SOKOTO STATE 2025 HEALTH SECTOR-WIDE ANNUAL OPERATIONAL PLAN

NOVEMBER, 2024

FORWARD

I have the great pleasure of writing the foreword to this 2024 Annual Operational Plan (AOP). The 2025 AOP is an action plan that was developed from the Sokoto State Extended Strategic Health Development Plan II (SSHDP II) as recommended by the Federal Ministry of Health (FMoH). The AOP contains series of planned activities to be implemented by the Ministry of Health, its Parastatals and Implementing Partners within the year 2025.

The Federal Ministry of Health recommends that each State across the Federation develops its AOP in line with Sector-Wide Approach (SWAp) Principles and all activities to be aligned with State budget and implemented by the State and Development Partners derived from the AOP. This of course will bring about health sector development and easy tracking of the activities implemented in the State. This AOP was developed by the Ministry of Health with funds from Bill & Melinda Gates Foundation (BMGF) and State2State Project, also with technical support from Jhpiego Project and others Development Partners supporting health sector in the State.

The 2025 AOP shows commitment of the Ministry of Health and of course Sokoto State Government towards strengthening the health system of the State.

I therefore, recommend this AOP to all stakeholders for implementation.

HAJIYA ASABE BALARABE
Hon. Commissioner for Health
Ministry of Health, Sokoto
December, 2024

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ACKNOWLEDGEMENTS

The Sokoto State 2024 Annual Operational Plan (AOP) was developed from the Sokoto State Health Development Plan. There is no doubt the 2025 AOP will serve as a guide to the State Ministry of Health, its Parastatals and Development Partners in the State in the implementation and evaluation of planned activities.

The successful completion of the 2025 AOP can be attributed to the good leadership of the Honourable Commissioner for Health, Hajiya Asabe Balarabe, who provided all the needed support for making the AOP development into a reality.

The Ministry of Health appreciates the efforts of Bill & Melinda Gates Foundation (BMGF), USAID State2State Project, Jhpiego Project and other Development Partners in the State for their support towards the successful development and finalization of the 2025 AOP.

Our appreciation also goes to State SWAp Desk Officer and the various stakeholders who have in one way or the other contributed immensely towards the successful drafting and subsequent finalization of the Annual Operational Plan, 2025.

Finally, I recognise the efforts and contributions of representatives of SOHA, State Ministry of Budget and Economic Planning, Heads of Parastatals of the Ministry, Program Officers of various units of the Ministry and its Parastatals, Health Workforce Management (HWM) Activity, Health System Consult Limited (HSCL), SFH, JHPIEGO, BMGF, CDC AFENET, Plan International, IMPACT, Sight Saver, UNFPA, GHSC-PSM, SOLINA, Malaria Consortium, The Challenge Initiative (TCI), New Incentives All Babies are Equal, PHCs Coordinator Forum, Sultanate Council, Civil Society Organizations, the Management of Jamvaly Hotel Birnin Kebbi and Sokoto Guest Inn for making the 2025 AOP development a reality.

On behalf of the Ministry of Health, Sokoto I sincerely appreciate you all.

BASHIRU BELLO
Director, Health Planning, Research & Statistics
Ministry of Health, Sokoto

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
AFENET	African Field Epidemiology Network ANC Antenatal Care
AOP	Annual Operational Plan
BCC	Behavioural Change Communication
BFHI	Baby Friendly Hospital Initiative
BHCPF	Basic Health Care Provision Fund
BP	Business Plan
CBO	Community Based Organization
CDC	Centre for Disease Control and Prevention
CE	Community Engagement
CFCI	Child Friendly Cities Initiative
CEFPs	Community Engagement Focal Persons
CEmONC	Comprehensive Emergency Obstetrics, Newborn Care
CHEW	Community Health Extension Workers
CHIPS	Community Health Influencers, Promoters and Services
CHMIS	Community Health Management Information System CMS Central Medical Store
CORPs	Community Resource Persons
CRF	Consolidated Revenue Funds
CSM	Cerebro-Spinal Meningitis
CSOs	Civil Society Organizations
DFF	Direct Facility Funding
DFID	Department for International Development
DHIS II	District Health Information System II
DMPA-SC	Depo Med Roxy Progesterone Acetate (Subcutaneous)
DMSMA	Drug and Medical Supplies Management Agency
DA	Director of Administration
DACSM	Director Advocacy, Communication and Social Mobilization
DCHS	Director Community Health Services
DDCI	Director Disease Control and Immunization
DFS	Director Finance & Supply
DICT	Director Information, Communication and Technology
DHPRS	Director Health Planning, Research and Statistics
DLIs	Disbursement Linked Indicators
DM&E	Director Monitoring and Evaluation
DMS	Director Medical Services
DNS	Director Nursing Services
DO	Desk Officer
DP	Director Programs
DPH	Director Public Health
DPRS	Director Planning, Research and Statistics
DPS	Director Pharmaceutical Services
DQA	Data Quality Assessment
DQA	Director Quality Assurance
DRF	Drug Revolving Fund
DSNO	Disease Surveillance and Notification Officer
EBF	Express Breast Feeding
ED	Executive Director
EDGE	Excellence in Design for Greater Efficiencies

EOC	Emergency Operation Centre
ES	Executive Secretary
EU	European Union
EQA	External Quality Assurance
FBO	Faith Base Organization
FGN	Federal Government of Nigeria
FM	Financial Management
FMO	Financial Management Officer
FMoH	Federal Ministry of Health
FP	Family Planning
GESI	Gender Equality and Social Inclusion
GHSC-PSM	Global Health Supply Chain - Procurement Supply Management
GRM	Grievances Redress Mechanism
HCH	Honourable Commissioner for Health
HF	Health Facility
HFMA	Health Facility Monitoring Agency
HIV/AIDS	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HOPE	Human Capital Opportunities for Prosperity and Equity
HRH	Human Resources for Health
HREC	Health Research Ethic Committee
HSMB	Hospital Services Management Board
HSSB	Health Sector Strategic Blueprint
HWMA	Health Work-force Management Activities
ICT	Information, Communication and Technology
IM	Incident Manager
IMCI	Integrated Management Childhood Illness
IMPACT	Immunization Plus & Malaria Progress by Accelerating Coverage & Transforming services IPSAS International Public Sector Accounting Standards
ITNs	Insecticide treated nets
IUD	Intra-Uterine Device
IVA	Independent Verification Agent
JHPIEGO	Johns Hopkins Program for International Education in Gynaecology and Obstetrics
LCCOs	Local Government Cold Chain Officers
LGA	Local Government Area
LGACEFPs	Local Government Area Community Engagement Focal Persons
LLIN	Long Lasting Insecticide Nets
LARC	Long Acting Reversible Contraceptive
LSS	Life Saving Skills
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDAs	Ministries, Departments and Agencies
MDRTB	Multi Drug Resistant Tuberculosis
MLSS	Modified Live Saving Skill
MNCH	Maternal and New-born Child Health
MSP	Minimum Service Package
MRDT	Malaria Rapid Diagnostic Test
MOC	Ministerial Oversight Committee
NCDC	Nigeria Centre for Disease Control
NDHS	National Demographic and Health Survey
NEMA	National Emergency Management Agency
NEMSAS	National Emergency Medical System and Emergency Ambulance Scheme
NGOs	Non-Governmental Organizations

NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NHLMIS	National Health Logistic Management Information System
NNT	Neonatal Tetanus
NPHCDA	National Primary Health Care Development Agency
NSHDP II	National Strategic Health Development Plan II
NTDs	Neglected Tropical Diseases
OCPs	Oral Contraceptive Pills
OP	Operational Plan
PAC	Post Abortion Care
PFMU	Project Financial Management Unit
PIU	Project Implementing Unit
PM	Program/Project Manager
POPs	Progesterone Only Pills
PPFP	Post-Partum Family Planning
PPIUD	Post-Partum Intrauterine Uterine Device
PHC	Primary Health Care
PHCC	Primary Health Care Centre
PHCOUR	Primary Health Care Under One Roof
PHCSS	Primary Health Care System Strengthening
PMP	Performance Monitoring Plan
PPMVs	Proprietary and Patent Medicine Vendors
PNC	Post Natal Care
PPP	Public Private Partnerships
PSE	Private Sector Engagement
QPD	Quarterly Performance Dialogue
RMNCAH+N	Reproductive Maternal New-born Child Adolescent Health + Nutrition
SCCoH	Sultanate Council Committee on Health
SCO	
SEMA	State Emergency Management Agency
SEMCHIC	State Emergency Maternal and Child Health Integration Centre SERICC State Emergency Routine Immunization Coordination Centre
SHDP II	Strategic Health Development Plan II
SHIA	State Health Insurance Scheme
SITAN	Situational Analysis
SMOH	State Ministry of Health
SOC	State Oversight Committee
SOCHEMA	Sokoto State Contributory Healthcare Management Agency
SOPs	Standard Operating Procedures
SOSMEA	Sokoto State Malaria Elimination Agency
SOSACAT	Sokoto State Agency for the Control of AIDS &TBL
SPHCDA	State Primary Health Care Development Agency
SSHDP	State Strategic Health Development Plan
STICHS	State Tertiary Institutions Contributory Health Scheme
SWAp	Sector Wide Approach
SWOT	Strengths, Weaknesses, Opportunities and Threats
TA	Technical Assistance
TB	Tuberculosis
TBs	Traditional Barbers
TBAs	Traditional Birth Attendants
TBL	Tuberculosis and Leprosy
TWG	Technical Working Group
UNICEF	United Nations Children Fund

UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCM	Voluntary Community Mobilizer
VVF	Vesico-Vaginal Fistula
VWS	Voluntary Ward Supervisors
WB	World Bank
WCEFPs	Ward Community Engagement Focal Persons
WDC	Ward Development Committee
WHO	World Health Organization
WP	Work Plan

KEY CONCEPTS

Access	The right, opportunity, or ability to utilize a service or benefit from it.
Accountability	Being obliged & taking responsibility to give an explanation or justification for one's role, actions, outcomes, & use of resources to relevant authorities, beneficiaries, and communities, & other stakeholders.
Accreditation	The action of accepting health facilities that have fulfilled required standards based on a set of accreditation criteria.
Co-regulation	Development and implementation of regulations whereby the regulations are specified, administered, and enforced through the action of regulated entities and/or their representative bodies as well as government agencies.
CSOs	Non-state entities that contribute to the delivery of health services, disease prevention, and control, mostly through community mobilization and capacity building.
Efficiency	The ability to produce satisfactory results with an economy of effort and a minimum of waste.
Identity	The unique mission, purpose, aims, principles, and values that make up an individual or organization, and the organization's right to claim recognition for achievements made.
Market	The interaction between all the buyers seeking a product and the collection of sellers from whom they may get it, and, whereby the product exchange price influences the allocation of products & funds.
Market System	A system through which a set of related exchanges takes place in an ongoing manner, including organizations and processes related to policy formation and implementation.
MoU	A written reminder containing a record of agreed definitions, responsibilities, actions, and procedures for interaction between the partners.
Mixed Health System	A health system that provides services in an environment where publicly financed government health delivery coexists with privately financed market delivery
Partner	One of two or more parties that have agreed to form a partnership.
Partnership	The formal relationship between two or more partners who have agreed to work together harmoniously and systematically and being mutually supportive towards common goals, including agreeing to combine or share their resources and/or skills for achieving these common goals.
Policy	A statement or a set of statements defining a desired direction of operations or actions that define the interests and values of the people it's meant to serve. Statements are conceived to address a theme, or purpose of actions to society, institutions, and individuals, for present and future guidance.
Private	Not belonging to or run by either Central or Local Government.
PSE	The pro-active and strategic involvement and interaction between the public and private sector using targeted communication, consultations, negotiations, active participation, and partnerships
Public	Ministry of Health at either Central or Local Government level.
PPP	The term Public-Private Partnership describes a spectrum of possible relationships between the public and private actors where the different public and private actors jointly participate in defining the objectives, the methods, and the implementation of a cooperation agreement.
Sector-wide Approach	A sustained partnership involving Government and Development Partners and other stakeholders in health, to achieve improvements in people's health and contribute to national development objectives in the context of a coherent health sector

	through a collaborative program of work with established structures and processes for negotiating strategic and management issues and reviewing sectoral performance against agreed milestones and targets
Sustainability	Local capacity to ensure that relevant goods and services continue to be offered and accessible beyond the period of an intervention; the concept encompasses both the capacity of local actors to ensure delivery of products and services (e.g., operational sustainability), as well as financial sustainability, whereby locally available resources can sustain the desired level of activity.

Executive Summary

The 2025 AOP is considered a significant milestone in the operationalization of the health sector renewal investment framework and an enabler for the state to participate in the World Bank's Human Capital Opportunities for Prosperity and Equity (HOPE) Health and Governance. It is unique as its development used sector-wide approach (SWAp) which required alignment of national and state-level priorities towards improved health outcomes. SWAp is grounded by the compact signed by all the 36 state Governors plus federal Capital Territory (FCT). Sector-wide Approach (SWAp) aims to build a more cohesive, effective, and sustainable health sector that all stakeholders consider as a whole to endorse strategies, measure progress, and agree on revisions. The SWAp key principles are one plan, one budget, one report, and one conversation.

The health sector strategic Blueprint (HSSB) has four pillars (pillar one: effective governance, pillar two: Efficient, Equitable and Quality Health system; pillar three: unlocking value chain; and pillar four: health security); three enablers (enabler 1: Data and Digitization; enabler 2: Financing; enabler 3: culture and talent), 27 priority initiatives and 262 strategic interventions.

The objective of this AOP was to help translate the strategic goal, objectives and priorities of HSSB into specific actionable, measurable and achievable operational activities. The Plan was developed in compliance with sector-wide approach (SWAp) using consultative and participatory approaches. The activities were conducted in phases: at national level, training of trainers (TOT) for the technical assistants (TAs) and planning officer. At state level, three days capacity building for the Planning Cell Officers and managers, 2-days Top Management Committee (TMC) meeting to align & communicate health agenda to development partners (DPs), implementing partners (IPs) and technical assistants (Tas); ministry, departments and Agencies (MDA) level alignment on scope of partner-government support; five days AOP development workshop; and Harmonization of the state AOP. At LGA level, capacity building of LGA team (PHC Board staff and BHCPF facilities in-charges), three days facility level insertion of operational activities and harmonization of LGA level AOP. All the processes were validated with subsequent dissemination to critical stakeholders in the state.

State Government approved rates were used in the costing the operational activities. The activity implementation status was categorized as either new activity/project or ongoing activity/project. The table below provide the summary of AOP budget and financing.

HSSB AOP PILLARS	Total Cost of AOP	Government's Commitment	Development/ Implementing Partners	AOP Funding Gap
Strategic Pillar One:Effective Governance	₦ 473,974,500	₦ 343,332,500	₦ 24,313,527	₦ 106,328,473
Strategic Pillar Two:Efficient, Equitable and Quality Health system	₦ 33,914,163,687	₦ 13,124,724,903	₦ 753,798,924	₦ 20,035,639,860
Strategic Pillar Three: Unlocking Value Chains	₦ 1,261,596,600	₦ -	₦ -	₦ 1,261,596,600
Strategic Pillar Four: Health Security	₦ 1,996,801,500	₦ -	₦ -	₦ 1,996,801,500
Enabler 1: Data Digitization	₦ 388,349,000	₦ 388,349,000	₦ -	₦ -
Enabler 2: Financing	₦ 168,657,000	₦ 168,657,000	₦ -	₦ -
Enabler 3: Culture and Talent	₦ 39,180,000	₦ 39,180,000	₦ -	₦ -
Total	₦ 38,242,722,287	₦ 14,064,243,403	₦ 778,112,451	₦ 23,400,366,433
	% Distribution	36.8%	2.0%	61.2%

The total cost of 2025 AOP was **₦38,3242,722,287** and **88.68%** of the total cost is for financing the operational activities in strategic pillar two: Efficient, Equitable and Quality Health System.

The table below shows AOP cost by HSSB pillars per implementation status

HSSB AOP PILLARS & Enablers	Total Cost of AOP	New-Project/Activity	On-going Project/Activity
Strategic Pillar One:Effective Governance	₦ 473,974,500	₦ 229,474,000	₦ 244,500,500
Strategic Pillar Two:Efficient, Equitable and Quality Health system	₦ 33,914,163,687	₦ 16,489,337,156	₦ 17,544,767,831
Strategic Pillar Three: Unlocking Value Chains	₦ 1,261,596,600	₦ 283,884,500	₦ 977,712,100
Strategic Pillar Four: Health Security	₦ 1,996,801,500	₦ 985,788,500	₦ 1,011,013,000
Enabler 1: Data Digitization	₦ 388,349,000	₦ 378,146,000	₦ 10,203,000
Enabler 2: Financing	₦ 168,657,000	₦ 38,422,000	₦ 130,235,000
Enabler 3: Culture and Talent	₦ 39,180,000	₦ 34,950,000	₦ 4,230,000
Total	₦ 38,242,722,287	₦ 18,440,002,156	₦ 19,922,661,431
	% Distribution	48.0%	52.0%

To make impact on population health, it is recommended that budgetary allocation of not less than 15% of state budget be allocated to Health, promote high impact public health Interventions focusing on disease prevention and control, emergency preparedness and response, nutrition, healthy lifestyles, pregnant women and children under five, family planning/ reproductive health, etc, also provide more support and commitment for the implementation of the State Contributory Health Scheme including community health scheme in all the wards/LGAs in the state.

CORPORATE PROFILE

Goal

Guarantee healthy lives and promote the health of the population of Sokoto state at all ages.

Vision

A health population

Mission

Empowering the people of Sokoto to achieve optimal health and well-being through provision of cost-effective, accessible, equitable, quality and inclusive health care services

Core values

- *Accountability*
- *Excellence*
- *Inclusiveness*
- *Professionalism*
- *Integrity*
- *Trust*
- *Innovation*
- *Quality*
- *Partnership and collaboration*

INTRODUCTION

Background

One of the statutory responsibilities of any government is to improve the standard of living and quality of life of its citizens. Sokoto State Government upholds the tenet that health is a basic human right and thus the need for investments in the health sector, guided by a strategic approach to improving the lives of the people. The state ministry of health provides high quality healthcare through strong governance and systems to the people of Sokoto state. The ministry is committed to improvIng primary, secondary and tertiary healthcare and ensuring the provision of accessible, equitable and affordable health services to all citizens without discrimination. A three-tiered health structure provides integrated services at primary, secondary and tertiary levels through hospitals, primary health centers and health clinics throughout the state, in a consistent and equitable manner.

AOP is annual translation of the nation/ state strategic plan that **outlines**:

- Key health **priorities (national and state)**
- **Activities needed** to achieve set target on the priorities
- **Timeline and responsible entity**
- **Cost** to implement each activity, incl. **source of funds** (DP, govt.)
- **Gaps** in resources to achieve priorities

The outlook of key health indices such health service utilization, mortality, nutritional and fertility indices of the state as revealed by NDHS (2018),[1] MICS(2021)[2] are among worst nationally and regionally. In this regard, the government has adapted the health sector strategic Blueprint (HSSB), 2023 – 2026 which together with State Development plan and strategic Health Development plan informed its 2025 operational planning. The HSSB has four pillars (pillar one: effective governance, pillar two: Efficient, Equitable and Quality Health system; pillar three: unlocking value chain; and pillar four: health security); three enablers (enabler 1: Data and Digitization; enabler 2: Financing; enabler 3: culture and talent). It has one goal, 18 objectives, 27 priority initiatives and 262 interventions.

Since 2009, following the development of State strategic health development plan (2010 – 2015) through 2024, the state has remained consistent in the development of annual operation plan (AOP) which largely inform budgeting and also as tool for resource mobilization for additional funding.

The 2025 AOP is considered a significant milestone in the operationalization of the health sector renewal investment framework and an enabler for the states to participate in the World Bank's Human Capital Opportunities for Prosperity and Equity (HOPE) Health and Governance.[3] It is unique in the sense that it uses sector-wide approach (SWAp) which require alignment of national and state-level priorities towards improved health outcomes. It also incorporates the PHC improvement plan in order to address gaps in health care service delivery and strengthen the health care system particularly the primary Health Care (PHC) which is the first point of contact for many people with health

[1] NDHS (2018)
[2] MICS Report (2021)
[3] FMOH Training manuals on Revamp AOP Development process. 2024

issues. The SWAp is grounded by the compact signed by all the 36 state Governors plus federal Capital Territory (FCT). Sector-wide Approach (SWAp) as an approach aims to build a more cohesive, effective, and sustainable health sector that all stakeholders consider as a whole to endorse strategies, measure progress, and agree on revisions.

The objective of this AOP was to help translate the strategic goal, objectives and priorities of HSSB into specific actionable, measurable and achievable operational activities that will improve state health outcome. The table below provide a summary of key health indices in the state.

ROLE AND FUNCTIONS OF MINISTRY OF HEALTH

The goal of the State health system is to continually reduce the burden of illness, injury, and disability, and to improve the health status (or health outcome) and function of general population. The key functions of the State Health System include service delivery, mobilization of resources for service delivery, health financing mechanisms, and stewardship.

The core function is to provide high quality healthcare through capable governance and systems to the people of Sokoto state. It is committed to improve primary, secondary and tertiary healthcare by ensuring the provision of accessible, equitable and affordable health services to all residents without discrimination.

1.3 Organization of the State Ministry of Health/MDAs

The state Ministry of Health (MOH) is structured into departments, units, and parastatals and is responsible for developing health policies and for implementing such policies aimed at providing health care services to the people in the state. It is also responsible for implementation of secondary health care programs and supervision of PHC programs in the state.

The Ministry has six departments and FIVE Agencies. The Departments: Medical Services, Public Health, Planning, Research & Statistics (DPRS), Nursing Service, Pharmaceutical Services and Department of Administration. The Agencies include: Sokoto state Primary Health Care Development Agency (SSPHCDA), Sokoto state Malaria Elimination Agency (SOSMEA), Sokoto Contributory Health Management Agency (SOCHEMA), Hospital and Medical Supply Management Agency (HMSMA), Sokoto state Aids Control and Tuberculosis Agency (SOSACAT) and Hospital Service Management Board (HSMB).

A three-tiered structure of the state health system provides integrated services at primary, secondary and tertiary levels through our hospitals, primary health centers and health clinics throughout the State, in a consistent and equitable manner. The core business of the Ministry will be delivered through seven strategic thrust/pillars of HSSB made up of 27 priority initiatives.

Policy Framework

The HSSB largely provided the policy thrust for the development of the state 2025 AOP.

Table 1: Strategic framework

Pillars/enablers	Strategic Objectives	Priority initiatives	Priority interventions
Pillar one: Effective Governance	4	5	22
Pillar two: Effective, Efficient, Equitable & Quality Health System	5	10	165
Pillar three: Unlocking Value Chains	4	4	24
Pillar four: Health Security	2	2	17
Enabler 1: Data & Digitization	1	2	12
Enabler 2: Financing	1	2	12
Enabler 3: Culture & Talent	1	2	10

Pillar One: Effective Governance:

Strategic objectives

a) Strengthen oversight and effective implementation of the National Health Act
b) Increase accountability to and participation of relevant stakeholders and Nigerian citizens
c) Strengthen regulatory capacity to foster the highest standards of service provision
d) Improve cross-functional coordination & effective partnerships to drive Service delivery

Under pillar one, the State prioritized initiatives and interventions are:

Priority Initiatives – 1: Strengthen SCH as a coordinating and accountability mechanism across the health system

Strategic Interventions:

i. Tailor NCH Meeting and memos guidelines to ensure meetings focus on the "National Health Act", "National Health Policy", and "National Health Development Plan "including a conversation on the state of the Health of the Nation report to inform policy decisions
ii. Digitize the mechanism to track implementation of NCH resolutions

Priority Initiative – 2: Comprehensive and intentional communication strategy for stakeholder engagement and advocacy.

Strategic Interventions:

i. Preparation and public disclosure/dissemination of health sector performance result e.g Annual state of health report to all relevant stakeholders.
ii. Strengthen existing communication mechanisms e.g., phone-in TV/Radio/social media/Media hub programs, Servicom for feedback and functional grievance redress

Priority Initiative - 3: Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products.

Strategic interventions

i. Harmonize frameworks for health professional regulatory bodies along different cadres.
ii. Harmonize accreditation/inspection standards for health facilities across the regulators.
iii. Simplify the mandate and frameworks of supply chain regulatory bodies e.g., National Agency for Food, Drug Administration and Control (NAFDAC) and Department of Food Drug Services (DFDS)

Priority Initiative - 4: A Sector Wide Action Plan (SWAp) to defragment health system programming and funding.

Strategic interventions

i. Strengthen a functional health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.
ii. Develop AOP and ensure alignment of partners' plans to national/state health sector AOP
iii. Support to HMB, SPHCDA/B, and LGA Health Authorities on the development and consolidation of health facilities AOP (One Plan) focussing on SWAp priorities.
iv. Strengthen the Resource Mapping and Expenditure Tracking (RMET) processes to track funds
v. Coordinate pooled and non-pooled (Aligned) funds for efficient resource allocation including TA pooling arrangement.

Priority Initiative - 5: Increase collaboration with internal and external stakeholders for better delivery and performance management.

Strategic Interventions

i. Conduct strategic engagement to orientate all Federal and subnational stakeholders on Sector Wide Approach (SWAp)
ii. Strengthen capacity of relevant Federal, State and LGA stakeholders to coordinate, monitor and manage delivery and performance in the health sector.
iii. Review health sector coordination platforms at Federal, States and LGA level with clear terms of reference that delineate roles and responsibilities in consonance with SWAp principles.

Strategic outcomes of the Pillar

- Strengthened oversight and effective implementation of the National Health Act
- Increased accountability to and participation of relevant stakeholders and Nigerian citizens
- Strengthened regulatory capacity to foster the highest standards of service provision
- Improved cross-functional coordination & effective partnerships to drive delivery

Pillar two: Effective, Efficient, Equitable & Quality Health System

Strategic outcomes of the Pillar

- Drive health promotion in a multi-sectoral way (including intersectionality with education, environment, WASH and Nutrition)
- Strengthened prevention through primary health care and community health care
- Improved quality of care and service delivery across public (secondary, tertiary and quaternary) and private health care providers
- Improved equity and affordability of quality care for patients, expand insurance.
- Revitalized the end-to-end (production to retention) healthcare workers pipeline

Pillar three: Unlocking Value Chains

Strategic objectives

a) Promote clinical research and development
b) Stimulate local production of health products
c) Shape markets to ensure sustainable local demand
d) Strengthen supply chains

The state prioritized initiatives and strategic interventions are:

Priority Initiative – 1: Re-Position Nigeria at the forefront of emerging R&D innovation, starting with local clinical trials and translational science.

Strategic Interventions

a) Strengthen National and Sub-national R&D coordination framework through the National Health Research Committee and National Health Research Ethics Committee

b) Increase (Support) local manufacturing of Active Pharmaceutical Ingredients (APIs) for the production of medicines to ensure medicine security in the country with the possibility (towards) of reducing cost of production of medicines.

Priority Initiative – 2: Streamline existing supply chains to remove complexity

Strategic Interventions

a) Strengthen the functionality and operations of the State Medicines, Vaccines and Health Management Agencies to harmonize and coordinate all health supply chain activities (including emergency response supply chain system).
b) Ensure establishment of sustainable funding mechanisms for drugs, vaccine and other health commodities at all levels of health services in the country.
c) Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels).
d) Strengthen Pharmacovigilance and Post-market surveillance of health product throughout the supply chain pipeline including Monitoring of substandard and falsified health products (medicines, vaccines and other health-related products).

Strategic outcomes of the Pillar

- Promoted clinical research and development
- Stimulated local production of health products
- Shaped markets to ensure sustainable local demand
- Strengthened supply chains

Pillar four: Health Security

Strategic objectives

a) Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Lassa, CSM, Measles).
b) Build climate resiliency for the health system in collaboration with all other sectors

Priority Initiative – 1: Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security.

Strategic Interventions

i. Improve public awareness and behaviour on prevention, detection and control of public health threats through coordinated health promotion including campaigns, use of media, risk communication, in line with health promotion policy and framework including AMR messages.
ii. Workforce Capacity Building - Enhances capabilities to achieve health security.
iii. Strengthen coordination with currently existing FMOH Supply Chain management system on medical countermeasures, pre-positioning of medical commodities, laboratory supplies for preparedness and response to epidemics and pandemics.
iv. Strengthen and improve public health emergency surveillance system for timely detection and reporting of seasonal and priority diseases and conditions including cross-border collaboration to reduce mortality and morbidity.
v. Strengthen unified Tiered (National, Zonal & State) Laboratory Structure/network to ensure expanded diagnostic capacity including AST for common priority pathogens to support under collaborative surveillance to address epidemics and pandemics using one health approach.
vi. Strengthen behavioural change and control of misuse, abuse and inappropriate utilization of antimicrobials in all sectors through strengthening the current AMR surveillance system (AMRIS), prevalence surveys and other components of AMR surveillance (AMC/AMU) to address it as a silent health security threat.
vii. Strengthen evidence-based policy/decision making through strengthening integrated public health research registries/management system and coordinated consortium for reducing mortality, morbidity and disabilities related to health security threats.
viii. Improve coordinated and harmonized response interventions including resource coordination, rapid deployment, enhancing surge capacity, contact tracing, isolation & quarantine, infection

prevention and control, emergency response, and the use of personal protective equipment etc. to manage public health threats.

Priority Initiatives – 2: Establish a One Health approach for threat detection and response, incorporating climate-linked threats.

Strategic Interventions

i. Develop and implement health national adaptation plan (HNAP) to address climate risks to health, and building resilience in health programmes, services and infrastructure in line with COP26 health commitment.
ii. Strengthen early warning system for detection and response to climate-linked health emergencies (flooding, heat waves, air & water pollution, fire) using One Health Approach.
iii. Coordinate rapid response to zoonotic, vector borne, climate-sensitive diseases and emergencies, AMR pathogens of pandemic potential, epidemic prone bacterial and fungal infections through One Health Approach.

Strategic Outcomes of the Pillar

- Strengthened capacity to detect, prevent and respond to public health threats (e.g., Cholera, Lassa)
- Built climate resiliency for the health system in collaboration with all other sectors

Enabler 1: Data & Digitization

Strategic objective: Digitize the health system & have data-backed decision making.

Priority Initiative – 1: Strengthen health data collection, reporting and usage – starting with the core indicators.

Strategic interventions

i. Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs
ii. Review, update, and adapt strategic documents on HIS to support monitoring and evaluation of health sector plans and interventions
iii. Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data
iv. Strengthen Civil Registration and Vital Statistics (CRVS) system to generate vital statistics of births & deaths including reporting of deaths with the causes.
v. Strengthen data analysis and use for decision making.
vi. Data sharing and dissemination of health information.
vii. Strengthen human resources for health capacity for data management and health information system support.

Priority Initiative – 2: Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate.

Strategic interventions

i. Establish/strengthen digital health governance structure and coordination at all levels
ii. Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness
iii. Procure and expand Infrastructure for digitizing the health system.
iv. Institute monitoring and evaluation of the implementation of the National Digital Health Strategy, the data and digitization priorities of the HSSB and other initiatives

Strategic outcome of the Pillar

- Digitized health system & have data backed decision making

Enabler 2: Financing

Strategic objective: Increase effectiveness and efficiency of healthcare spending.

Priority Initiative -1: Improve oversight and monitoring of budgeting process to increase budget utilization.

Strategic interventions

i. Strengthen oversight for monitoring and reporting of health sector budget utilization including quarterly AOP reports.
ii. Engage relevant stakeholders to ensure timely cash backing of the health sector budget.
iii. Strengthen health financing evidence generation and use
iv. Increase resource mobilization for the health sector
v. Support the translation of policy priorities into the health budget at the national and sub-national levels and in consonance with the consolidated workplans

Strategic outcome of the Pillar

- Increased effectiveness of spend and alignment of spend with strategic priorities

Enabler 3: Culture & Talent:

Strategic objective: Strengthen skills, capabilities & values and drive a performance-based culture within the FMoH. The priority initiatives and interventions are:

Priority Initiative -1: Transformation within F/SMoH – towards a values and performance driven culture. The

Strategic Interventions

i. Strengthen F/SMOH Collaboration with stakeholders and development partners to reach a consensus on long term pursuits of defined transformation/change management actions towards a value-driven and performance-oriented culture.
ii. Implement change management actions that align goals with F/SMOH strategic objectives.
iii. Develop communication resources and networks infrastructure on the mission and values of the Ministry and ensure that they are embedded throughout the F/SMOH operations.
iv. Develop a comprehensive performance management and feedback system that sets clear, measurable, and achievable goals for F/SMOH Staff and teams.
v. Promote career advancement opportunities to reinforce the value of high performance by linking performance to rewards and promotions.

Priority Initiative -2: Top-talent learning program to develop well-rounded for public health leaders. Its

Strategic Interventions

i. Strengthen industry partnerships by collaborating with public health organizations, government agencies, academic and research institutions for practical real-world experience, mentorship, and networking opportunities.
ii. Promote collaborative learning environment where participants can engage with each other by sharing experiences, exchange ideas and build a strong network of public health leaders.
iii. Promote culture of Continuously monitoring and evaluating program's effectiveness, seeking feedback from participants, mentors, and key stakeholders.

Strategic Outcome of the Pillar

- Strengthened skills, capabilities & values and drive a performance-based culture within the F/SMOH.

Overview of SWaP, HOPE Project and DLIs

Sector-Wide Approach (SWAp)

SWAp as an approach aims to build a more cohesive, effective, and sustainable health sector. Its framework is premised on one plan, one budget, one report and one conversation. It identifies expectations for states, development partners and federal government. It is aimed at aligning national, subnational and partner financing for health around the reform initiative. The SWAp Core Priorities are the 13 health sector priorities which reflect some of the most urgent needs for the health system.

Table 1: SWAp Core Priority Areas

Priority Areas

Improve Reproductive, Maternal, Newborn and Child health, and Nutrition	**Accelerate immunization programs** for priority antigens (e.g. DPT3, Polio, Measles, Yellow Fever) with a focus on decreasing zero dose children	Slow down the growth rate of **NCD prevalence**	**Reduce the incidence of HIV, tuberculosis, and malaria**	Improve **quality of care and service delivery in PHCs**
Expand **financial protection** for all citizens through health insurance expansion and other innovative financing mechanisms		Increase availability and **quality of HRH**	**Stimulate local production** of health products (e.g., drug substance, fill and finish for vaccines, malaria bed-nets, and therapeutical foods)	**Revitalize tertiary and quaternary care** hospitals to improve access to specialized care
	Improve pandemic prevention, detection, preparedness and response	**Improve regulation and regulatory process**		**Strengthen health data collection, reporting and usage – starting with the core indicators**

Human Capital Opportunities for Prosperity and Equity (HOPE) project

Human Capital Opportunities for Prosperity and Equity (HOPE) project is a World Bank supported operation to support the Government of Nigeria in strengthening human capital through better health for women, children and adolescents and building resilience to the effects of climate change such as floods and droughts through improving dam safety and irrigation.[4]

The HOPE-PHC project is to help improve the quality and utilization of core reproductive, maternal, newborn, child, and adolescent health and nutrition services to substantially reduce maternal and under five mortality and to improve the resilience of the health system benefiting 40 million people, especially vulnerable populations.

