

REPORT OF KADUNA STATE SECTOR WIDE ANNUAL OPERATIONAL PLAN DEVELOPMENT 2025



His Excellency
SENATOR UBA SANI
Governor, Kaduna State.



UMMA K. AHMED
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KADUNA STATE

KADUNA STATE HEALTH SECTOR

OCTOBER / NOVEMBER 2024

FORWARD

The Kaduna State Health Sector Annual Operational Plan (AOP) for 2025 represents a bold step toward transforming healthcare delivery in the state. Grounded in the principles of the Sector-Wide Approach (SWAp), this plan aligns with national priorities and addresses the unique health challenges faced by the State. It also addresses the health sector priorities of Governor Uba Sani's administration which is hinged on improving Human Capital Development through strategic improvement across the health system building blocks.

With a focus on equity, efficiency, and sustainability, the AOP outlines actionable strategies to reduce maternal and child mortality, strengthen health systems, and expand access to quality care. The involvement of diverse stakeholders—from government agencies to development partners and Civil Society Organizations ensures that the plan is inclusive and responsive to the needs of all residents of Kaduna State.

As we embark on the implementation of this plan, I call on all stakeholders to uphold their commitments and work collaboratively to achieve our shared vision of a healthier Kaduna State. Together, we can save lives, alleviate suffering, and build a resilient health system for the present and future generations.



Umma K. Ahmed
Honourable Commissioner for Health

ACKNOWLEDGMENT

The successful development of the Kaduna State 2025 Health Sector Annual Operational Plan (AOP) is the result of collaborative efforts from numerous stakeholders. We extend our deepest gratitude to His Excellency, Governor Uba Sani for his strong political will and providing the enabling environment for the successful development of the AOP. We also thank the Honourable Commissioner for Health and the Permanent Secretary for their visionary leadership and unwavering support during the AOP development process.

Our appreciation also goes to the directors, Heads of the seven health Agencies namely: SPHCB, KADCHMA, KADHSMA, BDTH, KSCN&MW, KADSACA and KADBUSA, program managers and M&E Officers for their dedication and expertise demonstrated during the AOP development process. We also appreciate the leadership role of the Federal Ministry of Health as well as that of the Planning and Budget Commission who ensure we have a seamless AOP process.

Our profound gratitude also goes to development partners who provided both the financial and technical support for the successful development of the AOP, notably: UNICEF, Lafiya Programme UK, Gates foundation, Result for Development (R4D), HSDF and Save the Children International. Other partners who also provides technical support includes: WHO, Alive and Thrive, CHAI, SFH, UNFPA, CIHP, Solina International, TA Connect, MSI, Pathfinder International just to mention a few, your tireless support is highly appreciated.

We also appreciate the role of Civil Society Organization whose contribution cannot go unnoticed, we are saying to you and may the Almighty guide us throughout the AOP implementation to ensure that the goal of saving lives, reducing physical and financial pain in accessing health care and improving quality of lives is achieved in Kaduna State.



Dr Aishatu Abubakar Sadiq
Permanent Secretary



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Acronyms

| | |
|----------|---|
| ACSM | Advocacy Communication and Social Mobilization |
| AOP | Annual Operational Plan |
| BDTH | Barau Dikko Teaching Hospital |
| BHCPF | Basic Health Care Provision Fund |
| C&NCDx | Communicable and Non-Communicable Diseases |
| CN&MW | Kaduna State College of Nursing and Midwifery |
| CSOs | Civil Society Organizations |
| DALYs | Disability Adjusted Live Years |
| DG | Director General |
| DHPRS | Director Health Planning Research and Statistics |
| DLI | Disbursement Linked Indicators |
| DP | Development Partners |
| EMS | Essential Medical Services |
| ESB&BP | Essential Services Blood and Blood Products |
| ES | Executive Secretary |
| HCF | Health Care Financing |
| HCH | Honourable Commissioner for Health |
| HE | Health Educator |
| HIV | Human Immunodeficiency Virus |
| HMIS | Health Management Information System |
| HOPE | Human Opportunity for Prosperity and Equity |
| HPO | Health Promotion Officer |
| HS | Health Security |
| HSSB | Health Sector Strategic Blueprint |
| HRH | Human Resource for Health |
| JAR | Joint Annual Reviews |
| KADBUSA | Kaduna State Bureau for Substance Abuse Prevention and Treatment |
| KADCHMA | Kaduna State Contributory Health Management Authority |
| KADHSMA | Kaduna State Health Supplies Management Agency |
| KADSACA | Kaduna State AIDS control Agency |
| LMCU | Logistic Management Coordination Unit |
| M&E | Monitoring and Evaluation |
| MDA | Ministry Department Agencies |
| NCD | Non-Communicable Diseases |
| NCDC | Nigerian Center for Disease Control |
| NHSRII | National Health Sector Renewal Investment Initiative |
| NSHDP | National Strategic Health Development Plan |
| OOP | Out of Pocket |
| P&G | Planning and Governance |
| PSM | Procurement and Supply Chain |
| PS | Permanent Secretary |
| R4D | Research for Development |
| RC&T | Resource Coordination and Tracking |
| RMNCAH+N | Reproductive Maternal Newborn Child Adolescent Health and Nutrition |
| SPHCB | State Primary Health Care Board |
| SSHDP | State Strategic Health Development Plan |
| SMOH | State Ministry of Health |
| SWAp | Sector Wide Approach |
| TWG | Technical Working Groups |
| UHC | Universal Health Coverage |

EXECUTIVE SUMMARY

The Kaduna State Health Sector Annual Operational Plan (AOP) for 2025 outlines a comprehensive strategy to address critical health challenges and improve healthcare delivery across the state. Aligned with the National Health Sector Renewal Investment Initiative (NHSRII) and the Health Sector Strategic Blueprint (HSSB), the AOP adopts a Sector-Wide Approach (SWAp) to ensure coordinated, efficient, and equitable health service delivery.

Key priorities for 2025 include enhancing maternal and child health, strengthening health infrastructure, expanding health insurance coverage, and improving health security. The plan emphasizes reducing maternal and under-five mortality rates, increasing access to quality healthcare, and addressing systemic inefficiencies. A total of 23 priority initiatives and 222 strategic interventions were selected, focusing on four pillars (Effective Governance, Efficient Health Systems, Unlocking Value Chains, and Health Security) and two enablers (Data Digitization and Financing).

The AOP development process involved extensive stakeholder engagement, including top management, technical working groups, development partners, and civil society organizations. The total budget for the 2025 AOP is ₦191.45 billion, with government contributions accounting for 50.17%, development partners 17.54%, and a funding gap of 32.29%.

This plan positions Kaduna State to achieve its goal of saving lives, reducing financial hardship, and ensuring health for all residents through evidence-based interventions and robust monitoring frameworks.



Dr Joseph Sunday
DHPRS

BACKGROUND

The indices in Nigeria are not the most desirable. Nigeria account for the third highest maternal mortality (1,000 per 100,000 LB) and the second highest Under-five mortality (114 per 1,000 LB) globally. Nigeria is only better than Chad and South Sudan in terms of maternal mortality, these are countries ravaged by war and civil unrest. The Life expectancy of a Nigerian is 54 years. These poor indices have been observed to be unacceptable and there is need to do something different to reverse this. Some of the challenging situations observed are as displayed in the Figure 1.

| Health system elements | Where we are today | Supporting fact (examples) |
|---------------------------------------|---|--|
| A Financing | Inadequate, inefficient and inequitable spend - countries with lesser spend and GDP have better outcomes than us | <ul style="list-style-type: none"> ➤ 3% of GDP on healthcare vs 5% WHO guideline ➤ 40-60% of the federal budget allocated to health is utilized ➤ NCDs account for 20% of DALYs but <1% of donor funding |
| B Human resources | Limited quality human resources for health to serve our population, maldistributed | <ul style="list-style-type: none"> ➤ Doctors: 23.3 per 100K people vs 100 (as per WHO guideline) ➤ CHWs: 61 per 100K people vs. 450 (as per WHO guideline) |
| C Health Data | Data collection is not comprehensive nor credible and not used for decision making | <ul style="list-style-type: none"> ➤ 159.7% DPT3 immunization rate reported by Nigeria vs 55% reported from WHO surveys |
| D Infrastructure and equipment | Limited healthcare infrastructure and poor maintenance culture | <ul style="list-style-type: none"> ➤ 0.5 beds per 1000 people vs 4 (as per WHO guideline) ➤ 50% of x-ray equipment in government hospitals is not working |
| E Supply chain | Complex and unintegrated supply chains causing procurement inefficiencies and low stocks | <ul style="list-style-type: none"> ➤ 41% stock-out rates for family planning commodities |
| F Governance | Hyper-fragmentation, dis-coordination across the diff levels of government, various regulators and development partners | <ul style="list-style-type: none"> ➤ Poor cross sectoral coordination found as a reason for failure of implementation of NSHDP II in the 2018/2019 JAR |
| G Regulation and standards | Regulation is often fragmented, predatory, and enforcement/implementation is ineffective | <ul style="list-style-type: none"> ➤ Frequent quality of care and counterfeit product concerns despite there being 10+ regulators for health workforce accreditation and NAFDAC being a WHO Maturity Level 3 regulator |

Source: Nigeria State of Health Fact pack, 2023

Figure 1: Structural and Systematic Challenges Affecting the Nigerian Health System

Other challenges observed includes Inequalities and Inefficiencies in the distribution of development assistance and poor governance driven by hyper-fragmentation, dis-coordination across the diff levels of government and various regulators.

In 2023, all the State government and FCT signed a COMPACT indicating their commitment to complement the Federal government effort to improving the health status of Nigerians by making the following commitments:

- Increase budget allocation and timely releases of funds for PHC services, Immunization, Family Planning and Public Health and make those allocations and releases public
- Verifiably fulfil jointly agreed counterpart obligations in cash or in kind in support of the BHCPF to state primary health care agencies and state health insurance authorities and stimulating processes for disbursement and accounting for such transfers
- Collaborate in exploring innovative financing options to expand UHC especially for the poorest and vulnerable Nigerians potentially including health taxes, surcharges, and first charge from the VAT pool
- Training and retraining qualifies health workers dedicated to service delivery and community levels, PHCs and Hospitals etc.



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A Health Sector Wide Approach (SWAp) model is therefore adopted to ensure coordination, synergy and efficiency in implementing health plans Nationally which is in line with the National Health Sector renewal investment initiative (NHSRII). The SWAp will be actualized in Nigeria using the for key initiatives:

1. One Plan: Clear understanding of shared priorities underlaid by stakeholder (e.g., federal, state, DP) commitment to SWAp behaviors (e.g., joint planning)
2. One Budget: Increased visibility of funding sources and flows against plans, strengthened accountability systems (e.g., performance-linked funding like DLI) and agreed-upon pooled TA and funding
3. One Report: Shared priority indicators to track progress, Coordinated DP missions and site visits, Calendar of Joint Annual Reviews (JAR) and Strengthen MERL systems, capacity & responsiveness
4. One Conversation: Forums for routine sector-wide dialogue (e.g., Quarterly Performance Dialogues), TWGs to facilitate sub-sectoral strategic dialogue, coordination of inputs and prioritization of needs

The SWAp will be implemented through the Health Sector Strategic Blue Print (HSSB). This blue print comprises of four Pillars, three enablers, 18 strategic objectives, 27 priority initiatives and 262 strategic interventions.

The HSSB, if fully implemented, will help improve has the goal to save lives, reduce both physical and financial pain and produce health for all Nigerians. This mean that there will be improvement in:

- Disability Adjusted Live Years (DALYs)
- Lives saved and,
- Reduced Out-Of-Pocket (OOP) spending for health.

The HSSB pillars and enablers are:

1. Pillar 1: Effective Governance
2. Efficient, equitable and quality health systems
3. Unlocking value chain
4. Health Security

The Enablers are:

1. Data and digitalization
2. Financing and,
3. Culture and talent

The national has proposed 27 priority initiatives of which 13 are core priorities, see Figure 2.

