDERS IN	SPHCDA, LGHA		1	1		REPORTS, RECIEPTS/ VOUCHERS ,PICTURES						

					ON NCDS AND RISK FACTORS IN 2 COMMUNITIES PER LGA OF THE STATE	AND SUPPORTIVE SUPERVISION CONDUCTED IN ALL THE 17 LGAs OF ABIA STATE		THE LGA												
				6.1.1.3	**COMMUNITY SENSITIZATION AND SCREENING FOR CARDIOVASCULAR DISEASES (High blood pressure)**	COMMUNITY MEMBERS IN THE 20 WARDS LGAs ARE SENSITIZED AND SCREENED	HIRING OF 1 PUBLIC ADRESS SYSTEM PER LGA, PROVIDING 10 BP APPARATUS PER LGA, ENGAGING 5 SUPPORT STAFF PER LGA AND 2 STATE STAFF, HIRING OF VIDEO COVERAGE AND PHOTOGRAPHS, TRANSPORTATION, ENTERTAINMENT	THE ELDERLY IN THE VARIOUS COMMUNITIES	SPHCDA, LGHA			1		1	ATTENDANCE, RECEPTS/VOUCHERS, PICTURES, REPORTS						
			BUILT CAPACITY OF HEALTH CARE PROVIDERS	**6.1.1.4**	**STEP DOWN TRAINING AND RETRAINING 106 HEALTH**	CAPACITY OF 50 HEALTHCARE PROVI	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS, REFRESHMENT, PRODUCTION OF TRAINING	850 HEALTH CARE PROVIDERS	SPHCDA, LGHA				1		ATTENDANCE, RECEPTS/VOUCHERS, PICTURES, REPORTS						

			ESPECIALLY AT PHC IN PREVENTION AND SCREENING FOR NCDS		**CARE PROVIDERS 2 PER HEALTH FACILITY ON NCDS SERVICES**	DERS PER LOCAL GOVERNMENT AREA, ON NCDS BUILTH	MATERIALS, PAYMENT FOR RESOURSE PERSONS													
				6.1.1.5	**BUILD CAPACITY OF 5 M&E OFFICERS / 2 OTHER DATA COLLECTORS AND ANALYST IN THE LGAs ON DATA GENERATION, COLLECTION, COLLATION AND REPORTING ON NCD SERVICES**	THE CAPACITY OF34 M&Es IN ABIA ARE BUILTH	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS, PAYMENT FOR RESOURSE PERSONS	STAKEHOLDERS IN ALL STRATA OF THE HEALTH SYSTEM	SMOH, SPHCDA, LGHA			1		REPORTS AND ATTENDANCE						
			6.1.2 INTENSIFY ADVOCASY,IEGISTLATI	**6.1.2.1**	**ADVOCACY VISIT TO RELEVANT STAKE HOLDERS**	ADVOCASY TO RELEVANT STAKE	TRANSPORTATION , IEC MATERIALS, REFRESHMENT	STAKEHOLDERS	SMOH, SPHCDA, LGAHA		1			RECEIPTS, REPORT						

			ON, SOCIAL MOBILIZATION AND BEHAVIOUR CHANGE COMMUNICATION FOR NCD PREVENTION AND CONTROL		**(EXECUTIVE AND LEGISLATIVE) FOR SUPPORT AND LEGISLATION ON NCDs PREVENTION AND CONTROL IN 17 LGA**	HOLDERS IN 17 LGAs DONE														
				6.1.2.2	**OBSERVING OF THE WORLD HEALTH DAYS FOR MENTAL, CADIOVASCULAR, EYE,CARE OF THE ELDERLY AND ORAL HEALTH**	4 WORLD HEALTH DAYS OBSERVERED	TRANSPORTATION, IEC MATERIALS,REFRESHMENT	COMMUNITY MEMBERS	SPHCDA, LGHA		1	1	1	RECEIPTS, REPORT						
			PROMOTE DEMAND FOR NCD SERVICE	**6.1.2.3**	**1 DAY ADVOCACY VISIT TO STAKEHOLDERS-**	COMMUNITY SENSITIZATION	TRANSPORTATION, IEC MATERIALS, REFRESHMENT	HEALTHSTAKEHOLDERS IN	SPHCDA, LGHA		1	1	1							

			S		**LGA CHAIRMAN ,1TRADITIONAL RULERS \ NDIEZE.2 LEADERS FROM1 CBOs, 1 FBOs,1 YOUTH1, WOMEN AND MEN GROUPS**	AND ADVOCASY CARRIED OUT TO ALL THE STAKEHOLDERS		THE 17 LGAs											
		PROMOTE THE HEALTH AND WELL BEING OF THE ELDERLY IN NIGERIA	PROMOTE ENABLING POLICY ENVIRONMENT FOR PROGRAMING FOR THE ELDERLY	**6.1.2.4**	**ENGAGE 20 VOLUNTEERS FROM CSOs (I PER WARD)FOR A MONTHLY HOME BASED CARE OF THE ELDERLY**	INSTITUTIONALIZED ELDERLY HOMES ESTABLISHED IN ALL LGAs OF ABIA STATE	TRANSPORTATION	ELDERLY PERSONS	SMOH,SPHHCDA ,LGHA		1	1	1	RECEIPTS, REPORTS,PHOTOGRAPHS						
INCREASED UTILIZATION OF ESSENT	HEALTH PROMOTION AND SOCIAL DETERMI	PROMOTE THE WELL BEING OF INDIVIDUALS AND COM	STRENGHTNING COMMUNITY CAPACITY FOR RESPONSES AND OWNER		**SENSITIZE YOUTH GROUPS IN THE 20 WARDS OF THE LGA ON RISKY HEALTH**	YOUTHS IN 20 WARDS ARE SENSITIZED ON CONS	TRANSPORTATION , HIRING OF PUBLIC ADRESS SYSTEM, LIGHT REFRESHMENTS, PRODUCTION OF IEC MATERIALS, PHOTOGRAPH COVERAGE, STATIONARIES	YOUTHS	LGHA		1	1		RECIEPTS AND REPORTS						

IAL PACKAGE OF HEALTH CARE SERVICES	NANTS OF HEALTH	MUNITIES THROUGH PROTECTION FROM HEALTH RISKS AND PROMOTION	SHIP OF HEALTH PROMOTION		**BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES**	EQUENCES OF RISKY HEALTH BEHAVIOURS														
					1- DAY ORIENTATION OF 20 COMMUNITY HEALTH PROMOTERS PER LGA ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES	HEALTH PRACTITIONERS WILL CASCADE THE ORIENTATION TO THE COMMUNITY MEMBERS	TRANSPORTATION STIPENDS, LIGHT REFRESHMENT, STATIONARIES, HIRING OF PROJECTORS	HEALTH PROMOTIONERS	SPHCDA, LGHA				1	ATTENDANCE,RECIEPTS/ VOUCHER, REPORT						
											1			RECEIPTS, REPORTS/ VOUCHERS ,ATTENDANCE						
					TRAIN 10 WDC	CAPACITY	TRANSPORT STIPENDs FOR	WDC MEM	SPHCDA, LGHA			1		ATTENDANCE,						

					MEMBERS PER WARD (TOTAL 200 IE 10*20 WARDS) ON THE PROPER DISSEMINATION OF RELEVANT INFORMATION ON NCDs TO COMMUNITY MEMBERS	IS BUILT FOR THE WDCs IN ALL THE WARDS OF THE STATE	WDC MEMBERS, STATIONARIES, HIRING OF PROJECTORS, REFRESHMENT,	BERS						RECEIPTS/ VOUCHERS, PICTURES						
			STRENGHTEN HEALTH PROMOTION COORDINATION MECHANISM		**PUBLIC ENLIGHTENMENT ON RISKY HEALTH BEHAVIOURS THROUGH WEEKLY PRODUCTION AND AIRING OF JINGLES**	JINGLES AIRED	PRODUCTION OF JINGLES .AIRING OF JINGLES .	GENERAL PUBLIC	SPHCDA ,SMoH, LGHA UNICEF		**1**	**1**	**1**	RECIEPT, REPORT.						
					CONDUCT STAKEHOLDERS	HEALTH PROMOTIO	TRANS[PORTATION, REFRESHMENT, STATIONERIES,	FBOs ,CBOs,	SPHCDA ,SMoH , LGHA		**1**	**1**		ATTENDANCE, RECEIPTS/ VOUCHERS						

					MEETING AT THE LGAs TO AGREE ON WAYS TO PROMOTE HEALTHY LIVING WITHIN THE LGAs	N INFORMATION DISCEMINATED								, PICTURES						
		PROMOTE FOOD HYGIENE AND SAFETY FOR THE REDUCTION OF ILLNESSES ASSOCIATED WITH UNWHOLESOME FOOD	STRENGTHENING SYSTEM FOR FOOD AND WATER SAFETY SURVEILLANCE		**MAP OUT FOOD AND WATER VENDORS IN ABIA.**	FOOD AND WATER SURVELLANCE SYSTEM STRENGTHENED IN 17 LGAs OF ABIA	TRANSPORTSTION, STATIONERIES, REFRESHMENT,PICTURES,	BUCHERS, PIG FARMERS, WATER VENDORS AND EATRIES	SPHCDA ,SMoH , LGHA		**1**	**1**	**1**	ATTENDANCE, RECEIPTS/ VOUCHERS, PICTURES						
					BIMONTHLY SUPERVISION (BY FOOD SCIENTISTS AND ENVIRON	ALL FOOD AND WATER VEENDORS IN 17	TRANSPORTATION	FOOD AND WATER VENDORS	SPHCDA ,SMoH , LGHA		**1**	**2**	**2**	REPORT, PICTURES, RECEIPTS						

					MENTAL OFFICERS) OF FOOD AND WATER VENDORS WITHIN THE 17 LGAs	LGAs INSPECTED AND CLEARED BIMONTHLY														
					CONDUCT A STEP DOWN TRAINING OF 106 PERSONS (2 PER FACILITY) ON FOOD AND WATER SAFETY	FOOD AND WATER SAFETY INCULCATED ON HEALTH WORKERS	PROCUREMENT OF SAFETY MATERIALS, PROJECTORS,ENTERTAINMENTS,TRANSPORT,STATIONARIES	FOOD SCIENTIFIC OFFICERS	ABSPHCDA, LGHA		**1**		**1**	ATTENDANCE, RECEIPTS/ VOUCHERS, PICTURES						
: Strengthened health system for delivery of package of essenti	9. HUMAN RESOURCE FOR HEALTH	ENSURE COORDINATION AND PARTNERSHIP FOR ALIGNING INVESTMENT OF CURRENT AND	Strengthen institutional capacities of HRH coordinating structures		Distribution of adopted National policy(tasks hifting and tasksharing policy)	Distribution of tasksharing and tasksh ifting policy done.	Distribution of 200 copies of tasksharing and taskshifting policy .2 days transportation for 18 persons for dissemination	LGHA ,All HFs, , AND OTHER RELEVANT STAKEHOLDERS	ABSPHCDA/ LGHAS			**1**		DISTRIBUTION LIST						

al health care services		FUTURE NEEDS																		
			Strengthen institutional capacities of HRH coordinating structures		Conduct situation analysis on HRH at PHC levels	]]	staff time	All staff	ABSPHCDA/ LGHAS			**1**		DISTRIBUTION LIST						
					2 day training of managers on tasksharing and taskshifting policy(5 management staff from LGHA and 20 wFPs)	2 day training held.	Non residential 2 day training for 24 persons	7 ABSPHCDA staff and 17 LGHAS	ABSPHCDA/ LGHAS			**1**		PICTURES, TRAINING REPORT,ATTENDANCE						
			Strengthen/establish HRIS at ABSPHCDA and LGHA		**Distribute HRIS data tools to all PHCs in the LGA.**	Copies of HRIS Distributed	200 copies of HRIS data tool printed and distributed	All PHCs, LGHAS	ABSPHCDA/ LGHAS				**1**	DISTRIBUTION LIST						

				Update the OICs on the HRIS data tool	HRIS Update done.	Refreshment ,Transport	All OICs	M&Es from all the 17 LGAs and state M&Es				**1**	Not costable						
			Establish mechanisms for annual HRH reviews and reporting for evidence and decision making at the Federal and State levels		**Conduct annual personnel auditing and verification exercise**	Annual personnel audit exercise conducted	2 days auditing per LGA(2 PERSONS PER LGHA)	Staff from 17 LGHAs	ABSPHCDA/ LGHAS			**1**		Audit report,						
			Improve the production of HRH research evidence through monitoring and evaluation mechanisms		**Conduct a survey on the strength and weaknesses of HRH workforce in LGHAs**	survey conducted.	Transportation for 8 5 personnels (5 per LGHA). Production of survey questionnaires.	All staff	ABSPHCDA/ LGHAS			**1**		SURVEY report, printed copy of questionnaire, pictures						

		Ensure the production of adequate number of qualified health workers	Strengthen the quality assurance for HRH training institutions for producing frontline health workers				1 day meeting for 30 stakeholders, Refreshment for 30 stakeholders	All staff	ABSPHC DA/ LGHAS			**1**		Attendance, minutes of the meeting,						
						survey result disseminated	Transportation for 18 persons for dissemination.	All staff	ABSPHC DA/ LGHAS				**1**	despatch list,						
		Ensure effective health workforce management through retention, deployment, work condition, motivation and	Strengthen mechanism for deployment and retention of HRH at PHC LEVELS		**review the current status of deployment**	deployment status reviewed	staff time	All staff	ABSPHC DA/ LGHAS			**1**		Not costable						

		performance management																		
					distribution of a clear job description manual	job description distributed	1000 copies of job description manual	LGHA staff, ABSPHCDA	ABSPHCDA/ LGHAS				**1**	PRINTED COPIES MANUAL						
					Develop and institute a system of recognition and sanction	personnel appraisal carrried out.	not costable	All staff	ABSPHCDA/ LGHAS				**1**	APPRAISAL REPORT						
Strengthened Health System for Delivery of package of essential Health care	Medicines Vaccines and other Health technology and suplliies	11.1 Strengthen the availability and use of affordable, accessible and quality medicines, vaccines, and other	11.1.1 Strengthen the development and implementation of legal, regulatory framework, policies and plans for drugs, vaccines ,								**1**			Reviwed Guideline/ Worshop Report.						

services		health commodities and technologies at all levels.	commodities and health technologies at all levels																	
												1		Copies of essentiaL guideline/ Delivery note						
				11, 1.1c	**Distribution of Rivised Abia State Essential Drug Guideline to Health Facilities and Relevant stake Holders.**	Copies of Guideline Distributed.	Distribution cost-Transport	ABSPHCDA,LGHA	SMOH			**1**		Delivery note						
				11.1.1d	**Conduct quarterly inspection of facilities to ensure compliance with Essential Drug Guideline**	Number of quaterly inspection of facilties conducted.	Trasportiaiton/ perdiem, Checklist, reporting template	Heaalth facilities	ABSPHCDA/ LGHA				**1**	Inspection report						
				11.	**Hold LGA PSMTWG**	Number of	Hall,Transportation,Projector,Refres	PSM/LMC	SMOH/ Partners			**1**		Minute of meeting						

				1.2b	**biannual Review meeting meeting.**	Biannual PSMTWG Meetings held	hment	U group	/LGHA											
				11.1.2c	**Coduct training/ refresher training of Supply Chain Carders along the supply chain**	Number of \ training \or \ refresher \ training \ session conducted on supply chain management	Perdiem, training \ materials, Lunch/refreshment, Ma, workshop material	PSM /LMCU group	SMOH/ Partners			**1**		Training report						
				11.1.2c	**Quaterly supervisory visits to Drug Revolvoing Fund Facilities in State by the PSMTWG**	Number of quartely supportive supervison conducted	electronic checklist, transport, carhire, Perdiem	LGAs	SMOH PSMTWG/ ABSPHCDA			**1**	**1**	Supervisory visit report						
			11.1.4 Strengthen effective	**11.1.4a**	**strenghten capacity of cold chain**	Proportion of cold chain	Hall, Consultancy fee, refreshment, Training materials,	State and LGA cold chain	Immunzation Department SPHCDA				**1**	Training report, Attendance sheet						

			procurement systems (forecasting, orders, procurement) to ensure (40% local content) and commodity security for on a sustainable basis at all levels .		**offices and his assistants(ie CCO and 1 person per ward) in the LGA on forcasting**	officers trained on commodity forcasting		officers	/UNICEF /Other partners											
				1 1. 1. 4 b	**Hold Bi-annual statkeholders meeting on the revitalization of Drug Revolving Fund in the State and LGAs**	Minutes of meeting available.	Hall, refreshment, transportation, stationaries	Health facilities	SMOH PSMTWG/ DRF focal persons at state and LGA				**1**	Minute of meeting, Attendance sheet						
			11.1.5 Strengthen integrated supply	**1 1. 1. 5 a**	**Maintenance of Existing , LGA, and PHC Storage**	Number of functional Storage	Repair cost, transportation, fuelling cost	LGA Health Facility and	State Cold chain/ Logistic Officer/ SIO			**1**	**1**	Cold chain assessment report						

			chain management system and quality assurance models for medicines, vaccines, commodities and other technologies with a functional logistics management information system (LMIS)		**Facility including Cold chain**	Facility and cold Chain		**SPHCDA**												
				1 1. 1. 5 b	**Quarterly supportive superviso n of cold chain store in 20 Wards to ensure adherence to**	Number of quarterly supportive supervisonvists conducted	Supervison checklist, ODK configuration cost	State And LGA cold chain Stores	SPHCDA Immunization Unit			**1**	**1**	Supervison report						

					quality assurance															
			11.1.7 Strengthen existing systems for the management of biological and non-biological wastes including expiries of medicines, vaccines and other commodities at all levels		**Training and retraining of 20 LGA peronnel (1 per ward) in health facilites on environmental and social safegurds .**	Number of state and LGA personnel trained on environmental and social safeguards	Hall, Consultancy fee, refreshment, Training materials,	Cold chain Officers,Logistic officers, State SMOH/SPHCDA teams	SPHCDA				**1**	Training report						
					Quarterly procurement and distribution of Vaccines	Number of Quarterly Procurement and	Procurement Cost, Transportation	State, LGA Health facilites	PARTNERS and SPHCDA procurement unit			**1**	**1**	Procurement report, facility delivery Voucher						

					and safety commodities to 787 Primary, Secondary health facilites for the disposal of sharps	distribution conducted per year														
Strengthened Health System for Delivery of package of essential Health care services	Health Information System	Improve the health status of Nigerians through the provision of timely, appropriate and reliable health information services at all levels,	Strengthen institutional framework and coordination for HIS at all levels	**1 2. 1. 1**	**12.1.1a Distribution of 200 copies of the National HMIS Policy document**	Number of LGA/health facilities with at least a copy of the National HMIS policy document	Distribution cost to health facilites/ LGAs	State ,LGA, Health facilites	SPHCDA AND LGA			**1**	**1**	Tools distribution Voucher						

		for evidenced based decision making.																		
					Quaterly review meeting of the HDGC/HDDC	Number of quarterly HDGC/HDCC meting conducted	Hall, refreshment, trasportation, projector	Data producers and users in state	State HMIS Unit/ SMOH/LGA			**1**	**1**	Menitue of meeting/ event						
					Conduct Monthly LGA HMIS Meeting.	Number of State HMIS meeting conducted	Hall, refreshment, trasportation, projector	LGA HMIS officers, State HMIS officers	SPHCDA /SMOH/ LGA		**3**	**3**	**3**	Menitue of meeting/ event						
			Strengthen capacity to generate, transmit, analyze and utilize routine health data, from all	**1 2. 1. 2**																

			health facilities, including private health facilities.																	
					12.1.2 b Distribution of top up supplies of HMIS tools to 53 government and private Owned health facilities	HMIS tools distributed to all LGAs and HFs.	Trasportation,	Health facilities	SMOH(DPRS)/ HMIS unit/SPHCDA			**1**		Number HMIS tools printed.						
					12.1.2 c monthly Data hamornaization/validation review meeting at the LGA level	Number of data validation meetings conducted	Trasportation, refreshment, venue	Health facility records personnel	State HMIS officer		**1**	**3**	**3**	Number HMIS tools distributed to HFs						
					12.1.2 d Build capacity/ Refresher training of relvent personne	Number of capacity building/refresher	Consutant fee, venue, training materials, transportation, M&IE	LGA HMIS officers	SMOH/ SPHCDA / PARTNERS			**1**		training report						

					l on HMIS data mangement and DHIS.	training sessions condcted on HMIS and DHIS														
					12.1.2. d Conduct Quarterly facility level supportive supervision and mentoring visits and institute QISS model	Number of quarterly supportive suppervisory visits conducted	Suppervison checklist, ODK	Health faciility	State ISS team			**1**	**1**	Supervision report						
					12.1.2 e Conduct quarterly DQA for (53 health facilites) public and private HF's	Number of DQA exercise condcuted	DQA checklist, transportation	Health facilities	State SMOH, SPHCDA HMIS/ M&E teams			**1**	**1**	DQA report						
Strengthened Health	13. RESEARCH FOR HEAL	Strengthen health research and	Strengthen institutions and systems	**13.1.5**	**Establishing a unit for medical research within**	Unit established	Office space for the unit	SPHCDA	ES ABSPHCDA				**1**	Evidence of unit establishment						

System for Delivery of package of essential Health care services	TH	development to significantly contribute to the overall improvement of Nigeria's health system performance.	at all levels for the promotion, regulation and ethical oversight of essential national health research		**SPHCDA**															
			Enhance strategic partnerships at the national and international levels for the promotion and timely dissemination of research	**13.1.6**	**Supporting Annual publications of public health interest in international journals**	Number of plications facilitated by SPHCDA	publication fee	State and LGA SPHCDA staff	ES ABSPHCDA				**1**	Evidence of Publication in recognised journals						

			findings																	
		-																		
Protection from Health Emergency and risks	Public health emergencies; preparedness and response	Reduce incidence and impact of public health emergencies in Abia.	Promote an integrated national disease surveillance system in line with International Health Regulation (IHR) and IDSR		**BUILD CAPACITY OF 20 DISEASE SURVEILLANCE PERSONNEL AT LGA LEVELS FOR 3 DAYS.**	• NO OF DISEASE SURVEILLANCE PERSONNELS TRAINED • •	cost of disseminating information, transportation,hiring of hall,refreshment.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT	**1**	**1**	**1**	**1**	TRAINING ATTENDANCE AND REPORT	705,000.00	2820000.00		Govt./Partners	NGN 2,820,000.00	NGN (2,115,000.00)
					STRENGTHEN DATA PRODUCTION AND MANAGEMENT SYSTEM OF 53 OICs HEALTH CENTERS at LGAs.	TRAIN PERSONNEL with LAPTOP.	cost of transportation,refreshment,purchse of LAPTOP and PRINTERS.	OIC,M & E,	DPRS,HF							NGN0.00				
			Scale-up public educati	**1 4. 1. 4**	**CARRY OUT SURVEILLANCE**	•NEEDS ASSESSMEN	cost of transportation,media coverage	Health workers,	DISEASE SURVEILLANE UNIT	**1**	**1**	**1**	**1**	ATTENDANCE,REPORT AND PICTURE	425,000.00	1700000.00				

			on and awareness creation on public health emergencies	**a**	**NEEDS ASSESSMENT AT LGA LEVEL**	T CARRIED OUT •SENSITIZATION ON PUBLIC HEALTH CONDUCTED • NUMBER OF IEC MATERIAL DEVELOPED AND DISTRIBUTED		Health practitioners, and partners.												
				14.1.4c	**CONDUCT SENSITIZATION AND PUBLIC ENLIGHTENEMENT ON PUBLIC HEALTH EMERGENCIES WITH**	SENSITIZATION AND ENLIGHTENEMENT CONDUCTED	cost of transportation,media coverage,hall,refreshment.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT	**1**		**1**		ATTENDANCE,REPORT AND PICTURE	324,000.00	648000.00				

					INTEGRATION OF DISEASE SURVEIANCE OFFICERS IN THE WDC AND VDC FOR 3 DAYS															
			Promote integration of disease surveillance activities at all levels of the health care system	**14.1.6a**	**TRAINING AND RETRAINING OF 20 WARD FOCAL PERSONS TO COVER ALL THE WARD HEALTH CENTERS IN THE STATE AND ESTABLISH RAPID RESPONSE TEAM AT ALL LEVELS**	•INTEGRATION OF DISEASE ACTIVITIES ACHIEVED •RAPID RESPONSE TEAM ESTABLISHED AT ALL LEVEL • EPIDEMIOLOGICAL BULLETINS PUBLISHED AND DISE	cost of transportation,training material,media,.	Health workers, Health practitioners.	DISEASE SURVEILLANE UNIT					ATTENDANCE,REPORT AND PICTURE		0.00				

						MINATED														
predictable financing and risk protection	Health financing	Increase sustainable and predictable revenue for health	Alignment of health allocations to State priorities	**15.2.1**	Sensitization of the community to set up committee for the concerned project in a particuar ward by BHCPF	Community aware of the BHCPF project and ready to support.	transportation	Health workers, Health practitioners, and partners.	DPRS			**1**			584,000.00	584000.00				
					Hold a day meeting to Select the milestone,that is who does what considering timeframe of the project.	Minutes of meeting available.	transportation					**1**			584,000.00	584000.00				
					Effective monitoring and supervision	Monitoring report available.	transportation			**1**	**1**	**1**	**1**		584,000.00	2336000.00				
			Strenghen Coordination Frameworks and		**Establish coordination framework and appoint a Health**	• TWG in health care financing	tranportation,public address system,media,refreshment, hall.	Health workers, Health prac	DPRS	**1**		**1**			181,500.00	363000.00				

			TWGs for health financing		**Financing focal person at the 17 LGA level and engage stakeholders to make a case for heath as an investment for job creation .**	established • TWG trained and sponsored for workshop • Quarterly meeting of TWG conducted		titioners,.												

Ikwuano LGA Annual Operational Plan 2019 A

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP 2017 - 21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity	Output Indicator ({SHDP 2017-21}	Cost Elements/ details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame Quarterly frequency {only numbers allowed}	Activity Means of Verification	Total Cost	Total Amount -	Expenditure Classification	Funding Source(s) Name	State Contribution to activities	Expected Contributions from other Sources
	Step 1					Step 2						Step 4			Step 5		

1. Enabled environment for attainment of sector outcomes	1 LEADERSHIP AND GOVERNANCE FOR HEALTH	1.1 Provide clear policy, plans, legislative and regulatory framework for the health sector	1.1.2. Scale-up strategic and operational planning at all levels	**1.1.2.1**	**1 Day training of 5 persons within Ikwuano Authority to develop Annual operational Plans for the Authority**	5 persons trained within the Authority	Refreshment (lunch and tea break), hall, projector, stationary, transport	IKWLGHA personnel	SPHCDA, IKWLGHA			**1**			70,000.00	70000.00				
		1.2 Strengthen transparency and accountability in planning, budgeting and procurement process	1.2.1 Strengthen Public Finance Management system including oversight in Fund disbursement and utilization at all levels	**1.2.1.1**	**Conduct1 Day review of existing finance management system in IKWLGHA For 40 oics , 1 HAS,1 LG Chairman 7programme ,1 finance Officers**	number of meetings held	Refreshment (lunch and tea break), hall, projector, stationary	HAS. Heads of department	SPHCDA, IKWLGHA			**1**				NGN0.00				
			1.2.3 Strengthen voice and accountability, including	**1.2.3.1**	**Weekly Advertise in State Radio , to identify existing CSOs within the**	ALL CSOs mapped	PRODUTION OF JINGLES .AIRING OF JINGLES .	the CSOs	SPHCDA and IKWLGHA			**1**	**1**		0.00	0.00				

			community participation, CSO engagement.		**Lga. Support transport and logistics for Mapping of CSOs in lga for 5 days**															
				1.2.3.2	**• Conduct 1-day quarterly review meeting for 40 CSOs in Ikwuano •** **•**	40 CSOs in the attendence	Hall, transport Tea break and launch	CSOs	SPHCDA and IkWLGHA			**1**				NGN0.00				
		Improve health sector performance through regular integrated reviews and reports	Improve health sector performance through regular integrated reviews and reports	**1.3**	**• Conduct 1 day validation meeting to adopt it into LGA operational health plan FOR 40 OICs, LG Chairman ,HAS, 7 LG team members • Printing and dissemination of adopted plan**	ALL stakeholders in attendence Adopt the Operational Workplan	, Hall, Transport, Tea break and Launch	HAS and stakeholders	SPHCDA and IKWLGHA			**1**			0.00	0.00				

					•															
			Institutionalize the mechanism for sector progress status and performance review	**1.3.3**	**• 1 Day data review meeting with 25 stake holders/policy (4 Representative of Traditional Rulers 10, LG Advisory commitee make in ikwuano Lga. HAS, 7 Lg Team Members) 1Admin , 1 finance, BPRS ,1 Rep. cdc • •**	25 stakeholder and policy makers attended	Hall, transport, Tea break and launch	ES, HAS and stakeholders	SPHCDA and IKWLGHA			**1**				NGN0.00				
				1.3.3.1	**• 1 day PHC forum meeting for 40 OICs And 20 Programme Officers . • •**	40 OICs AND 20 Programme Officers .	Hall, transport Tea break and launch	HAS and PHC worker	SPHCDA and IKWLGHA		**1**	**1**	**1**		0.00	0.00				
				1.3.	**• Conduct 5 Days**	All Health	Transport	Health	HAS and			**1**	**1**		0.00	0.00				

				3.3	**routine M&E visits to Health facilities monthly , to evaluate performance/implementation of SSP ● ●**	Facilities Visited		facilities staff	M&E officers											
	2.Community Participation and Ownership	To strengthen community level coordination mechanisms and capacities for health planning.	Strengthen institutional and coordinating mechanisms for promotion of community participation		**● Conduct 2 Day Sensitization Meeting to strengthen the activities of 19 WDC in the LGA**	19 WDCs sensitized	Hall, transport	WDCs	SPHCDA and IKWLGHA			**1**	**1**							
					● 1 day community meeting with 57 persons on strenghtening community Participation (3 per	57 Participants attended.	Hall, transport Tea break and launch	Community Members	IKWLGHA		**1**		**1**			NGN0.00				

					WARD) comprising of Men, Youth and Women Groups at the LGA level ● 5 Resource persons ●															
Increased utilisation of essential package of health care services	4.Reproductive, Maternal, Newborn, Child, Adolescent Health	4.1 Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate and effective health care services before, during and after child	4.1.1 Improve access to focused Antenatal and Postnatal Care	**4.1.1a**	**Conduct 1 day Quarterly Lg Review Meeting, to review Focused Antenatal and Postnatal care. (40, Health facility OIC's and 10 LGA team members.)**	Stakeholder advocacy/review meeting done	refreshment, hall rental, transportation	LGA health workers, stakeholders, community leaders.	LGHA	**1**	**1**	**1**	**1**	Attendance, minutes, picturesz		NGN0.00				

		birth.																		
					Distribute 50 mama's kit per Ward to Incentivise facility-based delivery	**1.** Number of facility-based deliveries **2.** Number of mothers that received mama's kit at health facilities	delivery mat, I pk of ladies sanitary pad, pampers, methylated spirit, disinfectant, baby soap, surgical blades, hand gloves, chlorohexydene, cotton wool, oxytocin injection, detergent	Pregnant mothers	LGHA, HF OIC's			**1**		Pictures, delivery vouchers		NGN0.00				
			Promote advocacy, community Mobilization and Behaviour Change Communication for Safe Motherhood Services		**Conduct 1 day training for 40 persons on IPC Skill at LGA level (1 Safe motherhood FP and 3 facilitators)**	41 focal person trained.	training materials, hall rental, transportation, tea break, lunch, stationeries	LGA Safe Motherhood person , oics.	LG HAS				**1**	Pictures		NGN0.00				
					Hold quarterly review meeting on safe	51 Participants attended.	Transportation, hall rental, stationeries	LGA health workers	SPHCDB, LGA HAS			**1**	**1**	attendance, pictures		NGN0.00				

					motherhood services in the state for 51 persons. (1 HAS, 10 Programme Officer and 40 LGA OICs).															
Increase utilization of essential package of health care services	5.Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS) And Neglected Tropical Diseases	Reduce significantly morbidity and mortality due to Malaria and move towards pre-elimination levels	Expand access to integrated vector control interventions		**Conduct Knowledge, Attitude and Practices Survey on net utilization. (7 days survey)for 20 primary sch.teachers from the 4 clans of ikwuano**	20 teachers trained	Hiring of Field Vehicle. IEC materals.	primary school teachers	SPHCDA, IKWLGHA.			**1**		Survey Report		NGN0.00				
			Improve availability of and access to commodities and supplies for		**Procure and distribute ACTs and other malaria commodities for distributio**	Procurement and distribution of commodities condu	Contact the state RBM focal person for quantification.	LGA HF OICs	Abia State PHCDA, IKWLGHA		**1**	**1**	**1**	Procurement documents, Delivery vouchers.		NGN0.00				

			treatment of uncomplicated and severe malaria		**n to health facilities**	cted														
			Strengthen systems for quality assurance and quality control of malaria diagnosis and treatment.		**Hold 1 day Quarterly Quality Control Meeting for 20 persons in PHCs from the LGA (Laboratory Scientists /technicians from LGA HF's)**	Quarterly quality control meeting held	transportation, breakfast, lunch	LGA Laboratory scientists	LGA HAS.		**1**	**1**	**1**	Attendance, pictures, EQA report		NGN0.00				
					Hold 2 day quarterly sensitization visits per Ward to Community gate keepers on Malaria Prevention	2 day sensitization visits held	transportation, refreshment,	Community gatekeepers	LGA HAS		**1**	**1**	**1**	Pictures		NGN0.00				
		Ensure universal access	Strengthen TB case detectio		**Conduct 8 days Active Tuberclosi**	TB ACS condcted in	Transportation	Communities	LGA TBLS/ ABIA STBLC		**1**	**1**	**1**	Pictures		NGN0.00				

		to high quality, client-centred TB/Leprosy diagnosis and treatment services for the reduction in the incidence and prevalence of tuberculosis/leprosy in Nigeria.	n, diagnostic capacity and access to quality treatement services.		**s case finding per month across the LG.A (2 persons per visit)**	the LGA			P											
					Conduct 2 days centralized training for 40 Health Care Workers (one from each HF) on TB identifica	40 persons Training conducted	Hall rental, refreshment, training materials, transportation	LGA HF staff	SPHCDA. /ABIA STBLCP.IKW LGHA			**1**		Attendance, pictures		NGN0.00				

					tion, diagnosis and treatment of tuberculosis.															
			Promote demand for TB services		**Conduct 2 day training on Community Sensitization and Mobilization skills for 40 staff LGA TB Supervision.**	Training conducted	Hall rental, breakfast, lunchs, transportation, facilitator fee, projector	LGA TBLS	ABIASTBLCP/LGAHAS				**1**	Attendance, pictures		NGN0.00				
			Expand access to TB diagnosis and treatment services for persons co-infected by TB and HIV		**Hold 5 day DOTs trainig for 8 Facility staff from 12 ART sites not offering TB services, for full take off of TB servicesa in the LGA.**	DOTs training conducted	Hall rental, breakfast, lunch, Stationaries, transportation. hiring Project	HF WORKERS	ABSTBLCP.IkWLGHA					Attendance, pictures,		NGN0.00				
			Strengthen collaboration		**One day training for 19 master**	19 health oficers traine	Hall rental, breakfast, lunch, Stationaries ,	HF WORKERS	SPHCDA, , IKWLGHA					Attendance, pictures,		NGN0.00				

			with and capacity of CBOs to support TB programming.		**trainers (one person per ward) to re-train all the CBO's at the community level, on recognition and referreal of Presumptive TB and DR-TB cases,**	d	transportation, facilitator fee prorojector													
			Strengthen mechanism for coordination of TB/HIV collaborative activities at all levels of health care.		**Conduct a one day joint TB / HIV Quarterly Review meeting for 20 persons, to review TB/HIV collaborative program. (10 TB and 10 LACA Team members from the LGA**	TB/ HIV QRM conducted	Hall rental, breakfast, lunch, transportation	HF WORKERS	SPHCDA, , IKWLGHA		**1**	**1**	**1**	Attendance, pictures, minutes		NGN0.00				
			Promote innovative		**Conduct 2 day training**	40 CBOsTrained	Hall rental, lunch, training	HF WORKERS	SPHCDA, , IKWLG					Attendance, pictures,		NGN0.00				

			advocacy, social mobilization and behaviour change intervention for the prevention and control of TB		**for 40 CBOs on Behavioural Change Communication Skills.by 7 LG Team Members**	.	materials, transportation, facilitator fee		HA											
					Conduct 2 day training for 45 CBOs on Behavioural Change Communication Skills by 7 LG Team Members.	Training conducted	Hall rental, Lunch, Stationaries, transportation,	CBOs	SPHCDA, , IKWLGHA		**1**			Attendance, Pictures, Report.		NGN0.00				
			Expand and improve access to quality Leprosy and TB Services		**Train 80 health Facility workers (2 from each Facility) on identification, diagnosis and management of Leprosy.**	health workers trained	Hall rental, lunch, Stationaries, transportation, facilitator fee, Projector.	HF WORKERS	SPHCDA, , IKWLGHA		**1**			Attendance, pictures,		NGN0.00				
		Signific	Expand		**Conduct 1**	Sensiti	refreshment,	Com	IKWLG				**1**	Attendance,		NG				

		antly reduce the incidence and prevalence of HIV/AIDS in Nigeria by 2021	access to Minimum Package of Preventive Interventions (MPPI) for HIV targeting key and general populations		**day quarterly sensitization visit to 20 community leaders from 4 Clans of Ikwuano in HIV high burden area on MPPI for HIV**	zation visit conducted quarterly	transportation	munity members.	HA					pictures,		N0.00				
			Expand access of people living with HIV and AIDS to ART and co-infection management services.		**1 Day Training for 40 Health Facility Workers for 2 days on ART and co-infection management by LG Team (7)**	Training conducted	Hall rental, lunch, Stationaries, transportation, facilitator fee	HF workers	SPHCDA, IKWLGHA				**1**	Attendance, pictures,		NGN0.00				
			Promote universal access to quality PMTCT services		**Conduct 2 day Training for 20 HF staff from non-PMTCT sites on PMTCTby LG team**	20 HF staff Trained.	Hall rental, lunch, training materials, transportation, facilitator fee, Projector.	Health workers	SPHCDA, IKWLGHA			**1**		Attendance, pictures		NGN0.00				

					Conduct 4 day Quarterly PMTCT Outreaches to four communities in the LGA	Outreach carried out in 4 communities.	Lunch, IEC,Hiring of Field Vehicle,media	Community Members.	SPHCDA, IKWLGHA		**1**	**1**	**1**	Attendance, pictures, minutes		NGN0.00				
			Strengthen referral and linkages between HIV/AIDS services and other health and social services		**1 day Review Meeting on HIV/AIDS services linkages and referrals (50 participants - 10 LACA and 40 HF OICs)**	Review meeting Conducted.	Stationaries, transportation , lunch	LACA, IKWLGHA	SPHCDA, IKWLGHA		**1**	**1**		Attendance, pictures, minutes		NGN0.00				
			5.3.6. Promote injection safety and health care waste management practices		**Conduct 2 day training for 50 health care workers on waste management and injection safety**	50 health workers trained on waste management and injection safety	Hall rental, lunch, Stationaries, transportation, facilitator fee	Health Workers	SPHCDA, IKWLGHA			**1**		Attendance, pictures,	0.00	0.00				
					Conduct 2 day Training/retraining of 50	50 Health Workers traine	Transportation, lunch, Stationaries, facilitators fee , Hall	HF workers,	SPHCDA, IKWLGHA		**1**			Attendance, pictures,	0.00	0.00				

					health care providers on provision of viral hepatitis services	d														
			Expand coverage of interventions for prevention of mother-to-child transmission of viral hepatitis		**Screen pregnant women for infections or complications on hepatitis B**	All Pregnant Women Screened during Antenatal	At no cost	Pregnant women	SPHCDA, IKWLGHA						0.00	0.00				
		Reduce morbidity, disability and mortality due to targeted Neglected Tropical Diseases (NTDs) and improve	Strengthen advocacy, social mobilization and behaviour change communication for NTDs		**Carry out 1 day advocacy meeting with Policy makers and community leaders from Wards on NTDs (4 per Ward made up of 1 man.woman.youth and CBO)**	Stakeholder advocacy/review meeting done	Transportation, Refreshment, Pictures, Video,	Community Leaders	SPHCDA, IKWLGHA			**1**		Attendance, pictures		NGN0.00				

		quality of life of those affected.																		
Strengthened health system for delivery of package of essential health care services	9. HUMAN RESOURCE FOR HEALTH	ENSURE COORDINATION AND PARTNERSHIP FOR ALIGNING INVESTMENT OF CURRENT AND FUTURE NEEDS	Strengthen institutional capacities of HRH coordinating structures		Production and distribution of adopted National policy(taskshifting and tasksharing policy)	production and distribution of tasksharing and taskshifting policy done.	printing of 1000 copies of tasksharing and taskshifting policy .2 days transportation for 18 persons for dissemination	All PHC Facilities.	SPHCDA, IKWLGHA		**1**			DISTRIBUTION LIST	272,000.00	272,000.00				
			Strengthen institutional capacities of HRH coordinating structures		Conduct situation analysis on HRH at PHC Facility levels	situation analysis carried out in 40 Health Facilities.	h , Stationaries.	All PHC staff	SPHCDA, IKWLGHA			**1**		DISTRIBUTION LIST		NGN0.00				
					Update the OICs on the	HRIS Update	No Cost	All OICs	HRH Officer, HAS.		**1**			Not costable	0.00	-				

				HRIS data tool	done.														
			Improve the production of HRH research evidence through monitoring and evaluation mechanisms		**Conduct a survey on the strength and weaknesses of HRH workforce in LGHAs by LG Team(7)**	survey conducted.	Transportation for 5 personnels (HRH Team). Production of survey questionnaires.	All PHC staff	SPHCDA/ IKLGHA			**1**		SURVEY report, printed copy of questionnaire, pictures		NGN0.00				
		Ensure effective health workforce management through retention, deployment, work condition, motivation and performance management	Strenghthen mechanism for deployment and retention of HRH at PHC LEVELS		**review the current status of deployment by 7Members of the LG Team , 2 Advisory Board Members and HAS**	deployment status reviewed	staff time	All staff	SPHCDA/ IKLGHA			**1**		Not costable		NGN0.00				
					production of a	job descri	500 copies of job	LGHA staff	SPHCDA/				**1**	PRINTED COPIES		NGN0.				

					clear job descriptio n manual	ption manu al produ ced and distri buted	description manual		IKLGH A					MANUAL		00				
INC REA SED UTIL IZAT ION OF ESSE NTI AL PAC KAG E OF HEA LTH CAR E SER VICE S	6. NON COM MUNI CABL E DISEA SE, CARE OF THE ELDE RLY, MEN TAL HEAL TH, ORAL AND EYE HEAL TH	6.1 REDUC E MOBI DITY AND MORT ALITY DUE TO NCDS (CANC ERS, CARDI OVASC ULAR DISEAS ES, CHRO NIC OBSTR UCTIV E AIR WAYS)	6.1.1 PROMO TE GENERA TION OF EVIDENC E FOR DECISIO N MAKING FOR PLANNI NG AND IMPLEM ENTATIO N OF NCD INTERVE NTION		**REVIEW AND ADAPT NATIONA L POLICY AND GUIDELIN ES ON NCDS**	NATIO NAL POLIC Y AND GUIDE LINES IS REVIE WED	TRANSPORT STIPEND, REFRESHMEN T, STATIONARIE S.	STAK E HOL DERS IN THE LGA HEAL TH SYST EM	SPHCD A/ IKLGH A			1		REPORTS, RECIEPTS/V OUCHERS,A TTENDANCE	2,30 5,50 0.00	2,30 5,50 0.00				
				6. 1. 1. 2	**2 DAY COMMUN ITY WIDE SURVEY ON NCDS AND RISK FACTORS IN 2 CLANS OF IKWUANO**	DISEA SE SURVE ILLAN CE AND SUPPO RTIVE SUPER VISIO	TRANSPORT STIPEND, PRODUCTION OF DATA TOOLS, REFRESHMEN T	STAK E HOL DERS IN THE STAT E HEAL TH	SPHCD A/ IKLGH A		1	1		REPORTS, RECIEPTS/V OUCHERS ,P ICTURES		"				

					LGA.	N COND UCTED IN ALL THE 17 LGAs OF ABIA STATE		SYST EM											
				6. 1. 1. 3	**COMMUN ITY SENSITIZA TION AND SCREENIN G FOR CARDIOV ASCULAR DISEASES (High blood pressure)**	COM MUNI TY MEMB ERS IN THE 19 Wards ARE SENSIT IZED AND SCREE NED	HIRING OF 1 PUBLIC ADRESS SYSTEM , PROVIDING 1 BP APPARATUS PER WARD, ENGAGING 5 STAFF, VIDEO COVERAGE AND PHOTOGRAP HS, TRANSPORTA TION, ENTERTAINM ENT.	THE ELDE RLY IN THE VARI OUS COM MUN ITIES	SPHCD A/ IKLGH A			1		1	ATTENDAN CE, RECEPTS/V OUCHERS, PICTURES, REPORTS	833, 000. 00	1,66 6,00 0.00				
				6. 1. 1. 5	**BUILD CAPACITY OF 3 M&E OFFICERS IN THE LGAs ON DATA GENERATI ON, COLLECTI ON, COLLATIO N AND REPORTIN**	THE CAPAC ITY OF3 M&Es IN IKWU ANO LGA	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANT S , REFRESHMEN T, STATIONARIE S, PAYMENT FOR RESOURSE PERSONS	M&E OFFI CERS	SPHCD A/ IKLGH A				1		REPORTS AND ATTENDAN CE		"				

					G ON NCD SERVICES															
			6.1.2 INTENSIFY ADVOCASY,IEGISTLATION, SOCIAL MOBILIZATIONAND BEHAVIOUR CHANGE COMMUNICATION FOR NCD PREVENTION AND CONTROL	**6.1.2.1**	**ADVOCACY VISIT TO RELEVANT STAKE HOLDERS(EXECUTIVE AND LEGISLATIVE) FOR SUPPORT AND LEGISLATION ON NCDs PREVENTION AND CONTROL IN IKWUANO LGA**	ADVOCASY TO RELEVANT STAKEHOLDERS IN IKWUANO LGA DONE.	TRANSPORTATION, IEC MATERIALS, REFRESHMENT	STAKEHOLDERS	SPHCDA/ IKLGHA		1			RECEIPTS, REPORT		"				
			PROMOTE DEMAND FOR NCD SERVICES	**6.1.2.3**	**1 DAY ADVOCACY VISIT TO STAKEHOLDERS(1 LGA CHAIRMAN ,1TRADITIONAL RULERS \ NDI EZE.2 LEADERS FROM1 CBOs, 1 FBOs,1 YOUTH1, WOMEN AND MEN**	COMMUNITY SENSITIZATION AND ADVOCASY CARRIED OUT TO ALL THE STAKEHOLDERS	TRANSPORTATION, IEC MATERIALS, REFRESHMENT	HEALTH STAKE HOLDERS IN THE LGA.	SPHCDA, LGHA			1		RECEIPTS, REPORTS		"				

					GROUPS) TO PROMOTE DEMAND FOR NCD SERVICES.															
		PROMOTE THE HEALTH AND WELLBEING OF THE ELDERLY IN NIGERIA	PROMOTE ENABLING POLICY ENVIRONMENT FOR PROGRAMING FOR THE ELDERLY	**6.1.2.4**	**ENGAGE 5 VOLUNTEERS FROM CSOs FROM THE LGA FOR A MONTHLY HOME BASED CARE OF THE ELDERLY**	INSTITUTIONALIZED ELDERLY HOMES ESTABLISHED IN THE LGA	TRANSPORTATION , COMMUNICATION.	ELDERLY PERSONS	SPHCDA, LGHA		1	1	1	RECEIPTS, REPORTS,PHOTOGRAPHS		"				
INCREASED UTILIZATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES	HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEALTH	PROMOTE THE WELL BEING OF INDIVIDUALS AND COMMUNITIES THROUGH PROTECTION FROM HEALTH RISKS AND PROMOTION	STRENGHTNING COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP OF HEALTH PROMOTION		**SENSITIZE YOUTH GROUPS IN THE 19 WARDS OF IKWUANO LGA ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES**	YOUTHS IN 19 WARDS ARE SENSITIZED ON CONSEQUENCES OF RISKY HEALTH BEHAVIOURS	1TRANSPORTATION, HIRING OF PUBLIC ADRESS SYSTEM, LIGHT REFRESHMENTS, PRODUCTION OF IEC MATERIALS, PHOTOGRAPH COVERAGE, BANNERS	YOUTHS	LGHA		1	1		RECIEPTS AND REPORTS		"				

					LAUNCH A WEEKLY MEDIA CAMPAIGN ON A RADIO STATION ON THE PREVENTION OF NCDs	REDUCTION IN THE PREVALENCE OF NCDs IN THE LGA	RADIO ANNOUNCEMENT, JINGLES	MEMBERS OF THE COMMUNITIES	SPHCDA, LGHA		1			RECEIPTS, REPORTS/VOUCHERS,ATTENDANCE	358,000.00	358,000.00				
					TRAIN 10 WDC MEMBERS PER WARD (TOTAL 190) ON THE PROPER DISSEMINATION OF RELEVANT INFORMATION ON NCDs TO COMMUNITY MEMBERS	CAPACITY IS BUILT FOR THE WDCs IN ALL THE WARDS OF THE STATE	TRANSPORT STIPENDs FOR WDC MEMBERS, STATIONARIES, HIRING OF PROJECTORS, REFRESHMENT,	WDC MEMBERS	SPHCDA, LGHA			1		ATTENDANCE, RECEIPTS/VOUCHERS, PICTURES		"				
			STRENGHTEN HEALTH PROMOTION COORDINATION MECHANISM		**PUBLIC ENLIGHTENMENT ON RISKY HEALTH BEHAVIOURS THROUGH WEEKLY PRODUCTION AND AIRING OF**	JINGLES AIRED	PRODUCTION OF JINGLES .AIRING OF JINGLES .	GENERAL PUBLIC	SPHCDA , LGHA		**1**	**1**	**1**	RECIEPT, REPORT.	358,000.00	0.00				