[4] World Bank Press Release. September, 2024

The HOPE-GOV Program is to support in strengthening financial and human resource management in basic education and primary health care. The Program focuses on three results areas: (1) increase availability and effectiveness of financing for basic education and primary healthcare service delivery, (2) enhance transparency and accountability of financing and (3) improve recruitment, deployment and performance management of basic education teachers and primary healthcare workers by federal, state, and local governments.

Disbursement Linked Indicators (DLIs)

These are thirteen key indicators whose achievement will trigger the disbursement of funding from World Bank HOPE Project to the Federal Government of Nigeria (FGN). The DLI matrix will guide the assessment of achievement of these indicators. The matrix contains the annual results to be achieved by program year as well as the protocol that outlines the evidence that is required to demonstrate achievement.

There are three result areas for the HOPE project: Improving quality of services, improving utilization of Essential services, and Improving Resilience of the Health System.

The tables below provide summary of DLIs with respect to their definition, description, data sources, methods of verifying their achievement and associated disbursements.

Table 2: Disbursement linked indicator (DLIs) Definition and Description

	Result Area 1: Improving Quality of Health Services		
DLIs	**DLIs**	**Definition**	**Description**
DL.1	**Improved service readiness**		
DLI. 1.1	**Improved PHC facility readiness, quality, and climate resilience**	Percentage of BHCPF-supported Tier 2 (PHC services+ BEmONC) facilities that maintain a score of 75% on the health facility readiness assessment that includes **measures of structural and process quality, solar power, and climate resilience**	a) To be accredited to receive DFF by NPHCDA, Tier 2 PHC facilities -- will need to meet a score of 75% on the health facility readiness assessment that will be developed by NPHCDA before project effectiveness. b) Assessment tool will have components around **structural quality** (**water source, toilets, blueprint for bed numbers and layout, commodities, medicines, equipment, health information system and human resources**); **process quality** + items listed in '**d'** below c) Accredited facilities will have to be assessed **biannually** for re-accreditation. d) **Refurbishment to be financed through the DLI** will include financing for: (i) Solar power; (ii) Minor facility rehabilitation; (iii) Climate resilient measures for all health facilities in climate vulnerable areas and facilities that are identified as at risk of climate shocks; (iv) Water, Sanitation and Hygiene (WASH) improvements at facilities; and (v) Energy efficiency measures at high power use facilities.
DLI. 1.2	**Increased empanelment and refurbishment** of CEmONC facilities that demonstrate service readiness and climate resilience and energy efficiency (Number)	Number of EDGE level 1 certified CEmONC facilities that are empaneled according to the NHIA guidelines and maintain the empanelment requirements and have implemented climate resilience measures.	a) CEmONC facilities will be refurbished by the SCO, inspected and empanelled by NHIA according to the accreditation guidelines. b) Refurbishment will include **key structural elements of quality** (water source, toilets, mother-newborn intensive care units, surgical theatres, bed numbers, visibly posted schedule of free services, equipment, commodities and medicines, human resources, health information system) reaching **EDGE (Excellence in** Design for Greater Efficiencies) **level 1 certification** and implementing climate resilience measures. **c) Empanelment will be renewed on an annual basis.**
DLI. 2	**Increased availability of essential commodities**		
2.2	**Frontline availability of tracer products improved in Participating States (Percentage)**	% of BHCPF-supported Tier 2 (BEmONC PHCs) facilities that have a minimum of **5 of 6 commodities available.**	a) A tracer basket of commodities and medicines will be assessed for availability of a minimum stock position at Tier 2 facilities and reported by the SPHCDAs. b) Tracer commodities include **oxytocin, MMS, Artemisinin-based Combination Therapy (ACTs), Human Immunodeficiency Virus (HIV) rapid test kits, Pentavalent vaccine, and a minimum of three modern contraceptive methods including at least one long-acting reversible contraceptive (LARC).** c) A minimum stock position by commodity or threshold and the essential medicines score will be defined in the HOPE-PHC Program POM.
	Result Area 2: Improving Utilization of Essential Services		
DLI. 3	**Increased enrollment of poor and vulnerable populations.**		
3.1	**Increased Financial protection for poor and vulnerable**	Number of eligible population (poor and vulnerable) enrolled in the **NHIA gateway of the BHCPF by the SSHIAs.**	a) This DLI will reflect progress in the number of poor and vulnerable persons covered by health insurance under the NHIA gateway in the revised BHCPF guideline.

	populations + informal sector **(Number)**		
DLI. 4	**Enhanced community delivery of health services.**		
4.1	**Increased number of Women and children who receive tracer essential health services in the community**	This DLI will disburse when the **tracer essential health services are delivered by health workers in the community.**	a) DLI will incentivize the number of household visits made by CHWs to deliver key services including provision of micronutrient powders or small-quantity lipid-based supplements for prevention of malnutrition, growth monitoring and screening for acutely malnourished children, identification/follow up of pregnant women and referral to receive MMS, treatment of any childhood illness (Integrated Community Case Management – for diarrhea, fast breathing, fever) as measured by: i. Number of Children with Growth Monitoring Cards/ ii. Number of Children (6-59 months) who received micronutrient powders and iii. Number of pregnant women attending ANC revisited by a community health workers/**New** Pregnant women identified for ANC.
DLI. 5	**Increased utilization of priority secondary care services.**		
5.1	**Secondary Facility Quality of Care for CEmONCs (Prior Result)**	This DLI will disburse against the design and approval of a CEmONC empanelment and reimbursement strategy.	**NHIA will develop operational documents that detail:** 1) definition of empanelment criteria for CEmONC facilities by the NHIA, 2) baseline assessment of secondary facilities in participating states, the package list of CEmONC services eligible for reimbursement, & the tariff schedule corresponding to each eligible package, 3) SOPs for claim submission, review and payment, 4) identification of key entities and development of MOUs involved (NHIA, TPAs, etc.), and 5) key performance indicators for claims management
5.2	**Women and neonates receiving CEmONC and neonatal services and/or vesico-vaginal fistula surgeries (Number)**	This DLI will disburse against the number of women and neonates availing CEmONC services from NHIA-empaneled public or private health facilities.	a) NHIA will develop a benefit package of eligible CEmONC services for reimbursement. b) This will include both obstetric and neonatal care packages, plus VVF surgeries. c) DLI – is count of these reimbursed services (paid claims, not submitted claims). d) To ensure a relatively equitable share of service coverage, no individual state can account for more than 1.25 times its share of the annual births (that is, any reimbursement above 1.25 times that state annual births forecast will not be eligible to count towards DLI disbursement). e) Estimates will be based on the 2006 population census data.
DLI. 6	**Increased primary healthcare utilization of priority services**		
6.1	**Deliveries with skilled birth attendant present increased in Participating States (Percentage)**	Disburse against the increase in the proportion of deliveries with skilled birth attendant SBA) present.	- Proportion of pregnant women whose births were attended by a skilled provider
6.2	**Introduction of MMS for pregnant women during antenatal care visits (Percentage) in the State**	Percentage of women receiving **MMS** during antenatal visits	- This maternal nutrition service is the distribution of at least 180 MMS (MMS) (one bottle) for pregnant women aged 15-49 years at least once during any ANC service or contact with health worker at community level.

6.3	**Increase in Penta 3 coverage in Participating States (Percentage)**	Percentage of children immunized with **Penta-3 vaccination**	- This is the proportion of **children aged 12-23 months who received DPT-HepB-Hib vaccination (3 doses)**
DLI. 7	**Increased utilization of EMS**		
7.1	**Patients with obstetric and neonatal complications transported through emergency medical transport to selected facilities using the digitized EMS dispatch system in Participating States (Number)**	DLI will disburse when patients with **obstetric and neonatal complications are transported** to Tier 2 (PHC BEmONC) facility or empaneled CEmONC facilities using the **digitized EMS dispatch system**	a) DLI will incentivize the scale-up of digital dispatch platform on the national emergency transport gateway of the BHCPF encompassing both use of community transport and the formal transport system. b) DLI will target **pregnant women and children** and track the number of these targets from Community to BEmONC/CEmONC centers.
	Result Area 3: Improving Resilience of the Health System		
DLI.8	**Improved allocation and disbursement of BHCPF funds**		
8.1	**Governance for improved resource allocation and performance (Prior Result)**	This prior result will disburse against revised and approved BHCPF 2.0 guidelines reflecting equity and climate resilience	a) This prior result will reimburse the government upon revision and approval of BHCPF guidelines by the BHCPF-MOC. b) Revised guidelines will identify the allocation formula whereby BHCPF funds are disbursed to states. c) The formula will give due consideration to state variation in: **i.** RMNCAH-N **burden** ii. Poverty **headcount** and, iii. Climate **vulnerability**, among other relevant factors as determined by BHCPF MOC.
8.2	**Participating States receiving funds in compliance with allocation formula in revised guidelines (Number)**	This DLI will disburse against the adherence to the allocation formula contained in the revised BHCPF guidelines reflecting RMNCAH+N burden, poverty headcount and climate vulnerability	This DLI will disburse based on a review of BHCPF MOC documents that will determine/confirm the adherence to the allocation formula contained in the revised BHCPF guidelines prevailing at the time of verification.
DLI. 9	**Enhanced PPR through deployment**		
9.1 – 9.4	**System and standards for state EPR programs are established (Number)**	DLI will disburse when state develop and implement a multi-year EPR plan encompassing **disease outbreaks, climate shocks, natural disasters, and other humanitarian emergencies.**	a) DLI will incentivize the strengthening of subnational EPR by encouraging state to develop peacetime plans to improve emergency response and health security. b) The plans will address use of seasonal, multi-hazard risk calendars to support responsive risk response, risk profiling, responsibility chains for shock response, shock response simulations, commodity stockpiling and quantification of pharmaceuticals to respond to shocks, preparations for health service delivery during shocks. c) The NCDC will play a role in providing TA to states in developing & implementing a multi-year EPR plan which meets specified standards as determined by the NCDC following risk profiling and multi-hazard assessment of states including disease outbreaks, climate shocks, natural disasters, and other emergency emergencies.

DLI. 10	**Improved Climate Resilience**		
10.1 -10.4	**National climate and health adaptation plan developed, costed, and validated (Number)**	DLI will disburse with the development of the **Costed National climate and health adaptation plan** followed by implementation	- DLI will disburse with the development of the costed National Climate and Health Adaptation Plan in the first year, - followed by development of **implementation plans** in the second year, and - **implementation** in the **third and fourth years.**
DLI. 11	**Stronger Digital Foundation**		
11.1	**National enterprise architecture developed, costed, and adopted (Prior Result)**	a) DLI will support the development of an integrated, interoperable health data ecosystem to support evidence-based improvements in value (efficiency, quality, access, and health outcomes) for patients and providers.	a) This subcomponent will finance the architecture, costing and adoption of three digital interventions. i. Development and adoption of a digital health services platform for frontline CHW to strengthen the frontline CHW system ii. Development of the digital infrastructure for the emergency transportation platform iii. A federated digital-in-health enterprise architecture platform which will enable the switch from a paper-based to digital platform and support digital interoperability between health information systems to reduce data hyper- fragmentation and duplication.
11.2	**States adopting** national enterprise architecture and integrating core health functions **(Number)**	DLI will facilitate the adoption and effective functioning of the health data ecosystem at the state level by **integrating individual private, public, and program-specific health information systems.**	States will **prioritize 4 core health functions** from the list of functions **a)** Electronic health records;(**b)** Emergency response management (SORMAS); **(c)** Ambulatory services dispatch and management system; **(d)** Supportive supervision; **(e)** QOC management; **(f)** HRH/HRIS; **(g)** CHW Service management; **(h)** Claims management; **(i)** Health insurance enrollment management; **(j)** Essential drugs and stock logistics management, and **(k)** DHIS-2. **States should have these functions interoperable and feed into the national health data ecosystem at the federal level** integrating individual private, public, and program-specific health information systems.

Table 3: Procedure for Verifying DLIs, Data Source and Associated Disbursement

DLIs	**DLIs**	**Data Source**	**Verification Procedure by IVA**	**Disbursement**
DLI. 1.1	Improved PHC facility readiness, quality, and climate resilience.	NPHCDA Reports (linked to DHIS-2)	a. Independent Verification Agent (IVA) will **visit 25% of all accredited BEmONC** facilities in the first year and inspect the premises for compliance against the **NPHCDA checklist**. **Facilities must meet the 75% score to remain accredited.** b. In subsequent years, the IVA will visit **5% or more of previously accredited BEmONC** facilities in each state and **25% of newly accredited BEmONC** facilities to inspect for **compliance to the checklist.** c. Facilities that fell below the 75% mark on verification will have **90 days to take remedial action and request a re-verification**.	**A disbursement of US$12,300 per facility meeting the BHCPF tier 2 standard per ward would be received.**
DLI. 1.2	Increased empanelment and refurbishment of CEmONC facilities that demonstrate service readiness and climate resilience and energy efficiency (Number)	NHIA empanelment records (linked to DHIS-2)	a) IVA will go to **25%** of all CEmONC facilities reported by NHIA to have been empanelled in the first year and use the checklist of criteria developed as a prior result to ensure that the requirements for **structural readiness, and climate resilience** have been met, and **EDGE level 1 certification has been achieved**. b) In 2026, the IVA will go to **25%** additional facilities reported by NHIA to have been empanelled and check for compliance against the checklist; AND c) visit or verify by phone a random sample of **10%** or more of all previously empanelled facilities in each state to ensure that they are still in compliance with previously empanelled facilities. d) **Facilities must meet 100% of the assessed criteria to be verified as newly empanelled and to be verified as continuingly complaint if previously empanelled.**	1. US$34,647.55 per facility per LGA meeting the NHIA CEmONC standards 2. Amount to be shared by allocating 97.5% reward to **State SSHIA**s and 2.5% to **NHIA.**
DLI 2.1	Federal expenditure on quality family planning commodities increased (Percentage)	Budget Implementation Reports (BIR) from Accountant General	a) IVA will review expenditure data of the state and national level budget execution reports annually to verify achievement of domestic spending on contraceptive commodities. b) If expenditures fall below the targeted amount for any year, the DLI disbursement will be prorated against spending level after a minimum increase of **20%** of target increase is met. c) Irrespective of target achievements each year, the target for the subsequent year remains fixed. For example, if an increase of US$1 million is the target, a minimum of US$200,000 in domestic spending must be in evidence to scale disbursement proportional to actual achievement.	Amount received per percentage point increase in federal expenditure varies annually increasing annually from US$0.4 million per percentage point annual increase in year 1 to US$0.28 million per percentage point annual increase and US$0.32 million per percentage point annual increase.
2.2	Frontline availability of tracer products improved in Participating States (Percentage)	Annual Health Facility Readiness Assessment and DHIS-2	a) States are expected to achieve different percentage point increase annually on the proportion of the 2,000 BHCPF-supported Tier 2 (BEmONC PHCs) facilities b) NHSRII-service ready facilities that have a minimum of 5 of 6 commodities above the defined minimum stock position. c) Several data sources will be used to verify reported achievement of this indicator. d) IVA will first review procurement and delivery data by state for the tracer commodities. e) IVA will note stock positions at federal and state central medical stores, as well as reported stocks at facility level.	US$5,600 per BHCPF supported facilities per ward.

			f) Facility level stock positions will be triangulated with the respective services delivered reported in the annual facility readiness survey and DHIS2 to ensure coherence. g) IVA may opt to do spot checks of facilities that do not report rational stock positions; and will visit 5 percent of **Tier 1** PHC facilities that have reported adequate stock per state. h) Facility visits that result in discordant verification from reported data will be labeled as High Risk. **All High-Risk facilities will have repeat visits within 6 months of first visit**; this will not be part of the 5 percent pool. i) Facilities that **meet the requirement for minimum threshold will qualify as successfully verified and will be labeled as Low Risk**. **Low Risk facilities will be randomly selected in the 5 percent pool the following year.**	
3.1	Financial protection for poor and vulnerable populations increased (Number) in Participating States	NHIA portal	1. Achievement report provided by the NHIA (NHIA Portal) to provide a breakdown of the **total number of enrollees per state in each period.** 2. IVA to cross-check these figures against the SSHIA portal, in consultation with the NPCU. 3. IVA will also apply a stratified random sampling method to verify **at least 1% of all enrollees listed in each report, via field visits/telephonic surveys** – to ensure the figure reported in the NHIA portal for the selected SSHIAs and selected period corresponds to what is seen from the NHIA records (and the IVA should cross-check the various records with unique identification number ~ NIN to ensure accurate reporting). 4. The strata will be: (i) state; and (ii) whether in urban or rural. **5. Each 1 percentage point discordance above 5 percent as detected by the IVA will be deducted from the total maximum eligible disbursement. (e.g., 7 percent discordance will result in (7-5) = 2 percent deduction of the total eligible disbursement)**	1. US$8 per eligible health insurance enrollment to be shared by allocating 97.5 percent reward to SSHIAs of participating states and 2.5 percent reward to NHIA. 2. Maximum earning for this DLI per State will be US$1.08 million and overall maximum of US$40 million
4.1	Women and children who receive tracer essential health services in the community increased in Participating States (Number)	Community Health Management Information System (CHMIS)-2 or independent MIS data feed to DHIS-2	a) Baseline established using the (CHMIS)-2 or MIS for the CHW program. b) Annual aggregate number of pregnant women who were **visited by a community health worker at home** and total number of children who have a growth monitoring card (or MCH handbook). c) **FASTR** will confirm the validity of CHMIS. Each 1 percentage point discordance above 10% as detected by the IVA will be deducted from the total maximum eligible disbursement. (e.g., **15%** discordance will result in (15-10) = 5% deduction of the total eligible disbursement) d) Validation through small-scale survey done using household visits and telephone verification methods based on primary records. e) Wards/LGAs with anomalous data trends will automatically be included in the household verification sample. f) Anomalies could include out of age range beneficiaries, out of ward beneficiaries,	1. US$1 per CHW-client contact in the communities verified from the CHMIS or other nationally agreed MIS. 2. Earnings will be allocated at 97.5% reward to SPHCDAs and 2.5% to NPHCDA.

5.1	Secondary Facility Quality of Care for CEmONCs (Prior Result)	NHIA	This is a Yes/No prior result. NHIA will share the relevant document(s) for review.	-Disbursement will depend on validation against confirmation that the document includes the above elements. -One-time payment of US$2.5M following the achievement of the DLI to be shared: **97.5% reward to SSHIAs and 2.5% to NHIA.**
5.2	Women and neonates receiving CEmONC and neonatal services and/or vesico-vaginal fistula surgeries (Number)	NHIA portal	a) NHIA will share anonymized individual claim data that includes (1) date of patient admission; (2) empaneled facility where admitted; (3) CEmONC/VVF service package provided; (4) date of payment. **b) IVA will confirm that the facility is on the empaneled list, the service provided is on the eligible list, and that the date of payment occurred during the relevant period.** c) IVA apply a stratified random sampling method to verify at least 1% of all claims listed in each report, via field visits/telephonic surveys – to ensure the figure reported in the NHIA portal and selected period corresponds to what is seen from the NHIA records d) IVA to cross-check records with unique id ~ NIN to ensure accurate reporting). **e) Each 1 percentage point discordance above 5% as detected by the IVA will be deducted from the total maximum eligible disbursement. (e.g., 7 percent discordance will result in (7-5) = 2% deduction of the total eligible disbursement).**	- US$87.5 per woman or neonate is reimbursed to the NHIA for CEMONC services in an accredited CEmONC facility of which, at least 50% of the target met on a year-on year basis should be for CEmONC services (deliveries and neonates); - not more than 30% to be VVF surgeries; - the balance being under five child admissions.
6.1	Deliveries with skilled birth attendant present increased in Participating States (Percentage)	NDHS/mini-DHS	1. The baseline is established using the NDHS 2023. 2. Annual performance will be measured in 2025 and 2027 by two mini-DHS surveys conducted by the Government of Nigeria	1. US$118,243 will be paid/ percentage point annual increase/state over and above the previous year's results. 2. Earnings shared at 97.5% to SPHCDAs and 2.5% NPHCDA.
6.2	Introduction of MMS for pregnant women during antenatal care visits in Participating States (Percentage)	NDHS/mini-DHS	1. The baseline is established using the NDHS 2023. 2. Annual performance will be measured in 2025 and 2027 by two mini-DHS surveys conducted by the Government of Nigeria	1. US$45,045 will be paid out per percentage point annual increase per State, over and above the previous year's results. 2. Earnings: 97.5% to SPHCDAs and 2.5% to NPHCDA.
6.3	Increase in Penta 3 coverage in Participating States (Percentage)	DHIS-2	1. The baseline is established using the NDHS 2023. 2. Annual performance will be measured in 2025 and 2027 by two mini-DHS surveys conducted by the Government of Nigeria	1. US$118,243 will be paid out per percentage point annual increase per State, over and above the previous year's results. 2. Earnings will be allocated at 97.5 percent reward to SPHCDAs of participating states and 2.5 percent reward to NPHCDA.

7.1	Patients with obstetric and neonatal complications transported through emergency medical transport to selected facilities using the digitized EMS dispatch system in Participating States (Number)	NEMSAS Electronic Dispatch Database	a) IVA will verify from NEMSAS digital platform database the **number of pregnant women and children that were transported on the digital platform**. b) Year-on-year increase in the target set for the number of pregnant women and children expected to be transported on the digital platform. c) IVA will conduct call backs and visit states to confirm a randomized sample of 1% of digital EMS dispatch records provided by NEMSAS for reimbursement to confirm the dispatch entries. d) IVA will recommend for disbursement upon satisfactory verification of presented record.	US$50 per obstetric and neonatal patient transported to be shared: 97.5% to SEMSAS and 2.5% to NEMSAS
9.1	System and standards for state EPR programs are established (Number)	NCDC subnational assessments	1. IVA will verify from the NCDC states that they have prepared and validated an EPR plan that meets the predetermined standards set by the NCDC for the development of subnational EPR plans and include disease outbreaks, climate shocks, natural disasters, and other humanitarian emergencies. 2. IVA will recommend for disbursement when states prepare and validate their multi-year EPR plans with the NCDC. 3. NCDC will monitor states on the implementation of validated multi-year EPR plans and provide to the IVA; states that have reached 50% and 100% implementation. 4. IVA will visit a randomized sample of states (not less than 25%) to confirm the NCDC report the status of implementation of the multi-year state EPR plans. 5. Each 1% point discordance >5% as detected by the IVA will be deducted from the total maximum eligible disbursement. 6. IVA will recommend for disbursement upon satisfactory confirmation that states meet the implementation milestones for 50% and 100% respectively.	a) One-time payment of maximum of US$1.0 million to NCDC on achievement of DLI in year 1. b) From Year 2, the amount of US$74,324 for each state that delivers a plan in adherence with the national standard. c) For Year 3, the amounts of US$101,351 will be disbursed to each State that achieves 50% implementation of the plan. d) Year 4, US$202,703 will be disbursed to each State that achieves 80% implementation.
10.1	National climate and health adaptation plan developed, costed, and validated (Number)	Developed plan	**a) Year 1: a)** NCCC verifies National Climate and Health Adaptation plan for (i) completeness of plan; (ii) costing; (iii) linking plan to available resources; and (iv) inclusion of a template and guidelines for national and state implementation plans; and **b)** verifies TWG meeting minutes for validation of the plan through a participatory process. **b)** Year 1 will be paid based on the completeness of all elements defined above. Any incomplete elements will not result in payment. **c) Year 2:** NCCC verifies State and National level implementation plans for consistency, completeness, and adherence to the template and guidelines as developed in the NCHAP. **d)** Each state will be paid on a fully developed plan. A partially complete plan will not result in payment. **e)** Each state will be paid based on their own plan, not contingent on the progress of other states. **f) Years 3 and 4:** IVA verifies State and federal documents to confirm implementation of plans and spot checks implementation through in-person or phone verification (i.e., confirming trainings conducted; renovations done, etc.).	a) **Year 1:** One-time payment of US$1.0M following the achievement of the DLI to be shared: 33% to BHCPF FMOH, 33% to NPHCDA, and 33% NCDC. b) **Year 2:** US$154,054 will be disbursed to each State that develops their plan in adherence to national standard. c) States and the Federal Level will be paid once they have achieved at least 50% & 80% of activities in Yr 3 & 4 d) Subsequent years, an amount will be paid per 36+1 state per state HNAP; 97.5% to states; 2.5% shared by FMOH, NPHCDA and NCDC. e) In Yr 3, US$209,459 to each State that achieves 50% implementation of its plan, and in Yr 4, US$420,270 for each State that achieves 80% implementation of its plan

11.1	National enterprise architecture developed, costed, and adopted (Prior Result)	Committee on Digital in Health Initiative	a) **Year 1:** Define a national set of standards, regulations, rules, and business processes for creating and maintaining a national health data space through a distributed enterprise architecture approach. b) **Year 2:** Definition of regulatory frameworks, enterprise architecture design, and acquisition. c) **Year 3 and 4:** A federated digital-in-health enterprise architecture platform which will enable the switch from a paper-based to digital platform and support digital interoperability between health information systems to reduce data hyper-fragmentation and duplication.	One-time payment of US$2.5M following the achievement of the DLI to the MOH in year 1.
11.2	Participating States adopting national enterprise architecture and integrating core health functions (Number)	SMoH, SPHCDA and SSHIA and all public and private hospitals at the state	a) To follow the implementation plan laid out by the committee on digital in health initiative b) IVA will verify before disbursement to states that they are fully plugged in on the digital in health initiatives across the SMOH, SPHCDA, SSHIA, and the public hospitals in the state.	Payment of US$101,351 per state following the achievement of the DLI reward is to be shared 97.5 percent to the state and 2.5 percent to the MOH

Table 4: DLIs Mapping by the Intervention and Responsible MDAS

Codes	**DLIs**	**Inter. Code**	**Interventions**	**Responsible MDAs for Implementation**
DL1 1.1	Improved primary healthcare facility readiness, quality, and climate resilience in Participating States (Percentage)	2.8.13.30	Conduct a rapid facility functionality assessment of CEmONC facilities for service readiness, climate resilience, and energy efficiency	HSMB & DMS (CEmONCs)
DLI. 1.2	Increased empanelment and refurbishment of CEmONC facilities that demonstrate service readiness and climate resilience and energy efficiency (Number)	2.8.13.30	Conduct a rapid facility functionality assessment of CEmONC facilities for service readiness, climate resilience, and energy efficiency	HSMB & DMS (CEmONCs)
DLI 2.2	Frontline availability of tracer products improved (Percentage)	2.8.12.54	Procure and utilize RMNCAH commodities, including oxytocin, family planning supplies, Multiple Micronutrient Supplement (MMS) and essential devices (e.g., CPAP, monitors, pulse oximetry, oxygen, KMC devices, phototherapy, radiant warmers, ventilators, caffeine citrate, bag and mask, suctioning, etc), in line with National guidelines and SOPs	SSPHCDA, SOSMEA, HSMB & DMS
DLI 3.1	Financial protection for poor and vulnerable populations increased (Number)	**2.8.14.2**	Improve equity of coverage through effective implementation of public subsidies	SOCHEMA
DLI 4.1	Women and children who receive tracer essential health services in the community increased (Number)	2.8.12.54	Utilize RMNCAH commodities, including Tracer commodities **oxytocin, MMS, Artemisinin-based Combination Therapy (ACTs), Human Immunodeficiency Virus (HIV) rapid test kits, Pentavalent vaccine, and modern contraceptive methods including long-acting reversible contraceptive (LARC)**	SSPHCDA, SOSMEA, HSMB & DMS
DLI 5	Secondary Facility Quality of Care for CEmONCs (Prior Result)	2.8.12.21	Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.	HSMB & DMS
		2.8.13.30	Conduct a rapid facility functionality assessment of CEmONC facilities for service readiness, climate resilience, and energy efficiency	HSMB & DMS
	Women and neonates receiving CEmONC and neonatal services and/or vesico-vaginal fistula surgeries (Number)	2.8.12.21	Improve access to Comprehensive emergency obstetric and new born care (EmONCs) services through skill birth attendant.	HSMB & DMS
		2.8.12.25	Strengthen prevention, treatment and rehabilitation services for quality obstetrics Fistula care	HSMB & DMS
DLI 6.1	Deliveries with skilled birth attendant present increased (Percentage)	2.8.12.21	Improve access to Basic and Comprehensive emergency obstetric and new born care (EmOnC) services through skill birth attendant.	SSPHCDA, HSMB & DMS
DLI 6.2	Introduction of MMS for pregnant women during antenatal care visits (Percentage)	2.8.12.16	Drive uptake of innovations such the calibrated drap, Moyo Heart and Multiple Micronutrient Supplement (MMS) etc	SSPHCDA, HSMB & DMS
DLI 6.3	Increase in Penta 3 coverage (Percentage)	2.6.8.5	Expand access to immunization Services.	SSPHCDA
DLI 7.1	Patients with obstetric and neonatal complications transported through emergency	2.8.12.21	Improve access to Basic and Comprehensive emergency obstetric and new born care (EmONCs) services through skill birth attendant.	SSPHCDA (BEmONCs), HSMB & DMS (CEmONCs)

	medical transport to selected facilities using the digitized EMS dispatch system (Number)			
DLI 9	System and standards for state EPR programs are established (Number)	**4.14.20.9**	Improve coordinated and harmozied response interventions including resource coordination, rapid deployment, enhancing surge capacity, contact tracing, isolation & quarantine, infection prevention and control, emergency response, and the use of personal protective equipment etc. to manage public health threats	Department of Public Health
DLI 10	National climate and health adaptation plan developed, costed, and validated (Number)	**4.15.21.3**	Develop and implement health national adaptation plan (HNAP) to address climate risks to health, and building resilience in health programmes, services and infrastructure in line with COP26 health commitment	Department of Public Health
DLI 11.2	Participating States adopting national enterprise architecture and integrating core health functions (Number)	**1.16.23.3**	Develop an enterprise architecture to facilitate interoperability of data systems and applications within the health sector and beyond to facilitate HIE	DPRS (HMIS Unit)
		1.16.23.4	Implement interoperable digital health systems that facilitates health information exchange (HIE)	DPRS (HMIS Unit)

Methodology

The 2025 AOP Development process was led by the SMoH with support from JHPIEGO and BMGF. It used consultative and participatory approach which was executed in phases.

Phase one: this involved planning meetings, conduct of situational analysis to facilitate priority setting for 2025 state health agenda in compliance with HSSB, State health plan, SSHDP and Mid-term expenditure framework (MTEF). The priority was set using five criteria, namely intervention effectiveness, (1-3), magnitude & relevance of the intervention (1 – 3), cost and financial sustainability (1-2), fairness and equity, and the level of political support (1 – 3). Each main activity with overall score of less than 50% were considered of lower priority in achieving the respective strategic interventions aimed to help address the health situation in the State.

Phase two: In line with revamp AOP development process, state participated in the five days National TOT for the Planning cell officers and TAs on AOP Development and Harmonization process to ensure states alignment with SWAp approach. This involves technical session with PowerPoint presentations, group work and presentation sessions. There was also question and answer session.

Phase three: Three days trainings of Planning cell head and PHC Board officers on AOP development process at the state level. This was followed by a one-day stepdown training for LGA officers and PHC staff of the 244 BHCPF facilities. This also involve technical sessions with PowerPoint presentation, group work and presentation sessions, question and answer session.

Phase four: population of MDAs planning sheet/template with operational activities and costing of the activities using the state approved rates. Mentoring visits was also conducted to some of the Agencies for TA support while the program officers were populating the AOP templates for their Departments and Agencies.

Ingredient-based costing methods was used to generate cost for the operational activities. To ease the costing, the operational activities were structured in a SMART and the cost assumptions documented. The unit cost set-up was reviewed and updated in the context of state. At the end of the process, total cost of the AOP was generated and disaggregated by pillars and enablers and implementation status.

Phase five: Resource mapping and Harmonization of the AOP. This followed the ingredient-based costing. At this stage, the total AOP cost was mapped by the funding sources.

Phase six: Validation of Harmonized AOP. At this stage, each MDAs submission was subjected to group review. The agreed criteria for the validation were: (i) is the activity included in their 2025 budget submission; (ii) is the activity partner supported; (iii) is there potential funding source for the activity. However, where the operational activities are for intervention targeting DLIs indicators, it was validated.

AOP BUDGET AND FINANCING

The total cost of 2025 AOP was **₦38,3242,722,287** and **88.68%** of the total cost is for financing the operational activities in strategic pillar two: Efficient, Equitable and Quality Health System.

