Sokoto State Health Sector

Medium -Term Sector Strategy (MTSS)

2025 – 2027

August 2024

Foreword

The Sokoto State Medium-Term Sector Strategy (MTSS) is an initiative that has provided a new direction in policy implementation and has enabled the Sector Ministries Departments and Agencies (MDAs) to align budget preparation and execution with the overarching policy direction of the State Government. While there have been other policy documents guiding the healthcare services delivery in Sokoto State, the MTSS has emerged as an initiative that has brought more focus to policy implementation, especially as it relates to ensuring budget realism.

This is the third round of the Sokoto State Health MTSS, having developed the first one in 2021. The MTSS is a process that enables robust deliberations on the appropriate programmes, strategies, and projects that would achieve the State Government's policy priorities. It also enables us to prioritise these projects to ensure efficient allocation of resources – staying within the budget ceilings by allocating resources to the priority projects while spreading the rest to the outer years.

Through central guidance by the Sokoto State Ministry of Budget and Economic Planning, the instrumentality of the multi-stakeholder Health Sector Planning Team (SPT), this MTSS was developed as an all-inclusive process with the inputs of various stakeholders.

Sokoto State Government, through the development of this MTSS, demonstrates its commitment to ensuring that the budget is realistic and that the resource allocation is in line with well-reasoned and costed strategies for the attainment of Sector objectives, State Government Nine Points Smart Agenda, the objectives of Sokoto State Health Strategic Development Plan II (extension), and the Sustainable Development Goals (SDGs). This MTSS will feed into the 2025 budget which is currently under preparation.

We look forward to effective collaboration and coordination of the efforts of all stakeholders and development partners in ensuring effective implementation of this MTSS, to enable its objectives to be achieved and its expected outcome to be delivered.

Haj. Asabe Balarabe
Honourable Commissioner for Health
Sokoto State

Table of Contents

Table of Contents

List of Tables and Figures

Acknowledgements

We appreciate the contribution of the Civil Society partners who worked closely with us to develop this MTSS. They provided the demand side perspective for an inclusive and equitable MTSS document.

We would like to thank all the MDAs within the Health Sector for their contributions in making this a truly Sector wide approach. Special thanks go to the following MDAs: State Ministry of Health; Sokoto State Primary Health Care Development Agency (SSPHCDA); Sokoto State Contributory Health Care Management Agency (SOCHEMA); Drugs and Medical Supply Management Agency (DMSMA), Hospital Services Management Board (HSMB) Sokoto State House of Assembly, USAID Health Workforce Management, Advancing Nutrition in Nigeria, Sokoto State Referral Centre; among others.

Special thanks go to Ministry of Budget and Economic Planning, Sokoto for providing central guidance and support to the MTSS process.

The United States Agency for International Development (USAID) – State Accountability, Transparency and Effectiveness (State2State Activity) provided the funding and technical support which made this MTSS possible. They supported in the initial training and ongoing capacity building of the Sector Planning Team. We appreciate State2State Activity for their continued support, and we look forward to an enduring partnership.

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Table of Acronyms

Acronym	Definition
BCC	Budget Call Circular
BHCPF	Basic Healthcare Provision Fund
CBOs	Community Based Organisations
CHIPS	Community Health Influencers and Promoters
CSOs	Civil Society Organisation
CSR	Corporate Social Responsibility
DHPRS	Department of Health Planning and Statistics
EOC	Emergency Obstetrics Care
FBOs	Faith based Organisations
HF	Health Facility
HSMB	State Services Management Board
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HRH	Human Resources for Health
HWMA	Health Workforce Management Activity
ITN	Insecticide Treated Mosquito Net
IYCF	Infant and Young Child Feeding
LGCEP	Local Government Community Empowerment Promoters
MBEP	Ministry of Budget and Economic Planning
LMCU	Logistics Management Coordination Unit
MDA	Ministries, Departments and Agencies
MPDSR	Maternal and perinatal death surveillance and response
MICS	Multiple Indicator Cluster Survey
MOF	Ministry of Finance
MSP	Minimum Service Package
MTEF	Medium-Term Expenditure Framework
MTSS	Medium-Term Sector Strategy
NEPAD	New Partnership for Africa's Development
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organisation
PHCUOR	Primary Health Care Under One Roof

Acronym	Definition
SDG	Sustainable Development Goals
SDP	State Development Plan
SOCHEMA	Sokoto State Contributory Health Management Agency
SPT	Sector Planning Team
SSHDP	Sokoto State Health Development Plan
SSPHCDA	Sokoto State Primary Health Care Development Agency
TB	Tuberculosis
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene Health
WDCs	Ward Development Council
MICS	Multi-indicator cluster survey

Executive Summary

MTSS represents a process through which strategic Sectors' priorities are determined and aligned with resource allocation within the context of forecast information on the State's macroeconomic and financial outlook. Since the MTSS provides the framework for linking long-term development goals with the annual spending realities of the Government, it has become a veritable tool for strengthening budget preparation and implementation processes. The Government of Sokoto State, as outlined in the Medium-Term Development Plan/SDP and Nine Points Smart Agenda, desires to achieve results in the following four strategic areas towards all-round economic development of the State:

- Accelerating the structural transformation of the economy through agriculture and improved industrialization.
- Accelerating human capital development including social well being.
- Improving regional planning, conducive geographic environment, and sustainable use of natural resources; and
- Improving governance by focusing on the quality of institutions through improved accountability, rules of law, transparency, efficiency, and participation.

The MTSS will facilitate the achievement of the SDP. The MTSS covers the medium-term budget periods of 2025 – 2027 and contains proposed strategies and activities that will drive the long-term development agenda of Sokoto State and towards achieving the relevant goals of other National and International Development Plans such as the Sustainable Development Goals (SDGs), the New Partnership for Africa's Development (NEPAD), amongst others.

Target 3.8 of the SDGs calls on countries to achieve Universal Health Coverage (UHC), including financial risk protection alongside access to quality essential healthcare services. The Government of Sokoto State, through the above goals, keys into the SDGs towards achieving acceleration of human capital development and social well being.

The MTSS was developed using a participatory approach through the constitution of a multi-stakeholder Health Sector Planning Team (SPT) which worked under technical guidance from USAID State2State Programme to develop the Health Sector MTSS. The SPT Team comprise of internal and external stakeholders, Internal stakeholders include representatives from the Government Ministry of Budget and Economic Planning, Ministry of Finance, State House of Assembly, Ministry of Health, and representatives of the MDAs within the Health Sector. While, the external stakeholders include, USAID HWMA, Advancing Nutrition in Nigeria, and UNICEF). The Sector Planning Team worked with support from USAID State2State Consultant to review the high-level policy documents to identify the State Health Goals and determine the resource allocation to the Sector to ensure an alignment between these and the MTSS.

The overall budgeted expenditures for the Health Sector MTSS for the three years 2025 – 2027 are N27,177,883,713, N27,339,079,461 and N31,734,746,145 and these are broadly within the MTEF indicative budget ceilings given to the Health Sector.

The expected outcomes for the Sector include adequate and improved Health infrastructure; improved wellbeing and reduced disease incidence; improved coordination and synergy amongst all implementing partners in the Health Sector; and harmonized implementation and utilisation of resources amongst all sector players well-equipped Healthcare facilities to deliver quality Health care services. The MTSS document presents the programmes, the corresponding projects, key performance indicators (KPIs), the projected financial allocations over the plan period, the expected outputs and the proportions or percentages of funds consumed by each programme. The sector consists of eight key objectives, ten programmes, and ten measurable outcomes

Annual Sector Performance Review and Monitoring and Evaluation of the MTSS document provide a framework for measuring performance of the Sector, roles/responsibilities, and timelines for monitoring performance.

It is expected that this MTSS document will support the Sokoto State Government in achieving greater effectiveness and efficiency in health services delivery. A Successful implementation of the 2025 –2027 Health MTSS shall depend greatly on availability of funds as projected. But most importantly, capacity of personnel of the Sector and management systems need to be strengthened; Operational Plans by each MDA for the implementation of the MTSS and its actual use; and in addition, Monitoring and Evaluation Plan and its implementation to guide annual review of the MTSS.

Chapter One: Introduction

1.1 Motivations for Preparing the MTSS

A medium-term sector strategy (MTSS) links the State's policy, planning, and budgets. The MTSS provides the framework for linking long-term development goals with the annual spending realities of the Government, by ensuring that the budget process is pursued within a framework that supports strategic prioritization and rational resource allocation in accordance with budget realities and policy priorities. The Government of Sokoto State has outlined in the State Development Plan (2021 -2025) its ambition to achieve the results of its goals for the all-round economic development of the State by:

- Accelerating the structural transformation of the economy through agriculture and improved industrialization.
- Accelerating human capital development including social wellbeing.
- Improving regional planning, conducive geographic environment, and sustainable use of natural resources and
- Improve governance by focusing on the quality of institutions through improved accountability, rules of law, transparency, efficiency, and participation.

The Health Sector of Sokoto State is committed to aligning with the State Development Plan (SDP), National Health Policies and international conventions such as the Sustainable Development Goals (SDG). This MTSS document covers the medium-term budget periods of 2025 – 2027 and contains proposed activities that will drive the long-term development agenda of Sokoto, and towards achieving relevant results and other National and International Development Plans such as Sustainable Development Goals (SDG), The New Partnership for Africa's Development (NEPAD), Economic Recovery and Growth (ERGP), amongst others.

The Health Sector MTSS seeks to achieve the desired policy goals and targets by connecting the Sokoto State Medium-Term Development Plan and central policies to the annual budget. This will be achieved through the development of appropriate strategies, programs and projects that will deliver the expected outcomes. The MTSS is designed to fit into the Annual Budget Cycle, ensuring a linkage between budgets of successive years within the Medium-Term Expenditure Framework (MTEF). It also brings a medium-term perspective to planning in the health sector, enabling greater space for planning, and accommodating critical projects whose cost exceeds the stipulated resource ceiling for the respective years. This MTSS shall inform the basis for the annual Sector performance reviews and reporting towards the achievement of the policy goals and targets within the plan period of 2025 – 2027. It is expected that the MTSS will provide the required coordination between Sectors in the implementation of cross - cutting issues and serve as a guide to the MDAs for programmes and project implementation to meet the health sector objectives.

In Summary, the primary motivations for developing an MTSS document for the Health Sector are to enable effective implementation of the State Development Plan (SDP), to ensure that government expenditures reflect government priorities as articulated in the SDP in order to make budgeting meaningful and policy based, to promote transparency and accountability in government expenditures, and to facilitate monitoring, evaluation, and performance assessment of government expenditures.

1.2 Summary of the Process used for the MTSS Development

The 2025 – 2027 Health Sector MTSS rollover was developed using a participatory approach through the constitution of a multi-stakeholder Health Sector Planning Team (SPT) which worked under technical guidance from USAID State2State Programme to develop the Health Sector MTSS. The SPT Team comprise of internal and external stakeholders, Internal stakeholders include representatives from the Government Ministry of Budget and Economic Planning, Ministry of Finance, State House of Assembly, Ministry of Health, and representatives of the MDAs within the Health Sector. While the external stakeholders include, USAID HWMA, Advancing Nutrition in Nigeria, CSO/OGP, Helen Keller International and UNICEF). The Sector Planning Team worked with support from USAID State2State Consultant to review the high-level policy documents to identify the State Health Goals and determine the resource allocation to the Sector to ensure an alignment between these and the MTSS. The external stakeholder participated throughout the strategic session, asking questions, suggesting, and advising.

The Sector Planning Team (SPT) is the author of the MTSS and the capacity of the SPT was built to adequately perform this function which include reviewing policy documents, prioritizing projects, and costing priority projects. The SPT members were trained on the MTSS process, tools, concepts, and principles including the need and techniques for mainstreaming gender and social inclusion and conflict sensitivity in the MTSS development process.

1.3 Summary of the sector's Programmes, Outcomes and Related Expenditures

Table 1 summarises the Programmes, expected outcomes and the projected expenditure for 2025, 2026 and 2027. It shows the total cost as well the deviation from the indicative ceilings of the MTEF.