					JINGLES															
		PROMOTE FOOD HYGIENE AND SAFETY FOR THE REDUCTION OF ILLNESSES ASSOCIATED WITH UNWHOLESOME FOOD	STRENGTHENING SYSTEM FOR FOOD AND WATER SAFETY SURVEILLANCE		**MAP OUT FOOD AND WATER VENDORS IN IKWUANO LGA .**	FOOD AND WATER SURVELLANCE SYSTEM STRENGTHENED IN THE LGA OF ABIA	TRANSPORTSTION, STATIONERIES, REFRESHMENT,PICTURES,4 officers of Nutrition Department	BUCHERS, PIG FARMERS, WATER VENDORS AND EATRIES	SPHCDA, LGHA		**1**	**1**	**1**	ATTENDANCE, RECEIPTS/VOUCHERS, PICTURES		"				
					BIMONTHLY SUPERVISION (BY5 FOOD SCIENTISTS AND 2 ENVIRONMENTAL OFFICERS) OF FOOD AND WATER VENDORS WITHIN THE LGA	ALL FOOD AND WATER VEENDORS IN THE LGA INSPECTED AND CLEARED BIMONTHLY	TRANSPORTATION	FOOD AND WATER VENDORS	SPHCDA, LGHA		**1**	**2**	**2**	REPORT, PICTURES, RECEIPTS		"				
					CONDUCT A TRAINING OF	FOOD AND WATER	PROJECTORS, TRANSPORT,STATIONARIES HALL	FOOD SCIENTIFI	IKLGHA		**1**		**1**	ATTENDANCE, RECEIPTS/VOUCHERS,		"				

					TRAINERS FROM NUTRITION DEPARTMENT IN THE LGA ON FOOD AND WATER SAFETY	SAFETY INCULCATED ON HEALTH WORKERS		C OFFICERS						PICTURES						
Strengthened Health System for Delivery of package of essential Health care services	Medcines Vaccines and other Health technology and suplliies	11.1 Strengthen the availability and use of affordable, accessible and quality medicines, vaccines, and other health commodities and technologies at all levels.	11.1.1 Strengthen the development and implementation of legal, regulatory framework, policies and plans for drugs, vaccines, commodities and health technologies at all levels	**1 1. 1. 2 c**	**Coduct training/refresher training of 10 Supply Chain Carders along the supply chain**	Training session conducted on supply chain management	ENTERTAINMENT. TRANSPORTATION FACILITATION. FLIP CHAT	PSM /LMCU group	IKLGHA			**1**		Training report		-		SMOH/ Partners		
			11.1.4 Strengthen	**1 1. 1.**	**Strenghten Capacity of 40 OICs**	LGA OICs and	Hall, Consultancy fee,	LGA cold chain	Immunzation				**1**	Training report, Attendance		-		SOML		

			effective procurement systems (forecasting, orders, procurement) to ensure (40% local content) and commodity security for on a sustainable basis at all levels .	**4a**	**and 5 Cold Chain Officers on forcasting**	Cold Chain officers trained on commodity forcasting	refreshment, Training materials,	officers and OICs	Department IKWLGHA					sheet						
				11.1.5b	**Quarterly supportive supervison of cold chain store in the Health Facilities to ensure adherence to quality assurance**	Number of quarterly supportive supervison vists conducted	Supervison checklist, ODK configuration cost , Transportation.	LGA cold chain Stores	SPHCDA Immunization Unit, IKWLGAHA			**1**	**1**	Supervison report		-		SPHCDA/ Partners		
			11.1.7 Strengthen existing systems		**Training and retraining of 50 LGA peronnel**	50 LGA personnel traine	Hall, Consultancy fee, refreshment, Training	Cold chain Officers,Logisti	SPHCDA IKWLGHA				**1**	Training report		-		SPHCDA/ Partners		

			for the management of biological and non-biological wastes including expiries of medicines, vaccines and other commodities at all levels		**in health facilites on environmental and social safegurds .**	d on environmental and social safeguards	materials, Transportation	c officers,SPHCDA												
Strengthened Health System for Delivery of package of essential Health care services	Health Information System	Improve the health status of Nigerians through the provision of timely, appropriate and reliable health information services at all	Strengthen institutional framework and coordination for HIS at all levels	**12.1.1**	**12.1.1a Distribution of 1000 copies of the National HMIS Policy document**	Number of LGA/health facilities with at least a copy of the National HMIS policy document	Distribution cost to health facilites In THE LGA	Health facilites . General public	SPHCDA AND IKWLGHA			**1**	**1**	Tools distribution Voucher		-		SPHCDA/ Partners		

		levels, for evidenced based decision making.																		
			Strengthen capacity to generate, transmit, analyze and utilize routine health data, from all health facilities, including private health facilities.		**12.1.2 c monthly Data hamornaization/validation review meeting at the LGA WITH 10 Programme officers 40 OICs . HAS**	all monthly data validation meetings conducted	Trasportation, refreshment, Hall	Health facility records personnel. OICs	HRH/ HMIS officer		**1**	**3**	**3**	Number HMIS tools distributed to HFs		-		SMOH/ SPHCDA/ partners		
					12.1.2 d Build capacity/ Refresher training of relvent PHC personnel on HMIS data mangement and DHIS.	capacity of 20 PHCstaff builth on HMIS and DHIS	Consutant fee, venue, training materials, transportation, M&E . HRH Officer	LGA HMIS officers	SPHCDA LGHA			**1**		training report		-		SMOH/ SPHCDA/ partners		

Protection from Health Emergency and risks	Public health emergencies; preparedness and response	Reduce incidence and impact of public health emergencies in ikwuano	Scale-up public education and awareness creation on public health emergencies	**14.1.4a**	**CARRY OUT SURVEILLANCE NEEDS ASSESSMENT AT LGA LEVEL**	•NEEDS ASSESSMENT CARRIED OUT •SENSITIZATION ON PUBLIC HEALTH CONDUCTED • NUMBER OF IEC MATERIAL DEVELOPED AND DISTRIBUTED	cost of transportation,media coverage	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT		**1**	**1**	**1**	ATTENDANCE,REPORT AND PICTURE	425,000.00	1275000.00				
					Effective monitoring and supervision	Monitoring report available.	Transportation			**1**	**1**	**1**	**1**		584,000.00	2336000.00				

ISIALA NGWA NORTH LOCAL GOVERNMENT HEALTH AUTHORITY ANNAUAL OPERATIONAL WORK PLAN 2019.	2019	A

Strategic Pillar	Priority areas {SHD	Objectives {SHDP201	Strategic Interventions/ Output Results	Act. Code	Activity	Output Indicator ({SHD	Cost Elements/ details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementa	Time Frame	Activity Means of Verification	Total Cos	Total Amoun	Expenditure Classi	Funding Sou	State Contributi	Expected Contrib	Priority

{SHDP2017-21}	P2017-21}	7 - 21}	{SHDP2017-21}			P2017-21}			tion (Departments)						t t	fication	rce(s) Name	ontoactivities	utionsfromotherSources	Ranking
										Quarterly frequency {only numbers allowed}					-					
Strategic Pillar {SHDP2017-21}	Priority areas {SHDP2017-21}	Objectives {SHDP2017 - 21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity					Q1	Q2	Q3	Q4		-					
	Step 1					Step 2									Step 4		Step 5			Step

																					6
1. Enabled environment for attainment of sector outcomes	1 LEADERSHIP AND GOVERNANCE FOR HEALTH	1.1 Provide clear policy, plans, legislative and regulatory framework for the health sector	1.1.1 .Promote review and development of policies and laws as necessary		**Conduct an alignment meeting with 10 members of the LGHA advisory committee to obtain their buy-in and pass the law through the house of assembly**	meeting with advisory committee conducted	1 day meeting for 10 persons(transport, lunch)	LGHA advisory committee	ABSPHCDA/ LGHAS			1		Minute of meeting, Attendance list		"					
			1.1.2 . Scale-up strategic and		training of 20 ward focal persons	20 ward focal perso	Refreshment (lunch and tea break), hall, projector, stationary, transport	Ward focal persons	SPHCDA / LGHA			1		Attendance list,training report		"					

			operational planning at all levels		and 8 program officers within the LGHA to develop annual operational plans for the LGHA.	ns and 8 program officers trained within the LGHA														
		1.2 Strengthen transparency and accountability in planning, budgeti	1.2.1 Strengthen Public Finance Management system including oversight in Fund disbursement and		**Training of 5 finance staff within the finnance department of the LGHA on the existing fianancial manegement syste**	5 finance staff trained .	Refreshment (lunch and tea break), hall, projector, stationary	Finance staff	SPHCDA / LGHA			1		Attendance list,training report		"					

		ng and procurement process	utilization in the LGHA.		**m**																
			1.2.2 Strenghten the linkages between various planning and budgeting process(MTEF/MTSS	**1.2.2.1**	**● Conduct 1 day joint review meeting for 10 Health planning and budgetting staff in the LGHA ● ●**	ONE DAY MEETING CONDUCTED	Refreshment ,Lunch and Transport	Budget and planning staff	SPHCDA /LGHA			1		Minute of meeting, Attendance list		"					
			1.2.3 Strengthen voice and accountability,	**1.2.3.1**	**Support transport and logistics for Mapping of**	total number of CSOs ma	tranport for 10 persons and printing cost	CSOs	LGHA			1		printed copy of the directories.		"					

			including community participation, CSO engagement.		**CSOs in the LGHA for 2 days Print CSOs directory in the LGHA**	ppedand 100 copies of directories printed.															
				1.2.3.2	**● Conduct 1-day quarterly review meeting for 20 CSOs in the LGHA ● ●**	number of the CSOs in the attendence	Hall, transport and lunch	CSOs	SPHCDA and LGHA			1	1	Minute of meeting, Attendance list		"					
		Improve health sec	Institutionalize the mechanism for	**1.3.3**	**● 1 Day data review meeting with**	No of stakeholder in	Hall, transport, LUNCH,PAS,	OICS, M&Es	LGHA		1	1	1	Minute of meeting, Attendance list		"					

		tor performance through regular integrated reviews and reports	sector progress status and performance review		**49 OICs , 49 facility M&Es and 2 M&E from private clinic(100 persons) in the LGHA ● ●**	attendence.															
					• Conduct 5 Days routine M&E visits to SDPs and facilities quaterly to evaluate perfor	No of visit to SDPs and facilities	Transport	Health facilities staff	HAS and M&E officers			1	1	transport receipt , visitor's register.		"					

					manc e/imp lemen tation by LGHA teams • •																
			Disse mina te sect or perf orma nce repo rts and scor e card s in com plian ce with NHA ct and othe r chan nels	**1 . 3 . 4**	**• Cond uct 1 day quate rly meeti ng for 49 data mana gers in the PHCs on Data sharin g/fee dback** **•** **•**	No of att en de nc e of da ta ma ng ers fro m PH Cs	Hall ,Transpo rt, and Lunch	Da ta ma na ger s (M &E s)	LG HA M &E				1	1	Minute of meetin g, Attend ance list		"					
			Desi gn and instit ution alize	**1 . 3 . 5**	**Rewa rd for the best 3 perfor ming**	3 be st W ar ds	Transport,	3 be st Wa rds	LG HA					1	list of the awarde d staff, picture s.		"					

			an incentivization and reward system for the efficient performance of the LGHA staff.		**wards in the LGHA on all interventions**	REWARDED															
	2.Community Participation and Ownership	To strengthen community level coordination mechanisms	Strengthen institutional and coordinating mechanisms for promotion of community parti		**• Conduct 2 days sensitization meeting for WDC chairmen and ward focal persons to strengthen**	40 persons sensitized	No of IEC materials distributed and transported	WDCs and ward focal person	SPHCDA and LGHA			1	1	Minute of meeting, Attendance list		"					

		and capacities for health planning.	cipation		**the activities of WDC in the LGHA (20 WDC and 20 focal persons)**																
					● 1 day community meeting with 60 persons (3 per Ward) comprising of CHIPs, Youth and CBOs at the LGA level ● 5 Resource persons ●	Meeting conducted for 60 persons(55 from community, and 5 from the LG	transport, lunch	community/ward	LGHA				1	PICTURES, MINUTE , REPORT, ATTENDANCE		"					

						HA)															
					•distribution of copies of IEC materials for all health interventions.	distribution of IEC materials.	Transport for distribution.	communities.	SMO			1	1	1	LIST OF WARDS DISTRIBUTED		"					
					• sensitization meeting for VDCs, WDC, YOUTHS, women leaders, religious leaders	sensitization meeting conducted.	Transport for 62 persons , lunch, PAS.	The communities.	LG HA				1		Minute of meeting, Attendance list		"					
	3.Partnerships for Healt	Ensure that collaborativ	Promote the adoption and utilization		**• Conduct quarterly supportive super**	Copy of checklist	transport	Health facilities staff	LG HAS, LG HA TEAM		**1**	**1**	**1**		ODK FILLED AND SUBMITTED, PICTURES		"					

	h	e mechanisms are put in place for involving all partners in the development and sustenance of the health sector	of national policies and guidelines on PPP		**vision visits to 49health facilities in the LGHA to ensure compliance ● ●**																
				1.3.	**● 1 day Meeting for**	meeting	Hall ,Transport, and Lunch	Data mana	LGHA			**1**		ODK FILLED AND SUBMI		"					

				3.2	**49 persons to review data performnce evaluation tools ● Print 50 data performance evaluation tools ●**	conducted.		gers (M&Es)					TTED, PICTURES							
				1.3.3	**● Conduct 5 Days routine M&E visits to SDPs and facilities monthly to evaluate performance/imp**	meeting conducted.	Hall ,Transport, and Lunch	oICS, M&Es	SPHCDA and LGHA				**1**	Attendance list,training report		"					

					lementation of SSP by state teams (3 teams of 8 persons plus 1 driver per team) **●** **●**															
			Disseminate sector performance reports and score cards in compliance with NHAct and other chan	**1.3.4**	**● Conduct 1 day Monthly meeting for 49 data managers in the LGhAs on Data sharing/feedback** **●** **●**	meeting conducted.	Hall ,Transport, and Lunch	oICS, M&Es and programme officers.	SPHCDA and LGHA			**1**		attendance list,training report		"				

			nels																		
			Design and institutionalize an incentivization and reward system for the efficient performance of the health sector at all levels	**1.3.5**	**Reward for the best 3 performing wards in the LGHA on all interventions**	3 best performing wards rewarded.	stationaries, photocies.	all staff	LGHA				1	Report of the event.		"					
																"					
																"					
			Stre	**1**	•											"					

			ngthen implementation of Health Service Charters at all levels	**.4.3.2**	**Conduct 2 day annual review meetings of 10 stakeholders on relevant health charter ● ●**																
				1.4.3.1	**1 day Training of 20 Health providers on relevant health charter**											"					
	2.Community	To strengthen co	Strengthen institutional		**● Conduct 2 days sensi**	WDCs and wa	Transport,Lunch,public address system,communiction.	20 WDCs and	SPHCDA/LGHA			1		Attendance List,report and pictures.		"					

	Participation and Ownership	mmunity level coordination mechanisms and capacities for health planning.	and coordinating mechanisms for promotion of community participation		**tization meeting to strengthen the activities of WDC in the LGHA.**	rd focal persons meetings held.		20 ward focal persons.													
					• 1 day community meeting with 20 persons (1 per ward) comprising	meeting held.	Transport,Lunch,Banna,communictio n,	CHIPs ,Youth and CBOs.	LGHA			1		Attendance List,report and pictures.		"					

					of CHIPs, Youth and CBOs at the ward level ● 5 Resource persons ●															
					● distribution of 336 copies of IEC materials for all health interventions ● sensitization meeting for VDCs, WDC, CB0S, YOUTHS, wome	IEC materials distributed.	Transportation.	concern groups.	LGHA			1		Dispatch book.		"					

					n leaders, religious leaders ● 2 resource persons per LGA.															
			Strengthen financial management systems at the community levels		**● 2 days training of 20 WDC on financial management ●**	20 WDCs trained.	Projectors,training materials,Lunch,honorarium,	WDCs and ward focal persons.	SPHCDA/LGHA				1	piCTURES,event REPORT, ATTENDANCE		"					
					● 2-day financial audit of ward PHC budget(BHCPF) ●	financial audit held.	transport and Lunch.	OICs and ward focal persons.	LGHA			1		Report of the event.		"					

					●															
			Strenghten capacities of communities to participate in the planning of health interventions at all levels.		**● 1 day meeting to develop job aids for VHW with 25 TWG. 1 day distribution for produced JOB AIDS ● 2 personnell per LGA**	meeting held.	transport and Lunch.	OICs and VHWs	SPHCDA/LGHA			1		report of the event and pictures.		"					
					Training of 49 VHW on their job aids	49 VHWs trained.	training mateials,Lunch,transport and public addres system,hall.	OICs and VHWs	SPHCDA/LGHA				1	Attendance List,report and pictures.		"					
		Strenghten capaci	Strenghten capacities of		**● printing of 50 copies of**	50 copies distri	photocies,transport	SMO	LGHA			1		distribution listj		"					

		ties of communities to facilitate the implementation of community and facility level minimum service package(MS	communities to facilitate the implementation of community and facility level minimum service package(MSP)		**MSP • 1 day Dissemination of the MSP with 49 heads of health facilities. • 2 facilitators**	buted.															

		P)																			
					• 1 day re-orientation meeting for 20 WDC, 49 VDC, 20 TBAs at the ward level **•**	1 day meeting held.	public address system,Lunch,priiting of materials,	WDCs,OICs and programme officers.	SPHCDA/LGHA				1	attendance list,pictures and event report.		"					
			Strengthen mechanisms for data collection,analysis, storage, utlizaton and accountability at communi		**• 2days review of tools for M& E with 10 PHCs wards LGHAs health workers**	2 day review meetings held.	public address system,Lunch,priiting of materials,	10 ward M&E and 2 programme officers.	SPHCDA/LGHA			1		pictures,attendance list,event report.		"					

			ty level																	
Increased utilisation of essential package of healthcare services	4.Reproductive, Maternal, Newborn, Child, Adolescent Health	4.1 Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate and effective healt	4.1.1 Improve access to focused Antenatal and Post natal Care		**Conduct 1 day quarterly LGHA stakeholders review Meeting to review focused antenatal and postnatal care. (2 persons per ward from LGA health authority team, health facility OIC's and 5**	Stakeholder advocacy/ review meeting done	refreshment, hall rental, transportation	LGA health workers, stakeholders, community leaders.	LGHA			1		Attendance, minutes, pictures		"					

		hcare services before, during and after child birth.			**state team members.)**															
					Distribute 400mama's kit per ward within the LGHA to incentivise facility-based delivery	**1.** Number of facility-based deliveries **2.** Number of m	delivery mat, I pk of ladies sanitary pad, pampers, methylated spirit, disinfectant, baby soap, surgical blades, hand gloves, chlorohexydene, cotton wool, oxytocin injection, detergent	Pregnant mothers	LGHA, HFOIC's				1	Pictures, delivery vouchers		"					

						others that received mama's kit at health facilities														
					Conduct 1 day quarterly sensitization meeting in one ward , per LGA (6 LGHA team members from the LGA healt	sensitizations done at the ward	transportation,public address system,refreshement,communication.	Community members, general population	LGHA			**1**	**1**	Attendance, Pictures, report.		"					

					h authority team and ward focal and OICs of the ward).															
					Print 2,000 copies of IEC matrials (1,000 hand bills and 1,000 posters)	IEC materials printed	printing cost, transportation for distribution to ward PHCs.	LGA HF's	LGHA				**1**	Payment receipts, delivery vouchers,		"					
					Conduct 1 day advocacy visit to community stakeholders in one community per	Advocacy visit conducted	Hall rental, refreshment, transportation	General population (community members)	LGHA			**1**	**1**	General population (community members)		"					

					quarter																
					Conduct 2 day training for 40 health care workers on waste management and injection safety	Number of health workers trained on waste management and injection safety	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	GHCW's	LGHA			**1**	**1**	Attendance, pictures,		"					
INCREASED UTI	6. NON COMMUNICAB	6.1 REDUCE MOBIDITY AN	6.1.1 PROMOTE GENERATION OF EVID		**COMMUNITY SENSITIZATION AND SCREENING**	COMMUNITY M E M	HIRING OF 1 PUBLIC ADRESS SYSTEM PER LGA, PROVIDING 10 BP APPARATUS PER WARD,	THE ELDERLY IN THE	SPHCDA, LGHA				1	ATTENDANCE, RECEPTS/VOUCHERS, PICTURES,		"					

LIZATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES	LE DISEASE, CARE OF THE ELDERLY, MENTAL HEALTH, ORAL AND EYE HEALTH	DMORTALITY DUE TO NCDS (CANCERS, CARDIOVASCULAR DISEASES, CHRONIC OBSTRUCTIVE AIRWAYS)	ENCE FOR DECISION MAKING FOR PLANNING AND IMPLEMENTATION OF NCD INTERVENTION		**FOR CARDIOVASCULAR DISEASES (High blood pressure)**	BERS IN A SELECTED WARD IN THE LGA ARE SENSITIZED AND SCREENED	ENGAGING 5 SKILL STAFF IN AA WARD,HALL /CHAIRS AND PHOTOGRAPHS, TRANSPORTATION, ENTERTAINMENT	VARIOUS COMMUNITIES						REPORTS							
			6.1.2 INTENSIFY	**6.1.**	**ADVOCACY VISIT TO**	ADVOCASY	TRANSPORTATION, IEC MATERIALS, REFRESHME	STAKEHOL	SPHCDA,		1			RECEIPTS, REPORT		"					

			ADVOCASY,IEGISTLATION, SOCIAL MOBILIZATION AND BEHAVIOUR CHANGE COMMUNICATION FOR NCD PREVENTION AND CONTROL	**2.1**	**RELEVANT STAKEHOLDERS(EXECUTIVE AND LEGISLATIVE) FOR SUPPORT AND LEGISLATION ON NCDs PREVENTION AND CONTROL IN LGA**	TO RELEVANT STAKEHOLDERS IN LGA DONE	NT	DERS	LGHA												
			PROMOTE DEMAND FOR NCD SERVICES	**6.1.2.3**	**1 DAY ADVOCACY VISIT TO STAKEHOLDERS(LGA CHAIRMAN , 1TRADITIO**	COMMUNITY SENSITIZATION AN	TRANSPORTATION, IEC MATERIALS, REFRESHMENT	HEALTH STAKEHOLDERS IN THE	SPHCDA, LGHA			1	1	pictures,		"					

					NAL RULERS \ NDIEZE.2 LEADERS FROM 1 CBOs, 1 FBOs, 1 YOUTH1,WOMEN AND MEN GROUPS	DADVOCASY CARRIED OUT TO ALL THE STAKEHOLDERS		LGA												
INCREASED UTILIZATION OF ESSEN	HEALTH PROMOTION AND SOCIAL DETERMINANT	PROMOTE THE WELL BEING OF INDIVIDUALS AND CO	STRENGHTNING COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP OF HEAL		**SENSITIZE YOUTH GROUPS IN THE 20 WARDS OF LGA ON RISKY HEALTH BEHAVIOURS LIKE DRUG**	YOUTHS IN THE LGA ARE SENSITIZED ON CONSEQ	TRANSPORTATION, HIRING OF PUBLIC ADRESS SYSTEM, LIGHT REFRESHMENTS, PRODUCTION OF IEC MATERIALS, PHOTOGRAPH COVERAGE, STATIONARIES	YOUTHS	LGHA				1	RECIEPTS AND REPORTS		"					

TIALPACKAGEOFHEALTHCARESERVICES	SOFHEALTH	MMUNITIESTHROUGHPROTECTIONFROMHEALTHRISKSANDPROMOTION	THPROMOTION		**ABUSE, SMOKING AND CONSEQUENCES**	UENCESOFRISKYHEALTHBEHAVIOURS															
					1-DAY ORIENTATION OF 4 COMMUNITY HEALTH PROMOTE	COMMUNITYSENSITIZATIONAN	TRANSPORTATION STIPENDS, LIGHT REFRESHMENT, STATIONARIES, HIRING OF PROJECTORS	HEALTHPROMOTIONERS	SPHCDA, LGHA			1		ATTENDANCE ,RECIEPTS/ VOUCHER, REPORT		"					

					RS PER WAR D ON RISKY HEAL TH BEHA VIOU RS LIKE DRUG ABUS E, SMOK ING AND CONS EQUE NCES	D AD VO CA SY CA RR IE D O UT TO AL L TH E ST AK EH OL DE RS														
					TRAIN 1 WDC MEM BERS PER WAR D (TOTA L 20) ON THE PROP ER DISSE MINA TION OF RELEV ANT	CA PA CIT Y IS BU ILT FO R TH E W DC s IN AL L TH E W	TRANSPORT STIPENDs FOR WDC MEMBERS, STATIONARI ES, HIRING OF PROJECTORS , REFRESHME NT,	W DC ME M BE RS	LG HA			1		ATTEN DANCE , RECEIP TS/VO UCHER S, PICTUR ES		"					

					INFORMATION ON NCDs TO COMMUNITY MEMBERS	ARDS OF THE LGHA														
					CONDUCT STAKEHOLDERS MEETING AT THE LGA TO AGREE ON WAYS TO PROMOTE HEALTHY LIVING WITHIN THE LGA	HEALTH PROMOTION INFORMATION DISCEMINATED	TRANS[PORTATION, REFRESHMENT, STATIONERIES,	FBOs, CBOs,	SPHCDA/LGHA		**1**	**1**		ATTENDANCE, RECEIPTS/VOUCHERS, PICTURES		"					
					MAP OUT FOOD AND WATER VENDORS	FOOD AND WATER SU	TRANSPORTSTION, STATIONERIES, REFRESHMENT,PICTURES,	BUCHERS, PIG FAR	SPHCDA/LGHA			**1**	**1**	ATTENDANCE, RECEIPTS/VOUCHERS, PICTUR		"					

					IN ABIA .	RVELLANCE SYSTEM STRENGTHENED IN 17 LGAs OF ABIA		MERS, WATER VENDORS AND EATRIES						ES						
					BIMONTHLY SUPERVISION (BY FOOD SCIENTISTS AND ENVIRONMENTAL OFFICERS) OF FOOD AND	ALL FOOD AND WATER VEENDORS IN LGA INSPECTE	TRANSPORTATION	FOOD AND WATER VENDORS	SPHCDA/LGHA			**1**	**2**	REPORT, PICTURES, RECEIPTS		"					

					WATER VENDORS WITHIN THE 17 LGAs	DAND CLEARED BIMONTHLY														
					CONDUCT A TRAINING OF TRAINERS OF 2HEALTH WORKERS IN THE LGA ON FOOD AND WATER SAFETY	FOOD AND WATER SAFETY INCULCATED ON HEALTH WORKERS	PROCUREMENT OF SAFETY MATERIALS, PROJECTORS ,ENTERTAINMENTS,TRANSPORT,STATIONARIES	FOOD SCIENTIFIC AND ENVIRONMENTAL HEALTH OFFICERS	ABSPHCDA, LGHA		**1**		**1**	ATTENDANCE , RECEIPTS/VOUCHERS, PICTURES		"					
			STRENGHTEN HEALTH		Conduct situation analys	situation an	staff time	All staff	ABSPHCDA /			**1**		DISTRIBUTION LIST		"					

			PROMOTION COORDINATION MECHANISM		is on HRH at PHC levels	alysis conducted			LGHAS												
					MAP OUT FOOD AND WATER VENDORS IN ABIA .	FOOD AND WATER SURVELLANCE SYSTEM STRENGTHENED IN 17 LGAs OF ABIA	TRANSPORTSTION, STATIONERIES, REFRESHMENT,PICTURES,	BUCHERS, PIG FARMERS, WATER VENDORS AND EATRIES	SPHCDA/LGHA			**1**	**1**	ATTENDANCE, RECEIPTS/VOUCHERS, PICTURES		"					
		PRO	STRENGT		**BIMONTHL**	ALL	TRANSPORTATION	FOOD	SPHC			**1**	**2**	REPORT,		"					

		MOTE FOOD HYGIENE AND SAFETY FOR THE REDUCTION OF ILLNESSES ASSOCIATED WITH UNWHOLESOME FOOD	HENING SYSTEM FOR FOOD AND WATER SAFETY SURVEILLANCE		**Y SUPERVISION (BY FOOD SCIENTISTS AND ENVIRONMENTAL OFFICERS) OF FOOD AND WATER VENDORS WITHIN THE 17 LGAs**	FOOD AND WATER VENDORS IN LGA INSPECTED AND CLEARED BIMONTHLY		AND WATER VENDORS	DA/LGHA					PICTURES, RECEIPTS							
					COND	FO	PROCUREME	FO	AB		**1**		**1**	ATTEN		"					

					UCT A TRAINING OF TRAINERS OF 2HEALTH WORKERS IN THE LGA ON FOOD AND WATER SAFETY	OD AND WATER SAFETY INCULCATED ON HEALTH WORKERS	NT OF SAFETY MATERIALS, PROJECTORS ,ENTERTAINMENTS,TRANSPORT,STATIONARIES	OD SCIENTIFIC AND ENVIRONMENTAL HEALTH OFFICERS	SP HCDA, LGHA					DANCE, RECEIPTS/VOUCHERS, PICTURES							
					Conduct situation analysis on HRH at PHC levels	situation analysis conducted	staff time	All staff	ABSP HCDA/ LGHAS			1		DISTRIBUTION LIST		"					
: Strength en	9. HUMAN RESOURCE	ENSURE COORDINATIO	Strengthen institutional capacities		Conduct situation analysis on HRH at	situation analysis co	staff time	All staff	ABSP HCDA/ LGHAS			1		DISTRIBUTION LIST		"					

e d h e al th sy st e m fo r d eli ve ry of p ac ka g e of es se n ti al h e al th ca re se rv ic es	FO R HE AL TH	N AN D PA RT NE RS HIP FO R ALI GN IN G IN VE ST ME NT OF CU RR EN T AN D FU TU RE NE ED S	of HRH coor dina ting struc tures		PHC levels	nd uct ed															
					Updat e the OICs on	HR IS Up da	staff time	All OI Cs	M &E s fro				**1**	Not costabl e		0 . 0 0					

					the HRIS data tool	te done.			m all the 17 LG As and state M &E s											
		Ensure effective health workforce management through retention, deployment	Strenghthen mechanism for deployment and retention of HRH at PHC LEVELS		**review the current status of deployment**	deployment status reviewed	staff time	All staff	AB SP HC DA / LG HA S			**1**		Not costable		"				

		, work condition, motivation and performance management																			
predictable financing and risk pr	Health financing	Increase sustainable and predictable revenue for healt	Alignment of health allocations to State priorities	**15.2.1**	Sensitization of the community to set up committee for the concerned project in a particuar ward	Community aware of the BHCPF project and	transportation	Health workers, Health practitioners, and partners.	DPRS			**1**				"					

otection		h			by BHCPF	ready to support.															

ISIALA NGWA SOUTH ANNUAL OPERATIONAL PLAN 2019 A

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017 - 21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity	Output Indicator ({SHDP 2017-21}	Cost Elements / details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame	Activity Means of Verification	Total Cost	Total Amount	Expenditure Classification	Funding Source(s) Name	State Contribution to activities	Expected Contributions from other Sources	Priority Ranking
										Quarterly			-					

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017 - 21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity					frequency {only numbers allowed} Q1	Q2	Q3	Q4			-				
	Step 1					Step 2									Step 4			Step 5		Step 6
1. Enabled environment for attainment of sector outcomes	1 LEADERSHIP AND GOVERNANCE FOR HEALTH	Provide clear policy, plans, legislative and regulatory framework for the health sector	Promote review and development of polices and laws as necessary		**Conduct an alignment meeting with 10 members of the LGHA advisory committee to obtain their buy-in and pass the law through the house of assembly**	meeting with advisory committee conducted	1 day meeting for 10 persons(transport, lunch)	LGHA advisory committee	ABSPHCDA/ LGHAS			√		Minute of meeting, Attendance list		"					
			Scale-up strategic and operational plannin		3 days training of 18 ward focal persons and 8 program	18 ward focal persons and 8 program	Refreshment (lunch and tea break), hall, projector, stationary	Ward focal persons	SPHCDA/ LGHA			√		Attendance list,training report		"					

			g at all levels		officers within the LGHA to develop annual operational plans for the LGHA.	officers trained within the LGHA	, transport														
		Strengthen transparency and accountability in planning, budgeting and procurement process	Strengthen Public Finance Management system including oversight in Fund disbursement and utilization in the LGHA.		**2 daysTraining of 5 finance staff within the finnance department of the LGHA on the existing fianancial manegement system**	5 finance staff trained.	Refreshment (lunch and tea break), hall, projector, stationary	Finance staff	SPHCDA/ LGHA			√		Attendance list,training report		"					
			1.2.2 Strengthen the linkages between various planning and budgeting process (MTEF/		**• Conduct 1 day joint review meeting for 10 Health planning and budgetting staff in the LGHA** **•** **•**	ONE DAY MEETING CONDUCTED	Refreshment,Lunch and Transport	Budget and planning staff	SPHCDA /LGHA			√		Minute of meeting, Attendance list		"					

			MTSS																		
			Strengthen voice and accountability, including community participation, CSO engagement.		**Support transport and logistics for Mapping of CSOs in the LGHA for 2 days Print CSOs directory in the LGHA**	total number of CSOs mapped and 100 copies of directories printed.	tranport for 10 persons and printing cost	CSOs	LGHA			√		printed copy of the directories.		"					
					• Conduct 1-day quarterly review meeting for 20 CSOs in the LGHA • •	number of the CSOs in the attendence	Hall, transport and lunch	CSOs	SPHCDA and LGHA			√	√	Minute of meeting, Attendance list			"				
		Improve health sector performance through regular integrated reviews and reports	Institutionalize the mechanism for sector progress status and performance review		**• 1 Day data review meeting with 42 OICs , 42 facility M&Es and 2 M&E from private clinic(86 persons) in the LGHA •**	No of stakeholder in attendence.	Hall, transport, LUNCH,PAS,	OICS, M&Es	LGHA		√	√	√	Minute of meeting, Attendance list		"					

					•																
					• Conduct 5 Days routine M&E visits to SDPs and facilities quaterly to evaluate performance/implementation by LGHA teams • •	No of visit to SDPs and facilities	Transport	Health facilities staff	HAS and M&E officers			√	√	transport receipt, visitor's register.		"					
			Disseminate sector performance reports and score cards in compliance with NHAct and other channels		**• Conduct 1 day quaterly meeting for 44 data managers in the PHCs on Data sharing/feedback** • •	No of attendence of data mangers from PHCs	Hall ,Transport, and Lunch	Data managers (M&Es)	LGHA M&E		√	√	√	Minute of meeting, Attendance list		"					
			Design and institutionalize an incentivization		**Reward for the best 3 performing wards in the LGHA on all**	3 best Wards REWARDED	no cost	3 best Wards	LGHA			√		list of the awarded staff, pictures.		"					

			and reward system for the efficient performance of the LGHA staff.		**interventions**																
	2.Community Participation and Ownership	To strengthen community level coordination mechanisms and capacities for health planning.	Strengthen institutional and coordinating mechanisms for promotion of community participation		**• Conduct 2 days sensitization meeting for WDC chairman and ward focal persons to strengthen the activities of WDC in the LGHA (18 WDC and 18 focal persons)**	36 persons sensitized	transport for distribution	WDCs and ward focal person	SPHCDA and LGHA			√	√	Minute of meeting, Attendance list		"					
					• 1 day community meeting with persons (3 per Ward) comprising of CHIPs at the LGA • 5 Resource	Meeting conducted for 59 persons (54 from communities, and 5	transport, lunch	community/ ward	LGHA				√	PICTURES, MINUTE, REPORT, ATTENDANCE		"					

					persons ●	from the LGHA)															
					●distribution of copies of IEC materials for all health interventions	distribution of IEC materials.	Transport for distribution.	communities.	SMO		√	√	√	LIST OF WARDS DISTRIBUTED		"					
					● sensitization meeting for VDCs,WDC, YOUTHS, women leaders, religious leaders	sensitization meeting conducted.	Transport for 62 persons , lunch, PAS.	The communities.	LGHA		√	√		Minute of meeting , Attendance list		"					
	3.Partnerships for Health	Ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance of	Promote the adoption and utilization of national policies and guidelines on PPP		**● Conduct quarterly supportive supervision visits to 44 health facilities in the LGHA to ensure compliance ● ●**	Copy of checklist	transport	Health facilities staff	LGHAS , LGHA TEAM		√	√	√	ODK FILLED AND SUBMITTED, PICTURES		"					

		the health sector																			
			Promote partnerships with communities to address felt needs of the communities		**conduct 1 day community dialogue with representative of youth, women group, CHIPS ,community leaders and traditional rulers in the LGA.**	Dialogue conducted	transport, lunch	communities.	LGHA/ SMO				√	Attendance,report.		"					
			Strengthen implementation of Health Service Charters at all levels, with Civil Society Organisations, traditional and religious institutions to promot														"				

			e the concept of citizen's rights and entitlement to quality, accessible basic health services; and																		
Increased utilisation of essential package of health care services	4.Reproductive, Maternal, Newborn, Child, Adolescent Health	Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate and effective healthcare services before, during and	Improve access to focused Antenatal and Postnatal Care		**conduct quality assurance on FAC postnatal for the 44 PHCs within the LGA for 3 days**	Quality assurance conducted.	transportation for 3 persons from LGA team.	facility staff	LGHAS, SMHFP,M&E		√	√	√	report from quality assurance conducted		"					

		after child birth.																			
					Distribute 1000 mama's kit to health facilities within the LGA	**1.** Number of facility-based deliveries **2.** Number of mothers that received mama's kit at health facilities	Fueling of LGHA vehicle (30 litres per day for 2 days.)	Pregnant mothers	LGHA, HF OIC's				√	distribution list		"					
			Expand coverage of skilled delivery services		**Conduct 5 days non residential training on tasksharing and taskshifting for 133 CHEWs .**	Tasksharing and taskshifting done.	training materials, hall rental, transportation for 133 CHEWs, tea break, lunch, stationeries.	CHEWs	Nurse/ Midwives			√		attendance list,training report		"					
					Conduct 3 days non-residential training on skilled birth for 20	training on tasks sharing and taskshifting	training materials, hall, transportation, tea break, lunch,	Midwives, Chews	ABSPHCDA/ LGHA			√		Attendance list,training report		"					

					midwives and 60 Chews(6 per ward, 3 facilitators .)	conduc ted.	stationeri es, facilitator fee and transport														
Incre ase utiliz ation of esse ntial pack age of healt h care servi ces	5.Com munic able Diseas es (Mala ria, TB, Lepro sy, HIV/A IDS) And Negle cted Tropic al Diseas es	Reduce signific antly morbid ity and mortali ty due to Malaria and move toward s pre-elimina tion levels	Expand access to integrat ed vector control interve ntions		**Conduct Knowledg e, Attitude and Practices Survey on net utilization. (14 days survey)**	Survey Conduc ted	Survey cost for 14 days	LGHA STAFF	ABSPH CDA/ LGHA			√		SURVEY REPORT		"					
					Support 2 slots of radio jingles for sensitizati on in the LGA targetting the communiti es.	Radio jingle aired	1 slots per day for 2 weeks	Genera l popula tion (comm unity membe rs)	ABSPH CDA/ LGHA			√		Receipt of booking		"					
					Hold 7 day Bi-annual LLIN distributio n in all	Bi-annual LLIN distribu tion	Transport ation cost for HF OIC's for 7 days,	Comm unities	LGHAS /RBM FP				√	list of LLIN distribu ted		"					

					health facilities as a form of continuous net distributio n	conduc ted.	twice yearly.														
					Conduct 1 day training/re training for Malaria Focal person and 42 OICs on the use of malaria rapid diagnostic KIT	1 day Trainin g conduc ted	training materials, hall transport ation for 45 persons(1 FP, 42 OICs and 2 FACILITAT ORS) breakfast, lunch	LGHA STAFF	ABSPH CDA/ LGHA				√	ATTEND ACE LIST ,TR AINING REPORT		"					
					Distribute ACTs to health facilities	distribu tion of ACTs conduc ted	Fueling of LGHA vehicle (30 litres per day for 2 days.)	LGA HF's/co mmuni ties	LGHAS /RBM FP				√	Invento ry list from health facility		"					
					conduct awareness campaign in 18 wards on malaria prevention and control	Awaren ess campai gn conduc ted	IECs materials, transport for 18 WFPs ,21 OICs, RBMFP. (40 PERSONS)	cmmun ities/ wards	RBMF P/WFP			√		Transpo rt receipt, pictures		"					
			Strengt hen laborat ory		**2 days retraining of 20 laboratory**	retrainin ng conduc ted	transport for 22 persons(2 0 lab	Lab technic ians in LGA	ABSPH CDA/ LGHA				√	Attenda nce list, report, pictures		"					

			services for diagnosis of malaria at all levels		**technicians on appropriate use of test kits in the LGHA**		technicians, 2 facilitators), training materials, hall, teabreak and lunch for 2 days.														
			Expand use of IPT among pregnant women attending ANC		**5 dyas distribution IPT during MNCH week by the 42 oics and 18 ward focal persons.**	IPT distributed to pregnant women during MNCH week.	transport for oics and ward focal persons	Pregnant Mothers	LGHA/ RBMFP			√	√	distribution list		"					
			Strengthen systems for quality assurance and quality control of malaria diagnosis and treatment.		**Distribute copies of SOP's for malaria diagnosis and treatment.**	copies of SOP's distributed.	staff time	HFs staff	LGHA/ RBMFP			√		distribution list		"					
			Promote active community participation in		**Hold 1 day decentralized world malaria day celebratio**	World malaria day celebration held	Hall rental, refreshment	HCW's, Community	LGA HAS/LGA RBMFP		√			pictures		"					

			malaria control initiative		**n in the LGA**																
					Hold 2 day quarterly sensitization visits per LGA stakeholders(CHIPs) on malaria prevention	2 day sensitization visits held	transportation,	Wards	LGHAS			√	√	attendance list		"					
		Ensure universal access to high quality, client-centred TB/Leprosy diagnosis and treatment services for the reduction in the incidence and prevalence of tuberculosis/leprosy in	Promote demand for TB services		**2 days quaterly Distribution of IEC materials**	IEC materials distributed	transport for distribution to facilities(18 WFPs and 24 OICs).	Wards/ communities	WFPs/ OICs			√	√	Distribution list		"					

		Nigeria.																			
			Scale up paediatric TB diagnosis and treatment services		**Conduct 3 day training for 60 Health workers(18 WFPs and 42 OICs) on childhood TB diagnosis.**	Training conducted	Hall, teabreak, lunch, training materials, transportation for 60 persons.	HF WORKERS	ABSPHCDS/ ABIA STBLCP/LGHA				√	Attendance list, report, pictures		"					
			Strengthen collaboration with and capacity of CHIPs to support TB programming.		**One day training for 36 master trainers (2 persons per ward) to retrain all the CHIPs at the community level, on recognition and referal of Presumptive TB and DR-TB cases,**	Training conducted	Hall rental, teabreak, lunch, training materials, transportation for 2 facilitators	HF WORKERS, CHIPs	LGHA			√		Attendance list, report, pictures		"					
			Integrate Leprosy control into the general health services		**Hold one day meeting with 20 stakeholders to Develop guideline/ protocol**	guideline/ protocol developed	Hall rental, breakfast, lunch, transportation	General population (community members)	ABSPHCDS/ ABIA STBLCP				√	Minute of meeting, Attendance list		"					

					for integration of Leprosy into primary health care services.																
					Conduct one day training for 40 PHC workers on identification, diagosis and referral of Leprosy cases.	training conducetd	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPHCDA/ LGHA				√	Attendance list, report, pictures		"					
		Significantly reduce the incidence and prevalence of HIV/AIDS in Nigeria by 2021	Expand access to Minimum Package of Preventive Interventions (MPPI) for HIV targeting key and general populations		**Conduct 3 day master training for 20 persons (17 per ward, LACA officer and 3 facilitators) on MPPI for HIV**	Training conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	LGHA				√	Attendance list, report, pictures		"					
					Conduct 1 day	Sensitization	Hall rental,	Community	LGHA		√	√	√	Minute of		"					

					quarterly sensitization visit of community leaders in 1 community in HIV high burden area on MPPI for HIV	visit conducted quarterly	refreshment, transportation	leaders, Gneral population						meeting, Attendance list							
					Conduct 1 day (3X quaterly) review meeting for 18 PMTCT OICs and 2 persons from LGA team.	3 review meetings done quaterly.	Hall rental, lunch, transport	OICs	LGHA/ SPIU		√	√	√	Minute of meeting, Attendance list		"					
			Strengthen referral and linkages between HIV/AIDS services and other health and social services		**1 day meeting to review HIV/AIDS services linkages and referrals (18 participants -1 PER WARD)**	review meeting held	Hall rental, lunch, training materials, transportation.	WFPs	LGHA/ LACA desk officer			√		Minute of meeting, Attendance list		"					

			Promote injection safety and health care waste management practices		**Conduct 2 day training for 50 health care workers on waste management and injection safety**	health workers trained on waste management and injection safety done.	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	GHCW's	LGHA				√	report , pictures		"					
			Strengthen community systems to support HIV/AIDS programming for key and general populations													"					
			Strengthen community systems to support HIV/AIDS programming for key and													"					

			general populations																		
					Conduct 1 day training for 50 CHIPs as peer educators on HIV care and support	1 day Training conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	CHIPs/community members	LGHA/LACA desk officer			√		training report,attendance list		"					
					Conduct 3 day quarterly community sensitization meeting to 3 communities on stigma reduction.	3 quaterly sensitization meeting done.	Hall, teabreak, lunch, training materials, transportation for 60 persons.	wards/communities	LACA OFFICER/LGHA			√	√	Minute of meeting, Attendance list		"					
			Improve the logistics and supply chain management for all HIVAIDS-related drugs and commodities.		**Conduct 3 day quarterly community sensitization meeting to 3 communities on stigma reduction.**	logistics tools distributed	50L OF FUEL	HF staff	LACA OFFICER/LGHA			√		distribution list		"					

		Reduce the incidence, morbidity and mortality due to viral hepatitis.	Expand access of key and general populations to viral hepatitis prevention, screening and treatment services													"					
			Expand coverage of interventions for prevention of mother-to-child transmission of viral hepatitis		**Mass immunization campaign against viral hepatitis**	**Mass immunization campaign against viral hepatitis done**	To be quantified	populace	HAS/ LIO				√	pictures		"					
																"					
			Expand coverage of interve													"					

			ntions for prevention of mother-to-child transmission of viral hepatitis																		
		Reduce morbidity, disability and mortality due to targeted Neglected Tropical Diseases (NTDs) and improve quality of life of those affected.	Strengthen advocacy, social mobilization and behaviour change communication for NTDs		**Carry out 1 day advocacy meeting with Policy makers and community leaders in the LGA . (1 per ward and 2 from LGHA)**	Advocacy meeting conducted	Transport for 20 persons	Community Leaders	LGHA			√		Minute of meeting, Attendance list		"					
					distribution of BCC materials.	BCC materialsdistributed.	no cost	health facilities	LGHA			√		distribution list		"					

			Scale up delivery of integrated preventive chemotherapy packages and other packages.		conduct quaterly 7 days Distribution of Albendazole and Ivermectine within the LGA.	albendazole and ivermectine distributed	transport for 44 frontliners and 196 CDDs	populace	LGHA/ NTD Manager			√	√	distribution list		"					
INCREASED UTILIZATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES	6. NON COMMUNICABLE DISEASE, CARE OF THE ELDERLY, MENTAL HEALTH, ORAL AND EYE HEALTH	REDUCE MOBIDITY AND MORTALITY DUE TO NCDS (CANCERS, CARDIOVASCULAR DISEASES, CHRONIC OBSTRUCTIVE AIR WAYS)	PROMOTE GENERATION OF EVIDENCE FOR DECISION MAKING FOR PLANNING AND IMPLEMENTATION OF NCD INTERVENTION													"					
					2 DAY COMMUNITY WIDE SURVEY ON NCDS	DISEASE SURVEILLANCE AND	TRANSPORT , REFRESHMENT	STAKEHOLDERS IN THE LGA.	SPHCDA, LGHA			√		SURVEY REPORT		"					

					AND RISK FACTORS IN 5 wards within the LGA.	SUPPORTIVE SUPERVISION CONDUCTED															
					COMMUNITY SENSITIZATION AND SCREENING FOR CARDIOVASCULAR DISEASES (High blood pressure)	Sensitization conducted.	transport for 5 HCWs per ward(3x18) 54 HCWs.	Community members	SPHCDA, LGHA				√	pictures		"					
			BUILT CAPACITY OF HEALTH CARE PROVIDERS ESPECIALLY AT PHC IN PREVENTION AND SCREENING FOR NCDS		**TRAINING AND RETRAINING 44 HEALTH CARE PROVIDERS within the LOCAL GOVERNMENT ON NCDS SERVICES**	training on NCDs done.	Hall, transport, LUNCH, training materials, PAS	HCWs	SPHCDA, LGHA				√	training report,attendance list		"					
					BUILD CAPACITY OF 42 health facility M&E OFFICERS	Capacity building done.	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIP	STAKEHOLDERS IN ALL STRATA OF THE HEALT	SPHCDA, LGHA			√		training report,attendance list		"					

					IN THE LGAs ON DATA GENERATION, COLLECTION, COLLATION AND REPORTING ON NCD SERVICES		ANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS, PAYMENT FOR RESOURSE PERSONS	H SYSTEM													
			PROMOTE DEMAND FOR NCD SERVICES													"					
		PROMOTE THE HEALTH AND WELLBEING OF THE ELDERLY IN NIGERIA	PROMOTE ENABLING POLICY ENVIRONMENT FOR PROGRAMING FOR THE ELDERLY		**ENGAGE 5 VOLUNTEERS the CHIPs in the LGA FOR A quaterly HOME BASED CARE OF THE ELDERLY**	INSTITUTIONALIZED ELDERLY HOMES ESTABLISHED within the LGA.	NOT COSTABLE	THE ELDERLY	LGHA			√	√	data reported		"					
INCREASED UTILIZATION OF ESSE	HEALTH PROMOTION AND SOCIAL	PROMOTE THE WELL BEING OF INDIVIDUALS	STRENGHTNING COMMUNITY CAPACITY FOR RESPO		**SENSITIZE YOUTH GROUPS IN THE 18 WARDS WITHEN THE LGA ON RISKY**	SENSITIZATION DONE	TRANSPORTATION, HIRING OF PUBLIC ADRESS SYSTEM, LIGHT	YOUTHS	LGHA				√	Minute of meeting , Attendance list		"					

NTIAL PACKAGE OF HEALTH CARE SERVICES	DETERMINANTS OF HEALTH	AND COMMUNITIES THROUGH PROTECTION FROM HEALTH RISKS AND PROMOTION	NSES AND OWNERSHIP OF HEALTH PROMOTION		**HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES**		REFRESHMENTS, PRODUCTION OF IEC MATERIALS, PHOTOGRAPH COVERAGE, STATIONARIES														
					1- DAY ORIENTATION OF 20 COMMUNITY HEALTH PROMOTERS WITHIN THE LGA ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES	COMMUNITY HEALTH PROMOTERS ORIENTATED	TRANSPORTATION STIPENDS, LIGHT REFRESHMENT, STATIONARIES, HIRING OF PROJECTORS	COMMUNITY PROMOTERS	SPHCDA, LGHA			√		Minute of meeting, Attendance list		"					
					TRAIN 18 WDC MEMBERS ON THE PROPER DISSEMINATION OF RELEVANT INFORMATION ON	CAPACITY IS BUILT FOR THE WDCs IN ALL THE WARDS	TRANSPORT STIPENDs FOR WDC MEMBERS, STATIONARIES, HIRING OF	WDC MEMBERS	SPHCDA, LGHA				√	training report,attendance list		"					