Table 5: AOP Budget and Financing

HSSB AOP PILLARS	Total Cost of AOP	Government's Commitment	Development/ Implementing Partners	AOP Funding Gap
Strategic Pillar One:Effective Governance	₦ 473,974,500	₦ 343,332,500	₦ 24,313,527	₦ 106,328,473
Strategic Pillar Two:Efficient, Equitable and Quality Health system	₦ 33,914,163,687	₦ 13,124,724,903	₦ 753,798,924	₦ 20,035,639,860
Strategic Pillar Three: Unlocking Value Chains	₦ 1,261,596,600	₦ -	₦ -	₦ 1,261,596,600
Strategic Pillar Four: Health Security	₦ 1,996,801,500	₦ -	₦ -	₦ 1,996,801,500
Enabler 1: Data Digitization	₦ 388,349,000	₦ 388,349,000	₦ -	₦ -
Enabler 2: Financing	₦ 168,657,000	₦ 168,657,000	₦ -	₦ -
Enabler 3: Culture and Talent	₦ 39,180,000	₦ 39,180,000	₦ -	₦ -
Total	₦ 38,242,722,287	₦ 14,064,243,403	₦ 778,112,451	₦ 23,400,366,433
	% Distribution	36.8%	2.0%	61.2%

Table 6: AOP Cost by HSSB Pillars per Implementation Status

HSSB AOP PILLARS & Enablers	Total Cost of AOP	New-Project/Activity	On-going Project/Activity
Strategic Pillar One:Effective Governance	₦ 473,974,500	₦ 229,474,000	₦ 244,500,500
Strategic Pillar Two:Efficient, Equitable and Quality Health system	₦ 33,914,163,687	₦ 16,489,337,156	₦ 17,544,767,831
Strategic Pillar Three: Unlocking Value Chains	₦ 1,261,596,600	₦ 283,884,500	₦ 977,712,100
Strategic Pillar Four: Health Security	₦ 1,996,801,500	₦ 985,788,500	₦ 1,011,013,000
Enabler 1: Data Digitization	₦ 388,349,000	₦ 378,146,000	₦ 10,203,000
Enabler 2: Financing	₦ 168,657,000	₦ 38,422,000	₦ 130,235,000
Enabler 3: Culture and Talent	₦ 39,180,000	₦ 34,950,000	₦ 4,230,000
Total	₦ 38,242,722,287	₦ 18,440,002,156	₦ 19,922,661,431
	% Distribution	48.2%	52.1%

Table 7: AOP Cost by HSSB Priority Initiatives per Implementation Status

PI	HSSB AOP Priority Initiatives	Total Cost of AOP	New-Project/Activity	On-going Project/Activity
1	Strengthen NCH as a coordinating and accountability mechanism across the health system	₦ 86,160,500	₦ 2,550,000	₦ 83,610,500
2	Comprehensive and intentional communication strategy for stakeholder engagement and advocacy	₦ 127,026,500	₦ 68,166,500	₦ 58,860,000
3	Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products	₦ -	₦ -	₦ -
4	A Sector Wide Action Plan (SWAp) to defragment health system programming and funding	₦ 260,787,500	₦ 158,757,500	₦ 102,030,000
5	Increase collaboration with internal and external stakeholders for better delivery and performance management	₦ -	₦ -	₦ -
6	Drive multi-sectoral coordination to put in place and facilitate the implementation of appropriate policies and Programs that drive health promotion behaviours (e.g., to disincentivize unhealthy behaviours)	₦ 1,224,159,400	₦ 41,100,000	₦ 1,303,000,700
7	Accelerate inter-sectorial socia welfare through coordination of efforts of the social action fund	₦ -	₦ -	₦ -
8	Accelerate immunization programs for priority antigens (e.g., DPT3, Polio, Measles, Yellow Fever) with a focus on decreasing zero dose children	₦ 1,329,114,000	₦ 20,100,000	₦ 1,309,014,000
9	Slow down the growth rate of NCD Prevalence	₦ -	₦ -	₦ -
10	Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)	₦ 4,307,696,710	₦ 411,625,500	₦ 3,896,071,210
11	Revitalize tertiary and quaternary care hospitals to improve access to specialized care	₦ 9,764,188,508	₦ 1,847,795,961	₦ 7,916,392,547
12	Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition	₦ 15,521,691,795	₦ 12,688,846,195	₦ 2,832,845,600
13	Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance	₦ -	₦ -	₦ -
14	Expand financial protection to all citizens through health insurance expansion and other innovative financing mechanisms	₦ 1,523,854,000	₦ 1,346,711,000	₦ 177,143,000
15	Increase availability and quality of HRH	₦ 243,459,274	₦ 133,158,500	₦ 110,300,774

16	Re-Position Nigeria at the forefront of emerging R&D innovation, starting with local clinical trials and translational science	₦ -	₦ -	₦ -
17	Stimulate local production of health products (e.g., drug substance, fill and finish for vaccines, malaria bed-nets, and therapeutical foods)	₦ 277,714,500	₦ 277,714,500	₦ -
18	Build sustain offtake agreement with development parters for locally produced products required in Nigeria	₦ -	₦ -	₦ -
19	Streamline existing supply chains to remove complexity	₦ 983,882,100	₦ 6,170,000	₦ 977,712,100
20	Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security	₦ 1,237,844,000	₦ 259,217,500	₦ 978,626,500
21	Establish a One Health approach for threat detection and response, incorporating climate-linked threats	₦ 758,957,500	₦ 726,571,000	₦ 32,386,500
22	Strengthen health data collection, reporting and usage – starting with the core indicators	₦ 322,904,000	₦ 312,701,000	₦ 10,203,000
23	Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate	₦ 65,445,000	₦ 65,445,000	₦ -
24	Improve oversight and monitoring of budgeting process to increase budget utilization	₦ 130,235,000	₦ -	₦ 130,235,000
25	Regular and effective skills and performance appraisal of top leadership	₦ 38,422,000	₦ 38,422,000	₦ -
26	Transformation within F/SMoH – towards a values and performance driven culture	₦ 35,070,000	₦ 34,950,000	₦ 120,000
27	Top-talent learning program to develop well-rounded for public health leaders	₦ 4,110,000	₦ -	₦ 4,110,000
	Total	₦ 38,242,722,287	₦ 18,440,002,156	₦ 19,922,661,431
		% Distribution	48.0%	52.0%

Table 8: AOP Cost by HSSB Pillars per Level of Implementation

HSSB AOP PILLARS & Enablers	Total Cost of AOP	National level	State & FCT level	Local Government level	Community/ Ward level	Workplaces (formal/informal)	Health Training Institutions	Tertiary Facilities	Secondary Health Facilities	Primary Health Facilities	Private Facilities
Strategic Pillar One:Effective Governance	₦ 473,974,500	₦ 1,775,000	₦ 460,125,500	₦ 12,074,000	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
Strategic Pillar Two:Efficient, Equitable and Quality Health system	₦ 33,914,163,687	₦ 1,700,000	₦ 11,556,264,171	₦ 2,281,292,960	₦ 5,419,502,195	₦ 2,053,577,000	₦ 125,114,500	₦ 338,600,500	₦ 11,406,568,461	₦ 851,485,200	₦ -
Strategic Pillar Three: Unlocking Value Chains	₦ 1,261,596,600	₦ -	₦ 1,261,596,600	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
Strategic Pillar Four: Health Security	₦ 1,996,801,500	₦ -	₦ 769,998,000	₦ 116,175,000	₦ 528,534,000	₦ -	₦ -	₦ 60,000,000	₦ -	₦ 522,094,500	₦ -
Enabler 1: Data Digitization	₦ 388,349,000	₦ -	₦ 94,789,000	₦ 31,059,000	₦ -	₦ -	₦ -	₦ -	₦ -	₦ 147,620,000	₦ -
Enabler 2: Financing	₦ 168,657,000	₦ -	₦ 168,657,000	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
Enabler 3: Culture and Talent	₦ 39,180,000	₦ -	₦ 35,130,000	₦ 4,050,000	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
Total	₦ 38,242,722,287	₦ 3,475,000	₦ 14,346,560,271	₦ 2,444,650,960	₦ 5,948,036,195	₦ 2,053,577,000	₦ 125,114,500	₦ 398,600,500	₦ 11,406,568,461	₦ 1,521,199,700	₦ -
	% Distribution	0.0%	37.5%	6.4%	15.6%	5.4%	0.3%	1.0%	29.8%	4.0%	0.0%

Table 9: AOP Cost by HSSB Priority Initiatives per Level of Implementation

PI	HSSB AOP Priority Initiatives	Total Cost of AOP	National level	State & FCT level	Local Government level	Community /Ward level	Workplaces (formal/informal)	Health Training Institutions	Tertiary Facilities	Secondary Health Facilities	Primary Health Facilities	Private Facilities
1	Strengthen NCH as a coordinating and accountability mechanism across the health system	₦ 86,160,500	₦ -	₦ 86,160,500	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
2	Comprehensive and intentional communication strategy for stakeholder engagement and advocacy	₦ 127,026,500	₦ -	₦ 114,952,500	₦ 12,074,000	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
4	A Sector Wide Action Plan (SWAp) to defragment health system programming and funding	₦ 260,787,500	₦ 1,775,000	₦ 259,012,500	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
6	Drive multi-sectoral coordination to put in place and facilitate the implementation of appropriate policies and Programs that drive health promotion behaviours (e.g., to disincentivize unhealthy behaviours)	₦ 1,224,159,400	₦ -	₦ 165,341,800	₦ 181,719,000	₦ 889,479,900	₦ 107,560,000	₦ -	₦ -	₦ -	₦ -	₦ -
8	Accelerate immunization programs for priority antigens (e.g., DPT3, Polio, Measles, Yellow Fever) with a focus on decreasing zero dose children	₦ 1,329,114,000	₦ -	₦ 26,580,000	₦ 1,235,174,000	₦ 67,360,000	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
10	Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)	₦ 4,307,696,710	₦ 1,700,000	₦ 443,185,550	₦ 163,871,960	₦ 2,895,497,000	₦ 1,764,000	₦ -	₦ -	₦ 30,640,000	₦ 771,038,200	₦ -
11	Revitalize tertiary and quaternary care hospitals to improve access to specialized care	₦ 9,764,188,508	₦ -	₦ 7,916,392,547	₦ -	₦ -	₦ -	₦ -	₦ -	₦ 1,847,795,961	₦ -	₦ -
12	Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition	₦ 15,521,691,795	₦ -	₦ 1,572,829,500	₦ 677,350,000	₦ 1,498,734,295	₦ 1,828,989,000	₦ 10,912,000	₦ 338,600,500	₦ 9,528,132,500	₦ 66,144,000	₦ -

14	Expand financial protection to all citizens through health insurance expansion and other innovative financing mechanisms	₦ 1,523,854,000	₦ -	₦ 1,334,837,000	₦ -	₦ 60,850,000	₦ 113,864,000	₦ -	₦ -	₦ -	₦ 14,303,000	₦ -
15	Increase availability and quality of HRH	₦ 243,459,274	₦ -	₦ 97,097,774	₦ 23,178,000	₦ 7,581,000	₦ 1,400,000	₦ 114,202,500	₦ -	₦ -	₦ -	₦ -
17	Stimulate local production of health products (e.g., drug substance, fill and finish for vaccines, malaria bed-nets, and therapeutical foods)	₦ 277,714,500	₦ -	₦ 277,714,500	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
19	Streamline existing supply chains to remove complexity	₦ 983,882,100	₦ -	₦ 983,882,100	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
20	Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security	₦ 1,237,844,000	₦ -	₦ 691,717,500	₦ 116,175,000	₦ 429,431,500	₦ -	₦ -	₦ -	₦ -	₦ 520,000	₦ -
21	Establish a One Health approach for threat detection and response, incorporating climate-linked threats	₦ 758,957,500	₦ -	₦ 78,280,500	₦ -	₦ 99,102,500	₦ -	₦ -	₦ 60,000,000	₦ -	₦ 521,574,500	₦ -
22	Strengthen health data collection, reporting and usage – starting with the core indicators	₦ 322,904,000	₦ -	₦ 29,344,000	₦ 31,059,000	₦ -	₦ -	₦ -	₦ -	₦ -	₦ 147,620,000	₦ -
23	Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate	₦ 65,445,000	₦ -	₦ 65,445,000	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
24	Improve oversight and monitoring of budgeting process to increase budget utilization	₦ 130,235,000	₦ -	₦ 130,235,000	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
25	Regular and effective skills and performance appraisal of top leadership	₦ 38,422,000	₦ -	₦ 38,422,000	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
26	Transformation within F/SMoH – towards a values and performance driven culture	₦ 35,070,000	₦ -	₦ 35,070,000	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -

27	Top-talent learning program to develop well-rounded for public health leaders	₦ 4,110,000	₦ -	₦ 60,000	₦ 4,050,000	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
	Total	₦ 38,242,722,287	₦ 3,475,000	₦ 14,346,560,271	₦ 2,444,650,960	₦ 5,948,036,195	₦ 2,053,577,000	₦ 125,114,500	₦ 398,600,500	₦ 11,406,568,461	₦ 1,521,199,700	₦ -
		% Distribution	0.0%	37.5%	6.4%	15.6%	5.4%	0.3%	1.0%	29.8%	4.0%	0.0%

2025 AOP ACTIVITIES LINKED TO MINISTRY OF HEALTH BUDGET

The operational activities were developed for each intervention using SMART format.

The tables below show the activities populated for each strategic intervention of the AOP.

STATE MINISTRY OF HEALTH

Table 10: Operational Activities of prioritized strategic interventions under Pillar one: Effective Governance

Activity Codes	Operational Activities	Total cost of the operational activity	Government contribution	DP/IPS	DP/IPS Contribution	Funding Gap (Naira)
1.1.1.1.a	Conduct 1-day planning meeting with 15 participants for capacity building training on NCH/SCH memo writing.	₦ 60,000.00	₦ 60,000		₦ -	
1.1.1.1.b	Conduct 5-days residential capacity building training with 75 participants on NCH/SCH memo writing.	₦ 25,887,500.00	₦ 25,887,500		₦ -	
1.1.1.1.c	Conduct 1-day planning meeting with 20 participants for conduct of SCH meeting	₦ 80,000.00	₦ 80,000	•	₦ -	
1.1.1.1.d	Dispatch invitations for the conduct of SCH meeting to all the delegates and other stakeholders	₦ 60,000.00	₦ 60,000		₦ -	
1.1.1.1.e	Submission of Memoranda and implementation status of the resolutions of the 7th SCH meeting to the SCH secretariat and 7-days for review and analysis of the submitted document by 10 members of the Secretariat. One consultant is required	₦ 1,015,000.00	₦ 1,015,000		₦ -	
1.1.1.1.f	Purchase of workshop bags, materials, printing of banners, decoration of venue for the SCH meeting, media coverage, security personnel engagement	₦ 4,285,000.00	₦ 4,285,000		₦ -	
1.1.1.1.g	Conduct 5-days residential SCH meeting with 220 participants.	₦ 39,700,000.00	₦ 39,700,000		₦ -	
1.1.1.1.h	Conduct 1-day planning meeting with 11 participants for the preparation to attend NCH meeting	₦ 44,000.00	₦ 44,000		₦ -	
1.1.1.1.i	Sponsor 11 State delegates to participate in the NCH meeting	₦ 11,990,000.00	₦ 11,990,000		₦ -	
1.1.1.1.j	Submission of Memoranda and implementation status of the resolutions of the 65th NCH meeting to the NCH secretariat	₦ 63,000.00	₦ 63,000		₦ -	
1.1.1.1.k	Tracking of implementation status of the resolutions of the 65th NCH meeting to the NCH secretariat	₦ 126,000.00	₦ 126,000	•	₦ -	
1.1.1.2.b	Purchase one (1) Hewlett Packard G3Q47A Printer for the NCH/SCH secretariat	₦ 400,000.00	₦ 400,000		₦ -	
1.1.1.2.c	Purchase Hp laserjet Pro Mfp M428fdw photocopy machine for the NCH/SCH Secretariat	₦ 550,000.00	₦ 550,000		₦ -	
1.1.1.2.d	Provision of two (2) Laptop computers	₦ 1,600,000.00	₦ 1,600,000		₦ -	

1.1.1.2.e	Provision of office stationaries	₦ 300,000.00	₦ 300,000		₦ -	
1.1.1.3.a	Adopt the National Council on Health (NCH) tracking sheet for the tracking of the implementation status of the SCH meetings	₦ -				
1.4.4.1.a	Conduct a 1-day planning meeting with 30 persons to identify planning cell heads to be trained	₦ 120,000.00	₦ 120,000.00			
1.4.4.1.b	Conduct a 3-day non-residential training workshop for 20 Health-sector planning cell heads on Integrated Planning, Implementation, Monitoring and Evaluation of the Performance of the Health System	₦ 2,117,500.00	₦ 2,117,500.00		₦ -	
1.4.4.1.c	Conduct 1-day planning meeting with 20 persons to develop ToR for the Health Sector Planning Cell Heads	₦ 80,000.00	₦ 80,000.00		₦ -	
1.4.4.2.a	Conduct a 1-day Planning meeting with 25 Top management staff members of the ministry in preparation for 2026 AOP	₦ 100,000.00	₦ 100,000.00			
1.4.4.2.b	Conduct 5-day non-residential Situation Analysis with stakeholders and Development Partners (80 participants) to set priorities for 2026 AOP ensuring allignment with the National Plans.	₦ 9,122,500.00	₦ 9,122,500.00		₦ -	
1.4.4.2.c	Conduct a 2-day advocacy visits of 5 persons to ensure effective communication with private investors, and DPs, to allign all health plans with the National Health Priorities and contribute to HSSB	₦ 92,000.00	₦ 92,000.00		₦ -	
1.4.4.2.d	Conduct a 3-day residential refresher training workshop for 50 Health-sector planning cell heads and other stakeholders on the HSSB AOP Planning Tool and the planning process	₦ 20,127,500.00	₦ 20,127,500.00		₦ -	
1.4.4.2.e	Conduct a 5-day Residential 2026 AOP Harmonization workshop with 70 participants	₦ 46,380,500.00	₦ 46,380,500.00		₦ -	
1.4.4.2.f	Conduct a 3-day Review, validation and dissemination meeting with 45 participants to review, validate and diseminate the 2026 AOP document	₦ 18,420,000.00	₦ 18,420,000.00		₦ -	
1.4.4.3.a	Provide Technical Assistance to SSPHCDA and HSMB to conduct 3-day training of 280 LGA staff on the development of LGA/Facility AOP	₦ 1,120,000.00	₦ 1,120,000.00			
1.4.4.3.b	Support SSPHCDA and HSMB to include LGA/Facility AOP into their operational plans	₦ 80,000.00	₦ 80,000		₦ -	
1.4.4.6.a	Conduct one day sensitization meeting with 50 key stakeholders from various MDAs on the implementation of SWAp in the State	₦ 925,000.00	₦ 925,000.00			
1.4.4.6.b	Develop and print 1000 Orientation Manual to create a comprehensive guide on SWAp (Sector-Wide Approach) policies, goals, and procedures	₦ 4,500,000.00	₦ 4,500,000.00		₦ -	
1.4.4.6.c	Appoint SWAp desk officers for LGAs in the State	₦ -	₦ -		₦ -	
1.4.4.6.d	Secure office space or facility and developing a layout plan for the office structure	₦ -	₦ -		₦ -	
1.4.4.6.e	Purchase 1 laptop computers 1 Desktop Computer, Internet facilities, 1 printers, 1 photocopying machine, Projector and 1 scanner at State SWAp office	₦ 2,430,000.00	₦ 2,430,000.00		₦ -	

1.4.4.6.f	Procure office furniture and equipment for State SWAp Desk Office	₦ 580,000.00	₦ 580,000.00		₦ -	
1.4.4.7.a	Establish State JAR steering committee	₦ 80,000.00	₦ 80,000.00			
1.4.4.7.b	Conduct of 1-day planning meeting with 20 State team in preparation for JAR 2025 meeting in the State	₦ 80,000.00	₦ 80,000.00		₦ -	
1.4.4.7.c	Conduct consultative forums with community representatives on JAR by hosting of 90 persons from 3 senatorial districts of the State	₦ 3,135,000.00	₦ 3,135,000.00		₦ -	
1.4.4.7.d	Conduct 3-day JAR Meeting of 150 participants involving all stakeholders in the State (Government, Partners, NGOs, CSOs, FBOs)	₦ 126,365,000.00	₦ 126,365,000.00		₦ -	
1.4.4.7.e	Conduct 1-day meeting to disseminate the findings, recommendations and develop action plan to address gaps involving 30 participants from health MDAs	₦ 645,000.00	₦ 645,000.00		₦ -	
1.4.4.7.f	Provision of Workshop Materials to 150 JAR participants	₦ 6,600,000.00	₦ 6,600,000.00		₦ -	
1.4.4.8.a	Identify key stakeholders at the sub-national level, including state health officials, development partners, and local NGOs	₦ -	₦ -			
1.4.4.8.b	Organize 3-day quarterly strategic meetings 45 participants with state representatives and health sector stakeholders	₦ 2,362,500.00	₦ 2,362,500.00		₦ -	
1.4.4.8.c	Conduct 3-day workshops for 45 State participants to align state-level policies with national health priorities under SWAp	₦ 3,442,500.00	₦ 3,442,500.00		₦ -	
1.4.4.8.d	Conduct 3-day training of 30 State health teams drawn from various health MDAs on SWAp principles, processes, and performance metrics	₦ 3,295,000.00	₦ 3,295,000.00		₦ -	

SOKOTO STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY (SSPHCDA)

Table 11: Operational Activities of prioritized strategic interventions under Pillar two: Efficient, Equitable and Quality Health System

Activity Codes	Operational Activities	Total Cost	Government contribution	DP/IPS	DP/IPS Contribution	Funding Gap (Naira)
2.5.6.1.a	Review/updating of 20 State and LGA RMNCAH+N taskforce (including SBC representatives).	₦ 3,475,000.00	₦ 3,475,000.00			
2.5.6.1.b	Conduct quarterly RMNCAH+N taskforce meetings at State level for 25 participants.	₦ 2,600,000.00	₦ 2,600,000.00			
2.5.6.1.c	Conduct Orientation meeting of RMNCAH+N taskforce on PHC performance review and reporting.	₦ 650,000.00	₦ 650,000.00		₦ -	
2.5.6.1.d	Conduct bi-annual health facility monitoring and community engagement to selected facilities/communities by RMNCHA+N taskforce team.	₦ 650,000.00	₦ 650,000.00		₦ -	
2.5.6.1.e	Conduct 3 days review of the current relevant policy landscape for RMNCAH+N with GBV and HP mainstreamed, working within an SBC and gender lens with 50 state participants	₦ 12,125,000.00	₦ 12,125,000.00		₦ -	
2.5.6.1.f	Conduct 2 days meeting to adapt relevant RMNCAH+N policies including GBV and SBC releted policies and strategies at state level with 40 participants	₦ 2,890,000.00	₦ 2,890,000.00		₦ -	
2.5.6.1.g	Conduct 1 day dessemination of the adopted RMNCAH+N Policy and plan implementation tracker with 100 participants.	₦ 2,650,000.00	₦ 2,650,000.00		₦ -	
2.5.6.1.h	Conduct 1 day annual RMNCAH+N Policy and strategy implementation review meeting with 50 participants.	₦ 1,425,000.00	₦ 1,425,000.00		₦ -	
2.5.6.1.i	Conduct 3 days meeting for the development of Health Sector Annual Operational Plans and the update of the National Minimum Initial Service package to include the newborn response in the preparedness plan with 50 persons	₦ 11,767,000.00	₦ 11,767,000.00			
2.5.6.1.j	Conduct a 1 day meeting with 35 persons to support the State to develop emergency preparedness and response plan incorporating MISP, MPSS, SGBV prevention and rape management.	₦ 5,950,000.00	₦ 5,950,000.00		₦ -	

2.5.6.1.k	Support the establishment of the TWG to conduct health sector public expenditure tracking.	₦ -	₦ -		₦ -	
2.5.6.1.l	Conduct advocacy visits to Planning and Budget Commission and relevant stakeholders on public financial managment review.	₦ 200,000.00	₦ 200,000.00		₦ -	
2.5.6.1.m	Train 30 members of the House of Assembly on evidence-based budget planning.	₦ 1,410,000.00	₦ 1,410,000.00		₦ -	
2.5.6.1.n	Engagement of a PR Consultant to guide the health sector public expenditure review.	₦ 1,250,000.00	₦ 1,250,000.00		₦ -	
2.5.6.1.o	Conduct a bi-yearly meeting with 45 persons to review the health sector public expenditure review.	₦ 2,830,000.00	₦ 2,830,000.00		₦ -	
2.5.6.1.p	Support the development and dissemination of annual budget brief.	₦ 960,000.00	₦ 960,000.00			
2.5.6.2.a	Conduct learning retreat to best performing state from DHIS2 performance for SSPHCDA management staffs and 23 LGA PHCCs to improve state health sector leadership, management and indicises.	₦ 48,326,000.00	₦ 48,326,000.00		₦ -	
2.5.6.2.b	Support 10 CSOs to conduct community development chatter (CDC) in all 23 LGAs with 10 community stakeholders and collate ctizens priority projects for input into 2026 budget across 244 wards in the state	₦ 13,410,000.00	₦ 13,410,000.00		₦ -	
2.5.6.3		₦ 282,635,000	₦ -		₦ -	
2.5.6.3.a	Conduct 5 days residential training for 23 LGA members (10 per LGA) and 50 HF service providers on MISP across the state	₦ 83,650,000.00				
2.5.6.3.b	Conduct the review, print and distribute 500 copies of SSPHCDA Operational guideline across 23 LGAs and state office	₦ 16,285,000.00			₦ -	
2.5.6.3.c	Conduct 3 days training of 280 state and LGA program officers on operational guideline and organizational structure	₦ 18,000,000.00			₦ -	
2.5.6.3.d	Conduct 3 days refresher training for 55 state quality assessor on BHCPF HFs quality assessment	₦ 14,690,000.00			₦ -	
2.5.6.3.e	Conduct Quaterly quality assessment of 244 BHCPF HFs	₦ 33,120,000.00			₦ -	
2.5.6.3.f	Conduct refresher training for 13 state PIU team on BHCPF activities	₦ 6,010,000.00			₦ -	
2.5.6.3.g	Conduct of Refresher training for 520 HF/WDC members on BHCPF implementation at operational level	₦ 42,290,000.00			₦ -	
2.5.6.3.h	Reconstitution of 244 WDC and engaged them to BHCPF HFs	₦ -			₦ -	
2.5.6.3.i	Conduct 2 days Sensitization/orientation of 244 WDCs on there role and responsibilities on BHCPF implementation	₦ 66,770,000.00			₦ -	
2.5.6.3.j	Conduct Monthly routine integrated supportive supervision to 244 BHCPF HFs	₦ 1,820,000.00			₦ -	

2.5.6.5.a	Conduct 3 days residential training for 23 LGA M&E officers on health promotion tools	₦ 12,580,000.00				
2.5.6.5.b	Conduct 3 days data management training for 305 LGA and HFs service providers to promote anlysis of DHIS2 RI data as the primary source of fedback to HFs.	₦ 20,290,000.00			₦ -	
2.5.6.5.c	Conduct 23 HFs service providers and 23 LGA personnels quaterly parformance analysis for reward and sanction based on parformance	₦ 2,310,000.00			₦ -	
2.5.6.5.d	Printing 30,000 copies of updated RI data tools including child health card and PHC data tools	₦ 510,600,000.00			₦ -	
2.5.6.5.e	Procure 23 laptop to 23 LGA M&E officers for effective data management	₦ 10,350,000.00			₦ -	
2.5.6.5.f	Procure 23 laptop to 23 LIOs for effective data management	₦ 10,350,000.00			₦ -	
2.5.6.5.g	Support the Fueling of data room generator (960 liters annually)	₦ 27,000,000.00			₦ -	
2.5.6.5.h	Procurement of tunner for coloured and black printer in the data room (10 cattrage per year)	₦ 1,000,000.00			₦ -	
2.5.6.5.i	Procure reams of papers for data room	₦ 36,000.00			₦ -	
2.5.6.5.j	Conduct quaterly supportive supervision review meeting with 23 LGA M&E officers, 7 HSMB RISS supervisors and 30 state M&E team members	₦ 4,600,000.00			₦ -	
2.5.6.5.k	Conduct 3 days refresher training for 60 RISS supervisors and state M&E team on qualitative supportive supervision using ODK	₦ 8,990,000.00			₦ -	
2.5.6.5.l	Printing of 6000 copies of RISS flow chart for mentoring durin RISS at health facilities	₦ 3,620,000.00			₦ -	
2.5.6.5.m	Support HSMB officers to conduct RISS across 23 secondary facilities offering daily RI sessions	₦ 690,000.00			₦ -	
2.5.6.5.n	Conduct monthly meeting with 60 state RISS supervisors, HSMB RISS focal person and private facilities RISS FP	₦ 19,200,000.00			₦ -	
2.5.6.5.o	Support the provision of monthly data bundles for 10 data room parsonnels	₦ 2,880,000.00			₦ -	
2.5.6.5.p	Conduct monthly 23 LGHA mentoring visit to BHCPF HFs	₦ 16,560,000.00				
2.5.6.6.a	Reactivate of 244 WDCs in the state	₦ 5,750,000.00				
2.5.6.6.b	Conduct monthly WDC/VDC supportive supervision across 244 wards in the state	₦ 6,900,000.00			₦ -	
2.5.6.6.c	Conduct quaterly review meeting with 244 WDCs/VDCs	₦ 23,536,000.00			₦ -	

2.5.6.6.d	Conduct annual awards given to the best performing WDC in the state	₦ 5,482,000.00			₦ -	
2.5.6.6.e	Conduct community awareness and engagement campaign on MNCH across 244 ward in the state	₦ 8,960,000.00			₦ -	
2.5.6.6.f	Encourage community participation in health initiatives on MNCH	₦ 8,960,000.00			₦ -	
2.5.6.8.a	Conduct 5 days Sensitization/awareness campaign for men and women on gender balance in all health related matters	₦ 6,000,000.00				
2.5.6.8.b	Conduct radio, TV program and social media handles on health care seeking behavioral changes	₦ 280,400.00			₦ -	
2.5.6.8.c	Conduct sensitization of Under 15 years and peer group in health issues and social accountability	₦ 9,315,000.00			₦ -	
2.5.6.8.d	Support the Provision of behavioral changes intervention including training and service delivery adjustment	₦ 16,920,000.00			₦ -	
2.5.6.8.e	Support the Adapt/adopt nation SBC document to state own document	₦ 2,590,000.00			₦ -	
2.5.6.8.f	Support male involvement in information, counselling and care for sound and heathier reproductive health service achievement	₦ 5,220,000.00			₦ -	
2.5.6.8.g	Conduct a research on special needs of adolescents and youth sensitization to improve the design and execution of reproductive health intervensions	₦ 3,860,000.00			₦ -	
2.5.6.8.h	Conduct training of 244 tea vendors on awareness creation as an avenue for communication on attitude and behaviour towards food hygiene and health.	₦ 15,460,000.00			₦ -	
2.5.6.10.a	Provide communication allowance for 23 LGA CEFPs to coordinate activities with ward CEFPs and traditional leaders	₦ 1,380,000.00				
2.5.6.10.b	Conduct quaterly sultanate council commitTea on health (SCCOH) Meeting	₦ 940,000.00				
2.5.6.10.c	Provide data bundles for state community engagement focal person (SCEFP) for data entry and analysis	₦ 24,000.00			₦ -	
2.5.6.10.d	Conduct FOMWAN Engagement on improvement of PHC indicators	₦ 550,000.00			₦ -	
2.5.6.10.e	Conduct Interaction meetings with modibbo's on the effectiveness of RI	₦ 3,250,000.00			₦ -	
2.5.6.10.f	Engage 244 ulama'as to preach on Immunization in islamic perspectives	₦ 3,162,000.00			₦ -	
2.5.6.10.g	Support 244 WCEFPs to attend monthly LGA RI review meeting	₦ 26,352,000.00			₦ -	
2.5.6.10.h	Conduct LGA, ward and village CE quaterly supportive supervision by 23 LGA CEFPs	₦ 460,000.00			₦ -	
2.5.6.10.i	Conduct state to LGA and district CE quaterly supportive supervision by SCEFPs	₦ 300,000.00			₦ -	

2.5.6.10.j	Conduct quaterly 23 LGA CEFPs and 244 WCEFPs review meetings with state team	₦ 10,248,000.00			₦ -	
2.5.6.10.k	Conduct quaterly review meeting with 23 LGA HPOs	₦ 1,911,000.00			₦ -	
2.5.6.10.l	conduct monthly review meeting with 23 LGA HPOs	₦ 9,090,000.00			₦ -	
2.5.6.10.m	Support strengthening of community structures and platforms for accountability assurance, and feedback mechanisms.	₦ 1,000,000.00			₦ -	
2.5.6.11.a	Conduct of weekly phone in programme	₦ 4,224,000.00				
2.5.6.11.b	Conduct the production of radio jungles in 3 main languages @20000 each	₦ 2,880,000.00			₦ -	
2.5.6.11.c	Conduct airing of radio jingles in 3 main laguages @6700x3lotx3radio stations	₦ 3,844,800.00			₦ -	
2.5.6.11.d	Conduct the production of SBC materials with pictures of prominent peoples in hausa, english and ajami	₦ 4,350,000.00			₦ -	
2.5.6.11.e	Conduct of production shows to higher risk settlement @40000x68 higher risk wards	₦ 3,400,000.00			₦ -	
2.5.6.11.f	Conduct Dialogue and compound meeting with male on house hold for all in 244 wards	₦ 75,489,500.00			₦ -	
2.5.6.11.g	Reactivate 244 WDCs in the state	₦ 3,580,000.00			₦ -	
2.5.6.11.h	Conduct monthly WDC supportive supervision	₦ 11,040,000.00			₦ -	
2.5.6.11.i	Annual award to the most active and fuctional WDCs in the state	₦ 885,000.00			₦ -	
2.5.6.11.j	Conduct quaterly review meetings with WDCs	₦ 10,248,000.00			₦ -	
2.6.8.1.a	Conduct one day bi-annual Z-drop implementation review meeting of zero dose workplan with 23 LGA team members	₦ 4,250,000.00				
2.6.8.1.b	Conduct targeted zero-dose interventions in 6 LGAs in the state	₦ 1,450,000.00				
2.6.8.3.a	Conduct Integrated polio SIA and RI to reach children (0-59 months) with at least one dose of OPV prevention of Cvdpv circulation in sokoto state	₦ 4,600,000.00				
2.6.8.3.b	Conduct State/LGA Forecast and distribution plan, PPM of CCE availability	₦ 4,600,000.00			₦ -	
2.6.8.3.c	Conduct outbreak intensification response for vaccine preventable diseases (VPDs) including supplementary immunization activities	₦ 920,000.00			₦ -	
2.6.8.5.a	Conduct Monthly 23 LIOs and 23 ALIOs review meetings	₦ 9,108,000.00				

2.6.8.5.b	Conduct quaterly CCOs review/planning meeting	₦ 1,760,000.00			₦ -	
2.6.8.5.c	Conduct 3 days refresher training for 23 LCCOs and 570 RI HWs on VMT, LMIS to improve vaccine and cold chain management at state, LGA and HF	₦ 23,910,000.00			₦ -	
2.6.8.5.d	Cholera outbreak response (as it arise)	₦ 40,000,000.00			₦ -	
2.6.8.5.e	Conduct quaterly Supportive supervision of SIA and Non SIA campaigns	₦ 14,168,000.00			₦ -	
2.6.8.5.f	Conduct 5 days Measles and meningitis supplemental immunization activities (as it arise)	₦ 4,600,000.00			₦ -	
2.6.8.5.g	support the Recruitment of outreach, mobile and hard-to-reach terms to zero polio and routine immunization services to reduce the number of zero dose (including under-immunised)	₦ 40,000.00			₦ -	
2.6.8.5.h	Provide refreshment for bi-weekly SERICC meetings on RI and other health related interventions	₦ 4,160,000.00			₦ -	
2.6.8.5.i	Provide refshment during the development of state RI workplan	₦ 40,000.00			₦ -	
2.6.8.5.j	Conduct monthly state task force meeting	₦ 1,320,000.00			₦ -	
2.6.8.5.k	Conduct 5 days training on RI basic guide for 570 RI service providers and 230 LGA Team members across the state	₦ 764,350,000.00			₦ -	
2.6.8.5.l	Procure computers/laptops for SERICC secretariat	₦ 2,250,000.00			₦ -	
2.6.8.5.m	Installation of solar system for smooth running of SERICC daily activities in SERICC center	₦ 10,000,000.00			₦ -	
2.6.8.5.n	conduct 3 days quaterly Refresher training for 23 RI state supervisor on functionality of RI fixt post	₦ 8,272,000.00			₦ -	
2.6.8.5.o	conduct quaterly Refresher training for 230 RI LGA supervisor on functionality of RI fixt post	₦ 54,640,000.00			₦ -	
2.6.8.5.p	Conduct outreach vaccination tracking training for 579 RI HFs new vaccinators	₦ 132,816,000.00				
2.6.8.7.a	Conduct one day Orientation meetings with 244 LGA councellors on polio/RI Activities	₦ 5,530,000.00				
2.6.8.7.b	conduct one day Orientation training for 23 LGA Chairmen on polio and immunization activities	₦ 870,000.00			₦ -	
2.6.8.9.a	Conduct 3 days training for 23 LCCOs and 570 RI HWs on VMT, LMIS to improve vaccine and cold chain management at state, LGA and HF	₦ 38,730,000.00				
2.6.8.9.b	Support the Procurement of cold chain equipment for SIAs	₦ 30,000,000.00			₦ -	

