Gombe State

2025 Annual Operational Plan
November, 2024.

Foreword

In line with Nigeria's health sector reforms under the Sector-Wide Approach (SWAp), Gombe State is committed to building a resilient, equitable, and sustainable health system aimed at achieving Universal Health Coverage (UHC). The Federal Ministry of Health and Social Welfare (FMOH&SW) has introduced the Health Sector Strategic Blueprint (HSSB) 2023-2027, in collaboration with key stakeholders, to drive improved health outcomes. The Annual Operational Plan (AOP), a key component of this blueprint, translates strategic objectives into actionable plans, ensuring alignment with government budgets and enhancing accountability. Gombe State's proactive implementation of the AOP is anchored on the State Strategic Health Development Plan II (SSHDP-II), extending the gains of the first phase (2010-2015) and covering 2018-2025. The harmonized AOP addresses key health challenges, enhances service delivery, and optimizes resource use, aligning with national priorities while minimizing redundancy among health MDAs and partners.

Through these reforms, Gombe State is strengthening governance, improving resource mobilization, and ensuring healthcare accessibility for all. The state's focus on a streamlined operational plan is a critical step towards achieving sustainable health improvements and better outcomes for its population.

Hon. Commissioner of Health

Dr. Habu Dahiru

Gombe State Ministry of Health

Acknowledgments

I extend my heartfelt gratitude to all government stakeholders who played a pivotal role in the collaborative development of the 2025 Annual Operational Plan (AOP), a key instrument for the operationalization of the State's Strategic Health Development Plan II (SSHDP-II) and in alignment with the Sector-Wide Approach (SWAp). This includes the dedicated efforts of the State Ministry of Health, Primary Health Care Development Agency, Gombe Contributory Health Management Agency (GoHealth), State Hospital Management Board, and Drug Management Agency (DMA), among others.

Special appreciation goes to our closest partners, GIZ, UNICEF, and WHO—whose technical and financial support were critical in driving this process forward. I also extend thanks to other development partners whose support contributed significantly to the successful completion of this document.

A profound expression of gratitude is reserved for His Excellency, the Executive Governor of Gombe State, for his steadfast leadership and unwavering commitment to improving the health sector. His continuous support has been instrumental in ensuring the success of this initiative.

Lastly, I acknowledge the Honourable Commissioner of Health, Dr. Habu Dahiru, for his visionary leadership and provision of an enabling environment, which greatly facilitated the development of the 2025 AOP. The collective effort of all involved parties has been instrumental in achieving this important milestone.

Thank you for your commitment and collaboration.

Dr. Ibrahim Yakubu Usman

Permanent Secretary

Gombe State Ministry of Health

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Executive Summary

Gombe State's Health Sector Strategic Blueprint (HSSB) for 2023–2027 provides a thorough road map for improving healthcare delivery, tackling public health issues, and coordinating the state's healthcare system with both international and national development objectives. With a budget of ₦20,484,935,342, the Annual Operational Plan (AOP) is organised around four strategic pillars and three enabling frameworks that are intended to improve resource mobilisation, governance, health security, and health system efficiency.

Budget Overview

The AOP's allocations are strategically distributed:

Strategic Pillars:

Effective Governance (₦341,683,000): Strengthening leadership and accountability with a 33.2% focus on new projects.

Efficient, Equitable, and Quality Health Systems (₦18,137,837,410): Enhancing healthcare infrastructure and services, with 67.8% allocated to new initiatives.

Unlocking Value Chains (₦553,516,000): Driving innovation in health service delivery, with 98.7% of the funds for new projects.

Health Security (₦413,787,000): Addressing public health emergencies and resilience, with significant investment in ongoing initiatives.

Enablers:

Data Digitization (₦732,656,432): Modernizing health information systems.

Financing (₦228,528,500): Optimizing resource Mobilisation and financial sustainability.

Culture and Talent (₦76,927,000): Fully allocated to workforce capacity building.

Overall, **65.4% (₦13.4 billion)** of the budget is dedicated to new projects, while **33.9% (₦6.93 billion)** supports ongoing programs, ensuring a balanced approach to innovation and continuity.

Accountability Framework

A robust **Accountability Framework** ensures transparent decision-making, efficient resource allocation, and data-driven performance monitoring. It delineates clear roles across:

The Hon. Commissioner for oversight and strategic approvals.

DPRS SMoH and **Planning Cell SMoH**, responsible for planning, data collection, and coordination with agencies such as SPHCDA, GoHealth, HMB, and GoDMA.

Executive Secretaries (SPHCDA, GoHealth, HMB, GoDMA) oversee implementation and submit quarterly performance reports.

Monthly and quarterly reviews foster real-time adjustments, supported by feedback loops between operational units and leadership.

Performance Monitoring Plan (PMP)

The **Performance Monitoring Plan (PMP)** outlines SMART (Specific, Measurable, Achievable, Relevant, Time-bound) indicators and annual targets to track the progress of health sector interventions. It ensures:

- Accurate baseline measurements and reliable data sources.
- Transparent reporting and regular performance reviews to align short-term achievements with long-term strategic goals.
- Accountability at all levels, fostering stakeholder trust and guiding resource allocation.

Implementation Status Tracker

The **Implementation Status Tracker** monitors operational progress against planned activities, budgets, and timelines. This tool highlights:

- Financial performance through cost comparisons between allocated budgets and actual expenditures.
- Operational efficiency by tracking the status of activities (Complete, Delayed, In Progress).
- Quarterly updates (Q1–Q4), enabling timely decision-making and accountability.

Strategic Impact

The HSSB's holistic approach emphasizes health system equity, efficiency, and resilience. By aligning resources and activities with strategic priorities, the blueprint addresses pressing health challenges while fostering sustainable development. Regular monitoring, data digitization, and stakeholder engagement create a culture of transparency, ensuring the delivery of high-quality healthcare services to Gombe State's residents.

This blueprint positions Gombe State as a leader in implementing innovative, data-driven health policies, driving progress toward achieving the Sustainable Development Goals (SDGs).

1.0 Introduction

Despite large investments throughout the years, Nigeria's health industry has long struggled with fragmentation, inefficiency, and subpar results. In response, the Nigerian government unveiled the Health Sector Strategic Blueprint (HSSB) for 2023–2027 in coordination with development partners. By implementing creative tactics that improve coherence and complementarity in health services, the HSSB seeks to rethink and revolutionise the country's healthcare system.

The use of the Sector-Wide Approach (SWAp) as the guiding framework is essential to this revolutionary endeavor. SWAp promotes a commitment to health sector reform across the entire government and society by emphasising coordinated planning, budgeting, reporting, and communication among all stakeholders. The tenets of SWAp—"One Plan, One Budget, One Report, and One Conversation"—form the basis for coordinating activities in pursuit of the shared objectives of preserving lives, easing financial and physical strains, and attaining universal health for Nigerians.

To address the most urgent health issues facing the country, the HSSB provides priority mappings that comprise strategic objectives, priority projects, and interventions. It also defines the essential enablers and pillars needed for health policies to be implemented successfully. In order to guarantee clear and effective resource allocation and match budgetary flows with national health priorities as outlined in the National Health Act of 2014, ingredient-based costing is used.

Gombe State, situated in the North-eastern region of Nigeria, continues to be one of the thirty-six states in the country. Positioned between latitudes 9o 30 and 12o 30 North and longitudes 8o 45 and 11o 45 East, the state was established in October 1996, encompassing a total land area of approximately 20,265 sq. km. Gombe State shares borders with Borno to the east, Yobe to the north-east, Bauchi to the west, Taraba to the south, and Adamawa to the southeast. With a growth rate of 3.2%, Gombe State's projected population reached 4,285,715 as of 2024. This

population is characterized by 52.6% males and 47.4% females. The demographic distribution includes young individuals aged 10-29 years, constituting 39.9% of the population. Women of reproductive age account for 4.4% of the total population, and there are 771,429 children aged 5 years and below.

Over time, the Gombe state government has consistently exhibited its commitment to enhancing the health sector, with a focus on achieving Universal Health Coverage (UHC) for its residents. This commitment is evident in the dedicated implementation of national health policies, including the National Health Act 2014 and the revised National Health Policy in 2016. Both policies prioritize the pursuit of UHC by providing a Basic Healthcare Package covering reproductive, maternal, newborn, child, adolescent health, and nutrition (RMNCAH+N), as well as effective control of communicable and noncommunicable diseases (including disease surveillance). Additionally, there is a concerted effort to establish a functional referral system that ensures the provision of quality secondary and tertiary healthcare services. Noteworthy strides have been made in implementing initiatives such as the Primary Health Care Under One Roof (PHCUOR), Basic Health Care Provision Fund (BHCPF), and the State Social Health Insurance Scheme (SSHIS).

The Gombe State Strategic Health Development Plan II (GSSHDPII) initially designed for 2018-2022, is now extended to 2025. Serving as the successor to GSSHDPI 2010-2015, its overarching objective is to "ensure that the Gombe populace has universal access to comprehensive, appropriate, affordable, efficient, equitable, and quality essential healthcare through a strengthened and adaptive health system capable of coping with current and future emergencies." To realize this ambitious goal, the strategic plan meticulously outlines programs, projects, and estimates of the total financial resources required for implementation over the extended five-year period.

Mission, Vision and Values

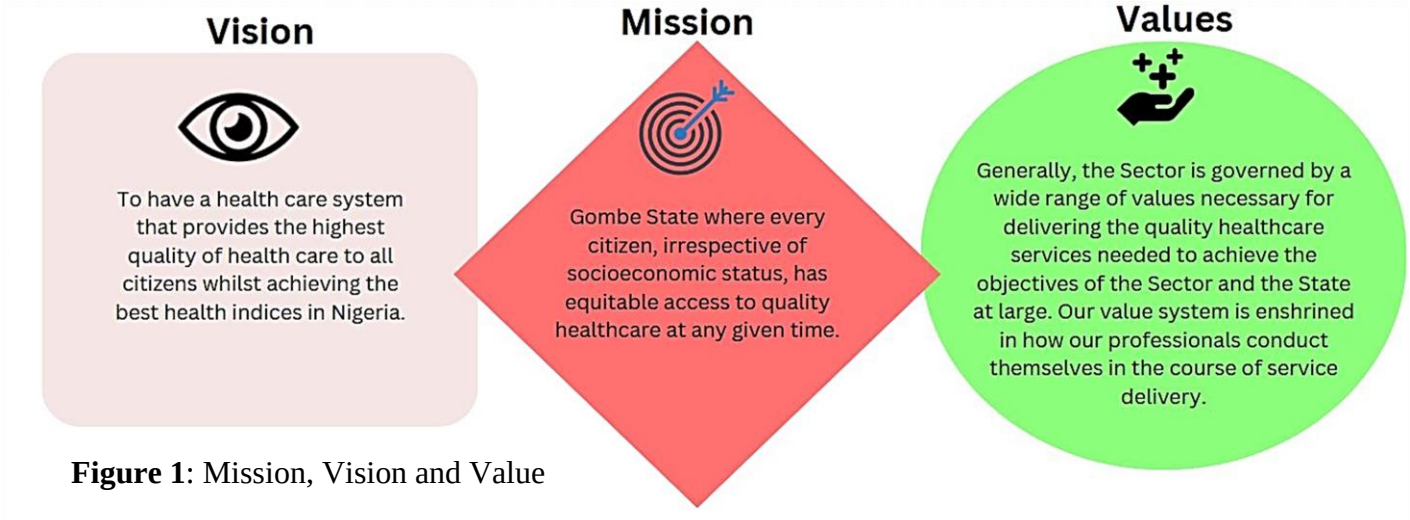

Figure 1: Mission, Vision and Value

"*To reduce the morbidity and mortality rates due to communicable diseases to the barest minimum; reverse the increasing prevalence of non-communicable diseases; meet global targets on the elimination and eradication of diseases; and significantly increase the life expectancy and quality of life of the people of Gombe State".*

Competence Highlight

Professionalism – all Health Care professionals in the State's Health System are expected to conduct themselves with the highest level of professionalism when dealing with patients and citizens. They have to be courteous, respectful and attentive in all their dealings with patients.

Quality of care – that all Health Care professionals shall adhere to appropriate codes of practice and ensure that the highest standards of care are rendered to all patients and citizens in a non-discriminatory way.

Inclusiveness – that every effort will be made by Health Care Managers and professionals to involve all citizens, especially those who are often excluded from receiving services, in the planning, delivery and management of Health Care services. Stakeholders' engagement shall be a constant feature in how the service is planned and delivered.

Teamwork – which all the agencies in the Sector, and the Health Care professionals shall work as part of effective teams and promote cooperation and collaboration in the way that services are planned, delivered, and managed. The patient/citizen shall remain the main consideration as far as decision-making in the Sector is concerned.

Responsiveness – that Health Care professionals shall always respond to any queries or demands from patients/citizens in a timely and complete manner. Also, that such Health Care professionals will ensure that the information that they provide is as accurate as can be expected, whilst also being mindful of the need for confidentiality, especially as that relates to the personal health records of individuals.

Empathy – which all Health Care professionals shall show empathy in the way that they engage with citizens and patients.

1.1 Conceptualising the AOP framework

Overview

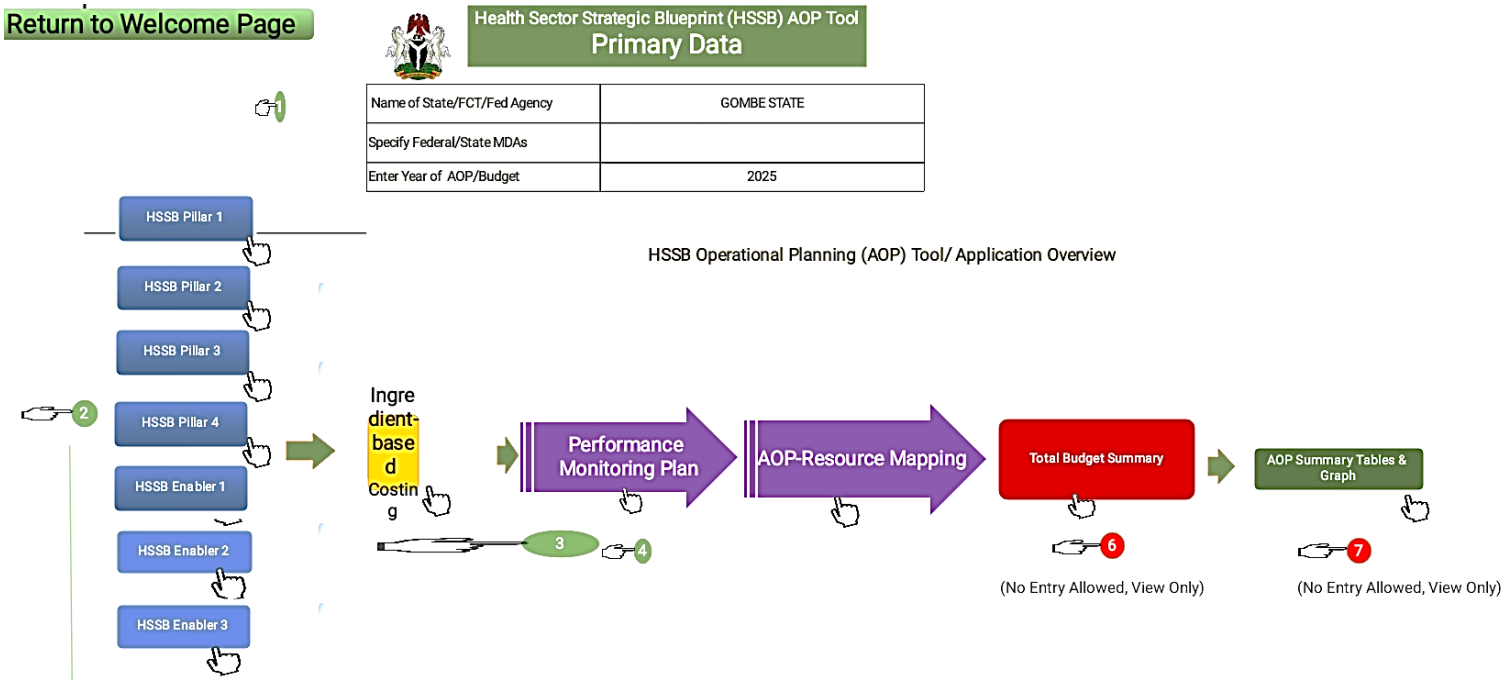

Figure 2: AOP Framework

Flow Overview:

The process begins with setting up the **pillars** and **enablers** that guide the operational planning. From there, **ingredient-based costing** is conducted to determine the financial requirements for each activity. This is followed by creating a **performance monitoring plan** and **resource mapping** to ensure that resources are aligned with the operational goals. The **Total Budget Summary** is then prepared, and the final report is presented through **summary tables and graphs** for easy interpretation.

The "no entry allowed, view only" text suggests that some sections (such as the total budget and summary tables) are locked for editing, ensuring the integrity of the data entered in earlier stages.

See: Next Page for Overview HSSB Pillars and Enablers

1.2 Overview Health System Strategic Blueprint (HSSB) Pillars and Enablers

The Health System Strategic Blueprint (HSSB) is part of a nationwide reform program that is improving Nigeria's health sector. Gombe State modifies the national recommendation to apply customized tactics for resolving regional health issues. Targeting important facets of healthcare delivery, workforce development, financing, and governance, the HSSB is organised around four strategic pillars and three enablers. These components are necessary to improve health outcomes nationwide by bolstering the health system's overall effectiveness and functionality.

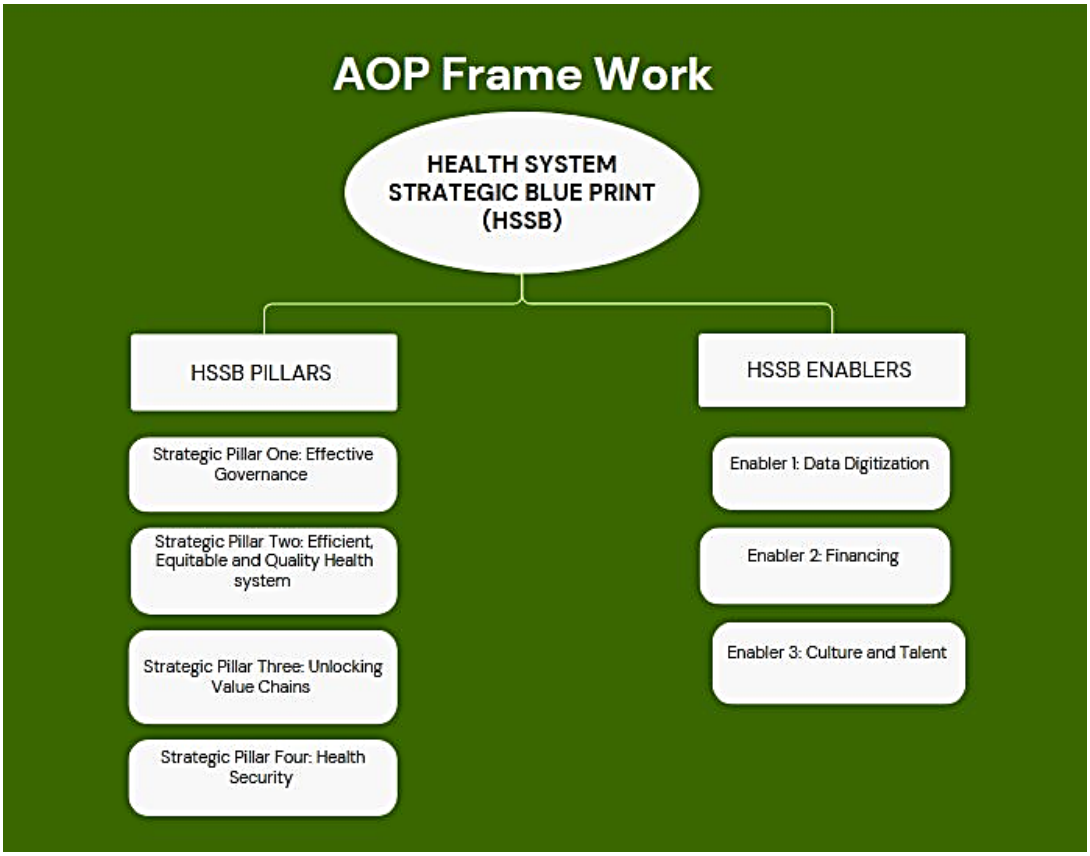

Figure 3: Health System Strategic Blueprint

1.3 Conceptualising Resource Mapping and Financial Framework

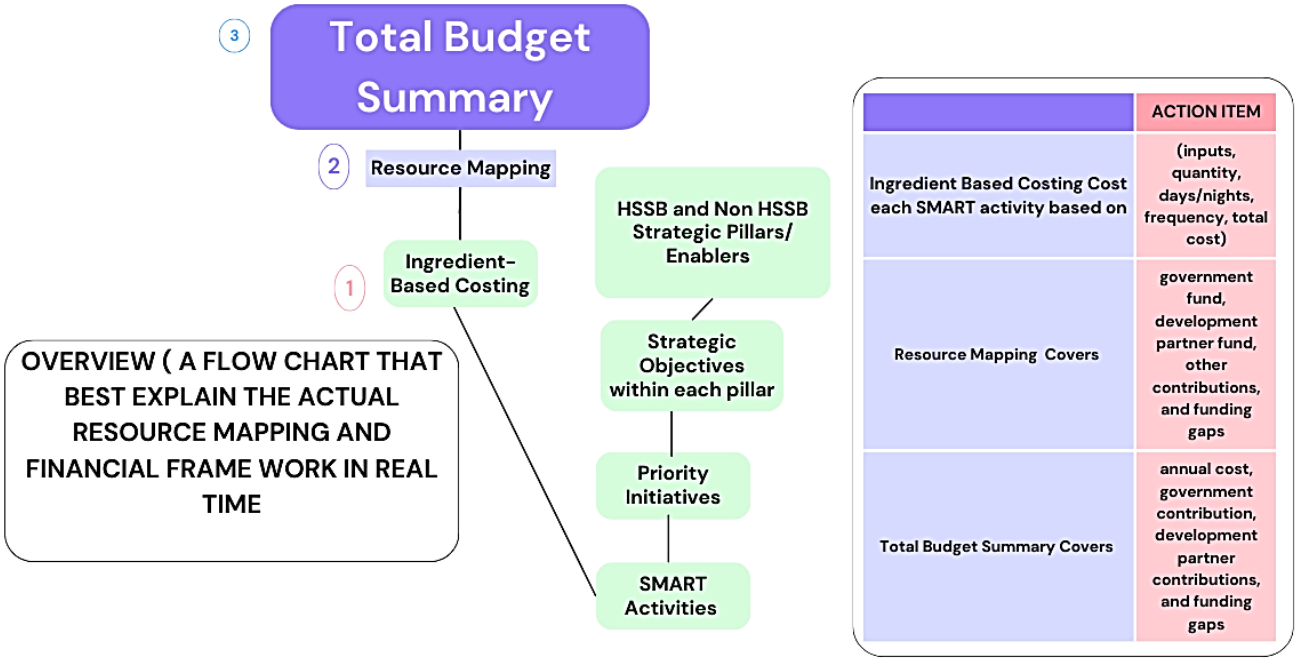

Figure 4: Resource Mapping and Financial Frame work

Concept Overview:

1. **Ingredient-Based Costing (Step 1)**
    - **Purpose**: This step involves the breakdown of costs for each SMART activity based on specific inputs. It considers elements like quantity, days/nights, frequency, and total cost.
    - **Focus**: The goal is to detail the financial requirements for each planned activity, ensuring that every component is costed accurately to reflect the necessary resources.
2. **Resource Mapping (Step 2)**
    - **Purpose**: This step aligns the budgeted costs with actual financial sources, including government funds, contributions from development partners, and other funding sources.

- **Focus**: It helps identify **funding gaps** and aligns the activities with available financial resources, ensuring proper allocation and utilization of funds.

3. **Total Budget Summary (Step 3)**
    - **Purpose**: This step consolidates all financial information, covering the annual costs, government contributions, development partner funds, and any remaining funding gaps.
    - **Focus**: It offers a comprehensive overview of the total financial requirements for all planned activities, ensuring a clear understanding of budget allocations.

Strategic Objectives Section:

- **HSSB and Non-HSSB Strategic Pillars/Enablers**
    - **Purpose**: The flowchart highlights the strategic focus areas for both HSSB and Non-HSSB activities. Each strategic pillar or enabler represents a major focus area in the operational plan.
    - **HSSB vs. Non-HSSB**: HSSB activities are aligned with national health priorities, while Non-HSSB activities represent state-specific initiatives that align with broader national goals.
- **Strategic Objectives within Each Pillar**:
    - **Purpose**: Each pillar or enabler consists of **strategic objectives** that provide specific goals and directions for health interventions.
    - **Priority Initiatives**: These are the specific actions or projects that fall under each strategic objective, which contribute to achieving the broader goals within the pillars.
- **SMART Activities**:
    - **Purpose**: These are specific, measurable, achievable, relevant, and time-bound activities that are planned within each priority initiative. The SMART activities ensure clear monitoring and evaluation based on defined performance indicators.

2.0 SWAp APPROACH

To address important issues and enhance health outcomes, Nigeria's health sector has adopted the Sector-Wide Approach (SWAp) as part of President Bola Tinubu's "Renewed Hope" strategy. This strategy complements the 2023–2027 Health Sector Strategic Blueprint (HSSB) by offering a cohesive framework to improve sustainability, efficiency, and cooperation in health sector reforms.

Prof. Mohammed Ali Pate, Honourable Coordinating Minister for Health and Social Welfare, stated, *"We will establish a joint coordination, monitoring, and evaluation mechanism in the SWAp, which will involve establishing a common database of all health development partner engagements with the federal government and all 36 States and FCT, a results scorecard to transparently chart progress regularly (at least annual, semi-annual) and hold each other accountable in bi-directional ways, to achieve desired results or course correct."*

This commitment highlights the government's dedication to fostering transparency, accountability, and collaboration in the health sector, paving the way for sustainable health improvements across Nigeria.

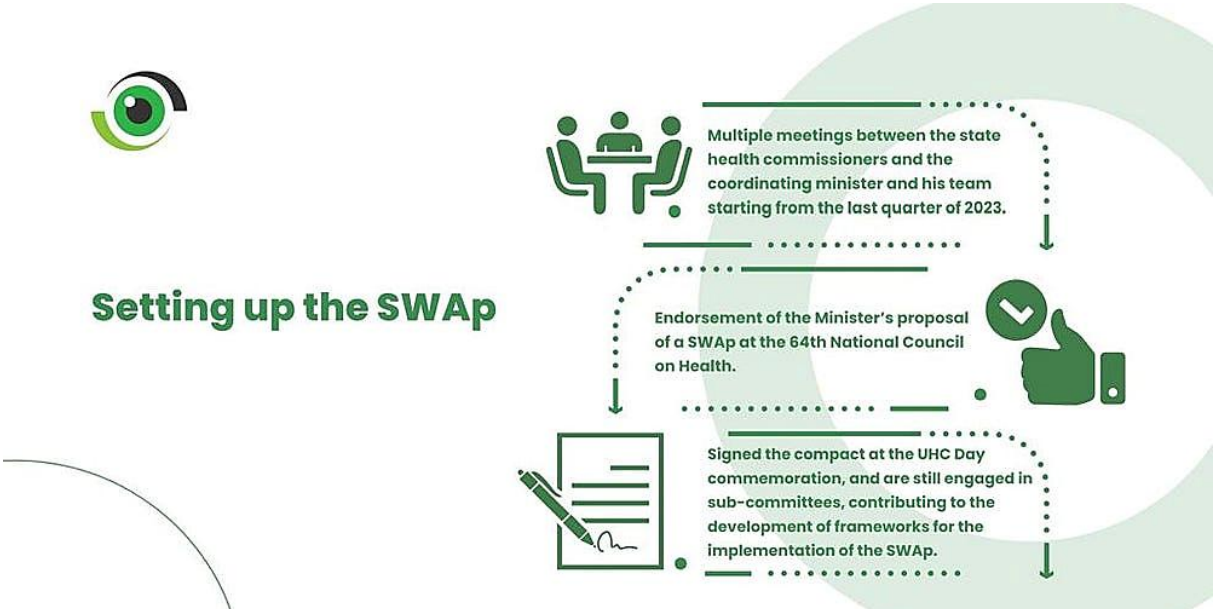

Figure 5: Simple Illustration; setting up the SWAp
Source: *Nigeria Health Watch*

Key Objectives of SWAp under the Renewed Hope Agenda:

- **Enhanced Resource Coordination and Efficiency**: Through resource optimization and redundancy reduction, SWAp integrates health initiatives with national priorities. This strategy is similar to Ghana's and Tanzania's achievements, where SWAp frameworks greatly enhanced maternal and child health outcomes as well as vaccination rates.
- **Strengthened Governance and Accountability**: SWAp upholds accountability and openness through procedures including Quarterly Performance Dialogues (QPDs) and Joint Annual Reviews (JAR). By ensuring that health interventions produce quantifiable effects, this methodical monitoring fosters trust.
- **Empowerment of State-Level Health Systems**: The administration of President Tinubu places a strong emphasis on the role of state governments and promotes specialized assistance for the unique health requirements of each state. Decentralized decision-making improves healthcare accessible, especially in disadvantaged rural areas, by strengthening local government, as seen in South Africa.
- **Commitment to Universal Health Coverage (UHC)**: The government wants to increase health insurance coverage and double the number of operational Primary Healthcare Centers (PHCs) across the country in order to safeguard disadvantaged populations financially. This strategy is based on Rwanda's experience with SWAp, which significantly decreased out-of-pocket medical expenses and increased insurance coverage.
- **Promotion of Long-Term Success** By institutionalizing best practices and guaranteeing long-lasting improvements, SWAp creates a robust health system that can adjust to changing needs. Strategic investments in health infrastructure can dramatically lower death rates and increase access to necessary services, as shown by examples from Zambia and India.
- **Ownership, Visibility, and Communication** SWAp makes the reform process more visible and participatory by promoting cooperation amongst stakeholders and increasing openness. Successful changes to the health sectors in Zambia and Bangladesh demonstrate the importance of local ownership and clear communication for long-term change.
- **A Model for Broader Government Reform**: Beyond the health sector, SWAp's tenets offer a framework for other ministries and agencies to integrate and optimize their

initiatives. SWAp supports the objective of integrated national development in the Renewed Hope Agenda by decreasing fragmentation and improving program efficiency.

By means of SWAp, the Tinubu administration hopes to accelerate Nigeria's journey towards Universal Health Coverage, establishing the groundwork for a successful and healthier country. This strategy places health at the forefront of Nigeria's revitalised development vision and demonstrates a dedication to inclusive, sustainable reform.