					NCDs TO COMMUNITY MEMBERS		PROJECTORS, REFRESHMENT,														
			STRENGHTEN HEALTH PROMOTION COORDINATION MECHANISM		**CONDUCT STAKEHOLDERS MEETING AT THE LGA TO AGREE ON WAYS TO PROMOTE HEALTHY LIVING WITHIN THE LGAs**	HEALTH PROMOTION INFORMATION DISCEMINATED	TRANS[PORTATION, REFRESHMENT, STATIONERIES,	CHIPs	SPHCDA, LGHA			√		Minute of meeting, Attendance list		"					
																	"				
		PROMOTE FOOD HYGIENE AND SAFETY FOR THE REDUCTION OF ILLNESSES ASSOCIATED WITH UNWHOLESOME FOOD	STRENGTHENING SYSTEM FOR FOOD AND WATER SAFETY SURVEILLANCE														"				

: Strengthened health system for delivery of package of essential health care services	9. HUMAN RESOURCE FOR HEALTH	ENSURE COORDINATION AND PARTNERSHIP FOR ALIGNING INVESTMENT OF CURRENT AND FUTURE NEEDS	Strengthen institutional capacities of HRH coordinating structures		distribution of adopted National policy(task shifting and tasksharing policy)	distribution of tasksharing and taskshifting policy done.	transportation for 18 persons for dissemination	All staff	LGHA			√		distribution list		"					
			Strengthen institutional capacities of HRH coordinating structures		Conduct situation analysis on HRH at PHC levels	situation analysis conducted	staff time	All PHCs	LGHA TEAM			√		report from quality assurance conducted		"					
					2 day training of managers on tasksharing and taskshifting policy(24 managers	2 day training held.	Non residential 2 day training for 24 persons	7 ABSPHCDA staff and 17 LGHAS	ABSPHCDA/ LGHAS			√		Attendance list, report, pictures		"					

					from LGHA)																
			Strengthen/establish HRIS at ABSPHCDA and LGHA		**distribute HRIS data tools to all PHCs in the LGA.**	distrisbution doned.	staff time	All PHCs, LGHAS	ABSPHCDA/ LGHAS			√		distribution list		"					
					Update the OICs on the HRIS data tool	HRIS Update done.	staff time	All OICs	M&Es from all the 42 facilies LGA			√		UPDATE REPORT		"					
			Establish mechanisms for annual HRH reviews and reporting for evidence and decision making at the Federal and State levels		**Conduct annual personnel auditing and verification exercise**	Annual personnel audit exercise conducted	2 days auditing in the LGA(5 PERSONS)	financial personnel	ABSPHCDA/ LGHAS			√		Audit report		"					
			Improve the production of		**Conduct a survey on the strength**	survey conducted.	Transportation for 5 personnel	HCWs	ABSPHCDA/ LGHAS				√	SURVEY REPORT		"					

			HRH research evidence through monitoring and evaluation mechanisms		**and weaknesses of HRH workforce in LGHAs**		s in the LGHA). Production of survey questionnaires.													
		Ensure the production of adequate number of qualified health workers	Strengthen the quality assurance for HRH training institutions for producing frontline health workers		**Hold meeting with relevant stakeholders to discuss the outcome of the survey**	meeting held	1 day meeting for 10 stakeholders, Refreshment for 10 stakeholders	STAFF	ABSPH CDA/ LGHAS			√		Attendance list and minute		"				
					Disseminate survey result to stakeholders	survey result disseminated	Transportation for 18 persons for dissemination.	stakeholders	LGHA				√	SURVEY REPORT		"				
		Ensure effective health workfo	Strengthen mechanism for		**review the current status of deployment**	deployment status reviewed	staff time	Staff	LGHAS			√		REVIEW REPORT		"				

		rce management through retention, deployment, work condition, motivation and performance management	deployment and retention of HRH at PHC LEVELS															
					distribution of a clear job description manual	job description manual distributed	staff time	All staff	LGHA	√	LIST OF DISTRIBUTION		"					
					Develop and institute a system of recognition and sanction	personnel appraisal carrried out.	not costable	All staff	LGHAS	√	list of awarded staff		"					
Strengthened Health System for Delivery	Medicines Vaccines and other Health technology and	Strengthen the availability and use of affordable, accessible and quality	Strengthen the development and implementation of legal, regulat		**Coduct training/refresher training of Supply Chain officers**	training conducted	training materials, refreshment	supply chain officers	LGHA	√	Attendance list, report, pictures		"					

of package of essential Health care services	supllies	medicines, vaccines, and other health commodities and technologies at all levels.	ory framework, policies and plans for drugs, vaccines , commodities and health technologies at all levels															
				Quaterly supervisory visits to Drug Revolvoing Fund Facilities in LGA by the LGHA	quarterly supportive supervison conducted	transport for 5 LGHA team	LGHA staff	LGHA	√	√	pictures, report		"					
				strenghten capacity of 5 LGHA cold chain officers on forcasting	cold chain officers trained on commodity forcasting	Transport	LGHA cold chain officers	LGHAS/LIO	√				"					
			Strenghten integrated supply chain	**Maintenance of Existing LGA, and PHC Storage**	Number of functional Storage Facility	Repair cost, transportation, fuelling cost	LGA Health Facility	LGHAS/LIO/CCO	√		pictures		"					

			management system and quality assurance models for medicines, vaccines, commodities and other technologies with a functional logistics management information system (LMIS)		**Facility including Cold chain**	and cold Chain														
					Quarterly supportive supervison of cold chain store in the 42 health facilities within the LGA to ensure adherence to quality	quarterly supportive supervison visits conducted	Supervison checklist, ODK configuration cost	HF Staff	LGHAS /LIO/ CCO			√	√	supervision checklist, ODK submitted		"					

					assurance															
					Quarterly procurement and distribution of Vaccines and safety commodities to 42 PHCs and 2 private hospitals	Quarterly Procurement and distribution conducted.	Transportation	staff	LGHAS /LIO/ CCO			√	√	vaccine collection voucher		"					
Strengthened Health System for Delivery of package of essential Health care services	Health Information System	Improve the health status of Nigerians through the provision of timely, appropriate and reliable health information services at all levels, for evidenced based decision making	Strengthen institutional framework and coordination for HIS at all levels		**Distribution of copies of the National HMIS Policy document**	distribution conduction.	transport to HFs	LGA, Health facilites	LGHA					COPY OF HMIS SEEN IN HFs		"					

		.																			
																"					
			Strengthen capacity to generate, transmit, analyze and utilize routine health data, from all health facilities, including private health facilities.		**DISTRIBUTION of HMIS TOOLS to HFs within the LGA**	HMIS tools distributed	staff time	Health facilities	OICs/ WFPs			**√**		COPY OF HMIS SEEN IN HFs		"					
					monthly Data hamornaization/validation review meeting at the LGA level	data validation meetings conducted	Trasportation, refreshment,	Health facility M&Es	LGHA M&Es		**1**	**3**	**3**	Number HMIS tools distributed to HFs		"					
					Build capacity/Refresher training of	capacity building/refre	hall, training materials, transport	Health facility M&Es	LGHA M&Es			**√**		training report		"					

					relvent personnel on HMIS data mangement and DHIS.	sher training sessions condcted on HMIS and DHIS	ation, M&E														
					Conduct Quarterly facility level supportive supervision and mentoring visits and institute QISS model	quarterly supportive supervisory visits conducted	Supervision checklist, ODK	Health faciility	LGA TEAM			√	√	Supervision report		"					
					Conduct quarterly DQA for 10 percent (42 health facilites) public and 2 private HF's	Number of DQA exercise condcuted	DQA checklist, transportation	Health facilities	SPHCDA HMIS/ M&E teams			√	√	DQA report		"					
Protection from Health Emergency and risks	Public health emergencies; preparedness and response	Reduce incidence and impact of public health emergencies in Abia.	Promote an integrated national disease surveillance system in line with		**BUILD CAPACITY OF DISEASE SURVEILLANCE PERSONNELS WITHIN THE LGA FOR 3 DAYS.**	• DISEASE SURVEILLANCE PERSONNELS TRAINED • •	transportation,hiring of hall,refreshment.	DSNO AND ASSISTANT	DISEASE SURVEILLANCE UNIT		√	√	√	TRAINING ATTENDANCE AND REPORT		"					

			International Health Regulation (IHR) and IDSR																		
																"					
			Scale-up public education and awareness creation on public health emergencies		**CARRY OUT SURVEILLANCE NEEDS ASSESSMENT AT LGA**	•NEEDS ASSESSMENT CARRIED OUT •SENSITIZATION ON PUBLIC HEALTH CONDUCTED • NUMBER OF IEC MATERIAL DEVELOPED AND DISTRIBUTED	staff time	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT		√	√	√	ATTENDANCE,REPORT AND PICTURE		"					
					CONDUCT SENSITIZATION AND PUBLIC ENLIGHTENEMENT ON PUBLIC	Sensitization conducted.	cost of transportation,media coverage, hall,refreshment.	Health workers, Health practitioners, and	DISEASE SURVEILLANE UNIT			√	√	ATTENDANCE,REPORT AND PICTURE		"					

					HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE OFFICERS IN THE WDC AND VDC FOR 3 DAYS			partners.													
			Promote integration of disease surveillance activities at all levels of the health care system													"					
predictable financing and risk protection	Health financing	Increase sustainable and predictable revenue for health	Alignment of health allocations to State priorities													"					
					Hold a day meeting to Select the milestone,t	Meeting conducted for 59	transportation,freshment	communities				√		Minute of meeting, Attenda		"					

					hat is who does what considering timeframe of the project.	persons (54 from communities, and 5 from the LGHA)								nce list							
					Effective monitoring and supervision	Monitoring report available.	transportation	HFs staff	ABSPHCDA/ LGHA		√	√	√	report from quality assurance conducted		"					
			Strengthen Coordination Frameworks and TWGs for health financing		**Establish coordination frameworks and appoint a Health Financing focal person at the LGA level and 18 wards engage stakehohers to make a case for heath as an investment for job creation .**	• TWG in health care financing established • TWG trained and sponsored for workshop • Quarterly meeting of TWG conducted	staff time	Health workers, Health practitioners,.	ABSPHCDA/ LGHA			√		PICTURES		"					

LGA Annual Operational Plan 2019 ISUIKWUATO LGA

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP 2017 - 21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity	Output Indicator ({SHDP 2017-21}	Cost Elements/ details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame				Activity Means of Verification	Total Cost	Total Amount	Expenditure Classification	Funding Source(s) Name	State Contribution to activities	Expected Contributions from other Sources	Priority Ranking
										Quarterly frequency {only numbers allowed}						-					
Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP 2017 - 21}	Strategic Interventions/ Output Results {SHD	Act. Code	Activity					Q1	Q2	Q3	Q4			-					

			P2017-21}																		
	Step 1					Step 2									Step 4			Step 5			Step 6
1. Enabled environment for attainment of sector outcomes	**1 LEADERSHIP AND GOVERNANCE FOR HEALTH**	**1.1 Provide clear policy, plans, legislative and regulatory framework for the health sector**	**1.1.1 .Promote review and development of policies and laws as necessary**	**1.1.1.0**	**Training of 10 persons within the LGHA to develop annual operational plans for the LGHA**	number of personstrained within the Agency	Refreshment (lunch and tea break), hall, projector, stationary, transport	LGHA personnel	SPHCDA,LGHA partners			1				"					
			1.1.1 .Promote review and development of policies and laws as necessary	**1.1.1.1**	**Training of 18 Desk Officers persons per ward (20) to develop annual workplans for the LGHA**	number of person trained at LGA level	Refreshment (lunch and tea break), hall, projector, stationary	LGHA staff	SPHCDA, LGHA and partners		1										
				1.1.	**Conduct review of**	number of	Refreshment (lunch and tea	6 ACC	SPHCDA,LGHA			1				"					

				1.2	**existing finance management system in the LGHA**	meetings held	break), hall, projector, stationary	OUNTS PERSONNEL.													
				1.1.1.3	**• Conduct 1 day joint review meeting for the Health Authority Secretary,two planning officers and 10 Programme Officers.** **•**	number of staff trained	Refreshment,Tea break launch and Transport	LGHA and BPRS staff	BPRS,HAS and LGHA Team,SPHCDA and partner		1					"					
			1.2.3 Strengthen voice and accountability, including community participation, CSO engagement.	**1.1.1.4**	**Identify existing CSO,CBO,Philantropist,Community/Opinion Leaders. Support transport and logistics for Mapping of CSOs in the sate for 5 days Print CSOs directory in the Sate**	total number of CSOs maps	Number of Community dailogue/Sensitisation meetings conducted	the CSOs ,CBOS	HAS,SPHCDA and partner			1				"					
				1.1.	**• Conduct Monthy OIC/**	No of OICS	transport Tea break and	39 OIC,	HAS,SPHCDA,a		**3**	**3**	3			"					

				1.5	**Programme Officers Meeting meeting.** ●	and PHC workers in attendence	launch	18 Programme Officers.	nd partners												
			Disseminate sector performance reports and score cards in compliance with NHAct and other channels	**1.1.1.6**	**● Conduct Monthly Integrated supervisory visit to 37 Health facilities.** ● ●	No of Supervisory visits to Health facilities.	Transport	Health facilities staff	HAS and M&E and other PROG officers			**1**	**1**								
			Design and institutionalize an incentivization and rewa	**1.1.1.7**	**Reward for the best 3 performing Wards in the LGA on all interventions**	No of best Wards Rewarded	3 Transport, per Diem	3 best LGHA	LGHA SPHCDA and partners				1			"					

			rd system for the efficient performance of the health sector at all levels																		
				1.1.1.8	**• 1 day Meeting for community Leaders for 20 wards,10 CBOS, 5 CSOS,Chm of WDC,1 Rep of Trad.Rulers. •**	No in Attendance	Transport ,Refreshment ,Hall.	CBOS,CSOS and Comm.Leaders	HAS,LGHA.		1	1	1			"					
				1.1.1.9	**Distribution IEC Materials to the facilities in the LGA health authority**	No of Material Distributed.	Transportation	CBOS,CSOS and Comm.Leaders	HAS/ LGHA							"					
2.Increased utilisation of esse	**4.Reproductive, Maternal,**	**4.1 Reduce maternal mortality**	**4.1.1 Improve access to focused**	**4.1.1.1**	**Conduct 1 day quarterly LGA Service Providers review Meeting to review**	No of review meeting done and	refreshment, hall rental, transportation	LGA health workers, stakehol	HAS,Safe Motherhood focal Person.		**1**	**1**	**1**	Attendance, minutes, pictures z		"					

ntial package of health care services	**New born, Child, Adolescent Health**	**and morbidity through the provision of timely, safe, appropriate and effective health care services before, during and after child birth.**	**Antenatal and Post natal Care**		**focused antenatal and postnatal care. (37 OIC's and for LGA team members.)**	service providers attended.		ders, community leaders.													
				4.1.1.2	**Distribute 59 mama's kit per Health Facility as incentive for facility-based delivery**	**1.** Number of facility-based deliveries **2**. Number of mothers that received mama	delivery mat, I pk of ladies sanitary pad, pampers, methylated spirit, disinfectant, baby soap, surgical blades, hand gloves, chlorohexydene, cotton wool, oxytocin injection, detergent	Pregnant mothers	HAS, LGHA, HF OIC's			**1**		Pictures, delivery vouchers		"					

						's kit at health facilities															
			Expand coverage of skilled delivery services	**4.1.1.3**	**Conduct 3 days non residential training on focused antenatal and post-natal care at the LGA level for 39 Skilled Birth attendants**	1. Number of Doctors trained. 2. Number of Nurses trained. 3. Number of Midwives trained	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Skilled Birth Attendants (Midwifes and CHEWS)	LGHA,ABPHCDA / PARTNERS				**1**	Attendance, pictures		"					
				4.1.1.4	**Conduct 5 days non-residential training on skilled delivery midwives and Chews(drawn from midwives and S. Chews)**	Number of midwives and S.Chews trained.	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Midwives, Senior Chews	LGHA / ABSPHCDA/PARTNERS			**1**		Attendance, Pictures		"					
			Promote advocacy, community	**4.1.1.5**	**Conduct 1 day training for 20 persons on IPC Skill at LGA level (1 Safe**	Number of safe motherhood focal perso	training materials, hall rental, transportation, tea break, lunch, stationeries	LGA Safe Motherhood person	LGHA, HAS				**1**	Pictures		"					

			Mobilization and Behaviour Change Communication for Safe Motherhood Services		**motherhood FP per LGA and 3 facilitators)**	n trained.															
			Improve quality of care for safe motherhood services	**4.1.1.6**	**Conduct 3 days bi-annual QISS visits at the LGA level (9 persons from the LGA)**	1. Number of facility-based deliveries 2. Number of mothers that received mama's kit at health facilities	Transportation	LGA health workers	SPHCDB, LGA HAS			**1**	**1**	QISS Report		"					
			Strengthe	**4.1.**	**Conduct Step down 5 Days**	Step Down	training materials, hall	Laborator	LGA andAbi			**1**		Attendance,		"					

			n laboratory services for diagnosis of malaria at all levels	**1.7**	**TOT(master) training for 37 laboratory technicians in the Health Facilities.**	Training training conducted	rental, transportation, breakfast, lunch	y Technicians from the HFS	a State PHCDA					pictures							
				4.1.1.8	**Conduct 1 day training/retraining for 39 Malaria Focal persons on the use of malaria diagnostic KIT**	1 day Training conducted	training materials, hall rental, transportation, breakfast, lunch	LGA RBM FP, STATE RBM team members	Abia State PHCDA		**1**			Attendance, pictures		"					
			Improve availability of and access to commodities and supplies for treatment	**4.1.1.9**	**Procure and distribute ???? ACTs and other malaria commodities for distribution to health facilities**	Procurement and distribution of commodities conducted	Contact the state RBM focal person for quantification.	LGA HF's	LGHA and Abia State PHCDA/ PARTNERS		**1**	**1**	**1**	Procurement documents, Delivery vouchers.		"					

			of uncomplicated and severe malaria																		
				4.1.1.10	**Conduct 2 days training for 37 persons (RBM manager, LGA logistics officer and 37 OICs) on commodity management**	Training on commodity management conducted.	training materials, hall rental, transportation, breakfast, lunch	LGA RBM FP, LGA logistics officer	LGHA and Abia State PHCDA				**1**	Attendance, pictures		"					
			Expand use of IPT among pregnant women attending ANC	**4.1.1.11**	**Distribute ???? Sulphurdoxine Pyremethamine for distribution to health facilities**	Commodity procured	To contact the lga RBM focal person for quantification.	LGA HF's	LGA and Abia State PHCDA	**1**	**1**	**1**	**1**	Procurement documents, Delivery vouchers.		"					
				4.1.1.12	**Avail IPT during MNCH week**	IPT available for pregnant women during MNCH	No cost	Pregnant Mothers	LGA HAS/HF OIC				**1**	Pictures, Registers used during MNCH.		"					

						week.															
			Strengthen systems for quality assurance and quality control of malaria diagnosis and treatment.	**4.1.1.13**	**Distribute 294 copies of SOP's for malaria diagnosis**	295 copies of SOP's malaria diagnosis printed and distributed.	transportation for distribution to facilities	LGA HF's	Abia State PHCDA/ LGA HAS			**1**		Payment receipt, proof of supply, delivery vouchers.		"					
			Promote active community participation in malaria control initiative	**4.1.1.14**	**Hold 1 day decentralized world malaria day celebration in the LGA**	World malaria day celebration held	Hall rental, refreshment	GHCW's, Community	LGA HAS/LGA RBM FP				**1**	Attendance, pictures		"					
		Ensure	Strengthe	**4.1.**	**Conduct 8 days Active**	Number of	Transportation	Commun	LGA TBLS/A			**1**	**1**	Pictures		"					

		universal access to high quality, client-centred TB/Leprosy diagnosis and treatment services for the reduction in the incidence and prevalence of tuberculosis/leprosy in Nigeria.	n TB case detection, diagnostic capacity and access to quality treatement services .	**1.15**	**Tuberclosis case finding per month across the 20 Wards in the LG.A's (2 persons per visit)**	TB ACS condcted in the state		ities	BIA STBLCP												
				4.1.1.16	**Conduct 2 days centralized training for 39 Health Care Workers (one from**	Training conducted	Hall rental, refreshment, training materials, transportation	LGA HF staff	ABSPHCDS/ ABIA STBLCP			**1**		Attendance, pictures		"					

					each HF) on TB identification, diagnosis and treatment of tuberculosis.																
			Promote demand for TB services	**4.1.1.17**	**Distribute 589 copies of IEC matrial to Health Facilities**	IEC materials Distributed	transportating coion for distribution to facilities	LGA HF's	ABSPHCDS/ ABIA STBLCP			**1**	**1**	Payment receipts, delivery vouchers,		"					
				4.1.1.18	**Conduct 5 day quarterly mass communication and sensitization campaign in 5 Wards in the LGA.**	5 day sensitization conducetd	Transportation	Community memembers	ABIA STBLCP /LGA HAS			**1**	**1**	Receipts, attendance		"					
				4.1.1.19	**Conduct 3 day training for 50 Health workers on childhood TB diagnosis.**	Training conducted	Hall rental, breakfast, lunch, training materials, transportation	HF WORKERS	LGHA,ABSPHCDS/ ABIA STBLCP			**1**		Attendance, pictures,		"					
			Strengthen collaboration with and capacity of CBOs to	**4.1.1.20**	**One day training for 20 master trainers (one person per ward) to retrain all the CBO's at the community level, on recognition and referreal of**	Training conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS, CBO's	LGHA,ABSPHCDS/ ABIA STBLCP			**1**		Attendance, pictures,		"					

			support TB programming.		**Presumptive TB and DR-TB cases,**																
			Strengthen mechanism for coordination of TB/HIV collaborative activities at all levels of health care.	**4.1.1.21**	**Conduct a one day joint TB / HIV Quarterly Review meeting for 20 persons, to eview TB/ HIV collaborative program. (one TBLS and one LACA from each LGA for the 20 Wards LGA's, and six state team members, 3 from HIV and TB Programs.**	TB/ HIV QRM conducted	Hall rental, breakfast, lunch, transportation	HF WORKERS	ABSPHCDS/ ABIA STBLCP	**1**	**1**	**1**	**1**	Attendance, pictures, minutes		"					
				4.1.1.22	**Conduct one day training for 37 OICS workers on identification, diagosis and referral of Leprosy cases.**	training conducetd	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	LGHA , ABSPHCDS/ABIA STBLCP		**1**			Attendance, pictures,		"					
			Promote community	**4.1.1.23**	**Conduct 1 day advocacy visit to community**	Advocacy visit condu	Hall rental, refreshment, transportation	General population	LGHA,ABSPHCDS/ ABIA			**3**	**3**	Attendance, pictures,		"					

			ty base d TB/ Lepr osy contr ol initia tives		**stakeholders in one community per MONTH**	cted		on (com mun ity me mbe rs)	STBLCP					minutes							
				4. 1. 1. 24	**Conduct 1 day quarterly sensitization visit of community leaders in 1 community in HIV high burden area on MPPI for HIV**	Sensiti zation visit condu cted quart erly	transportation By 15 Selected Health workers .	Gen eral pop ulati on (com mun ity me mbe rs)	Commu nity leaders, Gneral popula tion				**1**	Attenda nce, pictures ,		"					
			Expa nd acces s of peop le living with HIV and AIDS to ART and co- infec tion man agem ent servi ces.	**4. 1. 1. 25**	**Train 39 healthcare providers for 2 days on ART and co-infection management**	Traini ng condu cted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF work ers	LGHA, ABSPHC DA/NC APS SPIU/S ACA				**1**	Attenda nce, pictures ,		"					

			5.3.6. Promote injection safety and health care waste management practices	**4.1.1.26**	**Conduct 2 day training for 39 health care workers on waste management and injection safety**	Number of health workers trained on waste management and injection safety	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee		LGHA,ABSPHCDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures, minutes		"					
				4.1.1.27	**Distribute and install health care waste management commodites and equipment**	No of Well Waste Mnangement Commodities and Equipment Distributed and Installed	Trasportation,	Health Facilities	LGHA,ABSPHCDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures,		"					
				4.1.1.28	**Conduct 2 day LMIS Training/retraining for 20 Ward Officers ,OICS and Programme officers**	No of ward Focal persons/Programme Office	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	20 Ward Focal Persons and	LGHA,ABSPHCDA/ NCAPS SPIU/SACA				**1**			"					

						rs Trained.		18 Programme Officer.													
				6.1.1.1	**2 DAY COMMUNITY WIDE SURVEY ON NCDS AND RISK FACTORS IN 2 COMMUNITIES PER WARD IN THE LGA**	DISEASE SURVEILLANCE AND SUPPORTIVE SUPERVISION CONDUCTED IN ALL THE WARD LGAs OF ABIA STATE	TRANSPORT STIPEND,	STAKEHOLDERS IN THE STATE HEALTH SYSTEM	LGHA, SPHCDA,		1	1		REPORTS, RECIEPTS/VOUCHERS ,PICTURES		"					
				6.1.1.2	**ONE DAY COMMUNITY SENSITIZATION AND SCREENING FOR CARDIOVASCULAR DISEASES (High blood pressure)**	COMMUNITY MEMBERS IN THE 20 WARDS ARE SENSITIZED AND	HIRING OF 1 PUBLIC ADRESS SYSTEM, TRANSPORTATION, ENTERTAINMENT	THE ELDERLY IN THE VARIOUS COMMUNITIES	LGHA, SPHCDA,		1		1	ATTENDANCE, RECEPTS/VOUCHERS, PICTURES, REPORTS		"					

						SCREENED															
				6.1.1.3	**TRAINING AND RETRAINING 78 HEALTH CARE PROVIDERS(2 Per Health Facilities) in the LGA ON NCDS SERVICES**	CAPACITY OF 78 HEALTHCARE PROVIDERS PER LOCAL GOVERNMENT AREA, ON NCDS BUILTH	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS, PAYMENT FOR RESOURSE PERSONS	78 HEALTH CARE PROVIDERS	SPHCDA, LGHA			1		ATTENDANCE, RECEPTS/VOUCHERS, PICTURES ,REPORTS							
			BUILT CAPACITY OF HEALTH CARE PROVIDERS ESPECIALLY AT PHC IN PREVENTION AND SCREENIN	**6.1.1.4**	**BUILD CAPACITY OF LGA M&E OFFICER, HEALTH RECORD TECHNICIANS AND OICs IN THE HEALTH FACILITIES OF THE LGA ON DATA GENERATION, COLLECTION, COLLATION AND REPORTING ON NCD SERVICES**	THE CAPACITY OF 2 M&Es, 10 RECORD OFFICERS, 37 OICs AND PROGRAMME OFFICERS IN THE LGA ARE BUILT	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS, PAYMENT FOR RESOURSE PERSONS	STAKEHOLDERS IN ALL STRATA OF THE HEALTH SYSTEM	SMOH, SPHCDA, LGHA			1	1	REPORTS AND ATTENDANCE							

			G FOR NCDS																		
				6.1.1.5	**1 DAY ADVOCACY VISIT TO STAKEHOLDERS(LGA CHAIRMAN ,1 TRADITIONAL RULERS \ NDIEZE.2 LEADERS FROM1 CBOs, 1 FBOs,1 YOUTH1,WOMEN AND MEN GROUPS) SENSITIZED ON NCDs**	| |	TRANSPORTATION, IEC MATERIALS, REFRESHMENT	HEALTH STAKEHOLDERS IN THE LGA	SPHCDA, LGHA		1	1	1							
			PROMOTE DEMAND FOR NCD SERVICES	**6.1.1.6**	**ENGAGE 5 VOLUNTEERS FROM CSOs PER WARD FOR A MONTHLY HOME BASED CARE OF THE ELDERLY**	INSTITUTIONALIZED ELDERLY HOMES ESTABLISHED IN ALL WARDS OF THE LGA	TRANSPORTATION	ELDERLY PERSONS	SMOH, SPHHCDA,LGHA		3	3	3	RECEIPTS, REPORTS,PHOTOGRAPHS							
		PROMOTE THE HEALT	PROMOTE ENAB	**6.1.1.7**	**SENSITIZE YOUTH GROUPS IN THE 20**	YOUTHS IN THE 20	TRANSPORTATION, HIRING OF PUBLIC ADRESS SYSTEM, LIGHT	YOUTHS	LGHA		1	1		RECIEPTS AND REPORTS							

		H AND WELL BEING OF THE ELDERLY IN NIGERIA	LING POLICY ENVIRONMENT FOR PROGRAMMING FOR THE ELDERLY		**WARDS OF THE LGA ON HEALTH RISKY BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES**	WARDS OF THE LGAs ARE SENSITIZED ON CONSEQUENCES OF HEALTH RISKY BEHAVIOURS	REFRESHMENTS,														
3.INCREASED UTILIZATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES	**HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEALTH**	**PROMOTE THE WELL BEING OF INDIVIDUALS AND COMMUNITIES THROUGH PROTECTION FROM HEALTH RISKS AND PROMOTIO**	**STRENGHTNING COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP OF HEALTH PROMOTION**		**TRAIN 10 WDC MEMBERS PER WARD ON THE PROPER DISSEMINATION OF RELEVANT INFORMATION ON NCDs TO COMMUNITY MEMBERS**	**CAPACITY IS BUILT FOR THE WDCs IN ALL THE WARDS OF THE LGA**	**TRANSPORT STIPENDs FOR WDC MEMBERS, STATIONARIES, HIRING OF PROJECTORS, REFRESHMENT,**	**WDC MEMBERS**	**LGHA,SPHCDA,**			**1**		**ATTENDANCE, RECEIPTS/VOUCHERS, PICTURES**							

		N																			
					MAP OUT FOOD AND WATER VENDORS IN Isuikwuato LGA .	FOOD AND WATER SURVELLANCE SYSTEM STRENGTHENED IN 20 WARDS OF LGAs	TRANSPORTSTION, STATIONERIES, REFRESHMENT, PICTURES,	BUCHERS, PIG FARMERS, WATER VENDORS AND EATRIES	LGHA,SPHCDA, SMoH ,		**1**	**1**	**1**	ATTENDANCE, RECEIPTS/VOUCHERS, PICTURES							
					BIMONTHLY SUPERVISION (BY FOOD SCIENTISTS AND ENVIRONMENTAL OFFICERS) OF FOOD AND WATER VENDORS WITHIN THE 17 LGAs	ALL FOOD AND WATER VEENDORS IN 20 WARDS LGAs INSPECTED AND CLEARED BIMONTHLY	TRANSPORTATION	FOOD AND WATER VENDORS	SPHCDA,SMoH , LGHA		**1**	**2**	**2**	REPORT , PICTURES, RECEIPTS							
		PROMOTE FOOD HYGIENE AND SAFETY FOR	STRENGTHENING SYSTEM FOR FOO		Distribution of adopted National policy(tasksh ifting and tasksharing policy)	Distribution of tasksharing and tasksh ifting	Distributing of 59 copies of tasksharing and taskshifting policy .2 days transportation for 18 persons for	All 40 PROGRAMMES PHCs ,	ABSPHCDA/ LGHAS			**1**		DISTRIBUTION LIST							

		THE REDUCTION OF ILLNESSES ASSOCIATED WITH UNWHOLESOME FOOD	D AND WATER SAFETY SURVEILLANCE			policy done.	dissemination	LGHAs AND OTHER RELEVANT STAKEHOLDERS													
					Conduct situation analysis on HRH at PHC levels	situation analysis conducted	staff time	All staff	ABSPHCDA/ LGHAS			**1**		DISTRIBUTION LIST							
					2 day training of managers on tasksharing and taskshifting policy(39 management staff from HFS)	2 day training held.	Non residential 2 day training for 24 persons	39 LGHA and ABSPHCDA staff	ABSPHCDA/ LGHAS			**1**		PICTURES,TRAINING REPORT ,ATTENDANCE							
4. Strengthened health system for delivery of	9. HUMAN RESOURCE FOR HEALTH	ENSURE COORDINATION AND PARTNERSHIP FOR ALIGNING	Strengthen institutional capacities of HRH coordina		**Distribute HRIS data tools to all PHCs in the LGA.**	Distribution doned.	59 copies of HRIS data tool printed and distributed	All PHCs, LGHAS	LGHA,ABSPHCDA				**1**	DISTRIBUTION LIST							

package of essential health care services		INVESTMENT OF CURRENT AND FUTURE NEEDS	ting structures																		
			Strengthen institutional capacities of HRH coordinating structures		**Conduct a survey on the strength and weaknesses of HRH workforce in LGHAs**	survey conducted.	Transportation for 15 personnels.Production of survey questionnaires.	All staff	ABSPHCDA/ LGHAS			**1**		SURVEY report, printed copy of questionnaire, pictures							
					Hold meeting with relevant stakeholders to discuss the outcome of the survey	meeting held	Hall,Lunch	All staff	LGHA,ABSPHCDA			**1**		Attendance, minutes of the meeting,							
			Improve the production of HRH research evidence		**produce and distribution of a clear job description manual**	job description manual produced and distributed	59 copies of job description manual	LGHA Staff.	LGHA,ABSPHCDA				**1**	PRINTED COPIES MANUAL							

			through monitoring and evaluation mechanisms																		
		Ensure the production of adequate number of qualified health workers	Strengthen the quality assurance for HRH training institutions for producing frontline health workers		**Two Day Orientation on essential drug guideline for 39 OICS and 10 Programme Officers From LGA**	Essential guideline reviwed	Hall,Transportation,Projector,Refreshment,Training Materials,Consultants.	LGHA,ABSPHCD	SMOH/ Partners				**1**	Reviwed Guideline/Workshop Report.		-		SMOH/ Partners			
		Ensure effective health workforce management	Strenghthen mechanism for deployment and		**Distribution of Rivised Abia State Essential Drug Guideline to Health Facilities and Relevant stake**	Copies of Guideline Distributed.	Transportation cost	Heaalth facilities	LGHA			**1**		Delivery note		-		SMOH/ Partners			

		through retention, deployment, work condition, motivation and performance management	retention of HRH at PHC LEVELS		**Holders.**																
					Coduct training/refresher training of Supply Chain Carders along the supply chain	Number of \ training \or \ refresher \ training \ session conducted on supply chain management	Perdiem, training \ materials, Lunch/refreshment, Ma, workshop material ,Transportation.	LGHA PSM /LMCU group	SMOH/ Partners			**1**		Training report	0.00	0.00		SMOH/ Partners			
5.Strengthened Health	**Medicines Vaccines and othe**	**11.1 Strengthen the availability**	**11.1.1 Strengthen the devel**	**11.1.1a**	**Maintenance of Existing LGA, and PHC Storage Facility including Cold**	Number of functional Storage	Repair cost, transportation, fuelling cost	LGA Health Facility and	State Cold chain/ Logistic Officer/ SIO			**1**	**1**	Cold chain assessment report		-		SOML/ Partners			

System for Delivery of package of essential Health care services	**r Health technology and supllies**	**and use of affordable, accessible and quality medicines, vaccines, and other health commodities and technologies at all levels.**	**opment and implementation of legal, regulatory framework, policies and plans for drugs, vaccines , commodities and health technologies at all levels**		**chain**	Facility and cold Chain		**SPHCDA**													
				11.1.2b	**Quarterly supportive supervison of cold chain store in 39 HFS to ensure adherence to**	Number of quarterly supportive supervison	Supervison checklist, ODK configuration cost	LGA cold chain Stores	SPHCDA Immunization Unit			**1**	**1**	Supervison report		-		SPHCDA/ Partners			

					quality assurance	vists conducted															
				11.1.4a	**Training and retraining of 25 LGA peronnel in health facilites on environmental and social safegurds .**	Number of state and LGA personnel trained on environmental and social safeguards	Hall, Consultancy fee, refreshment, Training materials,	Cold chain Officers,Logistic officers, State SMOH/SPHCDA teams	SPHCDA				**1**	Training report		-		SPHCDA/ Partners			
			11.1.4 Strengthen effective procurement systems (forecasting, orders, procurement) to ensu	**11.1.5a**	**Distribution of Vaccines and safety commodities to 39 Primary health facilites for the disposal of sharps**	Number of Quarterly Procurement and distribution conducted per year	Transportation	LGA Health facilites	PARTNERS and SPHCDA procurement unit			**1**	**1**	Procurement report, facility delivery Voucher		-		SPHCDA/ Partners			

			re (40% local content) and commodity security for on a sustainable basis at all levels .																		
			11.1.5 Strengthen integrated supply chain management system and quality assurance models	**11.1.5b**	**Quaterly review meeting of the HDGC/HDDC**	Number of quarterly HDGC/HDCC meting conducted	Hall, refreshment, trasportation, projector	Data producers and users in LGHA	State HMIS Unit/ SMOH/ LGA			**1**	**1**	Menitue of meeting/ event	0.00	0.00		SMOH/ SPHCDA/ partners			

			for medicines, vaccines, commodities and other technologies with a functional logistics management information system (LMIS)																		
					Conduct Monthly LGHA HMIS Meeting.	Number of LGHA HMIS meeting conducted	Hall, refreshment, trasportation, projector	LGA HMIS officers, LGA Programme Officers	LGA		**3**	**3**	**3**	Menitue of meeting/ event		-		SMOH/ SPHCDA/ partners			

								and OICS.													
			11.1.7 Strengthen existing systems for the management of biological and non-biological wastes including expiries of medicines, vaccines and other commodities at all level		**12.1.2 b Distribution of top up supplies of HMIS tools to 50 Community and private Owned health facilities**	HMIS tools distributed to all LGAs and HFs.	Trasportation,	Health facilities	SMOH(DPRS)/ HMIS unit/SPHCDA			**1**		Number HMIS tools printed.		-		SMOH/ SPHCDA/ partners			

			s																		
					12.1.2 c monthly Data hamornaization/validation review meeting at the LGA level	Number of data validation meetings conducted	Trasportation, refreshment, venue	Health facility records personnel	LGHA HMIS officer		**1**	**3**	**3**	Number HMIS tools distributed to HFs	0.00	0.00		SMOH/ SPHCDA/ partners			
					CONDUCT SENSITIZATION AND PUBLIC ENLIGHTENEMENT ON PUBLIC HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE OFFICERS IN THE WDC AND VDC FOR 3 DAYS	SENSITIZATION CONDECTED	cost of transportation, media coverage,hall,refreshment.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT	**1**		**1**		ATTENDANCE,REPORT AND PICTURE							
					TRAINING AND RETRAINING OF 30 ADDITIONAL FOCAL PERSONS TO COVER ALL THE WARD HEALTH CENTERS IN THE LGA AND ESTABLISH RAPID RESPONSE	•INTEGRATION OF DISEASE ACTIVITIES ACHIEVED •RAPID RESPONSE TEAM ESTAB	cost of transportation,trainning material,media,.	Health workers, Health practitioners.	DISEASE SURVEILLANE UNIT					ATTENDANCE,REPORT AND PICTURE							

					TEAM AT ALL LEVELS	LISHED AT ALL LEVEL • EPIDEMIOLOGICAL BULLETINS PUBLISHED AND DISEMINATED															
6.Protection from Health Emergency and risks	Public health emergencies; preparedness and response	Reduce incidence and impact of public health emergencies in Abia.	Promote an integrated national disease surveillance system in line with International Health	**14.1.4a**	**CARRY OUT SURVEILLANCE NEEDS ASSESSMENT AT LGA LEVEL**	•NEEDS ASSESSMENT CARRIED OUT •SENSITIZATION ON PUBLIC HEALTH CONDUCTED • NUMB	cost of transportation, media coverage,lunch	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT												

			Regulation (IHR) and IDSR			ER OF IEC MATERIAL DEVELOPED AND DISTRIBUTED															
					TRAINING AND RETRAINING OF 160 ADDITIONAL FOCAL PERSONS TO COVER ALL THE WARD HEALTH CENTERS IN THE STATE AND ESTABLISH RAPID RESPONSE TEAM AT ALL LEVELS	•INTEGRATION OF DISEASE ACTIVITIES ACHIEVED •RAPID RESPONSE TEAM ESTABLISHED AT ALL LEVEL • EPIDEMIOLOGICAL BULLETINS PUBLISHED AND DISEMINATED	cost of transportation,trainning material,media, refreshment	Health workers, Health practitioners.	DISEASE SURVEILLANE UNIT											

					Sensitization of the community to set up committee for the concerned project in a particuar ward by BHCPF	Community aware of the BHCPF project and ready to support.	Hall,Refreshment,transportation	Health workers, Health practitioners, and partners.	DPRS			1									

OBINGWA LGHA ANNUAL OPERATIONAL PLAN 2019 A

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP 2017 - 21}	Strategic Interventions / Output Results {SHDP 2017-21}	Act. Code	Activity	Output Indicator ({SHDP 2017-21}	Cost Elements / details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame	Activity Means of Verification	Total Cost	Total Amount	Expenditure Classification	Funding Source(s) Name	State Contribution to activities	Expected Contributions from other Sources	Priority Ranking
										Quarterly frequency {only numbers			-					

										allowed}											
Strategic Pillar {SHDP 2017-21}	**Priority areas {SHDP 2017-21}**	**Objectives {SHDP 2017 - 21}**	**Strategic Interventions / Output Results {SHDP 2017-21}**	**Act. Code**	**Activity**					**Q 1**	**Q 2**	**Q 3**	**Q 4**			**-**					
	Step 1					**Step 2**									**Step 4**			**Step 5**			**Step 6**
1. Enabled environment for attainment of sector outcomes	1 LEADERSHIP AND GOVERNANCE FOR HEALTH	1.1 Provide clear policy, plans, legislative and regulatory framework for the health sector	1.2.2 Strengthen the linkages between various planning and budgeting process(MTEF/MTSS	**1.2.2.a**	**Conduct 1 day joint review meeting for 5 Health planning and budgetting staff in the LGA**	number of staff trained	Refreshment,Hall, Tea break launch and Transport	LGA HAS	SPHCDA, LGA HAS				**1**	attendance, pictures, minutes		"					
			1.2.3 Strengthen voice and accountability, including comm	**1.2.2.a**	**• Conduct 1-day quarterly review meeting for 15 health sector CSOs in the LGA to review**	number of the CSOs in the attendence	Hall, transport Tea break and launch	CSOs	SPHCDA and partner			**1**		attendance, pictures, minutes		"					

			unity participation, CSO engagement.		**activities**																
		1.3. Improve health sector performance through regular integrated reviews and reports	1.3.1. Strengthen annual operational/work-plan for the health sector	**1.2.2.a**	**• Conduct 3-day meeting of 20 LGA stakeholders in the health sector to develop operational plan for the LGA**	number of meeting held	hotel accommodition, Hall, Transport, Tea break and Launch	stakeholder SPHCDA	SPHCDA and partners			**1**		minutes, attendance, pictures		"					
			1.3.3. Institutionalize the mechanism for sector progress status and performance review	**1.2.2.a**	**1 Day data review meeting with 15 stake holders/policy makers in the LGA**	1. Number of meetings held 2.Number of stakeholders attending the breview meeting	Hall, transport Tea break and launch	ES, HAS and stakeholders	LGA HAS			**1**		Pictures, attendance		"					
				1.2.2.a	**Support 1 day OIC meeting for 54 Public Health**	Number of meetings held	Hall, transport Tea break and launch	HAS and PHC worker	LGA HAS			**1**		Pictures, attendance		"					

					Facilities and LGA M&E officer for review of program activities																
			1.3.4. Disseminate sector performance reports and score cards in compliance with NHAct and other channels	**1.2.2.a**	**Support one day meeting of 10 program officers, 5 LGA management team, LGA M&E officer and LGA HAS for sharing of program feedback.**	Number of meetings held.	Hall Transport, Tea break and Launch	Data managers	LGA HAS			**1**		Attendance, minutes		"					
			1.3.5. Design and institutionalize an incentivization and reward system for the efficient performance	**1.2.2.a**	**Reward for the best 3 performing public facilities in the LGA on all interventions**	Number of best performinghealth facilities	Cash incentive	3 best health facilities	LGA HAS			**1**	**1**	Pictures		"					

			of the health sector at all levels																		
	2.Community Participation and Ownership	2.1. To strengthen community level coordination mechanisms and capacities for health planning.	2.1.1.Strengthen institutional and coordinating mechanisms for promotion of community participation	**1.2.2.a**	**Conduct 2 days meeting to review the activities of WDC with a view to strengthen the WDC in the LGA (50 people in attendance drawn from WDC, youths, CHIPS)**	Number of meetings held Number of WDC attending the meeting	Hall rental, lunch, transportation	WDCs	LGA HAS				**1**	Attendance, pictures		"					
			2.1.2. Strengthen financial management systems at the community levels	**1.2.2.a**	**1 day training of 30 WDC members on financial management**	Number of trainings held number of WDC's that	Hall rental, lunch, transportation	WDC	LGA HAS			**1**		Attendance, pictures		"					
		2.2. To strengthen	2.2.1. Strenghten	**1.2.2.**	**• 1 day re-orientatio**	nymber of people who	Hall rental, lunch,	WDC, VDC, TBA	LGA HAS				**1**	Attendance, pictures, minutes		"					

		community engagement in the implementation, monitoring and evaluation of health programs	capacities of communities to facilitate the implementation of community and facility level minimum service package(MSP)	**a**	**n meeting for 40 WDC, VDC, TBAs at the LGA level**	wttended e re-orientation	transportation														
	3.Partnerships for Health	3.1. Ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance of the	3.1.10. Promote effective partnership with professional groups and other relevant stakeholders through jointly setting standa	**1.2.2.a**	**4 days contiunous professional development education programme for 54 people drawn from the LGA HAS unit who are members of professional bodies (PCN,WA**	Number of health works who received continuous programlopmentprofessional deve	Hall rental, lunch, transportation	Health facility workers	LGA HAS					Attendance, pictures,		"					

		health sector	rds of training by health institutions, subsequent practice and professional competency assessments;		**HEB,CHPRB,NMCN, HROPN AND LAB SCI)**																
			3.1.14. Promote partnerships with communities to address felt needs of the communities	**1.2.2.a**	**conduct 1 day community dialogue with representative of youth, woman group, CBO, FBO, community leaders and traditional ruler (5 LGA staff to attend)**	Number of community sensitizatioin held	transportation	general population	LGA HAS					Attendance, pictures, minutes		"					
Increased utilisation of	4.Reproductive, Maternal, Newborn,	4.1 Reduce maternal mortality and	4.1.1 Improve access to focused	**1.2.2.a**	**Conduct 1 day quarterly stakeholders review Meeting**	Stakeholder advocacy /review meeting done	refreshment, hall rental, transportation	LGA health workers, stakeholde	LGHA	**1**	**1**	**1**	**1**	Attendance, minutes, picturesz		"					

essential package of health care services	Child, Adolescent Health	morbidity through the provision of timely, safe, appropriate and effective health care services before, during and after child birth.	Antenatal and Postnatal Care		**to review focused antenatal and postnatal care. (10 persons drawn from LGA health authority team and health facility OIC's)**			rs, community leaders.													
				1.2.2.a	**Distribute 1000 mama's kit to incentivise facility-based delivery**	**1.** Number of facility-based deliveries **2.** Number of mothers that received mama's kit at health facilities	Cost already capturd in the state PHCDA AOP	Pregnant mothers	LGHA, HF OIC's			**1**		Pictures, delivery vouchers		"					
				1.2.2.	**Conduct a 1 day quarterly**	Number of sensitizati	transportation	Community	LGHA	**1**	**1**	**1**	**1**	Attendance, Pictures, minutes		"					

				a	**sensitization meeting in one ward (6 LGA team members from the LGA health authority team.)**	ons done at the ward		members, general population													
			4.1.2. Expand coverage of skilled delivery services	**1.2.2.a**	**Conduct 3 days non residential cascade training on focused antenatal and post-natal care at the LGA level for CHOs, Nurses, Midwives ; SCHEWs and JCHEWs (14 CHOs,14 Nurses/Midwives , 54 SCHEWs and 14 JCHEWs)**	1.No of CHOs, Nurses Midwives , SCHEWs, JCHEWs trained,	training materials , hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Doctors, nurses, midwives, LGA HA team	LGA HA				**1**	Attendance, pictures		"					
				1.2.2.a	**Conduct 3 days non-residential training**	Number of CHOs,midwives	training materials , hall rental,	CHOs Midwives, SCHE	ABSP HCDA /LGHA			**1**		Attendance, Pictures		"					

					on skilled delivery for 14 CHOs, 20 midwives and 54 SCHEWs and 20 JCHEWs	SCHEWs trained.	transportation, tea break, lunch, stationeries, facilitator fee and transport	Ws												
				1.2.2.a	**Conduct a 1 day quarterly sensitization meeting in one ward (6 LGA team members from the LGA health authority team.)**	Number of sensitizations done at the ward	transportation	Community members, general population	LGHA	**1**	**1**	**1**	**1**	Attendance, Pictures, minutes		"					
			4.1.2. Expand coverage of skilled delivery services	**1.2.2.a**	**Conduct 3 days non residential cascade training on focused antenatal and post-natal care at the LGA level for CHOs, SCHEWs and Midwives. (10 CHOs, 54**	1. Number of CHOs, Nurses , midwives and SCHEWs trained.	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Doctors, nurses, midwives, LGA HA team	LGA HA				**1**	Attendance, pictures		"					

					SHEWsand 14 Nurses/Midwives) (2 facilitators)																
			4.1.3. Promote advocacy, community Mobilization and Behaviour Change Communication for Safe Motherhood Services	**1.2.2.a**	**Conduct 1 day cascade training for LGHA team members and 54 OICs on IPC Skill at LGA level**	Number of person trained.	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	LGA Safe Motherhood person and OICs	LG HAS				**1**	Pictures		"					
Increase utilization of essential package of health	5.Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS)	5.1. Reduce significantly morbidity and mortality due to Malaria and move	5.1.2. Strengthen laboratory services for diagnosis of malaria at all levels	**1.2.2.a**	**Conduct 2 weeks cascade training for 20 laboratory microscopists in advanced malaria microscopy. (2**	Number of laboratory microscopists trained	training materials, hall rental, transportation, breakfast, lunch	Laboratory Microscopists from the LGA	Abia State PHCDA			**1**		Attendance, pictures		"					

care services	And Neglected Tropical Diseases	towards pre-elimination levels			**facilitators to be engaged)**																
			5.1.7. Strengthen systems for quality assurance and quality control of malaria diagnosis and treatment.	**1.2.2.a**	**Hold 1 day Quarterly Quality Control Meeting for 20 Laboratory Scientists /technicians from HF's offering malaria microscopy service in the LGA.**	1. Number of meetings held 2. Number of laboratory scientists/ technicians attending quality control meeting	printing cost,	LGA HF's	Abia State PHCDA/LGA HAS		**1**			Payment receipt, proof of supply, delivery vouchers.		"					
			5.1.8. Promote active community participation in malaria control initiative	**1.2.2.a**	**Hold world malaria day celebration in the LGA**	Number of world malaria day celebfration held	Hall rental, refreshment	GHCW's, Community	LGA HAS/LGA RBM FP				**1**	Attendance, pictures		"					
				1.2.	**Hold 2 day**	Number of	transportation	Community	LGA HAS			**1**	**1**	Pictures		"					