2.6.8.9.c	Conduct quaterly CCOs review/planning meeting	₦ 1,830,000.00			₦ -	
2.6.8.9.d	Intensify outbreak response for vassine preventable diseases (VPDs) including supplementary immunization activities	₦ 20,000,000.00			₦ -	
2.6.8.9.e	Provide 3 delivery vans to conduct In-source of direct vaccine delivery from state cold store to Apex equipped HFs and provision of vehicles for state cold store	₦ 81,000,000.00			₦ -	
2.6.8.9.f	Expansion of state cold storage facility	₦ 10,000,000.00			₦ -	
2.6.8.9.g	Conduct 4 days capacity building for LCCO, VAO and service providers on vaccine storage and supply	₦ 30,200,000.00			₦ -	
2.6.8.9.h	Capacity building of 244 WDCs and other root coordinators to promote immunization access	₦ 21,800,000.00			₦ -	
2.6.8.9.i	Conduct of annual review of the state continues improvement plan	₦ 950,000.00			₦ -	
2.6.8.9.j	Conduct state EPI managers training in cold chain rehabilitation and expansion	₦ 950,000.00			₦ -	
2.8.12.1.a	Establishment/revitalization of 270 state and LGA RMNCAH+N taskforce (inluding SBC representatives)	₦ 6,501,000.00				
2.8.12.1.b	Conduct state and LGA quaterly taskforce meeting on RMNCAH+N with 270 participants	₦ 26,036,000.00			₦ -	
2.8.12.1.c	Conduct bi-annual health facility monitoring on RMNCAH+N and community engagement to 244 PHCs by state and LGA taskforce	₦ 3,416,000.00			₦ -	
2.8.12.1.d	Conduct desk review on the current relevant policy landscape for RMNCAH-N inclufing GBV and SBC relevant policies and strategies at state level with 40 participants	₦ 2,150,000.00			₦ -	
2.8.12.1.e	Conduct 2 days workshop for the development of policy and plan implementation tracker for 30 participants	₦ 1,980,000.00			₦ -	
2.8.12.1.f	Conduct 1 days quaterly policy and strategy implementation review meeting for 30 participants	₦ 5,080,000.00			₦ -	
2.8.12.1.g	Conduct 3 days training for the development of health sector annual operation plant and the update of national minimum initial service package to include the new born respose in the preparedness plan for 40 participants	₦ 9,650,000.00			₦ -	
2.8.12.1.h	Support the establishment/revitalization of the TWG to conduct health sector public expenditure	₦ 1,950,000.00			₦ -	
2.8.12.1.i	Conduct one day annual non essential meeting with 50 statkeholders to establish strong and functional taskforce committee to address high maternal and perinatal motality in the state	₦ 1,150,000.00			₦ -	
2.8.12.1.j	Conduct two days quaterly supervisory visit to identify LGA/HF with highers maternal and perinatal motality by committee members	₦ 3,840,000.00			₦ -	

2.8.12.1.k	Conduct one day quaterly non residential meeting with task facrce committee members to discuss findings from field visit	₦ 4,200,000.00			₦ -	
2.8.12.1.l	Conduct one day quaterly MNCH TWG meeting with 50 stake stakeholders to share out leaning	₦ 4,600,000.00			₦ -	
2.8.12.1.m	Conduct 1 day cluster MNCH coordination meeting with 23 MCH Coordinators, 23 Assistant MCH and 4 LMCU participants	₦ 960,000.00			₦ -	
2.8.12.1.n	Conduct 3 days non residential meeting with 244 service provisers on quality MNCH service provision	₦ 17,370,000.00			₦ -	
2.8.12.1.o	Conduct training for 244 ward supervisors on HF assessment	₦ 10,880,000.00			₦ -	
2.8.12.1.p	Conduct routine monthly monitoring of 244 HF on MNCH services	₦ 12,144,000.00				
2.8.12.2.a	Conduct the development of Costed Implementation Plans (CIP) for RMNCAH+N including GBV and SBC for 40 participants	₦ 2,200,000.00				
2.8.12.2.b	support quarterly review of the Implementation of the CIP for RMNCAH+N including GBV and SBC for 40 participant	₦ 7,280,000.00			₦ -	
2.8.12.2.c	Conduct Training for 230 LGA Program managers on budget analysis and progress review for RMNCAH+N including GBV	₦ 11,088,000.00			₦ -	
2.8.12.2.d	Conduct 3 days residential training for 80 state and LGA participants to Provide Technical and logistic support to develop State/LGAs capacity to conduct annual budget analysis and progress review for RMNCAH+N including GBV	₦ 18,595,000.00			₦ -	
2.8.12.2.e	conduct 1 day residential meeting with 30 state stakeholders to share MNCH indicators analysis and improve accountability	₦ 2,555,000.00			₦ -	
2.8.12.2.f	Conduct quaterly state PHC MPCDSR committee meeting for 30 participants	₦ 3,000,000.00			₦ -	
2.8.12.2.g	Conduct monthly LGA PHC MPCDSR committee meeting in sokoto north LGA for 15 partcipants	₦ 6,000,000.00			₦ -	
2.8.12.2.h	Conduct monthly facility PHC MPCDSR committee meeting in 5 wards of sokoto north LGA for 30 participants	₦ 3,240,000.00			₦ -	
2.8.12.2.i	Conduct monthly community MPCDSR committee meeting in 5 wards in sokoto north LGA for 30 participants	₦ 3,240,000.00			₦ -	
2.8.12.2.j	Conduct verbal autopsy for all community reporting maternal , perinatal and child deaths in 5 LGAs in sokoto state for estimated 500 mortalities	₦ 1,000,000.00			₦ -	
2.8.12.2.k	Conduct quaterly social autopsy in 5 wards of sokoto north LGA for estimated 50 mortality per ward	₦ 5,000,000.00			₦ -	
2.8.12.2.l	Conduct two 2 days training and inuguration of LGA PHC MPCDSR committees in additional 22 LGAs for 460 participants	₦ 10,100,000.00			₦ -	
2.8.12.2.m	Conduct monthly LGA PHC MPCDSR committee meeting in 22 LGAs	₦ 29,040,000.00			₦ -	

2.8.12.2.n	Conduct NTOT/Orientation on QOC/MPCDSR	₦ 15,375,000.00			₦ -	
2.8.12.2.o	Conduct capacity building of HCWs/mentors on MPCDSR	₦ 15,760,000.00			₦ -	
2.8.12.3.a	Conduct 3 days trainining to Activate and build the capacity of quality improvement team in 10 newly MPDSR private facilities (2 per facility) to provide quality RMNCH+N services with 4 facilitators	₦ 10,766,000.00				
2.8.12.3.b	Conduct 3 days refresher training of 100 state MPDSR committee members of MPDSR process	₦ 22,850,000.00			₦ -	
2.8.12.3.c	Develop state own electronic MPDSR dashboard	₦ 3,500,000.00			₦ -	
2.8.12.3.d	Conduct quaterly facility MPDSR planning meeting and monitoring visit to HFs in the state for 287 participants	₦ 67,288,000.00			₦ -	
2.8.12.3.e	Conduct quarterly State PHC MPCDSR committee meeting for 287 participants	₦ 27,978,000.00			₦ -	
2.8.12.3.f	Conduct monthly LGA PHC MPCDSR committee meeting in Sokoto North LGA	₦ 3,800,000.00			₦ -	
2.8.12.3.g	Conduct monthly facility PHC MPCDSR committee meeting in 5 PHCs in Sokoto North LGA	₦ 5,400,000.00			₦ -	
2.8.12.3.h	Conduct monthly community MPCDSR committee meeting in 5 wards in Sokoto North LGA	₦ 5,400,000.00			₦ -	
2.8.12.3.i	Conduct verbal autopsy for all community reported maternal, perinatal and child deaths in 5 LGAs in Sokoto State	₦ 11,200,000.00			₦ -	
2.8.12.3.j	Conduct quarterly social autopsy in 5 wards in Sokoto North LGA targerting 500 participant	₦ 4,100,000.00			₦ -	
2.8.12.3.k	Conduct 2 days training and inauguration of LGA PHC MPCDSR committees in additional 22 LGAs	₦ 2,600,000.00			₦ -	
2.8.12.3.l	Conduct 2 days training and inauguration of facility MPCDSR committees in additional 239 PHCs	₦ 11,500,000.00			₦ -	
2.8.12.3.m	Conduct 2 days training and inauguration of community MPCDSR committees in additional 239 wards	₦ 12,200,000.00			₦ -	
2.8.12.3.n	Conduct monthly LGA PHC MPCDSR committee meeting in 22 LGAs	₦ 50,160,000.00			₦ -	
2.8.12.3.o	Support the State to develop emergency preparedness and response plan incorporating MISP, MPSS, SGBV prevention and rape management.	₦ 9,375,000.00			₦ -	
2.8.12.4.a	Conduct 3 days training of 120 health facility service providers to impove QOC service implementation	₦ 9,150,000.00				
2.8.12.4.b	Set MNCH quality improvement teams at state and LGA levels	₦ 5,250,000.00			₦ -	

2.8.12.4.c	Conduct 1 day quaterly MNCH quality improvement meeting with 10 state and 23 LGA teams	₦ 21,000,000.00			₦ -	
2.8.12.4.d	Conduct quaterly health facility mapping and assessment of QOC/MPCDSR sites	₦ 21,392,000.00			₦ -	
2.8.12.4.e	Set up mechanism for peer-to-peer/Learning collaborative QOC	₦ 7,876,000.00			₦ -	
2.8.12.4.f	Design comprehensive training materials aligned with G-ANC guidelines and local context, including training materials manual	₦ 4,035,000.00			₦ -	
2.8.12.4.g	Support the celebration of international midwivery day targetting 200 participants	₦ 5,800,000.00			₦ -	
2.8.12.4.h	Conduct 5 days BEmON training for 174 CHEW at 124 PHC and 50 private facilitie in the state	₦ 98,920,000.00			₦ -	
2.8.12.4.i	Conduct training of skill birth attendant on life saving skills 3 WEEKS for 30 nurses/midwives and 4 WEEKS MLSS for 50 CHEWS	₦ 124,675,000.00			₦ -	
2.8.12.4.j	Conduct mentoring and follow up of HWs trained on MLSS for 244 HFs across 23 LGAs in the state	₦ 7,472,000.00			₦ -	
2.8.12.4.k	Support the procurement of essential maternal life savings drugs (MgSo4, misoprostol, oxytocin, ACT, PPELGAss and chlohexidine) to 244 HFs in 23	₦ 126,500,000.00			₦ -	
2.8.12.4.l	Conduct the distribution of essential maternal life savings drugs (MgSo4, misoprostol, oxytocin, ACT, PPELGAss and chlohexidine) to 244 HFs in 23	₦ 1,380,000.00			₦ -	
2.8.12.4.m	Support the conduct of international safe motherhood day	₦ 10,240,300.00			₦ -	
2.8.12.4.n	Conduct 1 day quaterly TWG meetings for RH in the state	₦ 750,000.00			₦ -	
2.8.12.4.o	Support the procurement of mamakit including costomized cap & cap as incentive package for 500 women attending ANC and woment that had facility delivery in rider of commemoration of safe motherhood	₦ 42,000,000.00			₦ -	
2.8.12.4.p	Support the distribution of mamakit including costomized cap & cap as incentive package for 500 women attending ANC and woment that had facility delivery in rider of commemoration of safe motherhood	₦ 2,621,000.00				
2.8.12.6.a	Conduct 5 days health facility mapping and WASH infrastructures need assessment	₦ 2,213,000.00				
2.8.12.6.b	provide WASH equipment to 244 HF in 244 wards	₦ 6,344,000.00			₦ -	
2.8.12.6.c	Conduct 3 days training of 244 health facility servive providers on profer use of WASH and enviromental hygien	₦ 17,590,000.00			₦ -	
2.8.12.7.a	Support Annual celebration of international Adolescent health week	₦ 3,370,100.00				

2.8.12.7.b	conduct 3 days residential Capacity building training of 244 service providers on Adolescent/youth services includung GVB case management, clinical management of rape. (HF FP, Youth peer educators, teachers, NGOs, CSOs)	₦ 45,600,000.00			₦ -	
2.8.12.7.c	Support facility base adolescent friendly service delivery	₦ 541,000.00			₦ -	
2.8.12.7.d	Dissemination of adolescent and youth health development policy in the state	₦ 1,530,000.00			₦ -	
2.8.12.7.e	Conduct advocacy visit to 23 relevant stakeholders on adolescent youth friendly health services in the state with 8 team members	₦ 1,848,000.00			₦ -	
2.8.12.7.f	Support the development of adolescent supervisory checklist	₦ 50,000.00			₦ -	
2.8.12.7.g	Conduct awareness campaign on traffiking persons (TiP) across 244 wadrs in sokoto state	₦ 8,590,000.00			₦ -	
2.8.12.7.h	support the celebration of international human traffiking awareness day targeting 200 participants	₦ 12,950,000.00			₦ -	
2.8.12.7.i	Conduct the celebration of menstural higein day targetin 200 adolescent girls including PLWD in sokto state	₦ 2,432,000.00			₦ -	
2.8.12.7.j	Conduct 3 days training for 70 participants on adolescent health and menstural higein including PLWD	₦ 4,670,000.00			₦ -	
2.8.12.7.k	Conduct the celebration International childrens day targeting 200 including PLWD	₦ 2,432,000.00			₦ -	
2.8.12.7.l	Support the adolescent skill empowerment (Skill aquesition program) for 100 male and female adolescent including PLWD across 23 LGAs in sokoto state	₦ 29,912,000.00			₦ -	
2.8.12.7.m	Conduct quaterly educative sport activities of 400 adolescent across 4 schools in sokoto state	₦ 5,212,000.00			₦ -	
2.8.12.7.n	Conduct the celebration of mental health week taretting 200 adolescent girls including PLWD	₦ 2,432,000.00			₦ -	
2.8.12.8.a	Conduct community sensitization of selection of potential candidates from selected communities for the CHIPS agent	₦ 12,588,000.00				
2.8.12.8.b	Conduct 3 days training of the 244 selected CHIPS candidate from the community	₦ 16,336,000.00			₦ -	
2.8.12.8.c	Deployment and linkage of successful 244 trainees into communities and linkage to facility	₦ 64,416,000.00			₦ -	
2.8.12.8.d	CHIPS Agents monthly supportive supervision by state 16 PIU members	₦ 5,376,000.00			₦ -	
2.8.12.8.e	Quarterly CHIPS review meeting	₦ 13,360,000.00			₦ -	
2.8.12.8.f	Monthly CHIPS review meetings	₦ 37,080,000.00			₦ -	

2.8.12.8.g	Conduct quaterly CHIPS mentoring across 9 LGAs by 16 PIU members	₦ 1,932,000.00			₦ -	
2.8.12.8.h	Additional 10,000 stipens for 540 personnels comprisen of CHIPS, IC, 2IC, WFP and WCEFP across 23 LGAs	₦ 64,800,000.00			₦ -	
2.8.12.8.i	Conduct 3 days quaterly refresher training for 244 CHIPS and 244 WCEFP	₦ 14,414,000.00			₦ -	
2.8.12.9.a	Conduct rapid mapping of 244 PHCs service providers to assess their capacity for PPH management	₦ 3,603,000.00				
2.8.12.9.b	Conduct training for 488 (2 per PHC) nurses, midwives and CHEWS across 244 PHCs on the delivery of E-MOTIVE bundle of care for PPH management	₦ 20,484,000.00			₦ -	
2.8.12.9.c	Procure essential PPH management commodities and supplies(HSC, Tranaxemic acid, calibrated drape, Misiprostol, Oxytocin, Anti shock garment) across 244 HFs in the state	₦ 683,200,000.00			₦ -	
2.8.12.13.a	Conduct weekly RMNCH+N working group strategy meetings	₦ 4,160,000.00				
2.8.12.13.b	RMNCH+N operational running funds	₦ 3,600,000.00			₦ -	
2.8.12.13.c	Support the operatinalization and running of LGA RMNCH+N working group strategy meeting	₦ 2,496,000.00			₦ -	
2.8.12.13.d	Conduct quaterly RMNCH+N performance analysis	₦ 4,600,000.00			₦ -	
2.8.12.13.e	Conduct 1 days annual reward and certificate presentation for the best performing 23 LGA/HFs and 3 LGA RMNCH+N WG in the state	₦ 2,572,000.00			₦ -	
2.8.12.13.f	Conduct assessment of the existing SBAs on MNCH in 244 selected PHCs in the state	₦ 6,465,000.00			₦ -	
2.8.12.13.g	Conduct 5 days capacity building of 244 midwives on maternal and neonatal health to the newly engaged BHCPF midwives	₦ 27,650,000.00			₦ -	
2.8.12.13.h	Conduct 5 days training of 195 service providers on labour care guide across 244 health facilities in the state	₦ 92,750,000.00			₦ -	
2.8.12.15.a	Identification of relevant government stakeholders and implementing partners to serve as members of MNCAH+N taskforce at State and LGA level in alignement with the national TOR	₦ 2,250,000.00				
2.8.12.15.b	Condcuct one day orientation and inauguration of RMNCAH _ N taskforce at the State level	₦ 2,150,000.00			₦ -	
2.8.12.15.c	Conduct one day orientation and inauguration of RMNCAH _ N taskforce at the level level	₦ 2,150,000.00			₦ -	
2.8.12.15.d	Support quarterly meeting of the RMNCAH+N taskforce at the state level	₦ 8,600,000.00			₦ -	
2.8.12.15.e	Support monthly meeting of the RMNCAH +N taskforce at the LGA level	₦ 2,150,000.00			₦ -	

2.8.12.15.f	Conduct monthly RMNCAH + N Working group meeting	₦ 14,400,000.00			₦ -	
2.8.12.18.a	Conduct mapping of health training institution in the state (public & private)	₦ 2,210,000.00				
2.8.12.18.b	Conduct advocacy visit to health training institions in the state for request to increase slot for special courses	₦ 180,000.00			₦ -	
2.8.12.18.c	Update the Curriculum of the Community Midwife Scheme in a 3 days meeting with 30 participants	₦ 3,272,000.00			₦ -	
2.8.12.18.d	Conduct 3 days NTOT of 20 health training institution teachers on the Updated training Curriculum	₦ 5,250,000.00			₦ -	
2.8.12.18.e	Community Sensitization, Engagement, and Selection of Potential Candidates	₦ 40,000.00			₦ -	
2.8.12.18.f	Develop MOU with States on Training and Engagement of Midwives	₦ 40,000.00			₦ -	
2.8.12.19.a	Domestication of task shifting task sharing strategy	₦ 8,860,000.00				
2.8.12.19.b	Conduct 5 days training of 50 LGA team and 244 service providers on TSTS	₦ 34,498,000.00			₦ -	
2.8.12.19.c	Conduct 5 days PHC assessment for RMNCAH HRH and commodity availability across 23 LGAs in the state	₦ 2,415,000.00			₦ -	
2.8.12.20.a	2-days meeting with 15 state and Project officials to review and update DMPA-SC/SI training materials based on the new guideline, including supportive supervision tools	₦ 840,000.00				
2.8.12.20.b	1-day Training planning meeting with 10 state official representatives	₦ 350,000.00			₦ -	
2.8.12.20.c	1-day DMPA-SC/SI Empathy supportive supervision orientation for 47 state and LGA RH/FP Coordinators and M&E officers to build their capacity and support them to provide regular effective supportive supervision and mentoring visits beyond the life of the project	₦ 2,275,000.00			₦ -	
2.8.12.20.d	Monthly facility level supportive supervision, data verification and mentoring visits by project staff, FP Coordinators and M&E officers (50 state officials)	₦ 5,700,000.00			₦ -	
2.8.12.20.e	15-day quarterly supportive supervision and mentoring visits by 4 state officials and 2 project staffs including coordinating supply- stock tracking, inter facility transfers of commodities based on needs	₦ 300,000.00			₦ -	
2.8.12.20.f	SI focused monthly clinic in-reach awareness raising at ANC, FP, postnatal clinics, during immunization days, and monthly open maternity day event	₦ 8,000,000.00			₦ -	
2.8.12.20.g	Integrate DMPA-SC/SI information and counseing into ANC and Immunization community outreach activities including ope maternity days	₦ 4,000,000.00			₦ -	
2.8.12.20.h	1-day zonal Empathy training for 194 SASA facilitators/CHIPs/CHW on DMPA-SC/SI visit awareness raising as community facilitators in 6 batches	₦ 4,220,000.00			₦ -	

2.8.12.20.i	Integrate SI visits awareness raising in the ongoing SASA Together platforms to cover 23 LGAs with DMPA IS visit awareness raising targeting men session (2 sessions per week, per community mobilizer)	₦ 184,000.00			₦ -	
2.8.12.20.j	Integrate DMPA-SC/SI messages and information into Womens groups (23 Women Saving and Loans Groups/Women afinity groups) across all the 23 LGAs	₦ 184,000.00			₦ -	
2.8.12.20.k	Adaptation/printing of SC/SI 3000 copies each of job aids, posters, IEC materials and community IEC materials to be used for DMPA SC/SI demand generation	₦ 460,000.00			₦ -	
2.8.12.20.l	Support Community outreach event integrating SI awareness raising during RMNCH Week, International Womens Days, 16-days of activism, Adolescent Reproductive Health Week.	₦ 4,276,000.00			₦ -	
2.8.12.20.m	Conduct a one-day meeting with 25 key stake holders to disseminate the revised National strategy on DMPA SC/SI across in the state	₦ 600,000.00			₦ -	
2.8.12.20.n	Support a one-day meeting with 25 key stake holder disseminate the revised TSTS policy in the state in preparation for domestication	₦ 600,000.00			₦ -	
2.8.12.20.o	Conduct advocacy visits for the Inclusion of FP Services including DMPA-SC services in the benefit package of SOCHEMA and BHCPF	₦ 90,000.00			₦ -	
2.8.12.20.p	One-day orientation of 15 state regulatory officials on safe disposal of used DMPA-SC/SI products/materials	₦ 400,000.00				
2.8.12.21.a	Support the training of 2 doctor, 1 nurse, 1 midwive in 23 CEmONC HFs (105) and other relevant state stakeholders	₦ 14,390,000.00				
2.8.12.21.b	Conduct supportive supervision in 23 CEmONC HFs in the state one supervisor per HF (23)	₦ 3,220,000.00			₦ -	
2.8.12.21.c	Conduct monthly mentorship for the trained health care workers on CEmONC comfitency for 23 mentors	₦ 5,796,000.00			₦ -	
2.8.12.21.d	Support the training of obstetric surgical team/gyanicologist (102) on surgical capacity	₦ 29,212,000.00			₦ -	
2.8.12.21.e	Capacity building of health workers on CEmONC/ENCC/MENCC/Hypoxaemia management/pneumonia algorithm	₦ 31,530,000.00			₦ -	
2.8.12.21.f	Capacity building through the provision of need based training on the clinical use of blood and blood product (ACUBBP) and post ACUBBP for labouratory expert, nurses and pysicians for 80 participants	₦ 16,650,000.00			₦ -	
2.8.12.22.a	Conduct baseline assessment for 580 health facilities, with the aim of selecting 251 HFs that meet the section criteria	₦ 12,900,000.00				
2.8.12.22.b	Conduct5 days training of trainers for 30 state master trainers on training guide	₦ 18,000,000.00			₦ -	
2.8.12.22.c	Conduct 5 days Annual residential training across 251 HFs service providers in MSI Supported PHCs	₦ 103,207,000.00			₦ -	
2.8.12.22.d	State mater trainers and MSI SCVTO conduct post training clinical supportive supervision in newly onboarded and existing HFs in the state	₦ 11,172,000.00			₦ -	

2.8.12.22.e	Conduct monthly and quaterly data collection by state master trainers and LGA M&E officers	₦ 17,388,000.00			₦ -	
2.8.12.22.f	Conduct monthly supply of FP client record forms to 620 mis-supported HFs	₦ 9,200,000.00			₦ -	
2.8.12.22.g	Conduct monthly review meeting between MSI and SSPHCDA	₦ 102,000,000.00			₦ -	
2.8.12.22.h	Conduct quaterly update meeting with MSI and SSPHCDA	₦ 34,000,000.00			₦ -	
2.8.12.22.i	Support the provision of medical consumables to MSI outreach teams, PSS, and MS	₦ 1,500,000.00			₦ -	
2.8.12.22.j	Conduct community sensitization to creat demand to all supported facilities through leveraging on state demand ganeration structure to increase uptake of child spacing and SRH services	₦ 4,370,000.00			₦ -	
2.8.12.22.k	Conduct 1 day cluster FP coordination meeting with 23 MCH Coordinators, 23 Assistant MCH and 4 LMCU participants	₦ 8,740,000.00			₦ -	
2.8.12.22.l	Participate in the State led quarterly Partner coordination forum meeting	₦ 9,600,000.00			₦ -	
2.8.12.22.m	Hold one day meeting with major stakeholders to review the ISS and DQA checklist/platforms to reflect DMPA-SC/SI	₦ -			₦ -	
2.8.12.22.n	Monthly facility level data verification, data checks and data audit and mentor HMIS officers to ensure proper documentation at Health Fcaility and LGA (linked to LGA level data validation meeting)	₦ -			₦ -	
2.8.12.22.o	Quarterly virtual pause and reflect meeting	₦ -			₦ -	
2.8.12.22.p	Particpate in Monthly data validation meeting (1 day per zone X 12 days)	₦ -				
2.8.12.23.a	Conduct procurement of 40,000 doses of sayana press across 23 LGAs in sokoto state	₦ 34,000,000.00				
2.8.12.23.b	Conduct one day non-residential review meeting with 40 stakeholders on FP activities	₦ 870,000.00			₦ -	
2.8.12.23.c	Conduct 4 days Community outreach in 23 LGAs on family planning targeting 200 participants	₦ 120,000,000.00			₦ -	
2.8.12.23.d	Conduct one days quaterly review meeting with 25 participants on male involvement startegy on family planning	₦ 1,800,000.00			₦ -	
2.8.12.23.e	Conduct one day Virtual monthly review meeting with 100 lafiya sisters on various family planning activies	₦ 2,400,000.00			₦ -	
2.8.12.23.f	Conduct 4 days monthly spot check for 100 lafiya sister across 23 LGAs	₦ 960,000.00			₦ -	
2.8.12.23.g	Conduct 2 days residential training for 61 health workers on DMPA-SC (Lafiya sister) across 23 LGAs	₦ 7,000,000.00			₦ -	

2.8.12.23.h	Conduct 2 days activity to Increase the number of community mobilisers to the additional ones in the state in other to deeping our community engagement.	₦ 1,242,000.00			₦ -	
2.8.12.23.i	Conduct 2 days comprehensive trainig for 200 PPMVs covering client conselling, product administration, and data management	₦ 7,320,000.00			₦ -	
2.8.12.23.j	Conduct 2 days targetted family planning outreaches to address commodity stockout in underserved setlements in sokto state and also to assess essential family palanning services and commodities	₦ 2,160,000.00			₦ -	
2.8.12.23.k	Participate in Quarterly Data quality assessment in 23 LGAs by LGA M&E officers and 2 project staff	₦ 560,000.00			₦ -	
2.8.12.23.l	One-day meeting to disseminate DQA findings with 30 relevant state stakeholders on MNCH	₦ 540,000.00			₦ -	
2.8.12.23.m	Bi-annual After-Action Review meetings with key providers (1 day per zone, 65 participants per meeting) with 325 facilities (6 days)	₦ 40,000.00			₦ -	
2.8.12.23.n	Bi-annual stakeholders meeting with 30 key stake holders to share progress of activity implementation	₦ 540,000.00			₦ -	
2.8.12.23.o	Printing of guidelines, monthly summary forms and FP Registers and Dashboard, Community Registers	₦ 500,000.00			₦ -	
2.8.12.23.p	Quarterly project review meeting with 10 project staff to highlight, document and report findings and results achieved by the project and use it to conduct advocacy efforts for further stregnthen and scale up activities in project state	₦ 540,000.00				
2.8.12.24.a	Adaption of national FP community strategy to state own	₦ 1,150,000.00				
2.8.12.24.b	Training of 244 traditional and 244 religious leaders on family planning service	₦ 5,130,000.00			₦ -	
2.8.12.24.c	Support family planning advocacy groups to conduct targetd advocacies	₦ 70,000.00			₦ -	
2.8.12.24.d	Conduct one day FP-ACG quaterly review meeting	₦ 550,000.00			₦ -	
2.8.12.24.e	Support the development of FP advocacy package with 50 participants	₦ 1,250,000.00			₦ -	
2.8.12.24.f	Conduct orientation training of 244 FP advocacy stakeholders	₦ 5,130,000.00			₦ -	
2.8.12.24.g	Support learning exchange visit among FP-ACG in support and non-support geographies	₦ 500,000.00			₦ -	
2.8.12.25.a	Conduct baseline assessment for facilities to select 251 HFs that meet the selection creteria to provide safe and qualitative service	₦ 1,425,000.00				
2.8.12.25.b	Training of selected 251 HFs on long acting reversable contraceptive (LARC) across 23 LGAs	₦ 10,530,000.00			₦ -	
2.8.12.25.c	Conduct 5 days training of trainers for 12 state family planning amster trainers on state mentorship program	₦ 4,154,000.00			₦ -	

2.8.12.25.d	Conduct monthly family planning data retreval from the 300 MSI supported facilities in the state	₦ 1,440,000.00			₦ -	
2.8.12.25.e	Monthly supply of family plannin client record form in the 300 MSI supported HFs for better data quality	₦ 1,500,000.00			₦ -	
2.8.12.25.f	Conduct monthly supportive supervision	₦ 2,040,000.00			₦ -	
2.8.12.26.a	Conduct 3 days workshops for 50 participants on the adaptation of SiENAP and dissemination meetings.	₦ 3,550,000.00				
2.8.12.26.b	Support the Printing and distribute copies of SiENAP to LGAs and relevant stakeholders.	₦ 500,000.00			₦ -	
2.8.12.26.c	Support the Printing and disseminate NiENAP to relevant stakeholders	₦ 150,000.00			₦ -	
2.8.12.26.d	Support the review of the NiENAP and SiENAP document.	₦ 270,000.00			₦ -	
2.8.12.27.a	Conduct quantification and forecasting of FP commodities	₦ 350,000.00				
2.8.12.27.b	Support the last mile distribution of FP commodities	₦ 14,640,000.00			₦ -	
2.8.12.27.c	Development of family planning comodity procurement advocacy kit	₦ 30,400,000.00			₦ -	
2.8.12.27.d	Disseminate the national guideline on state funded procurement of FP commodities	₦ 1,500,000.00			₦ -	
2.8.12.27.e	Work with FP coordinator, ensure availability of DMPA-SC for distribution to trained facilities as seed stock after the training	₦ 3,000,000.00			₦ -	
2.8.12.27.f	Conduct 2 days meeting with 15 state members and project officials to review and update DMPA-SC/SC training materials based on the new guideline, including supportive supervision tool	₦ 3,210,000.00			₦ -	
2.8.12.27.g	Conduct Mentoring entry point training (MEPTP) FOR 200 PPMVs through colleges/schools of health science and technologies	₦ 20,555,000.00			₦ -	
2.8.12.27.h	Support the conduct of Coordination with state and LGA FP coordinators to conduct Pre-training commodity supply audit and coordination to ensure facilities have enough supplies including supported private facilities and to identify practice sites for the training	₦ 2,900,000.00			₦ -	
2.8.12.27.i	Conduct 5 days rapid training needs assessment on DMPA-SC across selected health facilities (M&E)	₦ 100,000.00			₦ -	
2.8.12.27.j	Work with the state FP coordinator, ensure availability of DMPA-SC for distribution to trained facilities as seed stock afer the training	₦ 150,000.00			₦ -	
2.8.12.27.k	Conduct 1-day Training planning meeting with 10 state official representatives for DMPA-SC training	₦ 40,000.00			₦ -	

2.8.12.27.l	Support the conduct of 2-day Empathy training TOT for 47 Partcipants (LGA FP/MCH coordinators and 24 FP state trainers) as trainers to cascade the empathy	₦ 7,968,000.00			₦ -	
2.8.12.27.m	Conduct 2-day DMPA SC/SI Empathy based training for 325 Health care workers (13 batches, 25 participants per training)	₦ 14,850,000.00			₦ -	
2.8.12.27.n	support the conduct of 5-day per zone (3 zones) Post training Follow up and supportive supervision and mentoring visits by trainers within one month after the training (10 batches of training per zone in 3 zones)	₦ 10,100,000.00			₦ -	
2.8.12.28.a	Support the implementation of sokoto state newborn action plan (SoSENAP) KMC	₦ 320,500,000.00				
2.8.12.28.b	Support mentoring and follow up of HW trained on MLSS, ENCC, CBNC and IMCI from 10 LGAs to provide gender friendly, dignified and respectful services	₦ 85,000.00			₦ -	
2.8.12.28.c	Conduct quaterly integrated supportive supervision to PHCs in 5 LGAs ensuring gender priority	₦ 140,000.00			₦ -	
2.8.12.28.d	Step down training on BEOC/EMONC and build the capacity of LGA level health program officers (LIO, MNCH Coordinator, LNO, DSNO) on the use of scorecard to monitor performance	₦ 5,750,000.00			₦ -	
2.8.12.28.e	Mapping of state supervisors, capacity building and training on scorecard development and review on state to LGA and LGA to HF checklist	₦ 1,280,000.00			₦ -	
2.8.12.28.f	scorecard review meetings with LGA, state and HF service providers	₦ 56,400,000.00			₦ -	
2.8.12.28.g	Printing of quaterly bulletings for HF, LGA and State	₦ 5,600,000.00			₦ -	
2.8.12.36.a	Printing or assorted posters on integrated management of childhood ilness and MNCH	₦ 4,000,000.00				
2.8.12.36.b	Monthly supervision on IMCI activities to 23 LGAs in sokoto state	₦ 4,692,000.00			₦ -	
2.8.12.36.c	Quaterly supportive supervision on IMCI activities in the state	₦ 1,020,000.00			₦ -	
2.8.12.36.d	One day sensitization on MNCH for women/care givers for 6 LGAs	₦ 6,900,000.00			₦ -	
2.8.12.36.e	Purchase of salt sugar, zink infant for 10 HF in the state (68 HF) for diaahea management	₦ 20,000,000.00			₦ -	
2.8.12.36.f	Establishment of effective ORT corners in all the 23 LGAs of the state with ORT equipment and posters	₦ 2,300,000.00			₦ -	
2.8.12.36.g	One day sensitization on KHHP for women/caregivers in 93 MSS HFs, 50 in each HF equal to 450 participants	₦ 9,250,000.00			₦ -	
2.8.12.36.h	One day sensitization on KHHP for religious, traditional women leaders and birth attendant for 5 LGA, 50 each (250 participants)	₦ 5,250,000.00			₦ -	

2.8.12.36.i	5 days trainming of 244 HF incharges on IMCI	₦ 106,595,000.00			₦ -	
2.8.12.36.j	6 days training of nurses, doctors on IMCI services, 60 in 2 batches	₦ 61,240,000.00			₦ -	
2.8.12.36.k	6 days training for 60 CHEWs on IMCI services in 2 batches	₦ 61,240,000.00			₦ -	
2.8.12.36.l	5 days training for CHEWs on community based new born care, 70 in two batches	₦ 70,380,000.00			₦ -	
2.8.12.36.m	One day sensitization for women/caregiver on community based new born care in 6 LGAs, 50 in number (300 partcipants)	₦ 7,800,000.00			₦ -	
2.8.12.36.n	Purchase of somalian kits/IMCI equipment for 10 HFs trained on community based new born care/ IMCI training	₦ 10,000,000.00			₦ -	
2.8.12.36.o	5 days training on client orrient provider efficient services (COPE) in 2 LGAs, 50 in 100 (100 participants)	₦ 47,490,000.00			₦ -	
2.8.12.36.p	3 days follow up visit on COPE client orriented provider efficient services in 2 LGAs, 50 in number (100 participants)	₦ 8,670,000.00				
2.8.12.39.a	Conduct 1 day quaterly Adolescent youth sexual reproductive TWG meeting for 60 participants	₦ 5,920,000.00				
2.8.12.39.b	Conduct 5 days residential Training of 23 LGA MCH coordinators and 244 service providers on adolescent youth friendly health services (AYFHS) and integration with other PHC component	₦ 6,340,000.00			₦ -	
2.8.12.39.c	Conduct 3 days quaterly supportive supervision at 5LGAs covering 5 PHC level to monitor integration and implementations of AYFHS services	₦ 600,000.00			₦ -	
2.8.12.39.d	Conduct 1 day quaterly data analysis of AYFHS services across 23 LGAs	₦ 828,000.00			₦ -	
2.8.12.39.e	Conduct the training of 23 LGAs MCH Coordinators to mentor the HF service providers based on the identified gaps on AYFHS	₦ 207,000.00			₦ -	
2.8.12.39.f	Conduct 1 day Orientation of 23 LGAs health promotion officers and 5 community resource groups (traditional, religious WDCs, 100 women group, peer educators including PLWDs) on the delivery of integrated adolescent sexual reproductive health (AYSRH) services	₦ 1,250,000.00			₦ -	
2.8.12.39.g	Conduct 1 days quaterly review meeting to assess level of implementation of AYSRH services and promote access and utilization of services	₦ 5,000,000.00			₦ -	
2.8.12.39.h	Conduct 1 days periodic quaterly briefing with the SSPHCDA technical and administrative teams on AYSRH services in the state	₦ 2,200,000.00			₦ -	
2.8.12.39.i	Conduct 3 days capacity building on adolescent/youth service provision including GBV case management, Clinical Mnaagement of Rape targeting facility focal persons,youth peer educators, PLWDs, teachers, NGOs 125 participants	₦ 1,250,000.00			₦ -	