Figure 6: SWAp Projection
Source: *Nigeria Health Watch*

2.1 Specific National/State SWAp Target

Priority Mapping

Structural alignment of the Gombe State Annual Operational Plan (AOP) with the Health System Strategic Blueprint (HSSB) at both the national and state levels:

1. **National Strategic Objectives**: Gombe State has aligned fully with the national objectives, adopting all 18 out of 18 strategic objectives identified at the national level. This alignment ensures that the state is fully synchronized with the overarching national goals, which are likely fundamental to achieving the desired health outcomes across Nigeria.
2. **National Priority Initiatives**: The state has implemented 23 out of the 27 priority initiatives identified at the national level. This close alignment indicates Gombe State's commitment to high-impact initiatives but may also reflect adjustments based on local priorities or resources, where four initiatives may not be as relevant or feasible in the state context.
3. **National Strategic Interventions**: Gombe State has prioritized 127 out of 256 national strategic interventions. This selective approach suggests a targeted focus on interventions most relevant to the state's specific health challenges and resources. The selective implementation allows the state to concentrate efforts on areas that will have the most significant impact locally while still contributing to national goals.

In summary, Gombe State's AOP demonstrates a strategic alignment with national priorities, while also making adaptations to fit local needs and capacity. This tailored approach supports efficient use of resources and ensures that national health reform efforts are effectively translated to the subnational level.

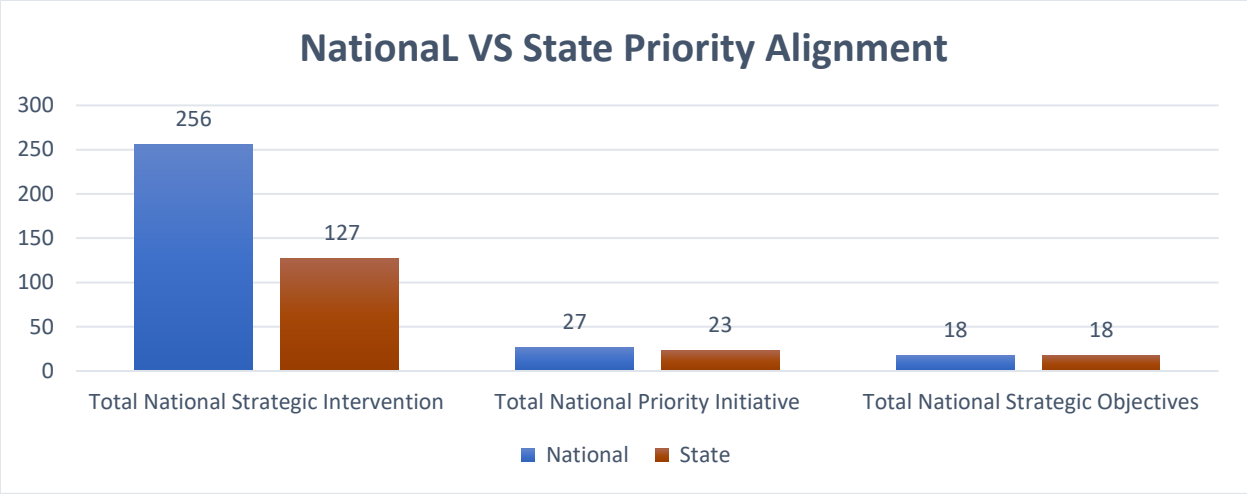

Figure 7: National vs State Priority Alignment
Note: The State Priority setting for Gombe state is attached to Appendix B

2.2 Non-HSSB Pillars and Enablers

Compared to the general national framework, each state has particular criteria that are frequently more delicate and detailed. Each state can tailor the Non-HSSB Pillars and Enablers to meet its unique health sector needs because they are flexible, overarching components. States are able to execute plans that are specific to local issues thanks to these foundations and enablers, guaranteeing that interventions are impactful and pertinent. The Non-HSSB Pillars and Enablers help states accomplish health goals that might not fit into the strict framework of the Health Sector Strategic Blueprint (HSSB), but are crucial for overall health outcomes, by offering a flexible framework.

The **Non-HSSB Enablers** further complement these pillars by providing supportive mechanisms tailored to state-specific contexts, such as financing, data digitization, culture, and talent development. These enablers equip states to execute strategies effectively under the Non-HSSB Pillars, ensuring that unique local requirements are met while remaining aligned with overarching national goals. Through this adaptable structure, states can bridge local gaps, respond to unique health sector challenges, and achieve meaningful progress within the national health reform agenda.

3.0 AOP Funding Mapping

To create an **AOP Funding Mapping Analysis**, the Gombe state's financial contributions, funding gaps, and engagement of each department under the four strategic pillars and three enablers will be broken down. This approach will help highlight how each agency aligns with the Health Sector Strategic Blueprint (HSSB) and Non-HSSB initiatives, providing an overview of the government and partner commitments across different health objectives.

Gombe State Ministry of Health

AOP Budget and Financing				
HSSB AOP PILLARS	**Total Cost of AOP**	**Government's Commitment**	**Development Partners including Private Sector**	**AOP Funding Gap**
Strategic Pillar One:Effective Governance	? 183,784,000	? 118,934,000	? 8,700,000	? 56,150,000
Strategic Pillar Two:Efficient, Equitable and Quality Health system	? 4,247,472,000	? 3,288,467,000	? 662,000,000	? 297,005,000
Strategic Pillar Three: Unlocking Value Chains	? 34,370,000	? 34,370,000	? -	? -
Strategic Pillar Four: Health Security	? 413,787,000	? 112,687,000	? 270,100,000	? 31,000,000
Enabler 1: Data Digitization	? 56,970,000	? 42,170,000	? 14,800,000	? -
Enabler 2: Financing	? -	? -	? -	? -
Enabler 3: Culture and Talent	? -	? -	? -	? -
Total	? 4,936,383,000	? 3,596,628,000	? 955,600,000	? 384,155,000
	% Distribution	72.9%	19.4%	7.8%
		100.0%		

Figure 8: AOPBudget and Financing for Gombe State Ministry of Health

The total cost of the AOP for Gombe State Ministry of Health is estimated at 4,936,383,000. The government has committed 3,596,628,000, accounting for 72.9% of the total cost. The private sector is expected to contribute 955,600,000, which is 19.4% of the total cost. However, there remains a funding gap of 384,155,000, which is 7.8% of the total cost.

Gombe State Primary Health Care Development Agency

AOP Budget and Financing

HSSB AOP PILLARS	Total Cost of AOP	Government's Commitment	Development Partners including Private Sector	AOP Funding Gap
Strategic Pillar One:Effective Governance	? 75,325,000	? 29,884,800	? 45,440,200	? -
Strategic Pillar Two:Efficient, Equitable and Quality Health system	? 10,148,166,250	? 1,327,338,824	? 8,535,367,426	? 285,460,000
Strategic Pillar Three: Unlocking Value Chains	? 357,620,000	? 226,520,000	? 131,100,000	? -
Strategic Pillar Four: Health Security	? -	? -	? -	? -
Enabler 1: Data Digitization	? 668,886,432	? 337,440,304	? 119,235,128	? 212,211,000
Enabler 2: Financing	? 228,528,500	? 122,139,250	? 106,389,250	? -
Enabler 3: Culture and Talent	? 76,927,000	? 38,463,500	? 38,463,500	? -
Total	? 11,555,453,182	? 2,081,786,678	? 8,975,995,504	? 497,671,000
	% Distribution	18.0%	77.7%	4.3%
		100.0%		

Figure 9: AOPBudget and Financing for Gombe State Primary Health Care Development Agency

The total cost of the AOP for Gombe State Primary Health Care Development Agency is estimated at 11,555,453,182. The government has committed 2,081,786,678, accounting for 18% of the total cost. Development partners, including the private sector, are expected to contribute 8,975,995,504, which is 77.7% of the total cost. However, there remains a funding gap of 497,671,000, which is 4.3% of the total cost.

Gombe State Health Management Board

AOP Budget and Financing

HSSB AOP PILLARS	Total Cost of AOP	Government's Commitment	Development Partners including Private Sector	AOP Funding Gap
Strategic Pillar One:Effective Governance	? 60,857,000	? 54,575,000	? -	? 6,282,000
Strategic Pillar Two:Efficient, Equitable and Quality Health system	? 604,461,500	? 231,894,500	? 300,217,000	? 72,350,000
Strategic Pillar Three: Unlocking Value Chains	? 45,500,000	? -	? 45,500,000	? -
Strategic Pillar Four: Health Security	? -	? -	? -	? -
Enabler 1: Data Digitization	? -	? -	? -	? -
Enabler 2: Financing	? -	? -	? -	? -
Enabler 3: Culture and Talent	? -	? -	? -	? -
Total	? 710,818,500	? 286,469,500	? 345,717,000	? 78,632,000
	% Distribution	40.3%	48.6%	11.1%
		100.0%		

Figure 10: AOPBudget and Financing for Gombe State Health Management Board

The total cost of the AOP for Gombe State Health Management Board is estimated at 710,818,500. The government has committed 286,469,500, accounting for 40.3% of the total cost. Development partners, including the private sector, are expected to contribute 345,717,000, which is 48.6% of the total cost. However, there remains a funding gap of 78,632,000, which is 11.1% of the total cost.

Gombe State Action Committee on AIDS

AOP Budget and Financing				
HSSB AOP PILLARS	Total Cost of AOP	Government's Commitment	Development Partners including Private Sector	AOP Funding Gap
Strategic Pillar One:Effective Governance	? -	? -	? -	? -
Strategic Pillar Two:Efficient, Equitable and Quality Health system	? 185,285,500	? 129,896,000	? 55,389,500	? -
Strategic Pillar Three: Unlocking Value Chains	? -	? -	? -	? -
Strategic Pillar Four: Health Security	? -	? -	? -	? -
Enabler 1: Data Digitization	? -	? -	? -	? -
Enabler 2: Financing	? -	? -	? -	? -
Enabler 3: Culture and Talent	? -	? -	? -	? -
Total	? 185,285,500	? 129,896,000	? 55,389,500	? -
	% Distribution	70.1%	29.9%	0.0%
		100.0%		

Figure 11: AOPBudget and Financing for Gombe State Action Committee on AIDS

The total cost of the AOP for Gombe State Action Committee on AIDS is estimated at 185,285,500. The government has committed 129,896,000, accounting for 70.1% of the total cost. Development partners, including the private sector, are expected to contribute 55,389,500, which is 29.9% of the total cost. There is no remaining funding gap.

Gombe State Health Insurance Agency Summary

HSSB AOP PILLARS	Total Cost of AOP	Government's Commitment	Development Partners including Private Sector	AOP Funding Gap
Strategic Pillar One:Effective Governance	? -	? -	? -	? -
Strategic Pillar Two:Efficient, Equitable and Quality Health system	? 2,774,610,160	? 2,436,260,160	? 295,344,000	? 43,006,000
Strategic Pillar Three: Unlocking Value Chains	? -	? -	? -	? -
Strategic Pillar Four: Health Security	? -	? -	? -	? -
Enabler 1: Data Digitization	? -	? -	? -	? -
Enabler 2: Financing	? -	? -	? -	? -
Enabler 3: Culture and Talent	? -	? -	? -	? -
Total	? 2,774,610,160	? 2,436,260,160	? 295,344,000	? 43,006,000
	% Distribution	87.8%	10.6%	1.5%

Figure 12: AOPBudget and Financing for Gombe State Health Insurance Agency Summary

The total cost of the AOP for Gombe State Health Insurance Agency is estimated at 2,774,610,160. The government has committed 2,436,260,160, accounting for 87.8% of the total cost. Development partners, including the private sector, are expected to contribute 295,344,000, which is 10.6% of the total cost. There remains a funding gap of 43,006,000, which is 1.5% of the total cost.

Gombe Drug Management Agency Summary

AOP Budget and Financing

HSSB AOP PILLARS	Total Cost of AOP	Government's Commitment	Development Partners including Private Sector	AOP Funding Gap
Strategic Pillar One:Effective Governance	? 21,717,000	? 21,717,000	? -	? -
Strategic Pillar Two:Efficient, Equitable and Quality Health system	? 177,842,000	? 56,606,000	? 121,236,000	? -
Strategic Pillar Three: Unlocking Value Chains	? 116,026,000	? 116,026,000	? -	? -
Strategic Pillar Four: Health Security	? -	? -	? -	? -
Enabler 1: Data Digitization	? 6,800,000	? 6,800,000	? -	? -
Enabler 2: Financing	? -	? -	? -	? -
Enabler 3: Culture and Talent	? -	? -	? -	? -
Total	? 322,385,000	? 201,149,000	? 121,236,000	? -
	% Distribution	62.4%	37.6%	0.0%
		100.0%		

Figure 13: AOPBudget and Financing for Gombe Drug Management Agency Summary

The total cost of the AOP for Gombe Drug Management Agency is estimated at 322,385,000. The government has committed 201,149,000, accounting for 62.4% of the total cost. Development partners, including the private sector, are expected to contribute 121,236,000, which is 37.6% of the total cost. There is no remaining funding gap.

Gombe State Consolidated Budget and Financial Summary

AOP Budget and Financing

HSSB AOP PILLARS	Total Cost of AOP	Government's Commitment	Development Partners including Private Sector	AOP Funding Gap
Strategic Pillar One:Effective Governance	? 341,683,000	? 225,110,800	? 54,140,200	? 62,432,000
Strategic Pillar Two:Efficient, Equitable and Quality Health system	? 18,137,837,410	? 7,470,462,484	? 9,969,553,926	? 697,821,000
Strategic Pillar Three: Unlocking Value Chains	? 553,516,000	? 376,916,000	? 176,600,000	? -
Strategic Pillar Four: Health Security	? 413,787,000	? 112,687,000	? 270,100,000	? 31,000,000
Enabler 1: Data Digitization	? 732,656,432	? 386,410,304	? 134,035,128	? 212,211,000
Enabler 2: Financing	? 228,528,500	? 122,139,250	? 106,389,250	? -
Enabler 3: Culture and Talent	? 76,927,000	? 38,463,500	? 38,463,500	? -
Total	? 20,484,935,342	? 8,732,189,338	? 10,749,282,004	? 1,003,464,000
	% Distribution	42.6%	52.5%	4.9%
		100.0%		

Figure 13: Gombe State Consolidated Budget and Financial Summary

The total cost of the AOP for Gombe State is estimated at 20,484,935,342. The government has committed 8,732,189,338, accounting for 42.6% of the total cost. Development partners, including the private sector, are expected to contribute 10,749,282,004, which is 52.5% of the total cost. There remains a funding gap of 1,003,464,000, which is 4.9% of the total cost.

Note: The Gombe State Total Budget Summary is attached to appendix A.

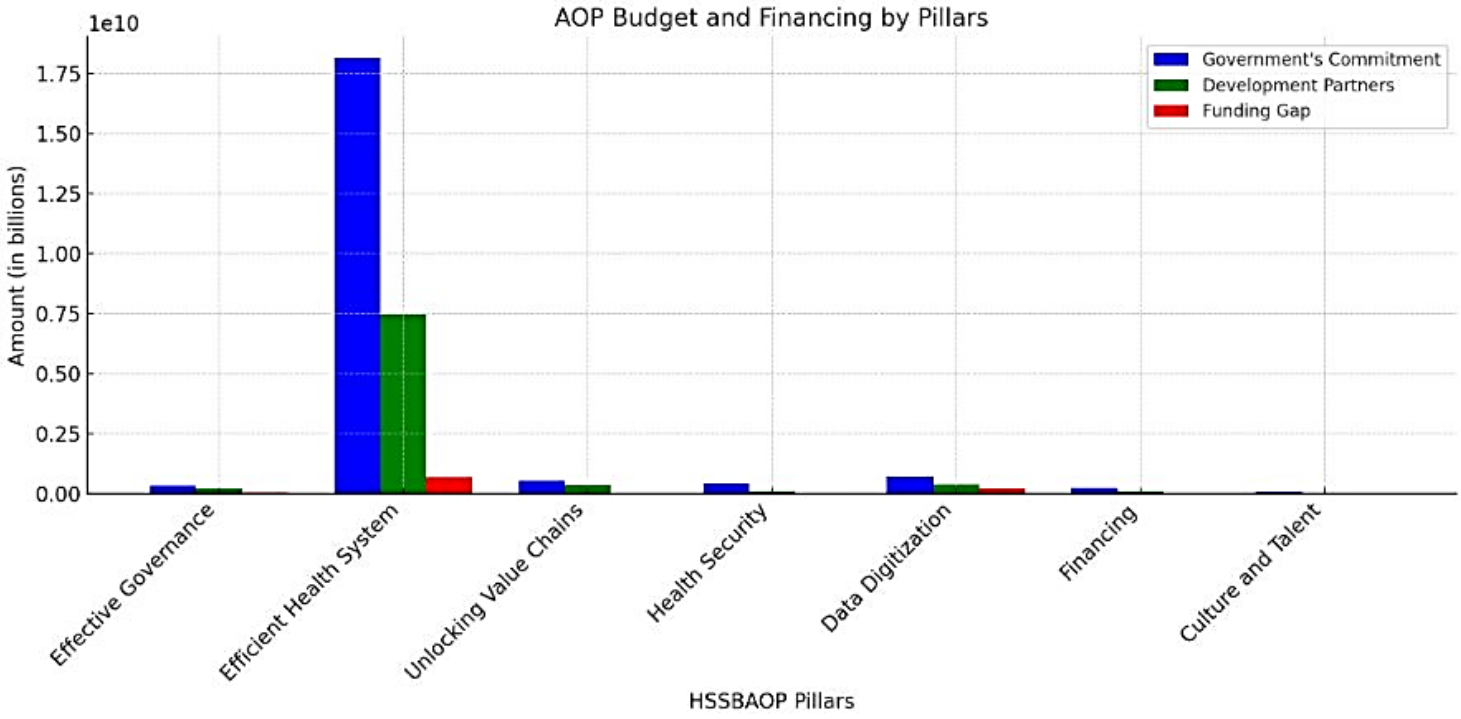

Figure 14: *Visualisation of Figure 13: Gombe State Consolidated Budget and Financial Summary*

The Gombe State Annual Operational Plan (AOP) has a total estimated cost of 20.5 billion Naira. The government has committed 8.7 billion Naira, accounting for 42.6% of the total cost. Development partners and the private sector are expected to contribute 10.7 billion Naira, which is 52.5% of the total cost. However, there remains a funding gap of 1 billion Naira, which is 4.9% of the total cost.

The AOP includes various health agencies within Gombe State, each with its own budget and funding sources. Some agencies, like the Gombe State Action Committee on AIDS and Gombe Drug Management Agency, have no remaining funding gaps. However, others, such as the Gombe State Primary Health Care Development Agency and the Gombe State Health Management Board, have significant funding gaps.

Overall, the Gombe State AOP relies heavily on funding from development partners and the private sector to achieve its goals. Addressing the remaining funding gap will be crucial to ensure the successful implementation of the plan and improve healthcare services in Gombe State.

AOP HSSB Project/Activity Implementation Status

The Health System Strengthening Blueprint (HSSB) Annual Operational Plan (AOP) allocates a total of ₦20,484,935,342 across four strategic pillars and three enablers. Strategic Pillars include Effective Governance (₦341,683,000; 33.2% for new projects and 66.8% for ongoing projects), Efficient, Equitable, and Quality Health Systems (₦18,137,837,410; 67.8% for new projects and 32.1% for ongoing projects), Unlocking Value Chains (₦553,516,000; 98.7% for new projects and 1.3% for ongoing projects), and Health Security (₦413,787,000; 11.7% for new projects and 54.7% for ongoing projects). The Enablers include Data Digitization (₦732,656,432; 51.6% for new projects and 48.4% for ongoing projects), Financing (₦228,528,500; 6.9% for new projects and 93.1% for ongoing projects), and Culture and Talent (₦76,927,000; entirely allocated to ongoing projects). Overall, ₦13,400,720,680 (65.4%) is dedicated to new projects and ₦6,934,204,662 (33.9%) to ongoing projects, with a strong emphasis on innovation and enhancing health system efficiency and equity.

HSSB AOP PILLARS & Enablers	Total Cost of AOP	New-Project/Activity	On-going Project/Activity
Strategic Pillar One:Effective Governance	₦ 341,683,000	₦ 113,581,000	₦ 228,102,000
Strategic Pillar Two:Efficient, Equitable and Quality Health system	₦ 18,137,837,410	₦ 12,298,616,248	₦ 5,828,175,162
Strategic Pillar Three: Unlocking Value Chains	₦ 553,516,000	₦ 546,316,000	₦ 7,200,000
Strategic Pillar Four: Health Security	₦ 413,787,000	₦ 48,450,000	₦ 226,373,000
Enabler 1: Data Digitization	₦ 732,656,432	₦ 378,007,432	₦ 354,649,000
Enabler 2: Financing	₦ 228,528,500	₦ 15,750,000	₦ 212,778,500
Enabler 3: Culture and Talent	₦ 76,927,000	₦ -	₦ 76,927,000
Total	₦ 20,484,935,342	₦ 13,400,720,680	₦ 6,934,204,662
	% Distribution	65.4%	33.9%
		99.3%	

Figure 15: AOP HSSB Implementation Status

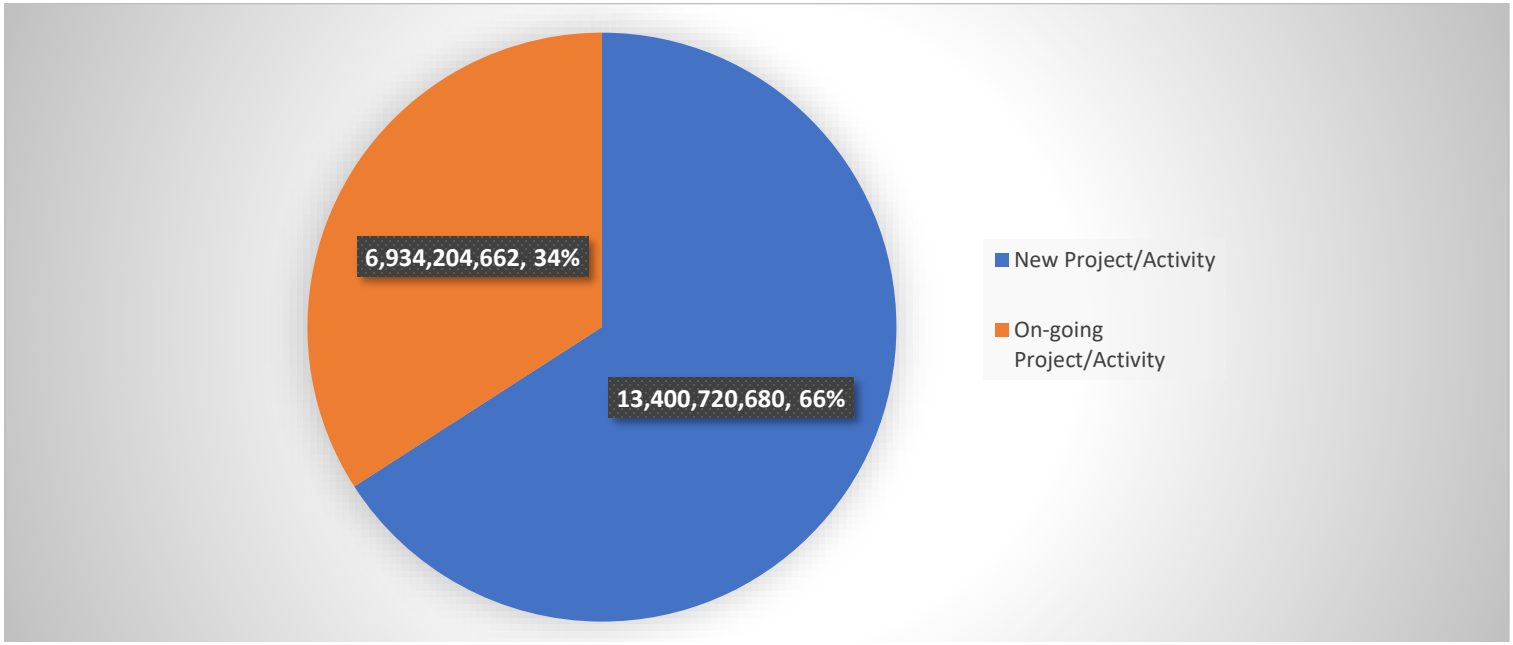

Figure 16: Visualisation of Figure 15: AOP Cost by HSSB Pillars per Implementation Status

1. General Information

S/N	Levels of Ir	General Information	Number
1	Health Facility	How many PHCs in the State participated in this annual health facility plan?	114
2		Out of question (1), how many are currently BHCPF-supported PHCs?	114
3		Total number of PHCs in the State	585
4	Ward	How many wards in the State participated in this annual plan?	114
5		Total number of Wards in the State	114
6	LGA	How many LGAs participated in this annual plan?	11
7		Total number of LGAs in the State	11
Annual Plan Year			2025

Figure 17: Levels of institution within Gombe State

2. Consolidated Health Facility Annual Plan Aggregate by Priority Areas - TOTAL COST

S/N	Name of LGA / Priority Areas	LGA 1 AKKO	LGA2 BALANGA	LGA 3 BILLIRI	LGA 4 DUKKU	LGA 5 FUNAKAYE	LGA 6 GOMBE	LGA7 KALTUNGO	LGA 8 KWAMI	LGA 9 NAFADA	LGA 10 SHONGOM	LGA 11 YAMALTU DEBA	Total
1	Administrative Systems and Infrastructure	₦ 5,359,000	₦ 17,061,000	₦ 50,950,000	₦ 1,540,000	₦ 1,091,000	₦ 30,014,000	₦ 22,420,000	₦ 8,784,000	₦ 15,984,000	₦ 4,929,400	₦ 10,983,500	₦ 169,115,900
2	Financial Systems	₦ 3,965,220	₦ 3,840,000	₦ 1,860,000	₦ 1,200,000	₦ 2,752,000	₦ 9,612,000	₦ 7,300,000	₦ 160,400,000	₦ 54,020,000	₦ 20,666,900	₦ 8,232,000	₦ 273,848,120
3	Human Resource Management	₦ 24,480,000	₦ -	₦ 6,360,000	₦ 360,000	₦ 60,000	₦ 92,880,000	₦ 2,350,000	₦ 3,198,000	₦ 1,237,000	₦ 300,000	₦ 18,120,000	₦ 149,345,000
4	Maternal and Child Health Services (RMNCH+N)	₦ 18,117,780	₦ 21,604,800	₦ 18,794,000	₦ 6,948,000	₦ 56,974,000	₦ 7,756,000	₦ 23,288,000	₦ 34,792,000	₦ 22,688,000	₦ 10,185,000	₦ 82,648,000	₦ 303,795,580
5	Patient Care Management	₦ 2,625,000	₦ 2,476,500	₦ 1,970,200	₦ 2,870,000	₦ 1,102,300	₦ 4,976,900	₦ 1,200,000	₦ 1,660,000	₦ 1,200,000	₦ 90,000	₦ 1,290,200	₦ 21,461,100
6	Essential Drugs and Commodities	₦ 1,440,150	₦ 2,400,000	₦ 840,000	₦ 2,780,000	₦ 660,000	₦ 7,260,000	₦ 10,250,000	₦ 5,280,000	₦ 1,434,000	₦ 14,600,000	₦ 40,170,000	₦ 87,114,150
7	Laboratory	₦ 460,000	₦ 14,648,000	₦ 125,000	₦ 230,500	₦ 345,000	₦ 1,225,000	₦ 230,000	₦ 175,000	₦ 200,000	₦ 139,000	₦ 265,250	₦ 18,042,750
8	Health Management Information System	₦ 9,332,000	₦ 9,396,000	₦ 8,321,000	₦ 10,480,000	₦ 10,080,000	₦ 22,218,000	₦ 111,240,000	₦ 9,524,000	₦ 6,807,000	₦ 12,376,000	₦ 11,048,000	₦ 220,822,000
9	Utilization and Clinical Outcomes	₦ 175,000	₦ 176,200	₦ 900,000	₦ 102,000	₦ 127,200	₦ 355,600	₦ 110,000	₦ 126,200	₦ 140,000	₦ 103,000	₦ 210,000	₦ 2,525,200
10	Community Involvement and Participation	₦ 412,000	₦ 8,324,000	₦ 31,524,000	₦ 14,733,000	₦ 560,000	₦ 6,664,000	₦ 79,513,000	₦ 14,400,000	₦ 7,088,000	₦ 4,028,000	₦ 624,000	₦ 167,870,000
Total		₦ 66,366,150	₦ 79,926,500	₦ 121,644,200	₦ 41,243,500	₦ 73,751,500	₦ 182,961,500	₦ 257,901,000	₦ 238,339,200	₦ 110,798,000	₦ 67,417,300	₦ 173,590,950	₦ 1,413,939,800

Figure 18: LGHA AOP funding Summary. *The table presents data on monetary allocations for different **Priority Areas** across 11 Local Government Areas (LGAs), labeled LGA1 to LGA11.*

Accountability Framework

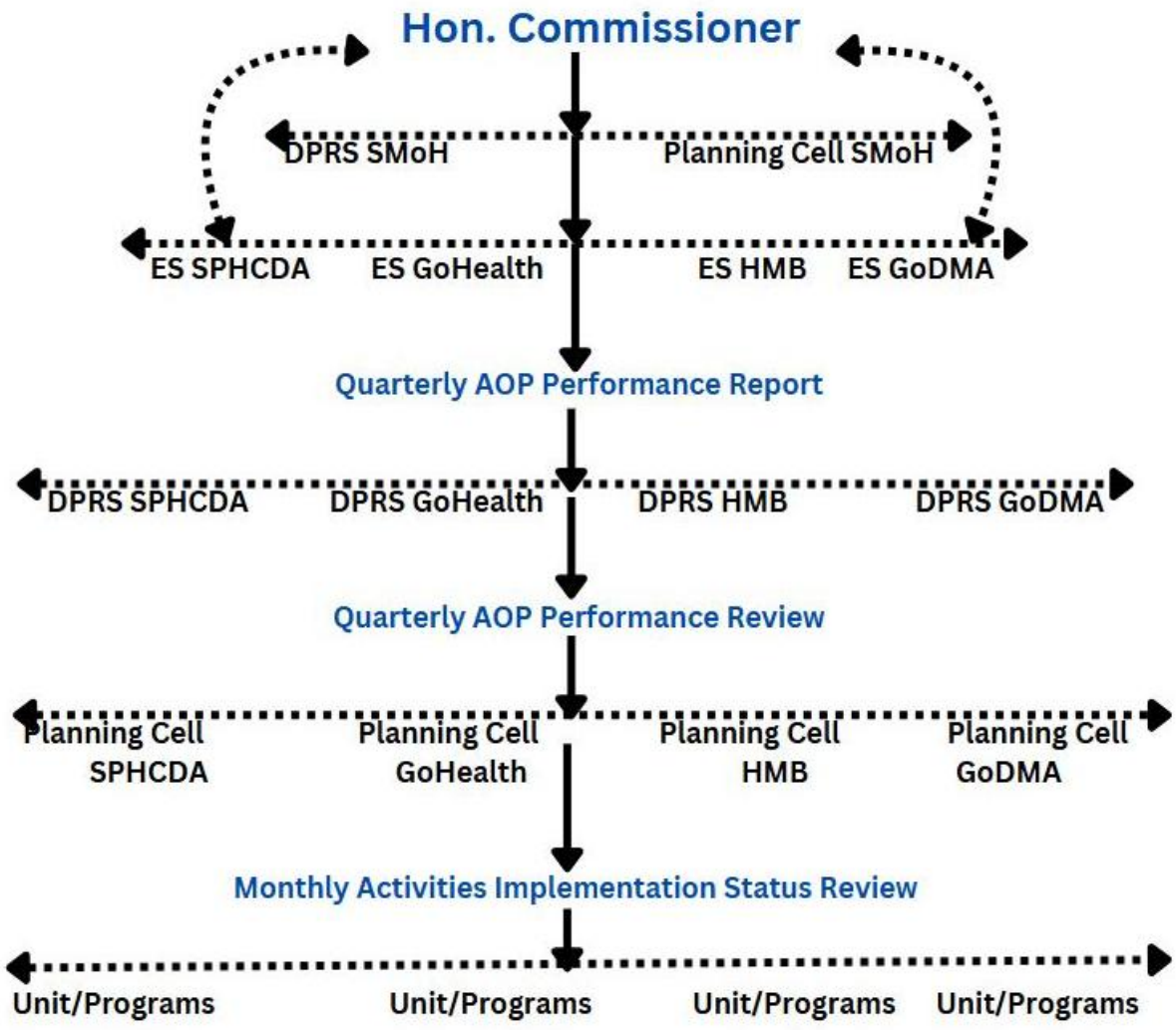

Figure 19: Accountability Framework

1. Hon. Commissioner

- The Hon. Commissioner is at the top of the hierarchy, overseeing the overall performance, reporting, and review processes within the agency. This position is responsible for high-level decision-making and the approval of activities, reports, and reviews within the departments below.