Table 1: Programmes, Outcome, and Cost/Expenditures

Programme	Outcome	Budgeted Expenditure		
		2025	2026	2027
Active Vaccination and immunization	Improved well-being and reduced disease incidence	90,000,000	90,000,000	90,000,000
Community engagement and	Integrated people-centred Health services	6,550,200,000	6,400,200,000	6,400,200,000

Programme	Outcome	Budgeted Expenditure		
		2025	2026	2027
Participation				
Active Vaccination and immunisation	Improved well-being and reduced disease incidence	90,000,000	90,000,000	90,000,000
Community engagement and Participation	Integrated people-centred Health services	6,550,200,000	6,400,200,000	6,400,200,000
Essential Drugs	Improved availability and access to essential drugs	640,683,000	595,683,000	595,683,000
Health financing.	Improved funding for healthcare service delivery	2,049,819,600	2,549,819,600	3,549,819,600
Free Maternal and Child Healthcare (MNCH+N)	Reduced maternal, new borne and child mortality	960,000,000	760,000,000	860,000,000
Health Infrastructure Development and Expansion	Adequate Health infrastructure across all LGAs	6,062,775,235	5,377,505,983	4,740,105,983
Infrastructural rehabilitation and maintenance	Adequate and improved health infrastructure	2,870,401,403	3,321,901,403	4,870,401,403
Medical supplies and consumables	Availability of consumables and quality of care	757,000,000	400,000,000	685,031,684
Medical Equipment provision and maintenance	Healthcare facilities well equipped to deliver quality healthcare services	6,692,837,031	6,539,337,031	9,439,337,031
Partnership for Health	Harmonized implementation and utilization of resources amongst all sector players	504,167,445	1,004,567,445	504,167,445
Total Cost		**27,177,883,713**	**27,339,079,484**	**31,734,746,145**
Indicative Budget Ceiling		**27,177,883,713**	**27,339,079,484**	**31,734,746,145**
Indicative Budget Ceiling Less Total Cost		**0**	**0**	**0**

This MTSS document is structured into 5 chapters as follows:

Chapter 1: Introduction: The chapter sets out the justifications for MTSS and the motivation for preparing the MTSS document; it provides a brief description of the process used for developing the MTSS and it provides a summary of the Sector's objectives and related expenditures over the MTSS period.

Chapter 2: Sector and Policy in the State: This gives an overview of the Sector within the context of the Sokoto State policy priorities. It begins with a brief introduction to the State and provides an overview of the Sector institutional structure, the current situation of the Sector, the Sector policy, vision mission and core values statements as well as Sector objectives and programmes for the MTSS period.

Chapter 3: The development of Sector strategy: This chapter outlines the major strategic challenges in the Sector, Sector financial resources, projects prioritisation, contributions from Sectors Development Partners and programme connections between Sectors. It finally outlines the strategies for the Sector and the related results framework, which includes responsibilities and the need for an operational plan.

Chapter 4: Expenditure projection process and Capital Recurrent Expenditures Comparison: This chapter highlights the expenditure projections which informed the cost allocation to the strategic priorities and draws an analytical comparison between the capital and recurrent expenditures.

Chapter five: Annual Performance Review and Monitoring and Evaluation: The chapter provides a framework for annual Sector performance reviews and monitoring and evaluation of the MTSS towards ensuring impact and effectiveness of the Sector policies and strategies.

Chapter Two: The Sector and Policy in the State

2.1 A Brief Introduction to the State

Sokoto State is one of the 36 states of Nigeria, it was created in 1976. The current projected population of the State is 5,188,087 and growing at a minimum rate of 3.2% per annum, of which 49% are female and 51% male (SSSHDP 2018 – 2022) Most of the State's citizens are Hausa-Fulani, and the predominate occupation is subsistence agriculture. Sokoto State is in the northwestern part of Nigeria with an area of about 32,000 square kilometers bordered by Niger Republic to the north, Kebbi State to the south and Zamfara to the east[1]. The State has 23 Local Government Areas (LGAs), 120 Health districts, and 244 political wards. Sokoto State's Health Sector is under reform to respond to the health challenges of its growing population.

The State largely depends on allocations from the Federal Government of Nigeria (FG-N) because internally generated revenue is low. Although there has been a significant improvement in revenue generation in the State, which has risen from 200 to over 800 million naira monthly, IGR in the State has seen an increase in performance of collections from PAYE and other taxes (WHT, Capital gain, levies, fines, etc.) at a record of 24% and 53% respectively in 2022. The health sector is characterized by significant disparities between the State capital and rural areas, in terms of health status, service delivery, and resource availability. Health services in the Sokoto metropolis are more efficient than in the remaining 20 local governments outside the metropolis.

Although Health is on the concurrent list and the National Health Policy ascribes responsibilities for primary health care to local governments, secondary care to states and tertiary care to the federal level, several National policies on Health were domesticated and implemented in Sokoto State. The adaptiveness of the already weak health system is further challenged by a series of emergency situations. These include the huge population displacements due to Banditry and Kidnappings. In addition, there is increasing intensity and frequency of other health issues like malaria endemic, malnutrition, diabetes, hypertension, road traffic accidents, cancers etc., epidemics like meningitis, measles, diarrhea, and social vices including drug abuse and gender-based violence that the health system contend with. Several disease control and health programmes are run by the State, the majority driven by donors or FMoH and are run essentially as vertical programmes. These include the TB/Leprosy Programmes, the AIDS Control Programme (PMTCT, ART, HCT), Neglected Tropical Disease (NTD) Programme, NPI and the Malaria Control Program. Others are MPDSR, LMCU, Reproductive Health, including Family Planning, Nutrition, Sustainable Drugs Supply System (SDSS), and Health Promotion Programmes.

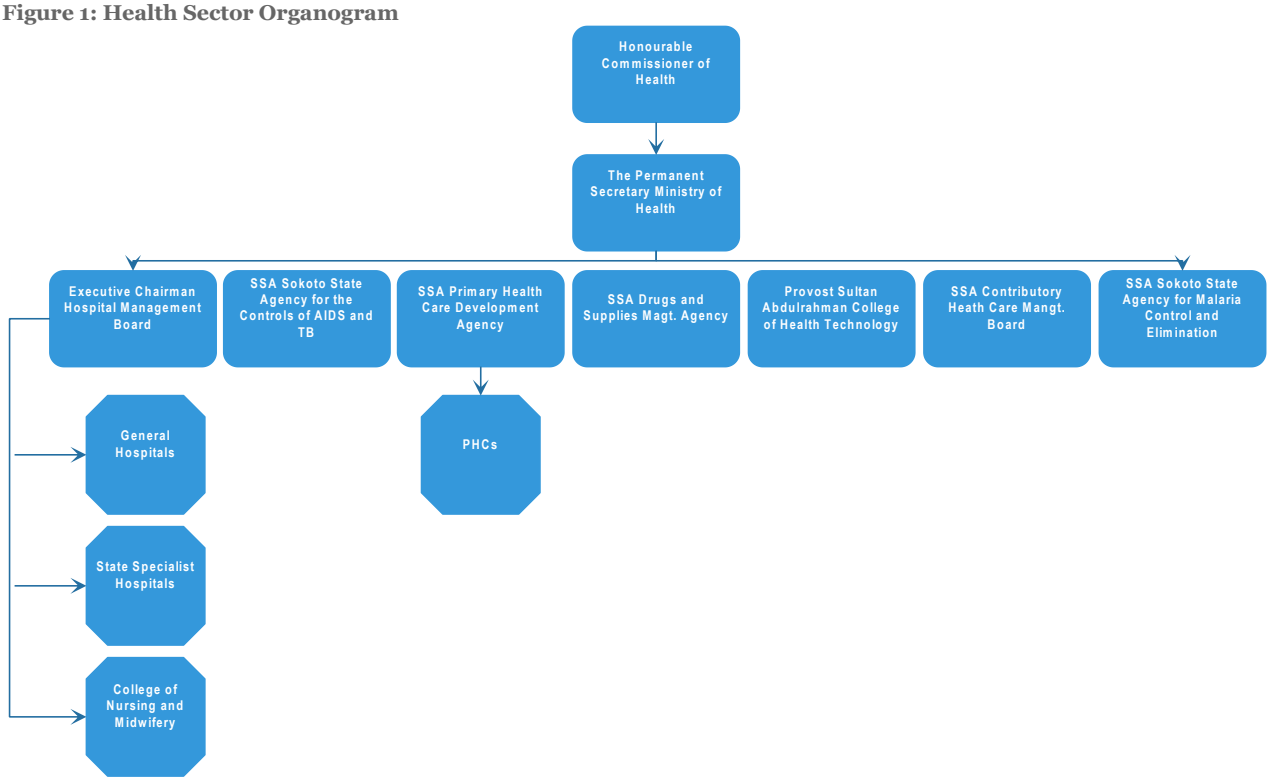
A Strong leadership and governance with partners and legislative support produced the Sokoto State Health Insurance Scheme Law leading to the equipping of 500 Primary Health Care

[1] *Sokoto State Government Strategic Health Development Plan 2010-2015.*

Centres and 21 General Hospitals. These investments have brought about positive developments, but the health system remains weak.

2.2 Overview of the sector's institutional structure

Figure 1: Health Sector Organogram



The organogram illustrates the structure of the Health Sector. The Health Sector comprises 11 MDAs including the Ministry of Health which oversees and provides policy direction for the activities of its parastatals and private Health institutions in the State. The main mandate of the Health Sector is to ensure a "Healthy and productive population in the State through the provision of qualitative, accessible and sustainable Healthcare services." The Sector ensures the promotion and ownership of healthcare services through community participation and health education.

The main service delivery areas include Reproductive, Maternal, New-born, child, adolescent Health services & nutrition, Communicable diseases (Malaria, TB, Leprosy, HIV/AIDS), Neglected Tropical Diseases, Non-communicable Diseases, Care of the Elderly, Mental Health, Oral Health, Eye Healthcare, General and Emergency Hospital Services and Health Promotion. Other service delivery areas are the provision of medicines, vaccines, and supplies. The Sector also responds to Public Health Emergency Preparedness and Response and provides adequate infrastructure and equipment as well as Human Resources for Health, Health Management Information

Systems and Operational Research. The mandates of each of the MDAs under the Health Sector are outlined in Table 2.

Table 2: Health Sector MDAs and Mandates

Agency	Core Mandate
Sokoto State Ministry of Health	Advising Government on policy formulation, regulation, coordination, and implementation of health issues as well as the implementation of capital projects in the State.
Sokoto State Primary Health Care Development Agency	Planning, implementing, supervising, coordinating, and monitoring of all primary Health care activities in the State
Sokoto State Contributory HealthCare Development Agency	Providing affordable Healthcare services through the provision of policies and effective management of Health insurance services in the State.
Specialist Hhospitals (Specialist Hospital, MAWCH, Noma Hhospital, OrthopedicHospital and Infectious Disease Hospital)	Provision of specialist Health care services as well as training for Doctors, Pharmacists, Nurses, and other Health workers in the State.
College of Nursing and Midwifery Sciences Sokoto	Training and supply of nurses and midwives.
Hospitals Services Management Board	Supervision and coordination of all the secondary Healthcare facilities in the State.
Sokoto State Agency for the Control of AIDS & TBL	Supervision and coordination of all HIV/ AIDS TB & Leprosy activities in the State
Drugs and Supplies Management Agency	Storage, sales, distribution, and manufacture of medicines and medical consumables in a sustainable manner in the State.
Sultan Abdulrahman College of Health Technology Gwadabawa	Training of various categories of middle-level Health workers such as Junior Community Health Extension Workers, Community Health Extension Workers, Health Information Technicians, Pharmacy Technicians, and Medical Laboratory Technicians, Dental Technicians and Environmental Health Technicians.
Sokoto State Agency for Malaria Control and Elimination	Providing treatment and control of malaria in the State.

The full complement of relevant agencies within the Health Sector provides the organisational arrangement for adequate delivery of the desired health services and their associated outcomes. The mandates and functions of the respective MDAs are well aligned towards the successful implementation of the Sector strategies proposed in this MTSS document. There however exists a tremendous gap in the human resource requirement for effective implementation of the Sector strategy. The Table 3 shows the distribution of the workforce across the various cadres and indicates a huge gap between the existing number and the number required. While the State requires 494 Medical Doctors to attain the WHO standard of 1 doctor to 12,000 residents, only 433 are available leaving a gap of 35 doctors. The State requires 788 doctors as against the 459 currently available, leaving a gap of 355 doctors. This

applies to the other cadres and indicates low Human Resources for Health. This has serious implications for the Human Resources for Health Policy. Details of analysis of the sector's workforce by institutions, department, grade levels, and gender (how many are male and how many are female by grades) were not readily available.

Table 3: Health Workers Gap Analysis

	Cadre	Available	Required	Gap
1.	Doctors	433	788	355
2.	Pharmacist	83	82	0
3.	Pharmacy Technician	198	981	783
4.	Medical Lab. Scientists	253	51	0
5.	Medical Lab Technician	817	981	164
6.	Nurses	2047	2784	736
7.	Midwives	110	3336	3226
8.	Chews	1387	2155	768
9.	Community Midwives	158	488	290
10.	Community Nurses	60	244	184
11.	Jchews	781	2215	1434
12.	EHOs	590	2358	1768
13.	HIM	475	3144	2669
14.	Physiotherapist	6	4	0
15.	Physiotherapist Technician	1	10	9
16.	Radiographer	27	4	-23
17.	Radiographer Technician	0	31	31
18.	Dental Surgeon	1	1	0
19.	Dental Technologists	2	1	-1
20.	Dental Therapist	12	1	-11
21.	Dental Technician	161	31	-130
22.	Optometrists	4	4	0
23.	Opticians	0	4	4
24.	Biomedical Engineer	0	1	1
25.	Biomedical Technician	2	19	17
26.	Dieticians	3	25	22
27.		7,611	19,743	12,296

Source: Sokoto State Health Workforce Registry (SSHWR)

2.3 The current situation of the sector

The Sokoto State Government has made significant investments to improve its health system, notably increasing the health sector budget by 350% in 2018 compared to 2017. Strong leadership and legislative support led to the establishment of the Sokoto State Health Insurance Scheme Law, which facilitated the equipping of 500 Primary Health Care Centres and 21 General Hospitals.