2.8.12.39.j	Support 3 days training of 244 service providers on the roll-out of innovative adolescent health package (community entry activities, co-creation and engagement of young people)	₦ 3,910,000.00			₦ -	
2.8.12.39.k	Increase the number of AYFH centers to meet the state target of 244 and bring them up to the required standard	₦ 25,000.00			₦ -	
2.8.12.41.a	Design and implement routine adolescent friendly health service community outreaches (ensure integration with ongoing sectoral outreaches as much as possible)	₦ 80,175,000.00				
2.8.12.41.b	Support the development/collation of existing of clear guidelines and mechanism for AYP service delivery, (structures, functioanlity of TWG, partnerships, activities, tools, commodities, monitoring and reporting etc)	₦ 10,880,000.00			₦ -	
2.8.12.41.c	Conduct the Celebration of internationally recognized adolescent and youth days/weeks (IAHW, IYD, IDGC, World human traffiking day, IWD including PLWDs)	₦ 9,932,000.00			₦ -	
2.8.12.41.d	Conduct 3 days meeting to Develop SOPs on operationalization of gender and adolescent responsive PHCs in line with the existing National guidelines for the one stop functional PHCs targetting 244 HFs incharges across 23 LGAs in sokoto state	₦ 391,000.00			₦ -	
2.8.12.41.e	Conduct 1 day dissemination of the develped SOPs with 30 stakeholders in the state	₦ 750,000.00			₦ -	
2.8.12.41.f	Conduct 3 days meeting to implement SBC interventions to support community engagment and demand for uptake of gender and adolescent responsive PHC services.	₦ 2,490,000.00			₦ -	
2.8.12.41.g	Design and implement routine adolescent friendly health service community outreaches (ensure integration with ongoing sectoral outreaches as much as possible)	₦ 330,000.00			₦ -	
2.8.12.41.h	Support the development/collation of existing of clear guidelines and mechanism for AYP service delivery, (structures, functioanlity of TWG, partnerships, activities, tools, commodities, monitoring and reporting etc)	₦ 470,000.00			₦ -	
2.8.12.42.a	Conduct quarterly LGA CBHMIS data review meetings with community reporting structures including 250 traditional leaders, and 200 community volunteers in 5 supported LGAs	₦ 8,100,000.00				
2.8.12.42.b	Conduct monthly dissemination of commnity MNCH data insights through the RMNCAH+ N Working group meetings	₦ 1,080,000.00			₦ -	
2.8.12.42.c	Engage and support 5 LGA and state M&E officers as well as community level data collectors to report monthly community data unto the CHMIS instance on DHIS2	₦ 900,000.00			₦ -	
2.8.12.42.d	Support monthly remote data validation efforts at state, LGA and ward levels to generate high quality and timely community MNH data	₦ 120,000.00			₦ -	

2.8.12.42.e	Integrate CBHMIS MNCH data indicators in the state's quaterly ISS checklist and routine field supervision checklist	₦ 160,000.00			₦ -	
2.8.12.47.a	Scale up of IMAM in 20 HFs across the state	₦ 46,000,000.00			₦ -	
2.8.12.47.b	Conduct 5 days residential training of 20 service providers of the IMAM scale up facilities in the state	₦ 5,790,000.00			₦ -	
2.8.12.54.a	Suppport the Procurement of family planning commodities across 500 HFs in the state	₦ -				
2.8.12.54.b	Support the Procurement of family planning syrings across all the HFs in the state	₦ 1,000,000.00			₦ -	
2.8.12.54.c	Support the Supply of mama kit to 244 HFs	₦ 1,500,000.00			₦	
2.8.12.55.a	Support the establishment of baby friendly corners accroass 244 primary facilities in the state	₦ 488,000.00			₦ -	
2.8.12.55.b	procurement of 30,000 cartons of RUTF through DRF scheme	₦ 25,000,000.00			₦ -	
2.8.12.55.c	Procure and distribute baby friendly equipment to all the establish centers	₦ 150,000.00			₦ -	
2.8.12.55.d	validate and upload baby friendly corner data to HMIS tools	₦ 53,680,000.00			₦ -	
2.8.12.55.e	Conduct 5 residential training of 244 HCW and 30 institution teachers on baby friendly health initiative	₦ 2,400,000.00			₦ -	
2.8.12.55.f	Conduct quaterly supportive supervision at 244 baby friendly health initiative centers in the state	₦ 350,000.00			₦ -	
2.8.12.55.g	Provide data tools for initiative centers	₦ 40,000.00			₦ -	
2.8.12.55.h	Conduct monthly data validation for 244 EBF/BFHI centers in the state in 244 HF across the state	₦ 2,684,000.00			₦ -	
2.8.12.55.i	Conduct 3 days non residential training of 244 resource group on six month exclusive breast feeding	₦ 16,890,000.00			₦ -	
2.8.12.55.j	Engage 244 trained community resource group on six month exclusive breast feeding	₦ 1,220,000.00			₦ -	
2.8.12.55.k	print and distribute posters and pamphlets and banners on six month exclusive breast feeding	₦ 5,244,000.00			₦ -	
2.8.12.55.l	Conduct radio Airing of jingles on exclusive breast feeding (3 slot per day in all the radio stations) and Advocacy to relevant stakeholders	₦ 603,000.00			₦ -	
2.8.12.55.m	Conduct advocacy to policy makers on establishing creche during maternity period to ensure EBF	₦ 50,000.00			₦ -	
2.8.12.55.n	Conduct community food demostration for mother/caregivers	₦ 1,150,000.00			₦ -	

2.8.12.55.o	Conduct 5 days state level training of trainers for 69 participants on GMP	₦ 8,798,000.00			₦ -	
2.8.12.55.p	Conduct 5 days LGA level training of 488 HW on GMP in the state	₦ 51,096,000.00			₦ -	
2.8.12.57.a	Conduct state RMNCAEH+N bi-weekly update meetings	₦ 120,000.00				
2.8.12.57.b	RMNCH+N operational running cost	₦ 720,000.00			₦ -	
2.8.12.57.c	Conduct LGA RMNCH+N bi-weekly update meetings	₦ 720,000.00			₦ -	
2.8.12.57.d	purchase of data bundle for RMNCAEH+N secretariet	₦ 300,000.00			₦ -	
2.8.12.57.e	Tracking of RMNCH+N working groups	₦ 160,000.00			₦ -	
2.8.12.57.f	RMNCH+N quaterly activity analysis	₦ 100,000.00			₦ -	
2.8.12.57.g	Conduct quaterly capacity building of RMNCH+N members	₦ 800,000.00			₦ -	
2.8.12.57.h	RMNCH+N retreat and workplan finalization workshop	₦ 350,000.00			₦ -	
2.8.12.57.i	Conduct SBAs need assessment on MNCH across the selected LGAs	₦ 570,000.00			₦ -	
2.8.12.59.b	Conduct 1 day meeting with 20 stakeholders to adapt National RMNCAH+ Nutrition	₦ 80,000.00			₦ -	
2.8.12.59.c	Print and distribute the RMCAH+ Nutrition referral forms to all HFs providing RMNCAH+ Nutrition services	₦ 2,000,000.00			₦ -	
2.8.12.59.d	Conduct 1 day orientation meeting with 200 community health extension workers (CHEWs) on the use of RMNCAH+Nutrition referral forms	₦ 4,250,000.00			₦ -	
2.8.12.67.a	Conduct monthly neighbourhood campaighn and monitoring across support and non-support geoghies	₦ 1,465,000.00				
2.8.12.67.b	Conduct 5 days FP community engagement and capacity building of service providers acros 244 HFs in the state	₦ 12,329,000.00			₦ -	
2.8.12.67.c	support the celebration of FP releted events (WCD, IWD, WPD)	₦ 1,080,000.00			₦ -	
2.8.12.67.d	support FP media engagement and voicing for FP & RH services	₦ 1,465,000.00			₦ -	
2.8.12.67.e	Support of quaterly social mobilization review meeting on FP	₦ 4,320,000.00			₦ -	
2.8.12.67.f	Support monthly family planning supportive supervision	₦ 1,685,000.00			₦ -	

2.8.12.67.g	support conduct of monthly on the job training and capacity building of service providers	₦ 2,640,000.00			₦ -	
2.8.12.67.h	Support national and international celebrations on RH related activities (SMHD, IWD)	₦ 1,080,000.00			₦ -	
2.8.12.67.i	Support conduct of state FP outreaches across 244 HF in the state	₦ 10,736,000.00			₦ -	
2.8.12.67.j	support state engagement with coaches and mentos of RH services	₦ 880,000.00			₦ -	
2.8.12.67.k	Support FP monthly data validation and review meetings	₦ 3,960,000.00			₦ -	
2.8.12.67.l	support conduct of health facility and community engagement of FP services	₦ 3,960,000.00			₦ -	
2.8.12.67.m	support conduct of quaterly RAISE assessment of FP/RH program with stakeholders	₦ 17,890,000.00			₦ -	
2.8.12.67.n	support monthly data management capacity building and reporting	₦ 1,980,000.00			₦ -	
2.8.12.67.o	Support engagement of resource persons and training of data managers at state, LGAs and HFs for improve documentation, reporting and use of data in decision making of FP & RH services	₦ 7,625,000.00			₦ -	
2.8.12.67.p	Harvesting FP consumption data from private sector provider and input on NHLMIS	₦ 1,320,000.00				
2.9.15.3.a	Create a cirriculum focusing on essential midwifery scheme	₦ 2,529,000.00				
2.9.15.3.b	Organize hands on training session, workshop and simulations on MSS	₦ 2,319,000.00			₦ -	
2.9.15.3.c	Set up clinicls or mobile unit in areas identified as high needs	₦ 510,000.00			₦ -	
2.9.15.3.d	Provide antenatal, delivery and post natal services discription to comprehensive care throughout the pregnancy and post patum periods	₦ 210,000.00			₦ -	
2.9.15.3.e	Establish protocols for reffering high risk cases to appropriate facilities	₦ 210,000.00			₦ -	
2.9.15.3.f	facilitate workshops to educate community members about maternal and child health	₦ 1,250,000.00			₦ -	
2.9.15.3.g	Monitor and evaluate the effectiveness and reach of services	₦ 308,000.00			₦ -	
2.9.15.4.a	Conduct 3 days Orientation of 50 state and 23 LGA technical staffs on the use of HRH registry during posting	₦ 1,250,000.00				
2.9.15.4.b	Conduct 5 days residential training of 50 state and 23 LGA HRH officers on data entry and use	₦ 16,238,000.00			₦ -	

2.9.15.4.c	Routine update of newly employ staffs	₦ 2,785,000.00			₦ -	
2.9.15.4.d	Quarterly review meeting with SSPHCDA management on HRH status	₦ 2,800,000.00			₦ -	
2.9.15.4.e	Conduct recruitment need assessment	₦ 105,000.00			₦ -	
2.9.15.4.f	Hosting of integrated HRH information system (iRIS 5.0) sokoto state local instance	₦ 6,267,400.00			₦ -	
2.9.15.4.g	Advocacy to HCH regarding HRH profilling	₦ 300,000.00			₦ -	
2.9.15.4.h	HRH Dashboard maintenance	₦ 80,000.00			₦ -	
2.9.15.4.i	supervisory visit to BHCPF nurses and midwives using ODK	₦ 105,000.00			₦ -	
2.9.15.4.j	Monitoring of state of preparadness for engagement of BHCPF nurses and midwives	₦ 70,000.00			₦ -	
2.9.15.4.k	Conduct training for selected BHCPF nurses and midwives	₦ 1,400,000.00			₦ -	
2.9.15.4.l	Engagement of the nursrs and midwives properly with use of full implementation package for the state	₦ 70,000.00			₦ -	
2.9.15.4.m	Quaterly performance review meeting with the newly engaged BHCPF nurses and midwives	₦ -			₦ -	
2.9.15.4.n	Orientation of state supervisors/monitors	₦ -			₦ -	
2.9.15.4.o	Set of RMNCH+N operational room and orientation of secretariat	₦ -			₦ -	
2.9.15.5.a	Conduct quarterly accountability program of state, LGA and health facilities staffs	₦ 5,000,000.00				
2.9.15.5.b	Conduct 1 day high level advocacy visits with 20 participants to HE. Exexcutive Governor and SOHA to subsidize or provide incentive for in-service training of HRH (CPD for License renewal)	₦ 80,000.00			₦ -	
2.9.15.5.c	Conduct 3 days quarterly high level advocacy visits with 20 stakeholders to HE. Exexcutive Governor and SOHA for implementation of full CONHESS, CONMESS and payment rural posting Allowances for health workers serving in rural/remote areas	₦ 2,160,000.00			₦ -	
2.9.15.5.d	Conduct 1 day annual reward and recognition ceremony with 200 participants to give award to best performing Doctor, nurses, midwives, Lab Scientist, Lab technician, CHEWs, medical record officer, Environmental health officers, Dental therapist	₦ 5,440,000.00			₦ -	

SOKOTO STATE AGENCY FOR CONTROL OF HIV/AIDS, TUBERCULOSIS AND LEPROSY (SOSACAT)

Table 12: Operational Activities of prioritized strategic interventions under Pillar two: Efficient, Equitable and Quality Health System

Activity Codes	Operational Activities	Total Cost	Government contribution	DP/IPS	DP/IPS Contribution	Funding Gap (Naira)
2.6.10.1.a	Review and Update the list of 15 member communicable disease coordination taskforce	₦ -				
2.6.10.1.b	Conduct 2 days training for 20 members of the Coordination Taskforce on program Coordination	₦ 522,500.00			₦ -	₦ -
2.6.10.1.c	Conduct 1 day quarterly coordination meeting of 40 participants between Taskforce and all IPs supporting Malaria. HIV, TB and NTDs	₦ 2,680,000.00			₦ -	₦ -
2.6.10.2.a	Conduct 14 days facility readiness assesment with 7 stakeholders	₦ 1,764,000.00				
2.6.10.2.b	Organize a 3-day non-residential training with 30 service providers focused on HIV testing, treatment, prevention, and counseling	₦ 4,230,000.00			₦ -	₦ -
2.6.10.2.c	Conduct 1 day quarterly supportive supervision visits with 10 representatives from SACA and implementing partners to monitor and support TB/HIV service delivery	₦ 850,000.00			₦ -	₦ -
2.6.10.2.d	Organize and mark World AIDS Day with 150 participants	₦ 129,957,500.00			₦ -	₦ -
2.6.10.2.e	Implement 1 day quarterly routine Interpersonal Communication (IPC) and Social Behavior Change (SBC) sessions to provide HIV prevention education and services to 2,000 key populations.	₦ 216,000,000.00			₦ -	₦ -
2.6.10.2.f	Procure and distribute 30,000 condoms(Male and Female) and lubricants Quarterly to key populations and health facilities to enhance HIV prevention efforts	₦ 9,970,000.00			₦ -	₦ -
2.6.10.2.g	Organize quarterly 5 days HIV screening for 2500 clients to determine their eligibility for Pre-Exposure Prophylaxis (PrEP) services, for 5 days	₦ 6,400,000.00			₦ -	₦ -
2.6.10.2.h	Conduct a 5-day training for 30 healthcare workers from OSS (One-Stop Shop), CCSAP, and cART centers on the provision of quality PrEP services	₦ 7,690,000.00			₦ -	₦ -
2.6.10.2.i	Quarterly Printing and distribution of 160 M&E Tools on HIV Prevention	₦ -			₦ -	₦ -
2.6.10.2.j	Procure and distribute 10000 HIV test kit to health facilities	₦ -			₦ -	₦ -
2.6.10.3.a	Purchase of 5000 Packs of determine, 2500 packs of unigold, 1500 packs of Stat-Pak, 5000 Packs of HIV/Syphilis Combo, 3000 packs of Oral-Quick HIVST kits, 2000 packs of Asente recency test kits,	₦ 29,414,000.00				

2.6.10.3.b	Bimonthly Purchase of 200 cartons of TDF/3TC	₦ 9,050,000.00			₦ -	₦ -
2.6.10.3.c	Conduct 5 days Training of 20 community testers on HTS in the first quarter	₦ 3,837,500.00			₦ -	₦ -
2.6.10.3.d	Conduct 1 day Quarterly Meeting with functional switch committee of 80 members across the 16 comprehensive health facilities	₦ 6,480,000.00			₦ -	₦ -
2.6.10.3.e	Conduct 1 day Quarterly state level program review meeting for 40 participants, to address every barrier to continuity on treatment	₦ 3,440,000.00			₦ -	₦ -
2.6.10.3.f	Conduct 1 day quarterly 8-Man SASCP/SACA/IPs joint supportive supersion	₦ 288,000.00			₦ -	₦ -
2.6.10.3.g	Quarterly Printing of 160 M&E Tools for both 1st, 2nd and third 95	₦ 760,000.00			₦ -	₦ -
2.6.10.4.a	Transport 1500 women per quarter for ANC services	₦ 12,000,000.00				
2.6.10.4.b	Support 40 Testers Quarterly with Transport and Airtime to Follow Up and Test Children of HIV Positive Clients	₦ 800,000.00			₦ -	₦ -
2.6.10.4.c	Purchase of 1000 pieces of DBS cards for EID	₦ -			₦ -	₦ -
2.6.10.4.d	Purchase of 1000 PSC for pediatric viral load sample collection	₦ 5,000,000.00			₦ -	₦ -
2.6.10.4.e	Purchase and distribute viral load lab consumables	₦ 2,800,000.00			₦ -	₦ -
2.6.10.4.f	Conduct 1 day quarterly OTZ session for 500 children for pediatric on ART	₦ 360,000.00			₦ -	₦ -
2.6.10.4.g	Conduct 3 days training for 50 health care workers on optimized PMTCT/EID and case management	₦ 2,956,000.00			₦ -	₦ -
2.6.10.4.h	Conduct 3 days training of 50 health workers on WHO recommended optimized child friendly HIV treatment through adolescent	₦ 2,956,000.00			₦ -	₦ -

SOKOTO STATE MALARIA ELIMINATION AGENCY (SOSMEA)

Table 13: Operational Activities of prioritized strategic interventions under Pillar two: Efficient, Equitable and Quality Health System

Activity Codes	Operational Activities	Total Cost	Government contribution	DP/IPS	DP/IPS Contribution	Funding Gap (Naira)
2.6.10.5.a	Procure 80,000 bales of ITN needed for mass campaign across 23 LGA of the Sokoto state	₦ 1,562,480,000.00	₦ 385,000.00			
2.6.10.5.b	Conduct 4 days technical training (STOT (155), LGA CMT (95), Operation support staff (51)	₦ 333,350,000.00	₦ 333,350,000.00			
2.6.10.5.c	Conduct LGA leve cascade training (3 days of 651 Ward supervisors, 2 days of 5,751 household supervisors, 1 day of 1,691 DP supervisors on ITN movement and storage, 2 days of 4,017 Distribution Point supervisors and distributors on distribution process, 1 day training of 2,322 DP Crowd Controllers,	₦ 691,014,000.00	₦ 691,014,000.00			
2.6.10.5.d	Conduct demand creation for the ITN campaign (1 day meeting with 30 meadia team, 1 day Orientation of 1,161 DP Health Educators and 1 day orientation of 778 Town Announcers)	₦ -	₦ -			
2.6.10.5.e	Conduct logistic orientation for the participants (1 day orientation meeting for 51 LGA ITN Conveyors and 267 DP Conveyors)	₦ 4,815,000.00	₦ 4,815,000.00		₦ -	
2.6.10.5.f	Conduct 3 days ICCN end of activity meetings with 33 participants	₦ 12,177,000.00	₦ 12,177,000.00		₦ -	
2.6.10.5.g	Procure 200 cartons of Deltametrin, 200 cartons of Alphacyphermetrin and 100 cartons of Larvicide Chemicals for Mass Fumigation PPE; Chemical mask-50, Overall jacket-500pcs, Boots-500 pairs, Chemical gloves-50pcs, Head gear-50pcs, Googles-500pcs, Gloves-70pcs,First aidbox-30pcs, Vest-50pcs, Face mask-150 packs, N95 respirator-100 packs.	₦ 110,000.00	₦ 110,000.00		₦ -	
2.6.10.5.h	Conduct 3 days insecticide resistance monitoring in 3LGAs with 24 Entomology Technicians and 1 Technical supervisor.	₦ 3,675,000.00	₦ 3,675,000.00		₦ -	
2.6.10.5.i	Conduct 1 day Meeting with 15 key stakeholders and 5 SOSMEA technical Directors to identify partners that will support the implementation of Fumigation exercise and other Vector control activities in the state.	₦ 82,500.00	₦ 82,500.00		₦	
2.6.10.5.j	Conduct 5 days outdoor fumigation in targeted mosquito breeding site involving 23 LGA coordinators, 230 fumigators,23 LGA vector control officers and 12 state monitors in all the 244 wards of 23 LGAs in the state	₦ 8,400,000.00			₦	

2.6.10.5.k	To conduct a 2 days planning meeting for the inauguration and training of 23 EHO as LGA Vector control officers, involving 10 SOSMEA TWG members and 5 SOSMEA officials	₦ 110,000.00	₦ 110,000.00		₦ -	
2.6.10.5.l	Conduct 1 day training of the 23 LGA EHO as Vector control officer, with 23 RBMs in attendance, 3 facilitator, 2 SOSMEA staff	₦ 2,291,500.00	₦ 2,291,500.00		₦ -	
2.6.10.5.m	Procure 7000 bales of ITN for distribution to Pregnant women on first booking and children that were fully immunized.	₦ 136,717,000.00	₦ 136,717,000.00		₦ -	
2.6.10.5.n	Conduct 3 days quarterly community sensitization and mobilzation in all the 244 wards in the state to sensitize the public on the use of ITN through radio jingles and the use of town announcers.	₦ 9,039,000.00	₦ 9,039,000.00		₦ -	
2.6.10.6.a	Attend 5 days NMEP National annual data review meeting by 2 participants	₦ 1,700,000.00		PMIs	₦ 1,680,000	
2.6.10.6.b	Conduct monthly LGA M&E data review meetings with the 23 LGA M&E officers and 3 SOSMEA staff	₦ 5,928,000.00		PMIs	₦ 13,578,000	
2.6.10.6.c	Conduct 1 day quarterly data review and coordination meetings with 3 state officers,23 LGA M&E officers, and record officers from 26 SHFs	₦ 3,952,000.00		PMIs	₦ 9,190,000	
2.6.10.6.d	Conduct 3 day quarterly state and LGA DQA exercise to monitor commodity consumption and data validity in all the 23 LGAs in the state involving 83 HFs and 138 data validators (6/LGA)	₦ 8,832,000.00		PMIs	₦ 9,660,000	
2.6.10.6.e	Conduct monthly meetings at LGA/ward level for NHMIS data validation in all the 23 LGAs in the state (including triangulation with NHLMIS)	₦ 58,668,000.00		PMIs	₦ 64,452,000	
2.6.10.6.f	Set-up 1 robust malaria data operation room in the state.	₦ 8,670,000.00			₦ -	
2.6.10.6.g	Conduct 3 day quarterly data quality assessment/ validation in 6 LGAs in the state, involving 82 participants (5 LGA team members/LGA, 46 HFW, 6 state supervisors)	₦ 3,924,000.00		MALARIA CONSORTIUM	₦ 3,924,000	
2.6.10.6.h	Conduct 2 day bi-monthly data validation exercise involving 46 HCF with 82 participants (46 HFW, 6 state supervisors and 30 LGA team members)	₦ 5,709,600.00		MALARIA CONSORTIUM	₦ 5,709,600	
2.6.10.6.i	Conduct 1 day planning meeting with 10 participants for the LQAS exercise.	₦ 5,500.00			₦ 5,500	
2.6.10.6.j	Conduct 2 day training of 60 LQAS data collectors and 46 supervisors, by state consultant and 2 facilitators to authenticate SMC coverage and justify commodity utilization	₦ 5,975,000.00		MALARIA CONSORTIUM	₦ 6,134,000	
2.6.10.6.k	Conduct 7 day LQAS activity in the 23 LGAs of the State by the trained 60 data collectors	₦ 20,873,000.00		MALARIA CONSORTIUM	₦ 20,873,000	
2.6.10.6.l	Distribute the National severe Malaria register and severe Malaria Monthly summary form to 25 secondary health care facilities in the state	₦ 250,000.00		PMIs	₦ 187,500	
2.6.10.6.m	Procure 26 motocycles for the 23 LGA RBMs and 3 state program managers to ease data collection and monitoring exercise	₦ 34,320,000.00			₦ -	

2.6.10.7.a	Conduct a 1 day meeting with ANC service providers with 72 participants (26 from SHF, 23 RBMs and 23 MCH coordinators) on the use of the updated iPTP guideline to improve uptake by pregnant women.	₦ 564,000.00		WHO	₦ 611,000	
2.6.10.7.b	Conduct a 1 day quarterly coordination meeting on case management and MIP with 61 participants (23RBMs, 23MCH Coordinators, 10 state team, 5 IPS)	₦ 2,582,000.00		PMIS	₦ 3,006,000	
2.6.10.7.c	Conduct 1 day stand alone quarterly cluster RDT training in laboratories with 23RBM, 575 Services providers (8 clusters 75 persons per cluster), 3 facilitators and 10 state team members.	₦ 24,217,500.00		PMIs	₦ 47,600,000	
2.6.10.7.d	Conduct a 2 days quaterly mentoring visit to the 23 LGAs involving 69 personnel on RDT QA/QC.	₦ 3,036,000.00		PMIs	₦ 1,518,000	
2.6.10.7.e	Conduct a 5 day bi-annual QA/QC supervision on Malaria microscopy to SHF/THF with functioning miscrocope(s) involving 12 certified microscopist.	₦ 600,000.00		PMIs	₦ 1,980,000	
2.6.10.7.f	Conduct bi-monthly hospital based clinical meetings for severe malaria with 92 health facility staff (4/LGA) and 5 state rep	₦ 6,300,000.00		WHO	₦ 6,402,000	
2.6.10.7.g	Conduct a 2 day micro-planning meeting for 60 participants to review and update existing SMC micro-plan	₦ 2,690,000.00		MALARIA CONSORTIUM	₦ 2,980,000	
2.6.10.7.h	Conduct selection and validation of SMC personnel by the trained 138 LGA team members (6/LGA) and 23 state supervisors at LGA level.	₦ 1,840,000.00		MALARIA CONSORTIUM	₦ 1,851,500	
2.6.10.7.i	Conduct 1 day annual SMC kick-off meeting at state level with 45 stakeholders.	₦ 1,227,500.00		MALARIA CONSORTIUM	₦ 1,250,000	
2.6.10.7.j	Conduct a 2-day residential NTOT,STOT,HFWT at FCT, State and LGA involving 6 National trainers, 138 state trainers and 115 Health facility workers across the 23 LGAs of the state on SMC implementation	₦ 35,100,550.00		MALARIA CONSORTIUM	₦ 20,244,100	
2.6.10.7.k	Conduct 2 days non-residential training with 11022 CDDs, 1370 LMs, 1370 TAs AND 964 CLs by the trained 2052 Health facility workers(facilitators).	₦ 96,255,360.00		MALARIA CONSORTIUM	₦ 95,895,366	
2.6.10.7.l	Conduct 2 days refresher training for 200 ANC in-charges/reproductive health officers on management of Malaria in pregnancy and uptake of iPTP.	₦ 7,800,000.00		WHO	₦ 9,993,518	
2.6.10.7.m	Conduct 2 day residential refresher training of 500 health workers at Primary Health care level on case management of uncomplicated Malaria	₦ -		WHO	₦ 7,494,289	
2.6.10.7.n	Conduct a 1 day planning and workshop development meeting with 13 MC staff, 5 SOSMEA representatives, 5 relevant stakeholders	₦ 437,500.00		MALARIA CONSORTIUM	₦ 437,500	
2.6.10.7.o	Conduct 1 day training of 147 health workers at (1 per ward) primary health care centers to identify Malaria danger signs and pre-refferal treatment	₦ 1,764,000.00		WHO	₦ 1,911,000	
2.6.10.7.p	Procure mRDT(163154), Artesunate injection (14617 doses), SP (499800 doses) and ACT (AL1-152802 doses, AL2 -141623, AL3-130637, AL4-82396),.	₦ 740,008,700.00				

DEPARTMENT OF PLANNING, RESEARCH AND STATISTICS (DPRS)/ DEPARTMENT OF MEDICAL SERVICES (DMS)

Table 14: Operational Activities of prioritized strategic interventions under Pillar two: Efficient, Equitable and Quality Health System

Activity Codes	Operational Activities	Total Cost	Government contribution	DP/IPS	DP/IPS Contribution	Funding Gap (Naira)
2.7.11.1.a	Complete Sokoto State University Teaching Hospital (SOSUTH) at Kasarawa Wamakko Local Government	₦ 3,000,000,000.00	₦ 3,000,000,000.00			
2.7.11.1.b	Complete Premier Hospital at Binji LGA	₦ 1,300,000,000.00	₦ 1,300,000,000.00		₦ -	
2.7.11.1.c	CompletePremier Hospital at Sabon Birni LGA	₦ 1,300,000,000.00	₦ 1,300,000,000.00		₦ -	
2.7.11.1.d	Complete Premier Hospital at Tambuwal LGA	₦ 1,300,000,000.00	₦ 1,300,000,000.00		₦ -	
2.7.11.1.e	Complete Murtala Muhammad Specialist Hospital Sokoto	₦ 1,000,000,000.00	₦ 1,000,000,000.00		₦ -	
2.7.11.1.f	Complete General Hospital Wamakko	₦ 16,392,547.00	₦ 16,392,547.00		₦ -	
2.7.11.1.g	Procure modern Ultrasound machine with printers, modern X-ray Machine, Dental Chair, Ultrasonic Scaler, Micro motor machine, Burls, Polymer and Monometer, 21 each to 21 GHs	₦ 1,287,890,331.00	₦ 1,287,890,331.00		₦ -	
2.7.11.1.h	Procure 21 delivery Beds for 21 GHs Electrophoteric machine, spectrophotometer, autoclave to 21 GHs	₦ 17,709,930.00	₦ 17,709,930.00		₦ -	
2.7.11.1.i	Procure Alginate Materials, Impression tray, Microscope s , Solar blood bank, chemistry analyzer, haematology analyzer, haematocrit ,centrifuge	₦ 200,438,700.00	₦ 200,438,700.00		₦ -	
2.7.11.1.j	Procure and Instal Solar Powered Blood Bank, 1 for each of the 21 General Hospitals.	₦ 27,300,000.00	₦ 27,300,000.00		₦ -	
2.7.11.1.k	Drill 21 Solar boreholes for the 21 General Hospitals	₦ 210,000,000.00	₦ 210,000,000.00		₦ -	
2.7.11.1.l	Procure and instal 15Nos operating Lamps.	₦ 6,300,000.00	₦ 6,300,000.00		₦ -	
2.7.11.1.m	Procure 1 Toyota Hilux and 18 seater Bus for monitoring and Supervision	₦ 78,000,000.00	₦ 78,000,000.00		₦ -	
2.7.11.1.n	Conduct 5 days residential training of 21 Medical Officers of GHs on Ultrasonography	₦ 8,584,500.00	₦ 8,584,500.00		₦ -	
2.7.11.1.o	Cluster training for 3 days Capacity Building of Hospital management team for 21 GH on Good leadership and Governance with 210 participants	₦ 2,070,000.00	₦ 2,070,000.00		₦ -	
2.7.11.1.p	Conduc 3 days Orientation or dialloghue with all New Hospital Secreatary, Directors and Asst Directors for Leadership, accountability, and Good Governance making 45 participants	₦ 9,502,500.00	₦ 9,502,500.00			

2.8.12.21.a	Conduct 3 days capaity building for all doctors, nursing and midwives working in labour room in SHS & Maryam Abacha on WHO quality of care standard for CEmONC and neonatal services	₦ 7,132,500.00		UNICEF	₦ 15,000,000	
2.8.12.21.b	Renonavate (minor repairs) labour rooms in SHS & Maryam Abacha as per WHO labour room protocol	₦ 1,000,000.00		UNICEF	₦ 1,000,000	
2.8.12.21.c	Conduct 3 days capacity building for doctors, nurses/midwives working in labour room and SCBU of SHS on KMC & IKMC	₦ 8,457,500.00		UNICEF	₦ 15,000,000	
2.8.12.21.d	Conduct monthly mentoring and monitoring of staff to ensure quality of services at the labour rooms, SCBU and KMC	₦ 6,300,000.00		UNICEF	₦ 7,000,000	
2.8.12.21.e	Establish 7 Emergency Ambulancy service post in strategic locations across the state to minimize response time	₦ 315,000,000.00	₦ 315,000,000.00		₦ -	
2.8.12.21.f	Monthly fuelling of 7 ambullance for the fixed post	₦ 26,208,000.00	₦ 26,208,000.00		₦ -	
2.8.12.21.g	procure GPS tracking and emergency response systems for the Ambulances	₦ 49,000,000.00	₦ 49,000,000.00		₦ -	
2.8.12.21.h	Provide program implementation office accommodation withfacilities for emergency medical services and ambulance system Unit at Epid Unit	₦ 11,194,000.00	₦ 11,194,000.00		₦ -	
2.8.12.21.i	Procure ambubag, Glucometer, Blood pressure cuff, Strecher, wheel chair, Fisrt aid box, Pulse oxemetre, Oxegine mask, defibrillator for the ambulances	₦ 15,502,895.00	₦ 15,502,895.00		₦ -	
2.8.12.21.j	Set up health emergency and Ambulance services software and data centre Dispenser)	₦ 93,450,000.00		ENGENDER HEALTH	₦ 93,450,000	
2.8.12.21.k	Set up health emergency and Ambulance services software and data centre Dispenser)	₦ 54,800,000.00		ENGENDER HEALTH	₦ 54,800,000	
2.8.12.21.l	Conduct 2 days training 10 staff of EMS communication centre on centre coordination, documentation of call logs, and general functions of the centre	₦ 1,103,000.00	₦ 1,103,000.00		₦ -	
2.8.12.21.m	Airing of jingles (Hausa , English and fulfulde) on SEMSAS programs	₦ 1,300,000.00	₦ 1,300,000.00		₦ -	
2.8.12.21.n	Conduct 5 days non-residential training of 50 paramedics and Ambulance drivers on EMS Ambulance services and basic live support (BLS)	₦ 6,740,000.00	₦ 6,740,000.00		₦ -	
2.8.12.21.o	Conduct 1 day stakeholder engagement and community education to raise awareness about emergency ambulance services and provde education on how to access these services with 100 participants	₦ 400,000.00	₦ 400,000.00		₦ -	
2.8.12.25.a	Conduct 1 day meeting to raise community awareness and sensitization on VVF through stakeholders engagement and community strucutres education for all the 244 wards of the state	₦ 135,000.00	₦ 135,000.00			
2.8.12.25.b	Training of 30 health facility providers e.g PMO, Anthesesic Nursie, Theater inchage from Maryam Abacha, Genearal Hospital Gworanto, Specialist Hospital, General Hospital Kware, And General Hospital Tambuwal to conduct urethral carteterisantion for all women with prolong labour with 20 participants	₦ 8,746,000.00	₦ 8,746,000.00		₦ -	
2.8.12.25.c	Organised 2 fulll effort for at least 150 VVF patients at Maryam Abacha Hospital , General Hospital Goronyo	₦ 92,300,000.00	₦ 92,300,000.00		₦ -	
2.8.12.25.d	Airing of Jingles (Hausa and Fulde language) on VVF twice weekly for 52 weeks	₦ 340,000.00	₦ 340,000.00		₦ -	