				2.a	**quarterly sensitization visits to Community gate keepers on malaria prevention (5 LGA staff from HAS unit to be engaged)**	quarterly sensistization visits held		y gatekeepers													
		5.2. Ensure universal access to high quality, client-centred TB/Leprosy diagnosis and treatment services for the reduction in the incidence and prevalence	5.2.1. Strengthen TB case detection, diagnostic capacity and access to quality treatement services .	**1.2.2.a**	**Conduct 5 days centralized training for 54 Health Care Workers (one from each HF) on TB identification, diagnosis and treatment of tuberculosis. (1 facilitator)**	Training conducted	Hall rental, refreshment, training materials, transportation	LGA HF staff	ABSP HCDS/ ABIA STBLCP			**1**		Attendance, pictures		"					

		of tuberculosis/leprosy in Nigeria.																			
				1.2.2.a	**Hold 1 day Quarterly Quality Control Meeting for 54 Laboratory Scientists /technicians from HF's offering Tuberculosis services in the LGA.**	Number of people attending	Hall rental, refreshment,	LGA Laboratory scientists and technicians.	ABSP HCDS/ ABIA STBLCP			**1**	**1**	Attendance, pictures		"					
			5.2.2.Promote demand for TB services	**1.2.2.a**	**Conduct 5 day quarterly mass communication and sensitization campaign in 5 communities in the state. (2 officers from the**	Number of sensitization visits conducted	Transportation	Community memebers	ABIA STBLCP/LGA HAS			**1**	**1**	Receipts, attendance		"					

					LGA TB Unit)																
			5.2.4. Scale up paediatric TB diagnosis and treatment services	**1.2.2.a**	**Conduct 3 day cascade training for 54 Health facility workers on childhood TB diagnosis. (1 facilitator)**	Number of health workers trained	Hall rental, breakfast, lunch, training materials, transportation	HF WORKERS	ABSP HCDS/ ABIA STBLCP		**1**			Attendance, pictures,		"					
			5.2.6. Strengthen collaboration with and capacity of CBOs to support TB programming.	**1.2.2.a**	**One day cascade training of 30 CBO's at the community level, on recognition and referreal of Presumptive TB and DR-TB cases,**	Number of CBO	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS, CBO's	ABSP HCDS/ ABIA STBLCP	**1**				Attendance, pictures,		"					
			5.2.7. Strengthen mechanism for coordination	**1.2.2.a**	**Conduct a one day joint TB / HIV Quarterly Review meeting for 30**	Number of TB/HIV QRM conducted	Hall rental, breakfast, lunch, transportation	HF WORKERS	ABSP HCDS/ ABIA STBLCP	**1**	**1**	**1**	**1**	Attendance, pictures, minutes		"					

			of TB/ HIV collaborative activities at all levels of health care.		**persons, to eview TB/HIV collaborative program. (one TBLS and one LACA and OIC's from PMTCT sites and 2 state officers, 1 from HIV and ne from TB program**															
			5.2.8.Promote innovative advocacy, social mobilization and behaviour change intervention for the prevention and control of TB	**1.2.2.a**	**Conduct 2 day training for 30 CBOs on Behavioural Change Communication Skills.**	Number of CBO's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSP HCDS/ ABIA STBLCP			**1**		Attendance, pictures,		"					
			5.2.10	**1.**	**Train 54**	Number	Hall	HF	ABSP				**1**	Attendance,		"					

			Build capacity of all cadres of health staff (GHW, Physicians, and specialist) and community members on Leprosy case finding and case management	**2.2.a**	**OICs health facilities on identification, diagnosis and management of Leprosy.**	of OIC's trained	rental, breakfast, lunch, training materials, transportation, facilitator fee	Workers	HCDS/ ABIA STBLCP					pictures,							
				1.2.2.a	**Conduct 1 day training for 30 CBOs/community leaders from Leprosy endemic areas in the LGA on Leprosy case dectection,**	Number of CBO's and community leaders trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	CBO's, Community leaders	ABSP HCDS/ ABIA STBLCP				**1**	Attendance, pictures,		"					

					recognition and referral.																
			5.2.11. Integrate Leprosy control into the general health services	**1.2.2.a**	**Conduct one day training for 54 PHC workers on identification, diagosis and management of Leprosy cases.**	Number of health workers treained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSP HCDS/ ABIA STBLCP			**1**		Attendance, pictures,		"					
			5.2.12. Promote community based TB/Leprosy control initiatives	**1.2.2.a**	**Conduct 1 day advocacy visit to community stakeholders in one community per quarter to promote community based TB/Leprosy control initiatives (5 LGA team members)**	Number od advocacy visit conducted	Hall rental, refreshment, transportation	General population (community members)	ABSP HCDS/ ABIA STBLCP	**1**	**1**	**1**	**1**	Attendance, pictures, minutes		"					
		5.3. Signific	5.3.1. Expand	**1.2.**	**Conduct 3 day**	Number of health	Hall rental,	HF WOR	HF Work					Attendance, pictures,		"					

		antly reduce the incidence and prevalence of HIV/AIDS in Nigeria by 2021	access to Minimum Package of Preventive Interventions (MPPI) for HIV targeting key and general populations	**2.a**	**cascade training for 54 persons OIC's on MPPI for HIV**	workers treained	breakfast, lunch, training materials, transportation, facilitator fee	KERS	ers											
				1.2.2.a	**Conduct 1 day quarterly sensitization visit of community leaders in 1 community in HIV high burden area on MPPI for HIV (3 LGA team members)**	number of sensitization visit conducted quarterly	Hall rental, refreshment, transportation	General population (community members)	Community leaders, Gneral population				**1**	Attendance, pictures,		"					
			5.3.2. Expand access of people	**1.2.2.a**	**Train 30 LGA general healthcare**	Number of GHCW's trained	Hall rental, breakfast, lunch, training	HF workers	ABSP HCDA / NCAPS				**1**	Attendance, pictures,		"					

			living with HIV and AIDS to ART and co-infection management services.		**providers for 2 days on ART and co-infection management (attendees drawn from facilities offering both TB and HIV services.**		materials, transportation, facilitator fee		SPIU/SACA											
			5.3.3. Promote universal access to quality PMTCT services	**1.2.2.a**	**Conduct 4 day quarterly PMTCT outreaches to 7communities in the LGA (5 LGA team members)**	Number of outreaches conducted. Number of communities benefitting from the outreach	breakfast, lunch, training materials, transportation, facilitator fee	General population	ABSP HCDA / NCAPS SPIU/SACA			**1**	**1**	Attendance, pictures, minutes		"					
			5.3.7. Strengthen community systems to support HIV/AIDS programming for key	**1.2.2.a**	**Constitute and Inaugurate on community Action Committee on AIDS**	Number of committee inaugurated	No cost	General population	ABSP HCDA / NCAPS SPIU/SACA				**1**	Pictures, Inauguration report		"					

			and general populations																		
				1.2.2.a	**Conduct 1 day training for 54 CBOs as peer educators on HIV care and support**	Number of CBO's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	CBO's, Community leaders	ABSP HCDA / NCAPS SPIU/SACA			**1**		Attendance, pictures		"					
		5.4.Reduce the incidence, morbidity and mortality due to viral hepatitis.	5.4.2. Expand access of key and general populations to viral hepatitis prevention, screening and treatment services	**1.2.2.a**	**Train 54 surveillance officers & community informants on viral hepatitis case detectn**	Number of surveillance ofiicers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	surveillance officers	ABSP HCDA			**1**		Attendance, pictures,		"					
				1.2.2.a	**Conduct 1 day Training of 54 health care**	Number of health workers trained	Hall rental, breakfast, lunch, training materials	HF workers, GHCW	ABSP HCDA				**1**	Attendance, pictures,		"					

					providers on provision of viral hepatitis services		, transportation, facilitator fee														
			5.4.4. Expand coverage of interventions for prevention of mother-to-child transmission of viral hepatitis	**1.2.2.a**	**Screen pregnant women for infections or complications on hepatitis B**	Number of pregnant women screened	No cost	Pregnant women	ABSP HCDA				**1**	hepatitis screening register		"					
		5.5.Reduce morbidity, disability and mortality due to targeted Neglected Tropical Diseases (NTDs)	5.5.1. Strengthen advocacy, social mobilization and behaviour change communication for NTDs	**1.2.2.a**	**Carry out 1 day advocacy meeting with Policy makers and community leaders from LGA. (15 participants)**	Number of advocacy meeting held	Tarnportation, lunch	Community Leaders	ABSP HCDA			**1**		Attendance, pictures		"					

		and improve quality of life of those affected.																			
		5.4.Reduce the incidence, morbidity and mortality due to viral hepatitis.	5.4.2. Expand access of key and general populations to viral hepatitis prevention, screening and treatment services	**1.2.2.a**	**Train 54 surveillance officers and community informants on viral hepatitis case detection**	Number of surveillance ofiicers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	surveillance officers	ABSP HCDA			**1**		Attendance, pictures,		"					
INCREASED UTILIZATION OF ESSENTIAL PACKAGE OF	8. HEALTH PROMOTION AND SOCIAL DETERMINANTS OF	8.1. PROMOTE THE WELL BEING OF INDIVIDUALS AND COMMUNITIES	8.1.2. STRENGHTNING COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP	**1.2.2.a**	**1- DAY ORIENTATION OF 20 COMMUNITY HEALTH PROMOTERS PER LGA ON RISKY HEALTH BEHAVIO**	1. Number of orientations orientationconducted 2. Number of community health promoter	TRANSPORTATION STIPENDS, LIGHT REFRESHMENT, STATIONARIES, HIRING OF PROJECTORS	HEALTH PROMOTIONERS	SPHCDA, LGHA			1		ATTENDANCE,RECIEPTS/ VOUCHER, REPORT		"					

HEALTH CARE SERVICES	HEALTH	THROUGH PROTECTION FROM HEALTH RISKS AND PROMOTION	OF HEALTH PROMOTION		**URS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES**	s who attended															
			8.1.3. STRENGHTEN HEALTH PROMOTION COORDINATION MECHANISM AT ALL LEVEL	**1. 2. 2. a**	**PUBLIC ENLIGHTENMENT ON RISKY HEALTH BEHAVIOURS THROUGH PRODUCTION AND SHARING OF 2000 FLIERS**	1. Number of fliers produced 2.Number of fliers shared	PRODUCTION OF JINGLES . AIRING OF JINGLES .	GENERAL PUBLIC	SPHCDA ,SMoH, LGHA UNICEF		**1**	**1**	**1**	RECIEPT, REPORT.		"					
Protection from Health Emergency and risks	Public health emergencies; preparedness and response	14.1. Reduce incidence and impact of public health emergencies in Abia.	14.1.4. Scale-up public education and awareness creation on public health emergencies	**1. 2. 2. a**	**CONDUCT SENSITIZATION AND PUBLIC ENLIGHTENMENT ON PUBLIC HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE**	no of sensitization conducted	cost of transportation,media coverage, hall,refreshment.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT			**1**		ATTENDANCE,REPORT AND PICTURE		"					

					OFFICERS IN THE WDC AND VDC FOR 3 DAYS																

OHAFIA Annual operational plan 2019

Strategic Pillar {SHDP2017-21}	Priority areas {SHDP2017-21}	Objectives {SHDP2017-21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity	Output Indicator ({SHDP2017-21}	Cost Elements/ details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame	Activity Means of Verification	Total Cost	Total Amount	Expenditure Classification	Funding Source(s) Name	State Contribution to activities	Expected Contributions from others	Priority Ranking
										Quarterly frequency {only								

										number s allowed }										
Strategic Pillar {SHDP2017-21}	**Priority areas {SHDP2017-21}**	**Objectives {SHDP2017-21}**	**Strategic Interventions/ Output Results {SHDP2017-21}**	**Act. Code**	**Activity**					**Q1**	**Q2**	**Q3**	**Q4**			**-**				**ources**	
	Step 1					**Step 2**									**Step 4**			**Step 5**			**Step 6**
protection from he	public health emergencies, preparedness and response	Reduce incidence and impact of pu	Promote an integrated national disease surveillance	**14.1.1**	**BUILD CAPACITY OF 20 DISEASE SURVEILLANCE PERSONN**	• DISEASE SURVEILLANCE PERSON	cost of disseminating information, transportation,hiring of hall,refreshment.	Health workers, Health practiti	DISEASE SURVEILLANE UNIT	**1**	**1**	**1**	**1**	TRAINING ATTENDANCE AND REPORT		"					

al t h e m er g e n c y a n d ri sk s		blic he alt h em erg en cie s in Abi a.	syst em in line with Inte rnati onal Heal th Reg ulati on (IHR) and IDSR		**EL AT LGA LEVE LS FOR 3 DAYS .**	NE LS TR AI NE D • •		on er s, an d pa rt ne rs.													
				1 4 . 1 . 2	**STRE NGT HEN DATA PRO DUCT ION AND MAN AGE MEN T SYST EM OF OICs WAR D HEAL TH CENT ERS at LGAs.**	TR AI N PE RS ON NE L wit h LA PT OP .	cost of tr ansportatio n,refreshm ent,purchse of LAPTOP and PRINTERS.	O IC, M & E,	DPR S,H F			**1**	**1**	TRAINI NG ATTEN DANC E AND REPOR T		"					
			Scal	**1**	**CARR**	•N	cost of	H	DIS			**1**	**1**	TRAINI		"					

			e-up public education and awareness creation on public health emergencies	**4.1.3**	**Y OUT SURVEILLANCE NEEDS ASSESSMENT AT WARD LEVEL**	EEDS ASSESSMENT CARRIED OUT •SENSITIZATION ON PUBLIC HEALTH CONDUCTED • NUMBER OF IEC MATERIALDE	transportation,media coverage	ealth workers, Health practitioners, and partners.	EASE SURVEILLANE UNIT					NG ATTENDANCE AND REPORT						

						VELOPED AND DISTRIBUTED														
				14.1.4	**CONDUCT SENSITIZATION AND PUBLIC ENLIGHTENMENT ON PUBLIC HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE**		cost of transportation,media coverage,hall,refreshment.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT			**1**	**1**	TRAINING ATTENDANCE AND REPORT		"					

					OFFICERS IN THE WDC AND VDC FOR 3 DAYS															
			Promote integration of disease surveillance activities at all levels of the health care system	**14.1.5**	**TRAINING AND RETRAINING OF 48 ADDITIONAL FOCAL PERSONS TO COVER ALL THE WARD HEALTH CENTERS IN THE STATE AND ESTABLIS**	•INTEGRATION OF DISEASE ACTIVITIES ACHIEVED •RAPID RESPONSE TEAM ESTABLISH	cost of transportation,training material,media,.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT			**1**		ATTENDANCE,REPORT AND PICTURE		"					

					H RAPID RESPONSE TEAM AT ALL LEVELS	ED AT AL L LE VE L • EPI DE MI OL OG ICA L BU LLE TIN S PU BLI SH ED AN D DIS EM IN AT ED														
pre dict a ble fi n a n ci	Heal th fina ncin g	Inc rea se sus tai na ble an d pre dic tab	Alig nme nt of heal th alloc atio ns to LGA prio ritie	**1 5 . 2 . 1**	**Sensi tizati on of the com muni ty to set up com mitte e for**	Co m mu nit y aw are a of the BH CP	transportati on	H ea lth w or ke rs, H ea lth pr ac	DPR S			**1**		ATTEN DANC E,REP ORT AND PICTU RE	5 6 3 , 0 0 0 . 0 0	5 6 3 , 0 0 0 . 0 0					

ngandriskprotection		levenueforhealth	s		**the concerned project in a particuarward by BHCPF**	Fprojectandreadytosupport.		titioners, and partners.												
				15.2.2	**Hold a day meeting to Select the milestone, that is who does what considering timeframe of the project.**	Minutes of meeting available.	transportation					**1**	ATTENDANCE,REPORT AND PICTURE		"					
				15.	**Effective**	Monitori	transportation					**1**	**1**	REPORT		"				

				2.3	**monitoring and supervision**	ng report available.														
			Strengthen Coordination Frameworks and TWGs for health financing	**15.2.4**	**Establish coordination frameworks and appoint a Health Financing focal person at the 19 WARD level and engage stakehohers to make a case for heath as**	• TWG in health care financing established • TWG trained and sponsored for workshop •	tranportation,public address system,media,refreshment, hall.	Health workers, Health practitioners,.	DPRS			**1**	**1**	ATTENDANCE,REPORT AND PICTURE		"					

					an investment for job creation .	Quarterly meeting of TWG conducted														
Strengthened Health System for Delivery of pa	Medicines Vaccines and other Health technology and supllies	11.1 Strengthen the availability and use of affordable, accessible and quality	11.1.1 Strengthen the development and implementation of legal, regulatory framework, policies and	**11.1.1a**	**Conduct quarterly inspection of facilities to ensure compliance with Essential Drug Guideline**	Number of quaterly inspection of facilities conducted.	transportation, report,perdiem	Health facilities	LHA				1	Inspection report, Attenance		"				

ckage of essential Health care services		medicines, vaccines, and other health commodities and technologies at all levels.	plans for drugs, vaccines, commodities and health technologies at all levels																		
					Hold Abia State PSM TWG biannual consultative forum mee	Number of Biannual PSMTWG Meeti	Hall,Transportation,Projector,Refreshment	PSM/LMCU group	SMOH/Partners			**1**		Minute of meeting		"					

					ting.	ngs held														
			11.1.4 Strengthen effective procurement systems (forecasting, orders, procurement) to ensure (40% local content) and commodity security for on a sust		**strenghten capacity of 51 state and LGA cold chain officers on forcasting**	Proportion of cold chain officers trained on commodity forcasting	Hall, Consultancy fee, refreshment, Training materials,	State and LGA cold chain officers	Immunzation Department SPHCDA/UNICEF/Other partners				**1**	Training report, Attendance sheet		"					

			ainable basis at all levels .																	
					Hold Bi-annual statkeholders meeting on the revitalization of Drug Revolving Fund in the State and LGAs	Number of Biannual stakeholders Meetings held	Hall, refreshment, transportation, stationaries	Health facilities	SMOH PSMTWG / DRF focal persons at state and LGA				**1**	Minute of meeting, Attendance sheet		"		SPHCDA / Partners			HIGH
			11.1.5 Strengthen integrated supply chai	**11.1.5 a**	**Maintenance of Existing State, LGA, and PHC**	Number of functional Storage	Repair cost, transportation, fuelling cost	LGA Health Facility and **SP**	State Cold chain/ Logistic Officer/ SIO			**1**	**1**	Cold chain assessment report		"		SOML/ Partners			Semi High

			n management system and quality assurance models for medicines, vaccines, commodities and other technologies with a functional logistics management info		**Storage Facility including Cold chain**	Facility and cold Chain		**HCDA**													

			rmation system (LMIS)																		
					Conduct state level Cold chain Bi-Monthly meeting of LGA cold chain officer	Number of Bi-monthly meetings conducted	Hall,Transportation,Projector,Refreshment	State and LGA cold chain Officers	SPHCDA Immunization Unit			**2**	**2**	Meeting report		"		SPHCDA/Partners			High
			11.1.7 Strengthen existing systems for the management of biological and		**Training and retraining of 50 state and LGA peronnel in health facilities on environmental**	Number of state and LGA personnel trained on en	Hall, Consultancy fee, refreshment, Training materials,	Cold chain Officers, Logistic officers, State	SPHCDA				**1**	Training report		"		SPHCDA/Partners			

			non-biological wastes including expiries of medicines, vaccines and other commodities at all levels		**and social safeguards .**	virionmental and social safeguards		SMOH/SPHCDA teams												
					Quarterly procurement and distribution of Vaccines and safety com	Number of Quarterly Procurement and dis	Procurement Cost, Transportation	State, LGA Health facilites	PARTNERS and SPHCDA procurement unit			**1**	**1**	Procurement report, facility delivery Voucher		"		SPHCDA/Partners			

					modities to 787 Primary, Secondary health facilities for the disposal of sharps	tribution conducted per year															
Strengthened Health System for Deliver	Health Information System	Improve the health status of Abians through the provision of timely, appro	Strengthen institutional framework and coordination for HIS at all levels		**Quaterly review meeting of the HDGC/HDDC**	Number of quarterly HDGC/HDCC meting conducted	Hall, refreshment, trasportation, projector	Data producers and users in state	State HMIS Unit/ SMOH/ LGA			**1**	**1**	Training report		"		SMOH/ SPHCDA/ partners			

y of p a c k a g e of e ss e n ti al H e al t h c ar e s er vi c e s		pri ate an d reli abl e he alt h inf or ma tio n ser vic es at all lev els, for evi de nc ed bas ed de cisi on ma kin g.																			
			Stre ngth en capa city to gen		**12.1.2 a printing of HMIS TOOLS**	**12.1.2 a printing of**	Printing cost	Printing cost	SMOH(DPRS), SPHCDA			**1**		Tools distribution Voucher/ Delivery		"		Tools distribution			

			erate, transmit, analyze and utilize routine health data, from all health facilities, including private health facilities.			**HMIS TOOLS**			AND PARTNERS					note				Voucher/ Delivery note			
					12.1.2 c monthly Data harmonization/validati	Number of data validation	Trasportation, refreshment, venue	Health facility records	State HMIS officer			**3**	**3**	Number HMIS tools distributed to HFs		"		SMOH/ SPHCDA/ part			

					on review meeting at the LGA level	meetings conducted		personnel									ners			
					12.1.2. d Conduct Quarterly facility level supportive supervision and mentoring visits and institute QISS model	Number of quarterly supportive supervisory visits conducted	Trasportation, refreshment.	Health faciility	LGA ISS team			**1**	**1**	Supervision report		"		SMOH/SPHCDA/partners			
					12.1.2 e Conduct quarterly DQA for 10	Number of DQA exercise	DQA checklist, transportation	Health faciility	State SMOH, SPHCDA HMIS/			**1**	**1**	DQA report		"		SMOH/SPHCDA/pa			

					percent (80 health facilities) public and private HF's	conducted			M&E teams									rtners		
			Enhance strategic partnerships at the national and international levels for the promotion and timely dissemination of rese		**Supporting Annual publications of public health interest in international journals**	Number of publications facilitated by SPHCDA	Transportation,media coverage,lunch	LGA SPHCDA staff	ES ABS PHCDA				1	Evidence of Publication in recognised journals		"		SMOH/SPHCDA/partners		

			arch findings																		
	9. HUMAN RESOURCE FOR HEALTH	ENSURE COORDINATION AND PARTNERSHIP FOR ALIGNING INVESTMENT OF CURRENT AND FUTURE NEED	Strengthen institutional capacities of HRH coordinating structures		Production and distribution of adopted National policy(taskshifting and tasksharing policy)	production and distribution of tasksharing and taskshifting policy done.	printing of 1000 copies of tasksharing and taskshifting policy .2 days transportation for 18 persons for dissemination		ABS PHCDA/ LGHAS			1		DISTRIBUTION LIST		"					

		S																		
			Strengthen institutional capacities of HRH coordinating structures		Conduct situation analysis on HRH at PHC levels	situation analysis conducted	staff time	All staff	ABS PHCDA/ LGHAS			1		DISTRIBUTION LIST		"					
					2 day training of managers on tasks haring and tasks hifting policy(7 management staff from ABSPHCDA and 17 LGHAS)	2 day training held.	Non residential 2 day training for 24 persons	7 ABSPHCDA staff and 17 LGHAS	ABS PHCDA/ LGHAS			1		PICTURES,TRAINING REPORT,ATTENDANCE		"					

			Strengthen/establish HRIS at ABS PHCDA and LGHA		**Print and distribute HRIS data tools to all PHCs in the LGA.**	printing and distribution done d.	1000 copies of HRIS data tool printed and distributed	All PHCs, LGHAS	ABS PHCDA/ LGHAS				1	DISTRIBUTION LIST		"					
					Update the OICs on the HRIS data tool	HRIS Update done.	staff time	All OICs	M&Es from all the 17 LGAs and state M&Es				1	Not costable		"					
			Establish mechanisms for annual HRH reviews and reporting		**Conduct annual personnel auditing and verification exercise**	Annual personnel audit exercise cond	2 days auditing per LGA(2 PERSONS PER LGHA)	Staff from 17 LGHAs	ABS PHCDA/ LGHAS			1		Audit report,		"					

			for evidence and decision making at the State and LGA levels			ucted														
			Improve the production of HRH research evidence through monitoring and evaluation mechanisms		**Conduct a survey on the strength and weaknesses of HRH workforce in LGHAs**	survey conducted.	Transportation for 85 personnels (5 per LGHA). Production of survey questionnaires.	All staff	ABS PHCDA/ LGHAS			**1**		SURVEY report, printed copy of questionnaire, pictures		"					

		Ensure the production of adequate number of qualified health workers	Strengthen the quality assurance for HRH training institutions for producing frontline health workers		**Hold meeting with relevant stakeholders to discuss the outcome of the survey**	meeting held	1 day meeting for 30 stakeholders, Refreshment for 30 stakeholders	All staff	ABS PHCDA/ LGHAS			**1**		Attendance, minutes of the meeting,		"					
					Disseminate survey result to stakeholders	survey result disseminated	Transportation for 18 persons for dissemination.	All staff	ABS PHCDA/ LGHAS				**1**	despatch list,		"					
		Ensure effective	Strenghthen mechanism		**review the current statu**	deployment status	staff time	All staff	ABS PHCDA/ LGHAS			**1**		Not costable		"					

		health workforce management through retention, deployment, work condition, motivation and performance ma	for deployment and retention of HRH at PHC LEVELS		**s of deployment**	reviewed															

		nagement																		
					produce and distribution of a clear job description manual	job description manual produced and distributed	1000 copies of job description manual	LGH A staff, ABS PHCDA	ABS PHCDA/ LGHAS				**1**	PRINTED COPIES MANUAL		"				
					Develop and institute a system of recognition and sanction	personnel appraisal carried out.	not costable	All staff	ABS PHCDA/ LGHAS				**1**	APPRAISAL REPORT		"				
INCREASE	6. NON COMMUNICABLE DISE	6.1 REDUCE MOBIDITY	6.1.1 PROMOTE GENERATIO		**REVIEW AND ADAPT NATIONAL**	NATIONAL POLICY AN	1. TRANSPORT STIPEND, REFRESHMENT, ACCOMODATION FOR PARTICIPA	STAKEHOLDERS IN	SMOH, SPHCDA, LGHA, LGA		1		1	REPORTS, RECIEPTS/VOUCHERS,ATTENDANCE		"				

DUTILIZATIONOFESSENTIALPACKAGEOFHEALTHCARESERVI	ASE, CARE OF THE ELDERLY, MENTAL HEALTH, ORAL AND EYE HEALTH	AND MORTALITY DUE TO NCDS (CANCERS, CARDIOVASCULAR DISEASES, CHRONIC OBSTRUCTIVE AIRWAYS)	N OF EVIDENCE FOR DECISION MAKING FOR PLANNING AND IMPLEMENTATION OF NCD INTERVENTION		**POLICY AND GUIDELINES ON NCDS**	D GUIDELINES IS REVIEWED	NTS. (2) STATIONARIES AND WRITING MATERIALS	THE STATE HEALTH SYSTEM	ADVISORY COMMITTEE MEMBERS, AGENCY BOARD MEMBERS											

CES																				
				6.1.1.2	**2 DAY COMMUNITY WIDE SURVEY ON NCDS AND RISK FACTORS IN 2 COMMUNITIES PER LGA OF THE STATE**	DISEASE SURVEILLANCE AND SUPPORTIVE SUPERVISION CONDUCTED IN ALL THE 17 LGAs OF ABIA STAT	TRANSPORT STIPEND, PRODUCTION OF DATA TOOLS, REFRESHMENT	STAKEHOLDERS IN THE STATE HEALTH SYSTEM	SPHCDA, LGHA		1	1		REPORTS, RECIEPTS/VOUCHERS ,PICTURES		"					

						E														
				6.1.1.3	**COMMUNITY SENSITIZATION AND SCREENING FOR CARDIOVASCULAR DISEASES (High blood pressure)**	COMMUNITY MEMBERS IN THE 17 LGAs ARE SENSITIZED AND SCREENED	HIRING OF 1 PUBLIC ADRESS SYSTEM PER LGA, PROVIDING 10 BP APPARATUS PER LGA, ENGAGING 5 SUPPORT STAFF PER LGA AND 2 STATE STAFF, HIRING OF VIDEO COVERAGE AND PHOTOGRAPHS, TRANSPORTATION, ENTERTAINMENT	THE ELDERLY IN THE VARIOUS COMMUNITIES	SPHCDA, LGHA			1		1	ATTENDANCE, RECEPTS/VOUCHERS, PICTURES, REPORTS		"					
			BUILT CAPACITY OF HEALTH CARE PROVIDERS ESP	**6.1.1.4**	**TRAINING AND RETRAINING 50 HEALTH CARE PROVIDERS**	CAPACITY OF 50 HEALTH CARE PROV	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS	850 HEALTH CARE PROVIDERS	SPHCDA, LGHA			1			ATTENDANCE, RECEPTS/VOUCHERS, PICTURES ,REPORTS		"					

			ECIALLY AT PHC IN PREVENTION AND SCREENING FOR NCDS		**PER LOCAL GOVERNMENT ON NCDS SERVICES**	IDERS PER LOCAL GOVERNMENT AREA, ON NCDS BUILTH	, PAYMENT FOR RESOURSE PERSONS													
				6.1.1.5	**BUILD CAPACITY OF 34 M&E OFFICERS IN THE LGAs ON DATA GENERATION, COLLECTION, COLLATIO**	THE CAPACITY OF 34 M&Es IN ABIA ARE BUILTH	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS , PAYMENT FOR RESOURSE PERSONS	STAKEHOLDERS IN ALL STRATA OF THE HEALTHSY	SMOH, SPHCDA, LGHA			1		REPORTS AND ATTENDANCE		"					

					N AND REPORTING ON NCD SERVICES			STEM												
			6.1.2 INTENSIFY ADVOCASY,IEGISTLATION, SOCIAL MOBILIZATION AND BEHAVIOUR CHANGE COMMUNICATION FOR NCD PREVENTION	**6.1.2.1**	**ADVOCACY VISIT TO RELEVANT STAKEHOLDERS (EXECUTIVE AND LEGISLATIVE) FOR SUPPORT AND LEGISLATION ON NCDs PREVENTION AND CONTROL**	ADVOCASY TO RELEVANT STAKEHOLDERS IN 17 LGAs DONE	TRANSPORTATION, IEC MATERIALS, REFRESHMENT	STAKEHOLDERS	SMOH, SPHCDA, LGAHA		1			RECEIPTS, REPORT		"					

			AND CONTROL		**IN 17 LGA**															
				6.1.2.2	**OBSERVING OF THE WORLD HEALTH DAYS FOR MENTAL , CADIOVASCULAR,EYE,CARE OF THE ELDERLY AND ORAL HEALTH**	4 WORLD HEALTH DAYS OBSERVERED	TRANSPORTATION, IEC MATERIALS ,REFRESHMENT	COMMUNITY MEMBERS	SPHCDA, LGHA		1	1	1	RECEIPTS, REPORT		"					
			PROMOTE DEMAND FOR NCD SERVICES	**6.1.2.3**	**1 DAY ADVOCACY VISIT TO STAKEHOLDERS (17 LGA**	COMMUNITY SENSITIZATION AND	TRANSPORTATION, IEC MATERIALS , REFRESHMENT	HEALTH STAKEHOLDERS IN TH	SPHCDA, LGHA		1	1	1			"					

					CHAIRMAN ,1TRADITIONAL RULERS \ NDIEZE.2 LEADERS FROM1 CBOs , 1 FBOs ,1 YOUTH1, WOMEN AND MEN GROUPS	ADVOCASY CARRIED OUT TO ALL THE STAKEHOLDERS		E 17 LGAs												
		PROMOTE THE HEALTH AND WELLBEING	PROMOTE ENABLING POLICY ENVIRONMENT FOR PROGRAMIN	**6.1.2.4**	**ENGAGE 5 VOLUNTERS FROM CSOs PER LGA FOR A MONTHLY HOM**	INSTITUTIONALIZED ELDERLY HOMES ESTA	TRANSPORTATION	ELDERLY PERSONS	SMOH, SPHCDA, LGHA		1	1	1	RECEIPTS, REPORTS,PHOTOGRAPHS		"					

		OF THE ELDERLY IN Abia	G FOR THE ELDERLY		**E BASED CARE OF THE ELDERLY**	BLISHED IN ALL LGAs OF ABIA STATE														
INCREASED UTILIZATION OF ESSENTIAL P	HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEALTH	PROMOTE THE WELLBEING OF INDIVIDUALS AND COMMUNITIES THROUG	STRENGHTNING COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP OF HEALTH PROMOTION		**SENSITIZE YOUTH GROUPS IN THE 292 WARDS OF ABIA STATE ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMO**	YOUTHS IN 17 LGAs ARE SENSITIZED ON CONSEQUENCES OF RISKY HEALTH BEHA	TRANSPORTATION, HIRING OF PUBLIC ADRESS SYSTEM, LIGHT REFRESHMENTS, PRODUCTION OF IEC MATERIALS, PHOTOGRAPH COVERAGE, STATIONARIES	YOUTHS	LGHA		1	1		RECIEPTS AND REPORTS		"					

ACKAGE OF HEALTH CARE SERVICES		HPROTECTION FROM HEALTH RISKS AND PROMOTION			**KING AND CONSEQUENCES**	VIOURS														
					1-DAY ORIENTATION OF 20 COMMUNITY HEALTH PROMOTERS PER LGA	HEALTH PRACTITIONERS WILL CASCADE THE	TRANSPORTATION STIPENDS, LIGHT REFRESHMENT, STATIONARIES, HIRING OF PROJECTORS	HEALTH PROMOTIONERS	SPHCDA, LGHA				1	ATTENDANCE,RECIEPTS/VOUCHER, REPORT		"					

					ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES	ORIENTATION TO THE COMMUNIUTY MEMBERS														
					LAUNCH A WEEKLY MEDIA CAMPAIGN ON A RADIO STATION ON THE PREVENTION OF NCDs	REDUCTION IN THE PREVALENCE OF NCDs IN THE LGAs	RADIO ANNOUNCEMENT, JINGLES	MEMBERS OF THE COMMUNITIES	SPH CDA, LGHA			1		RECEIPTS, REPORTS/VOUCHERS,ATTENDANCE		"					
					TRAI	CA	TRANSPOR	W	SPH			**1**		ATTEN		"				

					N 10 WDC MEMBERS PER WARD (TOTAL 2920) ON THE PROPER DISSEMINATION OF RELEVANT INFORMATION ON NCDs TO COMMUNITY MEMBERS	PACITY IS BUILT FOR THE WDCs IN ALL THE WARDS OF THE STATE	T STIPENDs FOR WDC MEMBERS, STATIONARIES, HIRING OF PROJECTORS, REFRESHMENT,	DCMEMBERS	CDA, LGHA					DANCE, RECEIPTS/VOUCHERS, PICTURES							
					PUBLIC ENLIGHTENMENT ON RISKY HEAL	JINGLES AIRED	PRODUCTION OF JINGLES .AIRING OF JINGLES .	GENERAL PUBLIC	SPHCDA ,SMoH, LGHA UNICEF		**1**	**1**	**1**	RECIEPT, REPORT.		"					

					TH BEHAVIOURS THROUGH WEEKLY PRODUCTION AND AIRING OF JINGLES															
					CONDUCT STAKEHOLDERS MEETING AT THE 17 LGAs TO AGREE ON WAYS TO PROMOTE HEALTHY LIVING WITH	HEALTH PROMOTION INFORMATION DISCEMINATED	TRANS[PORTATION, REFRESHMENT, STATIONERIES,	FBOs ,CBOs ,	SPHCDA,SMoH , LGHA		**1**	**1**		ATTENDANCE, RECEIPTS/VOUCHERS, PICTURES		"					

					IN THE LGAs															
					MAP OUT FOOD AND WATER VENDORS IN ABIA.	FOOD AND WATER SURVELLANCE SYSTEM STRENGTHENED IN 17 LGAs OF ABIA	TRANSPORTSTION, STATIONERIES, REFRESHMENT,PICTURES,	BUCHERS, PIG FARMERS, WATER VENDORS AND EATRIES	SPHCDA,SMoH , LGHA		**1**	**1**	**1**	ATTENDANCE, RECEIPTS/VOUCHERS, PICTURES		"					
					BIMONTHLY SUPERVISION (BY FOOD SCIENTIS	ALL FOOD AND WATER VEEN	TRANSPORTATION	FOOD AND WATER VE	SPHCDA,SMoH , LGHA		**1**	**2**	**2**	REPORT, PICTURES, RECEIPTS		"					

					TS AND ENVIRONMENTAL OFFICERS) OF FOOD AND WATER VENDORS WITHIN THE 17 LGAs	DORS IN 17 LGAs INSPECTED AND CLEARED BIMONTHLY		NDORS												
					CONDUCT A TRAINING OF TRAINERS OF 6 HEALTH WORKERS PER LGAS ON FOOD AND WAT	FOOD AND WATER SAFETY INCULCATED ON HEALTHW	PROCUREMENT OF SAFETY MATERIALS, PROJECTORS,ENTERTAINMENTS,TRANSPORT,STATIONARIES	FOOD SCIENTIFIC OFFICERS	ABS PHCDA, LGHA		1		1	ATTENDANCE, RECEIPTS/VOUCHERS, PICTURES		"					

					ER SAFETY	ORKERS															
Increase utilisation of essential pack age of health care ser	4.Reproductive, Maternal, Newborn, Child, Adolescent Health	4.1 Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate and effective he	4.1.1 Improve access to focused Antenatal and Postnatal Care	**4.1.1a**	**Conduct 1 day quarterly state stakeholders review Meeting to review focused antenatal and post natal care. (7 persons per LGA drawn from LGA health authority team,**	Stakeholder advocacy/review meeting done	refreshment, hall rental, transportation	LGA health workers, stakeholders, community leaders.	LGHA	**1**	**1**	**1**	**1**	Attendance, minutes, picturesz		"					

vices		althcare services before, during and after child birth.			**health facility OIC's and 5 state team members.)**															
					Distribute 1000 mama's kit per LGA to incentivise facility-based delivery	**1.** Number of facility-based deliveries **2.** Number of mothers	delivery mat, I pk of ladies sanitary pad, pampers, methylated spirit, disinfectant, baby soap, surgical blades, hand gloves, chlorohexydene, cotton wool, oxytocin injection, detergent	Pregnant mothers	LGHA, HF OIC's			**1**		Pictures, delivery vouchers		"					

						that received mama's kit at health facilities														
					Conduct a 1 day quarterly sensitization meeting in one ward per LGA (6 LGA team members from the LGA health auth	Number of sensitizations done at the ward	transportation	Community members, general population	LGHA	**1**	**1**	**1**	**1**	Attendance, Pictures, minutes		"					

					ority team .															
			Expand coverage of skilled delivery services		**Conduct 5 days non residential training on focused antenatal and post-natal care at the state level for 57 Doctors, Nurses and Midwives. (1 doctor per LGA , 2 Nurses/Midwiv**	1. Number of Doctors trained. 2. Number of Nurses trained. 3. Number of Midwives trained	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Doctors, nurses, midwives, LGAHA team	LGA HA				**1**	Attendance, pictures		"					

					es per LGA and 6 state team members) (2 facilitators)																
					Conduct 3 days non-residential training on skilled delivery for 105 mid wives and S. Chews(6 per LGA drawn from mid wives and S.	Number of midwives and S.Chews trained.	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Midwives, Senior Chews	ABS PHCDA/ LGHA			**1**		Attendance, Pictures		"					

					Chews and 3 facilitators.)															
					Conduct 2 Days non-residential Training of 10 Medical Officers at state level on Obstetric Referals from PHCs. (10 Medical Officers, 1 each from each 10 General hospitals	Number of medical officers trained	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Medical officers	ABS PHCDA				**1**	Attendance, Pictures		"					

					and 2 facilitators).															
			Promote advocacy, community Mobilization and Behaviour Change Communication for Safe Motherhood Services		**Conduct 1 day training for 20 persons on IPC Skill at LGA level (1 Safe motherhood FP per LGA and 3 facilitators)**	Number of safe motherhood focal person trained.	training materials, hall rental, transportation, tea break, lunch, stationeries	LGA Safe Motherhood person	LG HAS					Pictures		"					
			Improve quality of care for safe mot		**Conduct 5 days bi-annual QISS visits at**	1. Number of facility-bas	Transportation	LGA health workers	SPHCDB, LGA HAS					QISS Report		"					

			herhood services		**the LGA level using 170 persons from the LGA HAS team and state team. (9 persons from the LGA HAS team per LGA and 17 state team members, one each for the teams in each LGA)**	ed deliveries 2. Number of mothers that received mama's kit at health facilities															
					Conduct 2 day	Number	Transportation, hall rental,	LGA he	SPHCDB,			**1**	**1**	attendance, pictur		"					

					state review meeting for 60 participants to review the QISS report at state level. (3 persons per LGA from the LGA HA team and 9 state team persons)	of review meetings held	stationeries	alth workers	LGA HAS					es							
					Hold quarterly review meeting on safe	Number of quarterly rev	Transportation, hall rental, stationeries	LGA health workers	SPHCDB, LGA HAS			**1**	**1**	attendance, pictures		"					

					motherhood services in the state for 55 persons. (1 HAS, 1 SM-FP and 1 LGA M&E officer per LGA and 4 state team members).	iew meetings held														
		Reduce significantly morbidity and mortal	Expand access to integrated vector control interventions		**Advocacy visit to donor agencies for Abia to be covered by entyomol**	Advocacy visit conducted	Transportation, refreshment	PHCDA	Abia State PHCDA				**1**	Attendance, pictures		"					

		ity due to Malaria and move towards pre-elimination levels			**ogical surveys.**																
					Conduct Knowledge, Attitude and Practices Survey on net utilization. (14 days survey)	Survey Conducted	Survey cost for 14 days	PHCDA	Abia State PHCDA			**1**		Survey Report		"					

					Support 28 slots of radio jingles for sensitization in all LGA's, targetting rural communities.	Radio jingle aired	2 slots per day for 2 weeks	General population (community members)	Abia State PHCDA			**1**		Payment Receipts, Compact disk of Jingles		"					
					Hold 7 day Bi-annual LLIN distribution in all health facilities as a form of continuous net distributio	Bi-annual LLIN distribution conducted.	Transportation cost for HF OIC's for 7 days, twice yearly.	Communities	LGA HAS/RBM FP		**1**		**1**	delivery vouchers		"					

					n															
			Strengthen laboratory services for diagnosis of malaria at all levels		**Conduct 2 weeks TOT(master) training for 17 laboratory microscopists in advanced malaria microscopy, each for the 17 LGA's.**	TOT master training conducted	training materials, hall rental, transportation, breakfast, lunch	Laboratory Microscopists from the LGA	Abia State PHCDA			**1**		Attendance, pictures		"					
					Conduct 1 day training/retraining for 17 Malaria	1 day Training conducted	training materials, hall rental, transportation, breakfast, lunch	LGA RBMFP, STATE RBM	Abia State PHCDA		**1**			Attendance, pictures		"					

					Focal persons and 3 State Team Members on the use of malaria diagnostic KIT			team members												
			Improve availability of and access to commodities and supplies for treatment of uncomplicated and severe		**Procure and distribute ???? ACTs and other malaria commodities for distribution to health facilities**	Procurement and distribution of commodities conducted	Contact the state RBM focal person for quantification.	LGA HF's	Abia State PHCDA	**1**	**1**	**1**	**1**	Procurement documents, Delivery vouchers.		"					

			malaria																	
					Conduct 3 days training for 22 persons (RBM manager, State Malaria logistics officer and 17M FPs) on commodity management	Training on commodity management conducted.	training materials, hall rental, transportation, breakfast, lunch	LGA RBMFP, STATE RBM logistics officer	Abia State PHCDA				**1**	Attendance, pictures		"					
			Expand use of IPT among pregnant women atte		**Procure and distribute ???? Sulphurdoxine Pyremethamin**	Commodity procured	To contact the state RBM focal person for quantification.	LGA HF's	Abia State PHCDA	**1**	**1**	**1**	**1**	Procurement documents, Delivery vouchers.		"					

			ndin g ANC		**e for distri butio n to healt h facili ties**															
					Avail IPT durin g MNC H week	IPT av ail able for pre gn ant wo me n du rin g M NC H we ek.	No cost	Pr eg na nt M ot he rs	LGA HAS /HF OIC				**1**	Pictur es, Regist ers used during MNCH .		"					
			Stre ngth en syst ems for qual ity assu ranc e and qual ity		**Adap t and print and distri bute 5,000 copie s of SOP's for mala ria diagn**	5,0 00 co pie s of SO P's ma lari a dia gn osi	printing cost, transportati on for distribution to facilities	LG A HF 's	Abi a Stat e PHC DA/ LGA HAS		**1**			Payme nt receip t, proof of supply , delive ry vouch ers.		"					

			control of malaria diagnosis and treatment.		**osis**	s printed and distributed.														
					Hold 1 day Quarterly Quality Control Meeting for 20 persons in each LGA (Laboratory Scientists/ technicians from LGA HF's)	Quarterly quality control meeting held	transportation, breakfast, lunch	LGA Laboratory scientists	LGA HAS /LGA TBLS	**1**	**1**	**1**	**1**	Attendance, pictures, EQA report		"					
			Promote		**Hold 1 day dece**	World	Hall rental, refreshment	GHC	LGA HAS /LG				1	Attendance, pictur		"					

			active community participation in malaria control initiative		**ntralized world malaria day celebration in each LGA**	malaria day celebration held		W's, Community	ARBMFP					es							
					Hold 2 day quarterly sensitization visits per LGA to Community gatekeepers on malaria prevention	2 day sensitization visits held	transportation, refreshment,	Community gatekeepers	LGA HAS	**1**	**1**	**1**	**1**	Pictures		"					
		Ensure uni	Strengthen		**Conduct 5 days**	Training	Hall rental, refreshment, training	LGA HF	ABS PHC DS/			**1**		Attendance, pictur		"					

		versal access to high quality, client-centred TB/Leprosy diagnosis and treatment services for the reduction in the incide	TB case detection, diagnostic capacity and access to quality treatement services.		**centralized training for 50 Health Care Workers (one from each HF) on TB identification, diagnosis and treatment of tuberculosis.**	conducted	materials, transportation	staff	ABIA STB LCP					es							

		nce and prevalence of tuberculosis/leprosy in Nigeria.																		
					Conduct 2 day centralized External Quality Assurance meeting for 70 laboratory technicians and	EQA meeting conducted	Hall rental, refreshment,	LGA Laboratory scientists and technicians.	ABS PHCDS/ ABIA STBLCP				**1**	Attendance, pictures		"				

					laboratory scientists. (3 from each LGA and 2 facilitators)																
					Print 10,000 copies of IEC matrials (5,000 handbills and 5,000 posters)	IEC materials printed	printing cost, transportating coion for distribution to facilities	LGA HF's	ABS PHCDS/ ABIA STB LCP	**1**				Payment receipts, delivery vouchers,		"					
			Promote demand for TB services		**Conduct 5 day quarterly mass communication and sensitization camp**	5 day sensitization condu cetd	Transportation	Community mebers	ABIA STB LCP /LGA HAS	**1**	**1**	**1**	**1**	Receipts, attendance		"					

					aign in 5 communities in the state.															
					Conduct 2 day training on Community Sensitization and Mobilization skills for 17 LGA TB Supervisors.	Training conducted	Hall rental, breakfast, lunch, training materials, transportation	LGA TBLS	ABIA STBLCP/LGA HAS				**1**	Attendance,		"					
					Procure and install 12 New Gene Xpert machines,	17 Gene-xpert machines pr	Cost of motorcycles, transportation for delivery of otorcycle	LGA HF	ABS PHCDS/ ABIA STBLCP		**1**			Pyment vouchers, delivery vouchers, gene-xpert		"					

					one in each LGA in the state without a gene-xpert machine for TB diagnosis.	ocured and installed								sites						
			Expand access to TB diagnosis and treatment services for persons co-infected by TB and HIV		**Hold 5 day DOTs training for 12 GHCW's from 12 ART sites not offering TB services, for full take off of TB servicesa in**	DOTs training conducted	Hall rental, breakfast, lunch, training materials, transportation	HFWORKERS	ABSTBLCP	**1**				Attendance, pictures,		"					

					the state .																
1. Enabled environment for attainment of sector outcome	1 LEADERSHIP AND GOVERNANCE FOR HEALTH	1.1 Provide clear policy, plans, legislative and regulatory framework for the health sector	1.1.2. Scale-up strategic and operational planning at all levels		**3Days Training of 3 persons at LGA to develop annual work plans for the LGHA**	number of person trained at LGA level	Refreshment (lunch and tea break),Transportation, projector, stationary	Health worker	SPHCDA and LGA			**1**	**1**	REPORT, AND PICTURES		"					

s																					
					Training of 3 persons within the finnance department on the existing fianancial management system	number of finance staff trained	Transportation,lunch	account officers	SPHCDA and LGA			**1**	**1**	report, Attendance		"					
					•Conduct 3-day residential meeting with HAS and all OIC to develop operational for	HAS and number OIC in attendence	hotel accommodition, Hall, Transport, Tea break and Launch	Healthworker	SPHCDA and LGA			**1**	**1**	Attendance, pictures,		"					

					the LGA ● Conduct 1 day validation meeting to adopt it into LGA operational health plan ● Printing and dissemination of adopted plan ● ●																
					● Conduct 2 Days routine M&E visits	No of visit to facilities	Transportation	Health worker	SPHCDA and LGA			**1**	**1**	Attendance ana Report		"					

					to facilities monthly to evaluate performance/implementation of SSP by LGA teams																

2019

OSISIOMA LGA Annual Operational Plan

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017 - 21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity	Output Indicator ({SHDP 2017-21}	Cost Elements / details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame				Activity Means of Verification	Total Cost	Total Amount	Expen Classif
										Quarterly frequency {only numbers allowed}						-	
Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017 - 21}	Strategic Interventions / Output Results {SHDP2017-21}	Act. Code	Activity					Q1	Q2	Q3	Q 4			-	
	Step 1					Step 2									Step 4		
1. Enabled environment for attainment of sector outcomes	1 LEADERSHIP AND GOVERNANCE FOR HEALTH	Provide clear policy, plans, legislative and regulatory framework for the health sector	Promote review and development of polices and laws as necessary		**Conduct an alignment meeting with 15 members of the LGHA advisory committee to obtain their**	meeting with advisory committee conducted	1 day meeting for 15 persons(transport, lunch)	LGHA advisory committee	ABSPHCDA/LGHAS			**1**		Minute of meeting, Attendance list		"	

					buy-in and pass the law through the house of assembly												
			Scale-up strategic and operational planning at all levels		3 days training of 18 ward focal persons and 8 program officers within the LGHA to develop annual operational plans for the LGHA.	18 ward focal persons and 8 program officers trained within the LGHA	Refreshment (lunch and tea break), hall, projector, stationary, transport	Ward focal persons	SPHCDA /LGHA			**1**		Attendance list,training report	108,000.00	0.00	
		Strengthen transparency and accountability in planning, budgeting and procurement process	Strengthen Public Finance Management system including oversight in Fund disbursement and utilization in the LGHA.		**2 daysTraining of 5 finance staff within the finnance department of the LGHA on the existing fianancial**	5 finance staff trained .	Refreshment (lunch and tea break), hall, projector, stationary	Finance staff	SPHCDA/ LGHA			**1**		Attendance list,training report		"	

					manege ment system												
			1.2.2 Strenghten the linkages between various planning and budgeting process(MTEF /MTSS		**● Conduct 1 day joint review meeting for 7 Health planning and budgetti ng staff in the LGHA ● ●**	ONE DAY MEETING CONDUCTED	Refreshment ,Lunch and Transport	Budget and planning staff	SPHCDA / LGHA			**1**		Minute of meetin g, Attenda nce list		"	
			Strengthen voice and accountability , including community participation, CSO engagement.		**Support transpor t and logistics for Mapping of CSOs in the LGHA for 2 days Print CSOs directory in the LGHA**	total number of CSOs mapped and 100 copies of directories printed.	tranport for 5 persons and printing cost	CSOs	LGHA			**1**		printed copy of the director ies.		"	
					● Conduct 1-day quarterl y review meeting for 5	number of the CSOs in the attendence	Hall, transport and lunch	CSOs	SPHCDA and LGHA			**1**	**1**	Minute of meetin g, Attenda nce list			