Despite these advancements, the health system still faces major challenges. Immunization rates are low, with only 11% of children aged 12-23 months fully immunized and only 14% of pregnant women delivering in health facilities and 30.5% have access to skilled antenatal coverage (MICS 2021). Even though every LGA has at least one secondary Health care facility to handle comprehensive Emergency Obstetric Care (EOC), they lack the human resources and necessary equipment to provide such services. Key diseases remain prevalent, and there are critical shortages in health human resources. Out of 826 health facilities in the state, 751 are public Primary Health Care Centres (PHCs), with only one functional facility per ward. Many facilities suffer from poor maintenance, inadequate equipment, and issues with water supply and medical waste management. Although each local government area has at least one secondary health care facility for emergency obstetric care, these facilities are often under-resourced in terms of staff and equipment. Data on the health workforce's distribution by salary grade and gender was not available at the time of preparing the 2025 -2027 MTSS. The health manpower and skills are highlighted in table 3 above.

According to the National Health and Demographic Survey 2018, only 2% of Married women between the age of 15 to 49 use modern contraceptive methods and this is below the national average. There is a significant unmet need for family planning given that nearly 1 in 5 women want to delay childbearing for at least two years before another birth. Malaria prevalence amongst Children (6 -59 months) in Sokoto State was found to be at 36% and this is above the national average. Only 10% of the population are covered by the health insurance (National Health Insurance Scheme). Only 4.5% of Children of age 12 – 23 months have received all age-appropriate vaccines while 0% of children of age 24 – 35 months have received all age-appropriate vaccinations. 52% of children aged 12 to 23 months have received no vaccinations at all. These among other indicators explain the very high maternal, infant, child and under-five mortality rates which stand at 44 per 1,000 live births, 89 per1000 Live Births, 105 per 1000 and 185 per 1000 Live Births respectively (NDHS 2013). The post-neonatal mortality rate is 46 per 1,000 live births.

In recent years, Sokoto State has implemented several healthcare reforms to strengthen its healthcare delivery system. The State has adapted and implemented numerous national policies, enacted laws, and developed policies to advance the health agenda. These include the Sokoto State Primary Healthcare Development Agency operating under one roof, the Free Maternal and Child Health Policy (RUMCARE, PRUMCARE), the State Health Contributory Scheme, the Malaria Control and Elimination Agency, the State Drugs and Medical Supply Management Logistics Unit, the Maternal Death Review, the domestication of the State Reproductive Health Policy, the Human Resource for Health Policy, Sokoto State Investment Case for Health, Sokoto State Health Financing Policy & Strategy and the Health Ethics Research Policy.

2.4 Health Sector Component in the Sokoto State Development Plan 2021-2025

The Sokoto State Development Plan (SSDP) is a five-year strategic plan developed and provides a roadmap for achieving the vision and development goals of Sokoto State.
The Development Plan is rooted on four development goals:

- Accelerating the structural transformation of the economy through agriculture and improved industrialisation.
- Accelerating human capital development including social wellbeing.
- Improving regional planning, conducive geographic environment, and sustainable use of natural resources.
- Improve governance by focusing on the quality of institutions through improved accountability, rules of law, transparency, efficiency, and participation.

The Health Sector policy draws on strategic area 2 based on the understanding that investment in health and other social services will contribute in no small measure to the achievement of the SDP goal; “Accelerating human capital development including social wellbeing “

Goal 3 of The Sustainable Development Goals emphasizes mobilisation of resources towards addressing critical social issues especially, Health, Education and Social Protection. The SDG sets specific targets around drastically reducing global maternal mortality to less than 70 per 100,000 live births and reducing neonatal and under 5 mortalities to at least as low as 12 per 1000 and 25per 1000 respectively.

The main policy thrusts for the Sector as outlined in the State Development plan 2021 -2025 include strengthening Primary Health Care, expanding access, improving the health status indicators of Sokoto State to accelerate socio-economic development through further investments in healthcare service delivery, Health care professional recruitment, training and retention. The Sokoto State Medium-Term Development Plan outlines the following results areas which are expected to guide implementation in the Health Sector. The SDP results framework for health include:

Impact 2.1: People enjoy improved Health and nutrition status.
Outcome 2.1.1: By the end of 2025, all Sokoto citizens benefiting from improved quality Healthcare services and adoption of Healthy lifestyles increased and reducing epidemics.

Output 2.1.1.1: The core set of relevant essential medicines are available and affordable on a sustainable basis in the health facilities.

Output 2.1.1.2: By the end of 2025, 60% of health facilities in Sokoto State has skilled staff, adequate infrastructure, and technical platforms for an efficient care delivery to people.

Output 2.1.1.3: By the end of 2024, 60% of the population of Sokoto State has a better knowledge of the supply of Health services available in Health facilities and at the level of community based.

Output 2.1.2.1: Mothers have improved capacities to adopt good practices in feeding infants and children.

2.5 Statement of the sector's mission, vision, and core values

The vision statement, mission and core values are stated below:

Vision Statement

Sokoto State is committed to building a healthcare system that is equitable, accessible, sustainable, high-quality, and adequately funded by 2027.

Mission Statement

To provide comprehensive Healthcare services that are customer focused, accessible, equitable and affordable for all residents of Sokoto State through adequate funding, use of modern facilities, technology, management system, community participation for attainment of the highest health status for the people of Sokoto State.

Core Values

- Professionalism: Health service administration with adequate skills, good judgement, standard and ethical value
- Community Participation: Health Services shall be promoted through inclusive participation at all levels.
- Gender and Social Inclusion: Gender and social equity and differences shall be prioritized in all health services.
- Teamwork: Health service shall be administered through necessary interactions and collaborations with stakeholders.
- Quality of Care: The Standard Operating Procedure should be dully followed.
- Patient Satisfaction: Patients' rights shall always be upheld during healthcare services.

Table 4 summarises the objectives the Health Sector wishes to pursue over the MTSS period of 2025 – 2027, the programmes it plans to execute in relation to each objective and the expected outcomes of each of the programmes.

Table 4: Summary of State Level Goals, Sector Level Objectives, Programmes and Outcomes

State Level Goal	Sector Objective	Programme	Outcome
Accelerating human capital development	To enhance the capacity of the State Health Sector to deliver effective	Health Infrastructure development and	Adequate Health

State Level Goal	Sector Objective	Programme	Outcome
including social wellbeing.	Healthcare service through the development of Health infrastructure.	Expansion	infrastructure across all LGAs
		Infrastructure Rehabilitation and maintenance	Improved and well-maintained infrastructure
	To promote Health and general wellbeing, save lives and reduce Health costs and economic loss through effective immunisation coverage for all residents	Active Vaccination and immunisation	Improved wellbeing and reduced disease incidence
	To strengthen coordination among the various players in the Health Sector through stronger collaboration and coordinated implementation	Partnership for Health	Harmonised implementation and utilisation of resources amongst all sector players.
	To ensure availability, access and effective functioning of high-quality medical equipment and consumables for effective diagnosis, treatment, and rehabilitation of patients.	Medical Equipment provision and maintenance.	Well -equipped Healthcare facilities to deliver quality Health care services
	To save lives and improve Health by ensuring the availability and access to quality, efficacious and safe medicines and to promote its rational use including traditional medicines.	Medical supplies and consumable	Availability of consumables and quality of care
		Essential Drugs Programme	Improved availability and access to essential drugs
	To reduce maternal, neonatal, and childhood mortality and morbidity and promotion of reproductive Health.	Free Maternal and child Healthcare (MNCH+N)	Reduced maternal, new borne and child mortality.
	To increase the effectiveness of healthcare delivery by building ownership, beneficiary capacity and to influence Health outcomes in their communities	Community engagement and Participation	Integrated people-centred Health services.
	To provide financial risk protection for citizens and reduce the high burden of out-of-pocket expenditure on the residents of Sokoto State.	Health financing programme.	Improved funding for healthcare service delivery

Table 5: Goal, Programmes, and Outcome Deliverables (Results Framework)

Sector Objective	Programme	Outcome Deliverable	KPI OF Outcome	Baseline (e.g., Value of Outcome in 2023)	Budgeted Expenditure		
					2025	2026	2027

Sector Objective	Programme	Outcome Deliverable	KPI OF Outcome	Baseline (e.g., Value of Outcome in 2023)	Budgeted Expenditure		
					2025	2026	2027
To promote Health and general wellbeing, save lives and reduce Health costs and economic loss through effective immunisation coverage for all residents	Active Vaccination and immunization	Improved well-being and reduced disease incidence	Number of children with circulating polio virus	47	0	0	0
To increase the effectiveness of healthcare delivery by building ownership, beneficiary capacity and to influence Health outcomes in their communities	Community engagement and Participation	Integrated people-centred Health services	Proportion of Health facilities linked to WDCS	NA	60%	80%	100%
To save lives and improve Health by ensuring the availability and access to quality, efficacious and safe medicines and to promote its rational use including traditional medicines	Essential Drugs Programme	Improved availability and access to essential drugs	Proportion of Health facilities having core set of relevant essential medicines available and affordable on a sustainable basis.	NA	80%	90%	100%
To reduce maternal, neonatal, and childhood mortality and morbidity and promotion of reproductive Health.	Free Maternal and Child Healthcare (MNCH+N)	Reduced maternal, new borne and child mortality	• Maternal mortality rate • Child Mortality rate	NA	40%	90%	100%
To enhance the capacity of the State Health Sector to deliver effective Healthcare service through the development of Health infrastructure	Health Infrastructure Development and Expansion	Adequate Health infrastructure across all LGAs	Proportion of LGAs with Adequate Number of Health Facilities	NA	60%	80%	100%
	Infrastructural rehabilitation and maintenance	Adequate and improved health infrastructure	Proportion of Health facilities with standard infrastructure (Primary and secondary)	NA	60%	80%	100%

Sector Objective	Programme	Outcome Deliverable	KPI OF Outcome	Baseline (e.g., Value of Outcome in 2023)	Budgeted Expenditure		
					2025	2026	2027
To ensure availability, access and effective functioning of high-quality medical equipment and consumables for effective diagnosis, treatment, and rehabilitation of patients	Medical supplies and consumables	Availability of consumables and quality of care	Availability of medical consumables in Health facilities	NA	60%	80%	100%
	Medical Equipment provision and maintenance	Healthcare facilities well equipped to deliver quality healthcare services	Proportion of Healthcare facilities that are fully equipped	NA	60%	80%	100%
To strengthen coordination among the various players in the Health Sector through stronger collaboration and coordinated implementation	Partnership for Health	Harmonized implementation and utilization of resources amongst all sector players	Extent of collaboration and implementation amongst all sector players		60%	80%	100%
To provide financial risk protection for citizens and reduce the high burden of out-of-pocket expenditure on the residents of Sokoto State.	Health financing programme.	Improved funding for healthcare service delivery	Extent of compliance with Abuja Declaration (15% of consolidated revenue)		60%	80%	100%

Chapter Three: The Development of Sector Strategy

3.1 Outline Major Strategic Challenges in the sector

The major challenge within the Health Sector is that of weak coordination among the State Ministry of Health and other health institutions and partners and this affects the availability of critical data for decision-making. Other challenges facing the Health Sector include the following:

Shortage of Health workforce: The Health workforce is in short supply in the State (See Table 3). The State currently has about 7,611 Health personnel required of different categories providing

both private and public healthcare services among federal and State facilities, with an average of about one to two nurses or midwives per facility. The required manpower is 19,743 personnel. Low remuneration rate explains shortages in the health workforce. This situation may reflect in the performance of our training institutions which needs to be closely monitored and supported. Secondly, between 70% and 80% of the few Health workers available are in three metropolitan LGAs of Sokoto North, Sokoto South and Wamakko, leaving just about 20% to serve the remaining 20 LGAs. Only three facilities (WCWC and General Hospitals in Wurno and Guanabana) can boast of having more than one medical officer – most of the doctors are on contract. There is high attrition rate and inadequate capacity of the workforce and poor attitude to work.

Dilapidated Health infrastructure: There are 816 Health facilities in the State, including laboratories and patent medicine stores, owned by public and private entities. However, dilapidated buildings, lowly maintained equipment, low water supply and lack of appropriate equipment for medical waste management, characterize most of these facilities. Even though every LGA has at least one secondary Health care facility to handle comprehensive Emergency Obstetric Care (EOC), they lack the human resources and necessary equipment to provide such services. The situation is even worse at the PHC level.

Non-availability of Medicines, Vaccines and Other Health Technologies and Supplies: The Logistics Management Coordination Unit (LMCU) has been established but procurement mechanism is cumbersome, leading to delay in procurement and eventually resulting in non-availability of essential drugs. The State has an essential drugs list, but rational use of drugs by Health care professionals is not well monitored. The State does not have a system of managing biological and non-biological wastes, including expired medicines and other commodities at all levels, thereby exposing the health care providers, clients, and the communities to risks arising from healthcare wastes.