2.8.12.25.e	Increase number of routine repairs to least 6 patients per week at Maryam Abcha	₦ 24,500,000.00	₦ 24,500,000.00		₦ -	
2.8.12.25.f	Conduct 3-days residential advanced training of 11 specialists at JUHEL VVF center, Jost Plateu state	₦ 186,802,000.00	₦ 186,802,000.00		₦ -	
2.8.12.25.g	Conduct 3 days capacity building training for obstetricians (10) and nurses (30) on the management of prolonged obstructed labour	₦ 3,362,500.00	₦ 3,362,500.00		₦ -	
2.8.12.25.h	Conduct 2 days training of Women WCD on monitoring and community moblization on VVF from 5 LGA namely sokoto south, Goronyo, Kware, Tambuwal and Gwadabawa	₦ 13,600,000.00	₦ 13,600,000.00		₦ -	
2.8.12.25.i	Conduct 2 weeks training and mentoring of 30 surgeons on repair of Obstetric fistula	₦ 12,867,000.00	₦ 12,867,000.00		₦ -	
2.8.12.25.j	Empanel more facilities (1 per senatorial zone) providing obstestric fistula services in the state	₦ -	₦ -		₦ -	
2.8.12.25.k	Enroll VVF patients into vulnerable grougps health insurance scheme	₦ 90,000.00	₦ 90,000.00		₦ -	
2.8.12.25.l	Link the VVF survivors to social and economic empowerment programs (skill acquisition, start up seed money for small scale business, etc) in the state	₦ -			₦ -	
2.8.12.25.m	Engage stakeholders and community structures including women groups to promote prenatal care (ANC) and hospital delivery	₦ -			₦ -	
2.8.12.25.n	Provide free CS services for the post repair VVF patient	₦ -			₦ -	
2.8.12.25.o	Conduct quarterly 2 days community-based outreaches and education programs on VVF across all the 244 wards in the state	₦ 4,392,000.00			₦ -	
2.8.12.25.p	Provide functional ambulance services to Health facilities to facilitate referral for emergency obstetric care	₦ 450,000,000.00				

HOSPITAL SERVICE MANAGEMENT BOARD (HSMB)

Table 15: Operational Activities of prioritized strategic interventions under Pillar two: Efficient, Equitable and Quality Health System

Activity Codes	Operational Activities	Total Cost	Government contribution	DP/IPS	DP/IPS Contribution	Funding Gap (Naira)
2.8.12.21.a	Support 5 days residential training of 2 Docotrs , 1 Nurse , 1 Midwife from each Secondary Facility on CEmONC with 103 Participant	₦ 106,468,000.00				
2.8.12.21.b	Conduct Supportive Supervision for the trained O&G, Nurses and Midwives in all the 23 CEmONC Health Facilities by 23 Supervisors	₦ 2,392,000.00			₦ -	
2.8.12.21.c	Conduct Monthly Mentorship for the 103 traned Health care wokers on CEmONC competency (23 mentors)	₦ 7,176,000.00			₦ -	
2.8.12.21.d	Support 5 days residential training of 69 Obstetric Surgical Team/gynaecologist on surgical Capacity with 15 relevant stakeholders making 84 participannts	₦ 90,214,000.00			₦ -	
2.8.12.21.e	Conduct 10 days residential Capacity building of Health workers on CEmONC/ENCC/MENCC/hypoxaemia managements/Pneumonia algorithms with 84 participants	₦ 157,424,000.00			₦ -	
2.8.12.21.f	Support 5 days residential Capacity Building through the Provision of needed Acute clinical use of Blood and Blood Product (ACUBBP) and post (ACUBBP) for Laboratory Expert, Nurses, Physicians targeting 80 Participants	₦ 78,300,000.00			₦ -	
2.8.12.21.g	Conduct 5 days residential training on new Labour care Guide for maternity services Providers targeting 96 participand with 10 relevant stakeholders and Print and distribution of new Labour care guide to 23 GH	₦ 95,396,000.00			₦ -	
2.8.12.21.h	Conduct 3 days training of Nurses and Midwives on abortion care and Quality ANC for 23 Secondary and 4 Tertiary Institution 2 in each HF targeting 54 participants with 12 other relevants stakeholders making 66 participants	₦ 45,318,000.00			₦ -	
2.8.12.27.a	Conduct quarterly New born screaning on conginital disorders in 23 GH, establish immunization schedules and tracking system and referral linkages using community volunteers and town announcers	₦ 95,260,000.00				
2.8.12.27.b	Conduct 3 days meeting with 30 participants to adapt, review and print National Essential Newborn Care course (ENCC) for quality improvement (planning meeting, review meeting, validation meeting)	₦ 48,160,000.00			₦ -	
2.8.12.27.c	Conduct 1 day meeting to lunch and Dessiminate Natioanlal Essential Newborn Care Course (ENCC) with relevant stakeholders targeting 100 participants	₦ 6,290,000.00			₦ -	
2.8.12.27.d	Provide 5 days training of H/W on the National Essential Newborn care course (ENCC) with 70 participants	₦ 336,335,000.00			₦ -	

2.8.12.27.e	Establish and inaugurate the CEmONC TWG with their TOR	₦ 490,000.00			₦ -	
2.8.12.27.f	Support quarterly CEmONC review/validation meeting with 23PMOs, 23HROs in secondary HFs and relevant stakeholders targeting 70 participants	₦ 60,360,000.00			₦ -	
2.8.12.27.g	Conduct quarterly CEmONC TWG meeting with relevants stkeholders and partners in support of CEmONC program in the state (targeting 60 participants)	₦ 48,420,000.00			₦ -	
2.8.12.27.h	Support marking of International World Prematurity Day (17th November, 2025) commemoration with all the GHs across 23LGAs in sokoto (targeting 300 participants)	₦ 12,890,000.00			₦ -	
2.8.12.28.a	Conduct 3 days Bi-annual community health worker training on emergency obstetrics care with 64 participants	₦ 90,364,000.00				
2.8.12.28.b	Conduct 3 days quarterly community outreach sessions, moblization and referral on the benefits of exclusive breastfeeding and Vaccine hesitency 5 person per team in 23 LGAs	₦ 22,080,000.00			₦ -	
2.8.12.28.c	Establish breast feeding support groups in the community and promote lactation mothers quarterly (targeting 20 women in ech select CEmONC HF)	₦ 16,560,000.00			₦ -	
2.8.12.28.d	Quarterly supportive supervision of Newborn service delivery in Secondary and Tertiary HF	₦ 2,392,000.00			₦ -	
2.8.12.28.e	Support quarterly with logistics for the caeserian section including blood transfussion for emergency obstetrics for life saving blood targeting 50 women in each GH	₦ 857,900,000.00			₦ -	
2.8.12.28.f	Conduct quarterly Supportive supervision on Caeserian section and blood transfussion in 23 CEmONC HFs	₦ 2,392,000.00			₦ -	
2.8.12.29.a	Conduct 5 days training on need Assesment for level 2 HF and set up small and new born units with CPAP and KMC 46 Participants with 9 Supervios and 10 relevant Stakeholders making 85 participants	₦ 67,232,500.00				
2.8.12.29.b	Conduct 5 days need Assesment on level 2 HF and set up small and new born units with CPAP and KMC 46 Participants with 9 superviors	₦ 22,550,000.00			₦ -	
2.8.12.29.c	Conduct 5 days bi-annual training on Kangaroo Mother care promotion (KMC) to 1 Nurse , 1 midwife in each GH, 14 state team and 7 partners making 67 participants	₦ 315,890,000.00			₦ -	
2.8.12.29.d	Support International World Child Health Day (7th october, 2025) commemoration with all the GHs across 23LGAs in sokoto (targeting 200 participants)	₦ 6,090,000.00			₦ -	
2.8.12.29.e	1day CEmONC engagement meeting with all the PMOs, Heads of maternity units, Neonatal unit, Record unit and other relevants stakeholders (targeting 89 participants	₦ 18,836,000.00			₦ -	

2.8.12.29.f	1day CEmONC engagement meeting with 23 District heads, 23 DPHC and other relevants stakeholders (targeting 60 participants	₦ 13,965,000.00			₦ -	
2.8.12.29.g	Support 5days conduct of advocacy visit to the relevant stakeholders in support of CEmONC program in the state including partners with 10 and 1 driver CEmONC TWG Members	₦ 922,500.00			₦ -	
2.8.12.29.h	Support 5 days conduct of advocacy visit to the LGA Chairmen and Distric heads in support of CEmONC program at LGA and community level with 10 and 1 driver CEmONC TWG Members in (Dange, Bodinga, Wamakko, S/south, Sokoto north, Yabo, Shagari, Tambuwal, Gwadabawa, Kware and Wurno LGAs)	₦ -			₦ -	
2.8.12.30.a	Conduct 5 days residential adaptation and finalization of EmONC/CEmONC module and pre/post test with 40 participants	₦ 107,060,000.00				
2.8.12.30.b	Contruct/rehabilitate with adequate equipment Neonatal Intensive Care Units in all the selected CEmONC HFs across 22LGAs in the state	₦ 3,450,000,000.00			₦ -	
2.8.12.30.c	Rehabilite maternity unit with adequate equipments, solar installation and water system in all the maternity units in the 23GHs and	₦ 3,450,000,000.00			₦ -	
2.8.12.30.d	Support with adequate equipments and maintainance State CEmONC Coordinating Unit in the state Ministry of Health	₦ 3,290,000.00			₦ -	
2.8.12.30.e	Conduct 5days quarterly home visit for newborns and mothers within 24-48 hours post , monitor newborn health and provide guidance on care in 23LGAs (4 person per team and 1 supervisor per LGA making 115)	₦ 30,820,000.00			₦ -	
2.8.12.31.a	5 days Training of Doctors, midwives and nurses in Each GH on comprehensive new born care 68 participants	₦ 3,618,000.00				
2.8.12.31.b	Cascade 5 days Training of Doctors, midwives and nurses in Each GH on comprehensive new born care 68 participants plus 10 state team	₦ 83,793,000.00			₦ -	
2.8.12.31.c	Cunduct monthly mentorship for the trained H/W on the comprehensive newborn care competency in 23GHs	₦ 6,164,000.00			₦ -	

SOKOTO CONTRIBUTORY HEALTH MANAGEMENT AGENCY (SOCHEMA)

Table 16: Operational Activities of prioritized strategic interventions under Pillar two: Efficient, Equitable and Quality Health System

Activity Codes	Operational Activities	Total Cost	Government contribution	DP/IPS	DP/IPS Contribution	Funding Gap (Naira)
2.8.14.1.a	Conduct 5days residential Orientation meeting with 600 health facilities incharges and WDCs and LGA leaders on the enrolment process and ownership to cover vulnerables population with 10 Sochema staff	₦ 50,050,000.00	₦ 50,050,000.00			
2.8.14.1.b	Conduct 3days zoning training and retraining of 244 service providers on the effectiveness of timely data Reporting ,Financial Management and Daily Work plan activities by 15 agency staff	₦ 14,303,000.00	₦ 14,303,000.00		₦ -	
2.8.14.1.c	Conduct 2 days quaterly review meeting with 50 stakeholders on the enrolment processes,progress,issues,charlenges and solutions	₦ 10,800,000.00	₦ 10,800,000.00		₦ -	
2.8.14.1.d	Organise 2 days training for 4 departments with 5 staff from each, and 2 Facilitators	₦ 1,520,500.00	₦ -	Unicef	₦ 1,277,500	
2.8.14.1.e	Conduct 3 days sensitization and awareness on SSHIA activities example SOHEMA and the advantage of Formal sector	₦ 32,732,000.00	₦ 32,732,000.00		₦ -	
2.8.14.1.f	Conduct 3 days sensitization and awareness on SSHIA activities example SOHEMA and the advantage of Formal sector	₦ 81,132,000.00	₦ 81,132,000.00		₦ -	
2.8.14.1.g	Liverage on the M and E team of DPRS to monitor HI fun utilization	₦ 3,395,500.00	₦ -	Unicef	₦ 1,500,000	
2.8.14.2.a	Conduct 15day non residential field enrollment exercise for 25,000 Almajiri to the SSHIA by 15 staff of the agency for 3 zone	₦ 438,255,000.00	₦ 438,255,000.00			
2.8.14.2.b	Conduct 10 days field zoning enrollment exercise of 1500 GBV to the SSHIA by 10 agency staff	₦ 14,550,000.00	₦ 14,550,000.00		₦ -	
2.8.14.2.c	Conduct 45 days quaterly enrolment exercise 12,500 of Sokoto State civil servants including LGAs/LGEA and Pensioners by 15 agency staff	₦ 309,400,000.00	₦ 309,400,000.00		₦ -	
2.8.14.2.d	Conduct 15 day field zoning enrolment exercise of 20,000 IDPs in 4 camps to the SSHIA by 15 agency staff	₦ 94,593,000.00	₦ -	Pro Health International	₦ 17,135,000	
2.8.14.2.e	Conduct 10 day field zoning enrolment of 1500 fistula Survivors to the SSHIA by 10 staff	₦ 41,120,000.00	₦ 41,120,000.00		₦ -	
2.8.14.2.f	Conduct 10 day enrollment exercise of 1,000 childreen inmates from sokoto remain home to the SSHIA by 10 agency staff .	₦ 26,110,000.00	₦ 26,110,000.00		₦ -	
2.8.14.2.g	Enroll 10289 Vulnerable group within 10 day in 13 LGA by 10 agency staff	₦ 177,143,000.00		Unicef	₦ 123,468,000	
2.8.14.3.a	Procure 45 core i7 Laptop computers for enrolment exercise	₦ 54,000,000.00	₦ 54,000,000.00			
2.8.14.3.b	procure 5 office Color printers for office work	₦ 3,500,000.00	₦ 3,500,000.00		₦ -	

2.8.14.3.c	Procure 5 Lamination Machine	₦ 1,250,000.00	₦ 1,250,000.00		₦ -	
2.8.14.3.d	Procure 5 Claim ID Card Printers for SOCHEMA enrolment/other work	₦ 10,000,000.00	₦ 10,000,000.00		₦ -	
2.8.14.3.e	Purchase of 18 seater toyota bus	₦ 75,000,000.00	₦ 75,000,000.00		₦ -	
2.8.14.3.f	Procure No 1 4WD Toyota hillux	₦ 60,000,000.00	₦ 60,000,000.00		₦ -	
2.8.14.3.g	Provision of HIMS application sof tware for enrollment	₦ 25,000,000.00	₦ 25,000,000.00		₦ -	

HUMAN RESOURCE FOR HEALTH (HRH) UNIT

Table 17: Operational Activities of prioritized strategic interventions under Pillar two: Efficient, Equitable and Quality Health System

Activity Codes	Operational Activities	Total Cost	Government contribution	DP/IPS	DP/IPS Contribution	Funding Gap (Naira)
2.9.15.1.a	Sponsor ten (10) tutors to acquire masters degree in different field of specializations eg. Public health, Nursing, Evironmental, medical lab. sci, etc (4 tutos for CONS Sok, 3 for CONS Tambuwal and 3 tutors for SACHT Gwadabawa), 6 tutors for PhD (2 tutors per College), sponsor 2 PhD holders and 2 MSc holders to conduct research and publications in areas of needs or intrest, recruit and deploy 40 tutors to the pre-service health training institutions in State (10 each for CONS, Sok and Tambuwal and 20 tutors for SACHT Gwadabawa Sokoto), recruitment of 15 clinical instructors (5 for each College of Health in the State), disburse scholarship funds to 140 female students enrolled in community nursing/midwifery and CHEW program, quarterly sponsorship of 5 tutors to attend scientific conference, workshop,seminar, support 6 tutors in research and publication on annual basis,	₦ -				
2.9.15.1.b	Construct and furnish of 3 Simulation labs (1 per College) , 2 blocks of 3 classrooms for each College, Modern Library complex I per College, one CBT Centre/ICT centre per college with 500 capacity, Office complex for staff in each college, Entrepreunership workshop one per College, Male and Female Hostel accommodation (per college with 200 bed capacity), 500 capacity Auditurium per College, renovation and furnish of the existing male and female hostels in all the colleges	₦ -			₦ -	
2.9.15.1.c	Construct nine (9) boreholes, SACHT 5, CONS Sok, 2 CONS Tambuwal 2	₦ -			₦ -	
2.9.15.1.d	Purchase and maintenanace of power generator plant (500KVA) one per College,	₦ -			₦ -	
2.9.15.1.e	Install Solar system to provide power in each College	₦ -			₦ -	
2.9.15.1.f	Conduct 2-days quarterlyresidential meetings with 55 participants for the development and review of pre-service Institutional Strengthen Plan (ISP)	₦ 33,460,000.00		USAID-HWM Activity	₦ 36,000,000	
2.9.15.1.g	Support the health training institutions (CONS Sok and Tambuwal) to print and conduct 1-day dissemination meeting for the distribution of 100 copies of clinical procedure guide to the pre-service health training institutions	₦ 80,742,500.00			₦ -	
2.9.15.1.h	Renovate the administrative Block for CONS Tambuwal and CONS Sok, provide students tables and chairs	₦ -			₦ -	

2.9.15.1.i	Procure laboratory equipments CONS Sok and Tambuwal, procure 32-Seater Bus for Students Activities for CONS Tambuwal and CONS Sokoto	₦ -			₦ -	
2.9.15.1.j	Construct access road for CONS Tambuwal, parameter fencing of the college of nursing sciences Tambuwal, ,Construct guest house at CONS Tambuwal for external examiners	₦ -			₦ -	
2.9.15.1.k	Purchase of office and classroom furnitures, teaching and learning equipment, construct cretch for accreditation at CONS Tambuwal, purchase of 2 nos of Hilux and 2 nos of saloon cars for CONS Sok, CONS Tambuwal and SACHT,Construct 6 nos of staff quarters (2 & 3 bedrooms, Construct a central mosque for CONS Sok and CONS Tambuwal	₦ -			₦ -	
2.9.15.1.l	Complete the new admin block at SACHT Gwadabawa	₦ -			₦ -	
2.9.15.1.m	Renovate staff quarters at SACHT Gwadabawa and CONS Sokoto	₦ -			₦ -	
2.9.15.1.n	Construct 3 nos of classrooms for community health, Community nursing , Community midwifery programs for SACHT Gwadabawa, CONS Tambuwal and CONS Sok, support the accredidation for Sultan Abdur-Rahman College of Health of Health Technology, Gwadabawa and CONS Tambuwal 2. Proposed change of name from State College of Basic and Remedial Studies to College of Health Technology, Sokoto with construction of additional infrastructures and provision of additional teaching and learning materials/equipment and other facilities required to meet regulatory body standard for accreditation	₦ -			₦ -	
2.9.15.3.a	Strengthen training curricular implementation, monitoring mechanism at the Pre-service Health Training Institution (PSHTIs) level	₦ -				
2.9.15.3.b	Monitor PSHTIs implementation of their performance management and retention guideline	₦ -			₦ -	
2.9.15.3.c	Monitor Scale-up of use of the newly revised clinical procedure guide and standing orders for nurses/midwives and CHEW	₦ -			₦ -	
2.9.15.4.a	Constitute and inaugrate 15 members State HRH varification committee engaging all the relevant stakeholders to conduct physical varification of State health workforce in order to determine their actual number and equitable distribution to reflect existing record in the registry.	₦ 120,000.00	₦ 120,000.00			
2.9.15.4.b	Conduct 2 months physical varification exercise across all the levels of public health care institutions in the State and submit report to the Ministry for further necessary action	₦ 8,100,000.00	₦ 8,100,000.00		₦ -	
2.9.15.4.c	Conduct 5-days annual residential meeting of 40 paarticipants (10 participant from the Ministry of Health and 5 participants from each of its 6 pasatatals) to adopt/adapt the strategic HRH Plan	₦ 27,850,000.00	₦ 29,350,000.00		₦ -	

2.9.15.4.d	Constitute and inaugrate 15 members Supporting SupervisionTteam (SST) engaging all the relevant stakeholders to conduct supportive supervision across all the public health institution in the State	₦ 60,000.00	₦ 120,000.00		₦ -	
2.9.15.4.e	Conduct supportive supervision and report on quarterly basis	₦ 120,000.00	₦ 120,000.00		₦ -	
2.9.15.4.f	conduct 1-day quarterly HRH TWG meeting with 40 participants	₦ 3,240,000.00		USAID-HWM Activity	₦ 5,360,000	
2.9.15.4.g	Conduct 3-days biannaul residentail capacity building training workshop with 45 participants for MDAs and LGAs` HRH focal persons on health worforce registry operation, generating report for informed decision, continue supporting the coaching and mentoring sessions in the State, LGA HRH managers on the use of the State HRH registry (ihris local instance)	₦ 10,237,500.00			₦ -	
2.9.15.4.h	Conduct 1-day meeting with 60 participants for the transition of ihris version 5.0 to the Sokoto state government, the State to host the Integrated Human Resource for Health Information System (Ihris) version 5.0 , support the State training committee (SSPHCDA) to tract health care worker training using ihris version 5.0	₦ 1,195,000.00		USAID-HWM Activity	₦ 2,930,400	
2.9.15.4.i	Develop, validate and disseminate HRH profile annually using the HRH data in the State registry, produce actionable report from the annual State health workforce profile and strengthen advocacies efforts towards the implementation of the actionable report.	₦ -			₦ -	
2.9.15.4.l	Conduct 1-day non residential dissemination meeting with 45 participants for the dissemination of the HRH profile	₦ -				
2.9.15.4.m	Conduct 1-days residential orientation meeting for 67 participants including LGAs Health Directors to improve supervisory roles on Ihris management	₦ -				
2.9.15.5.a	Conduct 1-day non residential meeting with 120 participants for the commemoration and award presentation to the deserving health care workers in the State (World Health Worker Week)	₦ 3,480,000.00		USAID-HWM Activity	₦ 4,900,000	
2.9.15.5.b	conduct 1- day planning meeting with 26 participants to facilitate the data driven deloyment of PHC workforce (SBAs),	₦ 104,000.00		USAID-HWM Activity	₦ 4,168,000	
2.9.15.5.c	Conduct 4-days non residential orientation meeting for the newly recruited Skilled Birth Attendant (SBAs) with 150 participants (staff of BMGF/BHCPF)	₦ 6,420,000.00		USAID-HWM Activity	₦ 13,560,000	
2.9.15.6.a	Conduct 2-days non residential 2025 SWAp HRH AOP review meeting with 40 participants using Monitoring, Evaluation and Learnng (ME&L) framework	₦ 1,655,000.00		USAID - HWMA	₦ 2,270,000	
2.9.15.6.b	Conduct 4-days residential training workshop with 55 participants (LGAs HRH, PSHTIs) to develop and priotize activities to be incooperated into 2026 SWAp	₦ 11,340,000.00		USAID - HWMA	₦ 11,165,000	
2.9.15.6.c	Support with coaching and mentoring to State and LGA HRH manager to improve the implementation of 2025 SWAp AOP	₦ -			₦ -	
2.9.15.6.d	Conduct quarterly onsight for monitoring data collection success story harvesting	₦ 3,848,874.00		USAID - HWMA	₦ 3,848,874	

DRUG AND MEDICAL SUPPLY MANAGEMENT AGENCY (DMSMA)/LMCU UNIT

Table 18: Operational Activities of prioritized strategic interventions under Pillar three: Unlocking the Value Chain

Activity Codes	Operational Activities	Total Cost	Government contribution	DP/IPS	DP/IPS Contribution	Funding Gap (Naira)
3.11.17.1.a	Conduct 1 day Planning Meeting of 20 participants on the development/adoption of natioanl road map for local production of Health Products	₦ 110,000.00				
3.11.17.1.b	Conduct a 3 days Residential training for 30 participoant on development/adoption of State road map for local pharmaceutical production	₦ 10,577,000.00			₦ -	
3.11.17.1.c	Conduct 1 day Validation/Dessimination Meeting of Road map tool for the production of local pharmaceutical product in the state for 50 participants	₦ 1,225,000.00			₦ -	
3.11.17.1.d	Secure Registarion with Regulatory Agencies (PCN,NAFDAC,SON)	₦ 12,000,000.00			₦ -	
3.11.17.1.e	Secure Insurance policy for the state DMSMA and DRF commodities	₦ 20,000,000.00			₦ -	
3.11.17.3.a	Conduct 1 day planning meeting Involving 15 participant to address manpower gaps in local production of pharmaceutical product for DMSMA	₦ 82,500.00				
3.11.17.3.b	Secure 3 months industrial training on local manufacturing of pharmaceutical products for 3 identified personel from DMSMA at a reputable local pharmaceutical manufacturing company	₦ 45,720,000.00			₦ -	
3.11.17.3.c	Rehabilitate the existing local pharmaceutical production unit at DMSMA	₦ 11,000,000.00			₦ -	
3.11.17.3.d	Construct water treatment line and water storage tank for local production of pharmaceutical products	₦ 12,000,000.00			₦ -	
3.11.17.3.e	Procure raw materials for the local production of pharmaceutical products	₦ 100,000,000.00			₦ -	
3.11.17.3.f	Equip DMSMA local pharmaceutical production unit	₦ 65,000,000.00			₦ -	
3.13.19.1.a	Conduct 1 day Monthly DRF Management Committee Meeting for 30 Committee members to monitor DRF Performance	₦ 12,120,000.00				
3.13.19.1.b	Conduct 1 day Quarterly State DRF Steering Committee Meeting for 30 Committee Members to monitor DRF Performance	₦ 62,040,000.00			₦ -	
3.13.19.1.c	Conduct 4 days Monthly DRF Supportive Supervision of 8 teams to cover 80 Health facilities Across DRF Supported (M&E)	₦ 3,040,000.00			₦ -	

3.13.19.1.d	Conduct 1 day Planning Meeting for 15 participants to come up with marketing strategy and Market analysis	₦ 730,000.00			₦ -	
3.13.19.1.e	Conduct 5 day training on Marketing strategy and Market analysis for DRF Commodities for 15 Marketing Personnel	₦ 5,440,000.00			₦ -	
3.13.19.2.a	Conduct pre LMD 1 day Planning meeting of 15 participant of state lead LMD Team to generate burget for pick and pack activities	₦ 1,095,000.00				
3.13.19.2.b	Procur material for LMD pick and pack Activities	₦ 2,823,600.00			₦ -	
3.13.19.2.c	Pick and Pack of commodities for 650 public health facilities by 50 participants for 5 days	₦ 16,050,000.00			₦ -	
3.13.19.2.d	Conduct last-mile distribution (LMD) monitoring to 650 public health facilities by 10 participants for 5 days	₦ 9,750,000.00			₦ -	
3.13.19.2.e	Conduct 5 days POD reconciliation and Data entry for 5 participants	₦ 1,275,000.00			₦ -	
3.13.19.2.f	Conduct 1 day Post LMD review meeting for 35 participants	₦ 2,175,000.00			₦ -	
3.13.19.2.g	Last Mile Delivery of Healthcare Commodities from DMSMA Warehouse to 778 Public Health Facilities across the State	₦ 56,016,000.00			₦ -	
3.13.19.4.a	Conduct 1 day planning meeting of 20 Participant procurement committee members for DRF scale up to 526 PHCs (70% coverage) forecasting, quantification and procurent	₦ 210,000.00				
3.13.19.4.b	Conduct 6 days needs accessment/facility Readiness for 10 participants to identify facility needs and readiness for kick off of the DRF program	₦ 2,250,000.00			₦ -	
3.13.19.4.c	Conduct 2day residential training For Reviewing tender documents by 20 participants for the procurement of seed stock to scale up DRF Coverage to 526 PHCs (70% Coverage)	₦ 6,238,000.00			₦ -	
3.13.19.4.d	Advertise for tender/Expression Of Interest in 2 National dailies and Announcement in 2 local radio stations	₦ 1,500,000.00			₦ -	
3.13.19.4.e	Conduct a 1day clarification, meeting with 40 bidders	₦ 220,000.00			₦ -	
3.13.19.4.f	Conduct 1 day bid opening for 50 participants for suppliers mapping	₦ 275,000.00			₦ -	
3.13.19.4.g	Conduct 3 day residential Bid evaluation meeting for 15 participants	₦ 634,500.00			₦ -	
3.13.19.4.h	purchase essential drugs, Medical supplies, laboratory suppplies worth 800 milion naira	₦ 800,000,000.00			₦ -	

DEPARTMENT OF PUBLIC HEALTH

Table 19: Operational Activities of prioritized strategic interventions under Pillar four: Unlocking the Value Chain

Activity Codes	Operational Activities	Total Cost	Government contribution	DP/IPS	DP/IPS Contribution	Funding Gap (Naira)
4.14.20.2.a	Produce 3 Jingles (English, Hausa and Fulfulde) on general disease prevention and health promotion practices	₦ 270,000.00				
4.14.20.2.b	Twice weekly Airing of jingles on general disease prevention and health promotion practices for 52 weeks	₦ 6,240,000.00			₦ -	
4.14.20.2.c	Produce 10 disease specific jingles for the priority diseases (Cholera, CSM, Measles, AFP, Diphtheria, Yellow Fever, mPox, Lassa Fever, Dengue Fever and COVID-19) in the state for airing during outbreaks	₦ 600,000.00			₦ -	
4.14.20.2.d	Air disease specific jingles for common priority diseases during oubreaks twice daily for 4 weeks.	₦ 1,500,000.00			₦ -	
4.14.20.2.e	Conduct twice weekly Phone-in programs on common priority diseases in the state during outbreaks for 8 weeks	₦ 8,000,000.00			₦ -	
4.14.20.2.f	Produce 23,500 copies of SBCC materials in English, Hausa and Ajami on common priority disease in the state	₦ 35,250,000.00			₦ -	
4.14.20.2.g	Conduct a 1-day engagement meeting with 87 District Heads, 500 Village Heads, and 10,000 Settlement Heads (10,587 participants) during outbreks	₦ 236,640,000.00			₦ -	
4.14.20.2.h	Conduct 1 engagement meetings with 2,300 Grassroot Ulamas and 460 Modibbos (2,760 participants) during outbreks	₦ 57,730,000.00			₦ -	
4.14.20.2.i	Conduct weekly phone-in program for general disease prevention and health promotion	₦ 8,000,000.00			₦ -	
4.14.20.3.a	Conduct a 3-days workshop for 40 Participants (EOC, Min. of Agric, MoE, SSPHCDA and partners) on multi-hazard response national policy and plans on emergency preparedness and disease outbreak management for health sector	₦ 3,182,500.00				
4.14.20.3.b	Conduct a 2-days training on data analysis and visualization for 60 surveillance officers (PHEOC Staff, DSNOs and Assistant DSNOs) in collaboration with Usmanu Danfodiyo University School of Public Health	₦ 6,130,000.00			₦ -	
4.14.20.3.c	Conduct a 5-day training of 10 Call Center staff on Event-Based Surveillance (EBS) and Call Center operation in collaboration with the NCDC	₦ 6,630,000.00			₦ -	
4.14.20.3.d	Conduct a 2-day residential training for capacity building of 30 Laboratory personnels on sample collection, packaging, and transportation to enhance early detection.	₦ 18,540,000.00			₦ -	

4.14.20.3.e	Conduct a 5-day annual training on VPD surveillance of all cadre of persons in the surveillance network in the State in collaboration with Usmanu Danfodiyo University School of Public Health	₦ 33,130,000.00			₦ -	
4.14.20.3.f	Organize a 2-day residential training for 35 IPC Focal Persons on IPC guidelines and safety procedures.	₦ 7,050,000.00			₦ -	
4.14.20.3.g	Conduct a 1-day refresher training for 15 State Rapid Response Team members	₦ 1,175,000.00			₦ -	
4.14.20.3.h	Conduct a 1-day refresher training for the 230 LGA Rapid Response Team members in 5 clusters	₦ 5,792,500.00			₦ -	
4.14.20.3.i	Conduct 5-days training on occupational health and safety, infection prevention and control and WASH among 200 health workers in collaboration with Usmanu Danfodiyo University School of Public Health	₦ 24,700,000.00			₦ -	
4.14.20.5.a	Conduct a 1-day refresher training on IDSR for 55 LGA Surveillance Officers (DSNOs and ADSNOs) and 850 Facility Surveillance Focal Persons and Fcility In-Charges	₦ 23,120,000.00				
4.14.20.5.b	Print and distribute 900 copies of IDSR 001A,B AND C(50 pages each), 900 copies of Facility IDSR 002 (60 pages), 30 copies of LGA IDSR 002 (60 pages), 900 copies of Facility IDSR 003 (20 pages), 30 copies of LGA IDSR 003 (20 pages) and 1000 copies of Runour Log book	₦ 27,425,000.00			₦ -	
4.14.20.5.c	Conduct a 1-day refresher training for 2440 Community Informants on common priority diseases in the state and the reporting protocol	₦ 45,193,500.00			₦ -	
4.14.20.5.d	Collaborate with the School of Public Health, UDUS to conduct a 2-day training for 90 participants (surveillance officers, emergency respondents, HCW) and 260 Health Facility In-Charges on the 7-1-7 approach to outbreak detection and response	₦ 33,010,000.00			₦ -	
4.14.20.5.e	Provide monthly logistics for 700 Community Informants and Facility focal persons in 6 selected LGAs for community-based surveillance activities.	₦ 86,940,000.00			₦ -	
4.14.20.5.f	Conduct a 1-day refresher training on SORMAS for 60 Surveillance Officers at the LGAs and selected Health Facilities	₦ 7,805,000.00			₦ -	
4.14.20.5.g	Provision of monthly Internate data for 80 surveillance officers at the state, LGA and facilities for SORMAS upload	₦ 4,800,000.00			₦ -	
4.14.20.5.h	Conduct a 1-day quaterly review meeting with 20 partcipants from parallel disease control programs (NTD, TB/Leprosy, Malaria, HIV, Nutrition) to harmonize surveillance data	₦ 1,520,000.00			₦ -	
4.14.20.5.i	Provide operational support for the State Call Center (Internate data, Toll-free subsription)	₦ 2,280,000.00			₦ -	
4.14.20.5.j	Organise 2-quarterly 1-day sensitization meeting on IDSR with 120 Proprietors of Private Health Facilities in the state	₦ 3,490,000.00			₦ -	
4.14.20.5.k	Conduct twice weekly supportive supervision on IDSR by 5 state team members to selected LGAs and Health Facilities	₦ 5,200,000.00			₦ -	