2. DPRS SMoH and Planning Cell SMoH

- These two entities are directly under the Hon. Commissioner:
    - **DPRS SMoH (Department of Planning, Research, and Statistics - State Ministry of Health)**: Responsible for data collection, planning, monitoring, and evaluation of health programs and projects. This department helps guide the development and implementation of annual operational plans (AOP) based on research and statistics.
    - **Planning Cell SMoH**: A specialized unit within the State Ministry of Health dedicated to the detailed planning and coordination of activities. It works closely with DPRS SMoH to ensure that all activities align with strategic objectives and policies.
- Both units coordinate with entities lower in the hierarchy (such as SPHCDA, GoHealth, HMB, and GoDMA) to compile performance reports and oversee implementation status.

3. ES SPHCDA, ES GoHealth, ES HMB, and ES GoDMA

- These entities represent the Executive Secretaries (ES) of different agencies and are aligned horizontally below DPRS SMoH and Planning Cell SMoH. Each Executive Secretary oversees operations within their respective agency:
    - **ES SPHCDA (State Primary Health Care Development Agency)**: Focuses on primary healthcare development and implementation of health policies at the community level.
    - **ES GoHealth**: Manages state health insurance programs, focusing on expanding access to health insurance and improving healthcare affordability for residents.
    - **ES HMB (Hospital Management Board)**: Oversees secondary healthcare facilities, ensuring quality service delivery in hospitals and other healthcare centers.
    - **ES GoDMA (Gombe State Drug Management Agency)**: Responsible for managing drug distribution, ensuring availability and accessibility of essential medications across healthcare facilities.
- These Executive Secretaries are responsible for coordinating their respective agencies to compile and submit quarterly performance reports for review.

4. Quarterly AOP Performance Report

- This is the first major output document within the hierarchy. It includes quarterly performance data from each agency (SPHCDA, GoHealth, HMB, GoDMA) based on their respective operational plans. This report is critical for assessing the progress and effectiveness of activities within each agency, serving as a basis for strategic adjustments.
- The report is compiled collectively by the Executive Secretaries and is then reviewed and approved by the upper levels, including DPRS SMoH and Planning Cell SMoH.

5. DPRS SPHCDA, DPRS GoHealth, DPRS HMB, and DPRS GoDMA

- These represent the Department of Planning, Research, and Statistics units within each agency. Each DPRS is responsible for analyzing performance data, coordinating strategic reviews, and updating operational plans based on quarterly performance.
- DPRS within each agency works closely with their respective Executive Secretary and planning cell to ensure alignment with strategic goals, providing input for both the performance report and the quarterly review.

6. Quarterly AOP Performance Review

- This is a review process conducted after the performance report has been submitted. It involves detailed analysis and evaluation of quarterly results to determine whether strategic objectives are being met and identify any necessary adjustments.
- The review process spans all agencies, with each DPRS contributing insights based on their data analysis. The outcomes of this review are used to update strategies, identify improvement areas, and set priorities for the next quarter.

7. Planning Cell SPHCDA, Planning Cell GoHealth, Planning Cell HMB, and Planning Cell GoDMA

- These are the planning units within each agency, tasked with managing the operational aspects of activities. They work in tandem with the DPRS of each agency, ensuring that plans and strategies are operationally feasible and aligned with available resources.

- The planning cells play a crucial role in implementing the quarterly performance review recommendations, making adjustments to the AOP, and coordinating day-to-day activities within the agency.

8. Monthly Activities Implementation Status Review

- This is a monthly assessment conducted by each planning cell to monitor the implementation of activities. It provides more frequent feedback than the quarterly review, allowing agencies to address any challenges promptly and stay on track with their objectives.
- The status review includes updates on activity completion, resource utilization, and any immediate adjustments needed to meet performance targets.

9. Unit/Programs

- These are the individual units or programs within each agency, carrying out the actual work and activities defined by the operational plans. Each unit or program focuses on specific areas relevant to the agency's mandate, such as primary healthcare delivery, drug distribution, hospital management, or health insurance.
- These units report their monthly implementation status to the planning cells, providing the data needed for the monthly activities review. Their feedback flows upward through the hierarchy, ultimately contributing to the quarterly reports and reviews.

Summary of Flow and Relationships

- **Top-Down Flow**: Strategic directions and approvals start from the Hon. Commissioner and cascade down through DPRS and Planning Cells at the SMoH level, then to each Executive Secretary, and finally to the individual units/programs within each agency.
- **Bottom-Up Flow**: Data, reports, and status updates flow from the Unit/Programs level up through the planning cells and DPRS departments of each agency. These data are used to compile performance reports, undergo quarterly reviews, and inform decision-making at the higher levels.

- **Feedback Loops**: The structure allows for both quarterly and monthly feedback loops, ensuring that both immediate issues and longer-term strategic adjustments are made based on ongoing performance.

This flowchart represents a comprehensive and interconnected framework for overseeing, monitoring, and adjusting the agency's operations to achieve efficient, data-driven performance management across health sectors.

Performance Monitoring Plan

The **Performance Monitoring Plan (PMP)** for Gombe State's Health Sector Strategic Blueprint (HSSB) is a structured framework designed to track and evaluate the Annual Operational Plan (AOP) progress. It establishes SMART indicators and baseline values, setting annual targets to define and measure success clearly. By specifying data sources and collection methods, the PMP ensures that decisions are informed by accurate, reliable information. Scheduled reporting keeps stakeholders updated, while assigned responsibilities ensure accountability at every level. Regular monitoring facilitates timely adjustments to strategies and resource allocation, promoting flexibility in meeting targets. The PMP's transparency fosters trust among stakeholders and demonstrates accountability to partners and the community. By aligning short-term goals with long-term objectives, the PMP not only drives immediate improvements but also supports strategic healthcare planning for Gombe State's future.

The PMP framework track the performance by checking the parameter:

PARAMETERS	**Metric**
HEALTH SECTOR STRATEGIC BLUEPRINT (HSSB) ANNUAL IMPLEMENTATION PLANNING (AOP) TOOL	This section represents the overarching framework for the Annual Implementation Planning (AOP) tool within the Health Sector Strategic Blueprint (HSSB). It's designed to guide the strategic objectives and annual plans for healthcare improvements across Gombe State.
HSSB AOP Performance Monitoring Plan (PMP)	The PMP is a structured plan that tracks, monitors, and evaluates the performance of the Annual Operational Plan (AOP) under the HSSB.

	It outlines the specific metrics and processes to assess progress against set objectives.
Smart Output Indicators	SMART indicators are specific, measurable, achievable, relevant, and time-bound metrics used to track the outcomes of various health sector activities. They define what success looks like for each activity, ensuring alignment with strategic goals.
Baseline	The baseline is the starting point or initial measurement for each indicator, providing a reference against which progress is measured. It helps in understanding the existing situation before implementing new activities or improvements.
Annual Output Target / Achievable Milestone	This specifies the expected target or milestone for each year, defining what needs to be achieved within the specified timeframe. It represents the desired progress from the baseline to measure the effectiveness of implemented strategies.
Data Source	The data source is the origin of information used to measure each indicator. It could include administrative records, surveys, reports from healthcare facilities, or other verified sources that provide reliable data for performance evaluation.
Data Collection Method	This describes the techniques and processes used to gather data for each indicator. Methods may include surveys, interviews, record reviews, or direct observation, ensuring that the information collected is accurate, timely, and relevant for performance assessment.
Reporting	Reporting outlines the schedule and format for sharing results and updates on each indicator's progress. It ensures that stakeholders are kept informed of achievements, challenges, and adjustments required to meet targets effectively.
Responsibility	This assigns accountability for each indicator or milestone to specific individuals or teams. It ensures that designated roles are clear and that those responsible for each task understand their obligations in implementing, tracking, and reporting on the AOP's progress.

Note: The PMP for Gombe state is attached to Appendix C

Implementation Status Tracker

The **Implementation Status Tracker** is a tool designed to monitor and document the progress of operational activities within the Health Sector Strategic Blueprint. By combining cost, timelines, and responsible entities, this tracker provides a clear view of both financial and operational progress for each activity. It enables Gombe State's health sector to efficiently manage resources, adhere to planned schedules, and make adjustments as needed to ensure successful and timely project completion. The tracker supports transparency, accountability, and strategic decision-making, ultimately enhancing the impact of health sector initiatives.

Parameters	**Metrics**
Code	A unique identifier or reference number assigned to each operational activity. This code helps in easily tracking, organizing, and locating specific activities within the Annual Operational Plan (AOP).
HSSB Operational Activities	The detailed description of activities under the Health Sector Strategic Blueprint (HSSB) that are planned for implementation. Each activity is aligned with strategic health objectives and contributes to overall health sector improvement.
Responsible Entity	The department, team, or individual assigned to oversee and execute the specific activity. This designation ensures accountability, clarifying who is in charge of ensuring the activity's completion and adherence to timelines and standards.
Cost of AOP (₦)	The budgeted cost allocated for implementing each activity within the Annual Operational Plan. This helps in financial planning and ensures that adequate resources are set aside for each specific activity.
Actual AOP Amount	The actual amount approved and disbursed for each activity. This figure may differ from the budgeted cost, providing insights into budget adjustments and financial resource allocation efficiency.
Q1, Q2, Q3, Q4	Represents each quarter of the year, providing a timeline for tracking when each activity is expected to be carried out. These columns allow for monitoring progress across quarterly periods and checking if activities are on track.
Actual Cost of Implementation	The real expenditure incurred in carrying out the activity. Comparing this with the planned budget helps to evaluate cost efficiency and understand if activities stayed within the allocated resources or required additional funding.
Status of Implementation	This column tracks the current status of each activity, with options such as Complete, Delayed, or In Progress. This status helps stakeholders quickly assess the stage of each activity, enabling prompt decision-making and support where needed.

Conclusion

The **Health Sector Strategic Blueprint (HSSB)** for Gombe State (2023–2027) represents a transformative approach to addressing the state's healthcare challenges and aligning with national and global health priorities. Anchored on four strategic pillars—**Effective Governance**, **Efficient, Equitable, and Quality Health Systems**, **Unlocking Value Chains**, and **Health Security**—and supported by three enablers, the blueprint emphasizes innovation, accountability, and sustainability in achieving its objectives.

By allocating over **₦20 billion** through the **Annual Operational Plan (AOP)**, the HSSB underscores a commitment to improving health outcomes through strategic investments in infrastructure, workforce capacity, data systems, and service delivery. The dual focus on new initiatives (65.4% of the budget) and ongoing programs (33.9%) ensures a balanced approach to driving progress while maintaining existing gains.

The **Accountability Framework**, **Performance Monitoring Plan (PMP)**, and **Implementation Status Tracker** collectively establish a strong foundation for transparent decision-making, data-driven evaluations, and efficient resource utilization. These mechanisms enable the continuous monitoring of operational progress, ensuring that activities remain aligned with the blueprint's vision.

As Gombe State advances toward achieving the **Sustainable Development Goals (SDGs)**, the HSSB provides a clear pathway for transforming the health sector into one that is equitable, resilient, and capable of addressing the population's evolving needs. Through this comprehensive strategy, Gombe State reaffirms its dedication to delivering quality healthcare services, fostering public trust, and building a healthier and more prosperous future for all its citizens.

Citations

“The information contained within this report is primarily based on the AOP Excel Report. The Excel report served as the foundational source for: * **Quantitative Data:** Numerical data, such as budgets, expenses, and performance metrics, were extracted directly from the Excel report. * **Qualitative Insights:** The underlying trends, patterns, and anomalies identified in the Excel data were used to inform the qualitative analysis and conclusions presented in this report. * **Report Structure:** The overall structure and organization of this report were influenced by the structure of the AOP Excel Report, ensuring a logical flow of information.”

"What Does Nigeria's Sector-Wide Approach Mean for the Health Sector?" and was written by Kemisola Agbaoye on April 10, 2024. It can be found on the Nigeria Health Watch website.You can access the article here: https://articles.nigeriahealthwatch.com/what-does-nigerias-sector-wide-approach-mean-for-the-health-sector/

National Population Commission of Nigeria (web), National Bureau of Statistics (web). 2022-08-23 [This indicates the data comes from the websites of these two organizations] **Website:** WWW.CITYPOPULATION.DE [This is the website where you found the information]

Appendix A: Gombe State Total Budget Summary

Interventions		Total Annual Cost (₦)	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Additional External Funds	Funding Gap
Grand Total		20,484,935,342	8,732,189,338	10,749,282,004	-	1,003,464,000
Pillar One		341,683,000	225,110,800	54,140,200	-	62,432,000
1.1	Strengthen NCH as a coordinating and accountability mechanism across the health system	₦ -	0	0		
1.1.1	Strengthen NCH as a coordinating and accountability mechanism across the health system	₦ 36,409,000	₦ 36,409,000	₦ -	₦ -	₦ -
1.1.1.1	Tailor NCH Meeting and memos guidelines to ensure meetings focus on the "National Health Act", "National Health Policy" , and "National Health Development Plan" including a conversation on the state of the Health of the Nation report to inform policy decisions	₦ 25,790,000	25790000	0	-	-

1.1.1.2	Scale up the capacity of NCH Secretariat members both at federal and State level to ensure their effectiveness in supporting the Technical Committee .	₦ 564,135,000	556935000	7200000	-	-
1.1.1.3	Digitize the mechanism to track implementation of NCH resolutions	₦ 103,787,000	82546000	20761000	-	480,000
1.2	Increase accountability to and participation of relevant stakeholders and Nigerian citizens	₦ 8,170,000	8170000	0		
1.2.2	Comprehensive and intentional communication strategy for stakeholder engagement and advocacy	₦ 314,453,500	₦ 56,234,800	₦ 258,218,700	₦ -	₦ -
1.2.2.1	Preparation and public disclosure/dissemination of health sector performance result e.g Annual state of health report to all relevant stakeholders	₦ 97,675,000	52234800	45440200	-	-
1.2.2.2	Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social	₦ 96,677,000	19750000	0	-	76,927,000

	media/Media hub programs, Servicom for feedback and functional grievance redress					
1.3 Strengthen regulatory capacity to foster the highest standards of service provision		**968,179,492**	0	53360000		
1.3.3	**Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products**	**₦ 61,400,000**	**₦ 2,165,000**	**₦ -**	**₦ -**	**₦ 59,235,000**
1.3.3.1	**Harmonize frameworks for health professional regulatory bodies along different cadres.**	**₦ 3,015,895,500**	730000	0	**-**	**3,015,165,500**
1.3.3.2	**Harmonize accreditation/inspection standards for health facilities across the regulators.**	**₦ -**	0.001033145	0.087387323	**-**	**-0**
1.3.3.3	**Simplify the mandate and frameworks of supply chain regulatory bodies e.g National Agency for Food, Drug Administration and Control (NAFDAC) and Department of Food Drug Services (DFDS)**	**₦ 1,435,000**	1435000	0	**-**	**-**
1.4 Improve cross-functional coordination & effective partnerships to drive delivery		**-**	0	0		
1.4.4	**A Sector Wide Action Plan (SWAp) to defragment**	**₦ 146,114,000**	**₦ 104,382,000**	**₦ 8,700,000**	**₦ -**	**₦ 33,032,000**

	health system programming and funding					
1.4.4.1	**Strengthen a functional health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.**	**₦ 53,515,000**	44305000	3600000	-	**5,610,000**
1.4.4.2	**Develop AOP and ensure alignment of partners' plans to national/state health sector AOP**	**₦ 13,582,000**	8482000	5100000	-	-
1.4.4.3	**Support to HMB, SPHCDA/B, and LGA Health Authorities on the development and consolidation of health facilities AOP (One Plan) focussing on SWAp priorities.**	**₦ 69,807,000**	42385000	0	-	**27,422,000**
1.4.4.4	**Strengthen the Resource Mapping and Expenditure Tracking (RMET) processes to track funds**	**₦ 150,000**	150000	0	-	-
1.4.4.5	**Coordinate pooled and non-pooled (Aligned) funds for efficient resource allocation including TA pooling arrangement.**	**₦ 1,350,000**	1350000	0	-	-
1.4.4.6	**Provide regular on-boarding SWAp orientation to newly appointed program officers/managers**	**₦ 7,710,000**	7710000	0	-	-
1.4.4.7	**Conduct Joint missions to Federal/states/ sites in line with Joint Annual Review (JAR) calendar**	**₦ -**	0	0	-	-
1.4.4.8	**Conduct regular sub-national Strategic engagement to ensure**	**₦ -**	0	0	-	-

	successful implementation of Sector Wide Approach (SWAp)					
1.4.4.9	Ensure deployment of relevant TA support to support states and be part of the process of Joint development of AOPs by the states and relevant stakeholders, including DPs.	₦ -	0	0	-	-
1.4.4.10	Inauguration of thematic advisory groups for coordination, harmonization and alignment of priorities.	₦ -	0	0	-	-
1.4.5	**Increase collaboration with internal and external stakeholders for better delivery and performance management**	₦ 25,920,000	₦ 25,920,000	₦ -	₦ -	₦ -
1.4.5.2	Strengthen capacity of relevant Federal, State and LGA stakeholders to coordinate, monitor and manage delivery and performance in the health sector.	₦ 17,520,000	17520000	0	-	-
1.4.5.3	Review health sector coordination platforms at Federal, States and LGA level with clear terms of reference that delineate roles and responsibilities in consonance with SWAp principles .	₦ 8,400,000	8400000	0	-	-
Pillar Two		₦ 18,137,837,410	₦ 7,470,462,484	₦ 9,969,553,926	-	697,821,000
2.5 Drive health promotion in a multi-sectoral way (incl. intersectionality with education,		-	0	0		

environment, WASH and Nutrition)						
2.5.6	**Drive multi-sectoral coordination to put in place and facilitate the implementation of appropriate policies and Programs that drive health promotion behaviours (e.g., to disincentivize unhealthy behaviours)**	**₦ 103,787,000**	**₦ 51,815,500**	**₦ 16,735,500**	**₦ -**	**₦ 35,236,000**
2.5.6.1	**Strengthen Governance and Stewardship for Health promotion Multi-sectoral Coordination**	**₦ 6,420,000**	6420000	0	-	-
2.5.6.2	**Promote Advocacy for Mullti-sectoral coordination at all Levels of health and across the sectors that are proactive health promotion**	**₦ 27,649,000**	21015000	0	-	**6,634,000**
2.5.6.3	**Build Capacity of FMoH/SMOH/LGA program managers to provide leadership and co-ordination for Multi-sectoral Partnership including CSOs for effective collaboration.**	**₦ 33,927,000**	5325000	0	-	**28,602,000**
2.5.6.4	**Establish Partnerships with Global and Regional Alliance for Multi-sectoral Coordination**	**₦ -**	0	0	-	-
2.5.6.5	**Monitor Trends and Determinants of Health and evaluate progress of coordination**	**₦ 217,000**	0	217000	-	-
2.5.6.6	**Strengthen accountability mechanism and community engagement to accelerate**	**₦ 2,994,000**	2994000	0	-	-

	community participation and improve service delivery					
2.5.6.7	Foster and integrate effective Multisectoral Health Promotion strategy	₦ -	0	0	-	-
2.5.6.8	Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes	₦ -	0	0	-	-
2.5.6.9	Strengthen SBC (RCCE)multisectoral coordination mechanism to facilitate the implementation of routine and Emergency interventions.	₦ -	0	0	-	-
2.5.6.10	Increase Demand Generation to improve health service uptake including RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning and other health services	₦ 32,580,000	16061500	16518500	-	-
2.5.6.11	Accelerate the Integration of awareness programs/health campaigns to improve health outcomes including primary health interventions	₦ -	0	0	-	-
2.5.6.12	Leverage formal education system to improve healthy behaviors	₦ -	0	0	-	-
2.5.7	**Accelerate inter-sectorial socia welfare through coordination of efforts of the social action fund**	₦ 88,246,000	₦ 85,356,000	₦ -	₦ -	₦ 2,890,000
2.5.7.1	Ensure alignment of social policies	₦ -	0	0	-	-
2.5.7.2	Data Sharing and Collaboration	₦ 88,246,000	85356000	0	-	2,890,000

2.5.7.3	Set up a framework and structure within the FMOH&SW to coordinate the social sector space to maximize synergies with the health sector.	₦ -	0	0	-	-
2.6 Strengthen prevention through primary health care and community health care		-	0	0		
2.6.8	Accelerate immunization programs for priority antigens (e.g., DPT3, Polio, Measles, Yellow Fever) with a focus on decreasing zero dose children	₦ 340,090,748	₦ 178,773,524	₦ 161,317,224	₦ -	₦ -
2.6.8.1	Implementation of Zero-Dose Reduction Operational Plan (Z-DROP) in prioritised LGAs.	₦ -	0	0	-	-
2.6.8.2	Conduct Identification, Enumeration and vaccination (IEV) under immunized and zero dose children strategies in prioritised LGAs and Mapping of Zero Dose Communities	₦ -	0	0	-	-
2.6.8.3	Conduct of Big-Catch Up Campaign in prioritised LGAs	₦ -	0	0	-	-
2.6.8.4	Conduct of Peformance Accesssment for Program Management and Action (PAPA) 2.0 in prioritised ZD LGAs	₦ -	0	0	-	-
2.6.8.5	Expand access to immunization Services.	₦ 84,700,000	0	84700000	-	-
2.6.8.6	Mapping of Zero Dose Communities	₦ 37,360,000	26152000	11208000	-	-

2.6.8.7	Strenthening Communities to demand immunization services and reduce vaccine hesitancy.	₦ -	0	0	-	-
2.6.8.8	Strengthening immunization data system for effective decision making and assessment of vaccine safety and impact.	₦ -	0	0	-	-
2.6.8.9	Enhance the deployment of effective immmunization vaccine management system to reduce stock out of vaccines such as DPT3, Polio, Measles, Yellow Fever, etc.	₦ 218,030,748	152621523.6	65409224.4	-	0
2.6.9	**Slow down the growth rate of NCD Prevalence**	₦ 19,020,000	₦ 19,020,000	₦ -	₦ -	₦ -
2.6.9.1	An NCD prevention task force with a focus on high priority illnesses (Strengthen governance, coordination, collaboration and leadership)	₦ 12,720,000	12720000	0	-	-
2.6.9.2	Implement the MPOWER strategy to reduce tobacco use and adapt the Protocol to Eliminate Illicit Trade to reduce supply.	₦ -	0	0	-	-
2.6.9.3	Develop and Implement a comprehensive national alcohol control policy and regulation/law	₦ -	0	0	-	-
2.6.9.4	Strengthening and supporting regulatory authorities to promote healthy diets, by policy formulations, and awareness creation at the community and schools	₦ -	0	0	-	-

2.6.9.5	Adapt and implement the Global Action Plan on Physical Activity.	₦ -	0	0	-	-
2.6.9.6	Advocate and collaborate with the Nigerian Road Safety Authority and other sectors to Implement the Nigeria Road Safety Strategy.	₦ -	0	0	-	-
2.6.9.7	Raise public awareness on pre-marital/pre-conception screening for sickle cell disease including genetic counseling	₦ -	0	0	-	-
2.6.9.8	Strengthen health systems to address Prevention and Control of Non-Communicable Diseases at all levels of care and contribute to reducing risk factors.	₦ 6,300,000	6300000	0	-	-
2.6.9.9	Strengthen prevention of mental, neurological, and substance abuse disorders (MNSD)	₦ -	0	0	-	-
2.6.10	**Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)**	₦ 968,179,492	₦ 138,211,000	₦ 585,588,492	₦ -	₦ 244,380,000
2.6.10.1	Strengthen Communicable disease prevention task forces focused on HIV, TB, Malaria and NTDs at the national and sub-national level	₦ 10,950,000	0	10950000	-	-
2.6.10.2	Scale up integrated HIV prevention services	₦ 400,931,000	64471000	106780000	-	229,680,000
2.6.10.3	Increase uptake and access to HIV services (testing , treatment, care, viral suppression , including	₦ 144,532,500	65425000	79107500	-	-

	procurement of HIV rapid test kits)					
2.6.10.4	Reach, treat and sustain Vertical HIV transmission and Paediatrics interventions	₦ 64,070,000	0	64070000	-	-
2.6.10.5	Improve access and utilisation of integrated vector control interventions (ITNs, Targeted IRS, targeted LSM, vector surveillance and insecticide resistance monitoring)	₦ 340,860,992	1480000	324680992	-	14,700,000
2.6.10.6	Improve generation of evidence for decision-making and impact through reporting of quality malaria data and information from at least 80% of health facilities.	₦ -	0	0	-	-
2.6.10.7	Increase access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination theraphy (ACTs) and malaria vaccine	₦ -	0	0	-	-
2.6.10.8	Increase access and uptake of Tuberculosis Preventive Therapy (TPT)	₦ -	0	0	-	-
2.6.10.9	Improve access to Tuberculosis care - case finding and treatment	₦ 6,835,000	6835000	0	-	-
2.6.10.10	Sustain and Improve Treament Success Rate	₦ -	0	0	-	-
2.6.10.11	Improve access to WHO Recommended Molecular diagnostics (WRD)	₦ -	0	0	-	-
2.6.10.12	Improve early diagnosis and treatment of Leprosy and Buruli Ulcer	₦ -	0	0	-	-
2.7 Improve quality of care and service delivery across public		-	0	0		

(secondary, tertiary and quaternary) and private health care providers						
2.7.11	**Revitalize tertiary and quaternary care hospitals to improve access to specialized care**	**₦ 29,835,000**	**₦ 18,300,000**	**₦ 2,780,000**	**₦ -**	**₦ 8,755,000**
2.7.11.1	**A network of Quaternary Care facilities to enable resource pooling and improving access to highly specialized care**	**₦ -**	0	0	-	-
2.7.11.2	**Policy and guideline development to set standards**	**₦ -**	0	0	-	-
2.7.11.3	**Build capacity of health workers to improve access and quality to specialize care using available Resources inluding engagement of Nigerian Health care Personnel in the Diaspora**	**₦ -**	0	0	-	-
2.7.11.4	**Set up data tracking mechanism and link to national data system for planning and decision making on managerial capacity across the tertiary and quaternary care.**	**₦ -**	0	0	-	-
2.7.11.5	**To deepen the Private sector participation in tertiary and quaternarry healthcare delivery using various Public Private Partnership (PPP) modules**	**₦ 2,780,000**	0	2780000	-	-
2.7.11.6	**To develope business models to ensure access and affordability of tertiary and quaternary medical services to Nigerian as part of Universal Health Coverage**	**₦ 27,055,000**	18300000	0	-	**8,755,000**

2.8 Improve equity and affordability of quality care for patients, expand insurance		-	0	0		
2.8.12	**Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition**	₦ 2,985,765,500	₦ 707,557,300	₦ 2,033,645,700	₦ -	₦ 244,562,500
2.8.12.1	**Establish/revitalize MNCAH+N task force and new accountability mechanism to crash MMR & under-5 mortality at the sub-national(State and LGA) level**	₦ 16,075,000	10075000	6000000	-	-
2.8.12.2	**Develop & Implement a mechanism for tracking RMNCAEH+N resources and its use.**	₦ -	0	0	-	-
2.8.12.3	**Institutionalize maternal, perinatal and child death surveillance and response (MPCDSR) at all facilities/communities for quality improvement and monitor response.**	₦ 93,483,500	85446500	4880000	-	3,157,000
2.8.12.4	**Develop state AOPs with creation of budget line and timely release of fund for quality improvement systems in all facilities and communities for RMNCAEH + N health care**	₦ 32,020,000	32020000	0	-	-
2.8.12.5	**Develop the National Quality Policy and Strategy (NQPS) and adapt guideline to align to state context**	₦ -	0	0	-	-
2.8.12.6	**Provide adequate WASH infrastructure and services in healthcare facilities and**	₦ 39,005,000	39005000	0	-	-

	Monitoring indicators to ensure quality of care and IPC					
2.8.12.7	**Roll out of Post-partum care PRE/PEE and Post Abortal Care (PAC) interventions in high volume delivery primary, secondary and tertiary health facilities in all the 36 states plus FCT.**	**₦ 18,777,000**	18132000	0	**-**	**645,000**
2.8.12.8	**Increase Antenatal Care (Individual and GANC) coverage and HFs delivery in the primary, secondary and tertiary health facilities in all the 36 states plus FCT**	**₦ 1,869,000**	0	1500000	**-**	**369,000**
2.8.12.9	**Roll out Post-partum Hemorrhage(PPH) management at the health facilities using E-motive bundle, active management of 3rd stage of labour etc**	**₦ 20,700,000**	0	20700000	**-**	**-**
2.8.12.10	**Create 'midwifery led' community outreach model with incentives for HCWs to improve ANC coverage**	**₦ -**	0	0	**-**	**-**
2.8.12.11	**Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level**	**₦ 352,634,000**	0	352634000	**-**	**-**
2.8.12.12	**Deploy Doctors midwives+CHEWS/JCHEWS to high need areas, using relocation incentives and flexible arrangements for RMNCAH**	**₦ 406,800,000**	311760000	95040000	**-**	**-**
2.8.12.13	**Activate additional CHEWs and JCHEWs by leveraging**	**₦ -**	0	0	**-**	**-**

	unemployed available stock for RMNCAH+N					
2.8.12.14	Upskill midwives on supervision, innovations and refresher courses for deployed midwives	₦ 12,825,000	12825000	0	-	-
2.8.12.15	Upskill CHEWs to carry out some MNCH services, with focus on ANC and PNC for uncomplicated pregnancies, Family Planning, newborn and child health services	₦ 3,352,000	0	3352000	-	-
2.8.12.16	Drive uptake of innovations such the calibrated drap, Moyo Heart and Multiple Micronutrient Supplement (MMS) etc	₦ 193,795,000	0	193795000	-	-
2.8.12.17	Roll out updated PPH traning in line with national standards which will include training of educators, clinical preceptors and Pre-service midwifery curriculum	₦ -	0	0	-	-
2.8.12.18	Enhance competency-based pre-service education by upgrading demonstration laboratories and RMNCAH seervices in health training institutions with simulation equipment for Maternal, Newborn and Child Health (MNCH)	₦ 23,100,000	23100000	0	-	-
2.8.12.19	Domesticate the Task Sharing and task shifting (TSTS) implementation SOPs tailored to the state's specific context.	₦ 63,672,000	26712000	0	-	36,960,000
2.8.12.20	Develop and maintain an updated inventory of health facilities lacking trained	₦ 17,668,000	8612800	9055200	-	-