Sub-optimal Health Financing: The State Health expenditure largely depends on monthly allocations from the Federal Government of Nigeria, internally generated revenue, and funds from Development Partners. Although the State has projected an average of 17% in 2023 of the total capital budget allocation to Health, a review of capital budget performance over the last 3 years shows an average of 80.05%.

Inadequate Health coverage and access: Inadequate coverage of high impact, lifesaving, cost-effective interventions accounts for the very low Health outcomes and rankings in Human Development Index (HDI). Several communities are in hard-to-reach areas, a hindrance to health care providers in providing needed services. Lack of education among low-income households is responsible for low health-seeking behaviours (e.g., use of contraception) across the State.

Inefficient Health Information System: The State Health Information System (HIS) is characterized by inadequate data collection and reporting tools, non-participation of the private Sector in data collection, non-integration of the existing disease surveillance system and

disease registry into the overall HIS, low monitoring of sub-Sector performance, and dearth of capacity to analyse and use data for decision making, especially at the LGA and Health facility levels.

Low/poor Health Indicators: Maternal, infant and child mortality rates in Sokoto State is among the highest in the country. According to MICS Nigeria, 2016-2017, the gap of antenatal care delivered by any skilled provider is 65% and the gap to fill in for delivery assisted by any skilled attendant is 79.5%. These figures are a reflection of low Health service utilization and the quality of maternal and childcare services in the State. Major communicable diseases (HIV/AIDS, tuberculosis, and malaria) and non-communicable diseases are still prevalent.

Inadequate Health Sector Budgetary Releases and weak coordination of Partners: Though budget releases have improved over the years but a lot more needs to be done to ensure releases are done as at when due. Many efforts have been made by various partners to improve the health sector; however, these initiatives often operate in isolation, resulting in weak coordination among healthcare stakeholders/partners.

3.2 Strategic Responses to the Challenges (i.e., Broad Sector Strategies)

To mitigate the strategic challenges highlighted above, some strategic responses were developed, and these took into consideration the need for gender and social inclusion.

Table 6: MTSS Broad Strategies

Challenges	Strategies
Weak coordination amongst healthcare partners	Develop and implement a coordination framework for the participation of all stakeholders.
Inadequate and dilapidated infrastructure	Build new primary and secondary Health facilities and rehabilitate dilapidated ones, with facilities for People with disabilities provided.
Shortage and uneven distribution of Health force Manpower in the State	Recruit and train more Healthcare workers and create incentive for equitable distribution of Health workers in all the LGAs.
Low level of Universal Health Coverage (UHC)	• Commencement of formal Sector Health insurance will a long way in improving and increasing Health Coverage. • Provision of Healthcare facilities with the core set of relevant essential medicines • Sensitization of the population on utilization of Health services available in Health facilities • Sensitization of the communities on the health services available at the health community-based facilitators • Sensitization of mothers to adopt good practices of feeding infants and children.
Paucity of data and effective Health Management Information System (HMIS)	Upgrade the existing Health Management Information System and equip all Health facilities and MDAs with adequate ICT materials.
Low Health indicators	Scale up implementation of the Universal Health Coverage of the Basic Healthcare provision fund (BHCPF) and ensure sustainable funding through uninterrupted contribution of the equity fund.

Challenges	Strategies
Inadequate drugs, Consumables and Equipment	Making the core set of relevant essential medicines affordable on a sustainable basis in the health facilities Providing modern equipment in all primary and secondary Healthcare facilities in the State.

3.3 Sector Financial Resources

The financial resources available to the Sector over the years indicate a huge disparity between the budgeted amount and the actual expenditure. Table 7 indicates that in 2023 the budget performance is low at the end of Q4, 2023 because it is an electioneering year, which impacted on budget performance due to change of government. As at Q4 of 2023, only about 21% of capital budget has been released and the aggregate budget performance as at Q2 was 50%.

Table 7: Summary of Year 2023 Sector Budget Data

Item	Approved Budget (N)	Amount Released (N)	Actual Expenditure (N)	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	9,491,706,973	9,443,634,441.18	9,443,634,441.18	99.5%	100%
Overhead	937,800,000	300,301,660	300,301,660	32%	100%
Capital	16,436,203,577.50	3,483,597,669.43	3,483,597,669.43	21.2%	100%
Total	26,865,710,550.50	13,227,533,770.61	13,227,533,770.61	50%	100%

Source: Sokoto State Q4 Budget Performance Report2023

Table 8: Summary of 2024 Sector Budget Data (Q2)

Item	Approved Budget (N)	Amount Released (N)	Actual Expenditure (N)	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	10,402,450,373.41	6,215,722,661.25	6,215,722,661.25	59.75%	100%
Overhead	1,165,300,018.00	236,573,500.00	236,573,500.00	20.30%	100%
Capital	26,717,891,007.78	441,427,135.26	441,427,135.26	1.65%	100&
Total	38,285,641,399.19	10,171,026,877.41	10,171,026,877.41	18.01%	100%

Source: Sokoto State 2024 Budget and Sokoto State 2024 Q2 Budget Performance Report

In 2024, at the end of Q2 the capital budget performance was 1.65%. The aggregate budget performance for 2024 was 18.01%. The budget performance for 2023 looks better than 2024 given the 2023 Q4 performance report. The implication for low budget performance is that it discourages investors due to poor condition of the State infrastructures, it reduces the standard of living of the people of the State, and it slows down economic development through wasteful spending, extra budgetary spending, and debt accumulation. In particular, the low capital budget releases will impair the ability of the Health Sector to invest on assets that will improve healthcare delivery and sector performance, while the low overhead budget releases will hamper the operational capability of the sector.

Table 9 presents the Personnel and Overhead Costs. The number of staff is projected to increase by 1% yearly during the MTSS period. The personnel cost is expected to increase each year, in view of the discourse on the minimum wage.

Table 9: Personnel and Overhead Costs - Existing and Projected

Cost Item	Approved 2024	Actual 2024	Projections (Over MTSS Period)		
			2025	2026	2027
Number of Staff	30,085	30,085	30,386	30,690	30,997
Personnel Cost (N'000)	10,402,450,373.41	6,215,722,661.25	11,950,367,207	11,784,443,952	13,113,582,301
Overhead Cost (N'000)	1,165,300,018.00	236,573,500.00	1,235,969,349	1,527,573,874	1,181,862,510

Source: Sokoto State Budget 2024 and MTEF 2025-2027

3.4 Projects Prioritisation

Projects prioritisation is imperative to enable the selection of priority projects that fit within the indicative budget ceiling allocated to a sector The Project prioritisation was done by the SPT using the project prioritisation template. This approach entailed ranking of the projects using the following criteria: the projects' contributions to SDP Goals (score of 0 to 3), nature of the project (developmental (3) or administrative (1)), status of the project (ongoing (3) or new (1) project) and likelihood of completion within the period. The aggregate scores were ranked and the project with the highest score coming first, etc. This process enabled a prioritised allocation of resources such that the non-prioritised projects are moved to the subsequent years. Table10 present the result of the projects prioritisation exercise.

Table 10: Results of Projects Prioritisation

Two pages of the project prioritisation template are shown below because of size.

SOKOTO STATE HEALTH SECTOR MTSS **MAIN MINISTRY": MINISTRY OF HEALTH**															
			Project's Contribution to State Development Plan Goals											**Timelines**	
S/N	Project Code (The Code of the Project in the current year's budget. If the Project is new, add 6 zeros)	Project Name (As in the current year's budget or if it is a new project, as you want it to appear in the next year's budget)	Accelerating structural transformation of the economy through agriculture and improved industrialization	Accelerating human capital development including social wellbeing	Improving regional planning, conducive geographic environment and sustainable use of natural resources	Improving governance focusing on the quality of institutions through improved accountability, rules of law, transparency, efficiency.	Project Status (Ongoing = 3; New = 1)	Likelihood of completion not later than 2027 (2025 = 3; 2026 = 2; 2027 = 1; Beyond 2027 = 0)	Nature of Project (Developmental = 3; Administrative = 1)	Total Score	Project Ranking	Physical Location: Local Government/ Multiple LGAs/ Statewide (Add comment if more than one LGA)	Project Status (Ongoing/ New)	Project Commencement Year	Expected Year of Completion
22	23050108	Conduct of Health Care Financing and Annual State Health Accounts Activities in the State	1	3	3	3	3	3	3	19	1	Statewide	Ongoing	2024	2026
86	23010122	Supply of Digital X-Ray Machine for Orthopaedic Wamako	1	3	3	3	3	3	3	19	1	Statewide	Ongoing	2024	2026

29	23030106	Repairs and renovation of primary health center Dandi Mahe in Shagari local government area	1	3	2	3	3	3	3	18	3	Statewide	Ongoing	2024	2026
30	23010122	Supply and installation of hospital beds, ward equipment and office furniture to Amanawa general hospital, Dange	1	3	2	3	3	3	3	18	3	Statewide	Ongoing	2024	2026
31	23010123	Procurement and installation of 14 Nos. incubator machine for specialist hospital, Sokoto	1	3	2	3	3	3	3	18	3	Statewide	Ongoing	2024	2026
32	23010124	Procurement, installation and test run of 5nos plasma extractor machines to specialist hospital and, UDUTH	1	3	2	3	3	3	3	18	3	Statewide	Ongoing	2024	2026

		Sokoto													

3.5 Contributions from Sector's Development Partners

Many Development Partners are working in the Health Sector and contributing their resources to addressing selected Health issues in the State. The Basic Healthcare Provision Fund BHCPF is an intervention fund contributed by the Federal Government to strengthen primary Healthcare delivery at the State level. The grants and Development Partners' funding available in the State are summarised in Table 11.

Table 11: Grants and Development Partners Funding

Source / Description of Grant	Amount Expected (N)			Counterpart Funding Requirements (N)		
	Year 2025	Year 2026	Year 2027	Year 2025	Year 2026	Year 2027
UNFPA Support	200,000,000	106,120,800	108,243,216	150,000,000	130,000,000	
Basic Healthcare Provision Fund (BHCPF)	1,000,511,026.59					
IMPACT Project	890,807,661	465,718,268				
Primary Healthcare Under one Roof	400,000,000	280,000,000	158,000,000	400,000,000	400,000,000	

Source: Sokoto State Medium-Term Expenditure Framework 2024 – 2026 Immunization plus State estimate data

3.6 Programme Connections Between Sectors

Health Sector is a fundamental Sector of any society and is critical to the overall development of the State. Effective and efficient Health service delivery will lead to improved human capital development which is pertinent in driving economic growth. The development of Health infrastructure will require Healthy and well-nourished adults while any form of disease incidence will lead to a significant loss of man hours. The presence of WASH facilities in health facilities is critical and would require efficient service delivery in the WASH sector for effectiveness. Efficiency in WASH service delivery will equally reduce the incidence and prevalence of communicable and some non-communicable diseases.

3.7 Identification and Treatment of Cross-Cutting Projects

There are projects that cut across sectors and would require effective collaboration between the concerned MDAs. These projects must be identified, and responsibilities for them indicated in the MTSS document, The lead MDA for such projects should be the MDA that has the mandate for its implementation, and these will be agreed prior to the commencement of the

implementation period. Budgeting between the relevant sectors must also be coordinated to ensure that the cross-cutting issues are considered and not duplicated across Sectors.
The cross-cutting projects in the Health Sector MTSS include:

- Construction of Health facilities; Minstry of Health; Ministry of Works and infrastructure; Ministry of Land and Housing; Ministry for Rural Devt., and Min. of Environment.
- Provision of WASH facilities in Health facilities; Ministry of Water Resources, RUWASSA.
- Recruitment and Training of Health Workers: Ministry of Health; Office of Head of Service: Health training Institutions.
- Development of Health policies; Ministry of Health; Ministry of Budget and Economic Planning (MBEP); Min. of Justice; State House of Assembly.

3.8 Sector's Strategic Priorities

The priorities for the MTSS period of 2025 – 2027 are as outlined below:

- Improve health sector performance through regular reviews.
- Develop and implement a coordination framework with the participation of all stakeholders to Strengthen health sector coordination, ownership, harmonisation, and alignment at all levels.
- Eliminate avoidable blindness and reduce the burden of various visual impairment conditions in addition to rehabilitation of the blind.
- Strengthen emergency medical services (EMS)
- Strengthen the coordination and governance for research for health.
- Ensure provision of dedicated funds for prioritized health research agenda.
- Strengthen production and utilization of research for health.
- Build new primary and secondary Health facilities and rehabilitate dilapidated ones, with facilities for People with disabilities provided to Strengthen the provision of health services at public and private hospitals that are appropriate and accessible and minimum quality and safety standards.
- Recruit and train more Healthcare workers and create incentive for equitable distribution of Health workers in all the LGAs.
- Scale up Implementation of the Universal Health Coverage of the Basic Healthcare provision fund (BHCPF) and ensure sustainable funding through uninterrupted contribution of the equity fund.
- Make the core set of relevant essential medicines affordable on a sustainable basis in the health facilities.
- Provide modern equipment in all primary and secondary Healthcare facilities in the State.