Priority

- 1 Improve Reproductive, Maternal, Newborn and Child health, and Nutrition across the continuum of care
- 2 Accelerate immunization programs for priority antigens (e.g. DPT3, Polio, Measles, Yellow Fever) with a focus on decreasing zero dose children
- 3 Slow down the growth rate of NCD prevalence
- 4 Reduce the incidence of HIV, tuberculosis, and malaria
- 5 Improve quality of care and service delivery in PHC and secondary health facilities
- 6 Expand financial protection for all citizens through health insurance expansion and other innovative financing mechanisms
- 7 Increase availability and quality of HRH
- 8 Stimulate local production of health products (e.g., drug substance, fill and finish for vaccines, malaria bed-nets, and therapeutical foods)
- 9 Revitalize tertiary and quaternary care hospitals to improve access to specialized care
- 10 Improve pandemic prevention, detection, preparedness and response
- 11 Improve regulation and regulatory process
- 12 Strengthen health data collection, reporting and usage – starting with the core indicators
- 13 Accelerate inter-sectoral social welfare through coordination of efforts of the Social Action Fund

Figure 2: The 13 HSSB Core Priorities

The SWAp will be monitors through the SWAp Technical Working Groups (TWGs). The national have propose a set of Technical Working Groups as shown in Figure 3.

| M&E TWG | Resource Coordination and tracking TWG | RMNCAH+N SWAp TWG | State Advisory Group | Financing for vulnerable populations TWG | HRH TWG | Health Security TWG |
|--|--|---|---|---|--|---|
| DHPRS, USAID | DHPRS, NPHCDA, World Bank | NPHCDA, Family Health, UNICEF | Chair of State Health Commissioners, BMGF | NHIA, Global Fund | DHPRS, NPHCDA, UNFPA | NCDC, US CDC |
| Mandate: Ensure implementation effectiveness through the development of a M&E framework, system improvement, and regular review and reporting | Mandate: Develop a comprehensive coordination strategy for sector through resource mapping, needs assessment and coordination of resources | Mandate: Support in MMR crashing, determining funding needs, developing quality of care standards, financing for vulnerable populations | Mandate: Drive state adoption and implementation of SWAp | Mandate: Design and implement financial protection strategies aimed at reducing maternal morbidity and mortality and neonatal mortality starting with vulnerable populations | Mandate: Support the DHPRS on implementing National HRH strategic plan, strengthening resource management, and supporting in the workforce development & well-being of HRH | Mandate: Supports developing the National Health Security Strategy, strengthening capabilities and capacity on pandemic preparedness and surveillance |
| Initial tasks: <ul style="list-style-type: none"> Recommend list of core indicators, based on initial proposal from Coordination & Delivery Office Identify data collections challenges and propose solutions | Initial task: <ul style="list-style-type: none"> Complete resource mapping of partner funds | Initial task: <ul style="list-style-type: none"> Create a sector-wide action plan to crash MMR | Initial tasks: <ul style="list-style-type: none"> Finalize State Code of Conduct Mobilize states to sign Code of Conduct Support Coordination & Delivery Office to develop SWAp playbook for states | Initial task: <ul style="list-style-type: none"> Design benefit packages for vulnerable groups (i.e., those at risk of maternal mortality and morbidity, or neonatal mortality) | Initial task: <ul style="list-style-type: none"> TBD | Initial task: <ul style="list-style-type: none"> Prepare and submit the application for PPF (Pandemic Preparedness Fund) |

Figure 3: The SWAp Technical Working Groups

KADUNA STATE RESPONSE TO THE SWAP

Kaduna State have taken the initiative to do the following in alignment with the National Health Sector Renewal Investment Initiative:

- Signed the COMPACT;
- Agreed on the priorities that the state will pursue between 2025 to 2027;
- Aligned the Health Sector TWG with the National SWAp TWG;
- Developed the 2025 Annual Operational Plan.



To achieve this, a roadmap for the development of the 2025 Kaduna State Health Sector AOP was developed as shown in Table 1:

Table 1: Time Table for the Development of the Sector Wide 2025 AOP

| S/NO | ACTIVITY | OBJECTIVE | TIMELINE | RESPONSIBLE |
|------|--|---|-------------|-------------------------------|
| 1. | Conduct meeting of Top Management Committee (HCH, PS, Directors, Heads of Agencies) Identify priorities from the HSSB, key state-specific priorities, and level of implementation (MDA, facility, or community) at the state level | <ul style="list-style-type: none"> To generate 2025 Health Sector Priorities/agenda Validate health sector priorities with health leadership as the 2025 health agenda for the state | 21/08/24 | DHPRS / SMOH |
| 2. | TWG Steering Committee meeting | <ul style="list-style-type: none"> To communicate with Implementing partners, donor organizations and CSOs on Health Sector priorities for 2025 AOP for their alignment and support | 4/09/24 | DHPRS / SMOH |
| 3. | Stakeholders' orientation on SWAp process and the 2025 AOP | <ul style="list-style-type: none"> To orient wider Health Sector stakeholders on the concept of SWAp, HSSB, NHSRII and HOPE-DLIs | 9-10/09/24 | DHPRS / SMOH |
| 4. | MDAs (Departments and Agencies) to engage Development Partners on key priorities | <ul style="list-style-type: none"> IPs define the scope of implementation of their work and key state responsibilities Heads of Departments and Agencies to sign off on aligned areas | 9-10/09/24 | Directors / Heads of Agencies |
| 5. | 3-days residential training of planning cells on 2025 AOP development | <ul style="list-style-type: none"> Build capacity of State officers on the AOP process and 2025 AOP development | 11-13/09/24 | DHPRS / SMOH |
| 6. | Conduct 3 days training of PHC planning officers on the AOP process and LGA-facility level planning | <ul style="list-style-type: none"> Build capacity of LGA officers on the AOP process and LGA-facility level planning | 17-19/09/24 | DHPRS / SPHCB |
| 7. | Conduct 3-day situational analysis (BNA) at health facility level and develop LGA AOP | <ul style="list-style-type: none"> To determine facility needs, and develop annual business/improvement plan linked to AOP priorities, collate the Health Facility plans and incorporate into the 2025 AOP | 27-29/09/24 | DHPRS / SPHCB |
| 8. | 3-days residential workshop to develop Health Sector MDAs AOP | <ul style="list-style-type: none"> To develop the 8 health MDAs 2025 AOPs <p><i>Note: PHC Board AOP to include annual health facility business/improvement plan</i></p> | 10-12/10/24 | DHPRS / SMOH |
| 9. | Conduct 3-day AOP harmonization/finalization workshop | <ul style="list-style-type: none"> To align sector priorities, minimize duplication, improve efficiency in resource utilization and maximize results | 16-18/10/24 | DHPRS / SMOH |
| 10. | 1-day meeting of TWGs to validate 2025 Health Sector AOP | <ul style="list-style-type: none"> To ensure alignment with Health sector agenda, programs integration and prudence in resource management | 21-25/10/24 | DHPRS / SMOH |
| 11. | 3-days residential meeting of Top Management (Heads of Agencies and Directors of MOH), TWG Leadership and partners to review, finalize and approve the 2025 Health Sector AOP | <ul style="list-style-type: none"> All heads of agencies and directors of MOH to present and defend their 2025 AOPs To approve the validated AOP for implementation | 28-30/11/24 | DHPRS / SMOH |

PRIORITY SETTING BY TOP MANAGEMENT

A one-day Top management meeting was held with the heads of agencies of the 8 Ministry Departments and Agencies (MDAs) of the health sector including the Commissioner for health and the permanent secretary.

The health MDAs are:

1. Ministry of Health;
2. State Primary Health Care Board (SPHCB);
3. Kaduna State Health Supplies Management Agency (KADHSMA);
4. Kaduna State Contributory Health Management Authority (KADCHMA);
5. Kaduna State AIDS control Agency (KADSACA);
6. Kaduna State Bureau for Substance Abuse Prevention and Treatment (KADBUSA);
7. Kaduna State College of Nursing and Midwifery;
8. Barau Dikko Teaching Hospital .

This meeting was chaired by the Honourable Commissioner. The 27 priorities of the HSSB were considered alongside the current Kaduna State government priorities for the state.

The current administration set up a seven-point agenda to be achieved between 2023 to 2027. This is referred to as the SUSTAIN agenda as shown in Figure 4:



Figure 4: SUSTAIN Priorities of the Current Administration

Two of them are health related: upgrade of infrastructure and investment in human capital development. This is Broken into 5 core priorities:

1. Infrastructural Development
2. Human Resource for Health
3. Service Delivery
4. Health Supplies
5. Health Financing



At the meeting, it was agreed that these 5 priorities aligned with the 13 core priorities of the National, hence all the 13 core priorities of the National were adopted. An additional eleven of the remaining 14 priorities were also adopted as shown in Figure 5.

Priority

- 1 Sector Wide Action Plan (SWAp) to defragment health system programming and funding
- 2 Comprehensive and intentional communication strategy for stakeholder engagement and advocacy
- 3 Streamline existing supply chains to remove complexity
- 4 Increase collaboration with internal and external stakeholders for better delivery and performance management
- 5 Establish a One Health approach for threat detection and response, incorporating climate-linked threats
- 6 Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate
- 7 Improve oversight and monitoring of budgeting process to increase budget utilization
- 8 Regular and effective skills and performance appraisal of top leadership
- 9 Drive multi-sectoral coordination to put in place and facilitate the implementation of appropriate policies and Programs that drive health promotion behaviors (e.g., to disincentivize unhealthy behaviors)
- 10 Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance mechanisms
- 11 Re-Position Nigeria at the forefront of emerging R&D innovation, starting with local clinical trials and translational science

Figure 5: 11 Adopted Health Sector Strategic Blueprint non-HOPE Priorities

Hence, the state adopted twenty-three of the twenty-seven HSSB priorities which aligns with pillar 1 to 4 and enabler 1 and 2 (Figure 6). A total of 23 priority initiatives and 222 of the 262 interventions were selected. (see table 2).

Table 2: Kaduna HSSB Priorities

| S/NO | PILLAR/ENABLER | NAME OF PILLAR/ENABLER | PRIORITY INITIATIVES | INTERVENTIONS |
|------|----------------|--|----------------------|---------------|
| 1 | Pillar 1 | Effective Governance | 4 | 18 |
| 2 | Pillar 2 | Efficient, Equitable and Quality Health system | 9 | 145 |
| 3 | Pillar 3 | Unlocking Value Chains | 4 | 12 |
| 4 | Pillar 4 | Health Security | 2 | 16 |
| 5 | Enabler 1 | Data Digitization | 2 | 19 |
| 6 | Enabler 2 | Financing | 2 | 12 |
| 7 | Enabler 3 | Culture and Talent | 0 | 0 |
| | Total | | 23 | 222 |

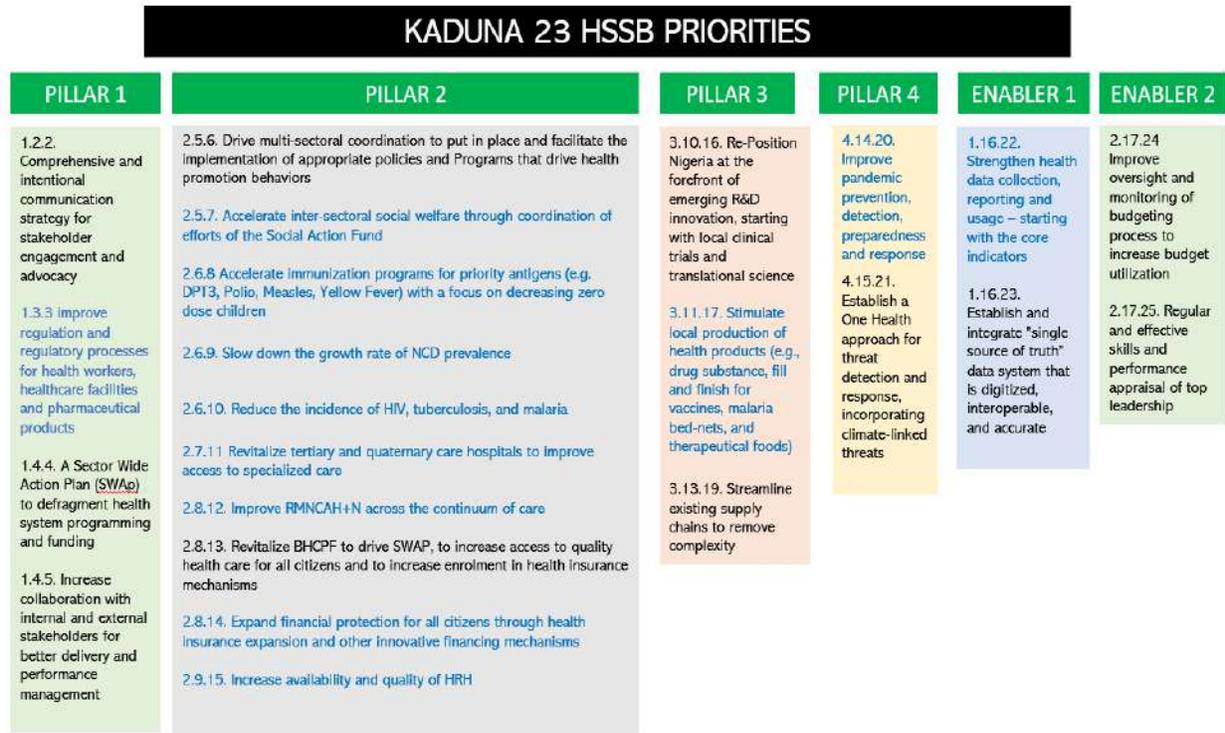


Figure 6: Kaduna Selected 23 HSSB Priorities Based on Pillars and Enablers

The 222 priority interventions were mapped in the AOP template and the cost drivers and unit cost also reviewed to suit the State context and the current economic realities.