	RMNCAH providers to facilitate strategic staff allocation and transfers					
2.8.12.21	**Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.**	**₦ 3,100,000**	0	3100000	**-**	**-**
2.8.12.22	**Expand access to a full range of modern contraceptives including immediate postpartum, post-abortion FP, through mobile outreach sevice delivery in providing a wide range of congraceptives.**	**₦ -**	0	0	**-**	**-**
2.8.12.23	**Domesticate the national policy and guidelines for Postpartum Family Planning (PPFP) and Post-Abortion Family Planning (PAFP), and adapt them for community deployment**	**₦ -**	0	0	**-**	**-**
2.8.12.24	**Adapt and Implement the National FP Communication Strategy to raise demand and reduce Unmet Need for FP at the state level**	**₦ -**	0	0	**-**	**-**
2.8.12.25	**Strengthen prevention, treatment and rehabilitation services for quality obstetrics Fistula care**	**₦ 664,520,000**	2520000	662000000	**-**	**-**
2.8.12.26	**Accelerate implementation of Essential Newborn Care (ENC) at the Primary health facilities**	**₦ 62,876,000**	0	62876000	**-**	**-**
2.8.12.27	**Adapt and review the National Essential Newborn Care Course (ENCC) to align to the global second edition of ENCC for quality improvement**	**₦ -**	0	0	**-**	**-**

2.8.12.28	Promote home visits on community- based newborn through empowering communitiess, Outreaches and Mobile Clinics	₦ -	0	0	-	-
2.8.12.29	Set-up small and sick newborn unit with Continous Positive Airway Pressure (CPAP), Kangaroo Mother Care-KMC (immediate and Routine) in level-2 (Secondary) health facilities to scale up comprehensive Newborn Care	₦ 212,630,000	12228500	0	-	200,401,500
2.8.12.30	Strengthen neonatal intensive care unit at level-3 (Tertiary) health facilities	₦ -	0	0	-	-
2.8.12.31	Improve Capacity of frontline health workers on Comprehensive new born at Secondary and tertiary Health facilities	₦ -	0	0	-	-
2.8.12.32	Establish birth defect surveillance and response	₦ -	0	0	-	-
2.8.12.33	Review National and state Essential medicine lists to enlist missing Commodities for RMNCAH services	₦ -	0	0	-	-
2.8.12.34	Adapt and Contextualize the National Child Survivial Action Plan-NCSAP (2024-2028) into state AOPs for roll out	₦ -	0	0	-	-
2.8.12.35	Assess health facility readiness to improve integrated management of childhood illness services with linkage to community	₦ -	0	0	-	-
2.8.12.36	Improve capacity skills of doctors, nurses, CHEWs at PHC for Integrated Management of	₦ 13,450,000	0	13450000	-	-

	Childhood Ilness (IMCI) and community Health workers on Integrated Community Case Management (ICCM)					
2.8.12.37	**Develop and implement a multisectoral actions for integrated childhood development in rolling out the child Survival Action Plan at state level**	**₦ -**	0	0	-	-
2.8.12.38	**Set up a Clinical mentorship (face to face and online) system for Newborn and case management for childhood illness.**	**₦ -**	0	0	-	-
2.8.12.39	**Scale-up capacity of Doctors, Nurses, Wives, CHEWs to deliver adolescent plus youth-friendly services**	**₦ -**	0	0	-	-
2.8.12.40	**Collaborate with Ministry of Education to Review the school health Policy, adopt and domesticate school health services standards at state level.**	**₦ 26,050,000**	26050000	0	-	-
2.8.12.41	**Empower community to support adolescent program at the community level (peer to peer support, parents guardian etc)**	**₦ -**	0	0	-	-
2.8.12.42	**Strengthen the community HMIS and Civil Registration and Vital Statistics**	**₦ 133,570,000**	0	133570000	-	-
2.8.12.43	**Incorporate PCN-approved training curriculum for CPs and accredited PPMVs into the curriculum of public and private schools of health technologies across the state**	**₦ -**	0	0	-	-

2.8.12.44	Revitalize of baby friendly initiative (BFI) at all levels of care	₦ 30,395,000	20375000	10020000	-	-
2.8.12.45	Conduct Nutrition assessment, counselling and support (NACS)	₦ -	0	0	-	-
2.8.12.46	Provision of growth monitoring and promotion (GMP) services at all level of care	₦ -	0	0	-	-
2.8.12.47	Accelerate the scale up of integrated management of acute malnutrition (IMAM) at all level of care	₦ -	0	0	-	-
2.8.12.48	Improve out-patient therapeutic (OTP) services in atleast 2 PHC per ward across 36 states and FCT.	₦ -	0	0	-	-
2.8.12.49	Strengthen in-patient care for Severe Accute Malnutrition (SAM) with complication in secondary and/or tertiary facility accross all the 774 LGAs of the federation.	₦ 326,196,000	0	323166000	-	3,030,000
2.8.12.50	Scaling up community Nutrition best practices	₦ 5,570,000	0	5570000	-	-
2.8.12.51	Develop guideline on establishment of Community Nutrition Centre and large scale food fortification	₦ -	0	0	-	-
2.8.12.52	Strengthen commodity security and reduce the high rates of stock-outs at service delivery points through improved logistics data quality and resource Mobilisationfor RMNCAH (FP, and Nutrition)	₦ 59,740,000	0	59740000	-	-
2.8.12.53	Expand the scope of Logistics Management Information System (LMIS) data quality for	₦ 15,250,000	0	15250000	-	-

	accurate forecasting of national MNCAH commodities requirements including FP					
2.8.12.54	Procure and utilize RMNCAH commodities, including oxytocin, family planning supplies, and essential devices (e.g., CPAP, monitors, pulse oximetry, oxygen, KMC devices, phototherapy, radiant warmers, ventilators, caffeine citrate, bag and mask, suctioning, etc), in line with National guidelines and SOPs	₦ 550,000	0	550000	-	-
2.8.12.55	Procure and Utilize nutrition commodities for nutritonally vulnerable groups (Pregnant women - IFA/MMS, Children U-5 (6-59 months) (Vitamin A, MNP/SQ-LNS, Ready to use therapeutic food - RUTF, RUSF and essential routine medication (amoxycilin, albendazole),Conduct Nutrition assessment, counselling and support (NACS)	₦ -	0	0	-	-
2.8.12.56	Adapt and implement the National RMNCAH/Immunization Integration policy, creating a comprehensive action plan for RMNCAH/Immunization/Nutrition integration at PHC level.	₦ -	0	0	-	-
2.8.12.57	Incooporate RMNCAEH+N services into the State Emergency Preparedness and response Plan to ensure continuity of essentail health services for RMNCAH+N during emergencies and outbreaks	₦ -	0	0	-	-

2.8.12.58	Improving Infrastructure including availability of utilities in health facilities in WASH services for RMNCAEH+N services	₦ 50,000	50000	0	-	-
2.8.12.59	Review the 2 ways referral forms for RMNCAH+Nutrition and provide orientation to all Community Health Workers (CHWs) to Primary Health Centers (PHCs) and other healthcare facilities	₦ -	0	0	-	-
2.8.12.60	Configure and utilize electronic integrated supportive supervision (ISS) tools for RMNCAH+Nutrition services	₦ 110,775,000	55387500	55387500	-	-
2.8.12.61	Support evidence generated for new interventions and knowledge exchange to improve maternal, Newborn, child and Adolescent Health outcomes	₦ -	0	0	-	-
2.8.12.62	Strengthen the linkage between community health structure and health system to sustain RMNCAEH+N services to targetted Vulnerable & marginalized groups and other communities	₦ -	0	0	-	-
2.8.12.63	Targeted advocacy to Improve financial, geographic and cultural access to RMNCAEH+N services for these vulnerable groups.	₦ -	0	0	-	-
2.8.12.64	Integrate trained, equipped, and supported community health workers (CHWs) into the health system	₦ 1,600,000	0	1600000	-	-

2.8.12.65	Adapt and review standarized RMNCAH+N Job aids for community health workers to conduct community-based services within the community, including referrals to health facilities	₦ -	0	0	-	-
2.8.12.66	Establish an inventory of hard-to-reach villages and settlements lacking RMNCAH services, and develop a plan to conduct mobile outreach services to provide RMNCAH services including family planning options in these areas	₦ 410,000	0	410000	-	-
2.8.12.67	Increase demand and uptake of RMNCAH services	₦ 22,510,000	22510000	0	-	-
2.8.12.68	Conduct joint planning, review meetings and implmentation of RMNCAEH services through the WDC/VWC/ to Foster community ownership and partnership.	₦ 748,000	748000	0	-	-
2.8.13	**Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance**	₦ 9,117,044,510	₦ 3,038,091,500	₦ 6,037,873,010	₦ -	₦ 41,080,000
2.8.13.1	Propose reforms of the NPHCDA BHCPF gateway, to enhance accountability and quality of services, to the MOC through joint memo with NHIA	₦ 44,416,000	9736500	34679500	-	-
2.8.13.2	Revise and domesticate the BHCPF 2.0 guidelines to operationalize the proposed BHCPF NPHCDA Gateway	₦ 200,000	0	200000	-	-

	reforms (in collaboration with the states and donors) including a performance and accountability framework					
2.8.13.3	Establish standards for PHC functionality and stratify existing PHCs accordingly	₦ -	0	0	-	-
2.8.13.4	Update nationwide PHC assessments to establish baseline, and create a sustainable system for real time visibility into PHC functionality status	₦ 50,000	50000	0	-	-
2.8.13.5	Galvanize all government and partner resources for phased needs-based upgrades of prioritized PHCs to achieve full functionality (infrastructure, equipment, workforce, commodities etc)	₦ 8,170,580,000	3028080000	5142500000	-	-
2.8.13.6	Develop and implement a holistic Advocacy, Communication and Community Engagement strategy	₦ 41,080,000	0	0	-	41,080,000
2.8.13.7	Enforce quarterly disbursement of funds in line with BHCPF guidelines	₦ -	0	0	-	-
2.8.13.8	Enforce a dedicated BHCPF TSA sub-account for SPHCDAs	₦ -	0	0	-	-
2.8.13.9	Update financial management and reporting guidelines and processes for SSHIAs (where necessary)	₦ -	0	0	-	-
2.8.13.10	Deployment of third-party fiduciary agents to manage funds at the PHC level.	₦ -	0	0	-	-

2.8.13.11	Use of accounting software to monitor end-to-end disbursement funds including transactions at PHCs	₦ -	0	0	-	-
2.8.13.12	Leverage technology for end-to-end BHCPF financial management and expenditure tracking	₦ -	0	0	-	-
2.8.13.13	Utilize Financial Management Officers (FMOs) for quarterly tracking of spending with clear ToR	₦ -	0	0	-	-
2.8.13.14	Ensure an annual statutory audit is done across all levels and external audit performed on total funds	₦ 225,000	225000	0	-	-
2.8.13.15	Establish independent monitoring and verification system	₦ -	0	0	-	-
2.8.13.16	Revise tariffs to encourage private sector involvement	₦ -	0	0	-	-
2.8.13.17	Provide essential commodities, utilities, maintenance of facilities, and community engagement	₦ 860,493,510	0	860493510	-	-
2.8.13.18	Revision of fund allocation to states and the need to allocate funds to the LGA	₦ -	0	0	-	-
2.8.13.19	Programmatic funds (Public Health Emergency Response Fund) pooled and disbursed to public health emergency outbreak	₦ -	0	0	-	-
2.8.13.20	Enhance sustainability by implementing better risk management practices, counterpart funding, defined role of TPAs and reinsurance.	₦ -	0	0	-	-

2.8.13.21	Increase operational budget to enhance fiduciary oversight and to intensify monitoring and LGA supervision	₦ -	0	0	-	-
2.8.13.22	Deliver BHCPF as One Package at the last mile.	₦ -	0	0	-	-
2.8.13.23	Strengthen the oversight role of the MOC and SOC as central governance bodies.	₦ -	0	0	-	-
2.8.13.24	Digitize the process steps to access funds to improve efficiency	₦ -	0	0	-	-
2.8.13.25	Develop and adopt digital planning and reporting tools to improve transparency among the SSHIAs	₦ -	0	0	-	-
2.8.13.26	Launch a national framework to guide data management and governance with an API integrative national platform	₦ -	0	0	-	-
2.8.13.27	Drive private sector involvement in PHC service delivery	₦ -	0	0	-	-
2.8.13.28	Harmonize NPHCDA and NHIA MSP	₦ -	0	0	-	-
2.8.13.29	Standardize the overall minimum benefit package to beneficiaries (across SSHIAs, NHIA, NPHCDA and other NHIA programs)	₦ -	0	0	-	-
2.8.13.30	Conduct a rapid facility functionality assessment of CEmONC facilities for service readiness, climate resilence, and energy efficency	₦ -	0	0	-	-
2.8.13.31	Improve accountability of SSHIAs by linking capitation	₦ -	0	0	-	-

	"+" payments to clear indicators					
2.8.13.32	Quarterly MOC meetings on the BHCPF's performance.	₦ -	0	0	-	-
2.8.14	**Expand financial protection to all citizens through health insurance expansion and other innovative financing mechanisms**	₦ 2,774,610,160	₦ 2,436,260,160	₦ 295,344,000	₦ -	₦ 43,006,000
2.8.14.1	Expand health insurance coverage and other pre-pooling mechanism for health	₦ 58,277,860	58277860	0	-	-
2.8.14.2	Improve equity of coverage through effective implementation of public subsidies	₦ 325,849,000	318549000	0	-	7,300,000
2.8.14.3	Utilize strategic purchasing mechanism for high impact interventions	₦ 1,915,990,800	1620646800	295344000	-	-
2.8.14.4	Create more efficient and sustainable health insurance industry	₦ 195,671,500	177020500	0	-	18,651,000
2.8.14.5	Improve the health insurance market efficiency	₦ 278,821,000	261766000	0	-	17,055,000
2.9 Revitalize the end-to-end (production to retention) healthcare workers' pipeline		-	0	0		
2.9.15	**Increase availability and quality of HRH**	₦ 1,711,259,000	₦ 797,077,500	₦ 836,270,000	₦ -	₦ 77,911,500
2.9.15.1	Increase production of health workers	₦ 595,407,500	244137500	351270000	-	-
2.9.15.2	Support public private partnership guideline for private sector to be able to	₦ 1,040,620,500	517300000	485000000	-	38,320,500

	contribute to the production of qualified health workers					
2.9.15.3	Strengthen HRH regulatory bodies to improve the quality of the HRH pre-service and in-service training	₦ -	0	0	-	-
2.9.15.4	Undertake data-driven recruitment, deployment, and management of HRH including biometric capture & BVN data collection for atleast 80% of basic education teachers and primary health workers to ensure proper payroll integration and removal of ghost workers	₦ 35,896,000	34400000	0	-	1,496,000
2.9.15.5	Create incentives and enabling environment that improves retention of HRH within Nigeria	₦ 39,335,000	1240000	0	-	38,095,000
2.9.15.6	Implement comprehensive workforce capacity development plan	₦ -	0	0	-	-
2.9.15.7	Create and implement innovations for effeciency and effectiveness in the management of health workforce migration.	₦ -	0	0	-	-
Pillar Three		₦ 553,516,000	₦ 376,916,000	₦ 176,600,000	-	-
3.10 Promote clinical research and development		-	0	0		
3.10.16	Re-Position Nigeria at the forefront of emerging R&D innovation, starting with local clinical trials and translational science	₦ 98,195,000	₦ 52,695,000	₦ 45,500,000	₦ -	₦ -

3.10.16.1	Provide state-of-the-art equipment and Leverage on Electronic Management System to enhance regulatory processes within the R&D space to improve, quality, transparency and reduce bureaucracy	₦ 45,500,000	0	45500000	-	-
3.10.16.2	Strenghten National and Sub-national R&D coordination framework through the National Health Research Committee and National Health Research Ethics Committee	₦ 31,970,000	31970000	0	-	-
3.10.16.3	Facilitate resource Mobilisationfrom domestic and external sources for R and D and utilization of research findings for new drug molecules , redesign, repurposing or revalidation of existing drug molecules, phytomedicines , vaccines diagnostics and other health commodities for the control, treatment and prevention of infectious diseases	₦ 285,000	285000	0	-	-
3.10.16.4	Identify, access (assess) and upgrade at least one clinical trial centre per geo political zone and two at the national level as R&D networks across the six geo political zones to improve knowledge transfer and clinical research.	₦ -	0	0	-	-
3.10.16.5	Increase (Support) local manufacturing of Active Pharmaceutical Ingredients (APIs) for the production of	₦ 20,155,000	20155000	0	-	-

	medicines to ensure medicine security in the country with the possibility (towards) of reducing cost of production of medicines.					
3.10.16.6	Encourage the standardization, local production, and commercialization of traditional medicines and services	₦ 285,000	285000	0	-	-
3.11 Stimulate local production of health products		-	0	0		
3.11.17	Stimulate local production of health products (e.g., drug substance, fill and finish for vaccines, malaria bed-nets, and therapeutical foods)	₦ 9,000,000	₦ 9,000,000	₦ -	₦ -	₦ -
3.11.17.1	Develop, synchronize and implement the National Roadmap for Local production of health products (Pharmaceutical, vaccines and other health related products)	₦ -	0	0	-	-
3.11.17.2	Identify capacity gaps/regulatory issues in terms of technical expertise in local manufacturing	₦ -	0	0	-	-
3.11.17.3	Improve the number of skilled human resouces required for local production of health products (Enhancing Local Production of Vaccines, Medicines and other health related products in Nigeria)	₦ 9,000,000	9000000	0	-	-

3.11.17.4	Ensure implementation of government initiatives on waivers,subsidies and tax breaks for pharmaceuticals and other health related products	₦ -	0	0	-	-
3.11.17.5	Strenghten demand of locally produced health products by national and sub-national entities through pooled procurement and other innovative strategies	₦ -	0	0	-	-
3.11.17.6	Increase Public Private Partnership for local production of health products	₦ -	0	0	-	-
3.12 Shape markets to ensure sustainable local demand		-	0	0		
3.12.18	Build sustain offtake agreement with development parters for locally produced products required in Nigeria	₦ -	₦ -	₦ -	₦ -	₦ -
3.12.18.1	Conduct landscape analysis (evidence generation) on existing manufacturers that produce quality health commodities within the country	₦ -	0	0	-	-
3.12.18.2	Develop facilities for medical supplies, vaccines and diagnostics and promote national efforts to ensure local manufacturers meet international/global standards	₦ -	0	0	-	-
3.12.18.3	Influence the development of market in favour of Nigeria local manufacturers through coordination and regulatory harmonization with other regional economic blocks	₦ -	0	0	-	-

3.12.18.4	Secure more financial investment and develop tools to support interventions and local manufacturers and ensure growth and scale of mission.	₦ -	0	0	-	-
3.12.18.5	Strengthen locally developed entrepreneurial solutions	₦ -	0	0	-	-
3.12.18.6	Ensure the implementation of the NAFDAC's 5+5 amd ceiling list policies to encourage procurment of locally produced medicines and other health commodities products	₦ -	0	0	-	-
3.13 Strengthen supply chains		-	0	0		
3.13.19	**Streamline existing supply chains to remove complexity**	₦ 446,321,000	₦ 315,221,000	₦ 131,100,000	₦ -	₦ -
3.13.19.1	Setting up of the National Medicines, Vaccines and Health Commodities Management Agency at the Federal Level to harmonize and coordinate all health supply chain activities (including emergency response supply chain system)	₦ -	0	0	-	-
3.13.19.2	Strenghten the functionality and operations of the State Medicines, Vaccines and Health Management Agencies to harmonize and coordinate all health supply chain activities (including emergency response supply chain system)	₦ 357,905,000	226805000	131100000	-	-
3.13.19.3	Strengthen the Nigeria Health Logistics Management Information System (NHLMIS) to integrate all health	₦ -	0	0	-	-

	programmes data mangement including vaccines, Essential Medicines and other supply chain functionalities					
3.13.19.4	Ensure establishment of sustainable funding mechanisms for drugs, vaccine and other health commodities at all levels of health services in the country	₦ 21,910,000	21910000	0	-	-
3.13.19.5	Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels)	₦ 5,696,000	5696000	0	-	-
3.13.19.6	Strenghten Pharmacovigilance and Post-market surveillance of health product through out the supply chain pipeline including Monitoring of substandard and falsified health products (medicines, vaccines and other health-related products)	₦ 60,810,000	60810000	0	-	-
Pillar Four		₦ 413,787,000	₦ 112,687,000	₦ 270,100,000	-	31,000,000
4.14 Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Lassa)		-	0	0		
4.14.20	Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security	₦ 413,787,000	₦ 112,687,000	₦ 270,100,000	₦ -	₦ 31,000,000

4.14.20.1	Establish Presidential Task Force/ Cabinet Committee for effective coordination, oversight and funding involving all relevent sectors to address public health threats under health security aligned with the new health sector agenda of the current administration at all levels as aligned with Renewed Hope Agenda of Mr President	₦ 12,914,000	12914000	0	-	-
4.14.20.2	Improve public awareness and behaviour on prevention, detection and control of public health threats through coordinated health promotion including campaigns, use of media, risk communication, in line with health promotion policy and framework including AMR messages	₦ 13,682,000	13682000	0	-	-
4.14.20.3	Workforce Capacity Building - Enhances capabilities to achieve health security	₦ 71,170,000	40170000	0	-	31,000,000
4.14.20.3.p		₦ -	0	0	-	-
4.14.20.4	Strengthen coordination with currently existing FMOH Supply Chain management system on medical countermeasures, pre-positioning of medical commodities, laboratory supplies for preparedness and response to epidemics and pandemics	₦ 43,235,000	3235000	40000000	-	-
4.14.20.5	Strengthen and improve public health emergency surveillance system for timely detection and reporting of seasonal and priority diseases and	₦ 88,940,000	18840000	70100000	-	-

	conditions including cross-border collaboration to reduce mortality and morbidity.					
4.14.20.6	**Strengthen unified Tiered (National, Zonal & State) Laboratory Structure/network to ensure expanded diagnostic capacity including AST for common priority pathogens to support under collaborative surveillance to address epidemics and pandemics using one health approach.**	**₦ 171,856,000**	11856000	160000000	-	-
4.14.20.7	**Strengthen behavioural change and control of misuse, abuse and inappropriate utilization of antimicrobials in all sectors through strengthing the current AMR surveillance system (AMRIS), prevalence surveys and other components of AMR surveillance (AMC/AMU) to address it as a silent health security threat**	**₦ -**	0	0	-	-
4.14.20.8	**Strengthen evidence-based policy/decision making through strengthening integrated public health research registries/management system and coordinated consortium for reducing mortality, morbidity and disabilities related to health security threats**	**₦ 6,690,000**	6690000	0	-	-
4.14.20.9	**Improve coordinated and harmozied response interventions including resource coordination, rapid deployment, enhancing surge capacity, contact tracing, isolation & quarantine, infection**	**₦ 5,300,000**	5300000	0	-	-

	prevention and control, emergency response, and the use of personal protective equipment etc. to manage public health threats					
4.14.20.10	Develop and pilot urban preparedness strategies in line with Global Framework for Strengthening Emergencies in Urban Settings in priority municipalities	₦ -	0	0	-	-
4.15 Build climate resiliency for the health system in collaboration with all other sectors		-	0	0		
4.15.21	Establish a One Health approach for threat detection and response, incorporating climate-linked threats	₦ -	₦ -	₦ -	₦ -	₦ -
4.15.21.1	Create a clear accountability mechanism to track the implementation of Climate Health resolutions and commitments.	₦ -	0	0	-	-
4.15.21.2	Establish and resource the Nigeria Climate Health Coordination Committee (domiciled in the Climate Change Division -DPH-FMOHSW) and TWG to ensure the effective implementation of climate initiatives across health programmes	₦ -	0	0	-	-
4.15.21.3	Develop and implement health national adaptation plan (HNAP) to address climate risks to	₦ -	0	0	-	-

	health, and building resilience in health programmes, services and infrastructure in line with COP26 health commitment					
4.15.21.4	Strengthen early warning system for detection and response to climate-linked health emergencies (flooding, heat waves, air & water polution, fire) using One Health Approach	₦ -	0	0	-	-
4.15.21.5	Coordinate rapid response to zoonotic, vector borne, climate-sensitive diseases and emergencies, AMR pathogens of pandemic potential, epidemic prone bacterial and fungal infections through One Health Approach	₦ -	0	0	-	-
4.15.21.6	Develop and Implement low-carbon building standards and protocols for health facilities, EOCs, and Treatment Centres in emergences in line with COP26 health recommendations.	₦ -	0	0	-	-
Enabler One		₦ 732,656,432	₦ 386,410,304	₦ 134,035,128	-	212,211,000
1.16 Digitize the health system & have data-backed decision making		-	0	0		
1.16.22	Strengthen health data collection, reporting and	₦ 724,486,432	₦ 378,240,304	₦ 134,035,128	₦ -	₦ 212,211,000

	usage – starting with the core indicators					
1.16.22.1	**Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs**	**₦ 371,921,000**	302628500	69292500	-	-
1.16.22.2	**Review, update, and adapt strategic documents on HIS to support monitoring and evaluation of health sector plans and interventions**	**₦ 156,278,000**	0	0	-	**156,278,000**
1.16.22.3	**Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data**	**₦ 29,263,000**	0	0	-	**29,263,000**
1.16.22.4	**Strengthen Civil Registration and Vital Statistics (CRVS) system to generate vital statistics of births & deaths including reporting of deaths with the causes**	**₦ 26,670,000**	0	0	-	**26,670,000**
1.16.22.5	**Support coordination, design and implementation of health surveys**	**₦ -**	0	0	-	-
1.16.22.6	**Establish standards for Health Information Exchange**	**₦ -**	0	0	-	-
1.16.22.7	**Strengthen data analysis and use for decision making**	**₦ 140,354,432**	75611804	64742628	-	-
1.16.22.8	**Data sharing and dissemination of health information**	**₦ -**	0	0	-	-
1.16.22.9	**Optimized DHIS2 and Strengthen infrastructure capacity to support the health information system**	**₦ -**	0	0	-	-

1.16.22.10	Strengthen human resources for health capacity for data management and health information system support	₦ -	0	0	-	-
1.16.22.11	Support the monitoring, evaluation, research and learning of the HIS and broader health system	₦ -	0	0	-	-
1.16.23	**Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate**	₦ 8,170,000	8170000	0	₦ -	₦ -
1.16.23.1	Establish/strengthen digital health governance structure and coordination at all levels	₦ 4,085,000	4085000	0	-	-
1.16.23.2	Regulate deployment and implementation of digital health interventions to ensure alignment to established national standards	₦ 4,085,000	4085000	0	-	-
1.16.23.3	Develop an enterprise architecture to facilitate interoperability of data systems and applications within the health sector and beyond to facilitate HIE	₦ -	0	0	-	-
1.16.23.4	Implement interoperable digital health systems that facilitates health information exchange (HIE)	₦ -	0	0	-	-
1.16.23.5	Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness	₦ -	0	0	-	-
1.16.23.6	Procure and expand Infrastructure for digitizing the health system	₦ -	0	0	-	-

1.16.23.7	Support innovation platform development and culture	₦ -	0	0	-	-
1.16.23.8	Institute monitoring and evaluation of the implementation of the National Digital Health Strategy, the data and digitization priorities of the HSSB and other initiatives	₦ -	0	0	-	-
Enabler Two		**₦ 228,528,500**	**₦ 122,139,250**	**₦ 106,389,250**	-	-
2.17 Increase effectiveness and efficiency of healthcare spending		**-**	0	0		
2.17.24	**Improve oversight and monitoring of budgeting process to increase budget utilization**	**₦ 212,778,500**	**₦ 106,389,250**	**₦ 106,389,250**	**₦ -**	**₦ -**
2.17.24.1	Adopt lumpsum approval approch for aggregate activities based on annual workpaln in line with approve budget.	₦ -	0	0	-	-
2.17.24.2	Strengthen oversight for monitoring and reporting of health sector budget utilization including quarterly AOP reports.	₦ 152,418,500	76209250	76209250	-	-
2.17.24.3	Engage relevant stakeholders to ensure timely cash backing of the health sector budget. e	₦ -	0	0	-	-
2.17.24.4	Strengthen health financing evidence generation and use	₦ -	0	0	-	-
2.17.24.5	Develop a sector wide health system investment case.	₦ -	0	0	-	-
2.17.24.6	Increase resource Mobilisationfor the health sector	₦ -	0	0	-	-

2.17.24.7	Support the translation of policy priorities into the health budget at the national and sub-national levels and in consonance with the consolidated workplans	₦ 60,360,000	30180000	30180000	-	-
2.17.25	**Regular and effective skills and performance appraisal of top leadership**	₦ 15,750,000	₦ 15,750,000	₦ -	₦ -	₦ -
2.17.25.1	Develop a structured performance assessment procedure that includes well-defined metrics, skills, and goals for top-level leaders.	₦ -	0	0	-	-
2.17.25.2	Conduct leadership performance assessment through both quantitative and qualitative measures.	₦ -	0	0	-	-
2.17.25.3	Provide clear and actionable feedback along with resources or development opportunities to address identified gaps from the evaluation process.	₦ -	0	0	-	-
2.17.25.4	Enhance the skills and capabilities of top-level leaders by offering continuing leadership development programs.	₦ -	0	0	-	-
2.17.25.5	Integrate human resources (HR) processes like talent development and succession planning with the performance management system.	₦ 15,750,000	15750000	0	-	-
Enabler Three		₦ 76,927,000	₦ 38,463,500	₦ 38,463,500	-	-