3.9 Projects' Expenditures and Output Measures

The key strategies that would lead to the respective outcomes of the MTSS are in the Table below.

Table 12: Summary of Projects' Expenditure and Output Measures

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
Improved Well being and reduced disease incidence	Conduct of Immunization and other PHC services support		60,000,000	60,000,000	60,000,000	Immunization and other related services supported	Proportion of planned/scheduled immunization conducted	NA	50%	70%	100 %	23050103	SMOH
	Provision for Immunization/ IPDs Counterpart Funds		30,000,000	30,000,000	30,000,000	IPDs counterpart fund received	Proportion of counter fund received	NA	35%	70%	100 %	23050103	SMOH
Integrated people-centred Health service	Provision of support for PHC-MOU activities		55,000,000	55,000,000	55,000,000	PHC MoU activities supported	Proportion of PHC MoU activities supported	NA	35%	65%	100 %	23050103	SMOH
	Conduct of Seasonal Malaria Chemoprevention (SMC)		6,220,200,000	6,220,200,000	6,220,200,000	Seasonal Malaria Chemoprevention conducted	Proportion of planned Seasonal Malaria Chemoprevention conducted	NA	30%	65%	100 %	23050101	SMOH
	Take off Grant for Sokoto State Malaria Elimination Agency (SOSMEA)		10,000,000	10,000,000	10,000,000	Take off Grant for Sokoto State Malaria Elimination Agency released	Proportion of Grant available	NA	35%	70%	100 %	23050101	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
	Provision of feeding for Patients at Infectious Disease Hospital Amanawa		100,000,000	100,000,000	100,000,000	Patients at Infectious Disease Hospital Amanawa fed as scheduled	Proportion of patients who are fed as scheduled at IDH Amanawa	NA	100 %	100 %	100 %	23010139	SMOH
	Support to integrated RMNCH activities (Routine Immunization, Child Nutrition, Contraceptive Services, Skill Birth Attendance)		15,000,000	15,000,000	15,000,000	Integrated RMNCH activities supported	Proportion of planned integrated RMNCH activities supported	NA	100 %	100 %	100 %	23050103	SMOH
	Provision of support for CHIPS activities		150,000,000	0	0	CHIPS supported	Proportion of planned support achieved	NA	100 %	100 %	100 %	23050103	SMOH
	Procurement of 50 Nos. Motorcycles for Monitoring & Supervision for SSPHCDA		0	0	0	50 Nos motorcycles for monitoring & supervision procured	Number of motorcycles procured	NA	100 %			23050103	SMOH
Improved availability and access to essential drugs	Provision for Malaria Control Support		100,000,000	100,000,000	100,000,000	Malaria control support provided	Proportion of required support provided	NA	100 %	100 %	100 %	23050103	SMOH
	Conduct of Operational research and Innovation		149,520,000	149,520,000	149,520,000	Operational research and innovation conducted	Proportion of planned operational research conducted	NA	30%	65%	100 %	23050101	SMOH
	Conduct of Ethical Review for Researches		146,163,000	146,163,000	146,163,000	Ethical reviews for research conducted	Proportion of require Ethical reviews conducted	NA	100 %	100 %	100 %	23050107	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
	Procurement ACTs, RDTs, ARTESUNATE INJ supply chain management (PSM		200,000,000	200,000,000	200,000,000	ACTs, RDTs, ARTESUNATE INJ supply chain management (PSM) procured	Proportion of require drugs procured	NA	100 %	100 %	100 %	23010122	SMOH
	Procurement of 3 Nos deliviring Vans for DMSMA		45,000,000	0	0	3 Nos delivery vans procured	Number of delivery vans delivered	NA	3			New	SMOH
Reduced maternal, new born and child mortality	Procurment of 1 No. Toyota 4WD Hillux for SOCHEMA		700,000,000	500,000,000	600,000,000	1 No Toyota 4WD Hilux for SOCHEMA per year procured	Number of Toyota Hilux procured	NA	1	2	3	23010106	SMOH
	Procurement of 45 computers for enrollement for SOCHEMA		60,000,000	60,000,000	60,000,000	45 computers for enrolment at SOCHEMA procured	Number of computers procured	NA	15	30	45	23010113	SMOH
	Provision for Maternal and Child Health Intervention across the State		200,000,000	200,000,000	200,000,000	Maternal and Child health interventions implemented across the State	Proportion of LGAs across the State provided with maternal and child health intervention	NA	35%	70%	100 %	23050101	SMOH
Improved funding for healthcare service delivery	Conduct of Health Care Financing and Annual State Health Accounts Activities in the State		2,000,000,000	2,500,000,000	3,500,000,000	Health Care Financing and Annual State Health Accounts activities conducted	Proportion of required health care and accounts activities	NA	25%	65%	100 %	23050108	SMOH
	Provision for Emegency Preparedness and Response		49,819,600	49,819,600	49,819,600	Emergency preparedness response activated	Proportion of required facilities for emergency response in place	NA	40%	70%	100 %	23050101	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
Adequate Health infrastructure across all LGAs	Construction of Borehole at Orthopaedic Hospital Wamakko		700,000,000	500,000,000	600,000,000	A Borehole constructed at Orthopaedic Hospital Wamakko	Status of completion	NA	35%	70%	100 %	23020105	SMOH
	Procurment of 45 office printers/c claim ID card printers for SOCHEMA		100,000,000	100,000,000	100,000,000	45 office printers/claim ID card printer for SOCHEMA	Number of printers procured	NA	15	30	45	23010114	SMOH
	Completion of Sokoto State University Teaching Hospital (SSUTH) at Kasarawa Wamakko Local Government		100,447,223	100,447,223	100,447,223	Sokoto State University Teaching Hospital at Kasarawa Wamako completed	Status of completion	NA	35%	70%	100 %	23020106	SMOH
	Completion of Premier Hospital at Binji LGA		67,575,076	67,575,076	67,575,076	Premier Hospital Binji LGA completed	Status of completion	NA	35%	70%	100 %	23020106	SMOH
	Completion of Premier Hospital at Sabon Birni LGA		70,000,000	70,000,000	70,000,000	Premier Hospital at Sabon Birni LGA completed	Status of completion	NA	35%	70%	100 %	23020106	SMOH
	Upgrading of Primary Health Center Kuchi in Kebbe LGA to General Hospital		60,000,000	60,000,000	60,000,000	PHC Kuchi in Kebbe LGA upgraded to General Hospital	Status of completion	NA	35%	70%	100 %	23030105	SMOH
	Upgrading of Primary Health Center Sanyinna in Tambuwal LGA to General Hospital		50,000,000	50,000,000	50,000,000	PHC Sanyinna in Tambuwal LGA upgraded to General Hospital	Status of completion	NA	30%	65%	100 %	23030106	SMOH
	Upgrading of Primary Health Center Salame in Gwadabawa LGA to General Hospital		250,000,000	250,000,000	250,000,000	Primary Health Center Salame in Gwadabawa LGA upgraded to General Hospital	Status of completion	NA	30%	65%	100 %	23030106	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
	Upgrading of Rumbukawa PHC		5,000,000	5,000,000	5,000,000	Rumbukawa PHC upgraded	Status of completion	NA	30%	65%	100 %	23030105	SMOH
	Upgrading of Primary Health Center Achida in Wurno LGA to General Hospital		45,285,003	45,285,003	45,285,003	PHC Achida in Wurno LGA upgraded to General Hospital	Status of completion	NA	35%	70%	100 %	23030106	SMOH
	Completion of Murtala Muhammad Hospital Sokoto		19,527,500	19,527,500	19,527,500	Murtala Muhammad Hospital Sokoto completed	Status of completion	NA	35%	70%	100 %	23020106	SMOH
	Completion of AfDB project at General Hospitals Wurno		30,950,000	30,950,000	30,950,000	AfDB project at General Hospital Wurno completed	Status of completion	NA	35%	70%	100 %	23030105	SMOH
	Completion of Premier Hospital at Tambuwal LGA		30,950,000	30,950,000	30,950,000	Premier Hospital at Tambuwal LGA completed	Status of completion	NA	30%	65%	100 %	23020106	SMOH
	Provision of road network and landscaping at specialist hospital Sokoto		150,000,000	150,000,000	150,000,000	Road network and landscaping at specialist hospital Sokoto provided	Status of completion	NA	30%	65%	100 %	23020114	SMOH
	Construction of 3nos three bedroom flats at the construction site of sokoto state university teaching hospital kasarawa in wamakko LGA		86,871,181	86,871,181	86,871,181	3nos three-bedroom flats constructed at the Sokoto State University Teaching Hospital Kasarawa in Wamakko LGA	Status of completion	NA	30%	65%	100 %	23020106	SMOH
	Construction of 47Nos. House at Murtala Hospital Sokoto		20,000,000	20,000,000	20,000,000	47Nos. House at Murtala Hospital Sokoto constructed	Number of houses constructed	NA	15	30	47	23020106	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
	Completion of AfDB project at General Hospitals Illela.		20,000,000	20,000,000	20,000,000	AfDB project at General Hospitals Illela completed	Status of completion	NA	35%	70%	100 %	23030105	SMOH
	Procurement and installation of Transformer for General Hospital Kware.		20,000,000	20,000,000	20,000,000	Transformer procured and installed at General Hospital Kware.	Status of procurement	NA	35%	70%	100 %	23010122	SMOH
	Provision of Gender Base Violence (GBV) Clinics/ Centres Across the State		150,000,000	150,000,000	150,000,000	Gender Base Violence (GBV) Clinics/ Centres provided across the State	Status of completion	NA	35%	70%	100 %	23020106	SMOH
	Procurement of 1 No. Operational vehicle 18 Seater Bus for SMOH		150,000,000	150,000,000	150,000,000	1 No. Operational vehicle 18-Seater Bus for the State Ministry of Health	Number of operation vehicles procured	NA	1	2	3	23010108	SMOH
	Provision for Software Equipment to State Medical Store		200,000,000	200,000,000	200,000,000	Software Equipment to State Medical Store procured	Status of completion	NA	35%	70%	100 %	23050103	SMOH
	Establishment of Pharmaceutical/Manufacturing Lime to produce drugs, laboratory reagents and other consumables		500,000,000	500,000,000	500,000,000	Pharmaceutical/Manufacturing Lime established to produce drugs, laboratory reagents and other consumables	Status of completion	NA	35%	70%	100 %	23020106	SMOH
	Provision of 3 Nos. of Hilux and 1 No. of 18 seater Bus to SOSMEA for effective monthly supportive supervision		35,000,000	35,000,000	35,000,000	3 Nos. of Hilux vehicles and 1 No. of 18-seater Bus procured for SOSMEA for effective monthly supervision	Number of vehicles purchased	NA	2	3	4	23010106	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
	Construction of additional Office accommodation for DMSMA		100,000,000	100,000,000	100,000,000	Additional Office accommodation constructed for DMSMA	Status of completion	NA	35%	70%	100 %	0	SMOH
	Lanscaping of DMSMA Premises		198,000,000	198,000,000	198,000,000	DMSMA Premises landscaped	Status of completion	NA	35%	70%	100 %	0	
	Construction of 3nos two bedroom flats at the construction site of sokoto state university teaching hospital kasarawa in wamakko LGA		45,000,000	45,000,000	45,000,000	3nos two-bedroom flats constructed at the Sokoto State University teaching hospital Kasarawa in Wamakko LGA	Number of two-bedroom flats constructed	NA	35%	70%	100 %	23020106	SMOH
	Drilling of 21 Solar boreholes for the 21 General Hospitals		840,000,000	840,000,000	840,000,000	21 Solar boreholes drilled for the 21 General Hospitals	Number of General Hospitals with Solar boreholes	NA	7	14	21	23020105	SMOH
	Provision for USAID HWMA - Sustainability activities		20,000,000	20,000,000	20,000,000	USAID HWMA - Sustainability activities implemented	Proportion of required USAID HWMA - Sustainability activities implemented	NA	30%	65%	100 %	0	SMOH
	Establishement of new born corner at 244 PHCs		200,000,000	200,000,000	200,000,000	Newborn corner at 244 PHCs established	Number of PHCs with established newborn corner at 244 PHCs	NA	81	163	244	0	SMOH
	Construction of Modern Medical Warehouse at Kasarawa		20,000,000	20,000,000	20,000,000	Modern Medical Warehouse at Kasarawa	Status of completion	NA	35%	70%	100 %	23020106	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
	Installation of Solar to the renovated 244 Health Facilities		100,500,000	100,500,000	100,500,000	Solar power installed at the renovated 244 Health Facilities	Number of PHCs with Solar power installed	NA	81	163	244	23010100	SMOH
	Construction for the Expansion of State Cold Store		40,000,000	40,000,000	40,000,000	State Cold Store expanded	Status of completion	NA	30%	65%	100 %	23020106	SMOH
	Rehabilitation of PHC Bazza area Sokoto		10,000,000	10,000,000	10,000,000	PHC Bazza area Sokoto rehabilitated	Status of completion	NA	30%	65%	100 %	23030105	SMOH
	Installation of Solar at SSPHCDA Secretariat		200,000,000	200,000,000	200,000,000	Solar installed at SSPHCDA Secretariat	Status of completion	NA	30%	65%	100 %	0	SMOH
	Renovation of existing SSPHCDA Secretariat		60,000,000	60,000,000	60,000,000	SSPHCDA Secretariat renovated	Status of completion	NA	30%	65%	100 %	0	SMOH
	Purchase of 3 Buses for SOCHEMA		55,000,000	70,000,000	70,000,000	3 Buses procured for SOCHEMA	Number of buses procured	NA	1	2	3	0	SMOH
	Purchase of 1 plant generator for SOCHEMA		5,000,000	5,000,000	5,000,000	1 Generator Plant for SOCHEMA	Status of procurement	NA	35%	70%	100	0	SMOH
	provision of HMI Software application for Enrollment for SOCHEMA		9,275,000	0	0	HMI Software application for Enrolment procured for SOCHEMA	Status of software application provision	NA	100 %			0	SMOH
	Procurement of 2 Hilux to Hospital Services Management Board		7,400,000	7,400,000	0	2 Hilux vehicles procured for Hospital Services Management Board	Number of Hilux vehicles provided	NA	1	2		0	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
	Procurement of 1No. 18 seater Bus for HSMB		320,000,000	320,000,000	0	1No. 18-seater Bus procured per year for HSMB	Number of 18-seater bus procured for HSMB		1	2		0	SMOH
	Procurement of 1 No. Toyota HiAce for Orthopedic Wamakko		150,000,000	150,000,000	0	2 Toyota HiAce procured	Number of Toyota HiAce procured		1	2		0	SMOH
	Provision of 500 KVA transformer for DMSMA for connecting to National Grid		15,000,000	0	0	500 KVA transformers for DMSMA for connecting to National Grid procured	Number of 500 KVA transformers available to connect to national grid		1			0	SMOH
	Procurement of 1 no. Toyota hilux for NOMA Hospital		55,000,000	55,000,000	0	1 No. Toyota hilux procured for NOMA Hospital	Number of Toyota Hilix procured	NA	1	2		0	SMOH
	Procurement of 18 seater Bus for NOMA Hospital		25,000,000	0	0	18-seater Bus procured for NOMA Hospital	Number of buses procured	NA	1			0	SMOH
	Procurement of 1 No. Toyota Ambulance for NOMA Hospital		20,000,000	20,000,000	20,000,000	1 No. Toyota Ambulance procured for NOMA Hospital	Number of Ambulances procured	NA	1	2	3	0	SMOH