TWG STEERING COMMITTEE MEETING

A TWG meeting was conducted with all the leadership of the eight TWGs, CSOs and representatives of all development partners in the State including BMGF, UNICEF, LAFIYA programme, UNFPF, Solina, Save the Children International, Alive and thrive, HSDF, Marie Stopes International, CHAI, SFH, etc. there was also representation from the Planning and Budget Commission, Ministry of Finance and Ministry for Local Government.

Objective of the TWG Steering Committee meeting

The objective of the meeting was to communicate with Implementing partners, donor organizations and CSOs on Health Sector priorities for 2025 AOP for their alignment and support

The selected health sector priorities were communicated to them and they all pledged their commitment to support the state to achieve these priorities.

Also at the meeting, the TWG structure for the national was presented visa vis the current TWG structure which was aligned to the State Strategic Health Development Plan (SSHDP 11) and it was agreed for some amendments to be made to align with the National TWG structure and the selected HSSB priorities. (see figure 7 to 10)

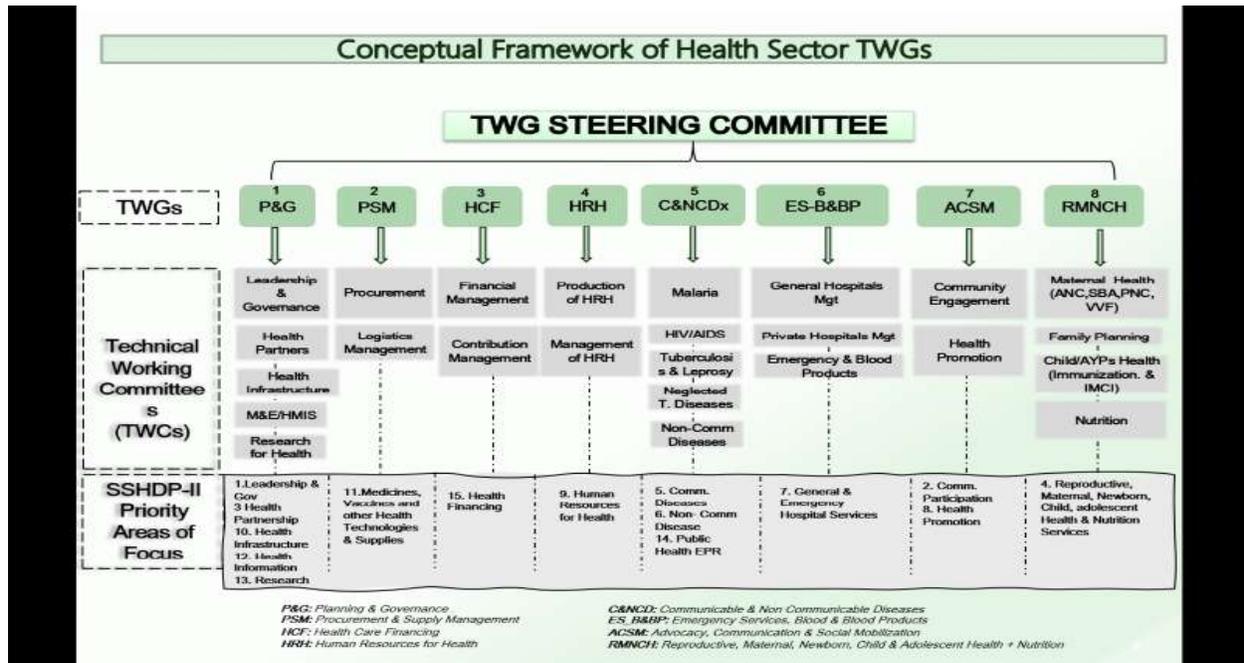


Figure 7: TWG Structure Based on the SSHDP II

Current Revised Health Sector TWG Structure

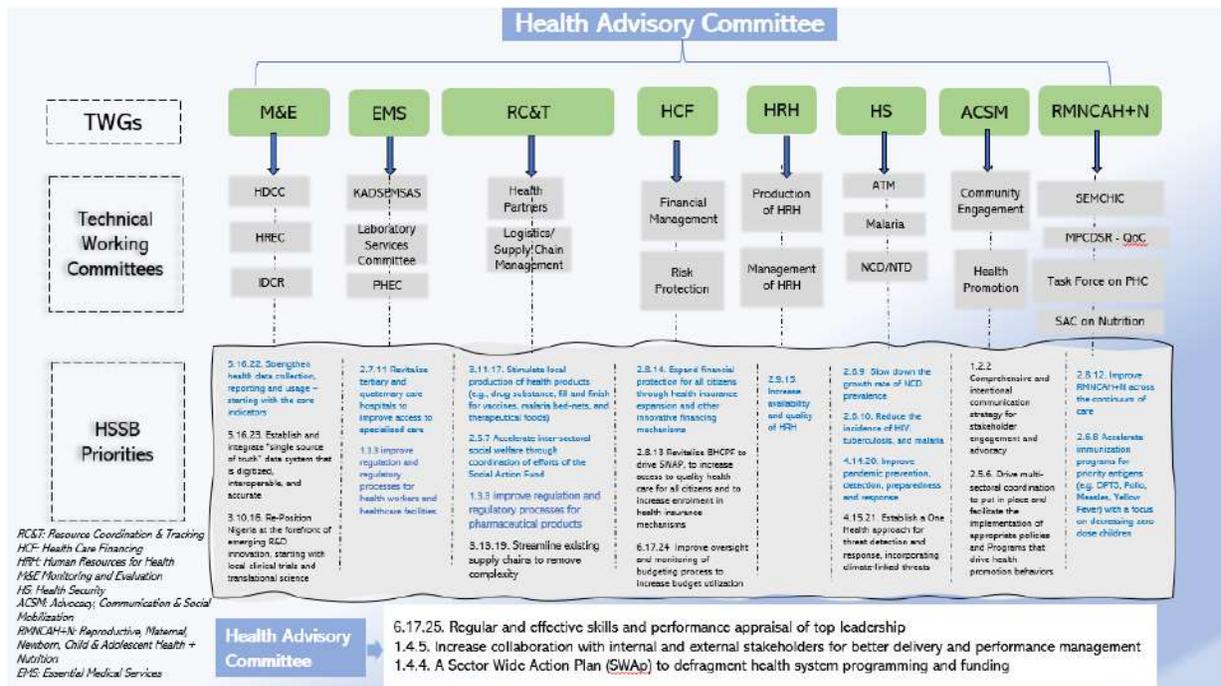


Figure 8: TWG Structure Based on the HSSB Priorities

Governance structure of TWGs

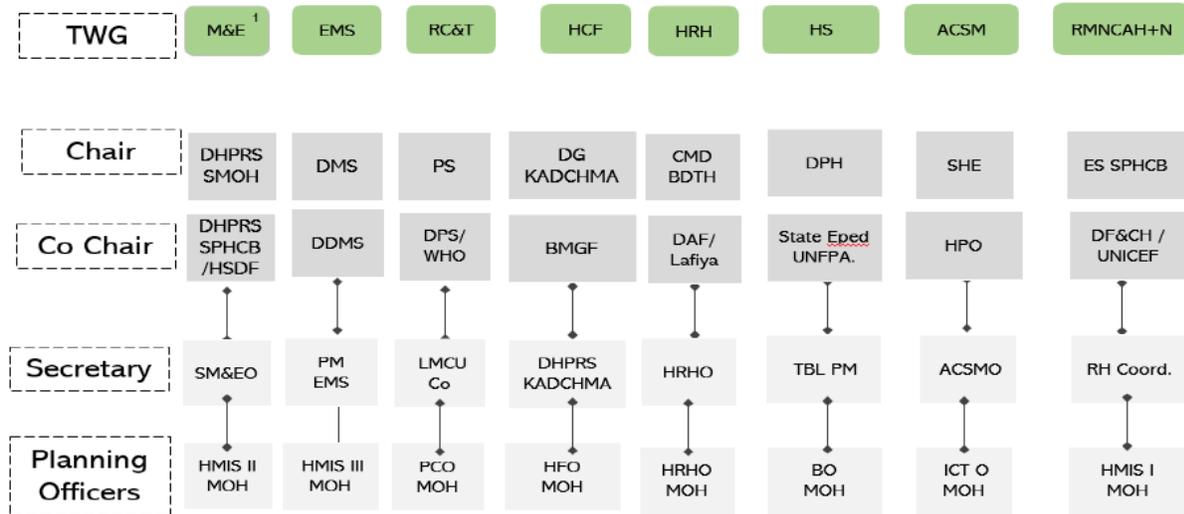


Figure 9: Governance Structure of the HSSB TWG Structure

| Title | Function | Composition | Meeting Cadence |
|---------------------------|--|--|---|
| Health Advisory Committee | <ul style="list-style-type: none"> Coordination of all TWGs Alignment to State Health Priorities | <ul style="list-style-type: none"> TWG Chairs, Secretaries & Partners | <ul style="list-style-type: none"> Quarterly |
| TWGs | <ul style="list-style-type: none"> Provide technical leadership in relevant thematic areas | <ul style="list-style-type: none"> Relevant Stakeholders according to HSSB priorities | <ul style="list-style-type: none"> Monthly |
| TWG SUB COMMITTEES | <ul style="list-style-type: none"> Operationalize the activities | <ul style="list-style-type: none"> Relevant Stakeholders | <ul style="list-style-type: none"> As required |
| TWG SECRETARIAT | <ul style="list-style-type: none"> Monitor, assess and support the TWGs | <ul style="list-style-type: none"> SMOH, SPHCDA, BMGF, LAFIYA, UNICEF, SOLINA & HSDF, | <ul style="list-style-type: none"> As required |

Figure 10: Operational Linkage of TWGs

TRAINING OF PLANNING CELLS ON AOP DEVELOPMENT

a 3-day training for health sector planning and program officers focused on strengthening their capacity to develop Annual Operational Plans (AOPs) using the Sector-Wide Approach (SWAp) methodology.

Objectives of the training

- To build capacity of Planning & Budget committee and planning cells Officers on the 2025 AOP process and Tools.



Kaduna State Government



- To sensitize the Planning cell members on how to proceed with their MDAs AOP development before the review and harmonization workshop.

Participants

The training on the SWAp AOP development process was done in two stages:

Stage one

- State level training: a total of thirty-five persons were trained comprising of 9 members of the Planning and Budget Committee, two members of the planning cell each from the six departments of the Ministry of health and two each from the 7 health agencies.
- LGA level training: a total of 46 planning cells members, two each from the 23 LGAs of the state. They include M&E officers and medical officers of health (health secretaries).