					CSOs in the LGHA ● ●												
		Improve health sector performance through regular integrated reviews and reports	Institutionalize the mechanism for sector progress status and performance review		**● 1 Day data review meeting with 70 OICs , from both public & private clinic in the LGHA** ● ●	No of stakeholder in attendence.	Hall, transport, LUNCH,PAS,	OICS, M&Es	LGHA		**1**	**1**	**1**	Minute of meeting, Attendance list		"	
					• Conduct 5 Days routine M&E visits to SDPs and facilities quaterly to evaluate performance/implementation by LGHA teams • •	No of visit to SDPs and facilities	Transport	Health facilities staff	HAS and M&E officers		1	**1**	**1**	transport receipt, visitor's register.		"	
			Disseminate sector performance		**• Conduct 1 day**	No of attendence of data	Hall ,Transport, and Lunch	Data managers	LGHA M&E		**1**	**1**	**1**	Minute of meetin		"	

			reports and score cards in compliance with NHAct and other channels		**quaterly meeting for 70 data managers in the PHCs on Data sharing/feedback** **•** **•**	mangers from PHCs		(M&Es)						g, Attendance list			
			Design and institutionalize an incentivization and reward system for the efficient performance of the LGHA staff.		**Reward for the best 3 performing wards in the LGHA on all interventions**	3 best Wards REWARDED	no cost	3 best Wards	LGHA			1		list of the awarded staff, pictures.		"	
	2.Community Participation and Ownership	To strengthen community level coordination mechanisms and capacities for health planning.	Strengthen institutional and coordinating mechanisms for promotion of community participation		**• Conduct 2 days sensitization meeting for WDC chairman and ward focal persons to strengthen the activities of WDC**	36 persons sensitized	transport for distribution	WDCs and ward focal person	SPHCDA and LGHA			1	1	Minute of meeting, Attendance list		"	

					in the LGHA (18 WDC and 18 focal persons)												
					● 1 day community meeting with persons (3 per Ward) comprising of CHIPs at the LGA ● 5 Resource persons ●	Meeting conducted for 59 persons(54 from communities , and 5 from the LGHA)	transport, lunch	community/ward	LGHA				1	PICTURES, MINUTE , REPORT , ATTENDANCE		"	
					●distribution of copies of IEC materials for all health interventions	distribution of IEC materials.	Transport for distribution.	communities.	SMO		1	1	1	LIST OF WARDS DISTRIBUTED		"	
					● sensitization meeting for VDCs,WDC, YOUTHS, women	sensitization meeting conducted.	Transport for 62 persons , lunch, PAS.	The communities.	LGHA		1	1		Minute of meeting, Attendance list		"	

					leaders, religious leaders												
	3.Partnerships for Health	Ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance of the health sector	Promote the adoption and utilization of national policies and guidelines on PPP		**• Conduct quarterly supportive supervision visits to 70 health facilities in the LGHA to ensure compliance • •**	Copy of checklist	transport	Health facilities staff	LGHAS, LGHA TEAM		**1**	**1**	**1**	ODK FILLED AND SUBMITTED, PICTURES		"	
			Promote partnerships with communities to address felt needs of the communities		**conduct 1 day community dialogue with representative of youth, women group, CHIPS ,community leaders and traditional rulers in the LGA.**	Dialogue conducted	transport, lunch	communities.	LGHA/ SMO				**1**	Attendance,report.		"	
			Strengthen													"	

			implementation of Health Service Charters at all levels, with Civil Society Organisations, traditional and religious institutions to promote the concept of citizen's rights and entitlement to quality, accessible basic health services; and														
Increased utilisation of essential package of health care services	4.Reproductive, Maternal, Newborn, Child, Adolescent Health	Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate and effective healthcare services before, during and after child birth.	Improve access to focused Antenatal and Postnatal Care		**conduct quality assurance on FAC postnatal for the 70 PHCs within the LGA for 3 days**	Quality assurance conducted.	transportation for 3 persons from LGA team.	facility staff	LGHAS, SMHFP,M&E		**1**	**1**	**1**	report from quality assurance conducted		"	
					Distribute 1000 mama's kit to	**1.** Number of facility-based deliveries	Fueling of LGHA vehicle (30 litres per day for 2	Pregnant mothers	LGHA, HF OIC's				1	distribution list		"	

					health facilities within the LGA	**2.** Number of mothers that received mama's kit at health facilities	days.)										
			Expand coverage of skilled delivery services		**Conduct 5 days non residential training on tasksharing and taskshifting for 80 CHEWs .**	Tasksharing and taskshifting done.	training materials, hall rental, transportation for 133 CHEWs, tea break, lunch, stationeries.	CHEWs	Nurse/ Midwives			1		attendance list,training report		"	
					Conduct 3 days non-residential training on skilled birth for 20 midwives and 60 Chews(6 per ward, 3 facilitators.)	training on tasks sharing and taskshifting conducted.	training materials, hall, transportation, tea break, lunch, stationeries, facilitator fee and transport	Midwives, Chews	ABSPHCDA/LGHA			1		Attendance list,training report		"	
Increase utilization of essential package of health	5.Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS)	Reduce significantly morbidity and mortality due to Malaria and move	Expand access to integrated vector control interventions		**Conduct Knowledge, Attitude and Practices**	Survey Conducted	Survey cost for 14 days	LGHA STAFF	ABSPHCDA/LGHA			1		SURVEY REPORT		"	

care services	And Neglected Tropical Diseases	towards pre-elimination levels			**Survey on net utilization. (14 days survey)**												
					Support 2 slots of radio jingles for sensitization in the LGA targetting the communities.	Radio jingle aired	1 slots per day for 2 weeks	General population (community members)	ABSPHCDA/LGHA			1		Receipt of booking		"	
					Hold 7 day Bi-annual LLIN distribution in all health facilities as a form of continuous net distribution	Bi-annual LLIN distribution conducted.	Transportation cost for HF OIC's for 7 days, twice yearly.	Communities	LGHAS/ RBM FP				1	list of LLIN distributed		"	
					Conduct 1 day training/ retraining for Malaria Focal person and 42 OICs on	1 day Training conducted	training materials, hall transportation for 45 persons(1 FP, 42 OICs and 2 FACILITATORS) breakfast,	LGHA STAFF	ABSPHCDA/LGHA				1	ATTENDACE LIST ,TRAINING REPORT		"	

					the use of malaria rapid diagnostic KIT		lunch										
					Distribute ACTs to health facilities	distribution of ACTs conducted	Fueling of LGHA vehicle (30 litres per day for 2 days.)	LGA HF's/communities	LGHAS/ RBM FP				1	Inventory list from health facility		"	
					conduct awareness campaign in 18 wards on malaria prevention and control	Awareness campaign conducted	IECs materials, transport for 18 WFPs ,21 OICs, RBMFP.(40 PERSONS)	cmmunities/ wards	RBMFP/ WFP			1		Transport receipt, pictures		"	
			Strengthen laboratory services for diagnosis of malaria at all levels		**2 days retraining of 20 laboratory technicians on appropriate use of test kits in the LGHA**	retraining conducted	transport for 22 persons(20 lab technicians, 2 facilitators), training materials,hall, teabreak and lunch for 2 days.	Lab technicians in LGA	ABSPHCDA/LGHA				1	Attendance list, report, pictures		"	
			Expand use of IPT among pregnant women attending ANC		**5 dyas distribution IPT during MNCH week by**	IPT distributed to pregnant women during MNCH	transport for oics and ward focal persons	Pregnant Mothers	LGHA/ RBMFP			1	1	distribution list		"	

					the 42 oics and 18 ward focal persons.	week.											
			Strengthen systems for quality assurance and quality control of malaria diagnosis and treatment.		**Distribute copies of SOP's for malaria diagnosis and treatment.**	copies of SOP's distributed.	staff time	HFs staff	LGHA/ RBMFP			1		distribution list		"	
			Promote active community participation in malaria control initiative		**Hold 1 day decentralized world malaria day celebration in the LGA**	World malaria day celebration held	Hall rental, refreshment	HCW's, Community	LGA HAS/ LGA RBM FP		1			pictures		"	
					Hold 2 day quarterly sensitization visits per LGA stakeholders(CHIPs) on malaria prevention	2 day sensitization visits held	transportation,	Wards	LGHAS			1	1	attendance list		"	
		Ensure universal access to high quality,	Promote demand for TB services		**2 days quaterly Distribution of**	IEC materials distributed	transport for distribution to facilities(18	Wards/ communities	WFPs/ OICs			1	1	Distribution list		"	

		client-centred TB/Leprosy diagnosis and treatment services for the reduction in the incidence and prevalence of tuberculosis/leprosy in Nigeria.			**IEC materials**		WFPs and 24 OICs).										
			Scale up paediatric TB diagnosis and treatment services		**Conduct 3 day training for 60 Health workers(18 WFPs and 42 OICs) on childhood TB diagnosis.**	Training conducted	Hall, teabreak, lunch, training materials, transportation for 60 persons.	HF WORKERS	ABSPHCDS/ABIA STBLCP/LGHA				1	Attendance list, report, pictures		"	
			Strengthen collaboration with and capacity of CHIPs to support TB programming.		**One day training for 36 master trainers (2 persons per ward) to retrain all the CHIPs at the community level, on recogniti**	Training conducted	Hall rental, teabreak, lunch, training materials, transportation for 2 facilitators	HF WORKERS, CHIPs	LGHA			1		Attendance list, report, pictures		"	

					on and referal of Presumptive TB and DR-TB cases,												
			Integrate Leprosy control into the general health services		**Hold one day meeting with 20 stakeholders to Develop guideline/protocol for integration of Leprosy into primary health care services.**	guideline/ protocol developed	Hall rental, breakfast, lunch, transportation	General population (community members)	ABSPHCDS/ABIA STBLCP				1	Minute of meeting, Attendance list		"	
					Conduct one day training for 40 PHC workers on identification, diagosis and referral of Leprosy cases.	training conducetd	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPHCDA/LGHA				1	Attendance list, report, pictures		"	
		Significantly reduce the	Expand access to		**Conduct 3 day**	Training conducted	Hall rental, breakfast,	HF WORKER	LGHA				**1**	Attendance list,		"	

		incidence and prevalence of HIV/AIDS in Nigeria by 2021	Minimum Package of Preventive Interventions (MPPI) for HIV targeting key and general populations		**master training for 20 persons on MPPI for HIV**		lunch, training materials, transportation, facilitator fee	S						report, pictures			
					Conduct 1 day quarterly sensitization visit of community leaders in 1 community in HIV high burden area on MPPI for HIV	Sensitization visit conducted quarterly	Hall rental, refreshment, transportation	Commuity leaders, Gneral population	LGHA		**1**	**1**	**1**	Minute of meeting, Attendance list		"	
					Conduct 1 day (3X quaterly) review meeting for 18 PMTCT OICs and 2 persons from LGA team.	3 review meetings done quaterly.	Hall rental, lunch, transport	OICs	LGHA/ SPIU		**1**	**1**	**1**	Minute of meeting, Attendance list		"	
			Strengthen		**1 day**	review	Hall rental,	WFPs	LGHA/			**1**		Minute		"	

			referral and linkages between HIV/ AIDS services and other health and social services		**meeting to review HIV/AIDS services linkages and referrals (18 participants -1 PER WARD)**	meeting held	lunch, training materials, transportation.		LACA desk officer					of meeting, Attendance list			
			Promote injection safety and health care waste management practices		**Conduct 2 day training for 50 health care workers on waste management and injection safety**	health workers trained on waste management and injection safety done.	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	GHCW's	LGHA				**1**	report , pictures		"	
			Strengthen community systems to support HIV/ AIDS programming for key and general populations													"	
			Strengthen community systems to support HIV/ AIDS programming													"	

			for key and general populations														
					Conduct 1 day training for 50 CHIPs as peer educators on HIV care and support	1 day Training conducted	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	CHIPs/ community members	LGHA/ LACA desk officer			**1**		training report,attendance list		"	
						3 quaterly sensitization meeting done.	Hall, teabreak, lunch, training materials, transportation for 60 persons.	wards/ communities	LACA OFFICER/LGHA			**1**	**1**	Minute of meeting, Attendance list		"	
			Improve the logistics and supply chain management for all HIVAIDS-related drugs and commodities.			logistics tools distributed	50L OF FUEL	HF staff	LACA OFFICER/LGHA			**1**	1	distribution list		"	

		Reduce the incidence, morbidity and mortality due to viral hepatitis.	Expand access of key and general populations to viral hepatitis prevention, screening and treatment services													"	
			Expand coverage of interventions for prevention of mother-to-child transmission of viral hepatitis				To be quantified	populace	HAS/LIO				**1**	pictures		"	
																"	
			Expand coverage of interventions for prevention of mother-to-child transmission of viral hepatitis													"	
		Reduce morbidity, disability and mortality due to targeted Neglected Tropical	Strengthen advocacy, social mobilization and behaviour change			Advocacy meeting conducted	Transport for 20 persons	Commun ity Leaders	LGHA			**1**		Minute of meetin g, Attenda nce list		"	

		Diseases (NTDs) and improve quality of life of those affected.	communication for NTDs														
						BCC materialsdistributed.	no cost	health facilities	LGHA			**1**		distribution list		"	
			Scale up delivery of integrated preventive chemotherapy packages and other packages.		**conduct quaterly 7 days Distribution of**	albendazole and ivermectine distributed	transport for 44 frontliners and 196 CDDs	populace	LGHA/ NTD Manager			**1**	**1**	distribution list		"	
INCREASED UTILIZATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES	6. NON COMMUNICABLE DISEASE, CARE OF THE ELDERLY, MENTAL HEALTH, ORAL AND EYE HEALTH	REDUCE MOBIDITY AND MORTALITY DUE TO NCDS (CANCERS, CARDIOVASCULAR DISEASES, CHRONIC OBSTRUCTIVE AIR WAYS)	PROMOTE GENERATION OF EVIDENCE FOR DECISION MAKING FOR PLANNING AND IMPLEMENTATION OF NCD INTERVENTION													"	
					2 DAY	DISEASE	TRANSPORT	STAKE	SPHCDA,			**1**		SURVEY		"	

					COMMUNITY WIDE SURVEY ON NCDS AND RISK FACTORS IN 5 wards within the LGA.	SURVEILLANCE AND SUPPORTIVE SUPERVISION CONDUCTED	, REFRESHMENT	HOLDERS IN THE LGA.	LGHA					REPORT			
					COMMUNITY SENSITIZATION AND SCREENING FOR CARDIO VASCULAR DISEASES (High blood pressure)	Sensitization conducted.	transport for 5 HCWs per ward(3x18) 54 HCWs.	Community members	SPHCDA, LGHA				**1**	pictures		"	
			BUILT CAPACITY OF HEALTH CARE PROVIDERS ESPECIALLY AT PHC IN PREVENTION AND SCREENING FOR NCDS		**TRAINING AND RETRAINING 70 HEALTH CARE PROVIDERS within the LOCAL GOVERNMENT ON**	training on NCDs done.	Hall, transport, LUNCH, training materials, PAS	HCWs	SPHCDA, LGHA				**1**	training report,attendance list		"	

					NCDS SERVICES												
					BUILD CAPACITY OF 70 health facility M&E OFFICERS IN THE LGAs ON DATA GENERATION, COLLECTION, COLLATION AND REPORTING ON NCD SERVICES	Capacity building done.	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS, PAYMENT FOR RESOURSE PERSONS	STAKE HOLDERS IN ALL STRATA OF THE HEALTH SYSTEM	SPHCDA, LGHA			**1**		training report,attendance list		"	
			PROMOTE DEMAND FOR NCD SERVICES													"	
		PROMOTE THE HEALTH AND WELLBEING OF THE ELDERLY IN NIGERIA	PROMOTE ENABLING POLICY ENVIRONMENT FOR PROGRAMING FOR THE ELDERLY		**ENGAGE 5 VOLUNTEERS the CHIPs in the LGA FOR A quaterly HOME BASED CARE OF THE ELDERLY**	INSTITUTIONALIZED ELDERLY HOMES ESTABLISHED within the LGA.	NOT COSTABLE	THE ELDERLY	LGHA			**1**	**1**	data reported		"	
INCREAS	HEALTH	PROMOTE	STRENGHTNI		**SENSITIZ**	SENSITIZATI	TRANSPORT	YOUTHS	LGHA				**1**	Minute		"	

ED UTILIZATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES	PROMOTION AND SOCIAL DETERMINANTS OF HEALTH	THE WELL BEING OF INDIVIDUALS AND COMMUNITIES THROUGH PROTECTION FROM HEALTH RISKS AND PROMOTION	NG COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP OF HEALTH PROMOTION		**E YOUTH GROUPS IN THE 18 WARDS WITHEN THE LGA ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES**	ON DONE	ATION, HIRING OF PUBLIC ADRESS SYSTEM, LIGHT REFRESHMENTS, PRODUCTION OF IEC MATERIALS, PHOTOGRAPH COVERAGE, STATIONARIES							of meeting, Attendance list			
					1- DAY ORIENTATION OF 20 COMMUNITY HEALTH PROMOTERS WITHIN THE LGA ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQ	COMMUNITY HEALTH PROMOTERS ORIENTATED	TRANSPORTATION STIPENDS, LIGHT REFRESHMENT, STATIONARIES, HIRING OF PROJECTORS	COMMUNITY PROMOTERS	SPHCDA, LGHA			**1**		Minute of meeting, Attendance list		"	

					UENCES												
					TRAIN 18 WDC MEMBERS ON THE PROPER DISSEMINATION OF RELEVANT INFORMATION ON NCDs TO COMMUNITY MEMBERS	CAPACITY IS BUILT FOR THE WDCs IN ALL THE WARDS	TRANSPORT STIPENDs FOR WDC MEMBERS, STATIONARIES, HIRING OF PROJECTORS, REFRESHMENT,	WDC MEMBERS	SPHCDA, LGHA				**1**	training report,attendance list		"	
			STRENGHTEN HEALTH PROMOTION COORDINATION MECHANISM		**CONDUCT STAKEHOLDERS MEETING AT THE LGA TO AGREE ON WAYS TO PROMOTE HEALTHY LIVING WITHIN THE LGAs**	HEALTH PROMOTION INFORMATION DISCEMINATED	TRANS[PORTATION, REFRESHMENT, STATIONERIES,	CHIPs	SPHCDA, LGHA			**1**		Minute of meeting, Attendance list		"	
																"	

		PROMOTE FOOD HYGIENE AND SAFETY FOR THE REDUCTION OF ILLNESSES ASSOCIATED WITH UNWHOLESOME FOOD	STRENGTHENING SYSTEM FOR FOOD AND WATER SAFETY SURVEILLANCE													"	
: Strengthened health system for delivery of package of essential health care services	9. HUMAN RESOURCE FOR HEALTH	ENSURE COORDINATION AND PARTNERSHIP FOR ALIGNING INVESTMENT OF CURRENT AND FUTURE NEEDS	Strengthen institutional capacities of HRH coordinating structures		distribution of adopted National policy(taskshifting and tasksharing policy)	distribution of tasksharing and taskshifting policy done.	transportation for 18 persons for dissemination	All staff	LGHA			**1**		distribution list		"	
			Strengthen institutional capacities of HRH coordinating structures		Conduct situation analysis on HRH at PHC levels	situation analysis conducted	staff time	All PHCs	LGHA TEAM			**1**		report from quality assurance conducted		"	
					2 day training of managers on tasksharing and taskshiftin g policy(24 managers from LGHA)	2 day training held.	Non residential 2 day training for 24 persons	7 ABSPHCDA staff and 17 LGHAS	ABSPHCDA/LGHAS			**1**		Attendance list, report, pictures		"	

			Strengthen/establish HRIS at ABSPHCDA and LGHA		**distribute HRIS data tools to all PHCs in the LGA.**	distrisbution doned.	staff time	All PHCs, LGHAS	ABSPHCDA/LGHAS			**1**		distribution list		"	
					Update the OICs on the HRIS data tool	HRIS Update done.	staff time	All OICs	M&Es from all the 42 facilies LGA			**1**		UPDATE REPORT		"	
			Establish mechanisms for annual HRH reviews and reporting for evidence and decision making at the Federal and State levels		**Conduct annual personnel auditing and verification exercise**	Annual personnel audit exercise conducted	2 days auditing in the LGA(5 PERSONS)	financial personnel	ABSPHCDA/LGHAS			**1**		Audit report		"	
			Improve the production of HRH research evidence through monitoring and evaluation mechanisms		**Conduct a survey on the strength and weaknesses of HRH workforce in LGHAs**	survey conducted.	Transportation for 5 personnels in the LGHA). Production of survey questionnaires.	HCWs	ABSPHCDA/LGHAS			**1**	**1**	SURVEY REPORT		"	
		Ensure the production of adequate number of qualified health workers	Strengthen the quality assurance for HRH training institutions for producing frontline health		**Hold meeting with relevant stakeholders to discuss the**	meeting held	1 day meeting for 10 stakeholders , Refreshment for 10 stakeholders	STAFF	ABSPHCDA/LGHAS			**1**		Attendance list and minute		"	

			workers		**outcome of the survey**												
					Disseminate survey result to stakeholders	survey result disseminated	Transportation for 18 persons for dissemination.	stakeholders	LGHA				1	SURVEY REPORT		"	
		Ensure effective health workforce management through retention, deployment, work condition, motivation and performance management	Strenghthen mechanism for deployment and retention of HRH at PHC LEVELS		**review the current status of deployment**	deployment status reviewed	staff time	Staff	LGHAS			1		REVIEW REPORT		"	
					distribution of a clear job description manual	job description manual distributed	staff time	All staff	LGHA			1		LIST OF DISTRIBUTION		"	
					Develop and institute a system of recognition and sanction	personnel apprasial carrried out.	not costable	All staff	LGHAS				1	list of awarded staff		"	
Strengthened Health System for	Medicines Vaccines and other Health technology and supllies	Strengthen the availability and use of affordable,	Strengthen the development and implementati		**Coduct training/ refresher training**	training conducted	training materials, refreshment	supply chain officers	LGHA			1		Attendance list, report, pictures		"	

Delivery of package of essential Health care services		accessible and quality medicines, vaccines, and other health commodities and technologies at all levels.	on of legal, regulatory framework, policies and plans for drugs, vaccines , commodities and health technologies at all levels		**of Supply Chain officers**												
					Quaterly supervisory visits to Drug Revolvoing Fund Facilities in LGA by the LGHA	quartely supportive supervison conducted	transport for 5 LGHA team	LGHA staff	LGHA			1	1	pictures , report		"	
					strenghten capacity of 5 LGHA cold chain officers on forcasting	cold chain officers trained on commodity forcasting	Transport	LGHA cold chain officers	LGHAS/ LIO			1				"	
			Strengthen integrated supply chain management system and quality assurance models for medicines, vaccines,		**Maintenance of Existing LGA, and PHC Storage Facility including Cold chain**	Number of functional Storage Facility and cold Chain	Repair cost, transportation, fuelling cost	LGA Health Facility	LGHAS/ LIO/CCO			1		pictures		"	

			commodities and other technologies with a functional logistics management information system (LMIS)														
					Quarterly supportive supervison of cold chain store in the 70 health facilities within the LGA to ensure adherence to quality assurance	quarterly supportive supervison visits conducted	Supervison checklist, ODK configuration cost	HF Staff	LGHAS/ LIO/CCO			1	1	supervision checklist, ODK submitted		"	
					Quarterly procurement and distribution of Vaccines and safety commodities to	Quarterly Procurement and distribution conducted.	Transportation	staff	LGHAS/ LIO/CCO			1	1	vaccine collection voucher		"	

					70 facilities												
Strengthened Health System for Delivery of package of essential Health care services	Health Information System	Improve the health status of Nigerians through the provision of timely, appropriate and reliable health information services at all levels, for evidenced based decision making.	Strengthen institutional framework and coordination for HIS at all levels		**Distribution of copies of the National HMIS Policy document**	distribution conduction.	transport to HFs	LGA, Health facilites	LGHA					COPY OF HMIS SEEN IN HFs		"	
																"	
			Strengthen capacity to generate, transmit, analyze and utilize routine health data, from all health facilities, including private health facilities.		**DISTRIBUTION of HMIS TOOLS to HFs within the LGA**	HMIS tools distributed	staff time	Health facilities	OICs/ WFPs			**1**		COPY OF HMIS SEEN IN HFs		"	
					monthly Data hamornaization/validation review meeting	data validation meetings conducted	Trasportation, refreshment,	Health facility M&Es	LGHA M&Es		**1**	**1**	**1**	Number HMIS tools distributed to HFs		"	

					at the LGA level												
					Build capacity /Refresher training of relvent personnel on HMIS data mangement and DHIS.	capacity building/refresher training sessions condcted on HMIS and DHIS	hall, training materials, transportation, M&E	Health facility M&Es	LGHA M&Es			**1**		training report		"	
					Conduct Quarterly facility level supportive supervision and mentoring visits and institute QISS model	quarterly supportive suppervisory visits conducted	Suppervison checklist, ODK	Health faciility	LGA TEAM			**1**	**1**	Supervision report		"	
					Conduct quarterly DQA for 10 percent (70 health facilites) public and 2 private	Number of DQA exercise condcuted	DQA checklist, transportation	Health facilities	SPHCDA HMIS/ M&E teams			**1**	**1**	DQA report		"	

					HF's												
Protection from Health Emergency and risks	Public health emergencies ; preparedness and response	Reduce incidence and impact of public health emergencies in Abia.	Promote an integrated national disease surveillance system in line with International Health Regulation (IHR) and IDSR		**BUILD CAPACITY OF DISEASE SURVEILLANCE PERSONNELS WITHIN THE LGA FOR 3 DAYS.**	• DISEASE SURVEILLANCE PERSONNELS TRAINED • •	transportation,hiring of hall,refreshment.	DSNO AND ASSISTANT	DISEASE SURVEILLANCE UNIT		**1**	**1**	**1**	TRAINING ATTENDANCE AND REPORT		"	
																"	
			Scale-up public education and awareness creation on public health emergencies		**CARRY OUT SURVEILLANCE NEEDS ASSESSMENT AT LGA**	•NEEDS ASSESSMENT CARRIED OUT •SENSITIZATION ON PUBLIC HEALTH CONDUCTED • NUMBER OF IEC MATERIAL DEVELOPED AND DISTRIBUTED	staff time	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT		**1**	**1**	**1**	ATTENDANCE,REPORT AND PICTURE		"	
					CONDUCT SENSITIZATION AND PUBLIC ENLIGHTENEMEN	Sensitization conducted.	cost of transportation,media coverage,hall,refreshment.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT			**1**	**1**	ATTENDANCE,REPORT AND PICTURE		"	

					T ON PUBLIC HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE OFFICERS IN THE WDC AND VDC FOR 3 DAYS												
			Promote integration of disease surveillance activities at all levels of the health care system													"	
predictable financing and risk protection	Health financing	Increase sustainable and predictable revenue for health	Alignment of health allocations to State priorities													"	
					Hold a day meeting to Select the milestone, that is who does what considering timeframe	Meeting conducted for 59 persons(54 from communities, and 5 from the LGHA)	transportation,freshment	communities				**1**		Minute of meeting, Attendance list		"	

					of the project.												
					Effective monitoring and supervision	Monitoring report available.	transportation	HFs staff	ABSPHCDA/LGHA		**1**	**1**	**1**	report from quality assurance conducted		"	
			Strengthen Coordination Frameworks and TWGs for health financing		**Establish coordination frameworks and appoint a Health Financing focal person at the LGA level and 18 wards engage stakehohers to make a case for heath as an investment for job creation.**	• TWG in health care financing established • TWG trained and sponsored for workshop • Quarterly meeting of TWG conducted	staff time	Health workers, Health practitioners,.	ABSPHCDA/LGHA			**1**		PICTURES		"	

Ugwunagbo LGHA Annual Operational Plan 2019 A

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP 2017 - 21}	Strategic Interventions/ Output Results {SHDP 2017-21}	Act. Code	Activity	Output Indicator ({SHDP 2017-21}	Cost Elements / details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame Quarterly frequency {only numbers allowed}	Activity Means of Verification	Total Cost	Total Amount -	Expenditure Classification	Funding Source(s) Name	State Contribution to activities	Expected Contributions from other Sources	Priority Ranking

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP 2017 - 21}	Strategic Interventions/ Output Results {SHDP 2017-21}	Act. Code	Activity					Q1	Q2	Q3	Q4			-					
	Step 1					Step 2									Step 4			Step 5			Step 6
1. Enabled environment for attainment of sector outcomes	1 LEADERSHIP AND GOVERNANCE FOR HEALTH	1.1 Provide clear policy, plans, legislative and regulatory framework for the health sector	1.2.2 Strengthen the linkages between various planning and budgeting processes(MTEF/MTSS	**1.2.2.a**	**Conduct 1 day joint review meeting for 5 Health planning and budgetting staff in the LGA**	number of staff trained	Refreshment,Hall, Tea break launch and Transport	LGA HAS	SPHCDA, LGA HAS				**1**	attendance, pictures, minutes		"					
			1.2.3 Strengthen voice and accountability, including comm	**1.2.3.a**	**• Conduct 1-day quarterly review meeting for 15 health sector CSOs in the LGA to review**	number of the CSOs in the attendence	Hall, transport Tea break and launch	CSOs	SPHCDA and partner			**1**		attendance, pictures, minutes		"					

			unity participation, CSO engagement.		**activities**																
		1.3. Improve health sector performance through regular integrated reviews and reports	1.3.1. Strengthen annual operational/work-plan for the health sector	**1.3.1.a**	**• Conduct 3-day meeting of 20 LGA stakeholders in the health sector to develop operational plan for the LGA**	number of meeting held	hotel accommodition, Hall, Transport, Tea break and Launch	stakeholder SPHCDA	SPHCDA and partners			**1**		minutes, attendance, pictures		"					
			1.3.3. Institutionalize the mechanism for sector progress status and performance review	**1.3.3.a**	**1 Day data review meeting with 15 stake holders/policy makers in the LGA**	1. Number of meetings held 2.Number of stakeholders attending the breview meeting	Hall, transport Tea break and launch	ES, HAS and stakeholders	LGA HAS			**1**		Pictures, attendance		"					
				1.3.3.b	**Support 1 day OIC meeting for 41 Public**	Number of meetings held	Hall, transport Tea break and	HAS and PHC worker	LGA HAS			**1**		Pictures, attendance		"					

					Health Facilities and LGA M&E officer for review of program activities		launch														
			1.3.4. Disseminate sector performance reports and score cards in compliance with NHAct and other channels	**1.3.4.a**	**Support one day meeting of 10 program officers, 5 LGA management team, LGA M&E officer and LGA HAS for sharing of program feedback.**	Number of meetings held.	Hall Transport, Tea break and Launch	Data managers	LGA HAS			**1**		Attendance, minutes		"					
			1.3.5. Design and institutionalize an incentivization and reward system for the efficient perfor	**1.3.5.a.**	**Reward for the best 3 performing public facilities in the LGA on all interventions**	Number of best performinghealth facilities	Cash incentive	3 best health facilities	LGA HAS			**1**	**1**	Pictures		"					

			mance of the health sector at all levels																		
	2.Community Participation and Ownership	2.1. To strengthen community level coordination mechanisms and capacities for health planning.	2.1.1.Strengthen institutional and coordinating mechanisms for promotion of community participation	**2.1.1.a**	**Conduct 2 days meeting to review the activities of WDC with a view to strengthen the WDC in the LGA (50 people in attendance drawn from WDC, youths, CHIPS)**	Number of meetings held Number of WDC attending the meeting	Hall rental, lunch, transportation	WDCs	LGA HAS				**1**	Attendance, pictures		"					
			2.1.2. Strengthen financial management systems at the community levels	**2.1.2.a**	**1 day training of 30 WDC members on financial management**	Number of trainings held number of WDC's that	Hall rental, lunch, transportation	WDC	LGA HAS			**1**		Attendance, pictures		"					
		2.2. To strengt	2.2.1. Streng	**2.2.1.**	**• 1 day re-**	nymber of people	Hall rental,	WDC, VDC,	LGA HAS				**1**	Attendance, pictures,		"					

		hen community engagment in the implementation, monitoring and evaluation of health programs	hten capacities of communities to facilitate the implementation of community and facility level minimum service package(MSP)	**a**	**orientation meeting for 40 WDC, VDC, TBAs at the LGA level**	who wttended e re-orientation	lunch, transportation	TBA						minutes							
	3.Partnerships for Health	3.1. Ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance	3.1.10. Promote effective partnership with professional groups and other relevant stakeholders through jointly setting	**3.1.10.a.**	**4 days contiuonous professional development education programme for 30 people drawn from the LGA HAS unit who are members of professional bodies**	Number of health works who received continuous programl opmentprofessional deve	Hall rental, lunch, transportation	Health facility workers	LGA HAS					Attendance, pictures,		"					

		of the health sector	standards of training by health institutions, subsequent practice and professional competency assessments;		**(PCN,WAHEC,CHPRB,NMCN, HROPN AND LAB SCI)**																
			3.1.14. Promote partnerships with communities to address felt needs of the communities	**3.1.14.a**	**conduct 1 day community dialogue with representative of youth, woman group, CBO, FBO, community leaders and traditional ruler (5 LGA staff to attend)**	Number of community sensitizatioin held	transportation	general population	LGA HAS					Attendance, pictures, minutes		"					
Increased utilisati	4.Reproductive, Maternal,	4.1 Reduce maternal	4.1.1 Improve access to	**4.1.1a**	**Conduct 1 day quarterly state stakehold**	Stakeholder advocacy/ review meeting	refreshment, hall rental, transportation	LGA health workers,	LGHA	**1**	**1**	**1**	**1**	Attendance, minutes, picturesz		"					

on of essential package of health care services	Newborn, Child, Adolescent Health	mortality and morbidity through the provision of timely, safe, appropriate and effective health care services before, during and after child birth.	focused Antenatal and Postnatal Care		**ers review Meeting to review focused antenatal and postnatal care. (10 persons drawn from LGA health authority team and health facility OIC's)**	done		stakeholders, community leaders.													
				4.1.1.b	**Distribute 1000 mama's kit to incentivise facility-based delivery**	**1.** Number of facility-based deliveries **2.** Number of mothers that received mama's kit at health facilities	Cost already capturd in the state PHCDA AOP	Pregnant mothers	LGHA, HF OIC's			**1**		Pictures, delivery vouchers		"					
				4.1	**Conduct a**	Number	transport	Com	LGHA	**1**	**1**	**1**	**1**	Attendance,		"					

				.1.c	**1 day quarterly sensitization meeting in one ward (6 LGA team members from the LGA health authority team.)**	of sensitizations done at the ward	ation	munity members, general population					Pictures, minutes								
			4.1.2. Expand coverage of skilled delivery services	**4.1.2.a**	**Conduct 3 days non residential cascade training on focused antenatal and post-natal care at the LGA level for Doctors, Nurses and Midwives. (1 doctor and 14 Nurses/Midwives)**	1. Number of Doctors trained. 2. Number of Nurses trained. 3. Number of Midwives trained	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Doctors, nurses, midwives, LGA HA team	LGA HA				**1**	Attendance, pictures		"					
				4.1.2.b	**Conduct 3 days non-residential training on skilled delivery**	Number of midwives and S.Chews trained.	training materials, hall rental, transportation, tea	Midwives, Senior Chews	ABSP HCDA /LGHA			**1**		Attendance, Pictures		"					

					for 20 midwives and S. Chews		break, lunch, stationeries, facilitator fee and transport														
				4.1.1.c	**Conduct a 1 day quarterly sensitization meeting in one ward (6 LGA team members from the LGA health authority team.)**	Number of sensitizations done at the ward	transportation	Community members, general population	LGHA	**1**	**1**	**1**	**1**	Attendance, Pictures, minutes		"					
			4.1.2. Expand coverage of skilled delivery services	**4.1.2.a**	**Conduct 3 days non residential cascade training on focused antenatal and post-natal care at the LGA level for Doctors, Nurses and Midwives. (1 doctor and 14**	1. Number of Doctors trained. 2. Number of Nurses trained. 3. Number of Midwives trained	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Doctors, nurses, midwives, LGA HA team	LGA HA				**1**	Attendance, pictures		"					

					Nurses/Midwives) (2 facilitators)																
			4.1.3. Promote advocacy, community Mobilization and Behaviour Change Communication for Safe Motherhood Services	**4.1.3.a**	**Conduct 1 day cascade training for 15 persons on IPC Skill at LGA level**	Number of safe motherhood focal person trained.	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	LGA Safe Motherhood person	LG HAS				**1**	Pictures		"					
Increase utilization of essential package of health care serv	5.Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS) And Negle	5.1. Reduce significantly morbidity and mortality due to Malaria and move towards pre-	5.1.2. Strengthen laboratory services for diagnosis of malaria at all levels	**5.1.2.a**	**Conduct 2 weeks cascade training for 20 laboratory microscopists in advanced malaria microscopy. (2 facilitators to be**	Number of laboratory microscopists trained	training materials, hall rental, transportation, breakfast, lunch	Laboratory Microscopists from the LGA	Abia State PHCDA			**1**		Attendance, pictures		"					

ices	cted Tropical Diseases	elimination levels			**engaged)**																
			5.1.7. Strengthen systems for quality assurance and quality control of malaria diagnosis and treatment.	**5.1.7.a**	**Hold 1 day Quarterly Quality Control Meeting for 20 Laboratory Scientists /technicians from HF's offering malaria microscopy service in the LGA.**	1. Number of meetings held 2. Number of laboratory scientists/ technicians attending quality control meeting	printing cost,	LGA HF's	Abia State PHCDA/LGA HAS		**1**			Payment receipt, proof of supply, delivery vouchers.		"					
			5.1.8. Promote active community participation in malaria control initiative	**5.1.8.a**	**Hold world malaria day celebration in the LGA**	Number of world malaria day celebfration held	Hall rental, refreshment	GHCW's, Community	LGA HAS/LGA RBM FP				**1**	Attendance, pictures		"					
				5.1.8.b	**Hold 2 day quarterly sensitizati**	Number of quarterly sensistiza	transportation	Community gatek	LGA HAS			**1**	**1**	Pictures		"					

					on visits to Community gate keepers on malaria prevention (5 LGA staff from HAS unit to be engaged)	tion visits held		eepers													
		5.2. Ensure universal access to high quality, client-centred TB/Leprosy diagnosis and treatment services for the reduction in the incidence and prevalence of tuberc	5.2.1. Strengthen TB case detection, diagnostic capacity and access to quality treatement services .	**5.2.1.b**	**Conduct 5 days centralized training for 50 Health Care Workers (one from each HF) on TB identification, diagnosis and treatment of tuberculosis. (1 facilitator)**	Training conducted	Hall rental, refreshment, training materials, transportation	LGA HF staff	ABSP HCDS/ ABIA STBLCP			**1**		Attendance, pictures		"					

		ulosis/leprosy in Nigeria.																			
				5.2.1.c	**Hold 1 day Quarterly Quality Control Meeting for 20 Laboratory Scientists /technicians from HF's offering Tuberculosis services in the LGA.**	Number of people attending	Hall rental, refreshment,	LGA Laboratory scientists and technicians.	ABSP HCDS/ ABIA STBLCP			**1**	**1**	Attendance, pictures		"					
			5.2.2.Promote demand for TB services	**5.2.2.b**	**Conduct 5 day quarterly mass communication and sensitization campaign in 5 communities in the state. (2 officers from the LGA TB Unit)**	Number of sensitization visits conducted	Transportation	Community memebers	ABIA STBLCP/LGA HAS			**1**	**1**	Receipts, attendance		"					

			5.2.4. Scale up paediatric TB diagnosis and treatment services	**5.2.4.c**	**Conduct 3 day cascade training for 30 Health facility workers on childhood TB diagnosis. (1 facilitator)**	Number of health workers trained	Hall rental, breakfast, lunch, training materials, transportation	HF WORKERS	ABSP HCDS/ ABIA STBLCP		**1**			Attendance, pictures,		"					
			5.2.6. Strengthen collaboration with and capacity of CBOs to support TB programming.	**5.2.6.a**	**One day cascade training of 30 CBO's at the community level, on recognition and referreal of Presumptive TB and DR-TB cases,**	Number of CBO	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS, CBO's	ABSP HCDS/ ABIA STBLCP	**1**				Attendance, pictures,		"					
			5.2.7. Strengthen mechanism for coordination of TB/ HIV	**5.2.7.a**	**Conduct a one day joint TB / HIV Quarterly Review meeting for 30 persons, to eview**	Number of TB/HIV QRM conducted	Hall rental, breakfast, lunch, transportation	HF WORKERS	ABSP HCDS/ ABIA STBLCP	**1**	**1**	**1**	**1**	Attendance, pictures, minutes		"					

			collaborative activities at all levels of health care.		**TB/HIV collaborative program. (one TBLS and one LACA and OIC's from PMTCT sites and 2 state officers, 1 from HIV and ne from TB program**															
			5.2.8.Promote innovative advocacy, social mobilization and behaviour change intervention for the prevention and control of TB	**5.2.8.a**	**Conduct 2 day training for 30 CBOs on Behavioural Change Communication Skills.**	Number of CBO's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSP HCDS/ ABIA STBLCP			**1**		Attendance, pictures,		"					
			5.2.10 Build capacit	**5.2.10.a**	**Train 30 OICs health**	Number of OIC's trained	Hall rental, breakfast	HF Workers	ABSP HCDS/ ABIA				**1**	Attendance, pictures,		"					

			y of all cadres of health staff (GHW, Physicians, and specialist) and community members on Leprosy case finding and case management		**facilities on identification, diagnosis and management of Leprosy.**		, lunch, training materials, transportation, facilitator fee		STBLCP												
				5.2.10.b	**Conduct 1 day training for 30 CBOs/community leaders from Leprosy endemic areas in the LGA on Leprosy case dectection, recognition and**	Number of CBO's and community leaders trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	CBO's, Community leaders	ABSP HCDS/ ABIA STBLCP				**1**	Attendance, pictures,		"					

					referral.																
			5.2.11. Integrate Leprosy control into the general health services	**5.2.11.b**	**Conduct one day training for 30 PHC workers on identification, diagosis and management of Leprosy cases.**	Number of health workers treained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSP HCDS/ ABIA STBLCP			**1**		Attendance, pictures,		"					
			5.2.12. Promote community based TB/Leprosy control initiatives	**5.2.12.a**	**Conduct 1 day advocacy visit to community stakeholders in one community per quarter to promote community based TB/Leprosy control initiatives (5 LGA team members)**	Number od advocacy visit conducted	Hall rental, refreshment, transportation	General population (community members)	ABSP HCDS/ ABIA STBLCP	**1**	**1**	**1**	**1**	Attendance, pictures, minutes		"					
		5.3. Significantly reduce	5.3.1. Expand access to	**5.3.1.a**	**Conduct 3 day cascade training**	Number of health workers treained	Hall rental, breakfast, lunch,	HF WORKERS	HF Workers					Attendance, pictures,		"					

		the incidence and prevalence of HIV/AIDS in Nigeria by 2021	Minimum Package of Preventive Interventions (MPPI) for HIV targeting key and general populations		**for 30 persons OIC's on MPPI for HIV**		training materials, transportation, facilitator fee													
				5.3.1.b	**Conduct 1 day quarterly sensitization visit of community leaders in 1 community in HIV high burden area on MPPI for HIV (3 LGA team members)**	number of sensitization visit conducted quarterly	Hall rental, refreshment, transportation	General population (community members)	Community leaders, Gneral population				**1**	Attendance, pictures,		"					
			5.3.2. Expand access of people living with	**5.3.2.a**	**Train 30 LGA general healthcare providers for 2 days**	Number of GHCW's trained	Hall rental, breakfast, lunch, training materials,	HF workers	ABSP HCDA / NCAPS SPIU/ SACA				**1**	Attendance, pictures,		"					

			HIV and AIDS to ART and co-infection management services.		**on ART and co-infection management (attendees drawn from facilities offering both TB and HIV services.**		transportation, facilitator fee														
			5.3.3. Promote universal access to quality PMTCT services	**5.3.3.c**	**Conduct 4 day quarterly PMTCT outreaches to four communities in the LGA (5 LGA team members)**	Number of outreaches conducted. Number of communities benefitting from the outreach	breakfast, lunch, training materials, transportation, facilitator fee	General population	ABSPHCDA/ NCAPS SPIU/ SACA			**1**	**1**	Attendance, pictures, minutes		"					
			5.3.7. Strengthen community systems to support HIV/AIDS programming for key and	**5.3.7.a**	**Constitute and Inaugurate on community Action Committee on AIDS**	Number of committee inaugurated	No cost	General population	ABSPHCDA/ NCAPS SPIU/ SACA				**1**	Pictures, Inauguration report		"					

			general populations																		
				5.3.7.b	**Conduct 1 day training for 30 CBOs as peer educators on HIV care and support**	Number of CBO's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	CBO's, Community leaders	ABSP HCDA / NCAPS SPIU/ SACA			**1**		Attendance, pictures		"					
		5.4.Reduce the incidence, morbidity and mortality due to viral hepatitis.	5.4.2. Expand access of key and general populations to viral hepatitis prevention, screening and treatment services	**5.4.2.b**	**Train 30 surveillance officers and community informants on viral hepatitis case detection**	Number of surveillance ofiicers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	surveillance officers	ABSP HCDA			**1**		Attendance, pictures,		"					
				5.4.2.c	**Conduct 1 day Training of 30 health care providers**	Number of health workers trained	Hall rental, breakfast, lunch, training materials,	HF workers, GHCW	ABSP HCDA				**1**	Attendance, pictures,		"					

					on provision of viral hepatitis services		transportation, facilitator fee														
			5.4.4. Expand coverage of interventions for prevention of mother-to-child transmission of viral hepatitis	**5.4.4.a**	**Screen pregnant women for infections or complications on hepatitis B**	Number of pregnant women screened	No cost	Pregnant women	ABSP HCDA				**1**	hepatitis screening register		"					
		5.5.Reduce morbidity, disability and mortality due to targeted Neglected Tropical Diseases (NTDs) and	5.5.1. Strengthen advocacy, social mobilization and behaviour change communication for NTDs	**5.5.1.a**	**Carry out 1 day advocacy meeting with Policy makers and community leaders from LGA. (15 participants)**	Number of advocacy meeting held	Tarnportation, lunch	Community Leaders	ABSP HCDA			**1**		Attendance, pictures		"					

		improve quality of life of those affected.																			
		5.4.Reduce the incidence, morbidity and mortality due to viral hepatitis.	5.4.2. Expand access of key and general populations to viral hepatitis prevention, screening and treatment services	**5.4.2.b**	**Train 30 surveillance officers and community informants on viral hepatitis case detection**	Number of surveillance ofiicers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	surveillance officers	ABSP HCDA			**1**		Attendance, pictures,		"					
INCREASED UTILIZATION OF ESSENTIAL PACKAGE OF HEA	8. HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEAL	8.1. PROMOTE THE WELL BEING OF INDIVIDUALS AND COMMUNITIES THROU	8.1.2. STRENGHTNING COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP	**8.1.2.a**	**1- DAY ORIENTATION OF 20 COMMUNITY HEALTH PROMOTERS PER LGA ON RISKY HEALTH BEHAVIOURS LIKE**	1. Number of orientations orientationconducted 2. Number of community health promoters who	TRANSPORTATION STIPENDS, LIGHT REFRESHMENT, STATIONARIES, HIRING OF PROJECTORS	HEALTH PROMOTIONERS	SPHCDA, LGHA			1		ATTENDANCE,RECIEPTS/ VOUCHER, REPORT		"					

LTH CARE SERVICES	TH	GH PROTECTION FROM HEALTH RISKS AND PROMOTION	OF HEALTH PROMOTION		**DRUG ABUSE, SMOKING AND CONSEQUENCES**	attended															
			8.1.3. STRENGHTEN HEALTH PROMOTION COORDINATION MECHANISM AT ALL LEVEL	**8.1.3.a.**	**PUBLIC ENLIGHTENMENT ON RISKY HEALTH BEHAVIOURS THROUGH PRODUCTION AND SHARING OF 10,000 FLIERS**	1. Number of fliers produced 2.Number of fliers shared	PRODUCTION OF JINGLES . AIRING OF JINGLES .	GENERAL PUBLIC	SPHCDA ,SMoH, LGHA UNICEF		**1**	**1**	**1**	RECIEPT, REPORT.		"					
Protection from Health Emergency and risks	Public health emergencies; preparedness and response	14.1. Reduce incidence and impact of public health emergencies in Abia.	14.1.4. Scale-up public education and awareness creation on public health emergencies	**14.1.4c**	**CONDUCT SENSITIZATION AND PUBLIC ENLIGHTENMENT ON PUBLIC HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE**		cost of transportation,media coverage ,hall,refreshment.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT			**1**		ATTENDANCE,REPORT AND PICTURE		"					