4.14.20.5.l	Conduct weekly Active Case Search by 5 state team members for priority diseases at selected Health Facilities	₦ 520,000.00			₦ -	
4.14.20.5.m	Provide monthly stipend to 55 LGA surveillance officers (DSNOs and ADSNOs) to support active case search for AFP and other priority diseases at health facilities	₦ 2,750,000.00			₦ -	
4.14.20.5.n	Provision of monthly airtime for 244 surveillance focal persons for contacting community informants in their respective wards	₦ 2,928,000.00			₦ -	
4.14.20.5.o	Installation of Solar Power System at the State PHEOC Call Center	₦ 3,000,000.00			₦ -	
4.14.20.5.p	Procure 2 Hilux for the state surveillance team and 46 Motorcycles for LGA surveillance officers	₦ 125,000,000.00				
4.14.20.6.a	Construct 3 blocks with Uni Flow Offices, common rooms, lavatory, storage, and archives for the state public health laboratory	₦ 100,000,000.00				
4.14.20.6.b	Procure furniture and fittings for the state public health laboratory	₦ 100,000,000.00			₦ -	
4.14.20.6.c	Provide logistics for transporting 100 stool samples from LGA to Sokoto and from Sokoto to Polio Lab. Ibadan	₦ 16,000,000.00			₦ -	
4.14.20.6.d	Provide logistics for transporting 500 samples of priority diseases during outbreaks from LGA to Sokoto	₦ 5,000,000.00			₦ -	
4.14.20.6.e	Provide logistics for transportation of 144 Environmental surveillance samples collected twice monthlyfrom the 6 ES sites from Sokoto to Ibadan	₦ 21,600,000.00			₦ -	
4.14.20.6.f	Bi-annual procurement and distribution of 5000 sample collection materials	₦ 20,000,000.00			₦ -	
4.14.20.7.a	Appoint State AMR Focal Person to coordinate AMR activities in the state	₦ -				
4.14.20.7.b	Conduct 1-day sensitization meeting with 50 relevant stakeholders on AMR stewardship in the state	₦ 940,000.00			₦ -	
4.14.20.7.c	Conduct a 1-day quarterly review meeting with 70 participants on AMR	₦ 5,960,000.00			₦ -	
4.14.20.8.a	Conduct operational researches e.g KAP of surveillance officers, health workers and caregivers on identification of AFP cases	₦ -				
4.14.20.8.b	Collaborate with One Health Institute to conduct research studies on investigating the role of environmental toxins in the recent outbreak of suspected Heavy Metal Poisoning in Sokoto State.	₦ 5,000,000.00			₦ -	
4.14.20.8.c	In collaboration with Usmanu Danfodiyo University School of Public Health, establish public health research registry in Sokoto state	₦ -			₦ -	

4.14.20.8.d	Procure labtop computers and associated accessories, printers, scanners for the Registry	₦ 1,620,000.00			₦ -	
4.14.20.8.e	Conduct 1 day sensitization meeting 70 critical stakeholders on the public health research registry	₦ 1,055,000.00			₦ -	
4.14.20.9.a	Conduct 1 day planning meeting of 20 participants on conduct of risk profiling and multi-hazard assessment of states	₦ 80,000.00				
4.14.20.9.b	Conduct 5 days risk profiling and multi-hazard assessment of states including disease outbreaks, climate shocks, natural disasters, and other emergency emergencies with 30 participants	₦ 550,000.00			₦ -	
4.14.20.9.c	Conduct 1 day validation and dissemination meeting of 100 crtical stakeholders on the state risk profile and multi-hazard assessment report	₦ 1,900,000.00			₦ -	
4.14.20.9.d	Cconduct 5 days meeting of 50 critical stakeholders for development of multi-year Emergency preparedness and Response (EPR) plan encompassing disease outbreaks, climate shocks, natural disasters, and other humanitarian emergencies	₦ 6,965,000.00			₦ -	
4.14.20.9.e	Conduct 1 day validation and dissemination meeting of EPR Plan with 100 critical stakeholders	₦ 3,350,000.00			₦ -	
4.14.20.9.f	Conduct 5 days meeting of 50 critical stakeholders for the development of Multi-year EPR Plan implementation plan	₦ 6,965,000.00			₦ -	
4.14.20.9.g	Conduct 1 day validation and dissemination meeting of EPR implementation Plan with 100 critical stakeholders	₦ 3,350,000.00			₦ -	
4.14.20.9.h	Conduct 1-day quaterly meeting of the 25 EPR Committee members	₦ 1,150,000.00			₦ -	
4.14.20.9.i	Conduct 3-days State Joint External Evaluation (JEE) by 15 Assesssors from NCDC	₦ 11,662,500.00			₦ -	
4.14.20.9.j	Conduct a 3-day workshop of 10 participants to develop Incident Action Plan (IAP) for common priority diseases in the state (Cholera, Measles, CSM etc)	₦ 795,000.00			₦ -	
4.14.20.9.k	Conduct a 1-day training of 2440 Active Case Searchers on community active case search for disease detection and reporting during outbreaks	₦ 30,680,000.00			₦ -	
4.14.20.9.l	Conduct a 1-day training of 2440 Contact Tracers on contact tracing during outbreaks	₦ 30,680,000.00			₦ -	
4.14.20.9.m	Conduct a 2-day training of 60 Surge Staff (Doctors, nurses, CHEWs, Environmental Health Officers etc) on emergency response	₦ 3,480,000.00			₦ -	

4.14.20.9.n	Provide monthly operational support for the State Public Health Emergency Center (PHEOC)	₦ 840,000.00			₦ -	
4.14.20.9.o	Provide logistics support for 7 state team members for 70 outbreak investigations during outbreaks	₦ 13,230,000.00			₦ -	
4.14.20.9.p	Provide logistics support for 5 LGA team members for 70 outbreak investigations during outbreaks	₦ 9,450,000.00				
4.14.20.8.a	Conduct operational researches e.g KAP of surveillance officers, health workers and caregivers on identification of AFP cases	₦ -				
4.14.20.8.b	Collaborate with One Health Institute to conduct research studies on investigating the role of environmental toxins in the recent outbreak of suspected Heavy Metal Poisoning in Sokoto State.	₦ 5,000,000.00			₦ -	
4.14.20.8.c	In collaboration with Usmanu Danfodiyo University School of Public Health, establish public health research registry in Sokoto state	₦ -			₦ -	
4.14.20.8.d	Procure labtop computers and associated accessories, printers, scanners for the Registry	₦ 1,620,000.00			₦ -	
4.14.20.8.e	Conduct 1 day sensitization meeting 70 critical stakeholders on the public health research registry	₦ 1,055,000.00			₦ -	
4.14.20.9.a	Conduct 1 day planning meeting of 20 participants on conduct of risk profiling and multi-hazard assessment of states	₦ 80,000.00				
4.14.20.9.b	Conduct 5 days risk profiling and multi-hazard assessment of states including disease outbreaks, climate shocks, natural disasters, and other emergency emergencies with 30 participants	₦ 550,000.00			₦ -	
4.14.20.9.c	Conduct 1 day validation and dissemination meeting of 100 crtical stakeholders on the state risk profile and multi-hazard assessment report	₦ 1,900,000.00			₦ -	
4.14.20.9.d	Cconduct 5 days meeting of 50 critical stakeholders for development of multi-year Emergency preparedness and Response (EPR) plan encompassing disease outbreaks, climate shocks, natural disasters, and other humanitarian emergencies	₦ 6,965,000.00			₦ -	
4.14.20.9.e	Conduct 1 day validation and dissemination meeting of EPR Plan with 100 critical stakeholders	₦ 3,350,000.00			₦ -	
4.14.20.9.f	Conduct 5 days meeting of 50 critical stakeholders for the development of Multi-year EPR Plan implementation plan	₦ 6,965,000.00			₦ -	
4.14.20.9.g	Conduct 1 day validation and dissemination meeting of EPR implementation Plan with 100 critical stakeholders	₦ 3,350,000.00			₦ -	
4.14.20.9.h	Conduct 1-day quaterly meeting of the 25 EPR Committee members	₦ 1,150,000.00			₦ -	
4.14.20.9.i	Conduct 3-days State Joint External Evaluation (JEE) by 15 Assesssors from NCDC	₦ 11,662,500.00			₦ -	

4.14.20.9.j	Conduct a 3-day workshop of 10 participants to develop Incident Action Plan (IAP) for common priority diseases in the state (Cholera, Measles, CSM etc)	₦ 795,000.00			₦ -	
4.14.20.9.k	Conduct a 1-day training of 2440 Active Case Searchers on community active case search for disease detection and reporting during outbreaks	₦ 30,680,000.00			₦ -	
4.14.20.9.l	Conduct a 1-day training of 2440 Contact Tracers on contact tracing during outbreaks	₦ 30,680,000.00			₦ -	
4.14.20.9.m	Conduct a 2-day training of 60 Surge Staff (Doctors, nurses, CHEWs, Environmental Health Officers etc) on emergency response	₦ 3,480,000.00			₦ -	
4.14.20.9.n	Provide monthly operational support for the State Public Health Emergency Center (PHEOC)	₦ 840,000.00			₦ -	
4.14.20.9.o	Provide logistics support for 7 state team members for 70 outbreak investigations during outbreaks	₦ 13,230,000.00			₦ -	
4.14.20.9.p	Provide logistics support for 5 LGA team members for 70 outbreak investigations during outbreaks	₦ 9,450,000.00				
4.15.21.2.a	Establish 15 member multi-sectorial climate Health TWG for the State with their ToR	₦ -				
4.15.21.2.b	Conduct 2 days capacity building meeting on TWG TOR, climate and health for the 15 member Committee.	₦ 1,119,000.00				
4.15.21.2.c	Conduct quarterly I day coordination meeting of the Climate Health TWG of the 15 members	₦ 240,000.00				
4.15.21.2.d	Conduct 5 days climate vulnerability and risk assessment of 30 participants on the impact of the climate change on human health in sokoto state	₦ 5,880,000.00				
4.15.21.2.e	Conduct I day validation and dissemination meeting of 70 stakeholders on the VA Report	₦ 1,580,000.00				
4.15.21.2.f	Conduct quarterly 3 days training of 30 participants on integration of existing health programs with climate change elements and build resilient health system in Sokoto state	₦ 1,849,500.00				
4.15.21.2.g	Conduct 2 days quarterly Climate Health supportive supervison of 15 member climate Health TWG to assess implementation of climate initiatives across health programmes	₦ 1,080,000.00				
4.15.21.2.h	Conduct quarterly I day climate health advocacy visits and sensitization meeting of critical stakeholders of 50 participants	₦ 5,240,000.00				
4.15.21.3.a	Conduct I day planning meeting of 20 participants on development/domestication of costed Health National Adaptation Plan (HNAP) and Operational and funding allocation plan	₦ 80,000.00				
4.15.21.3.b	Conduct 10 days meeting of 50 critical stakeholders to develop costed HNAP and Operational and funding allocation (resource mobilization) plan	₦ 13,000,000.00				
4.15.21.3.c	Conduct 2 days validation and dissemination meeting of costed HNAP, operational and funding allocation (resource mobilization) plan with 70 critical stakeholders	₦ 2,925,000.00				

4.15.21.3.d	Printing of 50 copies of costed HNAP, operational and funding allocation (resource mobilization) plan	₦ 150,000.00				
4.15.21.3.e	Conduct 3 days trainingof 200 key stakeholders on the HNAP (in batches of 50 participants)	₦ 11,182,500.00				
4.15.21.3.f	Collaborate with Usmanu Danfodiyo University School of Public Health to conduct researches that address health issues impacted by climate change, including asthma, respiratory allergies and airway diseases, vector-borne and zoonotic diseases, and waterborne diseases; To understanding and mitigating the health impact of climate change; address the impact of climate change on health and well-being over the lifespan.	₦ 9,700,000.00				
4.15.21.3.g	Collaborate with Usmanu Danfodiyo University School of Public Health to conduct researches that (1) Assess the impact of environmental and ecologic factors affected by climate change on the breeding, size, distribution, range, or spread of populations of insect vectors of human disease or intermediate hosts of pathogens responsible for human disease; (2) The impact of climate change-associated variations (e.g., in environmental and ecologic conditions) on the reproductive capacity, virulence, transmissibility, and epidemiology of pathogenic microbes; (3) The impacts of climate change on drinking water infrastructure and enhanced risks of waterborne diseases (e.g., flooding of sewage systems due to excessive rainfall that alters the epidemiology of zoonoses and enteropathogenic disease); (4) To assess populations affected by allergic and infectious diseases likely to change in incidence or prevalence due to climate change (e.g., epidemiological studies to evaluate the likely effects of climate change on the burden of these diseases)	₦ 50,000,000.00				
4.15.21.3.h	Conduct 1 day validation and dissemination meeting 100 critical stakeholders on the research findings	₦ 1,900,000.00				
4.15.21.4.a	Conduct a 2 days Training of 100 participants on Risk assessment and map sketching (CCFPs, DSNOs, EHOs & H.Es) in 2 clusters	₦ 19,030,000.00				
4.15.21.4.b	Conduct Sensitization of 244 communities leaders on human behavior contributing to cimate linked health emergencies	₦ 5,814,000.00				
4.15.21.4.c	Collaborate with School of Public Health, UDUS to conduct a Research on prediction and forecast	₦ 15,500,000.00				
4.15.21.4.d	Conduct a 1-day monthly review meeting with 30 relevant stakeholders (MoH, MoE, MoAh, SEMA, NEMA etc)	₦ 552,500.00				
4.15.21.4.e	Conduct a 3-day Workshop of 40 participants to develop a disaster management plan	₦ 3,375,000.00				
4.15.21.4.f	Conduct a 1-day validation and dissemination meeting of 70 critical stakeholders on the developed disaster plan	₦ 3,615,000.00				
4.15.21.6.a	Conduct 1 day planning meeting of 20 participants on development of low-carbon building standards and protocols for health facilities in the state	₦ 80,000.00				

4.15.21.6.b	Conduct 5 days meeting of 50 participants to develop low-carbon building standards and protocols for health facilities in the state	₦ 7,212,500.00				
4.15.21.6.c	Conduct 1 day validation and dissemination meeting of 100 participants on the developed low-carbon building standards and protocols for health facilities in the state	₦ 1,957,500.00				
4.15.21.6.d	Print and distribute 100 copies the low-carbon standards and protocols for health facilities in the state	₦ 150,000.00				
4.15.21.6.e	Conduct 3 days training programs for 500 participants (health planners, architects, engineers, builders, and facility managers) in batch 40 participants each on low-carbon construction practices	₦ 30,645,000.00				
4.15.21.6.f	Construct 3 health facilities (1 each senatorial zone) as a pilot project in the state following the new low-carbon standards and protocol.	₦ 60,000,000.00				
4.15.21.6.g	Conduct quarterly 2 days sensitization meeting of 100 participants on the developed low-carbon standards and protocols	₦ 17,100,000.00				
4.15.21.6.h	Refurbish or upgrade 1 PHC centres per ward totalling 244 to attain EDGE (Excellence in Design for Greater Efficiencies) level 1 certification	₦ 488,000,000.00				

STATE HMIS

Table 20: Operational Activities of prioritized strategic interventions under Enabler 1: Data and Digitization

Activity Codes	Operational Activities	Total Cost	Government contribution	DP/IPS	DP/IPS Contribution	Funding Gap (Naira)
1.16.22.1.a	Conduct quarterly 1 day meeting with 45 participants of State Monthly health data consultative (HDCC) meeting	₦ 4,150,000.00	₦ 4,150,000.00			
1.16.22.1.b	Conduct quarterly one day meeting of 45 participants of State Monthly Health Data Governance Committee (HDCC) meeting	₦ 4,150,000.00	₦ 4,150,000.00		₦ -	
1.16.22.1.c	Conduct of 1 day bi-Annual Health Data Governance Council Committee (HDGCC) meeting with 15 participants	₦ 120,000.00	₦ 120,000.00		₦ -	
1.16.22.1.d	Conduct quarterly 1 day meeting with 30 participants of M&E technical working Group meeting	₦ 2,580,000.00	₦ 2,580,000.00		₦ -	
1.16.22.1.e	Conduct 2 days capacity building with 30 members of state M&E TWG and LGA M&E officers to allign with the SWAp	₦ 1,463,000.00	₦ 1,463,000.00		₦ -	
1.16.22.2.a	Conduct 1 day planning meeting of 10 participants on development/domestication of State HIS Policy, strategy, SOPs, Guidelines, and Manuals	₦ 40,000.00	₦ 40,000.00			
1.16.22.2.b	Conduct 5 days meeting of 30 participants to demosticate State HIS Policy, strategy, SOPs, Guidelines, and Manuals	₦ 4,570,000.00	₦ 4,570,000.00		₦ -	
1.16.22.2.c	Conduct 1 day validation and dissemination meeting 100 participants on the domesticated State HIS documents	₦ 1,911,500.00	₦ 1,911,500.00		₦ -	
1.16.22.2.d	Print 50 copies of State HIS Policy	₦ 150,000.00	₦ 150,000.00		₦ -	
1.16.22.2.e	Conduct 5 days residential capacity building training of 30 state and LGA HMIS/M&E officers on state HIS policy, strategy, SOPs, Guidelines and manuals	₦ 9,620,000.00	₦ 9,620,000.00		₦ -	
1.16.22.3.a	Conduct of 2 days Cluster Training and capacity building programs for 2,478 health care providers and data managers (3 providers from each of 826 Health facilities) on NHMIS optimization	₦ 82,346,000.00	₦ 82,346,000.00			
1.16.22.3.b	Conduct 1 day meeting of 20 participants to conducted thorough evaluation of current HMIS including DHIS2 to identify strengths, weakness and areas of improvement	₦ 80,000.00	₦ 80,000.00		₦ -	
1.16.22.3.c	Conduct 2 days non-residential meeting of 30 participants to domesticate National NHMIS tool	₦ 1,306,000.00	₦ 1,306,000.00		₦ -	

1.16.22.3.d	Provide quarterly feedbacks and rewards (incentives) to healthcare workers and data managers who submit complete and timely health data	₦ -	₦ -		₦ -	
1.16.22.3.e	Conduct 3 days meeting with 30 participants to domesticate, validate and disseminate secondary and tertiary NHMIS tool and Community Health Management information system tools	₦ 1,849,500.00	₦ 1,849,500.00		₦ -	
1.16.22.3.f	Conduct quarterly 2 days Integrated Supportives Supervission for data quality including data validation, cleaning and verification with 70 participants at the health facilities	₦ 5,040,000.00	₦ 5,040,000.00		₦ -	
1.16.22.3.g	Conduct 3 days trainning on digitalizatiion of HMIS data tools scaleup from 244 H/F to 488 (DHIS2) (732 participant)	₦ 48,687,000.00	₦ 48,687,000.00		₦ -	
1.16.22.3.h	Conduct quarterly 1 day data review and coordination meetings with 50 state officers, LGA M&E officers, and record officers from SHFs and THFs.	₦ 4,500,000.00	₦ 4,500,000.00		₦ -	
1.16.22.6.a	Conduct 2 days non-residential review and adaptation meeting with 30 participants of national indicator/data dictionary	₦ 1,320,000.00	₦ 1,320,000.00			
1.16.22.6.b	Conduct 1 day validation and dissemination meeting with 70 key stakeholders on adapted data dictionary	₦ 1,532,500.00	₦ 1,532,500.00		₦ -	
1.16.22.6.c	Adapt the digitized and harmonized HMIS data tools for PHCs, secondary and tertiary health facilities and communities in 1 day meeting with 20 participants	₦ 80,000.00	₦ 80,000.00		₦ -	
1.16.22.6.d	Adapt, integrate and support interoperability of national health data systems in 1 day meeting with 20 stakeholders	₦ 80,000.00	₦ 80,000.00		₦ -	
1.16.22.6.e	Conduct 3 days capacity building and training of 50 state, LGA data managers and service providers on the existing health data systems such as SORMAS, NOQA, eCRVS, eTB, NHWR, & Survey data etc)	₦ 3,237,500.00	₦ 3,237,500.00		₦ -	
1.16.22.7.a	Conduct of 3 Days capacity building and training for 23 LGA M&E and 27 Programm M&Es across MDAs on advanced data analysis including big data, predictive analytics, Artificial intelligence and Machine Learning	₦ 5,225,000.00	₦ 5,225,000.00			
1.16.22.7.b	Support setting up of the robust data operation room in the state with ICT materials	₦ 1,535,000.00	₦ 1,535,000.00		₦ -	
1.16.22.7.c	Conduct quarterly 1 day monitoring visit with 10 participants on the use of health data and information in making evidence-based decision	₦ 360,000.00	₦ 360,000.00		₦ -	
1.16.22.7.d	Conduct quarterly 1 day health facilites level data validation and disemination meeting with relevant 50 stakeholders from THF, SHF, PHCs	₦ 1,800,000.00	₦ 1,800,000.00		₦ -	
1.16.22.7.e	Conduct 2 days state data producers and users meeting of 45 participants	₦ 1,830,000.00	₦ 1,830,000.00		₦ -	
1.16.22.7.f	Conduct quarterly production and dissemination of quarterly and annual health Bulletin meeting with 50 participant	₦ 4,300,000.00	₦ 4,300,000.00		₦ -	
1.16.22.7.g	conduct daily Data quality tracking from state data control room	₦ -	₦ -		₦ -	

1.16.22.7.h	Coordianation of montlhly 1 day direct data entry meeting with 20 participant	₦ 14,160,000.00	₦ 14,160,000.00		₦ -	
1.16.22.8.a	Conduct of 1 day data validation and Dissemination meeting with 50 key stakeholders	₦ 1,075,000.00	₦ 1,075,000.00			
1.16.22.8.b	Conduct quarterly 1 day Sensitation and data sharing meeting in 3 clusters with 976 communuty leaders and Health Facility Incharges	₦ 64,536,000.00	₦ 64,536,000.00		₦ -	
1.16.22.8.c	Generate quarterly information products such as policy briefs, analytical reports, statistical bulletins and factsheets from the state validated data	₦ 320,000.00	₦ 320,000.00		₦ -	
1.16.22.8.d	Conduct 1 day dissemination meeting with 70 critical stakeholders on the information products generated from state validated data	₦ 1,405,000.00	₦ 1,405,000.00		₦ -	
1.16.22.8.e	Conduct 2 days step down training of 1 PHC Per ward on Implementation of open-access strategic intelligence platforms such as the National Health Observatory to enhance access to data and analytics at for UHC, SDG3, health systems strengthening, PHC, Programmes and specific priority datasets (3 cluster training of 270 participant) 89 participant for each cluster	₦ 5,955,000.00	₦ 5,955,000.00		₦ -	
1.16.22.8.f	Conduct 3 days non-residential meeting to develop integrated programs dashboards and scorecards for analytics display and data dissemiantion such as the MSDAT	₦ 2,235,000.00	₦ 2,235,000.00		₦ -	
1.16.22.8.g	Procure of 1 No HILUX for monitoring and supervision to HMIS unit SMOH	₦ 28,000,000.00	₦ 28,000,000.00		₦ -	
1.16.22.10.a	Conduct HIS human resource and training needs assessment to determine available gaps and skillsets for HIS	₦ 80,000.00	₦ 80,000.00			
1.16.22.10.b	Develop capacity development plan and training curriculum for continuous capacity building on HIS in the state	₦ 1,680,000.00	₦ 1,680,000.00		₦ -	
1.16.22.10.c	Liase with Usmanu Danfodiyo University School of Public Health or leveraging on existing free online resource materials for compulsory evidence-based self-paced training and retraining of state M&E officers at all levels on HMIS	₦ -	₦ -		₦ -	
1.16.22.10.d	Develop and update contiuously a training database for health data managers to support workforce deployment	₦ 3,150,000.00	₦ 3,150,000.00		₦ -	
1.16.22.11.a	Conduct 3 days meeting of 20 participants to develop robust M&E framework and workplan for tracking of state health outcomes and health systems progress	₦ 2,532,500.00	₦ 2,532,500.00			
1.16.22.11.b	Support quarterly 1 day meeting of 5 memebers M&E TWG to track health outcomes and health systems progress	₦ 80,000.00	₦ 80,000.00		₦ -	
1.16.22.11.c	Conduct mid-term and end-term evaluation of the strategic blueprint in the state for 5 days with 10 participants	₦ 2,650,000.00	₦ 2,650,000.00		₦ -	
1.16.22.11.d	Conduct 1 day JAR meeting with 50 key stakeholders before the National JAR mmeting in Abuja	₦ 1,182,500.00	₦ 1,182,500.00		₦ -	
1.16.22.11.e	Produce and disseminate annual state of health Report	₦ -	₦ -		₦ -	

1.16.23.1.a	Establish Digital Health Governance and Coordination structures	₦ -	₦ -			
1.16.23.1.b	Appoint the desk officer in the SMOH	₦ -	₦ -		₦ -	
1.16.23.1.c	Conduct 2 days meeting with 30 key stakeholders to domesticate National digital health policy and strategy	₦ 1,965,000.00	₦ 1,965,000.00		₦ -	
1.16.23.1.d	Conduct 1 day validation and dissemination meeting of the domesticated National digital health policy and strategy with 70 key stakeholders	₦ 1,405,000.00	₦ 1,405,000.00		₦ -	
1.16.23.1.e	Conduct 2 days meeting with 15 key stakeholders to develop annual workplan for the implementation of digital health activities	₦ 910,000.00	₦ 910,000.00		₦ -	
1.16.23.1.f	Conduct 2 days training of 50 key stakeholders across MDAs, development partners, private health sector and CSOs including healthcare providers on digital health and its multisectoral and multidisciplinary coordination	₦ 2,605,000.00	₦ 2,605,000.00		₦ -	
1.16.23.2.a	Conduct 2 days meeting of 50 critical stakeholders to develop/adapt national Guidelines and SOPs for the implementation of key digital health interventions including EMR, telehealth, etc	₦ 2,555,000.00	₦ 2,555,000.00			
1.16.23.2.b	Conduct 1 day validation and dissemination meeting of 70 stakeholders on the developed/adapted Digital Health Guidelines and SOPs for adherence and complinace with its content	₦ 1,462,500.00	₦ 1,462,500.00		₦ -	
1.16.23.2.c	Conduct 2 days capacity building and training of 50 stakeholders on the Digital Health Guidelines and SOPs for adherence and complinace with its content	₦ 2,675,000.00	₦ 2,675,000.00		₦ -	
1.16.23.2.d	Establish State Digital Health Technical Working Group for contious tracking of operation of digital health in the state, adherence and compliance of operators with the guidelines and SOPs	₦ -	₦ -		₦ -	
1.16.23.2.e	Conduct quareterly 1 day coordination and review meetings of 5 member TWG on operation of digital health in the state	₦ 180,000.00	₦ 180,000.00		₦ -	
1.16.23.3.a	Conduct 3 days meeting of 50 participants to dvelop/adapt national enterprise architecture and integrating core health functions such as Electronic health records, Emergency response management (SORMAS), Ambulatory services dispatch and management system, Supportive supervision, QOC management, HRH/HRIS, CHW Service management, Claims management, Health insurance enrollment management, Essential drugs and stock logistics management and DHIS-2.	₦ 4,747,500.00	₦ 4,747,500.00			
1.16.23.3.b	Conduct 1 day validation and dissemination meeting of 70 key stakeholders of the dveloped/adapted national Health Interoperatability Enterprise (HIE) architecture	₦ 1,405,000.00	₦ 1,405,000.00		₦ -	
1.16.23.3.c	Conduct 2 days training of 50 key stakeholders on HIE	₦ 2,625,000.00	₦ 2,625,000.00		₦ -	
1.16.23.4.a	Conduct 2 days stakeholder engagement meeting on adaption of national protocol on interoperability of Digital Health systems (DHS) that will facilitiate health information exchange (HIE)	₦ 2,365,000.00	₦ 2,365,000.00			

1.16.23.4.b	Conduct 2 days meetings with 50 critical stakeholders on integrating individual private, public, and program-specific health information systems with state and Digital health systems	₦ 2,365,000.00	₦ 2,365,000.00		₦ -	
1.16.23.6.a	Preliminary assessment of ICT requirements	₦ 600,000.00	₦ 600,000.00			
1.16.23.6.b	Communication and data	₦ 50,000.00	₦ 50,000.00		₦ -	
1.16.23.6.c	Hospital Management System with Electronic Medical Software, customer service and telemedicine functionalities and license deployment for a year	₦ 5,000,000.00	₦ 5,000,000.00		₦ -	
1.16.23.6.d	API and dashboard creation and configuration with Heath insurance scheme and other applications	₦ 2,500,000.00	₦ 2,500,000.00		₦ -	
1.16.23.6.e	Laptop computers	₦ 1,000,000.00	₦ 1,000,000.00		₦ -	
1.16.23.6.f	Soft touch tablets with stylus	₦ 2,500,000.00	₦ 2,500,000.00		₦ -	
1.16.23.6.g	Digital camera	₦ 250,000.00	₦ 250,000.00		₦ -	
1.16.23.6.h	Thumb Print scanner	₦ 120,000.00	₦ 120,000.00		₦ -	
1.16.23.6.i	Printer with ID card print functionality	₦ 1,000,000.00	₦ 1,000,000.00		₦ -	
1.16.23.6.j	Wireless LAN networking	₦ 10,000,000.00	₦ 10,000,000.00		₦ -	
1.16.23.6.k	Local Server with cooling and inverter system and UPS for connected laptops	₦ 3,500,000.00	₦ 3,500,000.00		₦ -	
1.16.23.6.l	Router with sim	₦ 100,000.00	₦ 100,000.00		₦ -	
1.16.23.6.m	Internet for a year	₦ 600,000.00	₦ 600,000.00		₦ -	
1.16.23.6.n	5KVA Solar system	₦ 10,000,000.00	₦ 10,000,000.00		₦ -	
1.16.23.6.o	Installation and training	₦ 800,000.00	₦ 800,000.00		₦ -	
1.16.23.6.p	Maintenance and on site support with dedicated ICT staff	₦ 160,000.00	₦ 160,000.00			

MINISTRY OF HEALTH: HEALTH FINANCING UNIT

Table 21: Operational Activities of prioritized strategic interventions under Enabler 2: Financing

Activity Codes	Operational Activities	Total Cost	Government contribution	DP/IPS	DP/IPS Contribution	Funding Gap (Naira)
2.17.24.1.a	Conduct 1 day Quarterly Meeting of the Health FInancing Technical Working Group. meeting will be focused on Budget Performance and Development of actionable solution with 65 Participants	₦ 1,387,500.00	₦ 1,387,500.00			
2.17.24.1.b	Quarterly 1 day meeting between NHIS, SMOH, SPHCDA, HSMB, SOCHEMA and reppresentative for an improved health service delivery with 30 Participants	₦ 5,145,000.00	₦ 5,145,000.00		₦ -	
2.17.24.1.c	Conduct 1 day meeting of 15 persons to develop action plan for technical Commitee	₦ 2,452,500.00	₦ 2,452,500.00		₦ -	
2.17.24.1.d	Conduct 3 days capacity building of 50 MDA technical staff on Budgeting process in line with Internatioonal Public Sector Accounting Standard (NCoA)	₦ 77,105,000.00	₦ 77,105,000.00		₦ -	
2.17.24.4.a	conduct 5 days training and 7 days data collections for 55 participants and engage 3 national consultants for the Conduct of State Health Account (SHA)	₦ 23,732,500.00	₦ 23,732,500.00			
2.17.24.4.b	Identify and Train 25 enumirators and 9 days data entry for SHA	₦ 10,112,500.00	₦ 10,112,500.00		₦ -	
2.17.24.4.c	Conduct 3 day Oriontation of State Advocacy working group and domestic resource Mobilization for 40 Participantts drawn from MDAs LGAs and Tradiitonal Insitutions	₦ 8,860,000.00	₦ 8,860,000.00		₦ -	
2.17.24.6.a	One day Meeting with 10 menbers to develop advocacy kits for increased and timeley relelase of Health Budgets	₦ 315,000.00	₦ 315,000.00			
2.17.24.6.b	Conduct a 3 days Advocacy and follow up visit of 30 member TWG to high influncer, high interest key stakeholders and the Governor	₦ 1,125,000.00	₦ 1,125,000.00		₦ -	
2.17.25.4.a	Organize a 5-Day (bi-quarter;y) Residential Retreat for 15 Top-Level Mnagement staff of the Ministry to enhance their skills in various aspects of their responsibilities such as strategic thinking, people-centric leadership and computer appreciation	₦ 19,135,000.00	₦ 19,135,000.00			
2.17.25.4.b	Conduct a 5-day (bi-quarter;y) Residential training of 20 Mid-level members of staff of the ministry on leadership, financial management, strategic planning and prudent resource management	₦ 19,287,000.00	₦ 19,287,000.00		₦ -	

MINISTRY OF HEALTH

Table 22: Operational Activities of prioritized strategic interventions under Enabler 3: Culture & Talent

Activity Codes	Operational Activities	Total Cost	Government contribution	DP/IPS	DP/IPS Contribution	Funding Gap (Naira)
3.18.26.1.a	Conduct planning meeting of 20 persons to select 60 junior staff members to train on leadershion and management skills	₦ 80,000.00	₦ 80,000.00			
3.18.26.1.b	Conduct a 5-Day nonresidential training workshop for 60 persons in 2 batches of 30 persons each on leadershion and management skills	₦ 34,870,000.00	₦ 34,870,000.00		₦ -	
3.18.26.2.a	Establish and communicate a clear code of conduct emphasizing ethics, integrity and professionalism	₦ -				
3.18.26.2.b	Provide clear job descriptions for unit heads and program officers , encourage staff autonomy and hold them accountable for results, actions and decisions.	₦ -			₦ -	
3.18.26.3.a	Encourage innovation, experimentation and calculated risk-taking by junior officers	₦ -				
3.18.26.3.b	Conduct regular department meetings to foster cross-functional teams, promoting communication, coordination and mutual support	₦ -			₦ -	
3.18.26.4.a	Establish SMART goals and objectives for the ministry's staff and teams	₦ -				
3.18.26.4.b	Regularly track and assess performance against KPIs and goals	₦ -			₦ -	
3.18.26.4.c	Document and disseminate lessons learned with 30 persons informing future decision making	₦ 120,000.00	₦ 120,000.00		₦ -	
3.18.26.4.d	Adjust strategies and programs based on eveluation findings and changing circumstances	₦ -			₦ -	
3.18.26.5.a	Encourage staff to go for higher education, certification and professional development opportunities by providing scholarships, financial support and paid educationale leaves	₦ -				
3.18.26.5.b	Collaborate with International organizations, universities and research institutions to access best practices, skills and knowledge	₦ -			₦ -	
3.18.27.4.a	Conduct a 1-day planning meeting with 15 persons to arrange for zonal town-hall meetings with stakeholders and communities	₦ 60,000.00	₦ 60,000.00			
3.18.27.4.b	Conduct 3 days zonal town-hall meetings with key stakeholders and community leaders to Priotize citizen needs by engaging communities in health planning, implementation and evaluation	₦ 4,050,000.00	₦ 4,050,000.00		₦ -	

Table 23: Consolidated Health Facility Annual Plan Aggregate by Priority Areas - TOTAL COST