Outcome of the Training

At the end of the 3 days trainings, participants were familiar with the new SWAp initiative, the health sector strategic blue print and the HOPE project with its Disbursement linked indicators (DLIs). They were also familiar with the new AOP template and how to craft SMART activities, cost the activities, assigned level of implementation, responsible persons, resource mapping and performance monitoring among others.

HEALTH FACILITIES AOP DEVELOPMENT

The health facilities AOPs were developed at the facility levels with the support of the LGA planning cells through a co-creation with the facility management teams. They first of all carried out a bottle-neck analysis to identify issues, prioritize them and develop activities to address them. These activities are in the forms of quarterly business and annual improvement plans.

HEALTH SECTOR AOP DEVELOPMENT

The AOP development took two formats:

- Program specific AOPs were developed and program managers engaged with funding partners to agree on activities to be supported by the partners.
- Three days residential workshop by the eight health sector MDAs.

Participants for the AOP development

A total of 160 persons participated in the AOP development including MDAs representatives, representatives of CSOs, and Ward Development Committees as well as development partners. The workshop was split into three namely; Ministry of health, state primary health care board and the remaining 6 health agencies. The three sessions took place in three different halls in the same hotel at the same time.

The methodology for the AOP development was:

- SWOT analysis was carried out to identify strength, weaknesses, opportunities and threats of the health sector;
- Solutions to weaknesses and threats were identified;
- Activities were developed to:
 - i. Overcome the weaknesses and threats
 - ii. Sustain the strength and,
 - iii. Leverage on the opportunities



Facilitators for the AOP includes the Director HPRS, the SWAp desk officer, three consultants from Lafiya programme (CHECOD) and one from the Federal Ministry of Health.

Another three-days residential workshop with key program managers was also conducted to ensure that activities planned in the AOP are speaking to the HOPE DLIs.

Outcome of the AOP Development Meeting

At the end of the three-days workshop, all eight MDAs developed their 2025 AOPs, costed them, assigned responsible persons and funding sources.

AOP HARMONIZATION

A three days harmonization meeting was also conducted.

Objectives of the Harmonization Meeting

The objectives of the harmonization meeting were to:

- To ensure AOP activities are of sufficient quality and quantity to deliver the HSSB interventions and to achieve the strategic objectives of the priority initiatives
- To cross Validate Planned Activities across MDAs to Reduce Duplication, reduce conflict in MDAs mandate and Improve Efficiency
- To ensure development partners align their plans with the AOP

Outcome of the Harmonization exercise

At the end of the three-day workshop, the following outcomes were achieved:

- Quality of AOP activities developed were improved
- AOP activities were sufficient to deliver on the health sector strategic blue print priority interventions
- AOP activities were integrated and speaking to MDAs mandate, hence, the has reduced conflict and increased efficiency in resource management
- Development partners committed to AOP activities based on the health sectors priorities

AOP VALIDATION

A one-day validation meeting was conducted by each of the eight Technical Working Groups.

Objective of the Validation exercise

The objective of the validation meeting was:

- To ensure that AOP activities aligned with the health sector objective, priority initiatives and strategic interventions based on the priority initiatives assigned to the TWG as obtained in the TWGs conceptual framework.

Outcome of the Validation exercise

At the end of the validation meeting, the objective of the meeting was achieved and input from the TWGs was validation was entered into the AOP.

AOP APPROVAL MEETING BY TOP MANAGEMENT

A second TOP management meeting was conducted as a final stage of the AOP development.

Objective of the approval meeting

The objectives of the meeting were:

- To collectively validate the 2025 Annual Operational Plan by Health Sector Top Management, health partners and CSOs
- To ensure MDA heads owned their AOP
- To approve the 2025 Kaduna State Health Sector Annual Operational Plan for implementation

At this meeting, heads of MDAs presented their agency AOP to justify how the AOP addressed the health sectors strategic objectives and how that will help improve the health outcomes of the residents of the state and the nation.

Outcome of the Approval Meeting

All the heads of seven health agencies and the heads of the six departments of the Ministry of health defended their AOPs. The AOP was then finally approved by the TOP management.

BUDGET SUMMARY OF THE KADUNA HEALTH SECTOR 2025 AOP

The total cost of the sector wide AOP for Kaduna State is one hundred and ninety-one billion, four hundred and fifty-three million, six hundred and fifty-seven thousand, three hundred and eighty-five naira only (₦ 191,453,657,032). Of this amount, government will contribute ninety-six billion, fifty-three million, six hundred and fifty-eight thousand, eight hundred- and fifty-eight-naira (₦ 96,053,358,858) accounting to 50.17% of the total AOP budget, development partners will contribute the sum of thirty-three billion, five hundred and eighty-two million, one hundred and forty-eight thousand, three hundred and seven naira (₦ 33,582,148,307) representing 17.54% of the total budget while. A funding gap exist amounting to sixty-one billion, eight hundred and eighteen million, one hundred and forty-nine thousand, eight hundred- and sixty-seven-naira (₦ 61,818,149,867) accounting for 32.29% of the total AOP budget (Table 4). Government AOP budget aligned with the state health budget (Table 3).

Furthermore, a high proportion of the budget 94.68%, is to provide Efficient, Equitable and Quality Health system (HSSB pillar 2) (Table 5), this is because most of the capital projects mainly infrastructure, medicine and vaccines, human resource for health and health financing falls under this pillar.

Focus of the 2025 Sector Wide AOP

The AOP is focused of providing basic and comprehensive emergency obstetric care services, immunization and family planning services as well as integrated management of childhood illnesses. It also paid attention to health security and health financing to reduce pain and hardship in accessing health care especially for the poor and vulnerable population. There is also some focus on non-communicable diseases which is one of the leading causes of death among adults.

CONCLUSION

The 2025 Kaduna Sector Wide Annual Operational Plan development was a vigorous process and evident based bottom-top approach with the participation of all relevant stakeholders. The AOP contains both the plan and the performance monitoring framework. It also aligned with Technical Working Groups for effective monitoring of its implementation. This will help to cost-correct any gaps observed during the implementation. All members of the management team were fully involved in its development and are also fully responsible for its successful implementation. The AOP is well positioned to achieve the goal of the HSSB which is to save lives, reduce both physical and financial pain and produce health for all Nigerians.

Table 3: Alignment of AOP government Budget with the State Health Budget

| MDA | 2025 DRAFT BUDGET (₦) | 2025 AOP GOVT BUDGET (₦) | GAP |
|--------------|-----------------------|--------------------------|----------|
| MOH | 66,955,482,385 | 66,955,482,385 | 0 |
| SPHCB | 13,529,636,522 | 13,529,636,522 | 0 |
| KADCHMA | 5,321,237,522 | 5,321,237,522 | 0 |
| KADHSMA | 2,671,340,865 | 2,671,340,866 | 0 |
| KADSACA | 44,255,194 | 44,255,194 | 0 |
| KADBUSA | 1,210,020,241 | 1,210,020,241 | 0 |
| BDTH | 4,298,942,143 | 4,298,942,143 | 0 |
| CN&MW | 2,022,443,987 | 2,022,443,987 | 0 |
| TOTAL | 96,053,358,858 | 96,053,358,858 | 0 |

Table 4: AOP Budget Composition Based of Funding Source and Funding Gap

| MDA | 2025 AOP BUDGET | GOVT | PARTNERS | FUNDING GAP | PROPORTION OF MDA AOP BUDGET |
|--------------|------------------------|-----------------------|-----------------------|-----------------------|------------------------------|
| MOH | 102,469,922,043 | 66,955,482,385 | 5,568,125,000 | 29,946,314,658 | 53.5% |
| SPHCB | 53,839,206,755 | 13,529,636,522 | 26,958,386,307 | 13,351,183,926 | 28.1% |
| KADCHMA | 5,968,011,015 | 5,321,237,522 | 383,418,000 | 263,355,493 | 3.1% |
| KADHSMA | 14,493,604,230 | 2,671,340,866 | 2,220,000 | 11,820,043,364 | 7.6% |
| KADSACA | 635,920,000 | 44,255,194 | 370,199,000 | 221,465,806 | 0.3% |
| KADBUSA | 3,560,105,753 | 1,210,020,241 | 299,800,000 | 2,050,285,512 | 1.9% |
| BDTH | 8,441,073,249 | 4,298,942,143 | - | 4,142,131,106 | 4.4% |
| CN&MW | 2,045,813,987 | 2,022,443,987 | - | 23,370,000 | 1.1% |
| TOTAL | 191,453,657,032 | 96,053,358,858 | 33,582,148,307 | 61,818,149,867 | |
| | | 50.17% | 17.54% | 32.29% | |

Table 5: Proportion of Budget Based on Pillars and Enablers

| MDA | PILLAR 1 | PILLAR 2 | PILLAR 3 | PILLAR 4 | ENABLER 1 | ENABLER 2 | TOTAL |
|--------------|----------------------|------------------------|----------------------|----------------------|----------------------|--------------------|------------------------|
| MOH | 712,679,000 | 96,080,239,410 | 265,869,000 | 2,207,898,633 | 3,119,882,000 | 83,354,000 | 102,469,922,043 |
| SPHCB | 206,349,800 | 51,099,452,955 | 631,261,000 | 117,808,000 | 1,775,084,000 | 9,251,000 | 53,839,206,755 |
| KADCHMA | 64,225,000 | 5,768,959,015 | - | - | 134,827,000 | - | 5,968,011,015 |
| KADHSMA | 900,000 | 13,899,260,230 | 538,842,000 | 5,500,000 | 2,220,000 | 46,882,000 | 14,493,604,230 |
| KADSACA | 13,050,000 | 450,455,000 | - | - | 172,415,000 | - | 635,920,000 |
| KADBUSA | - | 3,520,630,753 | 33,350,000 | - | 6,125,000 | - | 3,560,105,753 |
| BDTH | 39,030,000 | 8,402,043,249 | - | - | - | - | 8,441,073,249 |
| CN&MW | - | 2,045,813,987 | - | - | - | - | 2,045,813,987 |
| TOTAL | 1,036,233,800 | 181,266,854,599 | 1,469,322,000 | 2,331,206,633 | 5,210,553,000 | 139,487,000 | 191,453,657,032 |
| | 0.54% | 94.68% | 0.77% | 1.22% | 2.72% | 0.07% | |