					OFFICERS IN THE WDC AND VDC FOR 7 DAYS																

Ukwa East LGHA Annual Operational Plan	2019	A

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017-21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity	Output Indicator ({SHDP 2017-21}	Cost Elements/ details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame	Activity Means of Verification	Total Cost	Total Amount	Expenditure Classification	Funding Source(s) Name	State Contribution to activities	Expected Contributions from other Sources	Priority Ranking
										Quarterly frequency {only number			-					

										s allowed }											
Strategic Pillar {SHDP 2017-21}	**Priority areas {SHDP 2017-21}**	**Objectives {SHDP2017-21}**	**Strategic Interventions/ Output Results {SHDP2017-21}**	**Act. Code**	**Activity**					**Q1**	**Q2**	**Q3**	**Q4**			**-**					
	Step 1					**Step 2**									**Step 4**		**Step 5**				**Step 6**
1. Enable environment for	1 LEADERSHIP AND GOVERNANCE FOR	1.1 Provide clear policy, plans, legislative and regulat	1.2.2 Strengthen the linkages between various plan	**1.2.2.a**	**Conduct 1 day joint review meeting for 5 Health planning and budge**	number of staff trained	Refreshment,Hall, Tea break launch and Transport	LGA HAS	SPHCDA, LGA HAS				**1**	attendance, pictures, minutes		"					

attainment of sector outcomes	HEALTH	ory framework for the health sector	ning and budgeting process (MTEF/MTSS		**tting staff in the LGA**																
			1.2.3 Strengthen voice and accountability, including community participation, CSO engageme	**1.2.3.a**	**• Conduct 1-day quarterly review meeting for 15 health sector CSOs in the LGA to review activities**	number of the CSOs in the attendence	Hall, transport Tea break and launch	CSOs	SPHCDA and partner			**1**		attendance, pictures, minutes		"					

			nt.																	
		1.3. Improve health sector performance through regular integrated reviews and reports	1.3.1. Strengthen annual operational/work-plan for the health sector	**1.3.1.a**	**• Conduct 3-day meeting of 20 LGA stakeholders in the health sector to develop operational plan for the LGA**	number of meeting held	hotel accommodition, Hall, Transport, Tea break and Launch	stakeholder SPHCDA	SPHCDA and partners			**1**		minutes, attendance, pictures		"				
			1.3.3. Institutionalize the mechanism for sector progress stat	**1.3.3.a**	**1 Day data review meeting with 15 stakeholders/policy makers in the LGA**	1. Number of meetings held 2.Number of stakeholders attending the breview meeti	Hall, transport Tea break and launch	ES, HAS and stakeholders	LGA HAS			**1**		Pictures, attendance		"				

			us and performance review			ng														
				1.3.3.b	**Support 1 day OIC meeting for 41 Public Health Facilities and LGA M&E officer for review of program activities**	Number of meetings held	Hall, transport Tea break and launch	HAS and PHC worker	LGA HAS			**1**		Pictures, attendance		"					
			1.3.4. Disseminate sector performanc	**1.3.4.a**	**Support one day meeting of 10 program officers, 5 LGA**	Number of meetings held.	Hall Transport, Tea break and Launch	Data managers	LGA HAS			**1**		Attendance, minutes		"					

			e reports and score cards in compliance with NH Act and other channels		**management team, LGA M&E officer and LGA HAS for sharing of program feedback.**															
			1.3.5. Design and institutionalize an incentivization and reward system for the	**1.3.5.a.**	**Reward for the best 3 performing public facilities in the LGA on all interventions**	Number of best performing health facilities	Cash incentive	3 best health facilities	LGA HAS			**1**	**1**	Pictures		"					

			efficient performance of the health sector at all levels																	
	2.Community Participation and Ownership	2.1. To strengthen community level coordination mechanisms and capacities for health planning.	2.1. 1.Strengthen institutional and coordinating mechanisms for promotion of community participatio	**2.1.1.a**	**Conduct 2 days meeting to review the activities of WDC with a view to strengthen the WDC in the LGA (50 people in attendance drawn from WDC,**	Number of meetings held Number of WDC attending the meeting	Hall rental, lunch, transportation	WDCs	LGA HAS				**1**	Attendance, pictures		"					

			n		**youths, CHIPS)**															
			2.1.2. Strengthen financial management systems at the community levels	**2.1.2.a**	**1 day training of 30 WDC members on financial management**	Number of trainings held number of WDC's that	Hall rental, lunch, transportation	WDC	LGA HAS			**1**		Attendance, pictures		"					
		2.2. To strengthen community engagment in the implementation	2.2.1. Strengthen capacities of communities to facilitate	**2.2.1.a**	**• 1 day re-orientation meeting for 40 WDC, VDC, TBAs at the LGA level**	nymber of people who wtten dede re-orientation	Hall rental, lunch, transportation	WDC, VDC, TBA	LGA HAS				**1**	Attendance, pictures, minutes		"					

		, monitoring and evaluation of health programs	the implementation of community and facility level minimum service package(MSP)																		
	3.Partnerships for Health	3.1. Ensure that collaborative mechanisms are put in place for involvin	3.1.10. Promote effective partnership with professional groups and	**3.1.10.a.**	**4 days contiunous professional development education programme for 30 people drawn from the LGA**	Number of health works who received continuous programlopmentprofessional deve	Hall rental, lunch, transportation	Health facility workers	LGA HAS					Attendance, pictures,		"					

		g all partners in the development and sustenance of the health sector	other relevant stakeholders through jointly setting standards of training by health institutions, subsequent practice and professional competency assessments		**HAS unit who are members of professional bodies (PCN, WAHEC,CHPRB,NMCN, HROPN AND LAB SCI)**																

			;																	
			3.1.14. Promote partnerships with communities to address felt needs of the communities	**3.1.14.a**	**conduct 1 day community dialogue with representative of youth, woman group, CBO, FBO, community leaders and traditional ruler (5 LGA staff to attend)**	Number of community sensitization held	transportation	general population	LGA HAS					Attendance, pictures, minutes		"					
Increased utilisatio	4.Reproductive, Maternal,	4.1 Reduce maternal mortality and	4.1.1 Improve access to focused	**4.1.1a**	**Conduct 1 day quarterly state stakeholders revie**	Stakeholder advocacy/review meeting done	refreshment, hall rental, transportation	LGA health workers, stake	LGHA	**1**	**1**	**1**	**1**	Attendance, minutes, pictures z		"					

n of essential package of health care services	Newborn, Child, Adolescent Health	morbidity through the provision of timely, safe, appropriate and effective healthcare services before, during and after child birth.	Antenatal and Postnatal Care		**w Meeting to review focused antenatal and postnatal care. (10 persons drawn from LGA health authority team and health facility OIC's)**			holders, community leaders.												
				4.1.1	**Distribute 1000 mama**	**1.** Number of facility -	Cost already captured in	Pregnant mothe	LGHA, HF OIC's			**1**		Pictures, delivery vouchers		"				

				.b	**'s kit to incentivise facility-based delivery**	based deliveries **2.** Number of mothers that received mama's kit at health facilities	the state PHCDA AOP	rs												
				4.1.1.c	**Conduct a 1 day quarterly sensitization meeting in one ward (6 LGA team members from the LGA health authority team.)**	Number of sensitizations done at the ward	transportation	Community members, general population	LGHA	**1**	**1**	**1**	**1**	Attendance, Pictures, minutes		"					
			4.1.	**4**	**Cond**	1.	traini	Do	LG				**1**	Attenda		"					

			2. Expand coverage of skilled delivery services	**.1.2.a**	**uct 3 days non residential cascade training on focused antenatal and post-natal care at the LGA level for Doctors, Nurses and Midwives. (1 doctor and 14 Nurses/Midwives)**	Number of Doctors trained. 2. Number of Nurses trained. 3. Number of Midwives trained	ng materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	ctors, nurses, midwives, LGA HA team	A HA					nce, pictures							
				4.1.2.b	**Conduct 3 days non-residential training on**	Number of midwives and S.Chews trained	training materials, hall rental, trans	Midwives, Senior Ch	ABS PHCDA/ LGHA			**1**		Attendance, Pictures		"					

					skilled delivery for 20 midwives and S. Chews	d.	portation, tea break, lunch, stationeries, facilitator fee and transport	ews												
				4.1.1.c	**Conduct a 1 day quarterly sensitization meeting in one ward (6 LGA team members from the LGA health authority team.)**	Number of sensitizations done at the ward	transportation	Community members, general population	LGHA	**1**	**1**	**1**	**1**	Attendance, Pictures, minutes		"					
			4.1.2. Exp	**4.1**	**Conduct 3 days**	1. Number of	training mater	Doctors,	LGA HA				**1**	Attendance, pictures		"					

			and coverage of skilled delivery services	**.2.a**	**non residential cascade training on focused antenatal and post-natal care at the LGA level for Doctors, Nurses and Midwives. (1 doctor and 14 Nurses/Midwives) (2 facilitators)**	Doctors trained. 2. Number of Nurses trained. 3. Number of Midwives trained	ials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	nurses, midwives, LGA HA team												
			4.1.3. Promote advoca	**4.1.3.a**	**Conduct 1 day cascade training for**	Number of safe motherhood focal perso	training materials, hall rental,	LGA Safe Motherh	LGHAS				**1**	Pictures		"					

			cy, community Mobilization and Behaviour Change Communication for Safe Motherhood Services		**15 persons on IPC Skill at LGA level**	n trained.	transportation, tea break, lunch, stationeries, facilitator fee and transport	food person												
Increase utilization of essenti	5.Communicable Diseases (Malaria, TB, Lepro	5.1. Reduce significantly morbidity and mortality due to	5.1.2. Strengthen laboratory services for diagnosis of mal	**5.1.2.a**	**Conduct 2 weeks cascade training for 20 laboratory microscopists in advanced**	Number of laboratory microscopists trained	training materials, hall rental, transportation, breakfast, lunch	Laboratory Microscopists from the LGA	Abia State PHCDA			**1**		Attendance, pictures		"				

al pack age of h ea lt h ca re se rv ic es	sy, HI V/ AI DS) An d Ne gle cte d Tro pic al Dis eas es	Mal aria and mov e tow ards pre- elim inati on leve ls	aria at all leve ls		**malari a micro scopy. (2 facilit ators to be engag ed)**															
			5.1. 7. Stre ngt hen syst ems for qual ity assu ranc e and qual ity con trol of mal aria diag nosi s and	**5 . 1 . 7 . a**	**Hold 1 day Quart erly Qualit y Contr ol Meeti ng for 20 Labor atory Scien tists/t echnic ians from HF's offeri ng malari a micro scopy**	1. Numb er of meeti ngs held 2. Numb er of labora tory scienti sts/te chnici ans attend ing qualit y contro l meeti ng	printi ng cost,	LG A HF' s	Abi a Sta te PH CD A/L GA HA S		**1**			Paymen t receipt, proof of supply, delivery vouche r s.		"					

			treatment.		**service in the LGA.**															
			5.1.8. Promote active community participation in malaria control initiative	**5.1.8.a**	**Hold world malaria day celebration in the LGA**	Number of world malaria day celebfration held	Hall rental, refreshment	GHCW's, Community	LGA HAS/LGA RBMFP				**1**	Attendance, pictures		"					
				5.1.8.b	**Hold 2 day quarterly sensitization visits to Community gate keepers on malaria prevention**	Number of quarterly sensistization visits held	transportation	Community gatekeepers	LGA HAS			**1**	**1**	Pictures		"					

					(5 LGA staff from HAS unit to be engaged)																
		5.2. Ensure universal access to high quality, client-centred TB/ Leprosy diagnosis and treatment services for the reduction	5.2.1. Strengthen TB case detection, diagnostic capacity and access to quality treatement services.	**5.2.1.b**	**Conduct 5 days centralized training for 50 Health Care Workers (one from each HF) on TB identification, diagnosis and treatment of tuberculosis. (1 facilitator)**	Training conducted	Hall rental, refreshment, training materials, transportation	LGA HF staff	ABS PHCDS/ ABIA STB LCP			**1**		Attendance, pictures		"					

		in the incidence and prevalence of tuberculosis /leprosy in Nigeria.																		
				5.2.1.c	**Hold 1 day Quarterly Quality Control Meeting for 20 Laboratory Scientists/technicians from HF's offering Tuberculosi**	Number of people attending	Hall rental, refreshment,	LGA Laboratory scientists and technicians.	ABS PHCDS/ ABIA STBLCP			**1**	**1**	Attendance, pictures		"					

					s services in the LGA.															
			5.2.2.Promote demand for TB services	**5.2.2.b**	**Conduct 5 day quarterly mass communication and sensitization campaign in 5 communities in the state. (2 officers from the LGA TB Unit)**	Number of sensitization visits conducetd	Transportation	Community memebers	ABIA STBLCP/LGA HAS			**1**	**1**	Receipts, attendance		"					
			5.2.4. Scale up paediatric TB diagnosi	**5.2.4.c**	**Conduct 3 day cascade training for 30 Health**	Number of health workers trained	Hall rental, breakfast, lunch, training materials,	HFW ORKERS	ABS PHCDS/ ABIA STBLCP		**1**			Attendance, pictures,		"					

			s and treatment services		**facility workers on childhood TB diagnosis. (1 facilitator)**		transportation													
			5.2.6. Strengthen collaboration with and capacity of CBOs to support TB programming.	**5.2.6.a**	**One day cascade training of 30 CBO's at the community level, on recognition and referreal of Presumptive TB and DR-TB cases,**	Number of CBO	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HFW ORKERS, CBO's	ABS PHCDS/ ABIA STB LCP	**1**				Attendance, pictures,		"					
			5.2.7. Strengthen mec	**5.2.7.**	**Conduct a one day joint TB /**	Number of TB/HIV QRM condu	Hall rental, breakfast, lunch,	HFW ORKERS	ABS PHCDS/ ABIA	**1**	**1**	**1**	**1**	Attendance, pictures, minutes		"					

			hanism for coordination of TB/HIV collaborative activities at all levels of health care.	**a**	**HIV Quarterly Review meeting for 30 persons, to eview TB/HIV collaborative program. (one TBLS and one LACA and OIC's from PMTCT sites and 2 state officers, 1 from HIV and ne from TB program**	cted	transportation		STB LCP											
			5.2.8.Pr	**5.**	**Conduct 2**	Number of	Hall rental	HFW	ABS PH			**1**		Attendance,		"				

			omote innovative advocacy, social mobilization and behaviour change intervention for the prevention and control of TB	**2.8.a**	**day training for 30 CBOs on Behavioural Change Communication Skills.**	CBO's trained	, breakfast, lunch, training materials, transportation, facilitator fee	ORKERS	CDS/ ABIA STB LCP					pictures,							
			5.2.10 Build capacity of all	**5.2.10.a**	**Train 30 OICs health facilities on identification**	Number of OIC's trained	Hall rental, breakfast, lunch, training	HFW orkers	ABS PH CDS/ ABIA STB LCP				**1**	Attendance, pictures,		"					

			cadres of health staff (GHW, Physicians, and specialist) and community members on Leprosy case finding and case management		**n, diagnosis and management of Leprosy.**		materials, transportation, facilitator fee													
				5.2.10.b	**Conduct 1 day training for 30 CBOs/comm**	Number of CBO's and community leaders	Hall rental, breakfast, lunch, training	CBO's, Community	ABS PHCDS/ ABIA STB LCP				**1**	Attendance, pictures,		"					

					unity leaders from Leprosy endemic areas in the LGA on Leprosy case dectection, recognition and referral.	trained	materials, transportation, facilitator fee	leaders												
			5.2.11. Integrate Leprosy control into the general health services	**5.2.11.b**	**Conduct one day training for 30 PHC workers on identification, diagosis and management of Lepro**	Number of health workers treained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HFW ORKERS	ABS PHCDS/ ABIA STBLCP			**1**		Attendance, pictures,		"					

					sy cases.															
			5.2.12. Promote community based TB/Leprosy control initiatives	**5.2.12.a**	**Conduct 1 day advocacy visit to community stakeholders in one community per quarter to promote community based TB/Leprosy control initiatives (5 LGA team members)**	Number od advocacy visit conducted	Hall rental, refreshment, transportation	General population (community members)	ABS PHCDS/ ABIA STBLCP	**1**	**1**	**1**	**1**	Attendance, pictures, minutes		"					
		5.3. Significantly reduce	5.3.1. Expand access	**5.3.1.**	**Conduct 3 day cascade traini**	Number of health workers treain	Hall rental, breakfast, lunch,	HFW ORKERS	HF Workers					Attendance, pictures,		"					

		the incidence and prevalence of HIV/AIDS in Nigeria by 2021	to Minimum Package of Preventive Interventions (MPPI) for HIV targeting key and general populations	**a**	**ng for 30 persons OIC's on MPPI for HIV**	ed	training materials, transportation, facilitator fee													
				5.3.1.b	**Conduct 1 day quarterly sensitization visit of community leaders in 1 comm**	number of sensitization visit conducted quarterly	Hall rental, refreshment, transportation	General population (community memb	Community leaders, General population				**1**	Attendance, pictures,		"					

					unity in HIV high burden area on MPPI for HIV (3 LGA team members)			ers)												
			5.3.2. Expand access of people living with HIV and AIDS to ART and co-infection management services.	**5.3.2.a**	**Train 30 LGA general health care providers for 2 days on ART and co-infection management (attendees drawn from facilities offering both**	Number of GHCW's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF workers	ABS PHCDA/ NCAPS SPIU/SACA				**1**	Attendance, pictures,		"					

					TB and HIV services.															
			5.3.3. Promote universal access to quality PMTCT services	**5.3.3.c**	**Conduct 4 day quarterly PMTCT outreaches to four communities in the LGA (5 LGA team members)**	Number of outreaches conducted. Number of communities benefitting from the outreach	breakfast, lunch, training materials, transportation, facilitator fee	General population	ABSPHCDA/NCAPSSPIU/SACA			**1**	**1**	Attendance, pictures, minutes		"					
			5.3.7. Strengthen community systems to support HIV/AIDS	**5.3.7.a**	**Constitute and Inaugurate on community Action Committee on AIDS**	Number of committee inaugurated	No cost	General population	ABSPHCDA/NCAPSSPIU/SACA				**1**	Pictures, Inauguration report		"					

			programming for key and general populations																	
				5.3.7.b	**Conduct 1 day training for 30 CBOs as peer educators on HIV care and support**	Number of CBO's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	CBO's, Community leaders	ABS PHCDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures		"				
		5.4. Reduce the incidence, morbidity and mortalit	5.4.2. Expand access of key and general populati	**5.4.2.b**	**Train 30 surveillance officers and community informants on viral hepati**	Number of surveillance ofiicers trained	Hall rental, breakfast, lunch, training materials, transportation,	surveillance officers	ABS PHCDA			**1**		Attendance, pictures,		"				

		y due to viral hepatitis.	ons to viral hepatitis prevention, screening and treatment services		**tis case detection**		facilitator fee													
				5.4.2.c	**Conduct 1 day Training of 30 health care providers on provision of viral hepatitis services**	Number of health workers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF workers, GHCW	ABS PHCDA				**1**	Attendance, pictures,		"					
			5.4.4. Expand cov	**5.4.4**	**Screen pregnant wome**	Number of pregnant wome	No cost	Pregnant wome	ABS PHCDA				**1**	hepatitis screening register		"					

			erage of interventions for prevention of mother-to-child transmission of viral hepatitis	**.a**	**n for infections or complications on hepatitis B**	n screened		n												
		5.5. Reduce morbidity, disability and mortality due to targete	5.5.1. Strengthen advocacy, social mobilization and behaviour	**5.5.1.a**	**Carry out 1 day advocacy meeting with Policy makers and community leaders from LGA. (15 partici**	Number of advocacy meeting held	Tarnportation, lunch	Community Leaders	ABS PHCDA			**1**		Attendance, pictures		"				

		d Neglected Tropical Diseases (NTDs) and improve quality of life of those affected.	change communication for NTDs		**pants)**															
		5.4. Reduce the incidence, morbidity and mortality due to viral	5.4.2. Expand access of key and general populations to viral hep	**5.4.2.b**	**Train 30 surveillance officers and community informants on viral hepatitis case detection**	Number of surveillance ofiicers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	surveillance officers	ABS PHCDA			**1**		Attendance, pictures,		"					

		hepatitis.	atitis prevention, screening and treatment services																	
INCREASEDUTILIZATIONOFESSENTIALPACKA	8. HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEALTH	8.1. PROMOTE THE WELLBEING OF INDIVIDUALS AND COMMUNITIES THROUGH PROTECTION	8.1.2. STRENGHTNING COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP OF HEALTH	**8.1.2.a**	**1-DAY ORIENTATION OF 20 COMMUNITY HEALTH PROMOTERS PER LGA ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOK**	1. Number of orientations orientationconducted 2. Number of community health promoters who attended	TRANSPORTATION STIPENDS, LIGHT REFRESHMENT, STATIONARIES, HIRING OF PROJECTORS	HEALTH PROMOTIONERS	SPHCDA, LGHA			1		ATTENDANCE,RECIEPTS / VOUCHER, REPORT		"					

GEOFHEALTHCARESERVICES		FROM HEALTH RISKS AND PROMOTION	PROMOTION		**ING AND CONSEQUENCES**																
			8.1.3. STRENGHTEN HEALTH PROMOTION COORDINATION MECHANISM AT ALL LEV	**8.1.3.a.**	**PUBLIC ENLIGHTENMENT ON RISKY HEALTH BEHAVIOURS THROUGH PRODUCTION AND SHARING OF 2000 FLIERS**	1. Number of fliers produced 2.Number of fliers shared	PRODUCTION OF JINGLES .AIRING OF JINGLES .	GENERAL PUBLIC	SPHCDA ,SMoH, LGHA UNICEF		**1**	**1**	**1**	RECIEPT, REPORT.		"					

			EL																		
Protection from Health Emergency and risks	Public health emergencies; preparedness and response	14.1. Reduce incidence and impact of public health emergencies in Abia.	14.1.4. Scale-up public education and awareness creation on public health emergencies	**14.1.4c**	**CONDUCT SENSITIZATION AND PUBLIC ENLIGHTENMENT ON PUBLIC HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE OFFICERS IN THE WDC AND VDC FOR 3 DAYS**		cost of transportation, media coverage,hall,refreshment.	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT			**1**		ATTENDANCE,REPORT AND PICTURE		"					

Ukwa West LGA Annual Operational Plan	2019	A

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017-21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity	Output Indicator ({SHDP 2017-21}	Cost Elements/ details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame				Activity Means of Verification	Total Cost	Total Amount	Expenditure Classification	Funding Source(s) Name	State Contribution to activities	Expected Contributions from other Sources	Priority Ranking
										Quarterly frequency {only numbers allowed}						-					
Strategic Pillar	Priority areas {SHD	Objectives {SHDP2017-	Strategic Interventions/ Output	Act. Cod	Activity					Q1	Q2	Q3	Q4			-					

{SHDP2017-21}	P2017-21}	21}	Results {SHDP2017-21}	e																	
	Step 1					Step 2									Step 4			Step 5			Step 6
1. Enabled environment for attainment of sector	1 LEADERSHIP AND GOVERNANCE FOR HEALTH	1.1 Provide clear policy, plans, legislative and regulatory framework for the health sector	1.2.2 Strengthen the linkages between various planning and budgeting process (MTEF/MTSS	1.2.2.a	**Conduct 1 day joint review meeting for 5 Health planning and budgetting staff in the LGA**	number of staff trained	Refreshment,Hall, Tea break launch and Transport	LGA HAS	SPHCDA, LGA HAS				1	attendance, pictures, minutes		"					

outcomes																					
			1.2.3 Strengthen voice and accountability, including community participation, CSO engagement.	**1.2.3.a**	**• Conduct 1-day quarterly review meeting for 15 health sector CSOs in the LGA to review activities**	number of the CSOs in the attendence	Hall, transport Tea break and launch	CSOs	SPHCDA and partner			**1**		attendance, pictures, minutes		"					
		1.3. Improve health sector perform	1.3.1. Strengthen annual operational	**1.3.1.a**	**• Conduct 3-day meeting of 20 LGA stakeholde**	number of meeting held	hotel accommodition, Hall, Transport, Tea break and	stakeholder SPHCDA	SPHCDA and partners			**1**		minutes, attendance, pictures		"					

		ance through regular integrated reviews and reports	/work-plan for the health sector		**rs in the health sector to develop operational plan for the LGA**		Launch													
			1.3.3. Institutionalize the mechanism for sector progress status and performance review	**1.3.3.a**	**1 Day data review meeting with 15 stakeholders/policy makers in the LGA**	1. Number of meetings held 2.Number of stakeholders attending the breview meeting	Hall, transport Tea break and launch	ES, HAS and stakeholders	LGA HAS			**1**		Pictures, attendance		"					
				1.3	**Support 1 day**	Number of meeti	Hall, transport	HAS an	LGA HA			**1**		Pictures, attenda		"				

				.3.b	**OIC meeting for 41 Public Health Facilities and LGA M&E officer for review of program activities**	ngs held	Tea break and launch	d PHC worker	S					nce						
			1.3.4. Disseminate sector performance reports and score cards in compliance	**1.3.4.a**	**Support one day meeting of 10 program officers, 5 LGA management team, LGA M&E officer and LGA HAS for**	Number of meetings held.	Hall Transport, Tea break and Launch	Data managers	LGA HAS			**1**		Attendance, minutes		"				

			with NH Act and other channels		**sharing of program feedback.**															
			1.3.5. Design and institutionalize an incentivization and reward system for the efficient performance of the health sector	**1.3.5.a.**	**Reward for the best 3 performing public facilities in the LGA on all interventions**	Number of best performing health facilities	Cash incentive	3 best health facilities	LGA HAS			**1**	**1**	Pictures		"					

			at all levels																	
	2.Community Participation and Ownership	2.1. To strengthen community level coordination mechanisms and capacities for health planning.	2.1.1.Strengthen institutional and coordinating mechanisms for promotion of community participation	**2.1.1.a**	**Conduct 2 days meeting to review the activities of WDC with a view to strengthen the WDC in the LGA (50 people in attendance drawn from WDC, youths, CHIPS)**	Number of meetings held Number of WDC attending the meeting	Hall rental, lunch, transportation	WDCs	LGA HAS				**1**	Attendance, pictures		"					
			2.1.2. Strengthen financia	**2.1.2.a**	**1 day training of 30 WDC members on**	Number of trainings held number of	Hall rental, lunch, transportation	WDC	LGA HAS			**1**		Attendance, pictures		"					

			l ma nag eme nt syst ems at the com mu nity leve ls		**financ ial mana geme nt**	WDC's that														
		2.2. To stre ngt hen com mu nity eng agm ent in the impl eme nta tion , mo nito ring and eval uati on of heal th	2.2. 1. Stre ngh ten cap aciti es of com mu niti es to facil itat e the impl eme nta tion of com mu nity and facil	**2 . 2 . 1 . a**	**• 1 day re-orient ation meeti ng for 40 WDC, VDC, TBAs at the LGA level**	nymb er of peopl e who wtten dede re-orient ation	Hall rental , lunch, trans porta tion	W DC, VD C, TB A	LG A HA S				**1**	Attenda nce, pictures , minutes		"				

		programs	ity level minimum service package(MSP)																	
	3.Partnerships for Health	3.1. Ensure that collaborative mechanisms are put in place for involving all partners in the development and sust	3.1.10. Promote effective partnership with professional groups and other relevant stakeholders through jointly	**3.1.10.a.**	**4 days contiuous professional development education programme for 30 people drawn from the LGA HAS unit who are members of professional bodies (PCN,**	Number of health works who received continuous programlopmentprofessional deve	Hall rental, lunch, transportation	Health facility workers	LGA HAS					Attendance, pictures,		"					

		enance of the health sector	setting standards of training by health institutions, subsequent practice and professional competency assessments;		**WAHEC,CHPRB,NMCN, HROPN AND LAB SCI)**																
			3.1.14. Promote partnerships with	**3.1.14.a**	**conduct 1 day community dialogue with representati**	Number of community sensitization held	transportation	general population	LGA HAS					Attendance, pictures, minutes		"					

			communities to address felt needs of the communities		**ve of youth, woman group, CBO, FBO, community leaders and traditional ruler (5 LGA staff to attend)**															
Increased utilisation of essential package	4.Reproductive, Maternal, Newborn, Child, Adolescent He	4.1 Reduce maternal mortality and morbidity through the provision of tim	4.1.1 Improve access to focused Antenatal and Postnatal Care	**4.1.1a**	**Conduct 1 day quarterly state stakeholders review Meeting to review focused antenatal and postn**	Stakeholder advocacy/review meeting done	refreshment, hall rental, transportation	LGA health workers, stakeholders, community leaders.	LGHA	**1**	**1**	**1**	**1**	Attendance, minutes, pictures z		"				

of health care services	alth	ely, safe, appropriate and effective healthcare services before, during and after child birth.			**atal care. (10 persons drawn from LGA health authority team and health facility OIC's)**															
				4.1.1.b	**Distribute 1000 mama's kit to incentivise facility-based delivery**	**1.** Number of facility-based deliveries **2.** Number of mothers that received	Cost already captured in the state PHCDA AOP	Pregnant mothers	LGHA, HF OIC's			**1**		Pictures, delivery vouchers		"				

						mama's kit at health facilities														
				4.1.1.c	**Conduct a 1 day quarterly sensitization meeting in one ward (6 LGA team members from the LGA health authority team.)**	Number of sensitizations done at the ward	transportation	Community members, general population	LGHA	**1**	**1**	**1**	**1**	Attendance, Pictures, minutes		"					
			4.1.2. Expand coverage of skilled delivery serv	**4.1.2.a**	**Conduct 3 days non residential cascade training on focused**	1. Number of Doctors trained. 2. Number of Nurses traine	training materials, hall rental, transportation, tea break	Doctors, nurses, midwives, LGA	LGAHA				**1**	Attendance, pictures		"					

			ices		**antenatal and post-natal care at the LGA level for Doctors, Nurses and Midwives. (1 doctor and 14 Nurses/Midwives)**	d. 3. Number of Midwives trained	, lunch, stationeries, facilitator fee and transport	HA team													
				4.1.2.b	**Conduct 3 days non-residential training on skilled delivery for 20 midwives and S. Chews**	Number of midwives and S.Chews trained.	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator	Midwives, Senior Chews	ABS PHCDA/ LGHA			**1**		Attendance, Pictures		"					

							fee and transport													
				4.1.1.c	**Conduct a 1 day quarterly sensitization meeting in one ward (6 LGA team members from the LGA health authority team.)**	Number of sensitizations done at the ward	transportation	Community members, general population	LGHA	**1**	**1**	**1**	**1**	Attendance, Pictures, minutes		"					
			4.1.2. Expand coverage of skilled delivery services	**4.1.2.a**	**Conduct 3 days non residential cascade training on focused antenatal**	1. Number of Doctors trained. 2. Number of Nurses trained. 3. Numb	training materials, hall rental, transportation, tea break, lunch,	Doctors, nurses, midwives, LGA HA tea	LGA HA				**1**	Attendance, pictures		"					

					and post-natal care at the LGA level for Doctors, Nurses and Midwives. (1 doctor and 14 Nurses/Midwives) (2 facilitators)	er of Midwives trained	stationeries, facilitator fee and transport	m												
			4.1.3. Promote advocacy, community Mobilization and Behavio	**4.1.3.a**	**Conduct 1 day cascade training for 15 persons on IPC Skill at LGA level**	Number of safe motherhood focal person trained.	training materials, hall rental, transportation, tea break, lunch, stationeries, facilit	LGA Safe Motherhood person	LGHAS				**1**	Pictures		"					

			ur Change Communication for Safe Motherhood Services				ator fee and transport													
Increase utilization of essential package of health ca	5.Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS) And Neglected	5.1. Reduce significantly morbidity and mortality due to Malaria and move towards pre-elimination	5.1.2. Strengthen laboratory services for diagnosis of malaria at all levels	**5.1.2.a**	**Conduct 2 weeks cascade training for 20 laboratory microscopists in advanced malaria microscopy. (2 facilitators to be engaged)**	Number of laboratory microscopists trained	training materials, hall rental, transportation, breakfast, lunch	Laboratory Microscopists from the LGA	Abia State PHCDA			**1**		Attendance, pictures		"				

reservices	Tropical Diseases	levels																		
			5.1.7. Strengthen systems for quality assurance and quality control of malaria diagnosis and treatment.	**5.1.7.a**	**Hold 1 day Quarterly Quality Control Meeting for 20 Laboratory Scientists/technicians from HF's offering malaria microscopy service in the LGA.**	1. Number of meetings held 2. Number of laboratory scientists/technicians attending quality control meeting	printing cost,	LGA HF's	Abia State PHCDA/LGA HAS		**1**			Payment receipt, proof of supply, delivery vouchers.		"					
			5.1.8. Promote active	**5.1.8.a**	**Hold world malaria day celebration in the**	Number of world malaria day celebfration	Hall rental, refreshment	GHCW's, Commu	LGA HAS/LGA RBM				**1**	Attendance, pictures		"					

			community participation in malaria control initiative		**LGA**	held		nity	FP											
				5.1.8.b	**Hold 2 day quarterly sensitization visits to Community gate keepers on malaria prevention (5 LGA staff from HAS unit to be engaged)**	Number of quarterly sensistization visits held	transportation	Community gatekeepers	LGA HAS			**1**	**1**	Pictures		"					
		5.2. Ens	5.2.1.	**5.**	**Conduct 5**	Training	Hall rental	LGA	ABS PH			**1**		Attendance,		"					

		ure universal access to high quality, client-centred TB/ Leprosy diagnosis and treatment services for the reduction in the incidence and prevalence of tub	Strengthen TB case detection, diagnostic capacity and access to quality treatment services.	**2.1.b**	**days centralized training for 50 Health Care Workers (one from each HF) on TB identification, diagnosis and treatment of tuberculosis. (1 facilitator)**	conducted	, refreshment, training materials, transportation	HF staff	CDS/ ABIA STB LCP					pictures							

		ercu losis /lep rosy in Nig eria .																		
				5 . 2 . 1 . c	**Hold 1 day Quart erly Qualit y Contr ol Meeti ng for 20 Labor atory Scien tists/t echnic ians from HF's offeri ng Tuber culosi s servic es in the LGA.**	Numb er of peopl e attend ing	Hall rental , refres hmen t,	LG A La bo rat ory sci en tist s an d tec hni cia ns.	ABS PH CD S/ ABI A STB LCP			**1**	**1**	Attenda nce, pictures		"					
			5.2. 2.Pr om ote de ma	**5 . 2 . 2 .**	**Cond uct 5 day quart erly mass**	Numb er of sensiti zation visits condu	Trans porta tion	Co mu nit y me	ABI A STB LCP /LG A			**1**	**1**	Receipt s, attenda nce		"					

			nd for TB services	**b**	**communication and sensitization campaign in 5 communities in the state. (2 officers from the LGA TB Unit)**	cetd		members	HAS											
			5.2.4. Scale up paediatric TB diagnosis and treatment services	**5.2.4.c**	**Conduct 3 day cascade training for 30 Health facility workers on childhood TB diagnosis. (1 facilit**	Number of health workers trained	Hall rental, breakfast, lunch, training materials, transportation	HFW ORKERS	ABS PHCDS/ ABIA STBLCP		**1**			Attendance, pictures,		"					

					ator)															
			5.2.6. Strengthen collaboration with and capacity of CBOs to support TB programming.	**5.2.6.a**	**One day cascade training of 30 CBO's at the community level, on recognition and referreal of Presumptive TB and DR-TB cases,**	Number of CBO	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HFW ORKERS, CBO's	ABS PHCDS/ ABIA STBLCP	**1**				Attendance, pictures,		"					
			5.2.7. Strengthen mechanism for coordination of TB/HIV collabo	**5.2.7.a**	**Conduct a one day joint TB / HIV Quarterly Review meeting for 30 persons, to eview**	Number of TB/HIV QRM conducted	Hall rental, breakfast, lunch, transportation	HFW ORKERS	ABS PHCDS/ ABIA STBLCP	**1**	**1**	**1**	**1**	Attendance, pictures, minutes		"					

			rative activities at all levels of health care.		**TB/HIV collaborative program. (one TBLS and one LACA and OIC's from PMTCT sites and 2 state officers, 1 from HIV and ne from TB program**															
			5.2.8.Promote innovative advocacy, social mo	**5.2.8.a**	**Conduct 2 day training for 30 CBOs on Behavioural Change Com**	Number of CBO's trained	Hall rental, breakfast, lunch, training materials, transportation,	HFW ORKERS	ABS PHCDS/ ABIA STB LCP			**1**		Attendance, pictures,		"					

			bilization and behaviour change intervention for the prevention and control of TB		**munication Skills.**		facilitator fee													
			5.2.10 Build capacity of all cadres of health staff (GHW, Physicians,	**5.2.10.a**	**Train 30 OICs health facilities on identification, diagnosis and management of Leprosy.**	Number of OIC's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF Workers	ABS PHCDS/ ABIA STBLCP				**1**	Attendance, pictures,		"					

			and specialist) and community members on Leprosy case finding and case management																	
				5.2.10.b	**Conduct 1 day training for 30 CBOs/community leaders from Leprosy endemic areas in the LGA**	Number of CBO's and community leaders trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	CBO's, Community leaders	ABS PHCDS/ ABIA STB LCP				**1**	Attendance, pictures,		"					

					on Leprosy case dectection, recognition and referral.															
			5.2.11. Integrate Leprosy control into the general health services	**5.2.11.b**	**Conduct one day training for 30 PHC workers on identification, diagosis and management of Leprosy cases.**	Number of health workers treained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HFW ORKERS	ABS PHCDS/ ABIA STBLCP			**1**		Attendance, pictures,		"					
			5.2.12. Promote community bas	**5.2.12.a**	**Conduct 1 day advocacy visit to community**	Number od advocacy visit conducted	Hall rental, refreshment, transportation	General population (com	ABS PHCDS/ ABIA STBLCP	**1**	**1**	**1**	**1**	Attendance, pictures, minutes		"					

			ed TB/ Leprosy control initiatives		**stakeholders in one community per quarter to promote community based TB/Leprosy control initiatives (5 LGA team members)**			munity members)												
		5.3. Significantly reduce the incidence and prevalence of HIV/AI	5.3.1. Expand access to Minimum Package of Preventive Inte	**5.3.1.a**	**Conduct 3 day cascade training for 30 persons OIC's on MPPI for HIV**	Number of health workers treained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	HF Workers					Attendance, pictures,		"					

		DS in Nigeria by 2021	rventions (MPPI) for HIV targeting key and general populations																	
				5.3.1.b	**Conduct 1 day quarterly sensitization visit of community leaders in 1 community in HIV high burden area on MPPI for HIV (3 LGA team**	number of sensitization visit conducted quarterly	Hall rental, refreshment, transportation	General population (community members)	Community leaders, Gneral population				**1**	Attendance, pictures,		"					

					members)																
			5.3.2. Expand access of people living with HIV and AIDS to ART and co-infection management services.	**5.3.2.a**	**Train 30 LGA general health care providers for 2 days on ART and co-infection management (attendees drawn from facilities offering both TB and HIV services.**	Number of GHCW's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF workers	ABS PHCDA/ NCAPS SPIU/SACA				**1**	Attendance, pictures,		"					
			5.3.3. Promote univ	**5.3.3.**	**Conduct 4 day quarterly PMTC**	Number of outreaches conducted.	breakfast, lunch, training mater	General population	ABS PHCDA/ NCAPS			**1**	**1**	Attendance, pictures, minutes		"					

			ersal access to quality PMTCT services	**c**	**Toutreaches to four communities in the LGA (5 LGA team members)**	Number of communities benefitting from the outreach	ials, transportation, facilitator fee	on	SPIU/SACA											
			5.3.7. Strengthen community systems to support HIV/AIDS programming for key and general populati	**5.3.7.a**	**Constitute and Inaugurate on community Action Committee on AIDS**	Number of committee inaugurated	No cost	General population	ABSPHCDA/NCAPSSPIU/SACA				**1**	Pictures, Inauguration report		"					

			ons																	
				5.3.7.b	**Conduct 1 day training for 30 CBOs as peer educators on HIV care and support**	Number of CBO's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	CBO's, Community leaders	ABS PHCDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures		"					
		5.4. Reduce the incidence, morbidity and mortality due to viral hepatitis.	5.4.2. Expand access of key and general populations to viral hepatitis prevention, scre	**5.4.2.b**	**Train 30 surveillance officers and community informants on viral hepatitis case detection**	Number of surveillance ofiicers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	surveillance officers	ABS PHCDA			**1**		Attendance, pictures,		"					

			ening and treatment services																	
				5.4.2.c	**Conduct 1 day Training of 30 health care providers on provision of viral hepatitis services**	Number of health workers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF workers, GHCW	ABS PHCDA				**1**	Attendance, pictures,		"					
			5.4.4. Expand coverage of interventions for prevention of	**5.4.4.a**	**Screen pregnant women for infections or complications on hepatitis B**	Number of pregnant women screened	No cost	Pregnant women	ABS PHCDA				**1**	hepatitis screening register		"					

			mother-to-child transmission of viral hepatitis																		
		5.5. Reduce morbidity, disability and mortality due to targeted Neglected Tropical Diseases (NTDs)	5.5.1. Strengthen advocacy, social mobilization and behaviour change communication for NTDs	**5.5.1.a**	**Carry out 1 day advocacy meeting with Policy makers and community leaders from LGA. (15 participants)**	Number of advocacy meeting held	Tarnportation, lunch	Community Leaders	ABS PHCDA			**1**		Attendance, pictures		"					

		and improve quality of life of those affected.																		
		5.4. Reduce the incidence, morbidity and mortality due to viral hepatitis.	5.4.2. Expand access of key and general populations to viral hepatitis prevention, screening and trea	**5.4.2.b**	**Train 30 surveillance officers and community informants on viral hepatitis case detection**	Number of surveillance ofiicers trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	surveillance officers	ABS PHCDA			**1**		Attendance, pictures,		"					

			tment services																		
INCREASEDUTILIZATIONOFESSENTIALPACKAGEOFHEALTHCA	8. HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEALTH	8.1. PROMOTE THE WELL BEING OF INDIVIDUALS AND COMMUNITIES THROUGH PROTECTION FROM HEALTH RISKS AND PROMOTIO	8.1.2. STRENGHTNING COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP OF HEALTH PROMOTION	**8.1.2.a**	**1-DAY ORIENTATION OF 20 COMMUNITY HEALTH PROMOTERS PER LGA ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES**	1. Number of orientations orientationconducted 2. Number of community health promoters who attended	TRANSPORTATION STIPENDS, LIGHT REFRESHMENT, STATIONARIES, HIRING OF PROJECTORS	HEALTH PROMOTIONERS	SPHCDA, LGHA			1		ATTENDANCE,RECIEPTS / VOUCHER, REPORT		"					

RESERVICES		N																			
			8.1.3. STRENGHTEN HEALTH PROMOTION COORDINATION MECHANISM AT ALL LEVEL	**8.1.3.a.**	**PUBLIC ENLIGHTENMENT ON RISKY HEALTH BEHAVIOURS THROUGH PRODUCTION AND SHARING OF 2000 FLIERS**	1. Number of fliers produced 2.Number of fliers shared	PRODUCTION OF JINGLES .AIRING OF JINGLES .	GENERAL PUBLIC	SPHCDA ,SMoH, LGHA UNICEF		**1**	**1**	**1**	RECIEPT, REPORT.		"					
Protection from H	Public health emergencies;	14.1. Reduce incidence and impact	14.1.4. Scale-up public education	**14.1.4c**	**CONDUCT SENSITIZATION AND PUBLIC ENLIGHTEN**		cost of transportation, media coverage,hall,ref	Health workers, Health pra	DISEASE SURVEILLANE UNIT			**1**		ATTENDANCE,REPORT AND PICTURE		"					

ealth Emergency and risks	prepared ness and response	of public health emergencies in Abia.	and awareness creation on public health emergencies		**EMENT ON PUBLIC HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE OFFICERS IN THE WDC AND VDC FOR 3 DAYS**		resh ment.	ctitioners, and partners.													