3.18 Strengthen skills, capabilities & values and drive a performance-based culture within the FMoH		-	0	0		
3.18.26	**Transformation within F/SMoH – towards a values and performance driven culture**	₦ 76,927,000	₦ 38,463,500	₦ 38,463,500	₦ -	₦ -
3.18.26.1	**Strengthen F/SMOH Collaboration with stakeholders and development partners to reach a consensus on long term pursuits of defined transformation/change management actions towards a value-driven and performance-oriented culture.**	₦ -	0	0	-	-
3.18.26.2	**Implement change management actions that align goals with F/SMOH strategic objectives.**	₦ -	0	0	-	-
3.18.26.3	**Develop communication resources and networks infrastructure on the mission and values of the Ministry and ensure that they are embedded throughout the F/SMOH operations.**	₦ -	0	0	-	-
3.18.26.4	**Develop a comprehensive performance management and feeback system that sets clear, measurable, and achievable goals for F/SMOH Staff and teams.**	₦ 76,927,000	38463500	38463500	-	-
3.18.26.5	**Promote career advancement opportunities to reinforce the value of high performance by**	₦ -	0	0	-	-

	linking performance to rewards and promotions.					
3.18.26.6	Establish thinktank innovative hubs and promote idea generation platforms at F/SMOH.	₦ -	0	0	-	-
3.18.27	**Top-talent learning program to develop well-rounded for public health leaders**	₦ -	₦ -	₦ -	₦ -	₦ -
3.18.27.1	Design/improve on a comprehensive learning and development curriculum that covers a wide range of competencies such as strategic thinking, decision-making, policy development, stakeholder management and effective communication required for effective public health leaders.	₦ -	0	0	-	-
3.18.27.2	Strengthen industry partnerships by collaborating with public health organisations, government agencies, academic and research institutions for practical real-world experience, mentorship, and networking opportunities.	₦ -	0	0	-	-
3.18.27.3	Promote collaborative learning environment where participants can engage with each other by sharing experiences, exchange ideas and build a strong network of public health leaders.	₦ -	0	0	-	-

3.18.27.4	**Promote culture of Continuously monitoring and evaluating program's effectiveness, seeking feedback from participants, mentors, and key stakehold**	**₦ -**	0	0	**-**	**-**

Appendix B: Gombe Priority Mapping

Health Sector Strategic Blueprint (HSSB) Mapping		S.W.O.T Alignment Tool SPHCDA	S.W.O.T Alignment Tool SMOH	S.W.O.T Alignment Tool GODMA	S.W.O.T Alignment Tool GoHealth	S.W.O.T Alignment Tool GomSACA	S.W.O.T Alignment Tool HMB	S.W.O.T Alignment Tool Gombe State Combine
	Strategic Pillar One: Effective Governance							
1.1	Strengthen oversight and effective implementation of the National Health Act							

1.1.1	Strengthen NCH as a coordinating and accountability mechanism across the health system							
1.1.1.1	Tailor NCH Meeting and memos guidelines to ensure meetings focus on the "National Health Act", "National Health Policy" , and "National Health Development Plan" including a conversation on the state of the Health of the Nation report to inform policy decisions		► S.W.O.T Mapped					► S.W.O.T Mapped

1.1.1.2	Scale up the capacity of NCH Secretariat members both at federal and State level to ensure their effectiveness in supporting the Technical Committee .		► S.W.O.T Mapped					► S.W.O.T Mapped
1.1.1.3	Digitize the mechanism to track implementation of NCH resolutions							
1	Increase accountability to and participation of relevant stakeholders and Nigerian citizens							

1.2.2	Comprehensive and intentional communication strategy for stakeholder engagement and advocacy							
1.2.2.1	Preparation and public disclosure/dissemination of health sector performance result e.g Annual state of health report to all relevant stakeholders	► S.W.O.T Mapped	► S.W.O.T Mapped					► S.W.O.T Mapped
1.2.2.2	Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs, Servicom for feedback and functional grievance reddress			► S.W.O.T Mapped				► S.W.O.T Mapped

1.3	Strengthen regulatory capacity to foster the highest standards of service provision							
1.3.3	Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products							
1.3.3.1	Harmonize frameworks for health professional regulatory bodies along different cadres.	► S.W.O.T Mapped	► S.W.O.T Mapped					► S.W.O.T Mapped

1.3.3.2	Harmonize accreditation/inspection standards for health facilities across the regulators.	► S.W.O.T Mapped						► S.W.O.T Mapped
1.3.3.3	Simplify the mandate and frameworks of supply chain regulatory bodies e.g National Agency for Food, Drug Administration and Control (NAFDAC) and Department of Food Drug Services (DFDS)			► S.W.O.T Mapped				► S.W.O.T Mapped
1.4	Improve cross-functional coordination & effective partnerships to drive delivery							

1.4.4	A Sector Wide Action Plan (SWAp) to defragment health system programming and funding							
1.4.4.1	Strengthen a functional health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.	▶ S.W.O.T Mapped	▶ S.W.O.T Mapped				▶ S.W.O.T Mapped	▶ S.W.O.T Mapped
1.4.4.2	Develop AOP and ensure alignment of partners' plans to national/state health sector AOP	▶ S.W.O.T Mapped	▶ S.W.O.T Mapped	▶ S.W.O.T Mapped				▶ S.W.O.T Mapped

1.4.4.3	Support to HMB, SPHCDA/B, and LGA Health Authorities on the development and consolidation of health facilities AOP (One Plan) focussing on SWAp priorities.	▶ S.W.O.T Mapped	▶ S.W.O.T Mapped				▶ S.W.O.T Mapped	▶ S.W.O.T Mapped
1.4.4.4	Strengthen the Resource Mapping and Expenditure Tracking (RMET) processes to track funds	▶ S.W.O.T Mapped	▶ S.W.O.T Mapped					▶ S.W.O.T Mapped
1.4.4.5	Coordinate pooled and non-pooled (Aligned) funds for efficient resource allocation including TA pooling arrangement.	▶ S.W.O.T Mapped	▶ S.W.O.T Mapped				▶ S.W.O.T Mapped	▶ S.W.O.T Mapped

1.4.4.6	Provide regular on-boarding SWAp orientation to newly appointed program officers/managers	► S.W.O.T Mapped	► S.W.O.T Mapped					► S.W.O.T Mapped
1.4.4.7	Conduct Joint missions to Federal/states/ sites in line with Joint Annual Review (JAR) calendar							
1.4.4.8	Conduct regular sub-national Strategic engagement to ensure successful implementation of Sector Wide Approach (SWAp)							

1.4.4.9	Ensure deployment of relevant TA support to support states and be part of the process of Joint development of AOPs by the states and relevant stakeholders, including DPs.							
1.4.4.10	Inauguration of thematic advisory groups for coordination, harmonization and alignment of priorities.							
1.4.5	Increase collaboration with internal and external stakeholders for better delivery and performance management							

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

	Strategic Pillar Two: Efficient, Equitable and Quality Health system							
2.5	Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH and Nutrition)							
2.5.6	Drive multi-sectoral coordination to put in place and facilitate the implementation of appropriate policies and Programs that drive health promotion behaviours (e.g., to disincentivize unhealthy behaviours)							

2.5.6.1	Strengthen Governance and Stewardship for Health promotion Multi-sectoral Coordination		► S.W.O.T Mapped					► S.W.O.T Mapped
2.5.6.2	Promote Advocacy for Mullti-sectoral coordination at all Levels of health and across the sectors that are proactive health promotion		► S.W.O.T Mapped				► S.W.O.T Mapped	► S.W.O.T Mapped
2.5.6.3	Build Capacity of FMoH/SMOH/LGA program managers to provide leadership and co-ordination for Multi-sectoral Partnership including CSOs for effective collaboration.		► S.W.O.T Mapped				► S.W.O.T Mapped	► S.W.O.T Mapped

2.5.6.4	Establish Partnerships with Global and Regional Alliance for Multi-sectoral Coordination							
2.5.6.5	Monitor Trends and Determinants of Health and evaluate progress of coordination						▶ S.W.O.T Mapped	▶ S.W.O.T Mapped
2.5.6.6	Strengthen accountability mechanism and community engagement to accelerate community participation and improve service delivery	▶ S.W.O.T Mapped						▶ S.W.O.T Mapped

2.5.6.7	Foster and integrate effective Multisectoral Health Promotion strategy							
2.5.6.8	Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes							
2.5.6.9	Strengthen SBC (RCCE)multisectoral coordination mechanism to facilitate the implementation of routine and Emergency interventions.						► S.W.O.T Mapped	► S.W.O.T Mapped

2.5.6.10	Increase Demand Generation to improve health service uptake including RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning and other health services	► S.W.O.T Mapped		► S.W.O.T Mapped			► S.W.O.T Mapped	► S.W.O.T Mapped
2.5.6.11	Accelerate the Integration of awareness programs/health campaigns to improve health outcomes including primary health interventions	► S.W.O.T Mapped						► S.W.O.T Mapped
2.5.6.12	Leverage formal education system to improve healthy behaviors							

2.5.7	Accelerate inter-sectorial socia welfare through coordination of efforts of the social action fund							
2.5.7.1	Ensure alignment of social policies							
2.5.7.2	Data Sharing and Collaboration		▶ S.W.O.T Mapped	▶ S.W.O.T Mapped			▶ S.W.O.T Mapped	▶ S.W.O.T Mapped

2.5.7.3	Set up a framework and structure within the FMOH&SW to coordinate the social sector space to maximize synergies with the health sector.							
2.6	Strengthen prevention through primary health care and community health care							
2.6.8	Accelerate immunization programs for priority antigens (e.g., DPT3, Polio, Measles, Yellow Fever) with a focus on decreasing zero dose children							

2.6.8.1	Implementation of Zero-Dose Reduction Operational Plan (Z-DROP) in prioritised LGAs.							
2.6.8.2	Conduct Identification, Enumeration and vaccination (IEV) under immunized and zero dose children strategies in prioritised LGAs and Mapping of Zero Dose Communities							
2.6.8.3	Conduct of Big-Catch Up Campaign in prioritised LGAs							

2.6.8.4	Conduct of Peformance Accesssment for Program Management and Action (PAPA) 2.0 in prioritised ZD LGAs							
2.6.8.5	Expand access to immunization Services.	▶ S.W.O.T Mapped					▶ S.W.O.T Mapped	▶ S.W.O.T Mapped
2.6.8.6	Mapping of Zero Dose Communities	▶ S.W.O.T Mapped					▶ S.W.O.T Mapped	▶ S.W.O.T Mapped

2.6.8.7	Strenthening Communities to demand immunization services and reduce vaccine hesitancy.							
2.6.8.8	Strengthening immunization data system for effective decision making and assessment of vaccine safety and impact.							
2.6.8.9	Enhance the deployment of effective immmunization vaccine management system to reduce stock out of vaccines such as DPT3, Polio, Measles, Yellow Fever, etc.	▶ S.W.O.T Mapped						

2.6.9	Slow down the growth rate of NCD Prevalence							
2.6.9.1	An NCD prevention task force with a focus on high priority illnesses (Strengthen governance, coordination, collaboration and leadership)	► S.W.O.T Mapped	► S.W.O.T Mapped					► S.W.O.T Mapped
2.6.9.2	Implement the MPOWER strategy to reduce tobacco use and adapt the Protocol to Eliminate Illicit Trade to reduce supply.							

2.6.9.3	Develop and Implement a comprehensive national alcohol control policy and regulation/law							
2.6.9.4	Strengthening and supporting regulatory authorities to promote healthy diets, by policy formulations, and awareness creation at the community and schools							
2.6.9.5	Adapt and implement the Global Action Plan on Physical Activity.							

2.6.9.6	Advocate and collaborate with the Nigerian Road Safety Authority and other sectors to Implement the Nigeria Road Safety Strategy.							
2.6.9.7	Raise public awareness on pre-marital/pre-conception screening for sickle cell disease including genetic counseling							
2.6.9.8	Strengthen health systems to address Prevention and Control of Non-Communicable Diseases at all levels of care and contribute to reducing risk factors.		► S.W.O.T Mapped					► S.W.O.T Mapped

2.6.9.9	Strengthen prevention of mental, neurological, and substance abuse disorders (MNSD)		▶ S.W.O.T Mapped					▶ S.W.O.T Mapped
2.6.10	Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)							
2.6.10.1	Strengthen Communicable disease prevention task forces focused on HIV, TB, Malaria and NTDs at the national and sub-national level	▶ S.W.O.T Mapped						▶ S.W.O.T Mapped

2.6.10.2	Scale up integrated HIV prevention services	▶ S.W.O.T Mapped						▶ S.W.O.T Mapped
2.6.10.3	Increase uptake and access to HIV services (testing , treatment, care, viral suppression , including procurement of HIV rapid test kits)	▶ S.W.O.T Mapped				▶ S.W.O.T Mapped		▶ S.W.O.T Mapped
2.6.10.4	Reach, treat and sustain Vertical HIV transmission and Paediatrics interventions	▶ S.W.O.T Mapped						▶ S.W.O.T Mapped

2.6.10.5	Improve access and utilisation of integrated vector control interventions (ITNs, Targeted IRS, targeted LSM, vector surveillance and insecticide resistance monitoring)	► S.W.O.T Mapped						► S.W.O.T Mapped
2.6.10.6	Improve generation of evidence for decision-making and impact through reporting of quality malaria data and information from at least 80% of health facilities.							
2.6.10.7	Increase access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination theraphy							

	(ACTs) and malaria vaccine							
2.6.10.8	Increase access and uptake of Tuberculosis Preventive Therapy (TPT)							
2.6.10.9	Improve access to Tuberculosis care - case finding and treatment	► S.W.O.T Mapped						► S.W.O.T Mapped

2.6.10.10	Sustain and Improve Treament Success Rate							
2.6.10.11	Improve access to WHO Recommended Molecular diagnostics (WRD)							
2.6.10.12	Improve early diagnosis and treatment of Leprosy and Buruli Ulcer							

2.7	Improve quality of care and service delivery across public (secondary, tertiary and quaternary) and private health care providers							
2.7.11	Revitalize tertiary and quaternary care hospitals to improve access to specialized care							
2.7.11.1	A network of Quaternary Care facilities to enable resource pooling and improving access to highly specialized care							

2.7.11.2	Policy and guideline development to set standards							
2.7.11.3	Build capacity of health workers to improve access and quality to specialize care using available Resources inluding engagement of Nigerian Health care Personnel in the Diaspora							
2.7.11.4	Set up data tracking mechanism and link to national data system for planning and decision making on managerial capacity across the tertiary and quaternary care.							

2.7.11.5	To deepen the Private sector participation in tertiary and quaternarry healthcare delivery using various Public Private Partnership (PPP) modules	► S.W.O.T Mapped						► S.W.O.T Mapped
2.7.11.6	To develope business models to ensure access and affordability of tertiary and quaternary medical services to Nigerian as part of Universal Health Coverage						► S.W.O.T Mapped	► S.W.O.T Mapped
2.8	Improve equity and affordability of quality care for patients, expand insurance							

2.8.12	Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition							
2.8.12.1	Establish/revitalize MNCAH+N task force and new accountability mechanism to crash MMR & under-5 mortality at the sub-national(State and LGA) level	► S.W.O.T Mapped	► S.W.O.T Mapped					► S.W.O.T Mapped
2.8.12.2	Develop & Implement a mechanism for tracking RMNCAEH+N resources and its use.							

2.8.12.3	Institutionalize maternal, perinatal and child death surveillance and response (MPCDSR) at all facilities/communities for quality improvement and monitor response.	► S.W.O.T Mapped	► S.W.O.T Mapped				► S.W.O.T Mapped	► S.W.O.T Mapped
2.8.12.4	Develop state AOPs with creation of budget line and timely release of fund for quality improvement systems in all facilities and communities for RMNCAEH + N health care	► S.W.O.T Mapped	► S.W.O.T Mapped					► S.W.O.T Mapped
2.8.12.5	Develop the National Quality Policy and Strategy (NQPS) and adapt guideline to align to state context							

2.8.12.6	Provide adequate WASH infrastructure and services in healthcare facilities and Monitoring indicators to ensure quality of care and IPC	► S.W.O.T Mapped	► S.W.O.T Mapped					► S.W.O.T Mapped
2.8.12.7	Roll out of Post-partum care PRE/PEE and Post Abortal Care (PAC) interventions in high volume delivery primary, secondary and tertiary health facilities in all the 36 states plus FCT.						► S.W.O.T Mapped	► S.W.O.T Mapped
2.8.12.8	Increase Antenatal Care (Individual and GANC) coverage and HFs delivery in the primary, secondary and tertiary health facilities in all the 36 states plus FCT	► S.W.O.T Mapped					► S.W.O.T Mapped	► S.W.O.T Mapped

2.8.12.9	Roll out Post-partum Hemorrhage(PPH) management at the health facilities using E-motive bundle, active management of 3rd stage of labour etc	► S.W.O.T Mapped						► S.W.O.T Mapped
2.8.12.10	Create 'midwifery led' community outreach model with incentives for HCWs to improve ANC coverage							
2.8.12.11	Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level	► S.W.O.T Mapped						► S.W.O.T Mapped

2.8.12.12	Deploy Doctors midwives+CHEWS/JCHEWS to high need areas, using relocation incentives and flexible arrangements for RMNCAH	► S.W.O.T Mapped					► S.W.O.T Mapped	► S.W.O.T Mapped
2.8.12.13	Activate additional CHEWs and JCHEWs by leveraging unemployed available stock for RMNCAH+N							
2.8.12.14	Upskill midwives on supervision, innovations and refresher courses for deployed midwives	► S.W.O.T Mapped					► S.W.O.T Mapped	► S.W.O.T Mapped

2.8.12.15	Upskill CHEWs to carry out some MNCH services, with focus on ANC and PNC for uncomplicated pregnancies, Family Planning, newborn and child health services	► S.W.O.T Mapped						
2.8.12.16	Drive uptake of innovations such the calibrated drap, Moyo Heart and Multiple Micronutrient Supplement (MMS) etc	► S.W.O.T Mapped		► S.W.O.T Mapped				► S.W.O.T Mapped
2.8.12.17	Roll out updated PPH traning in line with national standards which will include training of educators, clinical preceptors and Pre-service midwifery curriculum							

2.8.12.18	Enhance competency-based pre-service education by upgrading demonstration laboratories and RMNCAH seervices in health training institutions with simulation equipment for Maternal, Newborn and Child Health (MNCH)		▶ S.W.O.T Mapped					▶ S.W.O.T Mapped
2.8.12.19	Domesticate the Task Sharing and task shifting (TSTS) implementation SOPs tailored to the state's specific context.		▶ S.W.O.T Mapped					▶ S.W.O.T Mapped

2.8.12.20	Develop and maintain an updated inventory of health facilities lacking trained RMNCAH providers to facilitate strategic staff allocation and transfers	► S.W.O.T Mapped						► S.W.O.T Mapped
2.8.12.21	Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.	► S.W.O.T Mapped						► S.W.O.T Mapped
2.8.12.22	Expand access to a full range of modern contraceptives including immediate postpartum, post-abortion FP, through mobile outreach sevice delivery in providing a wide range of congraceptives.							

2.8.12.23	Domesticate the national policy and guidelines for Postpartum Family Planning (PPFP) and Post-Abortion Family Planning (PAFP), and adapt them for community deployment							
2.8.12.24	Adapt and Implement the National FP Communication Strategy to raise demand and reduce Unmet Need for FP at the state level						► S.W.O.T Mapped	► S.W.O.T Mapped
2.8.12.25	Strengthen prevention, treatment and rehabilitation services for quality obstetrics Fistula care		► S.W.O.T Mapped					► S.W.O.T Mapped

2.8.12.26	Accelerate implementation of Essential Newborn Care (ENC) at the Primary health facilities	► S.W.O.T Mapped						► S.W.O.T Mapped
2.8.12.27	Adapt and review the National Essential Newborn Care Course (ENCC) to align to the global second edition of ENCC for quality improvement							
2.8.12.28	Promote home visits on community- based newborn through empowering communitiess, Outreaches and Mobile Clinics							

2.8.12.29	Set-up small and sick newborn unit with Continous Positive Airway Pressure (CPAP), Kangaroo Mother Care-KMC (immediate and Routine) in level-2 (Secondary) health facilities to scale up comprehensive Newborn Care	► S.W.O.T Mapped	► S.W.O.T Mapped				► S.W.O.T Mapped	► S.W.O.T Mapped
2.8.12.30	Strengthen neonatal intensive care unit at level-3 (Tertiary) health facilities							
2.8.12.31	Improve Capacity of frontline health workers on Comprehensive new born at Secondary and tertiary Health facilities						► S.W.O.T Mapped	► S.W.O.T Mapped

2.8.12.32	Establish birth defect surveillance and response							
2.8.12.33	Review National and state Essential medicine lists to enlist missing Commodities for RMNCAH services							
2.8.12.34	Adapt and Contextualize the National Child Survivial Action Plan-NCSAP (2024-2028) into state AOPs for roll out							

2.8.12.35	Assess health facility readiness to improve integrated management of childhood illness services with linkage to community							
2.8.12.36	Improve capacity skills of doctors, nurses, CHEWs at PHC for Integrated Management of Childhood Ilness (IMCI) and community Health workers on Integrated Community Case Management (ICCM)	► S.W.O.T Mapped						► S.W.O.T Mapped
2.8.12.37	Develop and implement a multisectoral actions for integrated childhood development in rolling out the child Survival Action Plan at state level							

2.8.12.38	Set up a Clinical mentorship (face to face and online) system for Newborn and case management for childhood illness.							
2.8.12.39	Scale-up capacity of Doctors, Nurses, Wives, CHEWs to deliver adolescent plus youth-friendly services	► S.W.O.T Mapped						► S.W.O.T Mapped
2.8.12.40	Collaborate with Ministry of Education to Review the school health Policy, adopt and domesticate school health services standards at state level.		► S.W.O.T Mapped					► S.W.O.T Mapped

2.8.12.41	Empower community to support adolescent program at the community level (peer to peer support, parents guardian etc)							
2.8.12.42	Strengthen the community HMIS and Civil Registration and Vital Statistics	► S.W.O.T Mapped						► S.W.O.T Mapped
2.8.12.43	Incorporate PCN-approved training curriculum for CPs and accredited PPMVs into the curriculum of public and private schools of health technologies across the state							

2.8.12.44	Revitalize of baby friendly initiative (BFI) at all levels of care		► S.W.O.T Mapped					► S.W.O.T Mapped
2.8.12.45	Conduct Nutrition assessment, counselling and support (NACS)	► S.W.O.T Mapped						► S.W.O.T Mapped
2.8.12.46	Provision of growth monitoring and promotion (GMP) services at all level of care							

2.8.12.47	Accelerate the scale up of integrated management of acute malnutrition (IMAM) at all level of care							
2.8.12.48	Improve out-patient therapeutic (OTP) services in atleast 2 PHC per ward across 36 states and FCT.							
2.8.12.49	Strengthen in-patient care for Severe Accute Malnutrition (SAM) with complication in secondary and/or tertiary facility accross all the 774 LGAs of the federation.	► S.W.O.T Mapped					► S.W.O.T Mapped	► S.W.O.T Mapped

2.8.12.50	Scaling up community Nutrition best practices	► S.W.O.T Mapped						► S.W.O.T Mapped
2.8.12.51	Develop guideline on establishment of Community Nutrition Centre and large scale food fortification							
2.8.12.52	Strengthen commodity security and reduce the high rates of stock-outs at service delivery points through improved logistics data quality and resource Mobilisationfor RMNCAH (FP, and Nutrition)	► S.W.O.T Mapped						► S.W.O.T Mapped

2.8.12.53	Expand the scope of Logistics Management Information System (LMIS) data quality for accurate forecasting of national MNCAH commodities requirements including FP	► S.W.O.T Mapped						► S.W.O.T Mapped
2.8.12.54	Procure and utilize RMNCAH commodities, including oxytocin, family planning supplies, and essential devices (e.g., CPAP, monitors, pulse oximetry, oxygen, KMC devices, phototherapy, radiant warmers, ventilators, caffeine citrate, bag and mask, suctioning, etc), in line with National guidelines and SOPs	► S.W.O.T Mapped						► S.W.O.T Mapped

2.8.12.55	Procure and Utilize nutrition commodities for nutritonally vulnerable groups (Pregnant women - IFA/MMS, Children U-5 (6-59 months) (Vitamin A, MNP/SQ-LNS, Ready to use therapeutic food - RUTF, RUSF and essential routine medication (amoxycilin, albendazole),Conduct Nutrition assessment, counselling and support (NACS)							
2.8.12.56	Adapt and implement the National RMNCAH/Immunization Integration policy, creating a comprehensive action plan for							

	RMNCAH/Immunization/ Nutrition integration at PHC level.							
2.8.12.57	Incooporate RMNCAEH+N services into the State Emergency Preparedness and response Plan to ensure continuity of essentail health services for RMNCAH+N during emergencies and outbreaks							
2.8.12.58	Improving Infrastructure including availability of utilities in health facilities in WASH services for RMNCAEH+N services	► S.W.O.T Mapped						► S.W.O.T Mapped

2.8.12.59	Review the 2 ways referral forms for RMNCAH+Nutrition and provide orientation to all Community Health Workers (CHWs) to Primary Health Centers (PHCs) and other healthcare facilities							
2.8.12.60	Configure and utilize electronic integrated supportive supervision (ISS) tools for RMNCAH+Nutrition services	► S.W.O.T Mapped						► S.W.O.T Mapped
2.8.12.61	Support evidence generated for new interventions and knowledge exchange to improve maternal, Newborn, child and Adolescent Health outcomes							

2.8.12.62	Strengthen the linkage between community health structure and health system to sustain RMNCAEH+N services to targetted Vulnerable & marginalized groups and other communities							
2.8.12.63	Targeted advocacy to Improve financial, geographic and cultural access to RMNCAEH+N services for these vulnerable groups.							
2.8.12.64	Integrate trained, equipped, and supported community health workers (CHWs) into the health system	► S.W.O.T Mapped						► S.W.O.T Mapped

2.8.12.65	Adapt and review standarized RMNCAH+N Job aids for community health workers to conduct community-based services within the community, including referrals to health facilities							
2.8.12.66	Establish an inventory of hard-to-reach villages and settlements lacking RMNCAH services, and develop a plan to conduct mobile outreach services to provide RMNCAH services including family planning options in these areas	► S.W.O.T Mapped						► S.W.O.T Mapped

2.8.12.67	Increase demand and uptake of RMNCAH services	▶ S.W.O.T Mapped						▶ S.W.O.T Mapped
2.8.12.68	Conduct joint planning, review meetings and implmentation of RMNCAEH services through the WDC/VWC/ to Foster community ownership and partnership.	▶ S.W.O.T Mapped						▶ S.W.O.T Mapped
2.8.13	Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance							

2.8.13.1	Propose reforms of the NPHCDA BHCPF gateway, to enhance accountability and quality of services, to the MOC through joint memo with NHIA	► S.W.O.T Mapped			► S.W.O.T Mapped			► S.W.O.T Mapped
2.8.13.2	Revise and domesticate the BHCPF 2.0 guidelines to operationalize the proposed BHCPF NPHCDA Gateway reforms (in collaboration with the states and donors) including a performance and accountability framework	► S.W.O.T Mapped			► S.W.O.T Mapped			► S.W.O.T Mapped

2.8.13.3	Establish standards for PHC functionality and stratify existing PHCs accordingly							
2.8.13.4	Update nationwide PHC assessments to establish baseline, and create a sustainable system for real time visibility into PHC functionality status	▶ S.W.O.T Mapped						▶ S.W.O.T Mapped
2.8.13.5	Galvanize all government and partner resources for phased needs-based upgrades of prioritized PHCs to achieve full functionality (infrastructure, equipment, workforce, commodities etc)	▶ S.W.O.T Mapped						▶ S.W.O.T Mapped

2.8.13.6	Develop and implement a holistic Advocacy, Communication and Community Engagement strategy	► S.W.O.T Mapped			► S.W.O.T Mapped			► S.W.O.T Mapped
2.8.13.7	Enforce quarterly disbursement of funds in line with BHCPF guidelines				► S.W.O.T Mapped			► S.W.O.T Mapped
2.8.13.8	Enforce a dedicated BHCPF TSA sub-account for SPHCDAs							

2.8.13.9	Update financial management and reporting guidelines and processes for SSHIAs (where necessary)				▶ S.W.O.T Mapped			▶ S.W.O.T Mapped
2.8.13.10	Deployment of third-party fiduciary agents to manage funds at the PHC level.							
2.8.13.11	Use of accounting software to monitor end-to-end disbursement funds including transactions at PHCs	▶ S.W.O.T Mapped						▶ S.W.O.T Mapped

2.8.13.12	Leverage technology for end-to-end BHCPF financial management and expenditure tracking				▶ S.W.O.T Mapped			▶ S.W.O.T Mapped
2.8.13.13	Utilize Financial Management Officers (FMOs) for quarterly tracking of spending with clear ToR							
2.8.13.14	Ensure an annual statutory audit is done across all levels and external audit performed on total funds	▶ S.W.O.T Mapped						▶ S.W.O.T Mapped

2.8.13.15	Establish independent monitoring and verification system				▶ S.W.O.T Mapped			▶ S.W.O.T Mapped
2.8.13.16	Revise tariffs to encourage private sector involvement							
2.8.13.17	Provide essential commodities, utilities, maintenance of facilities, and community engagement	▶ S.W.O.T Mapped						▶ S.W.O.T Mapped

2.8.13.18	Revision of fund allocation to states and the need to allocate funds to the LGA							
2.8.13.19	Programmatic funds (Public Health Emergency Response Fund) pooled and disbursed to public health emergency outbreak							
2.8.13.20	Enhance sustainability by implementing better risk management practices, counterpart funding, defined role of TPAs and reinsurance.							

2.8.13.21	Increase operational budget to enhance fiduciary oversight and to intensify monitoring and LGA supervision							
2.8.13.22	Deliver BHCPF as One Package at the last mile.				▶ S.W.O.T Mapped			▶ S.W.O.T Mapped
2.8.13.23	Strengthen the oversight role of the MOC and SOC as central governance bodies.				▶ S.W.O.T Mapped			▶ S.W.O.T Mapped

2.8.13.24	Digitize the process steps to access funds to improve efficiency							
2.8.13.25	Develop and adopt digital planning and reporting tools to improve transparency among the SSHIAs							
2.8.13.26	Launch a national framework to guide data management and governance with an API integrative national platform							

2.8.13.27	Drive private sector involvement in PHC service delivery							
2.8.13.28	Harmonize NPHCDA and NHIA MSP							
2.8.13.29	Standardize the overall minimum benefit package to beneficiaries (across SSHIAs, NHIA, NPHCDA and other NHIA programs)							

2.8.13.30	Conduct a rapid facility functionality assessment of CEmONC facilities for service readiness, climate resilence, and energy efficency							
2.8.13.31	Improve accountability of SSHIAs by linking capitation "+" payments to clear indicators							
2.8.13.32	Quarterly MOC meetings on the BHCPF's performance.							