SWOT ANALYSIS

SPHCB

| Strengths | Weaknesses | Opportunities | Threats | Solutions |
|---|---|---|--|--|
| <ul style="list-style-type: none"> 71% Achievement Rate: A significant proportion of facilities (181 out of 255) already have access to electricity through the grid or alternative power sources. Existing system to track: Kaduna has an existing mechanism that checks availability of electricity source across its PHCs Community support: Commitment and support built with local communities to provide sustainable electricity Mandate Alignment: Efforts are aligned with NPHCDA's mandate, ensuring robust institutional support and prioritization. Mandate Alignment: Efforts are aligned with NPHCDA's mandate, ensuring robust institutional support and prioritization. | <ul style="list-style-type: none"> Dependency on Grid Power: Heavy reliance on grid electricity in some areas, which can be inconsistent and unreliable. Infrastructure Challenges: Some PHCs may lack the physical infrastructure needed to accommodate alternative power solutions. | <ul style="list-style-type: none"> Leverage Existing Revitalization Programs: Collaborate with ongoing BHCPF, IMPACT initiatives or other solarization projects to address gaps in electricity coverage. Explore Renewable Energy Solutions: Utilize solar or other renewable energy solutions to power PHCs in off-grid locations. Increased Political Will and Funding: Government and donor focus on PHC revitalization creates an enabling environment for resource mobilization. Partnerships with Energy Providers: Partner with private sector companies to ensure reliable energy solutions through Public-Private Partnerships (PPPs). | <ul style="list-style-type: none"> Procurement and maintenance cost: The high cost of procurement and continuous maintenance of solar energy may pose a challenge Funding Constraints: Limited financial resources may hinder the completion of electricity coverage for all 255 PHCs. Energy Insecurity: Fluctuations in grid power supply or high costs of fuel for generators could disrupt services. Environmental Risks: Natural disasters or adverse weather conditions may damage energy infrastructure. Instability in tariff system: Fluctuations in electricity tariff may affect the budget or cost of electricity | <p>2.8.13.5.b</p> <ol style="list-style-type: none"> Repair and preventive maintenance of Solar systems for 34Nos Solar Clinics in the PHCs across the state Accelerate Solar Energy Deployment: Invest in solar-powered systems for the 29% of PHCs without reliable electricity, ensuring sustainability. Strengthen Partnerships: Engage with energy companies and development partners to bridge infrastructure and funding gaps. Enhance Maintenance Protocols: Implement robust maintenance plans for existing and new energy solutions to ensure long-term functionality. Advocate for Policy Support: Lobby for increased budgetary allocations and policy reforms to prioritize PHC electrification. Conduct Training Programs: Build the capacity of PHC staff to manage and maintain energy systems effectively. |
| <ul style="list-style-type: none"> Improved Access to Boreholes: Proportion of PHCs with borehole water increased from 14% to 76%, demonstrating significant progress in water accessibility. | <ul style="list-style-type: none"> Infrastructure Gaps: Unavailability of storage tanks in some PHCs results in an inability to store water for continuous usage. Sanitation and | <ul style="list-style-type: none"> Increased facility funding: Increased resource allocation to PHC facilities can be leveraged to bridge the gap Adoption of Sustainable Technologies: Introduction of solar- | <ul style="list-style-type: none"> Funding Uncertainty: Delays or reductions in funding from national programs or external donors could slow down progress. Environmental | <p>2.8.13.22.e</p> <ol style="list-style-type: none"> Revitalize 255 PHCs across the State to provide BEMONC services Upgrade Non-functional Infrastructure: Repair faulty pumping machines and install water storage tanks |



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|--|---|--|---|--|
| <p>• Commitment to WASH Standards: There is a strong commitment by the SPHCB on adhering to the universal WASH (Water, Sanitation, and Hygiene) standards, critical for improving healthcare delivery and reducing disease transmission.</p> <p>• Existing National Programs and local support: Availability of exiting programs such as IMPACT Project, BHCPF, and Constitutional Projects provides technical and financial backing for WASH infrastructure improvements.</p> <p>• Increased Community Ownership: Increased ownership by WDCs to improve facility infrastructure across the state</p> | <p>Hygiene Issues: Limited or no access to proper toilet and handwashing facilities in a few locations undermines overall WASH compliance.</p> <p>• Dependency on External Support: Overreliance on donor-funded or government projects could delay progress if funding ceases.</p> <p>Breadown of equipment: Continues breakdown of boreholes and handwashing facilities</p> | <p>powered pumping systems and rainwater harvesting to enhance water supply sustainability.</p> <p>• Existing Advocacy mechanism: Availability of existing advocacy system to communities to take ownership of WASH facilities and ensure proper maintenance.</p> <p>• Existing NGOs and Private individuals supporting WASH initiatives: Collaborating with WASH-focused organizations and private individuals for funding, expertise, and innovative solutions.</p> <p>• Existing government-owned agency involved in providing WASH facilities: Kaduna already has RUWASSA/ an agency involved in providing WASH facilities</p> | <p>Challenges: Droughts, seasonal water scarcity, or other environmental factors may impact the sustainability of water sources.</p> <p>• Maintenance Challenges: Lack of trained personnel for regular maintenance could result in frequent breakdowns of boreholes and pumping systems.</p> <p>• Population Growth Pressure: Increasing demand for healthcare services may outstrip the capacity of existing WASH infrastructure.</p> <p>• Theft and vandalization: Increased theft and vandalization of infrastructure by hoodlums</p> | <p>where needed.</p> <p>3. Introduce Sustainable Solutions: Implement solar-powered boreholes and other innovative water supply systems to ensure reliability.</p> <p>4. Strengthen Community Engagement: Train local communities in the management and maintenance of WASH facilities to ensure sustainability and ensure protection of such investments.</p> <p>4. Advocate for Continuous Funding: Engage policymakers and donors to ensure consistent funding for WASH-related projects.</p> <p>5. Monitor and Evaluate Progress: Regularly assess the functionality of WASH facilities and address any gaps promptly.</p> |
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|---|---|--|--|---|
| <ul style="list-style-type: none"> • Government commitment: Strong political will and commitment by the State government on infrastructural upgrades • Data driven interventions: Kaduna has an existing structured mechanism that tracks facility performance and develops FIPs that provide a clear roadmap for facility upgrades • Alignment with MSP standards: The state has since adopted the MSP standards for number of rooms and already working towards that • Existing technical support: Existing technical support from partner organizations and NPHCDA • 68% Achievement Rate: A significant proportion of PHC facilities already have 13 rooms | <ul style="list-style-type: none"> • Lack of adequate space: A number of PHCs do not have adequate space for expansion • Inadequate funding: Limited budgetary allocation and release for capital intensive interventions | <ul style="list-style-type: none"> • Existing National Programs and local support: Availability of existing programs such as IMPACT Project, BHCPF, and Constitutional Projects provides technical and financial backing for expansion of existing PHC facilities • LGA autonomy: LGA financial autonomy may serve as additional financial support for PHC upgrade | <ul style="list-style-type: none"> • Economic uncertainty: The uncertainty in economic landscape may affect accurate budgeting and forecasting of the cost of PHC upgrades • Insecurity: existing security challenges in some areas may hinder construction • Environmental and climate change: Environmental factors and climate change may affect construction progress | <ul style="list-style-type: none"> • Advocacy to policy makers: Advocacy to politicians especially at the LGA level for funding of some of the PHC upgrades • 2.8.13.22.e • Revitalize 255 PHCs across the State to provide BEMONC services |
| <ul style="list-style-type: none"> • Government commitment: Strong political will and commitment by the State government on infrastructural upgrades • Data driven interventions: Kaduna has an existing structured mechanism that tracks security fence and roof availability | <ul style="list-style-type: none"> • Inadequate funding: Limited budgetary allocation and release for capital intensive interventions | <ul style="list-style-type: none"> • Existing National Programs and local support: Availability of existing programs such as IMPACT Project, BHCPF, and Constitutional Projects provides technical and financial backing for expansion of existing PHC facilities • LGA autonomy: LGA financial autonomy may serve as additional financial support for PHC upgrade | <ul style="list-style-type: none"> • Economic uncertainty: The uncertainty in economic landscape may affect accurate budgeting and forecasting of the cost of PHC upgrades • Insecurity: existing security challenges in some areas may hinder construction • Environmental and climate change: Environmental factors and climate change | <ul style="list-style-type: none"> • Advocacy to policy makers: Advocacy to politicians especially at the LGA level for funding of some of the PHC upgrades • 2.8.13.22.e • Revitalize 255 PHCs across the State to provide BEMONC services |



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| | | | may affect construction progress | |
| <ul style="list-style-type: none"> Existing workforce management/registry Government commitment Existing partnerships with donors/partners Presence of training institutions | <ul style="list-style-type: none"> High attrition Non equitable distribution between rural/urban Inadequate compensation Limited training Limited budget | <ul style="list-style-type: none"> Availability of HRH policy Adopted the task-shifting and task-sharing policy | <ul style="list-style-type: none"> Brain drain (japa) Competition from private and tertiary health institutions Shrinking fiscal space | <p>2.8.12.13.a 1. Conduct 1-day non-residential CBT Aptitude test for recruitment of 1000 technical staff (400 Nurse/Midwives, 300 CHEWs and 300 JCHEWs) across the 3 Senatorial Districts to fill the total gap of 7,545 for the 3 Cadres : 2252 Nurse/Midwives; 808 CHEWs and 4485 JCHEWs based on SDP.</p> <p>2.9.15.5.b 2.Re-engage 100 adhoc midwives across 100 facilities in the state</p> <p>2.8.13.22.h 3• Conduct 4-days quarterly Quality Assessment by 138 LGA and 75 State team</p> |
| <ul style="list-style-type: none"> Existing workforce management/registry Government commitment Existing partnerships with donors/partners Presence of training institutions | <ul style="list-style-type: none"> High attrition Non equitable distribution between rural/urban Inadequate compensation Limited training Limited budget | <ul style="list-style-type: none"> Availability of HRH policy Adopted the task-shifting and task-sharing policy | <ul style="list-style-type: none"> Brain drain (japa) Competition from private and tertiary health institutions Shrinking fiscal space | <p>2.9.15.6.c 1• Conduct 3-day quarterly non residential validation of Annual Quality improvement plan of 2025 by 10 BHCPF PIU team members</p> <p>2.8.13.22.h 2•Conduct 4-days quarterly Quality Assessment by 138 LGA and 75 State team</p> |
| <ul style="list-style-type: none"> Availability of a comprehensive maintenance plan Competent and trained staff on cold chain Availability of technical partners Availability of updated IRP | <ul style="list-style-type: none"> Limited funding for procurement | <ul style="list-style-type: none"> Existing support from NPHCDA Available donor support for supply chain procurements | <ul style="list-style-type: none"> Breakdown of equipment Insecurity and theft of equipment (eg solar panels) | <p>2.6.8.9.d •Conduct 5 days quarterly Mock Effective Vaccine Management Assessment (EVMA) 46 persons</p> <ul style="list-style-type: none"> Engage certified technicians for repairs of broken down equipment Procurement of new equipment <p>2.8.13.22.h 2 •Conduct 4-days quarterly Quality Assessment by 138 LGA and 75 State team</p> |



| | | | | |
|---|---|--|---|---|
| <ul style="list-style-type: none"> • Availability of procurement plan for PHC equipment • Availability of technical partners | <ul style="list-style-type: none"> • Limited funding for procurement | <ul style="list-style-type: none"> • Existing support from NPHCDA • Available donor and partner support • Existing philanthropic activities supporting procurement of equipment | <ul style="list-style-type: none"> • Breakdown of equipment • Limited funding | <p>2.8.13.5.a • Provide medical equipment, furniture and fittings in the renovated Health Clinic across the 255 wards</p> |
| <ul style="list-style-type: none"> • Availability of technical partners • Availability of infection control and management plan | <ul style="list-style-type: none"> • Limited funding for procurement | <ul style="list-style-type: none"> • Existing support from NPHCDA • Available donor and partner support | <ul style="list-style-type: none"> • Limited funding | <p>2.8.12.6.a • Conduct quarterly procurement and pre-positioning of anti-septics to 807 non-255 Health facilities (Detergents, jik/hypo, hand glove, hand sanitizer etc) (807 packs each items)</p> <p>2.8.13.5.a • Provide medical equipment, furniture and fittings in the renovated Health Clinic across the 255 wards</p> <p>2.8.13.5.d • Construct Incinerators in the 3 geo-political zones</p> |
| Strengths | Weaknesses | Opprtunities | Threats | Solutions |
| <ul style="list-style-type: none"> • Availability of technical partners • Availability of coordination body that reviews RI performance • Availability of cold chain equipment at State, zonal and LGA level • Data driven decision making in tracking stockout • Standardized quatification of vaccine requirements | <ul style="list-style-type: none"> • Resource constraints for pushing vaccines • Weak direct vaccine delivery | <ul style="list-style-type: none"> • Support from partners and NPHCDA | <ul style="list-style-type: none"> • Breakdown of storage facilities • High wastage | <p>2.6.8.8.o Conduct 2 days monthly residential training of 23 LCCOs, 5 ZCCOs and 10 state cold store team on Annual vaccines forecasting, vaccines wastages, handling, storage and transportation, documentation and archieving by 8 facilitators (46 persons)</p> |
| <ul style="list-style-type: none"> • Availability of a functional coordination body (PSM TWG, LMCU etc) • Availability of standardized supply chain guidelines | <ul style="list-style-type: none"> • Weak coordination • Knowledge gap of HCWs | <ul style="list-style-type: none"> • Support from partners and NPHCDA • Availability of a health supplies management agency | <ul style="list-style-type: none"> • Cost of drugs from Open drug markets | <p>2.9.15.6.c 1 • Conduct 3-day quarterly non residential validation of Annual Quality improvement plan of 2025 by 10 BHCPF PIU team members</p> <p>2.8.13.22.h 2 • Conduct 4-days quarterly Quality Assessment by 138 LGA and 75 State team</p> |
| Strengths | Weaknesses | Opprtunities | Threats | Solutions |