Umuahia North LGA Annual Operational Plan 2019 A

Strategic Pillar	Priority areas {SHD	Objectives {SHDP 2017 -	Strategic Interventions/ Output	Act. C	Activity	Output Indicator ({SHD	Cost Elements/ details (discrete units)	Target Beneficiary	Responsible for Implementatio	Time Frame	Activity Means of Verification	Total	Total Amou	Expenditure Classific	Funding Sourc	State Contributio	Expected Contrib	Priority Rank

{SHDP 2017-21}	P 2017-21}	21}	Results {SHDP2017-21}	ode		P 2017-21}		(Specify)	n (Departments)	Quarterly frequency {only numbers allowed}					Cost	nt - -	ation	e(s) Name	n to activities	utions from other Sources	ing
Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP 2017 - 21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity					Q1	Q2	Q3	Q4								
	Step 1					Step 2									Step 4			Step 5			Step 6
A. Enabled environment for attainment of sector outcomes	1 LEADERSHIP AND GOVERNANCE FOR HEALTH	Provide clear policy, plans, legislative and regulatory framework for the health sector																			

			Strengthen voice and accountability, including community participation, CSO engagement.	**1.1.1**	**Radio announcement to identify existing CSOs in the LGA Support transport and logistics for Mapping of CSOs in the sate for 5 days Print CSOs directory in the Sate**	total number of CSOs maps	1 radio annoucement bi monthly	the CSOs	SPHCDA, SMoH, LGPHCA			**1**	**1**	reciepts		"					
				1.1.2	**• Conduct 1-day quarterly review meeting for 2 members of 20 CSOs in the Wards of the LGA • •**	number of the CSOs in the attendence	venue, transport for 40 people, Tea break and launch for 50 people	CSOs	SPHCDA and partner			**1**		Attendance and report		"					
		Improve health sector performance														"					

		through regular integrated reviews and reports																			
			Institutionalize the mechanism for sector progress status and performance review	**1.1.3**	**• 1 Day data review meeting with 60 stake holders/policy makers in the LGAs (3 people per ward) • • •**	No of member in attendence	venue, transport Tea break and launch	HAS and stakeholders	SPHCDA and partners			**1**		attendance, receipts, report		"					
				1.1.4	**• Conduct 5 Days routine M&E visits to SDPs and facilities monthly to evaluate performance/implementation of SSP by LGA team (3 teams of**	No of visit to SDPs and facilities	Transport	Health facilities staff	HAS and M&E officers			**1**	**1**	receipts		"					

					8 persons plus 1 driver per team) **●** **●**																
			Disseminate sector performance reports and score cards in compliance with NHAct and other channels	**1.1.5**	**● Conduct 1 day Monthly meeting for 20 data managers in the Ward Health Facilities of the LGA on data sharing/feedback** **●** **●**	No of attendence of data mangers in ward HFs in the LGA	venue, Transport, Tea break and Launch	Data managers	SPHCDA and partners			**1**	**1**	attendance, receipts and reports		"					
			Strengthen inter-sectoral collaboration at all levels.	**1.1.6**	**● 1 Day Quarterly meeting of 10 members of professional groups for planning of modalities for implementation and monitoring of**	No of persons in attendence	Tea break/ launch, transport	LGPHCA	SPHCDA and partners			**1**	**1**	attendance, receipts, report		"					

					health programmes ● Engage 30 professional group members in monitoring Health programmes in the State ●																
	2.Community Participation and Ownership	To strengthen community level coordination mechanisms and capacities for health planning.	Strengthen institutional and coordinating mechanisms for promotion of community participation	**1.1.7**	**Conduct a 2 days sensitization meeting of 4 members of the WDCs in the 20 Wards of the LGA to strenghten the activities ● Conduct 2 days sensitization meeting to strengthen the activities of WDC in the state**	No of person sensitized	venue, No of IEC materials produced and distributed ,lunch, tranport	WDCs	SPHCDA and			**1**	**1**	attendance, receipts, report		"					

																"					
			Strengthen financial management systems at the community levels	**1.1.8**	**• 1 day training of chairman and secretary of the 20 WDCs in the LG on financial management** **•**	no of persons in attendance	venue, lunch, transport, stationaries, facilitator fee		SPHCDA, LGPHCA				**1**	receipts, attendance, photographd		"					
			Strenghten capacities of communities to participate in the planning of health interventions at all levels.	**1.1.9**	**1 day meeting to develop job aids for the VHWs by 8 LGA Team**	8 persons in attendance	tea break and lunch break	LGA Team	SPHCDA, LGPHCA		1	1		Attendance and report		"					
				1.2.0	**Training of 45 VHW on their job aids**	persons in attendance	Venue, transport, Tea break/lunch break, stationeries	VHWs	SPHCDA, LGPHCA			1		attendance, receipts and report		"					
		Strenghten capaci	Strenghten capaciti	**1.2**	**1 day dissemination of**	persons in attend	Venue, transport, Tea break/lunch break, printing of	OICs	SPHCDA, LGPHC			1		attendance, receipts and report		"					

		ties of communities to facilitate the implementation of community and facility level minimum service package(MSP)	es of communities to facilitate the implementation of community and facility level minimum service package (MSP)	**.1**	**MSPs with 45 OICs in the LGA**	ance	100 copies of MSPs		A, PARTNER AGENCIES, SMOH												
				1.2.2	**• 1 day re-orientation meeting for 20 WDC 20 VDC, 45 TBAs at the LGA bi annually •**	persons in attendance	Venue, transport, Tea break/lunch break, stationaries,	WDCs, VDCs, TBAs	SPHCDA, LGPHCA, PARTNER AGENCIES, SMOH		**1**		**1**	attendance, receipts and report		"					
			Strengthen mechanisms for data collection,analysis, storage,	**1.2.3**	**• 1 day review of tools forData Managers in the 20 Ward Health Facilities**	persons in attendance	transport, Tea break/lunch break, stationaries, printing of manuals	Data Managers in the WHFs	SPHCDA, LGPHCA,		**1**		**1**	attendance, receipts and report		"					

			utlizaton and account ability at commun ity level		**with the LGA M&E Officer at the LGA Headquar ters**																
	Partn ershi ps for Healt h	Ensure that collab orativ e mecha nisms are put in place for involvi ng all partne rs in the develo pment and susten ance of the health sector	Promote partners hips with commun ities to address felt needs of the commun ities	**1 . 2 . 4**	**LGA Team conduct 5 days communit y dialogue with represent ative of youth, woman group, CBO, FBO, communit y leaders and traditiona l rulers in the 20 wards of the LGA**	perso ns in attend ance	hiring of field vehicles	com muni ties in the LGA	SPHCD A, LGPHC A, SMOH			**1**		receipts and report		"					
B. Incr ease d utili sati on of esse ntial pack age	Repr oduc tive, Mate rnal, Newb orn, Child, Adole scent Healt h	Reduc e mater nal mortal ity and morbi dity throug h the provisi	Improve access to focused Antenat al and Postnata l Care	**2 . 1 . 1**	**Conduct 1 day quarterly LGA stakehold ers review Meeting to review focused antenatal and**	review meeti ng done	venue, transport for OICs, lunch	LGA healt h work ers, stake holde rs, com muni ty leade	LGHA		**1**	**1**	**1**	Attendance , minutes, pictures		"					

of health care services		on of timely, safe, appropriate and effective health care services before, during and after child birth.			**postnatal care. (45 OICs drawn from HFs in the LGA,6 LGPHCA team members.)**			rs.													
				2.1.2	**Conduct a 1 day quarterly sensitization meeting in one ward of the LGA by 6 LGA team members from the LGA health authority team.**	Number of sensitizations done at the ward	hiring of field vehicle	Community members, general population	SPHCDA, LGHA		**1**	**1**	**1**	Attendance, Pictures, minutes		"					
			Expand coverag	**2.**	**Conduct 5 days non**	. Numb	training materials, hall rental,	nurses,	LGA HA				**1**	Attendance, pictures		"					

			e of skilled delivery services	**1.3**	**residential training on focused antenatal and post-natal care at the LGA level for Nurses and Midwives. (2 Nurses/Midwives per ward and 6 state team members) (2 facilitators)**	er of Nurses trained. and Number of Midwives trained	transportation, tea break, lunch, stationeries, facilitator fee and transport	midwives, LGAHA team													
				2.1.4	**Conduct 3 days non-residential training on skilled delivery for 25 midwives and 40 S. Chews with 1 facilitator**	Number of midwives and S.Chews trained.	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	Midwives, Senior Chews	ABSPHCDA/ LGHA			**1**		Attendance, Pictures		"					

			Improve quality of care for safe motherhood services	**2.1.5**	**Conduct 2 days bi-annual QISS visits using 6 persons from the LGA HAS team**	1. Number of facility-based deliveries 2. Number of mothers that received mama's kit at health facilities	hiring of field vehicle	LGA health workers	SPHCDB, LGA HAS			**1**	**1**	QISS Report		"					
B. Increase utilization of essential package of health care services	5.Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS) And Neglected Tropi	Reduce significantly morbidity and mortality due to Malaria and move towards pre-elimin	Expand access to integrated vector control interventions																		

	cal Diseases	ation levels																			
				2.1.6	**Conduct Knowledge, Attitude and Practices Survey on net utilization for 5 days in all the 20 wards by 40 adhoc staff**	Survey Conducted	Survey cost for 5 days	PHCDA	Abia State PHCDA, LGPHCA			**1**		Survey Report		"					
				2.1.7	Hold 7 day Bi-annual LLIN distribution in all health facilities as a form of continuous net distribution	Bi-annual LLIN distribution conducted.	hiring of field vehicle to collect nets from central store and distribution to 45 health Facilities	Communities	LGA HAS/RBM FP		**1**		**1**	delivery vouchers		"					
			Strengthen laboratory services	**2.1.8**	**Conduct 2 days TOT(master) training**	TOT master training	training materials, transportation, breakfast, lunch, transport, facilitator fee	med Lab Scientists in	SMOH, SPHCDA, LGPHCA			1		Attendance, pictures		"					

			for diagnosis of malaria at all levels		**for 6 Med Lab Scientists in the LGA by 1 facilitator**	conducted		the LGA													
			Improve availability of and access to commodities and supplies for treatment of uncomplicated and severe malaria	**2.1.9**	**Procure and distribute ???? ACTs and other malaria commodities for distribution to health facilities**	Procurement and distribution of commodities conducted	Contact the state RBM focal person for quantification.	LGA HF's	Abia State PHCDA, LGPHCA		**1**	**1**	**1**	Procurement documents, Delivery vouchers.		"					
			Expand use of IPT among pregnant women attending ANC	**2.2.0**	**Procure and distribute ???? Sulphurdoxine Pyremethamine for distribution to health facilities**	Commodity procured	To contact the state RBM focal person for quantification.	LGA HF's	Abia State PHCDA		**1**	**1**	**1**	Procurement documents, Delivery vouchers.		"					
				2.2.1	**Avail IPT during MNCH week**	IPT available for pregnant women during	No cost	Pregnant Mothers	LGA HAS/HF OIC				**1**	Pictures, Registers used during MNCH.		"					

						MNCH week.															
			Strengthen systems for quality assurance and quality control of malaria diagnosis and treatment.	**2.2.2**	**Adapt and print and distribute 5,000 copies of SOP's for malaria diagnosis**	5,000 copies of SOP's malaria diagnosis printed and distributed.	printing cost, transportation for distribution to facilities	LGA HF's	Abia State PHCDA /LGA HAS		**1**			Payment receipt, proof of supply, delivery vouchers.		"					
			Promote active community participation in malaria control initiative	**2.2.3**	**Hold 1 day decentralized world malaria day celebration in the LGA**	World malaria day celebration held	venue for 100 people, lunch for 100 people	communities in the LGA	LGA HAS/LGA RBM FP				**1**	Attendance, pictures		"					
		Ensure universal access to high quality, client-centred TB/Le	Strengthen TB case detection, diagnostic capacity and access to	**2.2.4**	**Conduct 5 days centralized training for 45 Health Care Workers (one from each HF) on TB**	Training conducted	venue, lunch, training materials, transportation	LGA HF staff	ABSPHCDS/ ABIA STBLCP			**1**		Attendance, pictures		"					

		prosy diagnosis and treatment services for the reduction in the incidence and prevalence of tuberculosis/leprosy in Nigeria.	quality treatement services.		**identification, diagnosis and treatment of tuberculosis.**																
				2.2.5	**Conduct 1 day centralized External Quality Assurance meeting for 6 laboratory technicians and laboratory scientists in the LGA**	EQA meeting conducted	Hall rental, refreshment,	LGA Laboratory scientists and technicians.	ABSPH CDS/ ABIA STBLCP				**1**	Attendance, pictures		"					
			Promote demand	**2.**	**Print 10,000**	IEC materi	printing cost, transportating	LGA HF's	ABSPH CDS/					Payment receipts,		"					

			for TB services	**2.6**	**copies of IEC matrials (5,000 handbills and 5,000 posters)**	als printed	coion for distribution to facilities		ABIA STBLCP					delivery vouchers,							
				2.2.7	**Conduct 1 day quarterly mass communication and sensitization campaign in the LGA**	1 day sensitization conducetd	hiring of field vehicle, banner production,IECs handbill and fliers,public adress sustem	Community members	ABIA STBLCP /LGA HAS		**1**	**1**	**1**	Receipts, attendance		"					
				2.2.8	**Conduct 1 day training on Community Sensitization and Mobilization skills for the LGA TB Supervisor and 5 members of her unit**	Training conducted	transportation, lunch, cacilitator fee	LGA TBLS and members of her unit	ABIA STBLCP /LGA HAS				**1**	Attendance,		"					
			Expand access to TB diagnosis and treatme																		

			nt services for persons co-infected by TB and HIV																		
			Scale up paediatric TB diagnosis and treatment services																		
				2.2.9	**Conduct 3 day training for 50 Health workers on childhood TB diagnosis.**	Training conducted	venue, transport, lunch, facilitator fee, stationaries	HF WORKERS	ABSPH CDS/ ABIA STBLCP		**1**			Attendance, pictures,		"					
			Strengthen collaboration with and capacity of CBOs to support TB programming.	**2.3.0**	**One day training for 20 master trainers (one person per ward) to retrain all the CBO's at the community level, on recognition and**	Training conducted	venue, transport, lunch, facilitator fee, stationaries	HF WORKERS, CBO's	ABSPH CDS/ ABIA STBLCP	**1**				Attendance, pictures,		"					

					referreal of Presumptive TB and DR-TB cases,																
			Promote innovative advocacy, social mobilization and behaviour change intervention for the prevention and control of TB	**2.3.1**	**Conduct 2 day training for 45 CBOs on Behavioural Change Communication Skills by 20 master trainers in all the wards**	Training conducted	venue, lunch, stationaries, transport within the LGA	HF WORKERS	ABSPH CDS/ ABIA STBLCP	**1**				Attendance, pictures,		"					
			Build capacity of all cadres of health staff (GHW, Physicians, and	**2.3.2**	**Train 10 health workers from each ward of the LGA on identification, diagnosis**	health workers trained	venue, transport, lunch, stationaries, facilitator fee	HF WORKERS	ABSPH CDS/ ABIA STBLCP		**1**			Attendance, pictures,		"					

			specialist) and community members on Leprosy case finding and case management		**and management of Leprosy.**																
			Integrate Leprosy control into the general health services																		
				2.3.3	**Conduct one day training for 45 PHC workers on identification, diagosis and referral of Leprosy cases.**	training conducetd	Venue, lunch, training materials, transportation, facilitator fee	HF WORKERS	ABSPHCDS/ ABIA STBLCP		**1**			Attendance, pictures,		"					
		Significantly reduce the incidence and preval	Expand access to Minimum Package of Preventi	**2.3.4**	**Conduct 1 day master training for LGA LACA officer, 45 HWs by 1**	Training conducted	Venue, breakfast, lunch, training materials, transportation, facilitator fee	HF WORKERS	SPHCDA, SMOH, LGPHCA			**1**		Attendance, pictures,		"					

		ence of HIV/AIDS in Nigeria by 2021	ve Interventions (MPPI) for HIV targeting key and general populations		**facilitator**																
			Expand access of people living with HIV and AIDS to ART and co-infection management services.	**2.3.5**	**Train 45 healthcare providers for 1 day on ART and co-infection management**	Training conducted	venue, lunch, training materials, transportation, facilitator fee	HF workers	ABSPHCDA/ NCAPS SPIU/SACA				**1**	Attendance, pictures,		"					
			Promote universal access to quality PMTCT services																		
				2.3.6	**Conduct 5 day quarterly PMTCT outreaches to 1 community in each of the 20 wards by**	Number of outreaches conducted. Number of communities	hiring of field vehicle, lunch, production of fliers and hand bills	General population	ABSPHCDA/ NCAPS SPIU/SACA			**1**	**1**	Attendance, pictures, minutes, receipts		"					

					6 LGA TEAM members	benefitting from the outreach															
			5.3.6. Promote injection safety and health care waste management practices																		
				2.3.7	**Conduct 1 day training for 45 health care workers on waste management and injection safety**	Number of health workers trained on waste management and injection safety	Venue, lunch, training materials, transportation, facilitator fee	GHCW's	ABSPHCDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures,		"					
				2.3.8	**Procure, Distribute and install health care waste management commodit**	Number of health care waste management commodites and	information for quantification yet to be supplied		ABSPHCDA/ NCAPS SPIU/SACA				**1**	Procurement documents, Delivery vouchers.		"					

					es and equipment	equipment procured															
			Strengthen community systems to support HIV/AIDS programming for key and general populations	**2.3.9**	**Constitute and Inaugurate on community Action Committee on AIDS**		No cost		ABSPHCDA/ NCAPS SPIU/SACA, LGPHCA				**1**			"					
				2.4.0	**Conduct 1 day training for 45 CBOs as peer educators on HIV care and support**		venue, lunch, training materials, transportation, facilitator fee	CBOs and the communities	ABSPHCDA/ NCAPS SPIU/SACA			**1**				"					
			Improve the logistics and supply chain management for all HIVAIDS - related drugs and	**2.4.1**	**Conduct 2 day LMIS Training/retraining for 45 logistics officers (oics of the HFs)**	number of persons trained on LMIS	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HWs	ABSPHCDA, SMOH, LGPHCA		**1**		**1**	receipts, attendance, reports		"					

			commodities.																		
			Strengthen advocacy, legislation, social mobilization and behaviour change communication for improved HIV response	**2.4.2**	**Conduct 4 days Advocacy for stakeholders in the 20 wards of the LGA to sensitize them on Strengthening advocacy, legislation, social mobilization and behaviour change communication for improved HIV response by 6 LGA team members and Focal person**	Stakeholders are sensitized	hiring of field vehicle, lunch, IEC materials	Stakeholders in the wards	LACA, ABSPHCDA, LGPHCA			**1**		reciepts, reports		"					
				2.4.3	**Produce and distribute 5,000 copies of IEC/BCC materials**	materials produced	production of IEC/BCC materials, transport	community members in the LGA	ABSPHCDA, LGPHCA		**1**			reciepts, reports		"					
		Reduce the	Expand access													"					

		incidence, morbidity and mortality due to viral hepatitis.	of key and general populations to viral hepatitis prevention, screening and treatment services																		
				2.4.4	**Conduct 1 day Training/retraining of 45 health care providers on provision of viral hepatitis services**	Number of health workers trained	Transportation, lunch, training materials, facilitators fee	HF workers, GHCW	ABSPHCDA	**1**				Attendance, pictures, report		"					
			Expand coverage of interventions for prevention of mother-to-child transmission of viral hepatitis	**2.4.5**	**Screen pregnant women for infections or complications on hepatitis B during ANC sessions**	number of pregnant women screened	at no cost	Pregnant women	ABSPHCDA	**1**	**1**	**1**	**1**	data tools		"					
C. INC	NON COM	REDUC	PROMO																		

REASED UTILIZATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES	MUNICABLE DISEASE, CARE OF THE ELDERLY, MENTAL HEALTH, ORAL AND EYE HEALTH	E MOBIDITY AND MORTALITY DUE TO NCDS (CANCERS, CARDIOVASCULAR DISEASES, CHRONIC OBSTRUCTIVE AIR WAYS)	TE GENERATION OF EVIDENCE FOR DECISION MAKING FOR PLANNING AND IMPLEMENTATION OF NCD INTERVENTION																		
				3.1.1	**2 DAY COMMUNITY WIDE SURVEY ON NCDS AND RISK FACTORS BY 20 ADHOC STAFF IN 2 COMMUNITIES OF THE 20 WARDS OF THE LGA**	DISEASE SURVEILLANCE AND SUPPORTIVE SUPERVISION CONDUCTED IN ALL THE 17 LGAs OF	TRANSPORT, PRODUCTION OF QUESTIONNAIRES	STAKEHOLDERS IN THE STATE HEALTH SYSTEM	SPHCDA, LGHA		1	1		REPORTS, RECIEPTS/VOUCHERS , PICTURES							

						ABIA STATE															
				3.1.2	**COMMUNITY SENSITIZATION AND SCREENING FOR CARDIOVASCULAR DISEASES (High blood pressure) IN THE 20 WARDS BY 60 HWs**	COMMUNITY MEMBERS IN THE WARDS ARE SENSITIZED AND SCREENED	HIRING OF 5 PUBLIC ADRESS SYSTEM , PROVIDING 5 BP APPARATUS PER WARD, ENGAGING 1 SUPPORT STAFF PER WARD, HIRING OF VIDEO COVERAGE AND PHOTOGRAPHS, TRANSPORTATION, FLIERS/HANDBILLS , LUNCH FOR 30	THE ELDERLY IN THE VARIOUS COMMUNITIES	SPHCDA, LGHA			1		1	ATTENDANCE, RECEPTS/VOUCHERS, PICTURES, REPORTS							
			BUILT CAPACITY OF HEALTH CARE PROVIDERS ESPECIALLY AT PHC IN PREVENTION AND SCREENING FOR NCDS	**3.1.3**	**TRAINING AND RETRAINING 50 HEALTH CARE PROVIDERS IN THE LOCAL GOVERNMENT ON NCDS SERVICES**	CAPACITY OF 50 HEALTHCARE PROVIDERS IN THE LOCAL GOVERNMENT AREA, ON NCDS BUILTH	HIRING OF HALL, TRANSPORT FOR PARTICIPANTS , LUNCH, STATIONARIES, PAYMENT FOR FACILITATOR	50 HEALTH CARE PROVIDERS	SPHCDA, LGHA				1		ATTENDANCE, RECEPTS/VOUCHERS, PICTURES , REPORTS							
			INTENSIFY ADVOCASY,lEGISTLATION																		

			, SOCIAL MOBILIZATIONAND BEHAVIOUR CHANGE COMMUNICATION FOR NCD PREVENTION AND CONTROL																		
				3.1.4	**OBSERVING OF THE WORLD HEALTH DAYS FOR MENTAL , CADIOVASCULAR,EYE,CARE OF THE ELDERLY AND ORAL HEALTH**	4 WORLD HEALTH DAYS OBSERVERED	yet to quantify cost	COMMUNITY MEMBERS	SPHCDA, LGHA		1	1	1	RECEIPTS, REPORT							
			PROMOTE DEMAND FOR NCD SERVICES	**3.1.5**	**5 DAYS ADVOCACY VISIT TO STAKEHOLDERS BY THE LGPHCA TEAM TO LGA CHAIRMAN ,20 FIRST**	COMMUNITY SENSITIZATION AND ADVOCASY CARRIED OUT	HIRIHG OF FIELD VEHICLES FOR 5 DAYS, IEC MATERIALS, LUNCH	HEALTHSTAKEHOLDERS IN THE 17 LGAs	SPHCDA, LGHA			1										

					CLASS TRADITIONAL RULERS IN THE WARDS, LEADERS FROM1 CBOs, 1 FBOs,1 YOUTH1, WOMEN AND MEN GROUPS IN THE WARDS	TO ALL THE STAKEHOLDERS															
		PROMOTE THE HEALTH AND WELLBEING OF THE ELDERLY IN NIGERIA	PROMOTE ENABLING POLICY ENVIRONMENT FOR PROGRAMING FOR THE ELDERLY	**3.1.6**	**ENGAGE 2 VOLUNTEER FROM CSOs PER WARD FOR A MONTHLY HOME BASED CARE OF THE ELDERLY**	INSTITUTIONALIZED ELDERLY HOMES ESTABLISHED IN ALL LGAs OF ABIA STATE	TRANSPORTATION	ELDERLY PERSONS	SMOH, SPHHCDA,LGHA		1	1	1	RECEIPTS, REPORTS,PHOTOGRAPHS							
C. INCREASED UTILIZATION OF ESSENTI	HEALTH PROMOTION AND SOCIAL DETERMIN	PROMOTE THE WELL BEING OF INDIVIDUALS AND COM	STRENGHTNING COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP OF	**3.1.7**	**5 DAYS SENSITIZATION OF YOUTH GROUPS IN THE 20 WARDS OF THE LGA ON RISKY**	YOUTHS IN 17 LGAs ARE SENSITIZED ON CONSEQUE	HIRING OF FIELD VEHICLES, HIRING OF PUBLIC ADRESS SYSTEM, LUNCH, PRODUCTION OF IEC MATERIALS, PHOTOGRAPH COVERAGE	YOUTHS	LGHA		1	1		RECIEPTS AND REPORTS							

AL PAC KAG E OF HEA LTH CAR E SER VICE S	ANTS OF HEAL TH	MUNI TIES THRO UGH PROTE CTION FROM HEALT H RISKS AND PROM OTION	HEALTH PROMO TION		**HEALTH BEHAVIO URS LIKE DRUG ABUSE, SMOKING AND CONSEQU ENCES BY 10 ADHOC STAFF**	NCES OF RISKY HEALT H BEHA VIOUR S															
				3 . 1 . 8	**1- DAY ORIENTAT ION OF 20 COMMUN ITY HEALTH PROMOT ERS IN THE LGA ON RISKY HEALTH BEHAVIO URS LIKE DRUG ABUSE, SMOKING AND CONSEQU ENCES**	HEALT H PRACT ITION ERS WILL CASCA DE THE ORIEN TATIO N TO THE COM MUNI UTY MEMB ERS	VENUE, TRANSPORTATION , LUNCH, STATIONARIES, HIRING OF PROJECTORS	HEAL TH PRO MOTI ONE RS	SPHCD A, LGHA				1	ATTENDAN CE,RECIEPT S/ VOUCHER, REPORT							
				3 . 1 . 9	**LAUNCH A WEEKLY MEDIA CAMPAIG N ON A RADIO STATION ON THE PREVENTI ON OF**	REDU CTION IN THE PREVA LENCE OF NCDs IN THE LGAs	RADIO ANNOUNCEMENT, JINGLES	MEM BERS OF THE COM MUN ITIES	SPHCD A, LGHA		1			RECEIPTS							

					NCDs																
				3.2.0	**TRAIN 4 WDC MEMBERS OF THE 20 WARDS IN THE LGA ON THE PROPER DISSEMINATION OF RELEVANT INFORMATION ON NCDs TO COMMUNITY MEMBERS**	CAPACITY IS BUILT FOR THE WDCs IN ALL THE WARDS OF THE STATE	TRANSPORT FOR WDC MEMBERS, STATIONARIES, HIRING OF PROJECTORS, LUNCH , FACILITATOR FEE	WDC MEMBERS	SPHCDA, LGHA			1		ATTENDANCE, RECEIPTS/VOUCHERS, PICTURES							
			STRENGHTEN HEALTH PROMOTION COORDINATION MECHANISM	**3.2.1**	**PUBLIC ENLIGHTENMENT ON RISKY HEALTH BEHAVIOURS THROUGH WEEKLY PRODUCTION AND AIRING OF JINGLES**	JINGLES AIRED	PRODUCTION OF JINGLES .AIRING OF JINGLES TWICE DAILY AND TWICE WEEKLY	GENERAL PUBLIC	SPHCDA ,SMoH, LGHA UNICEF		**1**	**1**	**1**	RECIEPT							
		PROMOTE FOOD HYGIENE AND	STRENGTHENING SYSTEM FOR FOOD	**3.2.2**	**QUARTERLY MAP OUT OF FOOD AND WATER**	FOOD AND WATER SURVELLANC	HIRING OF 5 FIELD VEHICLES, STATIONERIES ,PHOTO COVERAGE, LUNCH FOR TEAM MEMBERS	BUCHERS, PIG FARMERS,	SPHCDA,SMoH , LGHA		**1**	**1**	**1**	ATTENDANCE, RECEIPTS/VOUCHERS, PICTURES							

		SAFETY FOR THE REDUCTION OF ILLNESSES ASSOCIATED WITH UNWHOLESOME FOOD	AND WATER SAFETY SURVEILLANCE		**VENDORS IN THE LGA BY 20 ENVIRONMENTAL HEALTH OFFICERS AND 20 FOOD SCIENTIFIC OFFICERS IN 5 DAYS**	E SYSTEM STRENGTHENED IN 17 LGAs OF ABIA		WATER VENDORS AND EATRIES													
				3.2.3	**MONTHLY SUPERVISION (BY 20 FOOD SCIENTISTS AND 20 ENVIRONMENTAL OFFICERS) OF FOOD AND WATER VENDORS IN THE LGA**	FOOD AND WATER VENDORS IN THE LGA INSPECTED AND CLEARED BIMONTHLY	HIRING OF 2 FIELD VEHICLES MONTHLY,	FOOD AND WATER VENDORS	SPHCDA,SMoH , LGHA		**1**	**2**	**2**	REPORT, PICTURES, RECEIPTS							
				3.2.4	**1 DAY TRAINING OF TRAINERS OF 20 HEALTH WORKERS , 1 FROM EACH WARD IN THE LGA ON FOOD**	NUMBER OF HEALTH WORKERS TRAINED	VENUE, STATIONARIES, IEC MATERIALS, LUNCH TRANSPORT	HWs	ABSPHCDA, LGHA		**1**		**1**	ATTENDANCE, RECEIPTS/VOUCHERS, PICTURES							

					AND WATER SAFETY																
D. Strengthened health system for delivery of package of essential health care services	9. HUMAN RESOURCE FOR HEALTH	ENSURE COORDINATION AND PARTNERSHIP FOR ALIGNING INVESTMENT OF CURRENT AND FUTURE NEEDS																			
			Strengthen institutional capacities of HRH coordinating structures																		
				4.1.1	Quaterly 1 day training of the LGA HRH on	HRH officer trained	transport, stationaries, lunch, consultant fee	LGPHCA ,HRH	ABSPHCDA/ LGHAS		**1**	**1**	**1**	TRAINING REPORT,ATTENDANCE							

					taskshari ng and taskshiftin g policy																
			Strength en/esta blish HRIS at LGHA	**4 . 1 . 2**	**productio n and photocop y of HRH materials in the LGHA**	printin g, photo copyin g and distris bution done	1000 copies of HRIS data tool printed and distributed to all the HFs, transportation for distribution to all the HFs in the Wards in 5 days	LGHA , All HFs	ABSPH CDA/ LGHAS		**1**			DISTRIBUTI ON LIST							
					1 day training and updating of the 45 OICs on the HRIS data tool	HRIS Updat e done.	venue, stationaries, photocopies, transport, lunch	All OICs	LG HRH, LG M&E Officer			**1**		attendance, report							
			Establish mechani sms for annual HRH reviews and reportin g for evidenc e and decision making at the LGA level	**4 . 1 . 4**	**Conduct annual personnel auditing and verificatio n exercise**	Annua l perso nnel audit exerci se condu cted	Stationaries, Transport for 2 days for HRH & 6 LGA Team member , 1 representative of SPHCDA, Lunch	All LGPH CA staff	ABSPH CDA/ LGHAS			**1**		Audit report,							
		Ensure effecti ve health workf orce	Strenght hen mechani sm for deploym ent and																		

		management through retention, deployment, work condition, motivation and performance management	retention of HRH AT THE LGA LEVEL																		
				4.1.5	**produce and distribution of a clear job description manual**	job description manual produced and distributed	500 copies of 100 page job description manual for all cadres in the PHC from scheme.	LGHA staff, ABSPHCDA	ABSPHCDA/ LGHAS				**1**	PRINTED COPIES MANUAL							
E. Strengthened Health System for Delivery of pack	Medicines, Vaccines and other Health technology and suplliies	Strengthen the availability and use of affordable, accessible and quality	Strengthen the development and implementation of legal, regulatory framework, policies	**5.1.1**	**1 Day Review Meeting of Abia State essential drug guideline with the 45 OICs by 1 facilitator from the SMoH**	Essential guideline reviewed	Hall,Transportation, Projector,lunch,stationaries,Consultant fee	LGHWs	SMOH, LGPHCA		**1**			manual, report							

age of essential Health care services		medicines, vaccines, and other health commodities and technologies in the LGA	and plans for drugs, vaccines, commodities and health technologies at the LGA level																		
				5.1.2	**Distribution of Revised Abia State Essential Drug Guideline to Health Facilities and Relevant stake Holders.**	Copies of Guideline Distributed.	fueling field vehicle for 5 days	HFs in the LGA	SMOH, LGPHCA			**1**		Delivery note							
				5.1.3	**Conduct quarterly inspection of facilities to ensure compliance with Essential Drug Guideline**	Number of quaterly inspection of facilties conducted.	Hiring of field vehicle for 2 days, production of check list, photocopy of 500 checklist, Lunch 6 LGA Team members	HFs in the LGA	ABSPHCDA/ LGHA		**1**	**1**	**1**	Inspection report							
				5.1.	**Coduct 2 days training/refresher**	Number of \ training \or \	venue, transport, Lunch,stationaries, photocopy of 100 five page manual	LGPHCA, HWs	SMOH/ Partners			**1**		Training report							

				4	**training of People responsible for CC activities in the 45 HFs of the LGA by State consultant and LG CC officer**	refresher \ training \ session conducted on supply chain management															
				5.1.5	**Quaterly supervisory visits to Drug Revolvoing Fund Facilities in the LGA**	Number of quarterly supportive supervison conducted	electronic checklist, hiring field vehicle for 1 day	LGPHCA, HWs	LGPHCA, SMoH, PSMT WG/DR Focal person			**1**	**1**	Supervisory visit report							
			Strengthen effective procurement systems (forecasting, orders, procurement) to ensure (40% local content) and commodity security																		

			for a sustainable basis																		
				5.1.6	**Hold Bi-annual stakeholders meeting on the revitalization of Drug Revolving Fund in the LGA**	Number of Biannual stakeholders Meetings held	Hall, Lunch for 40 stakeholders from the wards, transportation, stationaries, Lunch for 50	LGPHCA	SMOH PSMT WG/ DRF focal person LGA		**1**		**1**	Minute of meeting, Attendance sheet							
			Strengthen integrated supply chain management system and quality assurance models for medicines, vaccines, commodities and other technologies with a function	**5.1.7**	**Maintenance of Existing LGA, and PHC Storage Facility including Cold chain**	Number of functional Storage Facility and cold Chain	yet to get costing	LGA Health Facilities	SMoH, LG Cold chain/ Logistic Officer/ LIO			**1**	**1**	Cold chain assessment report							

			al logistics management information system (LMIS)																		
			Strengthen existing systems for the management of biological and non-biological wastes including expiries of medicines, vaccines and other commodities in the LGA	**5.1.8**	**1 day training of 45 LGA peronnel in health facilites on environmental and social safegurds.**	Number of LGA personnel trained on environmental and social safeguards	Hall, Consultancy fee, lunch for 55, stationaries, transport for 45	HF Cold chain Officers, LGPHCA	SPHCDA, SMoH, LGPHCA			**1**		Training report							
E. Strengthened Health System	Health Information System	Improve the health status of Nigerians through the	Strengthen institutional framework and coordination for HIS at	**5.1.9**	**Distribution of 150 copies of the National HMIS Policy document**	Number of LGA/health facilities with at least	fueling field vehicle for 2 days for distribution in the 45 HFs	LGA Health facilities	LGPHCA			**1**		Tools distribution Voucher							

for Delivery of package of essential Health care services		provision of timely, appropriate and reliable health information services at the LGA level, for evidenced based decision making.	the LGA level			a copy of the National HMIS policy document															
			Strengthen capacity to generate, transmit, analyze and utilize routine health data, from all health facilities, including private																		

			health facilities.																		
				5.2.0	**Distribution of top up supplies of HMIS tools to 45HFs Aand 20 private hosapitals in the LGA**	HMIS tools distributed to all LGAs and HFs.	Trasportation,	Health facilities	SMOH(DPRS)/ HMIS unit/SPHCDA			**1**		Number HMIS tools printed.							
				5.2.1	**1 day monthly Data hamornaization/validation review meeting at the LGA level for 45 OICs and 6 LGA health team**	Number of data validation meetings conducted	venue,Trasportation, lunch, stationaries	Health facility records personnel	State HMIS officer		**1**	**3**	**3**	Reciepts. Attendance,							
F. Protection from Health Emergency and	Public health emergencies; preparedness and respo	Reduce incidence and impact of public health emergencies in the	Promote an integrated national disease surveillance system in line with Internati	**6.1.1**	**I DAYQUATERLY TRAINING FOR 20 DISEASE SURVEILLANCE PERSONNEL IN THE WARDS**	• WARD DISEASE SURVEILLANCE PERSONNELS TRAINED •	transport, lunch , facilitator fee, stationaries	Health workersin the LGA.	DISEASE SURVEILLANE UNIT			**1**	**1**	TRAINING ATTENDANCE AND REPORT							

risks	nse	LGA	onal Health Regulation (IHR) and IDSR			•															
				6.1.2	**STRENGTHEN DATA PRODUCTION AND MANAGEMENT SYSTEM OF 20 OICs IN THE WARD HEALTH CENTERS OF THE LGA**	TRAIN PERSONNEL with LAPTOP.	tr ansportation,lunch, purchase of 20 LAPTOPs and PRINTERS, facilitator fee, stationaries	OICs and M&E officer	SMoH, LGPHCA												
			Scale-up public education and awareness creation on public health emergencies	**6.1.3**	**CARRY OUT SURVEILLANCE NEEDS ASSESSMENT AT LGA LEVEL**	•NEEDS ASSESSMENT CARRIED OUT •SENSITIZATION ON PUBLIC HEALTH CONDUCTED •	cost of transportation,media coverage	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT		**1**	**1**	**1**	ATTENDANCE,REPORT AND PICTURE							

						NUMBER OF IEC MATERIAL DEVELOPED AND DISTRIBUTED															
				6.1.4	**CONDUCT A 3 DAYS SENSITIZATION AND PUBLIC ENLIGHTENEMENT ON PUBLIC HEALTH EMERGENCIES IN THE 20 WARDS WITH INTEGRATION OF DISEASE SURVEILLANCE OFFICER IN THE WDC AND VDC**	Sensitazion of the wards done	hiring of field vehicles, production of IEC materials, , hiring of mega phone	the communities, WDCs and VDCs	DISEASE SURVEILLANE UNIT			**1**		ATTENDANCE,REPORT AND PICTURE							

Umuahia South LGA Annual Operational Plan 2019 A

Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017 - 21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity	Output Indicator ({SHDP 2017-21}	Cost Elements/ details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame				Activity Means of Verification	Total Cost	Total Amount	Expenditure Classification	Funding Source (s) Name	State Contribution to activities	Expected Contributions from other Sources	Priority Ranking
										Quarterly frequency {only numbers allowed}						-					
Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP2017 - 21}	Strategic Interventions/ Output Results {SHDP2017-21}	Act. Code	Activity					Q1	Q2	Q3	Q4			-					
	Step 1					Step 2									Step 4			Step 5			Step 6
1. Enabled environ	1 LEADERSHIP AND GOV	1.1 Provide clear policy,	1.1.1.Promote review and development of	1.1.1.1	review and revise the existing law	ASPHCDA law reviewed and	Honorarium	LGHA	ABSPHCDA legal team, SMOH AND			1		Amended law document	`	"					

ment for attainment of sector outcomes	ERNANCE FOR HEALTH	plans, legislative and regulatory framework for the health sector	polices and laws as necessary			revised			other relevant stakeholders												
					Conduct an alignment meeting with relevant stakeholders to obtain their buy-in and pass the law through the house of assembly	1 day meeting conducted with 10 stakeholders	refreshment, transport	heads of departments in the LGA	LGHA		1			ATTENDANCE,REPORT AND PICTUREs		"					
			1.1.2. Scale-up strategic and operational	**1.1.2.1**	**training of 13 persons within the LGAHA to**	13 persons trained	Refreshment (lunch and tea break), hall, projector, stationary, transport	LGAHA PERSONNEL	ASPHCDA, LGAHA & partners			**1**		Report,Attendance,Receipt		"					

			planning at all levels		**develop annual operational plans for the LGAHA**																
		1.2 Strengthen transparency and accountability in planning, budgeting and procurement process	1.2.1 Strengthen Public Finance Management system including oversight in Fund disbursement and utilization at all levels	**1.2.1.1**	**Conduct review of existing finance management system in the LGAHA for 8 persons**	Review held 2 times a year	Refreshment (lunch and tea break), projector, stationary	Heads of department	ASPHCDA, LGAHA & partners		**1**		**1**	Report,Attendance,Receipt		"					
			1.2.3 Strengthen voice and accountability, including community participation, CSO engage	**1.2.3.1**	**Advertise in 2 local/State Radio station to identify existing CSOs in the State. Support transport and**	total number of CSOs maps	2 advertisments made	the CSOs	ASPHCDA ,LGAHA			**1**	**1**	Receipt		"					

			ment.		**logistics for Mapping of CSOs in the sate for 5 days Print CSOs directory in the Sate**																
		Improve health sector performance through regular integrated reviews and reports	Strengthen annual operational/work-plan for the health sector	**1.3**	**• Conduct 3-day residential meeting for 8 stakeholders to develop operational plan for the LGAHA • Conduct 1 day validation meeting to adopt it into state operational health plan • Printing**	3 Days meeting held	hotel accommodition, Hall, Transport, Tea break and Launch	Heads of Departments	ASPHCDA and LGAHA			**1**		Report,Attendance,Receipt,Pictures		"					

					and dissemination of adopted plan																
			Institutionalize the mechanism for sector progress status and performance review	**1.3.3.1**	**• 1 Day data review meeting with 13 Ward Health Centre M&E in the LGA.** **•** **•** **•**	13 M&E Officers	transport Tea break and launch	Ward Health Centre M&Es	ASPHCDA and LGAHA			**1**		Report,Attendance,Receipt,Pictures		"					
		Strengthen coordination, harmonization and alignment at all levels	Strengthen governance structures, rules and processes at all levels	**1.4.1**	**• Conduct 1 day sensitization meeting on the revised/ adopted health policies once a year for 13 persons** **•** **•**	13 persons attended	Tea break and launch	ward focal persons	ASPHCDA and LGAHA				**1**	Report,Attendance,Receipt,Pictures		"					
	2.Community Participati	To strengthen community	Strengthen institutional and coordin		**• Conduct 2 days sensitization**	13 persons sensitize	production of 1000 IEC material ,lunch, transport	WDCs	SPHCDA andLGHA			**1**	**1**	Report,Attendance,Receipt,Pictures	0.00	0.00					

	on and Ownership	level coordination mechanisms and capacities for health planning.	ating mechanisms for promotion of community participation		**meeting to strengthen the activities of WDC in the LGA**																
					• production and distribution of2000 copies of IEC materials for all health interventions • sensitization meeting for VDCs,WDC, CB0S, YOUTHS, women leaders, religious leaders	IEC materials produced	IEC Materials	Health workers	ASPHCDA and LGAHA		1			Visible IEC materials, Receipts		"					

					• 2 resource persons per LGA.																
			Strengthen financial management systems at the community levels		**• 5 days training of Chairmen &their treasurers of WDC in 13 wards on financial management** **•**	26 Persons trained	projector, transport, refreshment	WDC Chairmen & treasurers	ASPHCDA and LGAHA			1		Report,Attendance,Receipt,Pictures		"					
					• 7- day financial audit of ward PHC budget(BHCPF)	Audit carried out within 7 days	stationaries, transport,	LGAHA Auditors	ASPHCDA and LGAHA		`1			Audit report,		"					
		Strenghten capacities of communities to facilitate the implementation	Strengthen capacities of communities to facilitate the implementation of community and facility level		**• 1 day re-orientation meeting for 13 WDCs at the LGA level** **•**	reorentaton meeting carried 0ut	hall, transportation, refreshment	WDCs	LGHA			1				"					

		of community and facility level minimum service package(MSP)	minimum service package (MSP)																		
			Strengthen mechanisms for data collection,analysis, storage, utlizaton and accountability at community level		**2 days review of data tools for M/Es in 40 health centers with LGA program officers**	data tools reviewed	hall, transportation,refreshment	M/E, Program officers	ABPHCDA,LGHA		1		1			"					
Increased utilisation of essential	4.Reproductive, Maternal, Newborn, Child,	4.1 Reduce maternal mortality and morbidity	4.1.1 Improve access to focused Antenatal and Postnatal Care	**4.1.1a**	**Conduct 1 day quarterly LGA review Meeting to review focused antenat**	review meeting done	refreshment, hall rental, transportation	LGA health workers, stakeholders, communi	LGHA	**1**	**1**	**1**	**1**	Attendance, minutes, picturesz		"					

package of health care services	Adolescent Health	through the provision of timely, safe, appropriate and effective healthcare services before, during and after child birth.			**al and postnatal care. (LGA health authority team, health facility OIC's.)**			ty leaders.													
					Distribute 200 mama's kit per ward health center to intensify facility-based delivery	**1.** Number of facility-based deliveries **2.** Number of mothers that receiv	delivery mat, I pk of ladies sanitary pad, pampers, methylated spirit, disinfectant, baby soap, surgical blades, hand gloves, chlorohexydene, cotton wool, oxytocin injection, detergent	Pregnant mothers	LGHA, HF OIC's			**1**		Pictures, delivery vouchers		"					

						ed mama's kit at health facilities															
					Conduct a 1 day quarterly sensitization meeting in one ward (6 LGA team members from the LGA health authority team.	Number of sensitizations done at the ward	transportation	Community members, general population	LGHA	**1**	**1**	**1**	**1**	Attendance, Pictures, minutes		"					
			Expand coverage of skilled delivery services		**Conduct 3 days non-residential training on skilled delivery for 78 midwives and S. Chews(6 per ward drawn from**	Number of midwives and S.Chews trained.	hall rental, tea break, lunch, stationeries, facilitator fee and transport	Midwives, Senior Chews	ABSPH CDA/ LGHA			**1**		Attendance, Pictures		"					

					midwives and S. Chews and 3 facilitators.)																
			Promote advocacy, community Mobilization and Behaviour Change Communication for Safe Motherhood Services		**Conduct 1 day training for 20 persons on IPC Skill at LGA level (1 Safe motherhood FP per LGA and 3 facilitators)**	Number of safe motherhood focal person trained.	hall rental, transportation, tea break, lunch, stationeries	LGA Safe Motherhood person	LG HAS				**1**	Pictures		"					
	5.Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS) And Neglected Tropi	Reduce significantly morbidity and mortality due to Malaria and move towards	Expand access to integrated vector control interventions		**Advocacy visit to donor agencies for Abia to be covered by entyomological surveys.**	Advocacy visit conducted	Transportation	PHCDA	Abia State PHCDA			**1**		Attendance, pictures		"					

	cal Diseases	pre-elimination levels																			
			Strengthen laboratory services for diagnosis of malaria at all levels		**Conduct 1 day training /retraining for 40 OICs and 4LGA Team Members on the use of malaria diagnostic KIT**	1 day Training conducted	training materials, hall rental, transportation, breakfast, lunch	OICs, LGA team	LGHA		**1**			Attendance, pictures		"					
			Improve availability of and access to commodities and supplies for treatment of uncomplicated and severe malaria		**Procure and distribute ???? ACTs and other malaria commodities for distribution to health facilities**	Procurement and distribution of commodities conducted	Contact the state RBM focal person for quantification.	LGA HF's	Abia State PHCDA	**1**	**1**	**1**	**1**	Procurement documents, Delivery vouchers.		"					
			Expand use of IPT		**Procure and distribut**	Commodity	To contact the state RBM focal person for	LGA HF's	Abia State PHCDA	**1**	**1**	**1**	**1**	Procurement documents		"					

			among pregnant women attending ANC		**e ???? Sulphurdoxine Pyremethamine for distribution to health facilities**	procured	quantification.							, Delivery vouchers.							
																"					
																"					
			Scale up paediatric TB diagnosis and treatment services		**Conduct 3 day training for 50 Health workers on childhood TB diagnosis.**	Training conducted	Hall rental, breakfast, lunch, training materials, transportation	HF WORKERS	ABSPH CDS/ ABIA STBLCP		**1**			Attendance, pictures,		"					
		Significantly reduce the incidence and prevalence of HIV/	Expand access to Minimum Package of Preventive Interventions (MPPI)		**Conduct 1 day quarterly sensitization visit of community leaders in 1 commu**	Sensitization visit conducted quarterly	transportation	General population (community members)	Community leaders, Gneral population				**1**	Attendance, pictures,		"					

		AIDS in Nigeria by 2021	for HIV targeting key and general populations		**nity in HIV high burden area on MPPI for HIV**																
			Promote universal access to quality PMTCT services		**Conduct 5 days training for 50 GHCW's from non-PMTCT sites on PMTCT**	Number of GHCW's trained	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	Health workers	ABSPHCDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures		"					
					Conduct 1 day quarterly PMTCT Review meetings for 40 participants (1 LACA,1 SACA)	Number of PMTCT review meeting held	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	LGA HA team, General population	ABSPHCDA/ NCAPS SPIU/SACA			**1**	**1**	Attendance, pictures, minutes		"					
			Strengthen referral and linkages between HIV/AIDS services and other health		**1 day meeting to review HIV/AIDS services linkages and referrals (40 participants - 1**	Number of HIV/AIDS review meetings held	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	LACA, SACA, NCAPS SPIU	ABSPHCDA/ NCAPS SPIU/SACA			**1**		Attendance, pictures, minutes		"					

			and social services		**LACA,1 SACA)**																
																"					
					5.3.6. Promote injection safety and health care waste management practices for 40 OICs	**40 OICs sensitized**	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	OICs, LGA team	ABSPHCDA		ABSPHCDA / NCAPS SPIU/ SACA			**1**							
					Procure xxxx quantity of hepatitis vaccine for distribution to health facilities	Quantity of hepatitis vaccine procured. Number of Hepatitis vaccine distributed	NO COST	health facilities	ABSPHCDA	**1**						"					
INCREASED UTILIZA	6. NON COMMUNICAB	6.1 REDUCE MOBIDITY	6.1.1 PROMOTE GENERATION		**REVIEW AND ADAPT NATIONAL**	NATIONAL POLICY AND GUID	1. TRANSPORT STIPEND, REFRESHMENT, ACCOMODATION FOR	STAKEHOLDERS IN	SMOH, SPHCDA, LGHA, LGA		1		1	REPORTS, RECIEPTS/ VOUCHERS ,ATTENDANCE		"					

TION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES	LE DISEASE, CARE OF THE ELDERLY, MENTAL HEALTH, ORAL AND EYE HEALTH	AND MORTALITY DUE TO NCDS (CANCERS, CARDIOVASCULAR DISEASES, CHRONIC OBSTRUCTIVE AIR WAYS)	OF EVIDENCE FOR DECISION MAKING FOR PLANNING AND IMPLEMENTATION OF NCD INTERVENTION		**POLICY AND GUIDELINES ON NCDS**	ELINES IS REVIEWED	PARTICIPANTS. (2) STATIONARIES AND WRITING MATERIALS	THE STATE HEALTH SYSTEM	ADVISORY COMMITTEE MEMBERS, AGENCY BOARD MEMBERS												
				6.1.1.2	**2 DAY COMMUNITY WIDE SURVEY ON NCDS AND RISK FACTORS IN 2 COMMUNITIES PER LGA OF THE STATE**	DISEASE SURVEILLANCE AND SUPPORTIVE SUPERVISION CONDUCTED IN ALL THE 17 LGAs	TRANSPORT STIPEND, PRODUCTION OF DATA TOOLS, REFRESHMENT	STAKEHOLDERS IN THE STATE HEALTH SYSTEM	SPHCDA, LGHA		1	1		REPORTS, RECIEPTS/ VOUCHERS ,PICTURES		"					

						OF ABIA STATE															
				6.1.1.3	**COMMUNITY SENSITIZATION AND SCREENING FOR CARDIOVASCULAR DISEASES (High blood pressure)**	COMMUNITY MEMBERS IN THE 17 LGAs ARE SENSITIZED AND SCREENED	HIRING OF 1 PUBLIC ADRESS SYSTEM PER LGA, PROVIDING 10 BP APPARATUS PER LGA, ENGAGING 5 SUPPORT STAFF PER LGA AND 2 STATE STAFF, HIRING OF VIDEO COVERAGE AND PHOTOGRAPHS, TRANSPORTATION, ENTERTAINMENT	THE ELDERLY IN THE VARIOUS COMMUNITIES	SPHCDA, LGHA			1		1	ATTENDANCE, RECEPTS/VOUCHERS, PICTURES, REPORTS		"					
			BUILT CAPACITY OF HEALTH CARE PROVIDERS ESPECIALLY AT PHC IN PREVENTION AND SCREENING FOR NCDS	**6.1.1.4**	**TRAINING AND RETRAINING 50 HEALTH CARE PROVIDERS PER LOCAL GOVERNMENT ON NCDS SERVICES**	CAPACITY OF 50 HEALTHCARE PROVIDERS PER LOCAL GOVERNMENT AREA, ON NCDS BUILTH	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS, PAYMENT FOR RESOURSE PERSONS	850 HEALTH CARE PROVIDERS	SPHCDA, LGHA				1		ATTENDANCE, RECEPTS/VOUCHERS, PICTURES , REPORTS		"					
				6.	**BUILD**	THE	HIRING OF	STAK	SMOH,			1		REPORTS		"					

				1.1.5	**CAPACITY OF 34 M&E OFFICERS IN THE LGAs ON DATA GENERATION, COLLECTION, COLLATION AND REPORTING ON NCD SERVICES**	CAPACITY OF34 M&Es IN ABIA ARE BUILTH	HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS, PAYMENT FOR RESOURSE PERSONS	E HOLDERS IN ALL STRATA OF THE HEALTH SYSTEM	SPHCDA, LGHA					AND ATTENDANCE							
			6.1.2 INTENSIFY ADVOCASY,lEGISTLATION, SOCIAL MOBILIZATION AND BEHAVIOUR CHANGE COMMUNICATION FOR NCD PREVENTION AND	**6.1.2.1**	**ADVOCACY VISIT TO RELEVANT STAKEHOLDERS(EXECUTIVE AND LEGISLATIVE) FOR SUPPORT AND LEGISLATION ON NCDs PREVENTION AND CONTRO**	ADVOCASY TO RELEVANT STAKEHOLDERS IN 17 LGAs DONE	TRANSPORTATION, IEC MATERIALS, REFRESHMENT	STAKEHOLDERS	SMOH, SPHCDA, LGAHA		1			RECEIPTS, REPORT		"					

			CONTROL		**L IN 17 LGA**																
				6.1.2.2	**OBSERVING OF THE WORLD HEALTH DAYS FOR MENTAL, CADIOVASCULAR,EYE,CARE OF THE ELDERLY AND ORAL HEALTH**	4 WORLD HEALTH DAYS OBSERVERED	TRANSPORTATION, IEC MATERIALS,REFRESHMENT	COMMUNITY MEMBERS	SPHCDA, LGHA		1	1	1	RECEIPTS, REPORT		"					
			PROMOTE DEMAND FOR NCD SERVICES	**6.1.2.3**	**1 DAY ADVOCACY VISIT TO STAKEHOLDERS(17 LGA CHAIRMAN ,1TRADITIONAL RULERS \ NDIEZE.2 LEADERS FROM1 CBOs, 1 FBOs,1 YOUTH1 ,WOMEN AND**	COMMUNITY SENSITIZATION AND ADVOCASY CARRIED OUT TO ALL THE STAKEHOLDERS	TRANSPORTATION, IEC MATERIALS, REFRESHMENT	HEALTHSTAKEHOLDERS IN THE 17 LGAs	SPHCDA, LGHA		1	1	1			"					

					MEN GROUPS																
		PROMOTE THE HEALTH AND WELL BEING OF THE ELDERLY IN NIGERIA	PROMOTE ENABLING POLICY ENVIRONMENT FOR PROGRAMING FOR THE ELDERLY	**6.1.2.4**	**ENGAGE 5 VOLUNTEERS FROM CSOs PER LGA FOR A MONTHLY HOME BASED CARE OF THE ELDERLY**	INSTITUTIONALIZED ELDERLY HOMES ESTABLISHED IN ALL LGAs OF ABIA STATE	TRANSPORTATION	ELDERLY PERSONS	SMOH, SPHHCDA,LGHA		1	1	1	RECEIPTS, REPORTS,PHOTOGRAPHS		"					
INCREASED UTILIZATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES	HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEALTH	PROMOTE THE WELL BEING OF INDIVIDUALS AND COMMUNITIES THROUGH PROTECTION FROM HEALTH RISKS AND	STRENGHTNING COMMUNITY CAPACITY FOR RESPONSES AND OWNERSHIP OF HEALTH PROMOTION		**SENSITIZE YOUTH GROUPS IN THE 292 WARDS OF ABIA STATE ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES**	YOUTHS IN 17 LGAs ARE SENSITIZED ON CONSEQUENCES OF RISKY HEALTH BEHAVIOURS	TRANSPORTATION, HIRING OF PUBLIC ADRESS SYSTEM, LIGHT REFRESHMENTS, PRODUCTION OF IEC MATERIALS, PHOTOGRAPH COVERAGE, STATIONARIES	YOUTHS	LGHA		1	1		RECIEPTS AND REPORTS		"					