	Procurement of 1 No. of Toyota Hilux for IDH Amanawa		25,000,000	25,000,000	25,000,000	1 No. of Toyota Hilux procured for IDH Amanawa	Number of Toyota Hilux procured		1	2	3	0	SMOH
	Procurement of 1No. 18 seater Bus for IDH Amanawa		10,000,000	10,000,000	10,000,000	1No. 18-seater Bus procured for IDH Amanawa	Number of buses procured for IDH Amanawa				1	0	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
	Procurement of 1 No. Toyota Ambulance		15,000,000	15,000,000	15,000,000	1 No. Toyota Ambulance procured	Number of Ambulances procured				1	0	SMOH
	Provision for Office Space of SSPHCDA Secretariat		45,000,000	0	0	Office Space provided for SSPHCDA Secretariat	Status of Office space		100 %			23020101	SMOH
	Provision of solar for the remaining 582 PHCs across the State in phases		250,000,000	0	0	Solar power provision for the remaining 582 PHCs	Number of PHCs provided with solar power		582			0	SMOH
	Procurement of 1 No. Toyota Hilux (Supervision Vehicle) for state ministry of health		55,000,000	55,000,000	0	1 No. Toyota Hilux per year (Supervision Vehicle) procured for State Ministry of Health	Number of Toyota Hilux procured	NA	1	2		23010100	SMOH
	Procurment of 4 Nos. Toyota 4WD Hillux for Monitoring & Supervisison for SSPHCDA		150,000,000	100,000,000	0	4 Nos. Toyota 4WD Hilux for Monitoring & Supervision procured for SSPHCDA	Number of Toyota Hilux procured	NA	2	4		23010106	SMOH
	Provision for the Renovation of 21 General Hospitals		70,994,252	50,000,000	0	21 General Hospitals renovated	Number of General Hospitals renovated	NA	7	14	21	0	SMOH
	Purchase of Ambulances for 13 out of 21 General Hospital		60,000,000	0	0	Ambulances for 13 out of 21 General Hospital procured	Number of General hospitals with Ambulances	NA	13			0	SMOH
	Procurement of 2 Nos. Avensis Vehicle to Orthopaedic Wamakko		25,000,000	0	0	2 Nos. Avensis Vehicle procured for Orthopaedic Wamakko	Number of Avensis Vehicles procured	NA	2			0	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
Adequate and Improved Health infrastructure	Repairs and renovation of primary health centre Dandi Mahe in Shagari LGA		1,000,000,000	1,651,500,000	3,000,000,000	Repaired and renovated PHC at Dandi Mahe in Shagari LGA	Status of completion	NA	25%	60%	100 %	23030106	SMOH
	General Renovation of Orthopedic Hospital Wamakko		700,000,000	500,000,000	700,000,000	Renovated Orthopaedic Hospital Wamakko	Status of completion	NA	35%	60%	100 %	23030105	SMOH
	Renovation of 10nos dilapidated wards at specialist hospital, Sokoto		47,800,500	47,800,500	47,800,500	10 Nos dilapidated wards at Specialist Hospital, Sokoto renovated	Number of dilapidated wards renovated	NA	4	7	10	23030105	SMOH
	Renovation of laboratory, clinics and staff offices at specialist hospital Sokoto		49,727,450	49,727,450	49,727,450	Laboratory, clinics and staff offices at specialist hospital Sokoto renovated	Status of completion	NA	40%	70%	100 %	23030105	SMOH
	Renovation of maternity unit at specialist hospital Sokoto		100,000,000	100,000,000	100,000,000	Renovated Maternity unit at Specialist Hospital Sokoto	Status of completion	NA	40%	70%	100 %	23030105	SMOH
	Renovation of amenity wards (male & female)) and pharmacy unit at specialist hospital Sokoto		20,000,000	20,000,000	20,000,000	Renovated Amenity wards (male & female)) and pharmacy unit at specialist hospital Sokoto	Status of completion	NA	40%	70%	100 %	23030105	SMOH
	Provision of new Ambulances for 13 out of 21 General Hospitals.		352,873,453	352,873,453	352,873,453	New Ambulances for 13 out of 21 General Hospitals procured	Number of Ambulances procured	NA	2	4	8	23030105	SMOH
	Procurement and Installation of Solar Powered Blood Bank refrigerators, 1 for each of the 21 General Hospitals.		50,000,000	50,000,000	50,000,000	Solar Powered Blood Bank refrigerators provided for each of the 21 General Hospitals.	Number of General Hospitals with Solar powered blood refrigerators	NA	7	14	21	23010122	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
	Procurement and installation of 5 Nos operating tables.		50,000,000	50,000,000	50,000,000	5 Nos operating tables procured	Number of operating tables procured	NA	2	4	5	23010122	SMOH
	Renovation of 244 PHCs across the State		500,000,000	500,000,000	500,000,000	244 PHCs across the State renovated	Number of required PHCs renovated	NA	81	163	244	23030100	SMOH
Healthcare facilities well equipped to deliver quality healthcare services	Supply of Digital X-Ray Machine for Othopedic Wamakko		1,260,000,000	2,000,000,000	3,500,000,000	Digital X-Ray Machine supplied to Orthopaedic Wamakko	Status of supply	NA	20%	55%	100 %	23010122	SMOH
	Supply and installation of hospital beds, ward equipment and office furniture to Amanawa general hospital, Dange		700,000,000	500,000,000	700,000,000	Hospital beds, ward equipment and office furniture supplied and installed	Status of completion		35%	60%	100 %	23010122	SMOH
	Procurement and installation of 14 Nos. incubator machine for specialist hospital, Sokoto		700,000,000	500,000,000	600,000,000	14 Nos. incubator machine for specialist hospital, Sokoto procured and installed	Number of incubators procured and installed at designated hospitals	NA	6	9	14	23010123	SMOH
	Procurement, installation and test run of 5nos plasma extractor machines to specialist hospital and uduth, Sokoto		700,000,000	500,000,000	750,000,000	5nos plasma extractor machines procured and installed at Specialist Hospital and UDUTH, Sokoto	Number of plasma extractor machines procured and installed	NA	1	2	5	23010124	SMOH
	Procurement of Medical Equipment for Premier Hospital Binji		1,000,000,000	1,000,000,000	2,000,000,000	Medical Equipment procured for Premier Hospital Binji	Proportion of required medical equipment procured	NA	30%	60%	100 %	23010122	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
	Procurement of Medical Equipment for Premier Hospital Sabon Birni		100,000,000	100,000,000	100,000,000	Medical Equipment procured for Premier Hospital Sabon Birni	Proportion of required medical equipment procured	NA	35%	70%	100 %	23010122	SMOH
	Procurement and Installation of Medical Furniture and Equipment to the Rehabilitated Male/Female and Maternity Wards, Constructed New Theatre and Labour Room Complex At General Hospital Tambuwal		49,800,000	49,800,000	49,800,000	Medical Furniture and Equipment procured and installed at the Rehabilitated Male/Female and Maternity Wards	Status of completion	NA	35%	70%	100 %	23010122	SMOH
	Supply and installation of 7.2kvas solar inverter fans, bulbs, street lights at maternity wards of NOMA and Specialist Hospitals, Sokoto		245,000,000	245,000,000	245,000,000	7.2kvas solar inverter fans, bulbs, streetlights at maternity wards supplied and installed at NOMA and Specialist Hospitals, Sokoto	Status of completion	NA	30%	65%	100 %	23010123	SMOH
	Procurement and installation of x-ray and printer machine to general hospital, Tambuwal		49,646,430	49,646,430	49,646,430	X-ray and printer machine procured and installed at General Hospital, Tambuwal	Status of completion	NA	30%	65%	100 %	23010124	SMOH
	Procurement of hospital mattresses and pillows for distribution to hospitals across the state		48,900,000	48,900,000	48,900,000	Hospital mattresses and pillows procured and distributed to hospitals across the state	Proportion of hospitals across the state with required quantity of mattrasses and pillows		30%	65%	100 %	23010125	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
	Completion of Procurement and Installation of Medical Furniture & Equipment to Sokoto State University Teaching Hospital Kasarawa		49,560,301	49,560,301	49,560,301	Medical Furniture & Equipment procured and installed at Sokoto State University Teaching Hospital Kasarawa	Status of completion	NA	30%	65%	100 %	23010122	SMOH
	Procurement and installation of medical equipment for specialist hospital Sokoto		48,980,300	48,980,300	48,980,300	Medical equipment for Specialist Hospital Sokoto procured and installed	Status of completion	NA	30%	65%	100 %	23010122	SMOH
	Procurement of Medical Equipment for Premier Hospital Tambuwal		30,950,000	30,950,000	30,950,000	Medical equipment procured and installed at Premier Hospital Tambuwal	Status of completion	NA	30%	65%	100 %	23010122	SMOH
	Procurement and installation of medical furniture for specialist hospital Sokoto		150,000,000	150,000,000	150,000,000	Medical furniture for Specialist Hospital Sokoto	Status of completion	NA	35%	70%	100 %	23010122	SMOH
	Procurement and installation of 3 Nos of complete x-ray machine (with printer), one for each senatorial district.		50,000,000	50,000,000	50,000,000	3 Nos of complete x-ray machine (with printer) procured and installed	Number of X-ray machines procured and installed	NA	1	2	3	23010122	SMOH
	Procurement and installation of 15 Nos operating Lamps.		750,000,000	750,000,000	750,000,000	15 Nos operating Lamps procured and installed	Number of operating lamps procured and installed	NA	5	10	15	23010122	SMOH
	Procurement and installation of 21Nos ultrasound machines (3D), 1 for each General Hospital.		40,000,000	60,000,000	60,000,000	21Nos ultrasound machines (3D), procured and installed at the 21 General Hospitals.	Number of General hospitals with installed ultrasound	NA	7	14	21	23010122	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
							machines (3D)						
	Procurement of Medical Equipment for PHC Bazza		50,000,000	50,000,000	50,000,000	Medical Equipment for PHC Bazza procured	Proportion of required medical equipment supplied	NA	30%	65%	100 %	23010122	SMOH
	Procurement of Medical Equiepment for distribution to General Hospitals		55,000,000	55,000,000	55,000,000	Medical Equipment procured for distribution to General Hospitals	Proportion of General Hospitals supplied with medical equipment	NA	30%	65%	100 %	0	SMOH
	Supply of Medical Labrotory Equiepment for distribution to eneral Hospitals		30,000,000	0	0	Medical Laboratory Equipment supplied for distribution to General Hospitals	Proportion of General Hospitals supplied with required medical laboratory equipment	NA	100 %			0	SMOH
	Supplyof Matresses and Bed sheet to 21 General Hospitals		200,000,000	0	0	Matrasses supplied to 21 General Hospitals	Number of General Hospitals suppled with mattrasses	NA	21			0	SMOH
	provision of Solar for cooting and hilightining of warehouse of DMSMA		150,000,000	150,000,000	151,500,000	Solar power provided at DMSMA for cooling and lightening	Status of completion	NA	35%	65%	100 %	0	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
	Suppy of Medical Equipment for Othopedic Wamakko		25,000,000	0	0	Medical Equipment supplied at Orthopaedic Wamakko	Proportion of required medical equipment supplied	NA	50%	75%	100 %	23010122	SMOH
	Provision and maitanance of equiepment for Special care new born unit at Specialist Hospital		150,000,000	151,500,000	0	Special care newborn unit at Specialist hospital built/provided and maintained	Status of completion	NA	50%	100 %		0	SMOH
	Repairs of Ambulances for 244 Wards Across 23 LGAs		60,000,000	0	0	Repaired Ambulances for 244 Wards Across 23 LGAs	Number of Ambulances repaired	NA	100 %			23030100	SMOH
	Supply of Assorted Physiotherapy Equipment for Othopedic Wamakko		0	0	0	Assorted Physiotherapy Equipment for Orthopaedic Wamakko supplied	Proportion of Assorted Physiotherapy Equipment for Orthopaedic Wamakko supplied	NA	100 %	100 %	100 %	23010122	SMOH
Availability of consumables and quality of care	Procurement of HIV/AIDS Test Kits		150,000,000	150,000,000	150,000,000	HIV/AIDS Test Kits procured	Proportion of required HIV/AIDS Test Kits procured	NA	100 %	100 %	100 %	23010122	SMOH
	Procurement of Ready-to-use therapeutic Food (RUTF)		150,000,000	150,000,000	150,000,000	Ready-to-use therapeutic Food (RUTF) procured	Proportion of Ready-to-use therapeutic Food (RUTF)	NA	100 %	100 %	100 %	23010122	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
	Procurement of Vesico Vaginal Fistula (VVF) Equipment and Surgery Consumables		55,000,000	55,000,000	55,000,000	Vesico Vaginal Fistula (VVF) Equipment and Surgery Consumables procured	Proportion of required Vesico Vaginal Fistula (VVF) Equipment and Surgery Consumables procured	NA	100 %	100 %	100 %	23010122	SMOH
	Procurement of Long lasting insecticidal treated net campaign (LLINs)		30,000,000	30,032,512	30,015,802	LLINs procured	Proportion of quantity of LLINs procured	NA	100 %	100 %	100 %	23010122	SMOH
	Provision for drugs and consumables for the State HIV/AIDS and TB control Program		300,000,000	300,032,512	300,015,882	Drugs and consumables for State HIV/AIDS and TB Control Program procured	Proportion of required drugs available	NA	100 %	100 %	100 %	23050103	SMOH
	Priniting of Medical Stationaries to 21 General Hospitals		40,000,000	0	0	Medical Stationeries printed for 21 General Hospitals	Number of General Hospital with printed medical stationeries	NA	100 %			New	SMOH
	Provision for Take- up Grant to DMSMA		32,000,000	15,000,000	0	DMSMA Grant released	Proportion of take-off grant available	NA	60%	100 %		New	SMOH
Harmonized implementation and utilization of resources amongst all sector players	Provision for Basic Health Care Provision Funds EMT (Counterpart Funds)		15,000,000	15,000,000	15,000,000	Basic Health Care (EMT)Provision funds released	Proportion of EMT released	NA	35%	70%	100 %	23050101	SMOH
	Projects and Programmes under UNSDF Delivery as One		49,167,445	49,167,445	49,167,445	Programmes under UNSDF Delivery as One implemented	Proportion of programmes implemented	NA	35%	70%	100 %	23050101	SMOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2024	2025	2026				2024	2025	2026		
	Eye Care Program (Counterpart Funds)		100,000,000	100,000,000	100,000,000	Eye program counterpart fund released	Proportion of counterpart fund released	NA	30%	65%	100 %	23050103	SMOH
	Provision for USAID- IHP Sustainability Interventions		300,000,000	300,000,000	300,000,000	USAID- IHP Sustainability interventions implemented	Proportion of the required interventions implemented	NA	30%	65%	100 %	23050103	SMOH
	Provision for Family Planning Programme Counterpart Funds		40,000,000	40,000,000	40,000,000	Family planning programme under counterpart's funds implemented	Proportion of required family planning programme under counterpart funds implemented	NA	35%	70%	100 %	23050103	SMOH
	Counter part Funds for SOCHEMA		0	500,400,000	0	Counterpart funds for SOCHEMA released	Proportion of counterpart funds released	NA		100 %		0	
		Total	27,177,883,713	27,339,079,484	31,734,746,145								