Kaduna State Government



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| <ul style="list-style-type: none"> • Local production capacity • Data driven decision making • Support from technical partners • Strong inventory management | <ul style="list-style-type: none"> • Poor maintenance of registers | <ul style="list-style-type: none"> • Support from partners and NPHCDA | | <p>1.16.22.7.c 1 • Print and distribute 14 NHMIS Registers (1,020 each), HF Vaccine/Devices Utilization Summary Forms (carbonized), HF Immunization Summary Forms (carbonized), HF monthly summary forms (carbonized) (1,200 each), Child Health Cards (60,000), 110,000 Standard Unified patient hand and consultation cards (OPD Cards) to PHC Facilities (Apex & 2nd 255), Integrated PHC Services Referral booklets (1,200), and CVs Referral booklets (9,000)</p> <p>2.8.13.22.h 2 • Conduct 4-days quarterly Quality Assessment by 138 LGA and 75 State team</p> |
| <ul style="list-style-type: none"> • Committed healthcare workers • Existing supportive supervision and mentorship plans | <ul style="list-style-type: none"> • Lack of structured capacity transfer plan | <ul style="list-style-type: none"> • Support from partners and NPHCDA on Capacity building of HCWs | <ul style="list-style-type: none"> • Transfer of trained staff • Staff attrition | <p>1.16.22.2.d • Conduct 5 days quarterly e-DQA_DDU/DQS in 23 HFs across the 23 LGAs (10 facilities per LGA) by 46 state officials, 5 days monthly to 2 HFs per day by LGA M&E and HMIS Officers (46 prs), both supervised by 10 state backend managers</p> <p>1.16.22.6.a • Conduct 1-day residential capacity building of 23 HMISO across the 23 LGHAs and 6 State officials/partners for quality tracking and reporting self-inject indicator.</p> <p>1.16.22.6.b • Conduct quarterly 1-day non-residential review meeting with 23 HMISO across the 23 LGHAs and 6 State officials/partners to ensure DMPA-SC/SI data quality across</p> <p>2.8.13.22.h • Conduct 4-days quarterly Quality Assessment by</p> |

MOH HSSB SWOT TABLE

| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
|--|--|--|
| 1.16.22 Strengthen health data collection, reporting and usage – starting with the core indicators | <ul style="list-style-type: none"> Established integrated data control room (IDCR) in the state. Availability of trained M&E and NHMISOs across the 23 LGAs Availability of computers for data capture, analysis and transmission in the 255 PHCs Reversed NHMIS data tools M&E framework and Matrix developed Health sector Scorecard Deployment of eDQA system to track health sector data quality performance Availability of trained M&E and NHMISOs across the 23 LGAs Availability of functional M&E TWG. | <ul style="list-style-type: none"> Inability to conduct monthly IDCR meeting as expected Under- utilization of the available computer system for data capture Inadequate NHMIS data collection tools in the health facility |
| | OPPORTUNITIES | THREATS |
| | <ul style="list-style-type: none"> Availability of partners. Strong political will. | <ul style="list-style-type: none"> Insecurity in some parts of the State hinders the conduct of monitoring and supportive supervision of data . Frequent system glitch. |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| 2.17.24 Improve oversight and monitoring of budgeting process to increase budget utilization | <ul style="list-style-type: none"> Availability of functional Health Care Financing Unit in HPRs Department SMOH. availability of functional HCF TWG Presence of health financing policy and Strategy | <ul style="list-style-type: none"> Irregular SOC and Gateway forum meeting due to competing activities Inadequate Capacity to conduct SHA and PETS |



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|---|---|--|
| | <ul style="list-style-type: none"> conducted State Health Account for the year 2016 -2021 Strong coordination mechanism for BHC PF (SOC, Gateway Forum) meetings Availability of HCF dashboard. <p>Strong budget coordinating structure</p> | |
| | <ul style="list-style-type: none"> OPPORTUNITIES Availability of implementing partners. Availability of funding source, such as BHC PF, IMPACT Project, etc. | <ul style="list-style-type: none"> THREATS Poor cash backing for the 15% allocation to health Inadequate staff in the unit. |
| <p>PRIORITY INITIATIVE</p> | <p>STRENGTHS</p> | <p>WEAKNESSES</p> |
| <p>2.9.15 Increase availability and quality of HRH.</p> | <ul style="list-style-type: none"> Existence of HRH Technical Working Group Availability of HRH unit in all the MDAs Existence of Monthly /Quarterly HRH TWG Review meetings Institutionalization of integrated supportive supervision /on-the job capacity building Existence of Bond Policy for Students-In-Training at the State Existence of a Training Committee domiciled in the Ministry of Health, Training Institutions and SPHCB for the training and retraining of HRH | <ul style="list-style-type: none"> Occasional non-alignment of Development Partners’ Programs with the State Strategic and Operational Plans. Non-availability of a platform for regular interaction between the Unions and their Employers Presence of inter-professional rivalry among the Unions weakness of Private Health Institutions Monitoring Agency Non-availability of partners regulatory guidelines Difficulty of harvesting private sector HRH data Poor funding Non-adherence to the State Deployment Policy Poor remuneration when compared with the neighboring States |
| | <ul style="list-style-type: none"> OPPORTUNITIES Availability of partners. Signing of the minimum wage into law. | <ul style="list-style-type: none"> THREATS High risk of attrition. |
| <p>PRIORITY INITIATIVE</p> | <p>STRENGTHS</p> | <p>WEAKNESSES</p> |
| <p>Strengthen health research and development to significantly contribute to the overall improvement of</p> | <ul style="list-style-type: none"> National Health Research Ethics Committee Conducted training of HREC members in Kaduna State | <ul style="list-style-type: none"> Paucity of funds hampers organizing more of research grant writing workshops. The State Council on Health has granted Approval for the establishment of a Centre |



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| Nigeria's health system performance. | <ul style="list-style-type: none"> • Existence of Health Research Ethics Committees (HREC) at the MoH and BDTH • BDTH and KASU have organised research grants writing workshops to Researchers in both institutions in collaboration with other research institutions and centres • Existence of Research Policy in BDTH. | <ul style="list-style-type: none"> • of Sickle Cell Research and Training in the State • Lack of fund stalled the takeoff of the center. |
| | <ul style="list-style-type: none"> • OPPORTUNITIES | <ul style="list-style-type: none"> • THREATS |
| | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • |

KADHSMA HSSB SWOT TABLE

| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
|---|---|--|
| Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products | Mandate of the agency aligns to the regulatory framework | Infiltration of Substandard and falsified health commodities |
| | OPPORTUNITIES Innovation in healthcare delivery | THREATS Resistance from some stakeholders |
| Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs) | Available programmes aimed at prevention and control of this diseases | Lack of sustainable effort to prevent and control these diseases |
| | OPPORTUNITIES Leveraging on international funding and partnership to prevent and control these diseases | THREATS Reliance on external funding sources or changing political priorities may result in inconsistent funding, potentially stalling disease reduction efforts |
| Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition | Available programmes aimed at prevention and control of this diseases | Lack of sustainable effort to prevent and control these diseases |
| | OPPORTUNITIES Leveraging on international funding and partnership to prevent and control these diseases | THREATS Reliance on external funding sources or changing political priorities may result in inconsistent funding, potentially stalling disease reduction efforts |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |



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|---|--|--|
| Stimulate local production of health products (e.g., drug substance, fill and finish for vaccines, malaria bed-nets, and therapeutical foods) | Increase in Local production of health products | Limited capacity of local manufacturer to meet required standards |
| | OPPORTUNITIES | THREATS |
| | Local production can drive partnerships between governments, research institutions, and private companies. | Dependence on imported raw materials or technology could still create supply disruptions |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Streamline existing supply chains to remove complexity | Increase in Health commodities availability to reduce risk of stock out | Lack of contingency measures in product availability during the streamlining process. |
| | OPPORTUNITIES | THREATS |
| | Incorporating advanced technologies like data analytics, AI, and real-time tracking to streamline supply chains | Digitizing supply chain may make it vulnerable to cyberattacks or data breaches |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security. | Availability of trained personnel in emergency prevention, detection, preparedness and response | Emergency prevention, detection, and response can be resource-intensive, requiring significant investments in infrastructure, training, and equipment. |
| | OPPORTUNITIES | THREATS |
| | Training and capacity building of healthcare workers, enhancing overall system resilience and expertise in handling future public health crises. | Limited healthcare budgets or shifting political priorities may divert resources away from public health emergency preparedness, leaving gaps in prevention and response capabilities when they are most needed. |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate | Integrating data from various sources into a single, accessible platform. | Interoperability between existing data systems requires significant technological expertise and collaboration among different stakeholders. |
| | OPPORTUNITIES | THREATS |
| | Data systems can enhance collaboration between different healthcare providers and reducing gaps in health care services | Maintaining a data system requires updates leading to high long-term operational costs. |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Improve oversight and monitoring of budgeting process to increase budget utilization | Establishment of Budget and planning cells | Non-Cash backing of releases |
| | OPPORTUNITIES | THREATS |
| | Availability of alternative funding sources from development partners. | Pulling out of donors from the system. |

KADCHMA HSSB SWOT TABLE

| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
|--|---|---|
| Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance | <ol style="list-style-type: none"> Existence of Kaduna State Law No. 7 of 2018 which provides an appropriate governing framework for the Authority Earmark of Equity fund equivalent of 1% of consolidated revenue fund (CRF) of the State for enrolment of vulnerable population groups. Availability of State Social Register for targeting vulnerable population groups by age (under 5yrs and elderly above 65yrs), poverty, disability (all forms of disability) and pregnancy. Functional Call Centre is established for enrollee enquiries and complaints with staff that are trained bi-annually. | <ol style="list-style-type: none"> Limited awareness and low sensitization of the population about the scheme at the community level as only 15% are aware of health insurance and contributory schemes. Weak collaboration with safety net programs on health insurance coverage for their beneficiaries |
| | OPPORTUNITIES | THREATS |
| | <ol style="list-style-type: none"> Presence of development partners willing to support the Authority's plan and activities High informal population | <ol style="list-style-type: none"> Religious reservation towards health insurance participation low level of literacy Weak fiscal space which implies limited equity funds for the contributory scheme Non release of 1% CRF for the vulnerable population to retain the already enrolled nor increase enrolment of beneficiaries |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Comprehensive and intentional communication strategy for stakeholder engagement and advocacy | <ol style="list-style-type: none"> Availability of strategic communication plan developed through Partners' support. Regular awareness parleys with enrollees to address their concerns. Regular engagement meetings with stakeholders (HCPs, TPAs, | <ol style="list-style-type: none"> Inadequate trained ICT and Business Devt personnel managing information and marketing activities Limited awareness and low sensitization of the population about the scheme at the community level as only 15% are aware of health insurance and contributory schemes |



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| | <p>Fund Manager, CSOs etc.) and quarterly forum of the 3 gateways (KADCHMA, KSPHCB, SMOH).</p> <p>4. Functional call centre established for enrollee enquiries and feed backs</p> | <p>3. Lack of operational presence at zonal level</p> |
| | OPPORTUNITIES | THREATS |
| | <p>3. Existence of community structures (WDCs, FHCs, VCM, etc.), religious and interfaith agencies, traditional councils and CSOs for leveraging in reaching and enrolling at community level.</p> | <p>1. Weak labour market indices and high poverty headcount rate in the state (42.3% in 2019) weakening purchasing power.</p> <p>2. Inadequate number of ICT and Business Devt staff</p> |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| <p>Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products</p> | <p>1. Effective implementation and adherence to the operational guideline</p> <p>2. Availability of service utilization reports to guide the level of quality care provided to enrollees</p> <p>3. Periodic monitoring and evaluation of stakeholders to drive the Authority's goals and performance indicators.</p> | <p>1. Weak implementation of health insurance under one roof (HIUOR) concept</p> <p>2. Low strategic awareness creation activities to improve health access</p> |
| | OPPORTUNITIES | THREATS |
| | <p>1. Existence of community structures to increase awareness and utilization</p> <p>2. Availability of accredited HCFs and revitalization of PHCs</p> <p>3. Presence of CSOs to push for accountability for quality health service delivery</p> | <p>1. Absence of funding through non release of 3% employer contribution affecting prompt provider fees payments</p> <p>2. Unavailability of essential medicines in some facilities affecting effectiveness of services.</p> <p>3. Insecurity in some communities affecting provision and access to healthcare services</p> <p>4. Drug stock outs and poor service delivery owing to policy mandating all facilities to buy drugs from capacity-challenged Health Supply Management Agency</p> |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| <p>Expand financial protection to all citizens through health insurance expansion</p> | <p>1. Availability of strategic communication plan developed through Partners' support</p> | <p>1. Progress is too slow on enrolment of informal sector.</p> <p>2. Minimal coordination with the broader social protection system</p> |