		PROMOTION																			
					1- DAY ORIENTATION OF 20 COMMUNITY HEALTH PROMOTERS PER LGA ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES	HEALTH PRACTITIONERS WILL CASCADE THE ORIENTATION TO THE COMMUNIUTY MEMBERS	TRANSPORTATION STIPENDS, LIGHT REFRESHMENT, STATIONARIES, HIRING OF PROJECTORS	HEALTH PROMOTIONERS	SPHCDA, LGHA				1	ATTENDANCE,RECIEPTS/ VOUCHER, REPORT		"					
					LAUNCH A WEEKLY MEDIA CAMPAIGN ON A RADIO STATION ON THE PREVENTION OF NCDs	REDUCTION IN THE PREVALENCE OF NCDs IN THE LGAs	RADIO ANNOUNCEMENT, JINGLES	MEMBERS OF THE COMMUNITIES	SPHCDA, LGHA		1			RECEIPTS, REPORTS/ VOUCHERS ,ATTENDANCE		"					
					TRAIN 10 WDC MEMBERS PER	CAPACITY IS BUILT	TRANSPORT STIPENDs FOR WDC MEMBERS,	WDC MEMBERS	SPHCDA, LGHA			1		ATTENDANCE, RECEIPTS/ VOUCHERS		"					

					WARD (TOTAL 292) ON THE PROPER DISSEMINATION OF RELEVANT INFORMATION ON NCDs TO COMMUNITY MEMBERS	FOR THE WDCs IN ALL THE WARDS OF THE STATE	STATIONARIES, HIRING OF PROJECTORS, REFRESHMENT,							, PICTURES							
			STRENGHTEN HEALTH PROMOTION COORDINATION MECHANISM		**PUBLIC ENLIGHTENMENT ON RISKY HEALTH BEHAVIOURS THROUGH WEEKLY PRODUCTION AND AIRING OF JINGLES**	JINGLES AIRED	PRODUCTION OF JINGLES .AIRING OF JINGLES .	GENERAL PUBLIC	SPHCDA ,SMoH, LGHA UNICEF		**1**	**1**	**1**	RECIEPT, REPORT.		"					
					CONDUCT STAKEHOLDERS MEETING AT	HEALTH PROMOTION INFOR	TRANS[PORTATION, REFRESHMENT, STATIONERIES,	FBOs ,CBOs,	SPHCDA,SMoH , LGHA		**1**	**1**		ATTENDANCE, RECEIPTS/ VOUCHERS , PICTURES		"					

					THE TO AGREE ON WAYS TO PROMOTE HEALTHY LIVING WITHIN THE LGA	MATION DISCEMINATED															
		PROMOTE FOOD HYGIENE AND SAFETY FOR THE REDUCTION OF ILLNESSES ASSOCIATED WITH UNWHOLESOME FOOD	STRENGTHENING SYSTEM FOR FOOD AND WATER SAFETY SURVEILLANCE		**MAP OUT FOOD AND WATER VENDORS IN ABIA .**	FOOD AND WATER SURVELLANCE SYSTEM STRENGTHENED IN 13 WARDS	TRANSPORTSTION, STATIONERIES, REFRESHMENT, PICTURES,	BUCHERS, PIG FARMERS, WATER VENDORS AND EATRIES	SPHCDA,SMoH , LGHA		**1**	**1**	**1**	ATTENDANCE, RECEIPTS/ VOUCHERS, PICTURES		"					
					BIMONTHLY SUPERVISION	ALL FOOD AND WATE	TRANSPORTATION	FOOD AND WAT	SPHCDA,SMoH , LGHA		**1**	**2**	**2**	REPORT, PICTURES, RECEIPTS		"					

					(BY FOOD SCIENTISTS AND ENVIRONMENTAL OFFICERS) OF FOOD AND WATER VENDORS WITHIN THE 17 LGAs	R VEEN DORS IN 17 LGAs INSPECTED AND CLEARED BIMONTHLY		ER VEN DOR S													
Strengthened Health System for Delivery of package of essential Health care services	Medicines Vaccines and other Health technology and suplliies	11.1 Strengthen the availability and use of affordable, accessible and quality medicines, vaccines, and other health	11.1.1 Strengthen the development and implementation of legal, regulatory framework, policies and plans for drugs, vaccines , commodities and health	**1 1. 1. 1 a**	**Two Day Review Meeting of Abia State essential drug guideline for 40 OICs**	Essential guideline reviwed	Hall,Transportation,Projector,Refreshment,Training Materials,Consultants.	ABSPHCDA,LGHA	SMOH		**1**			Reviwed Guideline/ Worshop Report.		"					

		com modi ties and techn ologi es at all levels .	technol ogies at all levels																		
				1 1. 1. 1 b	**Producti on of essentia l drug list and Standar dized proctoc ol for treatme nt at all levels**	1000 copie s of essen tial guidel ine produ ced	Printing cost	ABSP HCD A,LG HA	SMOH			**1**		Copies of essentiaL guideline/ Delivery note		"					
				1 1, 1. 1c	**Distribu tion of Rivised Abia State Essentia l Drug Guidelin e to Health Facilities and Relevan t stake Holders.**	Copie s of Guide line Distri buted .	HIRING OF FIELD VEHICLES	ABSP HCD A,LG HA	SMOH			**1**		Delivery note		"					
				1 1. 1. 1 d	**Conduct quarterl y inspecti on of**	Numb er of quate rly inspe	Trasport,, Checklist, reporting template	Heaa lth facili ties	ABSPH CDA/ LGHA				**1**	Inspection report		"					

					facilities to ensure compliance with Essential Drug Guideline	ction of facilties conducted.															
				11.1.2c	**Coduct training /refresher training of 40 Health Facility Cold chain staff**	Number of \training \or \refresher \training \session conducted on supply chain management	training \materials, Lunch/refreshment,	PSM /LMCU group	SMOH/ Partners			**1**		Training report		"					
			11.1.4 Strengthen effective procurement systems (forecasting, orders, procurement)	**11.1.4a**	**strenghten capacity of 40 OICs and LGA cold chain officers on forcasting**	Proportion of cold chain officers trained on commodity forcasting	Hall, Consultancy fee, refreshment, Training materials,	State and LGA cold chain officers	Immunization Department SPHCDA/UNICEF/Other partners				**1**	Training report, Attendance sheet		"					

			to ensure (40% local content) and commodity security for on a sustainable basis at all levels .																		
			11.1.5 Strengthen integrated supply chain management system and quality assurance models for medicines, vaccines, commodities and other technologies with a	**1 1. 1. 5 b**	**Quarterly supportive supervison of cold chain store in 13 wards to ensure adherence to quality assurance**	Number of quarterly supportive supervison vists conducted	Supervison checklist, ODK configuration cost ,hiring of field vehicle	State And LGA cold chain Stores	SPHCDA Immunization Unit			**1**	**1**	Supervison report		"					

			functional logistics management information system (LMIS)																		
			11.1.7 Strengthen existing systems for the management of biological and non-biological wastes including expiries of medicines, vaccines and other commodities at all levels		**Training and retraining of 40 LGA peronnel in health facilites on environmental and social safeguards .**	Number of state and LGA personnel trained on environmental and social safeguards	Hall, Consultancy fee, refreshment, Training materials,	Cold chain Officers,Logistic officers, State SMOH/SPHCDA teams	SPHCDA				**1**	Training report		"					
					Quarterly procurement and distribu	Number of Quarterly Procureme	no cost	State, LGA Health facilites	PARTNERS and SPHCDA procur			**1**	**1**	Procurement report, facility delivery Voucher		"					

					tion of Vaccines and safety commodities to 40 Primary health facilites for the disposal of sharps	nt and distribution conducted per year			ement unit												
Strengthened Health System for Delivery of package of essential Health care services	Health Information System	Improve the health status of Nigerians through the provision of timely, appropriate and reliable health information	Strengthen institutional framework and coordination for HIS at all levels	**1 2. 1. 1**	**12.1.1a Distribution of 1000 copies of the National HMIS Policy document**	Number of LGA/health facilities with at least a copy of the National HMIS policy document	NO COST	State ,LGA, Health facilites	SPHCDA AND LGA			**1**	**1**	Tools distribution Voucher		"					

		services at all levels, for evidenced based decision making.																			
																"					
					Conduct Monthly LGA 3 HMIS Meeting.	LGA HMIS meeting conducted	Hall, refreshment, trasportation, projector	LGA HMIS officers, State HMIS officers	SPHCDA/ SMOH/ LGA		**3**	**3**	**3**	Menitue of meeting/ event		"					
			Strengthen capacity to generate, transmit, analyze and utilize routine health data, from all health facilities		**12.1.2 b Distribution of top up supplies of HMIS tools to 49 government and private Owned health facilities**	HMIS tools distributed to all LGAs and HFs.	Trasportation,	Health facilities	SMOH(DPRS)/ HMIS unit/SPHCDA			**1**		Number HMIS tools printed.		"					

			, including private health facilities.																		
					12.1.2 monthly Data hamornaization /validation review meeting at the LGA level	Number of data validation meetings conducted	NO COST	Health facility records personnel	State HMIS officer		**1**	**3**	**3**	Number HMIS tools distributed to HFs		"					
Strengthened Health System for Delivery of package of essential Healthcare services	13. RESEARCH FOR HEALTH	Strengthen health research and development to significantly contribute to the overall improvement of	Strengthen institutions and systems at all levels for the promotion, regulation and ethical oversight of essential national health research	**13.1.5**	**Establishing a unit for medical research within SPHCDA**	Unit established	Office space for the unit	SPHCDA	ES ABSPHCDA				**1**	Evidence of unit establishment		"					

		Nigeria's health system performance.																			
			Enhance strategic partnerships at the national and international levels for the promotion and timely dissemination of research findings	**13.1.6**	**Supporting Annual publications of public health interest in international journals**	Number of plications facilitated by SPHCDA	publication fee	State and LGA SPHCDA staff	ES ABSPHCDA				**1**	Evidence of Publication in recognised journals		"					
Protection from Health Emergency	Public health emergencies; preparedness and	Reduce incidence and impact of public health	Promote an integrated national disease surveillance system in line with		**1 DAY CAPACITY BUILDING OF 2 DISEASE SURVEILLANCE PERSONNEL AT LGA**	• DISEASE SURVEILLANCE PERSONNELS TRAINED	, transportation, hiring of hall,refreshment.	Health workers, Health practitioners, and part	DISEASE SURVEILLANE UNIT	**1**	**1**	**1**	**1**	TRAINING ATTENDANCE AND REPORT		"					

and risks	response	emergencies in Abia.	International Health Regulation (IHR) and IDSR		**LEVELS .**	• •		ners.													
					STRENGTHEN DATA PRODUCTION AND MANAGEMENT SYSTEM OF OICs WARD HEALTH CENTERS at LGAs.	TRAIN PERSONNEL with LAPTOP.	cost of transportation,refreshment	OIC,M & E,	DPRS,HF							"				
			Scale-up public education and awareness creation on public health emergencies	**1 4. 1. 4 a**	**CARRY OUT3 DAY SURVEILLANCE NEEDS ASSESSMENT AT LGA LEVEL**	•NEEDS ASSESSMENT CARRIED OUT •SENSITIZATION ON PUBLIC HEALTH CONDUCTED •	cost of transportation, media coverage	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT	**1**	**1**	**1**	**1**	ATTENDANCE,REPORT AND PICTURE		"					

						NUMBER OF IEC MATERIAL DEVELOPED AND DISTRIBUTED															
				14.1.4c	**CONDUCT SENSITIZATION AND PUBLIC ENLIGHTENEMENT ON PUBLIC HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE OFFICERS IN THE 13 WDC AND VDC FOR 3 DAYS**	AWARENESS CREATSD	cost of transportation, media coverage,hall,	Health workers, Health practitioners, and partners.	DISEASE SURVEILLANE UNIT	**1**		**1**		ATTENDANCE,REPORT AND PICTURE		"					
			Promote	**14.**	**TRAINING AND**	•INTEGRATI	cost of transportation,t	Health	DISEASE					ATTENDANCE,REPORT		"					

			integration of disease surveillance activities at all levels of the health care system	**1.6a**	**RETRAINING OF 13 FOCAL PERSONS TO COVER ALL THE WARD HEALTH CENTERS IN THE LGA AND ESTABLISH RAPID RESPONSE TEAM AT ALL WARDS**	ON OF DISEASE ACTIVITIES ACHIEVED •RAPID RESPONSE TEAM ESTABLISHED AT ALL LEVEL • EPIDEMIOLOGICAL BULLETINS PUBLISHED AND DISEMINATED	rainning material.	workers, Health practitioners.	SURVEILLANE UNIT					AND PICTURE							
predictable financing and risk protection	Health financing	Increase sustainable and predictable revenue for	Alignment of health allocations to State priorities	**15.2.1**	Sensitization of the community to set up committee for the concerned	Community aware of the BHCPF project and ready	transportation	Health workers, Health practitioners, and part	DPRS			**1**				"					

		health			project in a particular ward by BHCPF	to support.		ners.													

UMUNNEOCHI HEALTH AUTHORITY ANNUAL WORK PLAN						2019					A								
Strategic Pillar {SH	Priority areas {SHDP	Objectives {SHDP 2017 - 21}	Strategic Interventions/ Output	Act. Code	Activity	Output Indicator ({SHDP 2017-	Cost Elements/ details (discrete units)	Target Beneficiary (Specify)	Responsible for Implementation (Departments)	Time Frame	Activity Means of Verification	attandance and rep	Total Amount	Expenditure Classificatio	Funding Source(s)	State Contribution to acti	Expected Contributions	Priority Rankin

DP 2017-21}	2017-21}		Results {SHDP 2017-21}			21}									ort s	n	Name	vities	from other Sources	g
										Quarterly frequency {only numbers allowed}										
Strategic Pillar {SHDP 2017-21}	Priority areas {SHDP 2017-21}	Objectives {SHDP 2017 - 21}	Strategic Interventions/ Output Results {SHDP 2017-21}	Act. Code	Activity					Q1	Q2	Q3	Q4							
	Step 1					Step 2									Step 4			Step 5		Step 6
					Training of 3persons per ward to develop the annual workplan in the 19 wards.	number of person trained at ward level	Reshreshment, Hall rent	3persons per ward.	LGHA ,SPHCDA and partners				1	attandance and reports						
					Training of 5	number of	Refreshment (lunch and tea	account officers	LGHA				1	attandance and						

					persons within the finnance department on the existing fiananci al manegement system	finance staff trained	break), hall, projector, stationary,power,public address system(PAS)							reports							
			1.2.2 Strenghten the linkages between various planning and budgeting process(MTEF/MTSS	**1.2.2.1**	**• Conduct 1 day joint review meeting for 41 OICs with LGHA team in the LG. • •**	number of OICs	Refreshment (lunch and tea break), hall, projector, stationary,power,public address system(PAS)	OICs,LGHA	LGHA				**1**	attandance and reports							
			1.2.3 Strengthen voice and accountability, including comm	**1.2.3.1**	**Advertise in 2 local newspappert to identify existing CSOs in the LGA Support transpor**	number of staff trained	Refreshment,Hall, Tea break launch and Transport,power,public address system(PAS)	HEALTH FACILITIES M&Es	**LGHA,**			**1**	**1**	attandance and reports							Semi High

			unity participation, CSO engagement.		**t and logistics for Mapping of CSOs in the sate for 5 days Print CSOs directory in the Sate**																
					• Conduct 1-day quarterly review meeting for 15 CSOs in the LGA. • •	total number of CSOs maps	tea break,lunch,stationary,transport, photocopy,ream of papers,hiring of field vehicle.	the CSOs	SPHCDA, LGHA and partner				**1**	attandance and reports							Semi High
					• 1 Day data review meeting with 34 stake holders/ policy makers in the LGAs • • •	number of the CSOs in the attendence	Hall, transport Tea break and launch	CSOs	SPHCDA and partner				**1**	attandance and reports							Semi High
					• 1 day PHC forum	No of member in	Hall, transport Tea break and launch	HAS and stakeholders	SPHCDA and partner			**1**	**1**	recipts							Semi Hi

					meeting for 19 WARD focal persons and 12 LGHA staff. **●** **●**	atten dence															gh
			Disse minat e sector perfor mance report s and score cards in compli ance with NHAct and other chann els	**1. 3. 4**	**● Conduct 1 day Monthly meeting for 41 OICs in the facility on Data sharing/ feedbac k** **●** **●**	No of HAS and PHC work ers in atten dence	Hall, transport Tea break and launch	LGAHA, 41 OICs	SPHCDA and partners				**1**	attandan ce and reports							Se mi Hi gh
			Design and institu tionali ze an incenti vizatio n and rewar d syste m for the	**1. 3. 5**	**Reward for the best 3 perform ing ward in the LGHA on all interven tions**	No of best LGHA	Hall Transport, Tea break and Launch	3 best LGHA	LGHA,SP HCDA and partners				**1**	attandan ce and reports							

			efficient performance of the health sector at all levels																		
				1.4.1	**• Conduct 1 day sensitization meeting on the revised/ adopted health policies once a year for 50 persons • •**	No of attendence to the meeting	Transport,	LGHA	SPHCDA and partners				**1**	attandance and reports							
				1.4.1.3	**• Conduct 1 day Monthly management meeting of 41 OICs collaborating MDGs and partners at LGHA level**	No of attendence to the meeting	Hall, Tea break and launch	LGHA	SPHCDA and partners			**1**	**1**	attandance and reports							

					• •																
			Strengthen implementation of Health Service Charters at all levels	**1.4.3.2**	**1 day training of 19 WFPs on relevant health charter**	No of persons in attendence	Hall, Tea break and launch	LGHA,WFPs	partners				**1**	attandance and reports							
					Conduct 1 day meeting to constitute7 man Health Partners Committee (HPCC)	No of persons in attendence	Hall, Tea break and launch Transport	LGHA,WFPs	partners				**1**	Attandance and reports							
			Strengthen coordinating mechanism of health development partners (Development Partners and	**1.4.6**	**Conduct 2 days sensitization meeting to strengthen the activities of WDC in the LGA.**	No of person sensitized	Hall Tea break and Launch, production of terms of reference	WDCs	WDCs			**1**	**1**	reports							

			Private Sector Partners)																		
					• Production and distribution of 10,000 copies of IEC materials for all health interventions • Sensitization meeting for VDCs,WDCs, CB0S, Youths, Women leaders, Religious leaders • 2 Resource persons per LGA.	produced copies of IEC material.	No of IEC materials distributed	HEALTH FACILITIES	WDCs and OICs				**1**	Attendance and reports.							
					• 7- day financial audit of ward PHC	Audited Account Books	banner,public address system,flip chart,media coverage,hand	Ward Health Facilities	SOML				**1**	Attendance and reports.							

					budget(BHCPF) ● ●		bills and fliers.														
					● 2 day meeting to develop job aids for VHW with LGHA 1 day distribution for produced JOB AIDS ● 2 personell per LGA	VHW Job aids, Minutes of meeting,Video coverage	Transport, Refreshment, DSA,	VILLAGE HEALTH WORKERS	partners			**1**	**1**	Attendance,reports,							
			Leverage human resources for health from partners, health professionals, other levels of government to		**Conduct 1 day quarterly LGA stakeholders review Meeting to review focused antenatal and postnatal care. (19 ward focal persons**	Stakeholder advocacy/review meeting done	Refreshment, Venue,stationaries,projector, flipchart,PAS,GENERATOR.	LGA health workers, stakeholders, community leaders.	SOML/ Partners				**1**	produced IEC reports, RECIEPTS							

			optimize resource use and improve service delivery		**and LGA health authority team, health facility OIC's and 5 state team members.)**																
			4.1.1 Improve access to focused Antenatal and Postnatal Care	**4.1.1a**	**Distribute 1000 mama's kit per ward to incentivise facility-based delivery**	Number of midwives trained	refreshment, hall rental, transportation	midwives	SOML/ Partners				**1**	Attendance, pictures, reports							
	4.Reproductive, Maternal, New born, Child, Adolescent Health	4.1 Reduce maternal mortality and morbidity through the provision of timely, safe, appro			**Conduct 1 day training for 19 ward focal persons and OICs on IPC Skill at LGA level (1 Safe motherhood FP per LGA and 3**	Number of ward focal persons,OICs trained.	training materials, hall rental, transportation, tea break, lunch, stationeries, facilitator fee and transport	OICs	LGHA, HF OIC's,SMOL				**1**	Attendance, pictures, reports							

		priate and effective health care services before, during and after child birth.			**facilitators)**																
					Conduct 1 day training for 19 ward focal persons and OICs on IPC Skill at LGA level (1 Safe motherhood FP per LGA and 3 facilitators)	Number of OICs trained	training materials,PROJECTOR, hall rental, transportation, tea break, lunch, stationeries	OICs	SOML/ Partners			**1**	**1**	Attendance, pictures, reports							
					Sensitize the WFPS and OICs on how to control vector	Distribution of LLIN in all the Wards.	training materials,PROJECTOR, hall rental, transportation, tea break, lunch, stationeries	General population (community members)	LG HAS				**1**	Attendance, minutes, picturesz							

					and reduce morbity of Malaria.																
			Expand access to integrated vector control interventions		**Conduct 1 day training /retraining for 19 ward Focal persons and LGHA 3 Team Members on the use of malaria diagnostic KIT**	1 day Training conducted	2 LLINs per household	LGA RBM FP, STATE RBM team members	LG HAS				**1**	attendence,minutes,picture							
	5.Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS) And Neglected Tropical Disea	Reduce significantly morbidity and mortality due to Malaria and move towards pre-elimination levels	Strengthen laboratory services for diagnosis of malaria at all levels		**Procure and distribute ???? ACTs and other malaria commodities for distribution to 41 health facilities**	Number of quarterly review meetings held	training materials, hall rental, transportation, breakfast, lunch	LGA health workers	Abia State PHCDA and patners				**1**	Attendance, Pictures							

	ses																				
					Conduct 1 day training /retraining for 41 OICs and 5 LG Team Members on the use of malaria diagnostic KIT	1 day Training conducted	Transportation, hall rental, stationeries	Laboratory Microscopists from the LGA	Abia State PHCDA				**1**	Attendance, pictures							
Increased utilisation of essential package of health care services			Strengthen laboratory services for diagnosis of malaria at all levels		**Conduct 3 days training for 41 OICs on commodity management**	Training on commodity management conducted.	training materials, hall rental, transportation, breakfast, lunch,projector, generator,	LGA HF's	SPHCDB, LGA HAS				**1**	Payment Receipts, Compact disk of Jingles							
			Improve availability of and access to commodities and		**Procure and distribute ???? Sulphurdoxine Pyremethamine for distribu**	Commodity procured	training materials, hall rental, transportation, breakfast, lunch,stationaries,projector,generator,PAS	41 OICs and LGA team members	Abia State PHCDA				**1**	Attendance, pictures							

			supplies for treatment of uncomplicated and severe malaria		**tion to 41 health facilities .**																
					Adapt and print and distribute 5,000 copies of SOP's for malaria diagnosis	5,000 copies of SOP's malaria diagnosis printed and distributed .	To contact the state RBM focal person for quantification.	LGA HF's	Abia State PHCDA			**1**	**1**	Attendance, pictures							
			Expand use of IPT among pregnant women attending ANC		**Hold 1 day decentralized world malaria day celebration in each LGA in 19 wards.**	World malaria day celebration held	printing cost, transportation for distribution to facilities	LGA Laboratory scientists	Abia State PHCDA,SOML partners			**1**	**1**	Procurement documents, Delivery vouchers .							
Increase utili					**Hold 2 day quarterly**	2 day sensitization	Hall rental, refreshment,public address system,projecto	GHCW's , Community	Abia State PHCDA				**1**	attendance, pictures							

zation of essential package of health care services					**sensitization visits per ward to Community gate keepers on malaria prevention**	visits held	r.														
			Promote active community participation in malaria control initiative		**Print 10,000 copies of IEC matrials (5,000 handbills and 5,000 posters)**	IEC materials printed	transportation, refreshment,	Communities	LGA HAS/LGA TBLS				**1**	attendance, pictures							
					Conduct 2 day training on Community Sensitization and Mobilization skills for 19 wards.	Training conducted	printing cost, transportating coion for distribution to facilities	HF WORKERS	LGA HAS/LGA RBM FP			**1**		Attendance, pictures							
					Conduct 1 day	Sensitizati	Hall rental, breakfast, lunch,	HF WORKE	NPHCDA /LGA			**1**		Attendance,							

					quarterly sensitization visit of community leaders in 1 community in HIV high burden area on MPPI for HIV	on visit conducted quarterly	training materials, transportation, facilitator fee	RS	HAS					pictures						
		Ensure universal access to high quality, client-centred TB/Leprosy diagnosis and treatment services for the reduction in the incide			**Hold 1 day LGA meeting for 41 OICs to adopt the current National MPPI guideline.(LGHA team and MOH)**	QRM conducted	Hall rental, refreshment, transportation	General population (community members)	ABSPHCDS/ABIASTBLCP, SOML				**1**	Procurement documents, Delivery vouchers.							

		nce and prevalence of tuberculosis/leprosy in Nigeria.																			
					Train 41 OICs for 2 days on ART and co-infection management.	Number of GHCW's trained	Hall rental, refreshment, transportation,projector,stationary	HIV partners, LGA LACA officers, General Population	ABSPHCDS/ABIASTBLCP				**1**	Attendance, pictures							
					Conduct 4 day quarterly PMTCT outreaches to four communities in the LGA	Number of outreaches conducted. Number of communities benefitting from the outreach	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	HF workers	ABSPHCDS/ABIASTBLCP, PARTNERS				**1**	Procurement documents, Delivery vouchers.							
			Strengthen mechanism		**Conduct 1 day quarterly PMTCT**	Number of PMTCT	breakfast, lunch, training materials, transportation,	HIV positive clints	ABSPHCDS/ABIASTBLCP			**1**		Payment receipt, proof of supply,							

			for coordination of TB/ HIV collaborative activities at all levels of health care.		**Review meetings for 41 OICs (1 LACA, LGHA team)**	review meeting held	facilitator fee							delivery vouchers.							
					1 day meeting to review HIV/AIDS services linkages and referrals (40 OICs - 1 LACA,LGHA TEAM)	State referral directory produced	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee	General population	ABSPHCDS/ABIASTBLCP				**1**	Attendance, pictures, EQA report							
			Promote innovative advocacy, social mobilization and behaviour		**1 day meeting to adopt the National gudeline on safety procedures and waste manage**	Number of meeting held. Guideline on safety procedures and	Consultancy fee for 10 days.	LGA HA team, General population	ABSPHCDS/ABIASTBLCP				**1**	Attendance, pictures							

			change intervention for the prevention and control of TB		**ment (2 persons per health facility)**	waste management adopted															
			Expand and improve access to quality Leprosy and TB Services		**Conduct 2 day training for 41 OICs on waste management and injection safety.**	COMMUNITY MEMBERS IN THE 17 LGAs ARE SENSITIZED AND SCREENED	Hall rental, breakfast, lunch, training materials, transportation, facilitator fee		ABSPHCDS/ABIASTBLCP			**1**	**1**	Attendance, pictures, EQA report							
				6.1.1.4	**TRAINING AND RETRAINING HEALTH CARE PROVIDERS PER WARD ON NCDS SERVICES (2 per HEALTH FACILITY)**	CAPACITY OF 50 HEALTHCARE PROVIDERS PER LOCAL GOVERNMENT AREA, ON	HIRING OF 1 PUBLIC ADRESS SYSTEM PER LGA, PROVIDING 10 BP APPARATUS PER LGA, ENGAGING 5 SUPPORT STAFF PER LGA AND 2 STATE STAFF, HIRING OF VIDEO COVERAGE AND PHOTOGRAPHS, TRANSPORTATI	STAKEHOLDERS IN THE STATE HEALTH SYSTEM	ABSPHCDA/ NCAPS SPIU/SACA					**1**	Attendance, pictures, EQA report							

						NCDS BUILTH	ON, ENTERTAINMENT														
				6.1.1.5	**BUILD CAPACITY OF 41 OICs,LIO, CCO& M&E OFFICERS IN THE LGAs ON DATA GENERATION, COLLECTION, COLLATION AND REPORTING ON NCD SERVICES**	4 WORLD HEALTH DAYS OBSERVERED	HIRING OF HALL, TRANSPORT STIPEND FOR PARTICIPANTS , REFRESHMENT, PRODUCTION OF TRAINING MATERIALS, PAYMENT FOR RESOURSE PERSONS	850 HEALTH CARE PROVIDERS	ABSPHCDA/ NCAPS SPIU/SACA			**1**	**1**	Attendance, pictures, EQA report							
			BUILT CAPACITY OF HEALTH CARE PROVIDERS ESPECIALLY AT PHC IN PREVENTION AND SCREENING	**6.1.2.3**	**1 DAY ADVOCACY VISIT TO STAKEHOLDERS(LGA CHAIRMAN ,1TRADITIONAL RULERS \ NDIEZE.2 LEADERS FROM1 CBOs, 1**	YOUTHS IN 17 LGAs ARE SENSITIZED ON CONSEQUENCES OF RISKY HEALTH BEHAVIOURS	TRANSPORTATION, IEC MATERIALS,REFRESHMENT	STAKEHOLDERS	ABSPHCDA/ NCAPS SPIU/SACA				**1**	Attendance, pictures, EQA report							

			FOR NCDS		**FBOs,1 YOUTH1 ,WOMEN AND MEN GROUPS AND WDC MEMBERS**																
					1- DAY ORIENTATION OF 20 COMMUNITY HEALTH PROMOTERS PER COMMUNITY ON RISKY HEALTH BEHAVIOURS LIKE DRUG ABUSE, SMOKING AND CONSEQUENCES	REDUCTION IN THE PREVALENCE OF NCDs IN THE LGAs	TRANSPORTATION, HIRING OF PUBLIC ADRESS SYSTEM, LIGHT REFRESHMENTS, PRODUCTION OF IEC MATERIALS, PHOTOGRAPH COVERAGE, STATIONARIES	HEALTH STAKE HOLDERS IN THE 17 LGAs	ABSPHCDA/ NCAPS SPIU/SACA			**1**	**1**	Attendance, pictures, EQA report							
			STRENGHTNING COMMUNITY CAPACITY FOR		**TRAIN 2 WDC MEMBERS FROM EACH WARD ON THE PROPER**	JINGLES AIRED	RADIO ANNOUNCEMENT, JINGLES	YOUTHS	SPHCDA, LGHA				**1**	Jingles							

			RESPONSES AND OWNERSHIP OF HEALTH PROMOTION		**DISSEMINATION OF RELEVANT INFORMATION ON NCDs TO COMMUNITY MEMBERS**																
					CONDUCT LGA STAKEHOLDERS MEETING AT THE 19 WARDS TO AGREE ON WAYS TO PROMOTE HEALTHY LIVING WITHIN THE WARD.	FOOD AND WATER SURVELLANCE SYSTEM STRENGTHENED IN 17 LGAs OF ABIA	PRODUCTION OF JINGLES .AIRING OF JINGLES .	MEMBERS OF THE COMMUNITIES	SPHCDA, LGHA			**1**	**1**	No.of jingles							
					BIMONTHLY SUPERVISION (BY FOOD SCIENTISTS AND ENVIRO	ALL FOOD AND WATER VEENDORS IN 17 LGAs	TRANSPORTSTION, STATIONERIES, REFRESHMENT,PICTURES,	WDC MEMBERS	SMOH, SPHCDA, LGAHA				**1**	Attendance, pictures, EQA report							

					NMENTAL OFFICERS) OF FOOD AND WATER VENDORS WITHIN THE 19 WARDS.	INSPECTED AND CLEARED BIMONTHLY															
			STRENGHTEN HEALTH PROMOTION COORDINATION MECHANISM		**CONDUCT A TRAINING OF TRAINERS OF 19 WFPs PER WARD ON FOOD AND WATER SAFETY.**	production and distribution of tasks haring and tasks hifting policy done.	TRANSPORTATION	All PHCs, LGHAs,SMOH,ABSPHCDA, AND OTHER RELEVANT STAKEHOLDERS	SPHCDA, LGHA				**1**	Attendance, pictures, EQA report							
					Production and distribution of adopted National policy(taskshifting and tasksharing policy)	situation analysis conducted	printing of 1000 copies of tasksharing and taskshifting policy .2 days transportation for 18 persons for dissemination	All staff	ABSPHCDA/ LGHAS			**1**	**1**	EQA report							
	9. HUMAN RESO	ENSURE COORDINAT	Strengthen institutional		Conduct situation analysis on HRH	2 day training held.	staff time	7 ABSPHCDA staff and 17	ABSPHCDA/ LGHAS				**1**	Attendance, pictures, reports							

	URCE FOR HEALTH	ION AND PARTNERSHIP FOR ALIGNING INVESTMENT OF CURRENT AND FUTURE NEEDS	capacities of HRH coordinating structures		at PHC levels			LGHAS													
			Strengthen institutional capacities of HRH coordinating structures		2 day training of managers on taskshari ng and taskshifting policy(LGHA TEAM AND WFPs)	printing and distribution done d.	Non residential 2 day training for 24 persons	All PHCs, LGHAS	ABSPHCDA/ LGHAS			**1**	**1**	Attendance, pictures, reports							
: Strengthened health system for deli					**Print and distribute HRIS data tools to 41 health facilities in the LGA.**	HRIS Update done.	1000 copies of HRIS data tool printed and distributed	All OICs	ABSPHCDA/ LGHAS				**1**	Attendance, pictures, reports							

very of pac kag e of esse ntial heal th care serv ices																			
			Streng then/e establis h HRIS at ABSPH CDA and LGHA		**Update the 41 OICs on the HRIS data tool**	Annu al perso nnel audit exerci se cond ucted	staff time	Staff from 17 LGHAs	M&Es from all the 17 LGAs and state M&Es				**1**	Attenda nce, pictures, reports					
					Conduct annual personn el auditing and verificati on exercise	surve y cond ucted .	2 days auditing per LGA(2 PERSONS PER LGHA)	All staff	ABSPHC DA/ LGHAS				**1**	Attenda nce, pictures, reports					
			Establi sh mecha nisms for annual HRH review s and repor ting		**Conduct a survey on the strength and weakne sses of HRH workfor ce in 19 wards**	meeti ng held	Transportation for 8 5 personnels (5 per LGHA). Production of survey questionnaires.	All staff	ABSPHC DA/ LGHAS			**1**	**1**	Attenda nce, pictures, reports					

			for evidence and decision making at the Federal and State levels																
			Improve the production of HRH research evidence through monitoring and evaluation mechanisms		**Hold meeting with relevant LGA stakeholders to discuss the outcome of the survey**	survey result disseminated	1 day meeting for 30 stakeholders, Refreshment for 30 stakeholders	All staff	ABSPHCDA/ LGHAS				**1**	Attendance, pictures, reports					
		Ensure the production of adequate number of qualified	Strengthen the quality assurance for HRH training institu		**Disseminate survey result to LGA stakeholders**	deployment status reviewed	Transportation for 18 persons for dissemination.	All staff	ABSPHCDA/ LGHAS				**1**	Attendance, pictures, reports					

		health workers	tions for producing frontline health workers																
					Review the current status of deployment in all health facilities	Essential guideline reviwed	staff time	ABSPHCDA,LGHA	ABSPHCDA/ LGHAS				**1**	Attendance, pictures, reports					
		Ensure effective health workforce management through retention, deployment, work condition, motivation and performance	Strenghthen mechanism for deployment and retention of HRH at PHC LEVELS	**11.1.1a**	**Two Day Review Meeting o essential drug guideline by LGHA team and 19 WFPs.**	1000 copies of essential guideline produced	Hall,Transportation,Projector,Refreshment,Training Materials,Consultants.	ABSPHCDA,LGHA	SMOH			**1**	**1**	Attendance, pictures, reports					

		management																	
	Medicines Vaccines and other Health technology and suplliies	11.1 Strengthen the availability and use of affordable, accessible and quality medicines, vaccines, and other health commodities and technologies at all levels.	11.1.1 Strengthen the development and implementation of legal, regulatory framework, policies and plans for drugs, vaccines , commodities and health technologies at all levels	**11.1.1b**	**Production of essential drug list and Standardized proctocol for treatment at all health facility.**	Number of quaterly inspection of facilties conducted.	Printing cost	Heaalth facilities	SMOH				**1**	Attendance, pictures, reports					
				11.1.1d	**Conduct monthly inspection of 41 facilities to ensure compliance with**	Number of \training \or \refresher \traini	Trasportiaiton/ perdiem, Checklist, reporting template	PSM /LMCU group	ABSPHCDA/ LGHA				**1**	Attendance, pictures, reports					

					Essential Drug Guideline	ng \ session conducted on supply chain management													
Strengthened Health System for Delivery of package of essential Health care services				**11.1.2c**	**Coduct training /refresher training of Supply Chain Carders along the supply chain**	Number of quartely supportive supervison conducted	Perdiem, training \ materials, Lunch/refreshment, Ma, workshop material	PSM /LMCU group	SMOH/ Partners				**1**	Attendance, pictures, reports					
				11.1.2c	**Quaterly supervisory visits to Drug Revolvoing Fund Facilities**	Proportion of cold chain officers traine	electronic checklist, transport, carhire, Perdiem	LGAs	SMOH/ Partners				**1**	Attendance, pictures, reports					

					in State by the LGHA TEAM	d on com modit y forcas ting													
				11 .1 .4 a	**strenght en capacity of 19 WFPs and LGA cold chain officer on forcastin g.**	Numb er of Biann ual stake holde rs Meeti ngs held	Hall, Consultancy fee, refreshment, Training materials,	State and LGA cold chain officers	SMOH PSMTW G/ ABSPHC DA				**1**	Attenda nce, pictures, reports					
			11.1.4 Streng then effecti ve procur ement syste ms (forec asting, orders , procur ement) to ensur e (40% local conte nt) and comm odity	**11 .1 .4 b**	**Hold monthly stakehol ders meeting on the revitaliz ation of Drug Revolvin g Fund in the LGA.**	Numb er of functi onal Stora ge Facilit y and cold Chain	Hall, refreshment, transportation, stationaries	Health facilities	Immunz ation Depart ment SPHCDA /UNICEF /Other partners				**1**	Attenda nce, pictures, reports					

			security for on a sustainable basis at all levels .																
				11.1.5a	**Maintenance of Existing ward, LGA, Storage Facility including Cold chain.**	Number of quarterly supportive supervison vists conducted	Repair cost, transportation, fuelling cost	LGA Health Facility and **SPHCDA**	SMOH PSMTWG/ DRF focal persons at state and LGA				**1**	Attendance, pictures, reports					
			11.1.5 Strengthen integrated supply chain management system and quality assurance models for medicines, vaccines, commodities and	**11.1.5b**	**Quarterly supportive supervison of cold chain store in 19 wards to ensure adherence to quality assurance**	Number of Bi-monthly meetings conducted	Supervison checklist, ODK configuration cost	State And LGA cold chain Stores	State Cold chain/ Logistic Officer/SIO				**1**	Attendance, pictures, reports					

			other technologies with a functional logistics management information system (LMIS)																
				11.1.5c	**Conduct LGA level Cold chain Monthly meeting of LGA cold chain officer**	Number of state and LGA personnel trained on environmental and social safeguards	Hall,Transportation,Projector,Refreshment	State and LGA cold chain Officers	SPHCDA Immunization Unit				**1**	Attendance, pictures, reports					
					Training and retraining of 41 OICs, LGA peronnel in health facilites	Number of LGA/ health facilities with at least	Hall, Consultancy fee, refreshment, Training materials,	State and LGA cold chain Officers	SPHCDA Immunization Unit				**1**	Attendance, pictures, reports					

					on environmental and social safegurds .	a copy of the National HMIS policy document													
			11.1.7 Strengthen existing systems for the management of biological and non-biological wastes including expiries of medicines, vaccines and other commodities at all levels	**12.1.1**	**12.1.1a Distribution of 1000 copies of the National HMIS Policy document**	Number of quarterly HDGC/HDCC meting conducted	Distribution cost to health facilites/ LGAs	State,LGA, Health facilites	partners				**1**	Attendance, pictures, reports					
			Streng		**Quaterly**	Numb	Hall,	Data	SPHCDA				**1**	Attenda					

			then institutional framework and coordination for HIS at all levels		**review meeting of the HDGC/HDDC**	er of State HMIS meeting conducted	refreshment, trasportation, projector	producers and users in state	AND LGA					nce, pictures, reports					
					Conduct Monthly LGHA HMIS Meeting.	HMIS tools printed.	Hall, refreshment, trasportation, projector	LGA HMIS officers, State HMIS officers	State HMIS Unit/ SMOH/LGA				**1**	Attendance, pictures, reports					
				12.1.2	**12.1.2 a printing of HMIS TOOLS**	Number of data validation meetings conducted	Printing cost	Health facilities	SPHCDA /SMOH/ LGA				**1**	Attendance, pictures, reports					
			Strengthen capacity to generate, transmit, analyze and utilize routine health data, from		**12.1.2 c monthly Data hamornaization /validation review meeting at the LGA level**	Number of quarterly supportive supervisory visits conducted	Trasportation, refreshment, venue	LGA HMIS officers	SMOH(DPRS)/ HMIS unit/SPHCDA				**1**	Attendance, pictures, reports					

			all health facilities, including private health facilities.																
	Health Information System	Improve the health status of Nigerians through the provision of timely, appropriate and reliable health information services at all levels, for evidenced based decisi			**12.1.2. d Conduct monthly facility level supportive supervision and mentoring visits and institute QISS model**	• DISEASE SURVEILLANCE PERSONNELS TRAINED • •	Suppervison checklist, ODK	Health workers, Health practitioners, and partners.	SMOH/ SPHCDA / PARTNERS				**1**	Attendance, pictures, reports					

		on making.																	
Strengthened Health System for Delivery of package of essential Health care services	Public health emergencies; preparedness and response	Reduce incidence and impact of public health emergencies in Abia.	Promote an integrated national disease surveillance system in line with International Health Regulation (IHR) and IDSR		**STRENGTHEN DATA PRODUCTION AND MANAGEMENT SYSTEM OF OICs WARD HEALTH CENTERS at LGAs.**	•NEEDS ASSESSMENT CARRIED OUT •SENSITIZATION ON PUBLIC HEALTH CONDUCTED • NUMBER OF IEC MATERIAL DEVELOPED AND DISTRIBUTED	cost of transportation,refreshment,purchase of LAPTOP and PRINTERS.	Health workers, Health practitioners, and partners.	DPRS,HF				**1**	Attendance, pictures, reports					
				14.1.4a	**CARRY OUT SURVEILLANCE NEEDS ASSESS**		cost of transportation, media coverage	Health workers, Health practitioners, and	DISEASE SURVEILLANE UNIT				**1**	Attendance, pictures, reports					

					MENT AT WARD LEVEL.			partners.											
Protection from Health Emergency and risks			Scale-up public education and awareness creation on public health emergencies	**14.1.4c**	**CONDUCT SENSITIZATION AND PUBLIC ENLIGHTENEMENT ON PUBLIC HEALTH EMERGENCIES WITH INTEGRATION OF DISEASE SURVEIANCE OFFICERS IN THE WDC AND VDC FOR 3 DAYS**	•INTEGRATION OF DISEASE ACTIVITIES ACHIEVED •RAPID RESPONSE TEAM ESTABLISHED AT ALL LEVEL • EPIDEMIOLOGICAL BULLETINS PUBLISHED AND DISEMINATED	cost of transportation, media coverage,hall,refreshment.	Health workers, Health practitioners.	DISEASE SURVEILLANE UNIT				**1**	Attendance, pictures, reports					
			Promote integration of	**15.2.1**	Sensitization of the community to set	Monitoring report availa	transportation	Health workers, Health practitioners,	DPRS				**1**	Attendance, pictures, reports					

			diseas e surveil lance activiti es at all levels of the health care syste m		up committ ee for the concern ed project in a particua r ward by BHCPF	ble.		and partner s.											
	Healt h finan cing	Increa se sustai nable and predic table reven ue for health	Align ment of health alloca tions to State prioriti es		Effective monitori ng and supervisi on	• TWG in healt h care financ ing establ ished • TWG traine d and spons ored for works hop • Quart erly meeti ng of TWG cond ucted	transportation	Health workers , Health practitio ners,.	DPRS				**1**	Attenda nce, pictures, reports					
					Establis h coordin		tranportation,pu blic address system,media,re		DPRS				**1**	Attenda nce, pictures,					

					ation framework and appoint a Health Financing focal person at the 17 LGA level and engage stakehohers to make a case for heath as an investment for job creation .		freshment, hall.							reports					

CHAPTER 11

PLAN IMPLEMENTATION

11.1 Implementation Framework

The Abia State Ministry of Health is the official representative of the Government of Abia state that has the mandate over the achievement of the health status aspirations of the state. Others that also play role in health services in the state are LGA, local communities and agencies:

- SMOH: The Ministry has several departments and units with roles covering all aspects of healthcare and management of human resource for health. They harmonize the activities of health agencies in the state and advocate for release of funds from relevant sources for the activities in SSHDP. Monitoring and Evaluation department of the SMOH also monitors and evaluates SSDHP and other health and health related activities.

  Other roles of SMOH that will enhance achievement of the SSHDP include: To provide technical and logistics support to Local Government Health Authorities; Plan, co-ordinate and monitor health services delivering during disasters; Control and manage the cost and financing of public health institutions and public health agencies; Facilitate and promote the provision of comprehensive primary health services and community hospital services; Provide and co-ordinate emergency medical services, pathology, forensic clinical medicines and related services; Control the quality of all health services and facilities; Provide health services under the specific state health services programmes; Ensures sustainability and provision of adequate health care delivery via proper strategizing and implementation of appropriate health insurance packages and programs; Ensure that Local Government Health Authorities consult with communities regarding health matters.
- LGA: The LGA is in charge of provision of human and material resources at the local government level. The PHC are the bedrock to health service delivery in the state. All PHC activities and facilities are managed at this level. Hence they impact most on the communities. Their activities are in line with the goals of the SMOH.
- Community: The role of the community to actualizing the SSHDP cannot be overemphasized. Hence Priority Area 2 is focused on achieving community Participation and Ownership. Without this the program cannot be sustained and the SSHDP not achieved.
- Parastatals/Agencies: Hospital Management Board (HMB): Manages secondary level health service delivery through the General hospitals, Cottage hospitals and dental hospitals; Training Institutions for health professionals like Abia State University Teaching Hospital; schools of midwifery, schools of Nursing; school of Health Technology; school of Psychiatric

Nursing. Other agencies include Health System Development Project; State Action Committee on HIV/AIDs; State Health Insurance Agency (SHIA); State Primary Health Care Development Agency (SPHCDA). Some of these agencies will improve access to health services (SHIA) and quality of health services at the PHC (SPHCDA).

At the micro level there exist structures established to help achieve the mission of the departments and parastatals in implementing the plan. In the state, the following strategies to strengthen PHC, expand access and improve service provision exists:

- Development and institution of a functional PHC management structure at the state and LGA levels in the last few years
- Quarterly PHC Forum, with all PHC Stakeholders,
- Monthly Program Technical review meeting with LGA FPs,
- Monthly LGA based meeting with Officers in charge of health facilities,
- Monthly State Strategic planning meeting, Programs Net-working team meetings
- Institution and inauguration of WARD HEALTH SYSTEM with designation of Ward health Centre and EOC.
- Establishment of CEOCs in each Ward
- Distribution of monitoring and supervision vehicles to the 17 LGAs
- Establishment of a quarterly state PHC Forum a performance Review meeting with all stakeholder
- Development of Basic Health Care Delivery Minimum Service Package plan for the state
- Establishment and Inauguration of Logistics management chain unit in the 17LGAs of the state, etc.

11.2 Leadership & Coordination

The State Government will provide policy guidelines and direction as well as develop plans and programs to meet state and national goals and ensure the implementation of plans in line with national health policy guidelines.

The coordinating structures that will play various roles in the implementation of the plan to deliver result include:

- **Strategic Partners:** All secondary Health facilities will provide direct secondary health and referral services, the PHC Health Facilities will provide direct primary care, Private Health care providers including Faith-Based organizations will contribute to Health Service Delivery through provision of curative services, strategic alternative services and participation in the state initiated Public Private Partnership in delivery of Primary Health Care services while Development partners will provide technical assistance and additional funding

- **Civil Society organizations i**ncluding professional groups, and community groups, NGOs and the media will help to provide community based sensitization, interface and mobilization services, promote accountability and transparency by constituting independent watchdog systems
- **Academic Institutions** will provide training and research services.
- **Ward Development Committees:** Provides an avenue for Community Participation and interface in health care service delivery, management and organization
- **Individuals and families:** Primary recipients and stakeholders
- **Collaborating line Ministries and Agencies**: Collaborative role in service utilization

11.3 Cost Implications and Funding Plan

Due to limited time and resource constraint, activities for the SPHCDA AOP have been carefully selected in order to maximize funding opportunities. The following avenues will be explored in order to meet the funding requirement of the SPHCDA AOP activities: Implementation of AOP will be timed such that it is in sync with the Abia state budget cycle. This will increase opportunity of funding from the state government; The establishment of mechanisms for resource coordination through common basket funding models such as Joint Funding Agreement, Sector Wide Approaches, and sectoral multi-donor budget support also provides funding opportunity for the activities; Development Partners are also potential sources of funding for this AOP as they can take off the burden of trainings and meetings in the activities. Partners that focus on specific programs (example, World Bank assisted Malaria Programs) can also be reached to take off part of the cost of such programs; There is also the possibility of support from manufacturers of basic drugs and other equipment. This can be done as part of their Corporate Social Responsibility (CSR) to the state.

11.4 Summary of immediate Next Step

The Abia SPHCDA is already late as we are into the second half of the year. This plan therefore needs to be immediately finalized, printed and circulated for implementation. The State PHCDA team should compile a list of lessons learnt in developing the plan in order to improve quality and timeliness in future. Partners should also be made aware of this plan as the planning meeting that resulted in it was poorly attended. In order to fast track funding process and show example, the State needs to immediately assess how the BHCPF can be used to fund this plan and prepare to monitor the pace of implementation. This should be shared among partners as a way of encouraging donor contributions. Furthermore, partners should be encouraged to fit their activity planning within the SPHCDA AOP as much as possible in 2019 and without fail from 2020.

11.5 Recommendations

It is recommended that the executive secretary own and drive this plan. In order to facilitate this the Abia SPHCDA team should develop a synopsis of key areas of focus and monitoring plan that will be wieldy to the ES. It is important that the State disseminate this plan widely, highlighting key areas and encouraging partners to align their activities and commit funding.

References

[i] Abia State Strategic Health Development Plan 2018-2022
[ii] Abia State Strategic Health Development Plan 2018-2022
[iii] Abia State Bureau of Statistics
[iv] Abia State Strategic Health Development Plan 2018-2022.
[v] http://resources.healthpartners-int.co.uk/resource/bringing-primary-health-care-under-one-roof-9-factsheets-for-implementation-prrinn-mnch/