3.10 Results Framework

The outcome Results Framework (See Table 5) outlines the outcome targets that would be achieved by the Sector over the three years of 2025 – 2027 and has Key Performance Indicators for measuring Sector performance on each of the deliverables. The output measures (See Table 12), when effectively implemented, would result in the achievement of the set outcome targets. For example, the building, equipping and deployment of an adequate number of staff to all the facilities will result in efficient and effective health service delivery towards improved citizens satisfaction and well-being. Performance measurement will therefore focus on the progress made against the targets set in the results framework, using the key performance indicators. This will be done periodically, especially during annual Sector performance reviews. Table 5 sets out the Results Framework that will be used for the monitoring and evaluation of the implementation of this MTSS.

3.11 Responsibilities and Operational Plan

The responsibilities for developing and implementing the operational plan are as indicated in column 14 of Table 12. The breakdown of projects and activities into sub-activities was undertaken during the costing of the projects; these are expected to guide the annual operational planning by respective implementing MDAs when the 2025 Budget would have been approved. The annual operational plan outlines the sequence and timing of key activities, including expected outputs of the respective activities, responsibilities, and resource requirements for executing the projects.

Chapter Four: Expenditure Projection Process and Capital – Recurrent Expenditures Comparison

4.1 The process used to make Expenditure Projections

The Projects and/or activities were costed using the costing template provided. This was done after the projects were prioritised based on a set of criteria: Whether it is ongoing or a new project; relationship with the State policy priorities; likelihood of completion within the medium term, whether it is developmental or administrative. The projects were sorted with the highest priority projects coming first. The costing took into cognisance the expenditure ceiling provided by the Sokoto State Economic Planning Commission in the State 2025 – 2027 Medium-Term Expenditure Framework (MTEF). Project costs were spread over the medium-term period as in the MTEF.

Details of the costing are set out in Annex 1.

4.2 Capital – Recurrent Expenditures Comparison

Table 13 presents the comparison of projected expenditure for the recurrent and capital items. The three-year projection shows that capital expenditure is prioritized over recurrent expenditure, indicating the sector's focus on developmental Health projects. This is because of the health infrastructure and equipment deficit in Sokoto State, which requires more investment to address the key challenges in the sector. Table 13 highlights the ratio of the Capital budget to the recurrent budget. The ratio of capital to recurrent expenditure shows increases from 2025 to 2027, though the ratio remained unchanged between 2025 and 2026. There are increases in the recurrent expenditure during the same period. This high capital-to-recurrent expenditure ratio is a positive development, given the current challenges in the sector and the potential future growth and benefits from the investment. As the heavy infrastructure investment is ongoing, it is expected that the State will also focus on the personnel that will use and operate the facilities while ensuring maintenance of the infrastructural investment. Looking at the proportion of the capital expenditure to the total expenditure, it shows close to 70% of the total expenditure will be on capital projects.

Table 13: Capital - Recurrent Expenditure Comparison

Year	Personnel Expenditure (N' 000)	Overhead Expenditure (N' 000)	Capital Expenditure (N' 000)	Proportion of Capital to Total Expenditure
Projected 2025	11,950,367,207	1,135,969,349	27,177,883,713	67%
Projected 2026	11,784,443,952	1,527,573,874	27,339,079,484	67%

Year	Personnel Expenditure (N' 000)	Overhead Expenditure (N' 000)	Capital Expenditure (N' 000)	Proportion of Capital to Total Expenditure
Projected 2027	13,113,582,301	1,181,862,510	31,734,746,145	69%

Source: MTEF 2025-2027

Chapter Five: Annual Performance Review and Monitoring and Evaluation

This chapter outlines the general framework to ensure an outcome based MTSS implementation for this Sector. The framework provides a guide to the Sector in reporting service performance to citizens and the Government. The production of the Annual or Quarterly Performance Report and the conduct of the Annual Sector Performance Review (ASPR) shall enhance our accountability to citizens on account of our results against Sector policy objectives and targets. This will help to strengthen the social contract between the Sokoto State Government and its citizens.

5.1 Conducting Annual Sector Performance Review (ASPR)

The Annual Sector Performance Review shall be conducted by all MDAs within the Sector and shall include various Health stakeholders across the State. The essence of the Annual Sector performance review is to review progress in the implementation of the MTSS strategies and roll over the MTSS to cover the next three years. This will need to happen within the month of March to April of the preceding year of the next budget year. A performance review and reporting template shall be developed and used for presenting the performance reports. This will be followed by a multistakeholder forum to discuss the Sector performance and propose strategies for improvement. The resulting reports provide an account of how the Sector has performed in terms of delivering outcomes for citizens and highlight the challenges faced by the Government e.g., inadequate resources. It also enhances the prospects of citizens appreciation of their obligations towards the administration i.e., payment of taxes and performance of other civic duties.

The outcome of the Sector performance review will form the basis for the rollover of the MTSS. The Health Sector Annual Performance Review will be supported by the Monitoring and Evaluation Department of the Sokoto State Ministry of Economic Planning and Budget through the provision of central guidance, training, and quality assurance for the process.

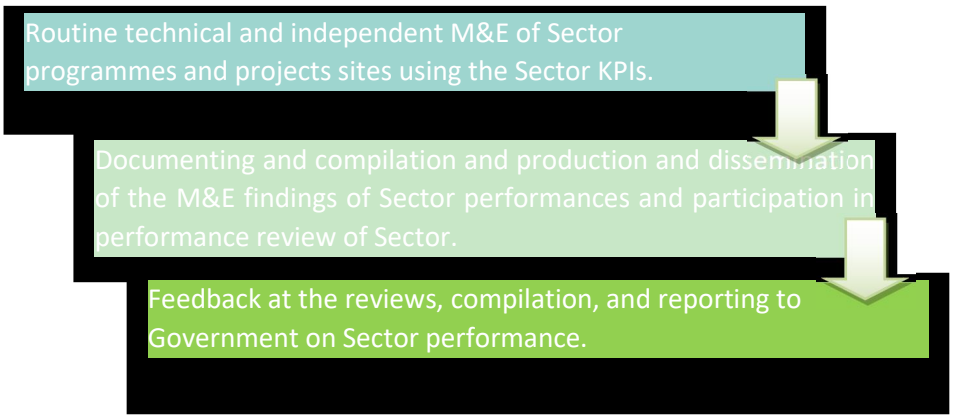
5.2 Monitoring and Evaluation (M&E) of the MTSS

The M&E Unit of the Department of Planning Research and Statistics (DPRS) shall lead the technical monitoring and evaluation of programmes and project implementation across the Sector. This shall be structured to be undertaken periodically and based on the listed KPIs, which requires setting out resources for the process. This also requires getting the required checklists ready from the plan in force.

The monitoring and Evaluation process for this MTSS entails data collection from routine and institutional monitoring and evaluation of on-going Sectoral projects and programmes

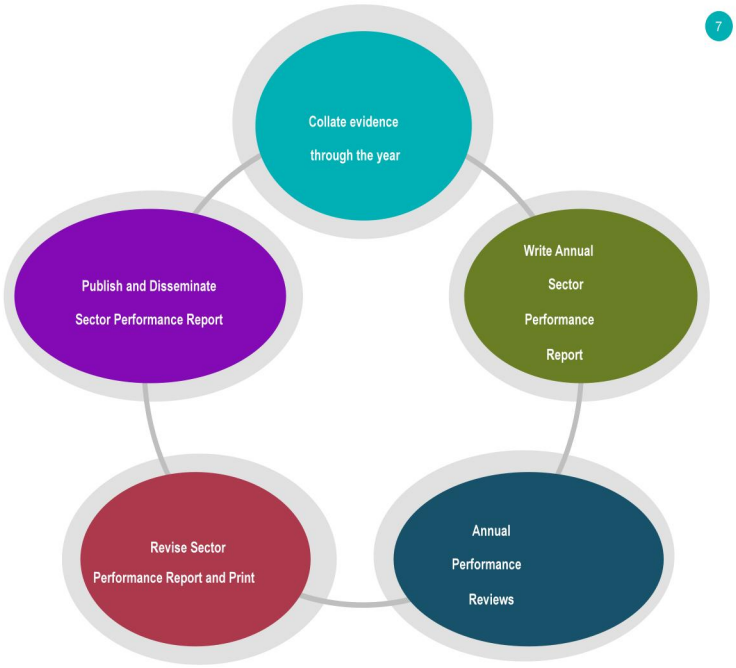
by the Sokoto State Health Sector MDAs. There shall also be quarterly or six-monthly reviews accompanied by a report written by the Commissioner and transmitted to the ministry of Economic Planning and Budget. The Performance Reports and its contents shall be subjected to an "independent" validation prior to publication and dissemination to the public. Independent and technical review and validation shall be carried out by the Sokoto State Ministry of Economic Planning and Budget.