2.8.14	Expand financial protection to all citizens through health insurance expansion and other innovative financing mechanisms							
2.8.14.1	Expand health insurance coverage and other pre-pooling mechanism for health							
2.8.14.2	Improve equity of coverage through effective implementation of public subsidies							

2.8.14.3	Utilize strategic purchasing mechanism for high impact interventions							
2.8.14.4	Create more efficient and sustainable health insurance industry							
2.8.14.5	Improve the health insurance market efficiency							

2.9	Revitalize the end-to-end (production to retention) healthcare workers' pipeline							
2.9.15	Increase availability and quality of HRH							
2.9.15.1	Increase production of health workers	▶ S.W.O.T Mapped	▶ S.W.O.T Mapped				▶ S.W.O.T Mapped	▶ S.W.O.T Mapped

2.9.15.2	Support public private partnership guideline for private sector to be able to contribute to the production of qualified health workers	► S.W.O.T Mapped	► S.W.O.T Mapped				► S.W.O.T Mapped	► S.W.O.T Mapped
2.9.15.3	Strengthen HRH regulatory bodies to improve the quality of the HRH pre-service and in-service training							
2.9.15.4	Undertake data-driven recruitment, deployment, and management of HRH including biometric capture & BVN data collection for atleast 80% of basic education teachers and primary health workers to ensure proper payroll		► S.W.O.T Mapped				► S.W.O.T Mapped	► S.W.O.T Mapped

	integration and removal of ghost workers							
2.9.15.5	Create incentives and enabling environment that improves retention of HRH within Nigeria		► S.W.O.T Mapped					► S.W.O.T Mapped
2.9.15.6	Implement comprehensive workforce capacity development plan							

2.9.15.7	Create and implement innovations for effeciency and effectiveness in the management of health workforce migration.							
	Strategic Pillar Three: Unlocking Value Chains							
3.10	Promote clinical research and development							

3.10.16	Re-Position Nigeria at the forefront of emerging R&D innovation, starting with local clinical trials and translational science							
3.10.16.1	Provide state-of-the-art equipment and Leverage on Electronic Management System to enhance regulatory processes within the R&D space to improve, quality, transparency and reduce bureaucracy						► S.W.O.T Mapped	► S.W.O.T Mapped
3.10.16.2	Strenghten National and Sub-national R&D coordination framework through the National Health Research Committee and National Health Research Ethics Committee		► S.W.O.T Mapped					► S.W.O.T Mapped

3.10.16.3	Facilitate resource Mobilisationfrom domestic and external sources for R and D and utilization of research findings for new drug molecules , redesign, repurposing or revalidation of existing drug molecules, phytomedicines , vaccines diagnostics and other health commodities for the control, treatment and prevention of infectious diseases			► S.W.O.T Mapped				► S.W.O.T Mapped
3.10.16.4	Identify, access (assess) and upgrade at least one clinical trial centre per geo political zone and two at the national level as R&D networks across							

	the six geo political zones to improve knowledge transfer and clinical research.							
3.10.16.5	Increase (Support) local manufacturing of Active Pharmaceutical Ingredients (APIs) for the production of medicines to ensure medicine security in the country with the possibility (towards) of reducing cost of production of medicines.			► S.W.O.T Mapped				► S.W.O.T Mapped

3.10.16.6	Encourage the standardization, local production, and commercialization of traditional medicines and services			▶ S.W.O.T Mapped				▶ S.W.O.T Mapped
3.11	Stimulate local production of health products							
3.11.17	Stimulate local production of health products (e.g., drug substance, fill and finish for vaccines, malaria bed-nets, and therapeutical foods)							

3.11.17.1	Develop, synchronize and implement the National Roadmap for Local production of health products (Pharmaceutical, vaccines and other health related products)							
3.11.17.2	Identify capacity gaps/regulatory issues in terms of technical expertise in local manufacturing							
3.11.17.3	Improve the number of skilled human resouces required for local production of health products (Enhancing Local Production of Vaccines, Medicines and other health related products in Nigeria)			► S.W.O.T Mapped				► S.W.O.T Mapped

3.11.17.4	Ensure implementation of government initiatives on waivers,subsidies and tax breaks for pharmaceuticals and other health related products							
3.11.17.5	Strenghten demand of locally produced health products by national and sub-national entities through pooled procurement and other innovative strategies							
3.11.17.6	Increase Public Private Partnership for local production of health products							

3.12	Shape markets to ensure sustainable local demand							
3.12.18	Build sustain offtake agreement with development parters for locally produced products required in Nigeria							
3.12.18.1	Conduct landscape analysis (evidence generation) on existing manufacturers that produce quality health commodities within the country							

3.12.18.2	Develop facilities for medical supplies, vaccines and diagnostics and promote national efforts to ensure local manufacturers meet international/global standards							
3.12.18.3	Influence the development of market in favour of Nigeria local manufacturers through coordination and regulatory harmonization with other regional economic blocks							
3.12.18.4	Secure more financial investment and develop tools to support interventions and local manufacturers and							

	ensure growth and scale of mission.							
3.12.18.5	Strengthen locally developed entrepreneurial solutions							
3.12.18.6	Ensure the implementation of the NAFDAC's 5+5 amd ceiling list policies to encourage procurment of locally produced medicines and other health commodities products							

3.13	Strengthen supply chains							
3.13.19	Streamline existing supply chains to remove complexity							
3.13.19.1	Setting up of the National Medicines, Vaccines and Health Commodities Management Agency at the Federal Level to harmonize and coordinate all health supply chain activities (including emergency							

	response supply chain system)							
3.13.19.2	Strenghten the functionality and operations of the State Medicines, Vaccines and Health Management Agencies to harmonize and coordinate all health supply chain activities (including emergency response supply chain system)	► S.W.O.T Mapped		► S.W.O.T Mapped				► S.W.O.T Mapped
3.13.19.3	Strengthen the Nigeria Health Logistics Management Information System (NHLMIS) to integrate all health programmes data							

	mangement including vaccines, Essential Medicines and other supply chain functionalities							
3.13.19.4	Ensure establishment of sustainable funding mechanisms for drugs, vaccine and other health commodities at all levels of health services in the country			► S.W.O.T Mapped				► S.W.O.T Mapped
3.13.19.5	Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels)		► S.W.O.T Mapped	► S.W.O.T Mapped				► S.W.O.T Mapped

3.13.19.6	Strenghten Pharmacovigilance and Post-market surveillance of health product through out the supply chain pipeline including Monitoring of substandard and falsified health products (medicines, vaccines and other health-related products)			▶ S.W.O.T Mapped				▶ S.W.O.T Mapped
	Strategic Pillar Four: Health Security							

4	Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Lassa)							
4.14.20	Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security							
4.14.20.1	Establish Presidential Task Force/ Cabinet Committee for effective coordination, oversight and funding involving all relevent sectors to address public health threats under health security aligned with the		► S.W.O.T Mapped					► S.W.O.T Mapped

	new health sector agenda of the current administration at all levels as aligned with Renewed Hope Agenda of Mr President							
4.14.20.2	Improve public awareness and behaviour on prevention, detection and control of public health threats through coordinated health promotion including campaigns, use of media, risk communication, in line with health promotion policy and framework including AMR messages		► S.W.O.T Mapped					► S.W.O.T Mapped

4.14.20.3	Workforce Capacity Building - Enhances capabilities to achieve health security		► S.W.O.T Mapped					► S.W.O.T Mapped
4.14.20.4	Strengthen coordination with currently existing FMOH Supply Chain management system on medical countermeasures, pre-positioning of medical commodities, laboratory supplies for preparedness and response to epidemics and pandemics		► S.W.O.T Mapped					► S.W.O.T Mapped

4.14.20.5	Strengthen and improve public health emergency surveillance system for timely detection and reporting of seasonal and priority diseases and conditions including cross-border collaboration to reduce mortality and morbidity.		► S.W.O.T Mapped					► S.W.O.T Mapped
4.14.20.6	Strengthen unified Tiered (National, Zonal & State) Laboratory Structure/network to ensure expanded diagnostic capacity including AST for common priority pathogens to support under collaborative surveillance to address epidemics and		► S.W.O.T Mapped					► S.W.O.T Mapped

	pandemics using one health approach.							
4.14.20.7	Strengthen behavioural change and control of misuse, abuse and inappropriate utilization of antimicrobials in all sectors through strengthing the current AMR surveillance system (AMRIS), prevalence surveys and other components of AMR surveillance (AMC/AMU) to address it as a silent health security threat							

4.14.20.8	Strengthen evidence-based policy/decision making through strengthening integrated public health research registries/management system and coordinated consortium for reducing mortality, morbidity and disabilities related to health security threats		▶ S.W.O.T Mapped					▶ S.W.O.T Mapped
4.14.20.9	Improve coordinated and harmozied response interventions including resource coordination, rapid deployment, enhancing surge capacity, contact tracing, isolation & quarantine, infection prevention and control, emergency response,		▶ S.W.O.T Mapped					▶ S.W.O.T Mapped

	and the use of personal protective equipment etc. to manage public health threats							
4.14.20.10	Develop and pilot urban preparedness strategies in line with Global Framework for Strengthening Emergencies in Urban Settings in priority municipalities							
4.15	Build climate resiliency for the health system in collaboration with all other sectors							

4.15.21	Establish a One Health approach for threat detection and response, incorporating climate-linked threats							
4.15.21.1	Create a clear accountability mechanism to track the implementation of Climate Health resolutions and commitments.							
4.15.21.2	Establish and resource the Nigeria Climate Health Coordination Committee (domiciled in the Climate Change Division -DPH-FMOHSW) and TWG to ensure the effective implementation of							

	climate initiatives across health programmes							
4.15.21.3	Develop and implement health national adaptation plan (HNAP) to address climate risks to health, and building resilience in health programmes, services and infrastructure in line with COP26 health commitment							
4.15.21.4	Strengthen early warning system for detection and response to climate-linked health emergencies (flooding, heat waves, air & water							

	polution, fire) using One Health Approach							
4.15.21.5	Coordinate rapid response to zoonotic, vector borne, climate-sensitive diseases and emergencies, AMR pathogens of pandemic potential, epidemic prone bacterial and fungal infections through One Health Approach							
4.15.21.6	Develop and Implement low-carbon building standards and protocols for health facilities, EOCs, and Treatment							

	Centres in emergences in line with COP26 health recommendations.							
	Enabler 1: Data Digitization							
1.16	Digitize the health system & have data-backed decision making							

1.16.22	Strengthen health data collection, reporting and usage – starting with the core indicators							
1.16.22.1	Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs	► S.W.O.T Mapped	► S.W.O.T Mapped				► S.W.O.T Mapped	► S.W.O.T Mapped
1.16.22.2	Review, update, and adapt strategic documents on HIS to support monitoring and evaluation of health sector plans and interventions	► S.W.O.T Mapped	► S.W.O.T Mapped				► S.W.O.T Mapped	► S.W.O.T Mapped

1.16.22.3	Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data	► S.W.O.T Mapped					► S.W.O.T Mapped	► S.W.O.T Mapped
1.16.22.4	Strengthen Civil Registration and Vital Statistics (CRVS) system to generate vital statistics of births & deaths including reporting of deaths with the causes	► S.W.O.T Mapped					► S.W.O.T Mapped	► S.W.O.T Mapped
1.16.22.5	Support coordination, design and implementation of health surveys							

1.16.22.6	Establish standards for Health Information Exchange							
1.16.22.7	Strengthen data analysis and use for decision making	▶ S.W.O.T Mapped					▶ S.W.O.T Mapped	▶ S.W.O.T Mapped
1.16.22.8	Data sharing and dissemination of health information						▶ S.W.O.T Mapped	▶ S.W.O.T Mapped

1.16.22.9	Optimized DHIS2 and Strengthen infrastructure capacity to support the health information system						▶ S.W.O.T Mapped	▶ S.W.O.T Mapped
1.16.22.10	Strengthen human resources for health capacity for data management and health information system support	▶ S.W.O.T Mapped	▶ S.W.O.T Mapped				▶ S.W.O.T Mapped	▶ S.W.O.T Mapped
1.16.22.11	Support the monitoring, evaluation, research and learning of the HIS and broader health system		▶ S.W.O.T Mapped					▶ S.W.O.T Mapped

1.16.23	Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate							
1.16.23.1	Establish/strengthen digital health governance structure and coordination at all levels		► S.W.O.T Mapped					► S.W.O.T Mapped
1.16.23.2	Regulate deployment and implementation of digital health interventions to ensure alignment to established national standards		► S.W.O.T Mapped					► S.W.O.T Mapped

1.16.23.3	Develop an enterprise architecture to facilitate interoperability of data systems and applications within the health sector and beyond to facilitate HIE							
1.16.23.4	Implement interoperable digital health systems that facilitates health information exchange (HIE)							
1.16.23.5	Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness						► S.W.O.T Mapped	► S.W.O.T Mapped

1.16.23.6	Procure and expand Infrastructure for digitizing the health system							
1.16.23.7	Support innovation platform development and culture							
1.16.23.8	Institute monitoring and evaluation of the implementation of the National Digital Health Strategy, the data and digitization priorities of the HSSB and other initiatives							

1.16.23.9								
Enabler 2: Financing								
2.17	Increase effectiveness and efficiency of healthcare spending							

2.17.24	Improve oversight and monitoring of budgeting process to increase budget utilization							
2.17.24.1	Adopt lumpsum approval approch for aggregate activities based on annual workpaln in line with approve budget.							
2.17.24.2	Strengthen oversight for monitoring and reporting of health sector budget utilization including quarterly AOP reports.	▶ S.W.O.T Mapped						▶ S.W.O.T Mapped

2.17.24.3	Engage relevant stakeholders to ensure timely cash backing of the health sector budget. e							
2.17.24.4	Strengthen health financing evidence generation and use	► S.W.O.T Mapped						► S.W.O.T Mapped
2.17.24.5	Develop a sector wide health system investment case.							

2.17.24.6	Increase resource Mobilisationfor the health sector							
2.17.24.7	Support the translation of policy priorities into the health budget at the national and sub-national levels and in consonance with the consolidated workplans	► S.W.O.T Mapped						► S.W.O.T Mapped
2.17.25	Regular and effective skills and performance appraisal of top leadership							

2.17.25.1	Develop a structured performance assessment procedure that includes well-defined metrics, skills, and goals for top-level leaders.							
2.17.25.2	Conduct leadership performance assessment through both quantitative and qualitative measures.							
2.17.25.3	Provide clear and actionable feedback along with resources or development opportunities to address identified gaps from the evaluation process.							

2.17.25.4	Enhance the skills and capabilities of top-level leaders by offering continuing leadership development programs.							
2.17.25.5	Integrate human resources (HR) processes like talent development and succession planning with the performance management system.	► S.W.O.T Mapped						► S.W.O.T Mapped
	Enabler 3: Culture and Talent							

3.18	Strengthen skills, capabilities & values and drive a performance-based culture within the FMoH							
3.18.26	Transformation within F/SMoH – towards a values and performance driven culture							
3.18.26.1	Strengthen F/SMOH Collaboration with stakeholders and development partners to reach a consensus on long term pursuits of defined transformation/change management actions towards a value-driven							

	and performance-oriented culture.							
3.18.26.2	Implement change management actions that align goals with F/SMOH strategic objectives.							
3.18.26.3	Develop communication resources and networks infrastructure on the mission and values of the Ministry and ensure that they are embedded throughout the F/SMOH operations.							

3.18.26.4	Develop a comprehensive performance management and feeback system that sets clear, measurable, and achievable goals for F/SMOH Staff and teams.	► S.W.O.T Mapped						► S.W.O.T Mapped
3.18.26.5	Promote career advancement opportunities to reinforce the value of high performance by linking performance to rewards and promotions.							
3.18.26.6	Establish thinktank innovative hubs and promote idea generation platforms at F/SMOH.							

3.18.27	Top-talent learning program to develop well-rounded for public health leaders							
3.18.27.1	Design/improve on a comprehensive learning and development curriculum that covers a wide range of competencies such as strategic thinking, decision-making, policy development, stakeholder management and effective communication required for effective public health leaders.							

3.18.27.2	Strengthen industry partnerships by collaborating with public health organisations, government agencies, academic and research institutions for practical real-world experience, mentorship, and networking opportunities.							
3.18.27.3	Promote collaborative learning environment where participants can engage with each other by sharing experiences, exchange ideas and build a strong network of public health leaders.							

3.18.27.4	Promote culture of Continuously monitoring and evaluating program's effectiveness, seeking feedback from participants, mentors, and key stakehold							
	Priority Mapped Per MDA along Strategic Intervention	77	48	14	9	1	36	127
	National VS State	National	State					
	Total National Strategic Intervention	256	127					
	Total National Priority Initiative	27	23					
	Total National Strategic Objectives	18	18					

Appendix C: Performance Monitoring Plan

Smart Output Indicators	Baseline	Annual Output Target/ Achievable Milestone	Data source	Data collection method	Reporting	Responsibility
1.1 Strengthen oversight and effective implementation of the National Health Act						

1.1.1.1	SMART Output Indicator(s): %Percentage of key stakeholders oriented, engaged, and contributing towards the adaptation, validation, and dissemination of the National Health Act and National Health Policy. Numerator: Number of stakeholders who have participated in at least one orientation, harmonization, advocacy, validation, or dissemination meeting on the National Health Act and National Health Policy. Denominator: Total number of targeted stakeholders (225 participants across all meetings and engagements).	Baseline: 0% of stakeholders not currently engaged in the adaptation, validation, and dissemination processes.	50%	Attendance registers from each meeting (orientation, harmonization, advocacy, validation, dissemination)	Post-meeting evaluation forms completed by participants	Quarterly	DPRS SMoH

1.1.1.2	SMART Output Indicator(s): %Percentage of SCH/NCH Secretariat staff trained, equipped, and actively utilizing enhanced skills and resources to support the implementation and dissemination of NCH resolutions. Numerator: Number of SCH/NCH Secretariat staff who have attended the capacity-building workshop, received equipment, and participated in review and dissemination activities. Denominator: Total number of targeted SCH/NCH Secretariat staff (20 participants across all activities).	0% of Secretariat staff currently have the skills, resources, and operational support for effective implementation and dissemination of NCH resolutions.	50%	Documentation of dissemination of NCH resolutions to MDAs	Track dissemination activities to MDAs, including dates and methods used (e.g., email, physical distribution).	Quarterly	DPRS SMoH
1.2 Increase accountability to and participation of relevant stakeholders and Nigerian citizens							

1.2.2.1	1.SMART Output Indicator(s): %Percentage of scheduled meetings and dissemination activities completed to support LGA coordination, annual health report production, and the development of the 2026 Annual Operational Plan (AOP). Numerator: Number of completed meetings, copies produced and disseminated of the Annual Health Report, and planning activities conducted as per the schedule. Denominator: Total number of planned meetings, copies of the report to be produced and disseminated, and planning activities (sum of each listed activity).	0% of required meetings and dissemination activities have been conducted for the current cycle.	75%	Production records for the Annual Health Report and dissemination log to confirm distribution to 120 stakeholders	Keep records of printing and distribution of the Annual Health Report, with a distribution log to track recipients among the 120 targeted stakeholders.	Annual	DPRS SMoH

1.2.2.2	SMART Output Indicator(s): %Percentage of GODMA operational guidelines transcribed, printed, and disseminated to targeted health facilities and relevant agencies by Q2 2025 to enhance accessibility and collaboration. Numerator: Number of facilities and agencies that have received the transcribed GODMA operational guidelines. Denominator: Total target recipients (114 PHCs, 24 Secondary Health Facilities, 55 Private Healthcare Facilities, SMOH, HSMB, GSPHCDA, GOHEALTH, NAFDAC, NDLEA, SON), totaling 201.	0% of GODMA operational guidelines are currently transcribed, printed, or disseminated to targeted facilities and agencies.	75%	Production and distribution records for the 350 printed copies of the transcribed GODMA operational guidelines	Use a dissemination log to track distribution of the printed guidelines to each target facility and agency, confirming receipt at each location.	Annual	DPRS GoDMA
1.3 Strengthen regulatory capacity to foster the highest standards of service provision							

1.3.3.1	SMART Output Indicator(s): %Percentage of PHRRA supervision tools digitalized, staff trained, and quarterly monitoring conducted to enhance regulatory oversight and compliance across the state. Numerator: Number of supervision tools digitalized, staff trained on the new tool, and quarterly monitoring activities completed. Denominator: Total number of targeted outputs (1 digitalized tool, 21 participants trained, and 4 quarterly monitoring sessions).	0% of PHRRA supervision tools are currently digitalized, and no training or quarterly monitoring has been conducted.	50%	Digital checklist and progress reports for the PHRRA supervision tool update	Record each quarterly monitoring session in a log, noting the supervisors involved, locations visited, and any findings or compliance issues observed.	Quarterly	DPRS SMoH

1.3.3.3	SMART Output Indicator(s): Percentage of advocacy visits conducted, forecasting and supply planning sessions held, and vendor pre-qualification sessions completed to enhance collaboration and supply chain management for health commodities in Gombe State. Numerator: Number of completed advocacy visits, forecasting and supply planning sessions, and vendor pre-qualification sessions. Denominator: Total number of targeted activities (1 advocacy visit series, 1 forecasting and supply planning session, and 1 vendor pre-qualification session).	0% of advocacy visits, forecasting sessions, and vendor pre-qualification sessions are currently completed.	75%	Advocacy visit reports, including feedback and outcomes from meetings with NAFDAC, NDLEA, and SON	Use attendance sheets and registration forms to track the number of vendors qualified and registered, verifying completion of the session.	Annual	DPRS GoDMA
1.4 Improve cross-functional coordination & effective partnerships to drive delivery							

1.4.4.1	SMART Output Indicator(s): Number of routine monthly validation activities completed with L.G.As M&E, HMIS, and MROs teams. Numerator: Number of validation activities completed. Denominator: Total planned validation activities (12).	0 validation activities conducted.	12 validation activities (1 per month) with 37 participants per session.	ISS report, monthly review meeting minutes, leadership meeting records, and retreat report.	Use logs for supervisions, validations, and meetings	Quarterly	DPRS SMoH/HMB
1.4.4.2	SMART Output Indicator(s): %Percentage of key stakeholders trained, engaged, and contributing to the formulation and prioritization of the 2026 Annual Operational Plan (AOP), including situational analysis, prioritization, and advocacy activities. Numerator: Number of stakeholders completing workshops, training sessions, prioritization meetings, and advocacy engagements for the 2026 AOP. Denominator: Total targeted stakeholders (143 across all activities).	20% of stakeholders trained, engaged, or contributing to the 2026 AOP formulation and prioritization.	60%	Attendance records and workshop reports for the situational analysis and training sessions	Record key outcomes, prioritization inputs, and participant contributions to track AOP progress.	Quarterly	Health Financing Planning Cell Chairman

1.4.4.3	SMART Output Indicator(s): Number of key stakeholders engaged, supported, and prepared to implement the 2026 Annual Operational Plan (AOP) across all LGAs, health facilities, and governance levels through TA provision, training sessions, and dissemination activities. Numerator: Number of stakeholders and participants completing TA sessions, training, workshops, and dissemination activities related to the 2026 AOP. Denominator: Total target stakeholders and participants across all activities (491).	0% of stakeholders are currently engaged or prepared to implement the 2026 AOP.	491	TA support logs, attendance records from quarterly and bi-annual meetings, workshop reports, and disseminati on meeting records	TA and Workshop Logs: Document attendance and completion rates across all training, workshops, and TA sessions.	Bi-Annual	DPRS SMoH/HM B

1.4.4.4	SMART Output Indicator(s): Completion and dissemination of an annual external audit report for MDAs, including audit exercises, an exit meeting with the PS and agency heads, and a finalized report. Numerator: Number of completed audit reports, exit meetings, and dissemination events. Denominator: Total planned audit activities (1 audit exercise, 1 exit meeting, and 1 report).	No annual audit report is currently available.	3	Audit exercise records, attendance log from the audit exit meeting, and the final audit report documentation.	Final Report Tracking: Confirm the production, review, and dissemination of the final audit report to relevant stakeholders.	Annual	DPRS SMoH

1.4.4.5	SMART Output Indicator(s): Percentage of guidelines developed, coordination platform members engaged, and partners aligned to government priorities to enhance financial resource mapping and coordination across the state. Numerator: Number of completed guidelines, engaged platform members, and aligned partners. Denominator: Total targets (1 set of guidelines, 30 coordination platform members, and all targeted partners for alignment tracking).	0% of guidelines, platform members, or aligned partners currently documented or institutionalized.	65%	Workshop reports and attendance records for the guideline development, documentation of the established coordination platform, and alignment tracking logs for partners.	Coordination Platform Records: Maintain a log of platform members, including roles and participation records.	Annual	DPRS SMoH

1.4.4.6	SMART Output Indicator(s): Number of targeted facility managers, unit heads, M&E officers, and stakeholders oriented on the Sector Wide Approach (SWAp) and equipped with tracking tools to support effective implementation. Numerator: Number of participants completing orientation and training sessions on SWAp and tracking tools. Denominator: Total targeted participants (120 newly appointed facility managers, 30 MDA/CSO/NGO participants, 30 facility heads, and 15 M&E officers).	0 of facility managers, unit heads, and M&E officers currently oriented or trained on SWAp.	180	Attendance records and training materials from quarterly orientation meetings, refresher trainings, and tracking tool workshops.	Attendance Logs: Track participant attendance at each orientation, training, and workshop session to ensure target coverage.	Quarterly	DPRS SMoH

1.4.5.2	SMART Output Indicator(s): Numbers of healthcare workers trained and retrained biannually on quality care practices to enhance service delivery standards. Numerator: Number of healthcare workers completing biannual training on quality care. Denominator: Total targeted healthcare workers for biannual training sessions (30 per session).	0 Number of healthcare workers currently trained on quality care practices.	30	Attendance records and training materials from each biannual training session on quality care.	Post-Training Evaluation: Collect feedback forms from participants to assess the effectiveness of the training and understanding of quality care practices.	Bi-Annual	DPRS SMoH

1.4.5.3	SMART Output Indicator(s): Number of partner coordination platforms with updated Terms of Reference (ToR) reflecting SWAp priorities and the number of quarterly coordination meetings conducted to ensure alignment with government objectives. Numerator: Total number of activities completed, including review of Terms of Reference, partner coordination meetings, and report development. Denominator: Target of 3 activities (1 Terms of Reference reviewed, 4 quarterly partner meetings, 1 review report developed and shared)	0 activities completed	100%	Meeting Minutes, Review Reports, Distribution Records	Verification of attendance, document review, and tracking updates	Quarterly	DPRS SMoH
2.5. Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH and Nutrition)							

2.5.6.1	SMART Output Indicator(s): 1.Number of states and LGAs with an established health promotion multi-sectoral platform comprising of relevant MDAs, CSO/development partners, and private sector (Source- ToR) 2. No of states with joint multi-sectorial health promotion coordination workplan. (Joint Workplan) Numerator: Number of platforms established, quarterly meetings conducted with 20 participants, work plan developed with joint multi-sectoral participation, and TWG members trained on roles and responsibilities. Denominator: Total planned activities (1 platform established, 4 quarterly meetings with 20 participants, 1 work plan development workshop, and 1 capacity-building workshop for 20 TWG members).	0% of stakeholders currently oriented, engaged, or contributing to the process.	75%	**Attendance Records:** Capture attendance for orientation and engagement activities. - Engagement Reports: Document feedback and participation from key stakeholders.	Attendance Tracking: Monitor attendance for each engagement activity. Participation Documentation: Collect feedback to assess contributions.	Quarterly	DPRS SMoH

2.5.6.2	SMART Output Indicator(s): Number of inter and intra-high-level ministerial meetings convened annually with commitment established. Numerator: Total number of advocacy visits, supervisory visits, GBV meetings, and training sessions conducted, including establishment of GBV committees and data quality assessments. Denominator: Target of 10 activities (2 advocacy visits, 4 supervisory visits, 1 annual GBV meeting, monthly GBV unit meetings, quarterly state GBV committee meetings, GBV HCW training, and quarterly data quality assessments).	0% of advocacy engagements and supervisory visits conducted for health promotion services.	75%	**Advocacy Documentation:** Records of advocacy engagements with relevant MDAs and CSOs to encourage active participation.	**Engagement Tracking:** Record attendance and participation in advocacy meetings with MDAs and CSOs. **Supervision Records: Collect visit reports and feedback from TWG members for each supervisory visit.**	Quarterly	DPRS SMoH

2.5.6.3	SMART Output Indicator(s): 1. Number of capacity building conducted 2. Proportion of FMoH/SMOH/LGA that participated in capacity building workshops to provide Leadership and Co-ordination for Multi-sectoral 3. Partnership (Strengthened capacity of the FMoH to provide leadership and coordination). Numerator: Number of program managers identified, trained, and provided with requisite equipment and IT infrastructure (data, laptops, servers, phones). Denominator: Total target program managers (35 identified, trained, and equipped with IT infrastructure).	0 activities completed	100%	Attendance Sheets, Meeting Reports, GBV Training Records	Verification of attendance, document review, report tracking	Quarterly/Annual	DPRS SMoH

2.5.6.5	SMART Output Indicator(s): Number of indicators and tools expanded into the NHMIS surveys, and service delivery. Numerator: Total number of M&E supervision sessions and quarterly service delivery reports completed in secondary facilities. Denominator: Target of 12 monthly M&E supervisions and 4 quarterly service delivery reports.	0 activities completed	100%	Supervision Reports, Quarterly Service Reports	Verification of attendance, report submission	Monthly/Quarterly	BHCPF

2.5.6.6	SMART Output Indicator(s): 1. Proportion of community wards with effective accountability mechanisms for health issues per LGA. 2. Number of community wards engagement conducted and reported annually per community wards. Numerator: Number of GRM committees established and inaugurated (1 state-level committee with 7 members, and 11 LGA committees with 5 members each). Denominator: Total target GRM committees (1 state-level and 11 LGA-level committees).	0% of GRM committees currently established and operational	100%	Establishment Records: Documentation of committee setup and inauguration for state and LGA levels. - Attendance Records: Attendance sheets from inauguration events.	**Committee Verification:** Confirm setup and inauguration through documentation. - Attendance Monitoring: Record attendance for each committee inauguration	Annual	BHCPF
2.5.6.9	SMART output indicator(s): 1. Numbers of SBC conducted across disease areas 2. Number of health care workers trained on SBC interventions for IEC	0 activities completed	100%	Supervision Reports, Quarterly Service Reports	Verification of supervision and report submission	Monthly/Quarterly	Malaria PM

2.5.6.10	SMART Output Indicator(s): 1. Number of relevant MDAs included in the multi-sectoral Health Promotion. Numerator: Number of activities completed, including planning meetings, trainings, mobilizations, implementations, and surgeries in LGAs. Denominator: Total targeted activities (1 state-level planning meeting, 1 state-level hygiene training for 20 participants, 5-day community Mobilisationin 6 LGAs, 14-day hygiene implementation in 6 LGAs, 14-day supportive supervision in 6 LGAs, trachoma surgeries in all affected LGAs, 2-day state-level snakebite training for 35 participants, 1-day LGA-level step-down snakebite training, and three 5-day residential trainings for 50 HCWs on family planning and contraception across 11 LGAs).	0% of planned hygiene promotion, trachoma, snakebite, and family planning activities completed.	75%	Training and Meeting Records: Attendance sheets and reports for planning meetings, state-level and LGA-level trainings. Implementation Reports: Documentation of hygiene promotion mobilization, supervision, and implementation activities. Surgery and Health Intervention Records: Records of	- Attendance and Engagement Tracking: Record attendance at all meetings and trainings. Implementation Monitoring: Track completion of mobilizations, implementations, and surgeries across LGAs	Annual	NTD Units, Family Planning

				trachoma surgeries and family planning training sessions.			