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| <p>and other innovative financing mechanisms</p> | <ol style="list-style-type: none"> 2. Regular awareness parleys with enrollees to address their concerns. 3. Regular engagement meetings with stakeholders (HCPs, TPAs, Fund Manager, CSOs etc.) and quarterly forum of the 3 gateways (KADCHMA, KSPHCB, SMOH). 4. Benefits package takes into account health needs, ability to pay and availability of services. 5. Cost of the package determined by an actuarial pricing model. 6. Contributions deducted from payroll deductions from all MDAs and account statements are used to monitor compliance of payments monthly. 7. Population growth in the state 8. Equitable distribution of HCFs and personnel across 255 wards 9. Availability of trained personnel across 255 wards | <ol style="list-style-type: none"> 3. High cost of drugs and consumables are binding constraints in service delivery 4. Lack of collaboration with safety net programs on health insurance coverage for their beneficiaries |
| | <p>OPPORTUNITIES</p> <ol style="list-style-type: none"> 1. Private investment growth in agriculture, manufacturing and trade, and the income and employment growth will raise ability to pay for healthcare and contribute to resourcing of the scheme. 2. Farmers' cooperatives and associations are growing recipients of government support and increasingly visible actors for engagement. | <p>THREATS</p> <ol style="list-style-type: none"> 1. High informal population, religious reservation towards health insurance participation, low level of literacy and weak fiscal space which implies limited equity funds for the contributory scheme 2. Weak labour market indices and high poverty headcount rate in the state (42.3% in 2019) weakening purchasing power. 3. Rapid urbanization and population growth driving growth of shanty towns and pressure on social services. 4. Influx of internally displaced persons (IDPs) due to insurgency in the North-West zone of the country heightening vulnerability and creating additional financing burden |



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| | | <p>5. Cultural and religious barriers hampering progress in health-seeking behavior.</p> <p>6. Absence of counterpart contributions from government for the formal sector.</p> |
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BDTH HSSB SWOT TABLE

| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
|--|--|---|
| Strengthen existing communication mechanisms e.g phone-in TV/Radio/social media/Media hub programs, Servicom for feedback and functional grievance redress | Presence of SERVICOM Committee | Shortage of personnel to actively run the affairs of SERVICOM |
| | OPPORTUNITIES | THREATS |
| | Political will | |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Develop AOP and ensure alignment of partners' plans to national/state health sector AOP | Availability of BDTH Strategic Plan | The Strategic Plan was aligned to SSHDP II |
| | OPPORTUNITIES | THREATS |
| | Presence of Development Partners in the State | |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Strengthen the Resource Mapping and Expenditure Tracking (RMET) processes to track funds | Availability of a Budget line for Audit Fees | Funds earmarked not sufficient |
| | OPPORTUNITIES | THREATS |
| | A room for adjustment at KDHA | Tight Fiscal Space |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| To deepen the Private sector participation in tertiary and quaternary healthcare delivery using various Public Private Partnership (PPP) modules | Availability of existing PPP policy in the state | Lack of a dedicated PPP office in the hospital |
| | OPPORTUNITIES | THREATS |
| | Private Investors willing to partner with the facility | Change in government policies |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Strengthen prevention, treatment and rehabilitation services for | | Lack of Obstetric Fistula surgical theatre in the hospital |
| | OPPORTUNITIES | THREATS |



| | | |
|---|--|---|
| quality obstetrics Fistula care | | |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Strengthen neonatal intensive care unit at level-3 (Tertiary) health facilities | Availability of NICU in the Hospital | The existing NICU is too small |
| | OPPORTUNITIES | THREATS |
| | Political will | Untimely release of funds |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Increase availability and quality of HRH (2.9.15) | <ul style="list-style-type: none"> • Presence of skilled personnel. • There is an existing A&E | <ul style="list-style-type: none"> • Inadequate infrastructure like offices, lecture & seminar rooms • The present A&E is too small. • Lack of CSSD • Absence of Intensive Care Unit (ICU). |
| | OPPORTUNITIES | THREATS |
| | The political will to support the facility. | <ul style="list-style-type: none"> • Non-release of funds. |

KSCN&MW SWOT TABLE

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|---|---|---|
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Develop AOP and ensure alignment of partners' plans to national/state health sector AOP | Availability of state health strategic plan | None availability of strategic plan for the College |
| | OPPORTUNITIES | THREATS |
| | Presence of development partners in the state | |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Increase availability and quality of HRH | <ol style="list-style-type: none"> 1. Presence of skilled HRH personnel 2. Existence of already accredited Academic programs by the regulatory body | <ol style="list-style-type: none"> 1. Inadequate infrastructure and equipment. 2. Insufficient funding of accreditation exercise. |
| | OPPORTUNITIES | THREATS |
| | Political will to support the College | Non-release and cash backing of funds |

KADSACA HSSB SWOT TABLE

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| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| A Sector Wide Action Plan (SWAp) to defragment health system programming and funding | National Domestic Resource Mobilization and Sustainability Strategy | Non-availability of domesticated National Domestic Resource Mobilization and Sustainability Strategy/Plan |
| | OPPORTUNITIES | THREATS |



| | | |
|--|---|---|
| | Availability Implementing Partners, Private Sector and CBOs | Dwindling of Partners support on HIV program |
| PRIORITY INITIATIVE | STRENGTHS | STRENGTHS |
| Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs) | <ol style="list-style-type: none"> 1. Availability of Policy and Plans (SSP, NSF) for HIV Prevention and Treatment 2. Trained HCW on HIV prevention | <ol style="list-style-type: none"> 1. Availability of Policy and Plans (SSP, NSF) for HIV Prevention and Treatment 2. Trained HCW on HIV prevention |
| | OPPORTUNITIES | OPPORTUNITIES |
| | <ol style="list-style-type: none"> 1. Availability of Partners support and CBOs 2. Integration of HIV programs with other programs | <ol style="list-style-type: none"> 1. Availability of Partners support and CBOs 2. Integration of HIV programs with other programs |

KADBUSA HSSB SWOT TABLE

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|---|---|--|
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Comprehensive and intentional communication strategy for stakeholder engagement and advocacy | <ul style="list-style-type: none"> • An enhanced referral system is facilitated by the availability of tertiary and some secondary health facilities, like District hospitals, that provide specialist medical services. • Political will | Inadequate number of health care facilities, leading to suboptimal coverage. |
| | OPPORTUNITIES | THREATS |
| | Presence of development and implementing partners supporting health projects and programmes | Overdependence on donors |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products | Availability of minimum standards of operation for health workers | Lack of funds to provide the equipment and materials needed to attain such standards |
| | OPPORTUNITIES | THREATS |
| | Global interest in the areas of standard use and mental ill-health | |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Drive multi-sectoral coordination to put in place and facilitate the | <ul style="list-style-type: none"> • Availability of a well-established multisectoral collaboration to leverage in Kaduna | Lack of clear national guidelines in the areas on substance use disorders |



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| implementation of appropriate policies and Programs that drive health promotion behaviours (e.g., to disincentivize unhealthy behaviours) | <ul style="list-style-type: none"> Availability of global guidelines to adapt | |
| | OPPORTUNITIES | THREATS |
| | Political will | |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Slow down the growth rate of NCD Prevalence | Clear risk factors that lead to mental, neurological and substance use disorders have been identified | Lack of funds to holistically address these risk factors |
| | OPPORTUNITIES | THREATS |
| | Cross-cutting of risk factors with other NCDs eg | |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Revitalize tertiary and quaternary care hospitals to improve access to specialized care | <ul style="list-style-type: none"> Team motivation to execute this improvement Political will | Deficit of human resources in the area of MNSUD to manage the hospitals |
| | OPPORTUNITIES | THREATS |
| | Presence of structures belonging to other programs which can be leveraged | |
| PRIORITY INITIATIVE | STRENGTHS | WEAKNESSES |
| Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition | <ul style="list-style-type: none"> Active involvement of community health volunteers Strong community support for initiatives on maternal mental health services | <ul style="list-style-type: none"> Shortage of skilled workers in the areas of mental health especially in remote areas Gender disparity resulting in unequal access to health care |
| | OPPORTUNITIES | THREATS |
| | Harnessing technology for telemedicine | <ul style="list-style-type: none"> Socio-economic factors such as poverty and unemployment lead to poor-health seeking behaviours Stigma about MNSUD lead to hindrance in care |