S/N	Name of LGA	Binji	Bodinga	Dange Shuni	Gada	Goronyo	Gudu	Gwadabawa	Illela	Isah	Kebe	Kware	Rabah	Sabon Birni	Silami	Shagari	Sokoto north	Sokoto South	Tambuwal	Tangaza	Tureta	Wamakko	Wurno	Yabo
	Priority Areas																							
1	Administrative Systems and Infrastructure	₦ 52,740,190	₦ 73,437,600	₦ 149,390,000	₦ 85,279,000	₦ 91,055,350	₦ 37,480,000	₦ 20,366,800	₦ 41,861,000	₦ 83,925,000	₦ 39,306,000	₦ 46,803,500	₦ 38,009,000	₦ 57,378,000	₦ 53,559,200	₦ 45,960,000	₦ 55,534,000	₦ 60,857,000	₦ 44,892,000	₦ 25,829,000	₦ 78,876,000	₦ 53,982,000	₦ 77,918,000	₦ 36,683,000
2	Financial Systems	₦ 2,630,000	₦ 185,000	₦ 1,023,000	₦ 2,205,000	₦ 1,996,000	₦ 10,400,000	₦ 385,000	₦ 472,000	₦ 506,000	₦ 627,000	₦ 1,094,000	₦ 803,000	₦ 975,000	₦ 962,000	₦ 892,000	₦ 4,770,000	₦ 5,038,000	₦ 659,000	₦ 436,000	₦ 398,000	₦ 534,000	₦ 680,000	₦ 492,000
3	Human Resource Management	₦ 6,956,000	₦ 1,800,000	₦ 6,786,000	₦ 7,045,000	₦ 12,322,000	₦ 2,161,929	₦ 9,530,000	₦ 3,333,360	₦ 4,960,960	₦ 7,830,000	₦ 6,145,000	₦ 6,720,000	₦ 5,040,000	₦ 5,610,000	₦ 6,720,000	₦ 10,000,000	₦ 9,998,000	₦ 5,870,000	₦ 5,020,000	₦ 4,093,001	₦ 3,289,000	₦ 3,098,000	₦ 4,938,000
4	Maternal and Child Health Services (RMNCH+N)	₦ 12,044,000	₦ 14,066,000	₦ 14,842,500	₦ 7,919,500	₦ 9,568,500	₦ 8,524,000	₦ 8,244,500	₦ 8,122,700	₦ 6,766,000	₦ 8,386,000	₦ 10,047,000	₦ 7,713,000	₦ 9,055,000	₦ 12,576,490	₦ 9,331,000	₦ 15,371,200	₦ 26,015,000	₦ 13,424,282	₦ 7,471,000	₦ 8,109,890	₦ 9,127,000	₦ 7,918,760	₦ 4,731,840
a	Antenatal Care Interventions	₦ 1,350,000	₦ 6,500,000	₦ 8,727,000	₦ 1,219,500	₦ 2,087,500	₦ 1,892,000	₦ 2,829,000	₦ 2,037,700	₦ 1,413,000	₦ 1,736,000	₦ 1,303,000	₦ 1,421,000	₦ 1,360,000	₦ 2,099,490	₦ 1,275,000	₦ 3,625,000	₦ 4,087,000	₦ 2,564,000	₦ 2,473,000	₦ 1,847,000	₦ 1,927,000	₦ 1,827,000	₦ 293,000
b	Labour and Delivery Care	₦ 2,560,000	₦ 1,250,000	₦ 730,000	₦ 2,300,000	₦ 962,000	₦ 178,000	₦ 438,000	₦ 819,000	₦ 77,000	₦ 1,017,000	₦ 1,273,000	₦ 1,326,000	₦ 1,035,000	₦ 1,907,000	₦ 641,000	₦ 1,064,000	₦ 8,890,000	₦ 1,384,000	₦ 354,000	₦ 2,560,000	₦ 1,927,000	₦ 890,892	₦ 1,329,000
c	Neo-natal Interventions	₦ 1,250,000	₦ 350,000	₦ 320,000	₦ 150,000	₦ 728,000	₦ 213,000	₦ 282,000	₦ 498,000	₦ 629,000	₦ 703,000	₦ 755,000	₦ 819,000	₦ 822,000	₦ 839,000	₦ 885,000	₦ 500,000	₦ 300,000	₦ 258,000	₦ 384,000	₦ 123,000	₦ 300,000	₦ 400,000	₦ 312,000
d	Under-5 Interventions	₦ 2,000,000	₦ 400,000	₦ 414,500	₦ 140,000	₦ 286,000	₦ 191,000	₦ 341,500	₦ 422,000	₦ 984,000	₦ 912,000	₦ 837,000	₦ 785,000	₦ 862,000	₦ 898,000	₦ 995,000	₦ 3,000,000	₦ 3,547,000	₦ 1,384,000	₦ 593,000	₦ 356,000	₦ 325,000	₦ 234,000	₦ 234,000
e	Childhood Vaccinations	₦ 914,000	₦ 1,450,000	₦ 986,000	₦ 1,318,000	₦ 1,300,000	₦ 1,092,000	₦ 1,490,000	₦ 997,000	₦ 1,250,000	₦ 1,210,000	₦ 892,000	₦ 1,201,000	₦ 1,102,000	₦ 1,311,000	₦ 1,032,000	₦ 1,949,200	₦ 1,700,000	₦ 2,140,000	₦ 1,000,000	₦ 1,345,890	₦ 1,630,000	₦ 1,200,000	₦ 920,000
f	Family Planning	₦ 1,390,000	₦ 1,760,000	₦ 1,645,000	₦ 960,000	₦ 810,000	₦ 1,376,000	₦ 364,000	₦ 763,000	₦ 786,000	₦ 944,000	₦ 2,351,000	₦ 142,000	₦ 1,266,000	₦ 1,520,000	₦ 1,453,000	₦ 2,003,000	₦ 3,654,000	₦ 2,384,000	₦ 498,000	₦ 342,000	₦ 1,378,000	₦ 784,938	₦ 679,982
	Community Outreach	₦ 1,780,000	₦ 1,956,000	₦ 1,920,000	₦ 985,000	₦ 2,150,000	₦ 2,800,000	₦ 1,150,000	₦ 1,600,000	₦ 910,000	₦ 932,000	₦ 1,369,000	₦ 1,119,000	₦ 1,649,000	₦ 2,413,000	₦ 2,000,000	₦ 1,230,000	₦ 2,000,000	₦ 2,802,000	₦ 1,637,000	₦ 976,000	₦ 987,000	₦ 598,010	₦ 528,829

g	Malaria and other Non-Communicable Diseases	₦ 800,000	₦ 400,000	₦ 100,000	₦ 987,000	₦ 1,245,000	₦ 960,000	₦ 1,350,000	₦ 986,000	₦ 717,000	₦ 932,000	₦ 1,267,000	₦ 900,000	₦ 959,000	₦ 1,589,000	₦ 1,050,000	₦ 2,000,000	₦ 1,837,000	₦ 508,282	₦ 532,000	₦ 560,000	₦ 653,000	₦ 1,983,920	₦ 435,029
5	Patient Care Management	₦ 3,527,000	₦ 4,350,000	₦ 1,321,000	₦ 7,530,000	₦ 915,000	₦ 912,800	₦ 461,500	₦ 2,298,000	₦ 1,285,000	₦ 1,247,000	₦ 1,412,000	₦ 1,672,555	₦ 2,100,000	₦ 13,580,000	₦ 1,770,000	₦ 11,000,000	₦ 12,364,000	₦ 657,000	₦ 436,000	₦ 756,000	₦ 3,081,000	₦ 1,989,829	₦ 2,837,920
6	Essential Drugs and Commodities	₦ 19,657,000	₦ 11,171,160	₦ 13,900,700	₦ 9,205,000	₦ 6,409,000	₦ 6,921,800	₦ 17,651,000	₦ 37,570,000	₦ 31,410,000	₦ 28,890,000	₦ 64,157,000	₦ 24,033,000	₦ 39,000,000	₦ 35,390,000	₦ 36,490,000	₦ 40,756,000	₦ 39,892,000	₦ 15,859,000	₦ 16,983,000	₦ 21,599,000	₦ 45,023,020	₦ 39,098,018	₦ 29,989,000
7	Laboratory	₦ 1,592,000	₦ 3,126,000	₦ 4,282,350	₦ 2,578,000	₦ 79,000	3,46,700	₦ 20,720,000	₦ 1,196,000	₦ 870,000	₦ 1,063,400	₦ 1,039,000	₦ 1,434,000	₦ 915,000	₦ 926,000	₦ 941,000	₦ 1,900,000	₦ 2,832,000	₦ 1,830,000	₦ 20,621,000	₦ 1,334,000	₦ 810,920	₦ 568,900	₦ 897,000
8	Health Management Information System	₦ 1,048,000	₦ 3,500,000	₦ 1,180,000	₦ 2,480,000	₦ 1,251,000	₦ 602,200	₦ 773,000	₦ 967,000	₦ 947,000	₦ 821,000	₦ 10,511,000	₦ 1,409,000	₦ 1,080,000	₦ 1,149,000	₦ 1,165,000	₦ 1,809,000	₦ 2,020,000	₦ 890,000	₦ 659,000	₦ 470,000	₦ 1,839,029	₦ 798,029	₦ 762,000
9	Utilization and Clinical Outcomes	₦ 750,000	₦ 250,000	₦ 1,340,000	₦ 751,500	₦ 438,000	₦ 337,100	₦ 478,000	₦ 1,456,000	₦ 977,000	₦ 888,800	₦ 1,131,000	₦ 1,573,000	₦ 1,369,000	₦ 1,908,000	₦ 1,538,000	₦ 800,278	₦ 700,500	₦ 543,000	₦ 354,000	₦ 674,000	₦ 376,089	₦ 1,018,561	₦ 2,899,987
10	Community Involvement and Participation	₦ 580,000	₦ 4,008,000	₦ 2,350,000	₦ 1,234,830	₦ 475,000	₦ 963,000	₦ 3,063,000	₦ 1,323,000	₦ 650,000	₦ 116,500	₦ 1,680,000	₦ 1,262,000	₦ 2,710,000	₦ 2,120,000	₦ 2,170	₦ 3,006,000	₦ 2,984,000	₦ 642,000	₦ 498,000	₦ 123,000	₦ 190,827	₦ 1,920,011	₦ 1,839,029
Total		₦ 101,524,190	₦ 115,893,760	₦ 196,415,550	₦ 126,227,830	₦ 124,508,850	₦ 68,302,829	₦ 81,672,800	₦ 98,599,060	₦ 132,296,960	₦ 89,175,700	₦ 144,019,500	₦ 84,628,555	₦ 119,622,000	₦ 127,780,690	₦ 104,809,170	₦ 144,946,478	₦ 162,700,500	₦ 85,266,282	₦ 78,307,000	₦ 116,432,891	₦ 118,252,885	₦ 135,008,108	₦ 86,069,776

Performance Monitoring Plan

Service delivery monitoring will be the prerogative of the State Ministry of Health and will focus on monitoring the processes. Programme monitoring will be jointly coordinated by SWAp State Desk Office and State M&E Office. Overall focus shall be mainly on monitoring health outcomes and impact of the interventions at the population level. Special interest will be placed on monitoring the implementation of interventions linked to priority initiatives with the biggest need and those that will benefit from a sector-wide approach.

Ministry of Health is to organise quarterly joint review meetings/ workshop to review progress made in the implementing the AOP with performance lens on the DLIs. The performance monitoring plan is focused on the strategic interventions. The framework below will be used as performance monitoring plan guide for 2025 AOP intervention tracking.

Table 24: Performance monitoring plan for prioritized strategic interventions under Pillar one: Effective Governance

	SMART Output Indicators	Baseline	Annual Output Target	Data Sources	Data Collection method	Reporting	Responsibility
1.1.1.1	Availability of documented procedures for preparation and conduct of NCH Meeting that put updates and reviews of the National Health Act "National Health Policy" and "Health Development Plan" as the main agenda.						
1.1.1.2	1. Percentage of Secreteriat members trained on the reviewed NCH 2.Percentage of NCH memos that meet the revised guidelines standards for acceptance of memos and technical review of NHP and HSSB performance. 3.Percentage gap in needed tools, supplies and logistics for the NCH Secretariat.						
1.1.1.3	Number of States tracking the implementation of NCH resolution using the tracking tool						
1.4.4.1	Number of functional planning cell with ToR and regular meetings						
1.4.4.2	AOP developed with inclusion of development partners activities.						
1.4.4.3	Number of State AOPs with well defined and consolidated activities of the LGA and health facilities.						
1.4.4.6	1 .Availability of SWAp orientation packages shared to states 2. Number of engagement dialogues conducted						
1.4.4.7	Proportion Availability of all stakeholders present at the joint Missions						
1.4.4.8	Number of dialogues organised by state						

Table 25: Performance monitoring plan for prioritized strategic interventions under Pillar two: Efficient, Equitable and Quality Health System

	SMART Output Indicators	Baseline	Annual Output Target	Data Sources	Data Collection method	Reporting	Responsibility
2.5.6.1	1.Number of states and LGAs with an established health promotion multi-sectoral platform comprising of relevant MDAs, CSO/development partners, and private sector (Source- ToR) 2. No of states with joint multi-sectorial health promotion coordination workplan. (Joint Workplan)						
2.5.6.2	Number of inter and intra-high-level ministerial meetings convened annually with commitment established.						
2.5.6.3	1. Number of capacity building conducted 2. Proportion of FMoH/SMOH/LGA that participated in capacity building workshops to provide Leadership and Co-ordination for Multi-sectoral 3. Partnership (Strengthened capacity of the FMoH to provide leadership and coordination)						
2.5.6.5	Number of indicators and tools expanded into the NHMIS surveys, and service delivery.						
2.5.6.6	1. Proportion of community wards with effective accountability mechanisms for health issues per LGA. 2. Number of community wards engagement conducted and reported annually per community wards.						
2.5.6.8	1. Developed integrated health promotion manual 2. Numbers of health workers trained on health promotion strategy						
2.5.6.10	Number of relevant MDAs included in the multi-sectoral Health Promotion						
2.5.6.11	1. Number of HWs trained on demand generation 2. Number of community outreaches conducted to sensitize and create awareness of Health care services						
2.6.8.1	Proportion of settlements covered (%) Number of ZD children vaccinated						
2.6.8.3	1. Proportion of settlements covered. 2. Proportion of enumerated U5s vaccinated.						
2.6.8.5	Vaccination Coverage						
2.6.8.7	Percentage Increase in uptake of service						
2.6.8.9	1. Proportion of health facilities with no vaccine stock out. 2. Percentage reduction in stock out rate						

2.7.11.1	Policy and guidelines for PPP in Health Sector and Nigerian Health Professionals in Diaspora Engagement, MOUs to support Project developed						
2.8.12.1	1.No of states that establish functional MNCH+N task force aligned to the terms of reference 2. No of LGAs that establish fuH110:H119+H110:H115+H110:H115nctional MNCH+N task force aligned to the terms of reference						
2.8.12.2	Avaialability of RMNCAEH+N expenditure tracking report						
2.8.12.3	Proportion of health facility maternal death notified within 24 hours by sub-national and national levels.						
2.8.12.4	1. Number of State with AOPs 2.Number of States that have created Budget line and timely release of fund for Quality of Care						
2.8.12.6	Percentage of health care facilities with basic WASH services						
2.8.12.7	Percentage of health facilities providing comprehensive post-partum care and post-abortal care (PAC) services						
2.8.12.8	1. Proportion of pregnant women who made at least 4 + antenatal contacts 2. Proportion of pregnant women who made 8 antenatal contacts						
2.8.12.9	% of health facilities providing Post-partum Hemorrhage management services						
2.8.12.13	Number of additional CHEWs and JCHEWS activated						
2.8.12.15	Numbers of CHEWS upskilled						
2.8.12.18	Number of health training institutions with upgraded curriculum on demonstration laboratories and RMNCAH services						
2.8.12.19	SMART Output Indicator(s): Number of States that have domesicated the Task sharing and task shifting (TSTS) SOPs						
2.8.12.20	Number of PHCs with stock out of commodities Number of PHCs lacking trained RMNCAH providers						
2.8.12.21	1. Percentage of health facilities providing CEMOn 2. Percentage of health facilities providing BEMOnC.						
2.8.12.22	1. Percentage of women of reproductive age that delivered and are commenced on modern contraception within 48 hrs 2. % of women who had post-abortion care and are given modern contraception 3. No. of service providers that are trained on FP/LARC						
2.8.12.23	1. Percentage of women of reproductive age that delivered and are commenced on modern contraception within 48 hrs 2. % of women who had post-abortion care and are given modern contraception 3. No. of service providers are trained on FP/LARC Availability of State domesticated national policy and guidelines for Postpartum Family Planning (PPFP) and Post-Abortion Family Planning (PAFP) document						

2.8.12.24	1. Number of states that adapted National FP Communication Plan 2. Availability of integrated FP SBC activities 3. % of women who were provided with information on family planning during their last contact with health workers providers.						
2.8.12.25	Number of hospitals providing obstetric fistula services						
2.8.12.26	1. Percentage of newborns who initiated breastfeeding within an hour of birth 2. Proportion of newborn who have postnatal contact with health providers within 24 hours of delivery at health facility 3. Proportion of newborn who have postnatal contact with health providers within 2 days after delivery.						
2.8.12.27	1. Number of CHW trained 2. Proportion of Home visits 3. % of Outreaches conducted						
2.8.12.28	1. Number of CHW trained 2. Proportion Number of Home visits 3. % of Outreaches conducted						
2.8.12.36	1. Proportion of health facility with 60% of health care providers trained on IMCI. 2. Proportion of health facility providing IMCI. 3. Proportion of U5 with diarrhoea receiving ORS and zinc. 4. % of U5 who sought for advice or treatment for ARI						
2.8.12.39	SMART Output Indicator(s): Proportion of HCWs trained on adolescent plus youth-friendly services						
2.8.12.41	Peoportion of communities with adolescent peer to peer support						
2.8.12.47	Proportion of facilities providing IMAM service						
2.8.12.54	Proportion of health facilities with stock out of commodities for RMNCAH						
2.8.12.55	Proportion of facilities reporting no stockout of essential nutrition commodities (Vitamin A, MMS/IFAs, MNP/SQ-LNS,- RUTF, RUSF, amoxycilin, albendazole))						
2.8.12.57	Numbers of states that has incooporate RMNCAEH+N services into the State Emergency Preparedness and response Plan						
2.8.12.59	Availability of 2 way referral forms at health facilities and communities						
2.8.12.67	Percentage increase in uptake of RMNCAH services						
2.9.15.3	Number of HRH professional regulatory bodies with improved pre-service and in-service training curricula that meet global standards for quality.						
2.9.15.4	1.Proportion of States that have real time health workforce registry linked to the NHWR 2. Percenatage of federal DAPs and states regularly updating HRH information in the NHWR 3. Percenatage of state with HRH policy and strategy 4. Proportion of MDAs/States using HRH data within their HWF registries to inform recruitment,deployment and management of HRH.						
2.9.15.5	1. Attrition rate						

SOKOTO STATE AGENCY FOR CONTROL OF HIV/AIDS, TUBERCULOSIS AND LEPROSY (SOSACAT)

Table 26: Performance monitoring plan for prioritized strategic interventions under Pillar two: Efficient, Equitable and Quality Health System

	SMART Output Indicators	Baseline	Annual Output Target	Data Sources	Data Collection method	Reporting	Responsibility
2.6.10.1	Percentage of overarching coordination meeting that held per annum (Schedule is quarterly)						
2.6.10.2	Percentage of people at risk of HIV infection that have access to and use appropriate, priotize, people centered and effective combination preventive options.						
2.6.10.3	1.Percentage increase in HIV testing (Testing and treatment targets are to be achieved within sub-populations, age group, and geographical settings, including children living with HIV and aggregated at the population level		- Testing targets : 95%, - Treatment Target: 95%, - Viral Suppression target: 95%				
2.6.10.4	1. Percentage of pregnant and breastfeeding women living with HIV have suppressed viral loads. 2. Percentage of HIV exposed children are treated by two months of age and again after ceasation of breast feeding.	89% (2022 -Program data) 89.7% (2022 -Program Data)	Target: 92% (2025), 95% (2027) 90% (2025), 95% (2027)				

Table 27: Performance monitoring plan for prioritized strategic interventions under Pillar two: Efficient, Equitable and Quality Health System

	SMART Output Indicators	Baseline	Annual Output Target	Data Sources	Data Collection method	Reporting	Responsibility
2.6.10.5	1. Percentage of population with access to an ITN in the household 2. SMART Output Indicator(s): Percentage of the household population with access to an ITN and that slept under an ITN the night before the survey	**43%** **36%**	**80% (2025)** **68% (2025)**	**(MIS 2021)** **(MIS 2021)**			
2.6.10.6	percentage of expected health facilities reports received and complete (with core indicators)	**84%**	**76% (2025)**	**DHIS2 2023**			
2.6.10.7	1. Percentage of women who received 3 or more doses of IPTp for malaria during their last pregnancy 2. Percentage of targeted children that have received all SMC cycles 3. Percentage of children under age 5 with a fever in the 2 weeks before the survey who had blood taken from a finger or heel for testing. 4. Percentage of children under age 5 with a fever in the 2 weeks before the survey who received artemisinin-based combination therapy (ACT). 5. Percentage of eligible children under 2 years receiving at least 3 doses of malaria vaccine.	**31% (MIS 2021)** **xx%** **24% (MIS 2021)** **xx%** **xx%**	**76% (2025)** **90%** **xx%** **xx%** **80% (2025)**	**(MIS 2021)**			

DEPARTMENT OF PLANNING, RESEARCH AND STATISTICS (DPRS)/ DEPARTMENT OF MEDICAL SERVICES (DMS)

Table 28: Performance monitoring plan for prioritized strategic interventions under Pillar two: Efficient, Equitable and Quality Health System

	SMART Output Indicators	Baseline	Annual Output Target	Data Sources	Data Collection method	Reporting	Responsibility
2.8.12.21	1. Percentage of health facilities providing CEMOnC. 2. Percentage of health facilities providing BEMOnC.						
2.8.12.25	Number of hospitals providing obstetric fistula services						

HOSPITAL SERVICE MANAGEMENT BOARD (HSMB)

Table 29: Performance monitoring plan for prioritized strategic interventions under Pillar two: Efficient, Equitable and Quality Health System

	SMART Output Indicators	Baseline	Annual Output Target	Data Sources	Data Collection method	Reporting	Responsibility
2.8.12.21	1. % of health facilities providing CEMOnC. 2. % of health facilities providing BEMOnC.						
2.8.12.27	**1.** Number of CHW trained **2.** Proportion of Home visits **3.** % of Outreaches conducted						
2.8.12.28	1. Number of CHW trained 2. Number of Home visits 3. % of Outreaches conducted						
2.8.12.29	1. Number of LGAs with level 2 (secondary HF) in-patient unit plus CPAP 2. Proportion of preterm/low-birth-weight newborn who were provided with KMC						

SOKOTO CONTRIBUTORY HEALTH MANAGEMENT AGENCY (SOCHEMA)

Table 30: Performance monitoring plan for prioritized strategic interventions under Pillar two: Efficient, Equitable and Quality Health System

	SMART Output Indicators	Baseline	Annual Output Target	Data Sources	Data Collection method	Reporting	Responsibility
2.8.14.1	1. Percentage of the population covered by health insurance and other pre-payment mechanisms 2. Percentage reduction in out-of-pocket health expenditures	zero percent population covered	1.5% of population	SOCHEMA monthly summary report	Desk Review	Monthly	DG Sochema/ Sokoto State Government
2.8.14.2	Number of Nigerians covered under the vulnerable group health insurance programs	1.0% of population covered	2.5% to be covered by 2025	SOCHEMA monthly summary report	Desk Review	Monthly	DG Sochema/ Sokoto State Government
2.8.14.3	1. Number of high-impact interventions purchased through strategic purchasing mechanism 2. Cost-effectiveness of high-impact interventions 3. Strategic purchasing framework developed (#) 4. Increase in the proportion of health expenditure allocated to high-impact interventions (%)						

Table 31: Performance monitoring plan for prioritized strategic interventions under Pillar two: Efficient, Equitable and Quality Health System

	SMART Output Indicators	Baseline	Annual Output Target	Data Sources	Data Collection method	Reporting	Responsibility
2.9.15.1	1. Proportion of health training institutions that meet the mandatory regulatory requirement. 2. Number of annual graduands per state 3. Number of states with the right skill-mix of healthcare workers per population 4. Ratio of healthcare workers (Doctors, pharmacists etc.) to population						
2.9.15.3	1. Number of HRH professional regulatory bodies with improved pre-service and in-service training curricula that meet global standards for quality.						
2.9.15.4	1. Proportion of States that have real time health workforce registry linked to the NHWR 2. Percentage of federal DAPs and states regularly updating HRH information in the NHWR 3. Percentage of state with HRH policy and strategy 4. Proportion of MDAs/States using HRH data within their HWF registries to inform recruitment, deployment and management of HRH.						
2.9.15.5	1. Attrition rate						
2.9.15.6	Percentage of states implementing gap-based capacity building.						

Table 32: Performance monitoring plan for prioritized strategic interventions under Pillar three: Unlocking the Value Chain

	SMART Output Indicators	Baseline	Annual Output Target	Data Sources	Data Collection method	Reporting	Responsibility
3.11.17.1	National roadmap for local production completed and published by Dec 2024						
3.11.17.3	1. Number of skilled human resources trained in local production of health products e.g. vaccine production 2. No of schools offering courses relating to local production of pharmaceuticals/vaccines (Can be refined better)						
3.13.19.1	National Medicines, Vaccines and Health Commodities Management Agency fully established and operational to carry out its mandate						
3.13.19.2	1. All health programmes data management including vaccines, Essential Medicines and other supply chain functionalities integrated into NHLMIS 2. NHLMIS enhanced with additionalities such as warehouse management, electronic proof of delivery (ePOD) etc.						
3.13.19.4	100% of supply chain infrastructures (warehouses at national and sub-national levels) are in operations						

Table 33: Performance monitoring plan for prioritized strategic interventions under Pillar four: Unlocking the Value Chain

	SMART Output Indicators	Baseline	Annual Output Target	Data Sources	Data Collection method	Reporting	Responsibility
4.14.20.2	1. Availability of harmonized sector wide approach in line with HP Framework / Promotion policy 2. Number of IEC programs conducted 3. Estimated number of populations reached						
4.14.20.3	Number/Proportion of health security staff (health care workers and other staff define the composition of health security staff) trained annually on public health emergency management at national and sub-national level.						
4.14.20.5	1. Proportion/ number of states implementing collaborative surveillance with digitalized recording and reporting of public health threats using one health approach 2. Proportion of states implementing 7-1-7 benchmark for detection and reporting of seasonal and priority diseases						
4.14.20.6	1. Proportion/ Number of laboratories with expanded diagnostics capacity for common priority pathogens by state under health security 2. Proportion of states with functional network of laboratories with diagnostic capacity for the most of the priority diseases including AMR 3. Number of zonal or state labs harmonized, coordinated and augmented to detect multidrug resistant pathogens (among maternal/ child/ ICU/in care admitted patients) based on priority pathogens Baseline: 0 2						
4.14.20.7	Number of sentinel sites reporting monthly and quality data within human health AMR surveillance networks						
4.14.20.8	1. Proportion of publications that have been translated to policies/guidances at both national and sub-national levels. 2. Number of states that have established public health research registries						
4.14.20.9	Proportion of states with functional PHEOC (standardized, automated, and digitized PHEOC operations) and at least one functional senatorial EOC						
4.15.21.2	By Q2, 2025, the Nigeria Climate Health Board will be fully operational with at least 75% of planned resources allocated based on HNAP, and it will hold bi-monthly meetings to review and drive climate initiatives in health programs.						
4.15.21.3	Number/ proportion of states implementing HNAP related green procurement strategies across health sectors						
4.15.21.4	National and proportion of states with integrated EWARS implemented for detection and response to climate linked health emergencies						
4.15.21.6	1. Numbers of training programs conducted for health planners, architects, engineers, builders, and facility managers on low-carbon construction practices. 2. Number of new low carbon facilities built						

Table 34: Performance monitoring plan for prioritized strategic interventions under Enabler 1: Data and Digitization

	SMART Output Indicators	Baseline	Annual Output Target	Data Sources	Data Collection method	Reporting	Responsibility
1.16.22.1	1. Proportion of HIS governance structures established and functional at National & State levels 2. Availability of updated HIS policy at National and State (domesticated)						
1.16.22.2	1. Maturity level of the National HIS using the Global SCORE technical package 2. Composite index for routine data quality (complete, timely & valid) of routine/administrative health data						
1.16.22.3	1. Availability of integrated data management SOPs that is responsive to the sector wide approach 2. Availability of updated National Indicator Dictionary (data dictionary)						
1.16.22.6	1. Maturity level of the National HIS using the Global SCORE technical package 2. Composite index for routine data quality (complete, timely & valid) of routine/administrative health data						
1.16.22.7	1. Availability of integrated data management SOPs that is responsive to the sector wide approach 2. Availability of updated National Indicator Dictionary (data dictionary)						
1.16.22.10	Proportion of LGAs with functional computing devices and internet dedicated for electronic data management and transmission.						
1.16.22.11	1. Development of evidence-based Joint Annual Report (JAR) to monitor implementation of the HSSB 2. Number of annual State of the Health of the Nation Reports produced and disseminated						
1.16.23.1	1. Proportion of Digital Health Governance structures established and functional at National & State levels 2. Existence of National digital health strategy						
1.16.23.3	1. Nigeria Health Information Exchange maturity index						

Table 35: Performance monitoring plan for prioritized strategic interventions under Enabler 2: Financing

	SMART Output Indicators	Baseline	Annual Output Target	Data Sources	Data Collection method	Reporting	Responsibility
2.17.24.1	1. Budget execution rate 2. Percentage of priority interventions allocated to specific budget lines 3. Number of Programme-based budgets developed and implemented 4. Percentage Increase in budget allocation for priority interventions						
2.17.24.4	Availability of National/State Health Account (NHA) report						
2.17.24.6	1. Increase in THE as a percentage of GDP (%) 2. Percentage Growth in per capita health expenditure (%) 3. Percentage increase in government health expenditure as a percentage of total government expenditure.						

Table 36: Performance monitoring plan for prioritized strategic interventions under Enabler 3: Culture & Talent

	SMART Output Indicators	Baseline	Annual Output Target	Data Sources	Data Collection method	Reporting	Responsibility
3.18.26.3	Numbers of communication resources and networks infrastructure developed which cut across F/SMOH operations						
3.18.26.4	Number of feedback mechanism that clearly explains smart goals						
3.18.26.5	Number of career advancement opportunities available						
3.18.27.4	Number of reports available						

Table 37: Disbursement-linked indicators (DLIs) Tracking Table

S/n	Disbursement-linked indicators (DLIs)	Baseline & Results					Data source	Data collection method	Reporting
		Baseline	Q1	Q2	Q3	Q4			
1	Improved PHC facility readiness, quality, and climate resilience (%)						NPHCDA Reports (linked to DHIS-2)	Survey/HF assessment	Annually
2	Increased empanelment and refurbishment of CEmONC facilities that demonstrate service readiness and climate resilience and energy efficiency (Number)						NHIA empanelment records (linked to DHIS-2)	Activity report	Annually
3	Frontline availability of tracer products improved (Percentage)						Annual Health Facility Readiness Assessment and DHIS-2	Survey/HF assessment	Annually
4	Financial protection for poor and vulnerable populations increased (Number)						NHIA portal	Survey/HF assessment	Quarterly
5	Women and children who receive tracer essential health services in the community increased (Number)						(CHMIS)-2 or independent MIS data feed to DHIS-2	Survey /activity report	Quarterly
6	Secondary Facility Quality of Care for CEmONCs (Prior Result)						NHIA	Survey/HF assessment	Annually
7	Women and neonates receiving CEmONC and neonatal services and/or vesico-vaginal fistula surgeries (Number)						NHIA portal	HF report/ assessment	Quarterly
8	Deliveries with skilled birth attendant present increased (Percentage)						NDHS/mini-DHS	HF report/ assessment	Quarterly
9	Introduction of MMS for pregnant women during antenatal care visits (Percentage)						NDHS/mini-DHS	HF report/ assessment	Quarterly
10	Increase in Penta 3 coverage (Percentage)						DHIS-2	Survey/HF report	Quarterly
11	Patients with obstetric and neonatal complications transported through emergency medical transport to selected facilities using the digitized EMS dispatch system (Number)						NEMSAS Electronic Dispatch Database	Survey/HF assessment	Monthly
12	System and standards for state EPR programs are established (Number)						NCDC subnational assessments	Assessment Report	Annually
13	National climate and health adaptation plan developed, costed, and validated (Number)						Developed plan	Activity report	Annually
14	States adopting national enterprise architecture and integrating core health functions (Number)						SMoH, SPHCDA and SSHIA and all public and private hospitals	Activity report	Annually

S/N	Activity	Responsible Entity	Timeline
State Level Activities			
1	SMOH Top Management Committee (HCH, PSH, Directors, Heads of Agencies) to Conduct a 2-day meeting to: ○ Identify priorities from the HSSB, key state-specific priorities, and level of implementation (MDA, facility, or community) at the state level ○ Validate with health leadership as the 2025 health agenda for the state SMOH to conduct 1 day (third day) engagement on the state health agenda with IPs and direct them to engage with the MDAs they are supporting for alignment	HCH (with support of SMOH DHPRS, State SWAp Coordinator, and State TA) State DHPRS	10th – 13th September 2024
2	• MDAs (Departments and Agencies) to engage Development Partners on key priorities to define the scope of implementation of their work and key state responsibilities • *Heads of Departments and Agencies to sign off on aligned areas*	Heads of Department/Agency, State TA	14th September 2024
3	SMOH to Conduct 3 day workshop to build capacity of Planning cell heads and key program officers of Departments and Agencies on operational planning.	SMOH DHPRS, Planning Officer, State TA	23rd - 27th September 2024
4	Departments and Agencies to commence operational planning by populating AOP template (preloaded with the state's 2025 health priorities) with operational activities, timelines, responsible persons, cost inputs. *Note: PHC Board AOP to include annual health facility business/improvement plan*	Planning cell heads of SMOH Departments and Agencies	30th – September – 12th October 2024

5	SMOH to Conduct 5-day AOP harmonization/finalization workshop (involving Chief executives, planning cell heads and key program officers of Departments and Agencies; and Development Partners)	SMOH DHPRS, Planning Officer, State TA	13th - 19th October 2024
6	SMOH to Conduct 3-day AOP Validation workshop (involving Chief executives, planning cell heads and key program officers of Departments and Agencies; and Development Partners)	SMOH DHPRS, Planning Officer, State TA	25th – 28th November, 2024
7	SMOH Top Management Committee to review and approve AOP	HCH	15th – 20th December, 2024
LGA Level Activities			
8	PHC Board to train LGA officers on the AOP process and LGA-facility level planning	PHC Board DHPRS, State TA	30th – September – 12th October 2024
9	LGAs to conduct 3-day sessions to carryout situational analysis to determine facility needs, and then develop annual business/improvement plan linked to AOP priorities.	LGA team	30th – September – 12th October 2024
10	PHC Board to collate the Health Facility plans and incorporate into their AOP to be brought to the State AOP harmonization/finalization workshop	PHC Board DHPRS	30th – September – 12th October 2024