2.5.6.11	SMART Output Indicator(s): 1. Number of HWs trained on demand generation 2. Number of community outreaches conducted to sensitize and create awareness of Health care services. Numerator: Total number of meetings and orientations conducted, including monthly WDC meetings, quarterly meetings with religious/traditional leaders and CSOs, quarterly orientations for community key informants and town announcers, quarterly sensitizations for secondary school adolescents on RSH and GBV, and bimonthly sensitizations on TB for corps members. Denominator: Total target for each activity (e.g., 228 WDC members, 33 religious and 55 traditional leaders, 1140 community informants, 1114 town announcers, 11 ARD desk officers).	0 activities conducted	100%	Meeting Attendance Sheets, Orientation Reports, Sensitization Records	Verification of meeting attendance, orientation documentation, sensitization reports	Monthly, Quarterly, and Bimonthly	DPH

2.5.7.2	SMART Output Indicator(s): -Data-sharing platform or dashboard established (#) - Number of actors sharing data and collaborating on social welfare initiatives (#). Numerator: Number of activities completed, including meetings, development, training, procurement, and inventory uploads. Denominator: Total targeted activities (1 meeting with 12 participants, 1 technical engagement to develop software, 1 training with 158 participants, 200 tablets procured with installed software, and 1 commodity upload session).	0% of inventory management system activities currently completed or operational.	75%	Meeting Records: Attendance sheets for the 1-day meeting to compare inventory management software options. Technical Firm Documentation: Contract and development records of the inventory software. Training Records: Attendance and feedback for the 2-day training of DRF focal persons and	Attendance and Engagement Tracking: Record attendance at meetings and training. Software Implementation Monitoring: Track progress and completion of software development and deployment. Procurement and Usage Tracking: Verify procurement and installation of tablets and software in pilot facilities.	Quarterly	DPRS_GODMA, DAF_GODMA

				MDA personnel. Procurement Records: Documentation of 200 tablets procured and equipped with inventory software. Inventory Upload Records: Logs of commodity uploads onto the software in pilot facilities.	Inventory Upload Verification: Confirm commodity upload completion in pilot facilities		
2.6 Strengthen prevention through primary health care and community health care							

2.6.8.5	SMART Output Indicator(s): Vaccination Coverage. Numerator: Number of quarterly updates, review meetings, and assessments completed involving HCPs, LGA officers, and state representatives. Denominator: Total planned quarterly activities (1 REW micro plan update, 1 quarterly RI review meeting, 1 REW micro plan development and review session with 1140 HCPs, and 1 LGA review meeting with 165 LGA officers and 11 state representatives per quarter).	0% of planned quarterly REW and RI review activities currently completed or operational.	75%	Meeting Records: Attendance sheets and minutes for RI review and LGA meetings. Micro Plan Documentation: Updated REW micro plans for each quarter. Progress Reports: Documentation of progress in RI implementation across 11 LGAs.	Activity Tracking: Record attendance and participation in all quarterly review meetings. Micro Plan Verification: Confirm updates to REW micro plans on a quarterly basis.	Quarterly	DPRS SPHCDA

2.6.8.6	SMART Output Indicator(s): Number of Communities with ZD Identifed Numerator: Number of integrated weekly outreach sessions and quarterly review meetings completed, including birth registrations and HPV routinization. Denominator: Total planned activities (weekly outreach sessions in 540 health facilities, monthly mobile sessions with birth registration in Dukku, Funakaye, Kwami, and Yamaltu Deba, and quarterly review meetings with the LGA team).	0% of planned integrated outreach sessions and quarterly review meetings currently conducted.	75%	Outreach Records: Documentation of weekly outreach sessions and birth registration in high ZD wards. Meeting Records: Attendance and minutes from quarterly ZDROP implementation and HPV routinization review meetings.	Outreach Tracking: Monitor attendance and outcomes for weekly outreach sessions. Review Meeting Documentation: Record attendance and action points from quarterly review meetings.	Quarterly	DPRS SPHCDA

2.6.9.1	SMART Output Indicator(s): 1. Proportion of activities implemented in the 2019-2025 NCD multi-sectoral action plan implemented by the relevant MDAs, CSO, implementing partners, and commercial sector. 2. Proportion/Number of LGAs with NCD focal points. Numerator: Number of activities completed, including unit establishment, assessment, dissemination meeting, and intersectoral meeting. Denominator: Total planned activities (establishment of NCD unit with desk officer, 30-day assessment by consultant, 1 dissemination meeting for 30 participants, and 1 intersectoral meeting with 30 participants).	0% of NCD-related activities currently completed or operational.	100%	Unit Establishment Records: Documentation of NCD unit setup and desk officer appointment. Assessment Report: Consultant's report on NCD prevalence in the state. Meeting Records: Attendance and minutes from dissemination and intersectoral meetings	Activity Tracking: Verify establishment of NCD unit and desk officer appointment. Assessment Verification: Confirm completion of 30-day assessment and report submission. Meeting Documentation: Record attendance and outcomes from dissemination and intersectoral meetings.	Quarterly	DPRS SPHCDA

2.6.9.8	SMART Output Indicator(s):Inclusion of comprehensive NCDs prevention and treatment in the ward minimum package and minimum standards for primary health care in Nigeria. 1. Number of priority NCDs with integrated guidelines and simple treatment protocols developed 2. Proportion of primary health care workers trained on management of simple, uncomplicated NCDs and mHGAP 3.Proportion of PHCs with basic technologies (BP monitors, Glucometers and Depression screening tool) to screen, diagnose, and/or treat uncomplicated NCDs and Mental Health Disorders. 4.Proportion of states that have included protocol based antihypertensives, and anti diabetic medicines in their essential medicine lists Numerator: Number of activities completed, including TA engagement and workshop validation with participants.	0% of activities for adapting and validating guidelines currently completed.	100%	TA Engagement Records: Contract and records of TA involvement for adapting guidelines. Workshop Records: Attendance and minutes from the 3-day validation workshop with 40 participants.	Activity Tracking: Confirm completion of TA engagement and guideline adaptation. Workshop Documentation: Record attendance and outcomes of guideline validation workshop.	Annual	DPRS SPHCDA

	Denominator: Total planned activities (3-day TA engagement for guideline adaptation and 3-day workshop with 40 participants for validation).						

2.6.9.9	SMART Output Indicator(s): 1. Inclusion of comprehensive NCDs prevention and treatment in the ward minimum package and minimum standards for primary health care in Nigeria. 2. Number of states that have domesticated and adopted the National Mental Health Act 2021 Baseline:2 Target: 15 3. Proportion of Neuropsychiatric hospitals that established Mental Health Assessment Committee 4. State that have adopted and implemented the National Mental Health Policy 2023 5. Attempted Suicide at the National level decriminalised 6. Number of states that have integrated Mental Health into Primary Healthcare using mhGAP. Numerator: Number of Mental Health Desk Officers established within SMOH. Denominator: Target of 1 Mental Health Desk Officer established.	0% of mental health support structures currently established	80%	Establishment Records: Documentation of the Desk Officer appointment and role definition.	Verification: Confirm appointment and presence of Mental Health Desk Officer.	Quarterly	DPRS SPHCDA

2.6.10.1	SMART Output Indicator(s): percentage of overarching coordination meeting that held per annum (Schedule is quarterly). Numerator: Number of activities completed, including technical working group meetings, trainings, steering committee meetings, observance day activities, and facility readiness assessments. Denominator: Total planned activities (4 quarterly technical working group meetings, 1 capacity-building step-down, 4 quarterly HIV steering committee meetings, 2 observance day activities, 1 three-day training for 20 participants, 12 monthly program review meetings, and leveraging SSHIA assessments for facility readiness).	0% of planned HIV, TB, and health promotion activities currently completed or operational	80%	Meeting Records: Attendance sheets and minutes from quarterly technical working group meetings, HIV steering committee meetings, and monthly program review meetings. Training Records: Documentation and attendance for 3-day training on HIV/AIDS policies. Observance Day Records:	Activity Tracking: Record attendance and outcomes for all meetings and training sessions. Event Documentation: Confirm observance day activities. Facility Readiness Assessment: Verify results of SSHIA re-assessments for PLHIV insurance readines	Quarterly	DPRS SPHCDA

				Documentation of activities for World AIDS Day and World Hepatitis Day. Assessment Reports: Reports from SSHIA re-assessment and re-accreditation exercises.			

2.6.10.2	SMART Output Indicator(s): 1. Percentage of people at risk of HIV infection that have access to and use appropriate, priotize, people centered and effective combination preventive options. Numerator: Number of activities completed, including state HIV coordination meetings, outreach services, mapping, training, assessments, and peer-to-peer learning sessions. Denominator: Total planned activities (4 quarterly state HIV coordination meetings, 12 monthly PHC outreach services, 4 data quality assessments, and other listed activities).	0% of HIV, TB, RI, and Quality Improvement activities currently implemented.	75%	Meeting Records: Attendance sheets and minutes from state coordination meetings, quarterly mentoring, and QI meetings. Outreach Records: Documentation of monthly PHC integrated outreach and quarterly TB case-finding outreach. Supervision and Assessment Records: Reports from quarterly	Activity Tracking: Record attendance and outcomes for all coordination meetings and outreach activities. Supervision Documentation: Verify documentation and results of supervision and quality assessments. Quality Improvement Tracking: Monitor peer-to-peer learning and improvement sessions in health facilities.	Monthly	DPRS SPHCDA

				data quality assessments, LMD spot checks, and monthly supervision.			

2.6.10.3	SMART Output Indicator(s): 1.Percentage increase in HIV testing Baseline: Target: Testing targets : 95%, Treatment Target:95%, Viral Suppression target: 95% (Testing and treatment targets are to be achieved within sub-populations, age group, and geographical settings, including children living with HIV and aggregated at the population level. Numerator: Number of completed activities, including study tour, trainings, outreach events, policy development meetings, and community sensitization sessions. Denominator: Total planned activities (1 study tour, 5 trainings, 4 quarterly data validation meetings, and other listed activities).	0% of planned HIV and harm reduction activities currently implemented	75%	Training Records: Attendance sheets and training documentation for proposal writing, HTS National Guideline, and harm reduction. Outreach and Event Records: Documentation of World AIDS Day activities, town hall, and road walk events. Data Quality Assessment Reports: Reports from quarterly assessment	Event Tracking: Monitor attendance and outcomes for outreach and sensitization activities. Documentation Verification: Confirm completion and documentation of trainings, meetings, and community engagement activities. Data Quality Review: Review reports from quarterly assessments.	Annual	DPRS SPHCDA

				s to 24 comprehens ive health facilities.			

2.6.10.4	1. SMART Output Indicator(s): Percentage of pregnant and breastfeeding women living with HIV have suppressed viral loads. Baseline: 89% (2022 -Program data) Target: 92% (2025), 95% (2027) 2. SMART Output Indicator(s): Percentage of HIV exposed children are treated by two months of age and again after ceasation of breast feeding. Baseline: 89.7% (2022 -Program Data) Target: 90% (2025), 95% (2027). Numerator: Number of completed support, monitoring, and training activities. Denominator: Total planned activities (1 nutritional supplement provision, 4 PMTCT meetings, 5 support groups, and other listed activities).	0% of planned activities currently implemented in Gombe.	75%	Attendance Records: Records from PMTCT meetings, support group meetings, and review meetings. Training Documentation: Records of training sessions and supportive supervision. Media and IEC Records: Documentation from media and IEC activities.	Activity Tracking: Monitor attendance, completion of trainings, and supervision activities. Documentation Verification: Confirm completion of IEC and community engagement activities. Review of Support Logs: Verify oversight and logistic support activities.	Annual	DPRS SPHCDA

2.6.10.5	SMART Output Indicator(s): % of of population with access to an ITN in the household Baseline: 43% (MIS 2021) Target: 80% (2025) 2. SMART Output Indicator(s): Percentage of the household population with access to an ITN and that slept under an ITN the night before the survey Baseline: 36% (MIS 2021) Target: 68% (2025). Numerator: Number of interventions successfully implemented (e.g., LLIN distribution, sanitation, RDT procurement). Denominator: Total planned interventions (14 major activities as listed).	0% of planned malaria interventions currently implemented	80	Distribution Records: LLIN distribution records from MSV for ANC visits. Training Documentation: Records from training sessions and entomological technician courses. Procurement Records: Documentation of RDT and SPAQ procurements	Monitoring Logs: Monitor distribution, completion of physical verification, and tracking for LMIS across sites. Virtual Tracking System: Track LMIS metrics like Order Fill Rate and Stock Out Rate for 625 sites. Meeting Records: Documentation from LMD ordering and validation meetings	Quarterly	DPRS SPHCDA

2.6.10.9	MART Output Indicator(s): No of people in contact with TB patients who began preventive therapy. Baseline: 296,441 (2023) Target: 588,218 NSP 2025 - # of TPT procured - # &% under 5 and above 5 contacts on TPT. Numerator: Number of TB-related interventions and outreach activities implemented across LGAs (e.g., TB outreach, contact tracing, diagnostic access, patient follow-up). Denominator: Total planned TB interventions (10 major activities as listed).	0% of planned TB interventions currently implemented.	75%	Outreach Logs: Records of outreach activities across LGAs. Treatment Completion Records: Documentation on patient adherence and counseling completion. Diagnostic Access Logs: Records of molecular diagnostic platform usage	Monitoring Logs: Monitor outreach, case findings, and diagnostic follow-up. Completion Records: Track patient adherence and completion rates for TB treatments.	Quarterly	DPRS SPHCDA
2.7 Improve quality of care and service delivery across public (secondary, tertiary and quaternary) and private health care providers							

2.7.11.5	SMART Output Indicator(s): 1. Accessibilty of Nigerians to Tertiary and Quaternary medical services. 2. Reduction of the number of Nigerians seeking medical care overseas 3. Number of Nigerians currently seeking medical care overseas. Numerator: Number of PPP policy review and dissemination meetings conducted with participant engagement (e.g., review, adaptation, and dissemination activities). Denominator: Total planned PPP policy-related activities (2 major activities).	0% of PPP policy review and dissemination activities conducted.	100%	Meeting Attendance Logs: Records of participant attendance for review and dissemination meetings. Policy Adaptation Records: Documentation of policy review and adaptation outcomes.	Attendance Monitoring: Track participant engagement during both meetings. Outcome Documentation: Capture feedback and policy adaptation results.	Annual	DPRS SMOH

2.7.11.6	SMART Output Indicator(s): 1. Accessibilty of Nigerians to Tertiary and Quaternary medical services. 2. reduction of the number of Nigerians seeking medical care overseas 3. Number of Nigerians currently seeking medical care overseas. Numerator: Number of TB-related interventions and outreach activities implemented across LGAs (e.g., TB outreach, contact tracing, diagnostic access, patient follow-up). Denominator: Total planned TB interventions (10 major activities as listed). Numerator: Number of sessions and trainings conducted for the establishment and implementation of the Secondary Healthcare Business Plan. Denominator: Total planned sessions and trainings (4 major activities: template establishment, STOT, HCW training, and supervision).	0% of activities conducted for business plan implementation.	100%	Attendance Records: Record attendance for each session and training. Implementation Reports: Document progress on business plan implementation.	Attendance Tracking: Monitor participant engagement during each activity. Feedback Collection: Gather reports on implementation progress.	Annual	DPRS SMOH
2.8 Improve equity and affordability of quality care for patients, expand insurance							

2.8.12.1	SMART Output Indicator(s): 1.No of states that establish functional MNCH+N task force aligned to the terms of reference 2. No of LGAs that establish fuH110:H119+H110:H115+H110:H115nctional MNCH+N task force aligned to the terms of reference. Numerator: Number of completed MNCAH+N task force activities, including TOR development, task force training, accountability framework development, and quarterly review meetings. Denominator: Total planned MNCAH+N activities (8 activities).	0% of MNCAH+N task force activities completed.	75%	Attendance Records: Record attendance for each workshop and meeting. Activity Reports: Document each completed activity and meeting progress.	Attendance Tracking: Monitor participation in each activity. Progress Review: Regular updates on task force activities.	Quarterly	DPRS SMOH
2.8.12.3	SMART Output Indicator(s): Proportion of health facility maternal death notified within 24 hours by sub-national and national levels. Numerator: Number of TWG members who complete the 2-day quarterly social autopsy training using National/WHO data tools. Denominator: Total targeted TWG members (10 members across the state).	0 TWG members trained	100%	Attendance Sheets: Documentation of participant presence. Training Completion Certificates: Issued upon completion.	Daily Attendance Check: Verification of attendance. Post-training Assessment: Evaluate understanding of data tool usage.	Quarterly	DPRS SMOH

2.8.12.4	SMART Output Indicator(s): 1. Number of State with AOPs 2.Number of States that have created Budget line and timely release of fund for Quality of Care. Numerator: Total number of activities conducted, including quarterly QOC assessment and mentoring visits with technical assistance for quality improvement plans, and advocacy to commissioners of Budget, Planning, Finance, and the Accountant General for QOC funding. Denominator: Total target for each activity (e.g., QOC assessment visits in Dukku, Funakaye, Kwami, Y/Deba, budget line creation, fund release advocacy).	0 activities conducted	100%	QOC Assessment Reports, Advocacy Documentation	Verification of assessment reports, advocacy meeting notes	Quarterly	DPRS SMOH

2.8.12.6	SMART Output Indicator(s): % of health care facilities with basic WASH services. Numerator: Total number of activities conducted, including one-day orientation for waste managers, collaboration for WASH assessments, supportive supervision on WASH FIT, advocacy for WASH infrastructure, state-level planning and training for community-led sanitation, and 10-day community implementation and supervision on sanitation. Denominator: Total target for each activity (e.g., 114 waste managers oriented, 653 PHCs assessed, 35 participants trained, community implementation in 2 LGAs).	0 activities conducted	100%	Orientation Records, Assessment Reports, Supervision Logs, Advocacy Documentation, Training Reports	Verification of orientation, assessment, supervision, advocacy, and training documentation	Monthly, Quarterly, and Annually	DPRS SMOH

2.8.12.7	SMART Output Indicator(s): % of health facilities providing comprehensive post-partum care and post-abortal care (PAC) services. Numerator: Total number of training and supervision activities conducted, including 5-day training for 72 HCWs on PPH control and management, 5-day training for 72 HCWs on PAC and LAC management, and 3-day supervision for 30 personnel on PAC and LAC implementation. Denominator: Total target for each activity (e.g., 72 HCWs trained, 30 personnel supervised).	0 activities conducted	100%	Training Attendance Sheets, Supervision Reports	Verification of training and supervision documentation	Quarterly	DPRS SMOH

2.8.12.8	SMART Output Indicator(s): 1. Proportion of pregnant women who made at least 4 + antenatal contacts 2. Proportion of pregnant women who made 8 antenatal contacts. Numerator: Total number of activities conducted, including pilot implementation of community G-ANC in 5 communities, 2-day sensitization outreach, monthly review meetings with CGIT, 1-day advocacy visit to traditional leaders, and mentoring/supervision of 70 G-ANC facilities. Denominator: Total target for each activity (e.g., 5 communities for G-ANC, 3-person sensitization, 3-person advocacy, 70 facilities mentored).	0 activities conducted	100%	Pilot Reports, Outreach Records, Review Meeting Notes, Advocacy Visit Documentation, Supervision Logs	Verification of pilot reports, meeting notes, advocacy documentation, and supervision logs	Monthly and Quarterly	DPRS SMOH

2.8.12.9	SMART Outpur Indicators (s): 1. % of health facilities providing Post-partum Hemorrhage management services. Numerator: Total number of capacity-building and mentoring activities conducted, including 3-day capacity building for 164 healthcare workers and 20 facilitators across 70 PHCs and 12 SHFs on PPH care, and mentoring by 20 mentors across 82 health facilities. Denominator: Total target for each activity (e.g., 164 HCWs trained, 82 facilities mentored).	0 activities conducted	100%	Training Attendance Sheets, Mentorship Logs	Verification of training and mentorship documentation	Monthly and Quarterly	DPRS SMOH
2.8.12.11	SMART Output Indicators(s): Number of TBAs enrolled Numerator: Number of CHIPS personnel activities completed (e.g., stipends paid, data tools produced, meetings and training conducted). Denominator: Total planned CHIPS-related activities (6 activities).	0% of CHIPS personnel activities completed.	80%	Attendance Records: Record attendance for each meeting and training session. Payment Records: Document monthly stipends paid. Activity	Attendance Tracking: Monitor participation in meetings and trainings. Stipend Tracking: Verify monthly payments.	Monthly and Quarterly	DPRS SMOH

				Reports: Document each completed activity and any noted challenges.			
2.8.12.12	SMART Output Indicators(s): Number of Health workers deployed to high needs areas. Numerator: Number of health facility-based CHEWs, JCHEWs, Nurses/Midwives, and engaged midwives receiving salaries and allowances. Denominator: Total of 590 engaged personnel (440 CHEWs, JCHEWs, Nurses/Midwives, and 150 midwives).	0% of personnel receiving appropriate compensation.	100%	Payroll Records: Document monthly salary and allowance payments to engaged personnel. Memos: Record of collaboration and improvement initiatives. Project	Payroll Tracking: Verify monthly salary and allowance payments. Memo and Project Tracking: Monitor completion of collaboration, renovation, and	Monthly and Quarterly	DPRS SMOH

				Plans: Documentation of renovation and reconstitution plans, including facility expansions and refurbishments	equipment projects		
2.8.12.14	SMART Output Indictor(s): Number of midwives Upskilled. Numerator: Number of midwives trained and supported for outreach services in underserved areas. Denominator: Total of 55 midwives targeted for capacity building and outreach support	0 midwives trained and supported in outreach.	100%	Training Attendance Records: Document participation of midwives in training. Outreach Activity Reports: Record of outreach services conducted	Attendance Verification: Confirm training completion. Field Monitoring: Track outreach services by midwives	Monthly and Quarterly	DPRS SMOH

				in 114 wards			
2.8.12.16	SMART Output Indicator (s): 1. Number of health facilities with innovative equipements. Numerator: Number of health facilities equipped with procured medical supplies (Neobeat Heart Rate Meter, Catalytic CC-10, etc.). Denominator: Total of 200 targeted facilities in Gombe State.	0 facilities equipped	100%	Procurement Records: Tracking of ordered items and quantities. Distribution Reports: Documentation of items delivered to each facility.	Inventory Verification: Confirm receipt at facilities. Field Monitoring: Ensure proper use and storage at sites.	Quarterly	DPRS SMOH

2.8.12.18	SMART Output Indicator(s): Number of health training institutions with upgraded curriculum on demonstration laboratories and RMNCAH services. Numerator: Number of training materials, anatomic models, and laptops delivered and set up in the demonstration room. Denominator: Total required items specified for full demonstration room setup.	0 items equipped	100%	Procurement Records: Documenting items ordered and received. Setup Reports: Confirmation of item installation in the demonstration room	Physical Verification: On-site inspection of the demonstration room. Inventory Check: Tracking of items against list requirements.	Quarterly	DPRS SMOH
2.8.12.19	SMART Output Indicator(s): Number of States that have domesicated the Task sharing and task shifting (TSTS) SOPs. Numerator: Number of participants who successfully completed each training session (5-day residential, validation, dissemination, step-down trainings). Denominator: Total planned participants (50 for residential, 50 for validation, 50 for dissemination, 88 for LGA, 1,100 for facility staff).	0 participants trained	100%	Attendance Records: Documenting participants for each session. Training Reports: Confirmation of completion and feedback collected.	Participant Surveys: Post-training surveys to assess knowledge gained. Verification of Attendance: Checking attendance sheets against targets	Monthly and Quarterly	DPRS SMOH

2.8.12.20	SMART Output Indicator(s): Number of PHCs with stock out of commodities Number of PHCs lacking trained RMNCAH providers. Numerator: Number of healthcare workers and community participants who complete each session (WHO standards training, QIT support, peer-led learning, quality assessment, RMNCAH+N data review, emergency obstetrics training). Denominator: Total targeted participants (66 for WHO standards, 5 for QIT, 114 for peer-led learning, 114 for quality assessment, 33 for RMNCAH+N data review, 35 for emergency obstetrics).	0 participants trained	100%	Attendance Records: Documenting participants for each session. Session Reports: Confirmation of completion and feedback collected.	Participant Surveys: Post-session surveys to assess knowledge and confidence levels. Verification of Attendance: Checking attendance sheets against targets.	Quarterly	DPRS SMOH
2.8.12.21	SMART Output Indicator(s):% of health facilities providing CEMOnC. SMART Output Indicator(s):% of health facilities providing BEMOnC.. Numerator: Number of healthcare workers who complete the 5-day EmONC training. Denominator: Total targeted	0 HCWs trained	100%	Attendance Sheets: Documentation of participant presence each day. Training Completion Certificates:	Daily Attendance Check: Verification of attendance. Post-training Survey: Assessing knowledge	Quarterly	DPRS SMOH

	healthcare workers (30 from 2 LGAs).			Issued to participants upon completion.	and confidence gained in EmONC.		
2.8.12.24	SMART Output Indicator(s): Number of states that adapted National FP Communication Plan 2. % of state programs with FP SBC activities integrated 3. % of women who were provided with information on family planning during their last contact with health workers providers.						DPRS SMOH
2.8.12.25	SMART Output Indicator(s): Number of hospitals providing obstetric fistula services. Numerator: Number of healthcare workers who complete the 14-day training on fistula management and surgery. Denominator: Total targeted healthcare workers (6).	0 HCWs trained	100%	Attendance Sheets: Documentation of participant presence each day. Training Completion Certificates:	Daily Attendance Check: Verification of attendance. Post-training Survey: Assessing knowledge	Quarterly	DPRS SMOH

				Issued to participants upon completion	and skills gained in fistula management.		
2.8.12.26	SMART Output Indicator(s): % of newborns who initiated breastfeeding within an hour of birth. SMART Output Indicator(s): Proportion of newborn who have postnatal contact with health providers within 24 hours of delivery at health facility. SMART Output Indicator(s): Proportion of newborn who have postnatal contact with health providers within 2 days after delivery. Numerator: Number of healthcare workers who complete the ENC cascade training. Denominator: Total targeted healthcare workers and facilitators (164 healthcare workers and 20 facilitators across 82 health facilities, including 70 PHC and 12 SHF).	0 trained	100%	Attendance Sheets: Documentation of participant presence each day. Training Completion Certificates: Issued upon completion.	Daily Attendance Check: Verification of attendance. Post-training Survey: Assessing ENC skills and knowledge.	Quarterly	DPRS SMOH

2.8.12.29	SMART Output Indicator(s): Number of LGAs with level 2 (secondary HF) in-patient unit plus CPAP SMART Output Indicator(s): Proportion of preterm/low-birth-weight newborn who were provided with KMC. Numerator: Number of healthcare workers who complete the 5-day BMoNC and neonatal emergency care training. Denominator: Total targeted healthcare workers (72 HCWs across secondary health facilities).	0 HCWs trained	100%	Attendance Sheets: Documentation of participant presence each day. Training Completion Certificates: Issued upon completion.	Daily Attendance Check: Verification of attendance. Post-training Survey: Assessing skills and knowledge gained in neonatal care.	Monthly and Quarterly	DPRS SMOH

2.8.12.36	SMART Output Indicator(s): 1. Proportion of health facility with 60% of health care providers trained on IMCI. 2. Proportion of health facility providing IMCI. 3. Proportion of U5 with diarrhoea receiving ORS and zinc. 4. % of U5 who sought for advice or treatment for ARI. Numerator: Number of TWG members who complete the 2-day quarterly social autopsy training using National/WHO data tools. Denominator: Total targeted TWG members (10 members across the state).	0 TWG members trained	100%	Attendance Sheets: Documentation of participant presence. Training Completion Certificates: Issued upon completion.	Daily Attendance Check: Verification of attendance. Post-training Assessment: Evaluate understanding of data tool usage.	Quarterly	DPRS SMOH
2.8.12.39	SMART Output Indicator(s): Proportion of HCWs trained on adolescent plus youth-friendly services. Numerator: Number of healthcare workers (HCWs) trained in adolescent health services, youth-friendly centers reactivated/provided, and IEC materials printed. Denominator: Total targeted HCWs (50), targeted centers (11), and materials.	0 HCWs trained, 0 centers, 0 materials	100%	Attendance Sheets: Documentation of participant presence. Facility Records. Print Records.	Daily Attendance Check: Verification of attendance. Facility Survey. Print Report: Confirmation of	Quarterly	DPRS SMOH

					materials printed.		
2.8.12.40	SMART Output Indicator(s): Availability of National School health Policy 2. Number of States that domesticated the School Health Policy. Numerator: Number of stakeholders mapped, workshops conducted, and copies of school health policy printed and disseminated. Denominator: Total targeted stakeholders, workshops (2), and policy copies (1,000)	0 stakeholders mapped, 0 workshops, 0 copies	100%	Attendance Sheets: Documentation of participant presence in workshops. Workshop Reports. Distribution Records of printed copies.	Attendance Verification for workshops. Stakeholder Mapping Report. Distribution Tracking.	Quarterly	DPRS SMOH

2.8.12.42	Define your: SMART Output Indicator(s): Pharmacovigilance and Post-market surveillance of health product strengthened to monitor substandard and falsified health products (medicines, vaccines and other health-related products) Baseline: Target: Numerator: Number of health workers trained as ad-hoc registrars and data validation meetings conducted. Denominator: Total targeted health workers (114) and data validation meetings.	0 HWs trained, 0 meetings	100%	Attendance Sheets: Record of HWs trained. Meeting Reports: Documentation of data review sessions.	Attendance Verification at training. Review and Validation Meeting Reports.	Monthly	DPRS SMOH

2.8.12.44	SMART Output Indicator(s): Numbers of health training institutions with updated PCN-approved curriculum. Numerator: Total number of activities conducted, including health workers trained on BFHI, stakeholders identified for MIYCN curriculum review, participants trained in MIYCN workshop, and MIYCN curriculum copies disseminated. Denominator: Total target for each activity (114 health workers, all relevant stakeholders, 35 participants, 500 copies disseminated).	0 activities conducted	100%	Attendance Sheets, Stakeholder List, Workshop Attendance Sheets, Distribution Records	Verification of attendance, stakeholder, identification, workshop attendance, and dissemination records	Quarterly	DPRS SMOH

2.8.12.49	SMART Output Indicator(s): proportion of facilities providing IMAM services SMART Output Indicator(s): Proportion of LGAs with secondary/tertiary facility providing IMAM srvices. Numerator: Total number of activities conducted, including establishment of IMAM and SAM units, training of healthcare workers on BFHI, bi-annual residential training on BMI, IMAM, and SAM, quarterly caregiver training, data quality assessments, supervision visits, and procurement of Plumpy Nute sachets. Denominator: Total target for each activity (e.g., 114 HCWs trained, 50 HCWs for bi-annual training, 100 caregivers trained, 86 PHCs supervised, 500,000 sachets procured).	0 activities conducted	100%	Attendance Sheets, Training Records, Supervision Reports, Procurement Records	Verification of attendance, training, supervision, and procurement records	Quarterly	DPRS SMOH