Figure 2: MTSS Monitoring and Evaluation Process Chart



The Department of Planning Research and Statistics in liaison with the Sokoto State Ministry of Economic Planning and Budget shall routinely collate and analyse and report M&E information, based on the already developed KPIs and targets as outlined in Tables 5 and 12, for informed management decisions to guide implementation and adjustment of plans and for the annual performance reporting of this Sector strategy.

Figure 3: Monitoring and Evaluation Framework



5.3 Coordination Mechanisms

Other performance management activities of this Sector shall involve meeting, and consultations designed to foster proper coordination of implementation of different programmes during the plan period. Some of these mechanisms shall involve Weekly management meetings in the ministry where reports are received from directors and coordinators of programmes and projects to:

i) Receive and review the reports of activities by the project implementation units of the projects and CSOs, CBOs, WDCs etc:
ii) Evaluate the reports from various donor-assisted projects in the State; and
iii) Review reports of oversight functions of the State House of Assembly.

Collaborations

i) **Federal Government of Nigeria**:
   (a) Health is on the concurrent list of activities for the three tiers of Government. The Federal Government of Nigeria often implements several projects requiring counterpart funding by participating States.
   (b) Sokoto State Government will participate in any Federal Government of Nigeria project of interest to it that will advance her Health programmes.

ii) **Collaboration with other States, Ministries and Parastatals:**

(a) Government welcomes collaboration with other States, other ministries, and parastatals in the pursuit of her Health programmes, including HIV/AIDS and COVID 19 pandemic: NGCARES.

(b) Government will cooperate and advise other MDAs with Health projects and programmes.

iii) **Collaboration with Local Governments:**

(a) Effective collaboration is required between the State and local Government for improved effectiveness and to avoid unnecessary wastage of funds. The Primary Healthcare Under One Roof is one initiative that enables effective collaboration between the local Government service commission and the State Primary Healthcare Development Agency (SPHCDA) in the effective management of primary Healthcare delivery.

(b) Government will:

- Coordinate such activities to optimize the use of resources through the Basic Healthcare Provision Fund (BHCPF)
- Foster effective participation in the National Council on Health.

iv) **Private Healthcare Providers:**

Efforts will be made to ensure that the services of the Private Healthcare providers are in line with the State Health Policy standards. These facilities will be carried along in the implementation of the Universal Health coverage and thus periodic review meetings with partners will ensure their effective participation.

v) **Donors/Development Partners:**

(a) Government welcomes assistance from national, international, and non-Governmental organizations in achieving her Health programmes and projects.

(b) Government will encourage donor conferences to bring stakeholders into agreement on areas of collaboration, establish a donor basket and reduce duplication of programmes, projects, and interventions.

Table 15 presents the different organization working with Sokoto State to support the Health Sector and their different intervention areas.

Table 15: Development Partners Working in the Health Sector:

S/N	ORGANIZATION	PROGRAM/PROJECT NAME	THEMATIC AREA OF SUPPORT (e.g. Infrastructure, RH, HIV/AIDS, Governance, Service Delivery, Data Management etc.)	COVERAGE (LGAs)
1	WHO	WHO	Immunization coverage, Polio Eradication	23 LGAs Across the State
2	UNICEF	UNICEF	Nutrition, Health, WASH, Child Protection, Immunization, Social & Behaviour Change, Social Policy Finance and Quality Assurance	23 LGAs Across the State
3	USAID	Health Workforce Management Activity	Human Resource for Health	23 LGAs Across the State
4	USAID Global Health Supply Chain Program-Procurement and Supply Management project	GHSC-PSM	Logistics- (Malaria, HIV/AIDS, MNCH, RH, FP)	23 LGAs Across the State
5	Neglected Tropical Diseases	Neglected Tropical Diseases	Schistosomiasis Treatment	23 LGAs Across the State
6	Medicine Sans Frontiers/Doctors without Boaders	Medicine Sans Frontiers/Doctors without Boaders	Public health/ NOMA intervention	23 LGAs Across the State
7	Centre for Diseases Control, AFENET	Centre for Diseases Control, AFENET	Public Health Campaigns, Routine Immunization, Data Quality	23 LGAs Across the State
8	Sightsavers	Sightsavers	Eye Care Program	23 LGAs Across the State
9	UNFPA	UNFPA	Reproductive Health	23 LGAs Across the State
10	Meri Stopes Nigeria	Meri Stopes Nigeria	Medicines and commodity supply with preference to Family Planning	12 LGAs
11	PLAN International	Aspire Project	To Improve realization of sexual 20 million CAD and reproductive health and rights for adolescent girls and women, including vulnerable populations. Maternal and Child Health, Data Quality and Management	12 LGAs
12	Society for Family Health	Key Population Community HIV	Cascade of Treatment and Care for Key population	23 LGAs Across the State

S/N	ORGANIZATION	PROGRAM/PROJECT NAME	THEMATIC AREA OF SUPPORT (e.g. Infrastructure, RH, HIV/AIDS, Governance, Service Delivery, Data Management etc.)	COVERAGE (LGAs)
		Services for Action and Response (SFH-KP-CARE 2) Project		
13	USAID	USAID ADVANCING NUTRITION	Improving the nutritional status and health of populations 16vulnerable to nutritional deficiencies around the globe	23 LGAs Across the State
14	BMGF	CHAI Vaccines Program Strategy	Immunization, Improve access to essential medicines, diagnostics, and treatments	23 LGAs Across the State
15	New Incentives	NI-ABAE Program	Support the RI system by engaging in vaccine supply review, supporting	23 LGAs Across the State
16	FHI360-A&T Project	Alive & Thrive Project	Improving the health and wellbeing of mothers, children and adolescents. Accelerate the scale of maternal, infant and young child nutrition	12 LGAs
17	USAID	ACE3 project	Epidemic control and ensuring sustainability and quality of care for PLHIV on treatment as well case finding	12 LGAs
18	Jepiego	Delivery Initiative Safe Care	Family Planning, Safe Injection	23 LGAs
19	Management Science for Health	President Malaria Initiative for State	System Strengthening, Drug Based Prevention and Data Management	23 LGAs
20	BMGF	The Change Initiative	Reproductive Health and Family Planning	23 LGAs
21	Global Fund	Malaria consortium	Seasonal Malaria Chemoprevention	23 LGAs

5.4: Roles and Responsibilities of MTSS Partners

The Roles and Responsibilities of the Sectors (MDAs) and the State Economic Planning Commission, the Ministry of Gender Affairs, the CSOs and Development Partnerships in the State are as follows:

i) The DPRS shall be responsible for generating and presenting the reports of progress of projects and programmes as in this MTSS and for noting suggestions and comments.

ii) The Sokoto State Ministry of Economic Planning and Budget shall be responsible for independent and technical evaluation of claims of the respective Sector and for provision of further guidance in better strategic options.

iii) The clients shall be present at annual performance reviews of this Sector to make contributions to provide clients' opinions and suggestions for future service delivery improvements.

iv) The Honourable Commissioner for Health shall provide overall superintendence and management of the Performance management process of the Sector.

6. Annexes

Annex 1: Result of Project Costing

Due to the large size of the project costing only few pages are shown below.

S/N	Project Code	Project Name	Project Components	Unit or Quantity			Cost per Unit (=N=)			Amount Approved for the Project in 2024 Budget (N)	Budget Requirement in MTSS Years (N)			Total Budget Requirement for the MTSS Period (N)
				2025	2026	2027	2025	2026	2027		2025	2026	2027	
										0	27,177,883,713	27,339,079,484	31,734,746,145	86,251,709,342
1	23020106	Completion of Sokoto State University Teaching Hospital (SSUTH) at Kasarawa Wamakko Local Government									2,000,000,000	2,500,000,000	3,500,000,000	8,000,000,000
			Contract Sum	1	1	1	2,000,000,000	2,500,000,000	3,500,000,000		2,000,000,000	2,500,000,000	3,500,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
2	23010122	Completion of Procurement and Installation of Medical Furniture & Equipment									1,260,000,000	2,000,000,000	3,500,000,000	6,760,000,000
			Contract Sum	1	1	1	1,260,000,000	2,000,000,000	3,500,000,000		1,260,000,000	2,000,000,000	3,500,000,000	
											0	0	0	
											0	0	0	
											0	0	0	

		to Sokoto State University Teaching Hospital Kasarawa								0	0	0	
										0	0	0	
										0	0	0	
3	23020106	Construction of Modern Medical Warehouse at Kasarawa								1,000,000,000	1,651,500,000	3,000,000,000	5,651,500,000
			Contract Sum	1	1	1	1,000,000,000	1,651,500,000	3,000,000,000	1,000,000,000	1,651,500,000	3,000,000,000	
										0	0	0	
										0	0	0	
										0	0	0	
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										0	0	0	
4	23020106	Completion of Premier Hospital at Tambuwal LGA								700,000,000	500,000,000	700,000,000	1,900,000,000
			Contract Sum	1	1	1	700,000,000	500,000,000	700,000,000	700,000,000	500,000,000	700,000,000	
										0	0	0	
										0	0	0	
										0	0	0	
										0	0	0	
										0	0	0	
										0	0	0	
5	23010122	Procurement of Medical Equipment for Premier Hospital Tambuwal								700,000,000	500,000,000	600,000,000	1,800,000,000
			Contract Sum	1	1	1	700,000,000	500,000,000	600,000,000	700,000,000	500,000,000	600,000,000	
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6	23020106	Completion of Premier Hospital at Binji LGA									700,000,000	500,000,000	750,000,000	1,950,000,000
			Contract Sum	1	1	1	700,000,000	500,000,000	750,000,000		700,000,000	500,000,000	750,000,000	
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											0	0	0	
7	23010122	Procurement of Medical Equipment for Premier Hospital Binji									700,000,000	500,000,000	600,000,000	1,800,000,000
			Contract Sum	1	1	1	700,000,000	500,000,000	600,000,000		700,000,000	500,000,000	600,000,000	
											0	0	0	
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											0	0	0	
8	23020106	Completion of Premier Hospital at Sabon Birni LGA									700,000,000	500,000,000	700,000,000	1,900,000,000
			Contract Sum	1	1	1	700,000,000	500,000,000	700,000,000		700,000,000	500,000,000	700,000,000	
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											0	0	0	
											0	0	0	
9	23010122	Procurement of Medical Equipment for Premier Hospital Sabon Birni									700,000,000	500,000,000	600,000,000	1,800,000,000
			Contract Sum	1	1	1	700,000,000	500,000,000	600,000,000		700,000,000	500,000,000	600,000,000	
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Annex 2: Sokoto Health Sector Planning Team (SPT)

SN	Name	MDA	Designation	Phone Number
1	Sani Abdullahi	MBEP	Director Planning	08033932056
2	Mode Jibril Kasarawa	MOF	Director Internal Control	08059729392
3	Buhari Umar	MBEP	Director Budget	08035950665
4	Malami A Mohammad	SMOH	Deputy Director HPRS	08032668927
5	Nasiru Umar	SSPHCDA	DDPRS	08035074228
6	Garba Muhammad	HSMB	DHPRS	07039604990
7	Nura Usman	SOHA	Dir. Legislative Budget	08036991292
8	Faruk Shuhu Ismail	MBEP	Budget Analyst	08032354208
9	Haliru Atiku	MBEP	Senior Planning Officer	08066829204
10	Kabiru Ibrahim Gangar	MBEP	Senior Planning Officer	08035885023
11	Yusuf Abdullahi	SOHA	Budget Analyst	07064299696
12	Nura Shehu	SOCHEMA	DDPRS	08036747223
13	Auwal Altine	HSMB	Budget Analyst	08036960291
14	Ibrahim Abubakar	Fiscal Responsibility Agency	Budget Analyst	
15	Dr. Auwal Ahmed Musa	CSO/OGP	Co-Chair	08039438289
16	Dr. A.A Ladan	State Team Lead	State2State	08033320469
17	Isah Ibrahim	UNICEF	Social Policy Specialist	08062210899
18	Naomi Waziri	USAID HWMA	State Coordinator	08031117179
19	Dr. Bello Arkilla	USAID HWMA	Tech. Ass. Specialist	08036251781
20	Shamina Sharmin	UNICEF	Health Manager	09168349330
21	Abdullahi Ibrahim	Helen Keller International	State Coordinator	08032555266