2.8.12.50	SMART Output Indicator(s): Numbers of wards with Nutrition centers. Numerator: Total number of activities conducted, including sensitization meetings with religious/traditional leaders, community volunteers training, rounds of MNCHW for deworming and supplementation, and world breastfeeding week commemoration. Denominator: Total target for each activity (e.g., 55 leaders engaged, 60 volunteers trained, 611,274 children dewormed, 25,000 caregivers reached).	0 activities conducted	100%	Meeting Attendance Sheets, MNCHW Reports, Communication Records	Verification of attendance, meeting reports, deworming records, communication reach	Monthly	DPRS SMOH

2.8.12.52	SMART Output Indicator(s): % of facilities stocked-out by method offered on the day of assessment. Numerator: Total number of activities conducted, including procurement and distribution of RUTF, training of health workers on micronutrient powder use, and procurement of micronutrient powder for children. Denominator: Total target for each activity (e.g., 10,000 cartons of RUTF, 60 health workers trained, 152,000 packets of micronutrient powder procured).	0 activities conducted	75%	Distribution Records, Training Attendance Sheets, Procurement Records	Verification of distribution, training, and procurement records	Quarterly	DPRS SMOH
2.8.12.53	SMART Output Indicator(s): % of facilities stockedout by method offered on the day of assessment. Numerator: Number of health care workers (HCWs) trained in 5-day residential training on Contraceptive Logistic Management System. Denominator: Total target of 50 HCWs.	0 HCWs trained	90%	Training Attendance Sheets: Record of HCWs trained	Verification of attendance at training	Quarterly	DPRS SMOH

2.8.12.54	SMART Output Indicator(s): Proportion of health facilities with stock out of commodities for RMNCAH. Numerator: Number of health care facilities (HCF) receiving family planning (FP) commodities in bi-annual distribution across 490 HCF in 11 LGAs. Denominator: Total target of 490 HCF	0 HCFs receiving FP commodities	100%	Distribution Records: Documentation of FP commodity deliveries	Verification of distribution records	Bi-Annual	DPRS SMOH
2.8.12.58	SMART Output Indicator(s): % of health care facilities with basic WASH services. Numerator: Number of infrastructural and equipment committees constituted at the state and LGA levels. Denominator: Total target of committees to be constituted at both levels.	0 committees constituted	100%	Committee Formation Records	Verification of committee formation and documentation	Quarterly	DPRS SMOH

2.8.12.60	SMART Output Indicator(s): Number of States using the configured Electornic ISS for monthly and quarterly ISS. Numerator: Total number of activities conducted, including extending electronic application deployment, training QI facilitators, supporting HF QI leads, conducting review meetings, engaging ICT firm, procuring devices, conducting training, and leveraging data management systems. Denominator: Total target for each activity (e.g., 1-year extension, 50 state/LGHA team trained, 228 HF staff trained, 50 facilitators reviewed, devices for 114 PHCs, etc.).	0 activities conducted	100%	Training Records, Procurement Records, Meeting Reports, Deployment Records	Verification of training, procurement, meetings, and deployment reports	Quarterly	DPRS SMOH
2.8.12.64	SMART Output Indicator(s): Percentage of CHW trained. Numerator: Total number of activities conducted, including quarterly review meetings and 2-day residential training on DMPA SC/SI for HCWs. Denominator: Total target for each activity (e.g., 11 LDOs, 11 supervising CHEWs, 6 PIU members, 50 HCWs).	0 activities conducted	100%	Meeting Attendance Sheets, Training Records	Verification of attendance at meetings and training sessions	Quarterly	DPRS SMOH

2.8.12.66	SMART Output Indicator(s): Proportion hard-to-reach communitites reached with Mobile Outreach activities. Numerator: Number of annual outreach scheduling meetings conducted with 30 participants and 11 LGA MCH Coordinators. Denominator: Total target of 1 meeting with 30 participants and 11 MCH Coordinators.	0 meetings conducted	100%	Meeting Attendance Sheet	Verification of attendance at the scheduling meeting	Annually	DPRS SMOH
2.8.12.67	SMART Output Indicator(s): Percentage increase in uptake of RMNCAH services. Numerator: Total number of activities conducted, including IEC material development, production and distribution, media visits, sensitization, World Malaria Day commemoration, advocacy kit development, advocacy visits, IPC sessions, and review meetings. Denominator: Total target for each activity (e.g., 5,000 IEC materials distributed, monthly IPC sessions, quarterly IPCA review meetings, etc.).	0 activities conducted	100% of targets achieved for all activities	Meeting Reports, Distribution Records, Attendance Sheets, Advocacy Visit Reports	Verification of meeting attendance, distribution records, advocacy reports	Monthly and Quarterly	DPRS SMOH

2.8.12.68	SMART Output Indicator(s): Availability of joint planning, review meetings notes and report. Numerator: Number of town hall meetings and road walks conducted to mark World Contraceptive Day. Denominator: Target of 1 town hall meeting and road walk.	0 events conducted	100%	Event Attendance Sheet, Meeting Report	Verification of attendance and event documentation	Annually	DPRS SMOH
2.8.13.1	SMART Output Indicator(s): Joint Memo produced and implemented. Numerator: Total number of activities completed, including quarterly business plans, equipment maintenance, procurement of supplies (A4 paper, fuel, air conditioners, waste evacuation services, etc.), construction tasks, clinical meetings, awards, and purchases of medical equipment (microscopes, centrifuges, printers, mattresses, screens). Denominator: Total target for each activity (e.g., 114 facilities maintained, 10 mattresses purchased, monthly and quarterly frequency for some activities).	0 activities completed	100%	Procurement Records, Meeting Reports, Maintenance Logs, Financial Documentation	Verification of procurement, meeting attendance, maintenance logs, and financial documentation	Monthly and Quarterly	DPRS SMOH

2.8.13.2	SMART Output Indicator(s): Availability of revised and domesticated BHCPF 2.0 guidelines. Numerator: Total number of activities completed, including the purchase of delivery kits and fetal dopplers for 10 referral HFs in Shongom LGA, and implementation of client incentivization through a new incentive program. Denominator: Total target for each activity (e.g., 10 delivery kits, 10 fetal dopplers, incentivization program launched).	0 activities completed	100%	Procurement Records, Incentive Program Documentation	Verification of procurement records and incentive implementation	Monthly	DPRS SMOH
2.8.13.4	SMART Output Indicator(s): Availability of updated nationwide PHC assessments report Availability of system for real time visibility of PHC functionality status. Numerator: Number of supportive supervision sessions conducted on WASH FIT. Denominator: Total target of supportive supervision sessions.	0 sessions conducted	100%	Supervision Reports	Verification of supervision session documentation	Quarterly	DPRS SMOH

2.8.13.5	SMART Output Indicator(s): Number of PHC upgraded to full functionality with government and partners resources. Numerator: Total number of activities conducted, including training of state supervisors, PHC facility upgrades (82, 57, 10, 6, 2 facilities respectively), advocacy visits to ACreSal and other institutions, formation of infrastructure committees, and support for renovations. Denominator: Total target for each activity (e.g., 20 supervisors trained, 114 facilities with tree planting, various PHC facilities upgraded with climate resilience measures).	0 activities conducted	100%	Training Records, Upgrade and Renovation Reports, Advocacy Visit Documentation, Committee Formation Records	Verification of training, upgrade reports, advocacy documentation, committee formation	Quarterly	DPRS SMOH

2.8.13.6	SMART Output Indicator(s): Percentage increase in uptake of services at the PHC. Numerator: Total number of activities conducted, including monthly WDC meetings, quarterly meetings with religious/traditional leaders and CSOs, quarterly orientations for community key informants and town announcers, quarterly sensitizations for secondary school adolescents, and bimonthly sensitizations for corps members on TB. Denominator: Total target for each activity (e.g., 228 WDC members, 33 religious and 55 traditional leaders, 1140 community informants, 1114 town announcers, 11 ARD desk officers).	0 activities conducted	100%	Meeting Attendance Sheets, Orientation Reports, Sensitization Records	Verification of meeting attendance, orientation documentation, sensitization reports	Monthly, Quarterly, and Bimonthly	DPRS SMOH
2.8.13.9	SMART Output Indicator(s): Availability of the updated financial management and reporting guideline. Numerator/denuminator: Number of facilities identified for piloting Digitalization of Health Information System	0 facilities identified	100%	Facility Records, Site Selection Report	Verification of records, field assessment	Monthly	DPRS SMOH

2.8.13.11	SMART Output Indicator(s): Availability of accounting software to monitor end-to-end disbursement of funds. Numerator: Total number of support actions provided for retirement by LGHAs to PHC facilities and the number of quarterly business plans transmitted and approved. Denominator: Total target for each activity (e.g., retirement support actions completed, business plans approved quarterly).	0 actions and approvals completed	100%	Support Documentation, Business Plan Approval Records	Verification of support and approval documentation	Quarterly	DPRS SMOH
2.8.13.14	SMART Output Indicator(s): Availability of audited account report. Numerator: Total number of quarterly financial retirements collated and transmitted by LGHAs and state level, and annual financial audits conducted in 50% of health facilities. Denominator: Total target for each activity (e.g., all quarterly retirements, 50% of health facilities audited).	0 retirements transmitted, 0 audits conducted	100%	Financial Retirement Reports, Audit Reports	Verification of retirement reports and audit documentation	Quarterly and Annually	DPRS SMOH
2.9 Revitalize the end-to-end (production to retention) healthcare workers' pipeline							

2.9.15.1	SMART Output Indicator(s): 1. Proportion of health training institutions that meet the mandatory regulatory requirement. 2. Number of annual graduands per state 3. Number of states with the right skill-mix of healthcare workers per population 4. Ratio of healthcare workers(Doctors, pharmacists etc.) to popullation. Numerator: Total number of HRH TWG meetings, regulatory reviews, training, task policy reviews, dissemination, stakeholder engagement, and hiring completed. Denominator: Target of quarterly HRH meetings, 1-day reviews, sensitization visits, policy assessments, dissemination sessions, locum system establishment, and 1 round of hiring activities for various roles.	0 activities completed	100%	Meeting Minutes, Training Attendance, Hiring Records, Policy Reports	Verification of meeting attendance, policy document review, and hiring records	Quarterly	DPH

2.9.15.2	SMART Output Indicator(s): 1. Availability of guideline developed 2. Proportion of the private institutions that received at least one supportive supervision per year. Numerator: Total number of PPP guideline reviews, IPC protocol advocacy visits, supervisory visits, IPC training, QI meetings, and equipment provisions completed. Denominator: Target of 13 activities, including residential meetings, advocacy visits, validation workshops, IPC trainings, supervisory visits, capacity building, and QI sessions.	0 activities completed	100%	Attendance Sheets, Meeting Reports, IPC Protocols, QI Guidelines	Verification of attendance, document review, and training records	Quarterly	DPH

2.9.15.4	SMART Output Indicator(s): 1.Proportion of States that have real time health workforce registry linked to the NHWR 2. Percenatage of federal DAPs and states regularly updating HRH information in the NHWR 3. Percenatage of state with HRH policy and strategy 4. Proportion of MDAs/States using HRH data within their HWF registries to inform recruitment,deployment and management of HRH. Numerator: Total number of HRH gap assessments, policy reviews, registry establishment meetings, HRH information updates, framework development, monitoring sessions, advocacy, and provision of office equipment completed. Denominator: Target of 13 activities, including assessments, quarterly meetings, framework developments, and policy implementations.	0 activities completed	100%	Attendance Sheets, Meeting Reports, HRH Policy Records, Equipment Inventory	Verification of attendance, document review, and equipment distribution records	Quarterly/Annually	DPH

3.10 Promote clinical research and development							
3.10.16.1	SMART Output Indicator(s): No of regulatory processess enhanced through the use of technology. Numerator: Total number of hospitals with Electronic Management Systems (EMS) established, electronic gadgets and accessories procured, and data connectivity deployed. Denominator: Target of 5 general hospitals and 100% procurement and connectivity deployment.	0 EMS established, 0 gadgets procured, 0 data connections	100%	EMS Setup Reports, Procurement Records, Connectivity Verification	Site inspection and record review	Quarterly	DPRS SMOH

3.10.16.2	SMART Output Indicator(s): 1. Percentage implementation rate of approved National Health research policy and priorities 2. Percentage of the institutional development plan (IDP) for ethics committee closed through corrective action plan (Nos of Health Research Proposals/protocols reviewed and approved by NHREC by 2027). Numerator: Total number of activities completed, including training, workshops, policy dissemination, and tracking and documentation efforts. Denominator: Target of 6 activities (1 training, 1 workshop, 500 policy copies, 4 tracking documents, 4 committee meetings, 1 tour).	0 activities completed	100%	Attendance Sheets, Meeting Reports, Policy Distribution Records, Tracking Documents, Tour Report	Verification of attendance, document review, and tracking updates	Quarterly	DPRS SMOH

3.10.16.3	SMART Output Indicator(s): 1. Number of R&D grants provided, utilized and reported 2. Proportion of R&D Grants (Findings) eventually taking up by local manufacurers. Numerator: Number of advocacy visits conducted to foster collaboration on research and drug molecule development. Denominator: Target of 1 advocacy visit to the Dean, Faculty of Pharmaceutical Sciences, Gombe State University.	0 visits conducted	1 visit conducted	Advocacy Visit Report, Meeting Minutes	Verification of meeting attendance and report review	Quarterly	DPRS SMOH
3.10.16.5	SMART Output Indicator(s): Proportion of locally produced and sourced APIs over imported APIs. Numerator: Total number of activities completed, including workshops to draft SOPs and Essential Drug List, and setting up a mini production unit. Denominator: Target of 3 activities (1 SOP drafting workshop, 1 production unit set up, 1 EDL drafting workshop).	0 activities completed	100%	Attendance Sheets, Meeting Reports, Production Unit Setup Records	Verification of attendance, document review, site inspections	Quarterly	DPRS SMOH

3.10.16.6	SMART Output Indicator(s): 1. Percentage increase in the number of listed local herbal medicines and services utilized 2. Number of herbal medicine listed by NAFDAC Regulatory Agencies that are on the National Essential Medicines List. Numerator: Total number of advocacy visits conducted to encourage standardization of herbal preparations for public health facility utilization. Denominator: Target of 1 advocacy visit to the Gombe State Traditional Medicine Board by Q2 2025.	0 visits completed	100%	Advocacy Visit Report, Meeting Minutes	Verification of attendance, documentation review	Quarterly	DPRS SMOH
3.11 Stimulate local production of health products							

3.11.17.3	SMART Output Indicator(s): 1. Number of skilled human resources trained in local production of health products e.g vaccine production 2. No of schools offering courses relating to local production of pharmaceuticals/vaccines (Can be refined better) 3. No of technology transfer for local production successfully completed 4. No of products that transited from importation based sourcing to local production in the NAFDAC 5+5 Policy. Numerator: Total number of adhoc staff engaged to support production activities for 12 months. Denominator: Target of engaging 10 adhoc staff for the mini production unit in GODMA by Q3 2025.	0 staff engaged	100%	Employment Contracts, Staff Attendance Records	Verification of contracts, attendance tracking	Montly	DPRS GODMA
3.13 Strengthen supply chains							

3.13.19.2	SMART Output Indicator(s): 1.All health programmes data mangement including vaccines, Essential Medicines and other supply chain functionalities integrated into NHLMIS 2. NHLMIS enhanced with additionalities such as warehouse management, electronic proof of delivery (ePOD) etc. Numerator: Total number of activities completed, including casual staff allowance payment, strategic meeting, quarterly and bimonthly plans for collection and distribution of various commodities. Denominator: Target of 10 activities (1 allowance payment, 1 strategic meeting, 3 quarterly plans, 2 bimonthly plans, 3 distribution activities).	0 activities completed	100%	Payment records, Meeting Report, Distribution Records	Verification of records, meeting attendance	Quarterly	DPRS SMOH

3.13.19.4	SMART Output Indicator(s): 100% of supply chain infrastructures (warehouses at national and sub-national levels) are in operations. Numerator: Total number of activities completed, including stakeholder engagement, training sessions, and leadership retreat. Denominator: Target of 3 activities (1 stakeholder engagement, 1 training session, 1 leadership retreat).	0 activities completed	100%	Attendance Sheets, Meeting Reports, Training Documentation	Verification of attendance, document review	Quarterly	DPRS SMOH
3.13.19.5	SMART Output Indicator(s): Pharmacovigilance and Post-market surveillance of health product strengthened to monitor substandard and falsified health products (medicines, vaccines and other health-related products). Numerator: Total number of activities completed, including pharmacovigilance surveillance, report dissemination, workshop, fumigation, and fire safety drill. Denominator: Target of 5 activities (1 pharmacovigilance surveillance, 1 report dissemination, 1 SOP workshop, 4 fumigation exercises, 2 fire safety drills).	0 activities completed	100%	Attendance Sheets, Meeting Reports, SOP Documents, Safety Drill Records	Verification of attendance, document review, tracking updates, and safety drill reports	Quarterly	DPRS SMOH

3.13.19.6	Define your: SMART Output Indicator(s): Pharmacovigilance and Post-market surveillance of health product strengthened to monitor substandard and falsified health products (medicines, vaccines and other health-related products) Baseline: Target: Numerator: Total number of quality assurance activities completed, including lab setup and workshop for KPI checklist. Denominator: Target of 2 activities (1 lab setup, 1 KPI checklist workshop).	0 activities completed	100%	Lab Setup Reports, Workshop Attendance Sheets, KPI Checklist Documents	Verification of lab setup, workshop attendance, and checklist review	Quarterly	DPRS SMOH
4.14 Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Lassa)							

4.14.20.1	SMART Output Indicator(s): Estabished Presidential Task Force on Covid-19 and recently on cholera outbreak. Annual review meeting of Presidential Task Force to review health security. Numerator: Total number of Public Health Emergency Management Committee (PHEMC) activities completed, including inaugurations, meetings, and evaluations. Denominator: Target of 6 activities (1 state committee inauguration, 1 LGA committee inauguration, 4 meetings, 1 external evaluation).	0 activities completed	100%	Inauguration Records, Attendance Sheets, Meeting Minutes, Evaluation Report	Verification of attendance, document review, and meeting records	Quarterly	DPRS SMOH

4.14.20.2	SMART Output Indicator(s): Proportion/ number of states developed harmonized sector wide approach in line with HP Framework / Promotion policy 1.Number of IEC programs conducted 2. Estimated number of population reached . Numerator: Total number of advocacy, sensitization, and communication activities conducted in hotspot/high-risk communities and during outbreaks. Denominator: Target of 5 activities (1 advocacy visit, 36 RCCE slots, 1 community meeting, 1 material production, 1 jingle development/broadcast).	0 activities completed	100%	Attendance Sheets, Broadcast Logs, Meeting Reports, Material Distribution Records	Verification of attendance, broadcast records review, and distribution logs	Quarterly	DPRS SMOH

4.14.20.3	SMART Output Indicator(s): 1. Number/Proportion of health security staff (health care workers and other staff define the composition of health security staff) trained annually on public health emergency management at national and sub-national level. Numerator: Total number of preparedness, safety, and training activities conducted to strengthen IPC and multi-hazard response capabilities. Denominator: Target of 10 activities (1 review meeting for multi-hazard plan, 1 review meeting for occupational safety plan, 1 TWG establishment, 1 quarterly TWG meeting, 1 STOT on IPC, 1 cascade IPC training, 1 water-borne disease prevention plan, 1 resident training, 1 review meeting, 50 copies of preparedness plan disseminated).	0 activities completed	100%	Attendance Sheets, Meeting Reports, Training Materials, Dissemination Records	Verification of attendance, document review, and tracking updates	Quarterly	DPRS SMOH

4.14.20.4	SMART Output Indicator(s): 1. Harmonized and coordinated approach that leverages integrated Logistic Management Information System (LMIS in forecasting, pre-positioning and supplying in real -time the commodities and countermeasures to address public health threats 2. Proportion of states using LMIS for forecasting, pre-positioning and supplying in real -time the commodities and countermeasures for used at national and all states. Numerator: Total number of logistical and procurement activities completed to support PHEOC operations. Denominator: Target of 3 activities (1 procurement and prepositioning of specific commodities, 1 quarterly review for logistics officers, 1 provision of office equipment).	0 activities completed	100%	Procurement Records, Meeting Reports, Inventory Lists	Verification of procurement, attendance tracking, and inventory checks	Quarterly	DPRS SMOH

4.14.20.5	SMART Output Indicator(s): 1. Proportion/ number of states implementing collaborative surveillance with digitalised recording and reporting of public health threats using one health approach 2. Proportion of states implementing 7-1-7 benchmark for detection and reporting of seasonal and priority diseases. Numerator: Total number of surveillance and training activities completed, including routine visits, review meetings, sensitization sessions, and AEFI management training. Denominator: Target of 13 activities (1 routine surveillance, 1 monthly review meeting, 1 H-to-H engagement, 1 refresher training, 1 sensitization meeting, 1 annual surveillance training, 2 supervisory visits per LGA, 3 sensitization sessions, and 1 AEFI training per facility).	0 activities completed	100%	Attendance Sheets, Meeting Reports, Training Records, IEC Distribution Lists, Supervisory Visit Logs	Verification of attendance, training documentation, and site visit records	Quarterly	DPRS SMOH

4.14.20.6	SMART Output Indicator(1): 1. Proportion/ Number of laboratories with expanded diagnostics capacity for common priority pathogens by state under health security 2. Proportion of states with functional network of laboratories with diagnostic capacity for the most of the priority diseases including AMR 3. Number of zonal or state labs harmonized, coordinated and augmented to detect multidrug resistant pathogens (among maternal/ child/ ICU/in care admitted patients) based on priority pathogens Baseline: 0 2. Numerator: Total number of activities funded and completed, including procurement, meetings, production, dissemination, transportation support, and establishment of units. Denominator: Target of 8 activities (procurement of lab containers and supplies, 2-day review meeting, dissemination of 200 referral documents, transportation support for DSNOs, provision of miscellaneous	0 activities completed	100%	Procurement Records, Meeting Reports, Distribution Records, Transport Logs	Verification of procurement, document dissemination, and transport records	Quarterly	DPRS SMOH

	supplies, transportation to reference lab, equipment procurement, establishment of AMR unit).						

4.14.20.8	SMART Output Indicator(s): 1. Proportion of publications that have been translated to policies/guidances at both national and sub-national levels. 2. Number of states that have established public health research registries. Numerator: Total number of research-support activities completed, including review meetings, production and dissemination of guidelines, operational research, and publications. Denominator: Target of 4 activities (1 review meeting, 1 guideline production, 4 operational research projects, 10 published studies).	0 activities completed	100%	Meeting Reports, Research Guidelines, Research Reports, Publication Records	Verification of meeting, guideline dissemination, and publication records	Quarterly	DPRS SMOH

4.14.20.9	SMART Output Indicator(s): Proportion of states with functional PHEOC (standardized, automated, and digitized PHEOC operations) and at least one funtional senatorial EOC. Numerator: Total number of IMS support activities completed, including IMS meetings, communication support, RRT deployment, feeding support, PHEOC meetings, and NET suite activation. Denominator: Target of 7 activities (1 IMS meeting, 1 communication support, 1 RRT deployment, 1 feeding support, 1 PHEOC meeting, 1 running cost provision, 1 NET suite activation).	0 activities completed	100%	Meeting Reports, Financial Records, Activation Confirmation	Verification of meetings, fund disbursement, and activation status	Quarterly	DPRS SMOH
E1.16 Digitize the health system & have data-backed decision making							

1.16.22.1	SMART Output Indicator(s): 1. Proportion of HIS governance structures established and functional at National & State levels 2. Availability of updated HIS policy at National and State (domesticated). Numerator: Total number of data management and public awareness activities completed, including data bundle provision, stakeholder meetings, communication updates, training sessions, and equipment procurement. Denominator: Target of 19 activities (monthly data bundle, quarterly meetings, communication expert engagement, transport provision, and training sessions).	0 activities completed	100%	Meeting Reports, Procurement Records, Training Attendance Sheets	Verification of meetings, procurement, and training records	Quarterly	DPRS SMOH

1.16.22.2	SMART Output Indicator(s): 1. Maturity level of the National HIS using the Global SCORE technical package 2. Composite index for routine data quality (complete, timely & valid) of routine/administrative health data Numerator: Total number of RMNCAH+N scorecards produced and distributed, NHMIS data tools produced, HMIS orientation sessions conducted, data review meetings held, MNH mortality data dissemination sessions supported, and data quality assessments conducted. Denominator: Target of 6 activities (1 scorecard production and distribution, 5000 NHMIS data tools, 1 orientation session, 1 data review meeting, 1 data dissemination, 1 data quality assessment).	0 activities completed	100%	Production Records, Orientation Attendance Sheets, Meeting Reports, Distribution Records, Data Quality Assessment Reports	Verification of records, meeting outcomes, and distribution tracking	Quarterly	DPRS SMOH

1.16.22.3	SMART Output Indicator(s): 1. Availability of integrated data management SOPs that is responsive to the sector wide approach 2. Availability of updated National Indicator Dictionary (data dictionary) Numerator: Total number of mentoring visits, capacity strengthening sessions, dissemination meetings, capacity-building workshops, subscriptions, trainings, and stakeholder meetings conducted for data management and quality assurance. Denominator: Target of 8 activities (1 mentoring visit, 1 capacity strengthening session, 1 dissemination meeting, 1 capacity building, 1 subscription, 1 training session, 1 stakeholder meeting, and 1 quarterly training).	0 activities completed	100%	Meeting Reports, Training Attendance Sheets, Subscription Records, Scorecard Distribution Records	Verification of meeting minutes, attendance, and subscription status	Quarterly	DPRS SMOH

1.16.22.4	SMART Output Indicator(s): 1. Proportion of States producing integrated data analytic product that responds to the sector wide approach quarterly. Numerator: Total number of tools and supplies provided, and healthcare workers trained as ad-hoc registrars for the birth registration program. Denominator: Target of 1 provision of tools and supplies activity and 1 training of 114 HWs as ad-hoc registrars.	0 activities completed	100%	Training Attendance Sheets, Supply Distribution Records	Verification of attendance, distribution records	Quarterly	DPRS SMOH

1.16.22.7	SMART Output Indicator(s): 1. Availability of integrated data management SOPs that is responsive to the sector wide approach 2. Availability of updated National Indicator Dictionary (data dictionary). Numerator: Total number of quarterly and annual M&E reports developed and transmitted, data validation, DQA, ISS, report uploads, data tool printing, collection, distribution, data triangulation, collation, and score card dissemination activities completed. Denominator: Target of 12 monthly data validation sessions, 12 monthly DQA activities, 12 ISS sessions, and quarterly/annual report transmissions.	0 activities completed	100%	M&E Reports, Data Validation Records, Score Cards	Document verification, report submission, data tracking	Monthly/Quarterly	DPRS SMOH

1.16.22.10	SMART Output Indicator(s): 1. Proportion of LGAs with functional computing devices and internet dedicated for electronic data management and transmission. Numerator: Total number of HRH-related activities completed, including training sessions, meetings, surveys, and policy development initiatives. Denominator: Target of 14 activities (2 surveys, 1 procurement activity, 5 training sessions, 2 meetings, and 4 policy-related activities).	0 activities completed	100%	Training Attendance Sheets, Meeting Reports, Survey Results, Procurement Records	Verification of training, meeting attendance, and procurement	Biannual	DPRS SMOH

1.16.22.11	SMART Output Indicator(s): 1. Development of evidence-based Joint Annual Report (JAR) to monitor implementation of the HSSB 2. Number of annual State of the Health of the Nation Reports produced and disseminated. Numerator: Total number of M&E-related activities completed, including training, validation, supervision, and evaluation meetings. Denominator: Target of 4 activities (1 training session, 1 validation meeting, 1 supportive supervision, 1 evaluation meeting).	0 activities completed	100%	Training Attendance Sheets, Validation Meeting Reports, Supervision Reports, Evaluation Meeting Summary	Verification of attendance, meeting outcomes, and supervision completion	Quarterly	DPRS SMOH

1.16.23.1	SMART Output Indicator(s): 1. Proportion of Digital Health Governance structures established and functional at National & State levels 2. Existence of National digital health strategy. Numerator: Total number of activities completed, including establishment of Digital Unit, equipment procurement, residential meeting, validation meeting, and tool dissemination. Denominator: Target of 5 activities (1 Digital Unit established, 5 equipment items procured, 5-day residential meeting, 2-day validation meeting, tool dissemination).	0 activities completed	100%	Attendance Sheets, Meeting Reports, Procurement Records, Distribution Records	Verification of attendance, document review, and tracking updates	Quarterly	DPRS SMOH
E2.17 Increase effectiveness and efficiency of healthcare spending							

2.17.24.2	SMART Output Indicator(s): - Number of Timely and accurate budget reports produced - Percentage reduction in budget variances and misallocations. Numerator: Total number of activities completed, including auditing, training sessions, financial analysis, and meetings conducted. Denominator: Target of 10 activities (1 audit engagement, 2 budgeting trainings, 1 fiscal analysis, 3 workshops, 3 quarterly meetings).	0 activities completed	100%	Audit Reports, Attendance Sheets, Workshop Reports, Enrollment Records, Meeting Minutes	Verification of attendance, document review, and data tracking	Quarterly	DPRS SMOH
2.17.24.4	SMART Output Indicator(s): 1. Availability of National/State Health Account(NHA) report. Numerator: Total number of DFF transfers completed to PHCs. Denominator: Target of 4 quarterly transfers annually.	0 transfers completed	100%	Transfer Records, Bank Statements, Financial Reports	Verification of transfer records, fund tracking	Quarterly	DPRS SMOH

2.17.24.7	SMART Output Indicator(s): -Capacity of the planning team built -AOP aligned with the annual budget. Numerator: Total number of completed activities, including quarterly meetings, TA engagements, office operations, transport allowances, monthly assessments, and dissemination events. Denominator: Target of 6 activities (1 quarterly check-in meeting, 1 TA consultant engagement, 1 office setup, 12 monthly transport allowances, 5 monthly assessments, and 1 dissemination event).	0 activities completed	100%	Attendance Sheets, Meeting Reports, Financial Records, Event Reports	Verification of attendance, report review, tracking updates	Monthly/Quarterly	DPRS SMOH

2.17.25.5	SMART Output Indicator(s): 1: Numbers of talents identified for different cadre or positions. Numerator: Total number of activities completed, including monthly meetings, training sessions on gender-responsive policy, and bi-monthly productivity tracking meetings. Denominator: Target of 3 activities (12 monthly HRH productivity tracking meetings, 1 training for 10 LGA HRH officers, 6 bi-monthly productivity meetings with HCM and stakeholders).	0 activities completed	100%	Attendance Sheets, Training Reports, Meeting Minutes	Verification of attendance, report review, tracking updates	Monthly/Bi-monthly	DPRS SMOH
E3.18 Strengthen skills, capabilities & values and drive a performance-based culture within the FMoH							
3.18.26.4	SMART Output Indicator(s): 1: Number of feedback mechanism that clearly explains smart goals						