KADUNA STATE HEALTH SECTOR 2025 AOP

PILLAR ONE: Effective Governance

Ministry of Health

| Pillar | | HEALTH SECTOR STRATEGIC BLUEPRINT (HSSB) ANNUAL IMPLEMENTATION PLANNING (AOP) TOOL | | | | | | | | | | | |
|--|-------------|--|---|--|--------------------------|-------------------------------------|-----------------------------|-------------------------------------|---|-------|-------|-------|--|
| Strategic Objectives | | SMART Outcome Indicator(s): | | Level of Implementation (Utilization) | Status of Implementation | Stakeholder/ Key Responsible Entity | Activity Category | Activity Sub-Category | Timeframe | | | | AOP Implementation Milestones (Activity Output) |
| Priority Initiatives | | | SMART Output Indicator(s) | | | | | | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | |
| Interventions | Description | Baseline: | Target: | | | | | | | | | | |
| Operational Plan Activities | | Cost Items | | | | | | | | | | | |
| Strategic Pillar One: Effective Governance | | | | | | | | | | | | | |
| 1.1 Strengthen oversight and effective implementation of the National Health Act | | SMART Outcome Indicator(s): 1. Number of States/FCT with State Health Policy that has at least 80% strategic (intervention) alignment with the National Health Policy (NHP) 2. Number of States/FCT that implement at least 80% of the BWPFP strategic interventions to at least 80% implementation level Baseline: Target: | | | | | | | | | | | |
| 1.1.1 Strengthen NCH as a coordinating and accountability mechanism across the health system | | | | | | | | | | | | | |
| 1.1.1.1 Tailor NCH Meeting and memo 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 | | Tailor NCH Meeting and memo guidelines to ensure timely alignment with the "National Health Act", "National Health Policy" and "National Health Development Plan" updates and reviews as the main focus. Engage the Nigerian Governors' Forum with key policy processes and outcomes from the FMoH. Expand the membership of the NCH technical committee to include DPs, CSOs | | SMART Output Indicator(s): 1. Availability of documented procedures for preparation and conduct of NCH Meeting that put updates and reviews of the National Health Act "National Health Policy" and "Health Development Plan" as the main agenda. 2. No. State council on health Meeting conducted 3. No. of NCH meeting Attended. | | | | | | | | | |
| | | 1.1.1.1.a | Conduct 3 days 2025 State Council on Health Meeting with 300 participants (including 25 Health secretaries who will be accommodated) and 5 consultants | Large Hall, Hall Decoration, Tea break, Lunch, Second Tea Break, Stationeries, Facilitators fee, surveillers, Printing | State & FCT level | Ongoing Project/Activity | SMoH/DHPRS/SCH Desk officer | Program/Management/Admin. Istration | Planning, Policy and Capacity Building Workshop | | | | 2025 State Council on Health Meeting conducted |
| | | 1.1.1.1.b | Two State Delegates to participate in a 7 days National Council on Health meeting for 2025 | Accommodation, DSA, Airticket, local Transportation | State & FCT level | Ongoing Project/Activity | SMoH/DHPRS/SCH Desk officer | Program/Management/Admin. Istration | Planning, Policy and Capacity Building Workshop | | | | Kaduna delegates participated in the 2025 NCH meeting |
| 1.2 Increase accountability to and participation of relevant stakeholders and Nigerian citizens | | SMART Outcome Indicator(s): Stakeholder accountability rating of health sector leadership at national and subnational levels Baseline: | | | | | | | | | | | |
| 1.2.2 Comprehensive and intentional communication strategy for stakeholder engagement and advocacy | | | | | | | | | | | | | |
| 1.2.2.1 Dissemination and public disclosure/dissemination of health sector performance report e.g Annual state of health report to all relevant stakeholders | | Use of media (e.g. digital, electronic, print, interpersonal), IGA and community resources e.g Village Health Committees, Ward Health Committees (Representative from the Youth), Traditional/Religious Council, etc. Use available platform to facilitate citizens on the health sector initiative towards demand creation and active citizens participation through optimal community engagement approaches | | SMART Output Indicator(s): 1. Number of Annual State of Health Report disseminated 2. No. of media engagement (press releases, interviews, interactive call in sessions) at Federal LGA, Community level/ Youth Group quarterly 3. No. of FHO facilities with minimum number and type of informative health poster, bills displayed 4. No. of planned dialogues held every quarter | | | | | | | | | |
| | | 1.2.2.1.a | Conduct Community mobilization to 63 Community/Religious leaders on all NTD interventions and train 198 Town ambassadors to increase awareness during drug distribution of NTD medicines by 80 NTD/HF Staff | DSA, Transport, Refreshment | State & FCT level | Ongoing Project/Activity | SMoH/DCP/MHO | Program/Management/Admin. Istration | Information Education and Communication (IEC) | | | | 636 Town ambassadors awareness on NTD mass drug distribution increased |
| 1.2.2.2 Strengthen existing communication mechanisms e.g phone in TV/Radio/online media/Multichannel programs, Servicecom for feedback and functional grievance redress | | 1. Recognize/appreciate or reprimand stakeholders' performance through awards and sanctions at regular NCH/SCH 2. Provision of an award system to appreciate or reprimand stakeholders' performance through awards and sanctions at regular NCH/SCH 3. Conduct a survey to measure citizens satisfaction on service delivery | | SMART Output Indicator(s): 1. Number of NCH that included stakeholders' performance awards and sanctions 2. Provision of Department of reform coordinators and service improvement (per room) mandate carried out in relation to health according to their guidelines. 3. Development of Department of reform coordination and service improvement (per room) level report. | | | | | | | | | |
| | | 1.2.2.2.a | Produce and disseminate 14,000 copies of DCC IDC materials; 2 radioingles produced in english and hours on NTDs to be aired 20 times in 10 days | IEC/DCS Materials(14000),single production, single airing | State & FCT level | Ongoing Project/Activity | SMoH/DCP/MHO | Program/Management/Admin. Istration | Information Education and Communication (IEC) | | | | 1400 IEC materials and 2 higher production distributed and aired |



Kaduna State Government



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| 1.4.4.2 | Develop AOP and ensure alignment of partners' plans to national/state health sector ACP | Conduct situational analysis at state-level and define priorities to be included in the plans with engagement of partners on the ACP process to ensure alignment of their plans with National/State priorities. Advocate/Comprehensive communication to private investors, CPOs, to sign the plans with the National Health priorities and contribute to the HSSB | SMART Output Indicator(s): ACP developed with inclusion of development partners activities. | | | | | | | | | |
| | 1.4.4.2.a | Conduct 3 days residential orientation meeting on the development of 2026 Health Sector ACP with 70 persons | Teabreak/Lunch | State & FCT level | New-Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | planning meeting for 2026 Health Sector ACP development conducted |
| | 1.4.4.2.b | Conduct 3 days residential workshop to develop Health sector 2026 Annual Operational Plan with 700 persons | Accommodation, teabreak, Lunch, Hall, Transport, DSA, PAS, Stationaries, Projector, VAT (7.5%) | State & FCT level | New-Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | 2026 Health Sector ACP Developed |
| | 1.4.4.2.c | Conduct 5 days residential workshop to Harmonize 2026 Health Sector ACP by 30 persons | Accommodation, teabreak, Lunch, Hall, Transport, DSA, PAS, Stationaries, Projector, VAT (7.5%) | State & FCT level | New-Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | 2026 Health Sector ACP Harmonized |
| | 1.4.4.2.d | Conduct one day meeting with 8 TWG with 40 participants each, to Validate the Health sector 2026 ACP | Teabreak/Lunch | State & FCT level | New-Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | 2026 Health Sector ACP Validated |
| | 1.4.4.2.e | Conduct 3 days mid year ACP review by 65 persons | Teabreak/Lunch, Hall, projector, PAS | State & FCT level | New-Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | 2026 ACP Mid year Review conducted |
| | 1.4.4.2.f | Conduct 2 days bottleneck analysis across the 23 LGA with 104 persons | Accommodation, Lunch, Transport, Stationaries | State & FCT level Local Government | New-Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | 2026 ACP Mid year Review conducted LGA F acilities bottleneck analysis conducted |
| | 1.4.4.2.g | Conduct 3 days residential workshop to develop LGA 2026 Annual Operational Plan with 180 persons | DSA, Local Transport, small hall, lunch, teabreak, accommodation, Honorarium, Projector, PAS, Stationary, DSA, Transport, Hall, Lunch, 2 Tea | State & FCT level | On-going Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | 2026 Facility ACP Developed |
| | 1.4.4.2.h | Conduct 3 days residential workshop to develop the LGHA Malaysia Operational Plan with 117 participants (30 LGAs) | Break, accommodation, honorarium, projector, PAS, DSA, Transport, Hall, Lunch, 2 Tea | State & FCT level | New-Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | 23 LGHA Malaysia ACP developed |
| | 1.4.4.2.i | Conduct a 3 days residential workshop validate the Malaysia Operational Plan to 30 participants from the | Break, accommodation, honorarium, projector, DSA, DSA, Transport, Hall, Lunch, 2 Tea | State & FCT level | New-Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | 2025 Malaysia ACP developed |
| | 1.4.4.2.j | Conduct 3 days residential Top Management meeting with 50 Health Advisory Committee members to approve the Health Sector 2026 ACP | Accommodation, teabreak, Lunch, Hall, Transport, DSA, PAS, Stationaries, Projector, VAT (7.5%) | State & FCT level | New-Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | 2026 Kaduna State Health Sector ACP approved |
| 1.4.4.3 | Support to HME, SPHCDAIB, and LGHA Health Authorities on the development and consolidation of health facilities ACP (One Plan) focusing on SWAp priorities | 1. Ensure the deployment of relevant and capable TA support to the LGA and health facility levels to ensure all key activities at those levels are captured in their workplan, in line with priority objectives. Partners to support the process. 2. Ensure those key activities in the workplan are reselected and will be consolidated into the State ACPs. | SMART Output Indicator(s): 1. Number of State ACPs with well defined and consolidated activities of the LGA and health facilities. | | | | | | | | | |
| | 1.4.4.3.a | Conduct a 1-day meeting to disseminate the Malawi Control optimization to adapt in line with the Malawi Malawi operational plan to 100 persons | Hall, Transportation, Meals, Stationaries | State & FCT level | New-Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | ACP optimization road map conducted |
| | 1.4.4.3.b | Hold a 2-day mid-term review for 45 participants to assess the progress of Malawi ACP implementation | Hall, Transportation, Meals, Stationaries | State & FCT level | On-going Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Monitoring and Evaluation | | | | ACP mid-term review meeting conducted |
| 1.4.4.8 | Conduct regular sub-national Strategic engagement to ensure successful implementation of Sector Wide Approach (SWAp) | 1. Ensure regular dialogues conducted to engage and involve states on the SWAp (eg Webinar) | SMART Output Indicator(s): 1. Number of dialogues organized by state 2. No. of Supervisory visits by the BHCFF Oversight Committee members to selected accredited BHCFF facilities 3. No. of disability inclusive health summit conducted | | | | | | | | | |
| | 1.4.4.8.a | Conduct 1 day quarterly BHCFF Oversight Committee meeting with 50 participants | Lunch, Local transport | State & FCT level | On-going Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | BHCFF Oversight Committee meeting conducted |
| | 1.4.4.8.b | Conduct Quarterly BHCFF gateway meeting involving the 4 gateway BHCFF, NHA, NEMRAS, NCCD with 50 participants | Lunch, Local transport | State & FCT level | On-going Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | BHCFF gateway meeting conducted |
| | 1.4.4.8.c | Conduct quarterly Supervisory visits by the BHCFF Oversight Committee members to selected accredited BHCFF facilities with 50 persons | Local transport, DTA | State & FCT level | On-going Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | BHCFF oversight committee members supervised accredited BHCFF facilities |
| | 1.4.4.8.d | Conduct 2 days disability inclusive health summit with CDFs with 200 participants | Teabreak, Lunch, Hall, decoration, IT facilities, accommodation, DTA, Banner, T Shirts, Face cap, printing | State & FCT level | New-Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | OPDs summit conducted |
| 1.4.4.10 | Inauguration of thematic advisory groups for coordination, harmonization and alignment of priorities. | Inauguration of the TWGs with composition of relevant stakeholders for proper guidance and agreed terms of reference and cadence to ensure proper coordination, pooling of funds and TA support. | SMART Output Indicator(s): Number of TWGs inaugurated and active 2. No. of TWG steering committee meetings conducted 3. No. of TWG meeting conducted | | | | | | | | | |
| | 1.4.4.10.a | Conduct one day quarterly TWG steering Committee Meeting by 50 persons | Lunch, teabreak, Transport, Hall | State & FCT level | New-Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | TWG Advisory Committee Meetings Conducted |
| | 1.4.4.10.b | Conduct one day monthly TWG meeting of the eight TWGs by 40 persons each to review health sector performance and offer solutions to underperformance | Lunch, teabreak, Transport, Hall | State & FCT level | New-Project/Activity | SMOCHOPRAS/SP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | Eight TWGs monthly meetings conducted |



Kaduna State Government



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| 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. Identification of a SWAp Desk officer to work with existing system/positions to drive roles especially with regards to resource coordination, strategy and operational plan, MandE, health financing and RMNCH Track implementation including quarterly reviews: Conduct of quarterly dialogues between key health sector stakeholders (i.e. the Coordinating Minister and States, to review progress against key indicators. Facilitate cross-state problem-solving sessions, elevate state perspectives, challenges, and wins, and understand the performance and contribution of states' performance to the National Health System. The use of scorecards to be employed Conduct joint performance monitoring and review: Leverage the 2024 SWAp JAR to conduct State-level annual reviews that will lead up to Nigeria's Joint Annual Review. Ensure participation of all relevant stakeholders in the annual review (JAR), as the country's primary review process, to publish one report (the state of health report) | | SMART Output Indicator(s) 1. Number of states with a SWAp Desk officer 2. Developed TOR for the SWAp desk officer 3. No. of LGA/LMCU members trained to improve Logistic data quality 4. No. of training on medicines and supply chain data quality/Assurance of public health programs conducted 5. No. of HP visited for Supply Chain data quality assurance 6. No. of Staff trained on the New SOSS operational Guideline 7. No. of Vaccines data validation and documentation at the Apex health facilities conducted 8. No. of Health Facilities Assessment for Medical Equipment availability | | | | | | | | | | | | | | | | | | | |
| | | 1.4.5.2.a | Conduct 3 day quarterly residential training of the 23 LGA LMCU members to improve Logistic data quality by 95 persons | Small Hall, Projector, Tea (3-star), Lunch (3-star), Accommodation (3-star), Local Transport, Honourarium (Basic), DSA (without accommodation & meals) | State & FCT level | New-Project/Activity | SMCHDPS/LMCU | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | LMCU Program managers trained on data quality |
| | | 1.4.5.2.b | Conduct 3 days Zonal Residential training on medicines and supply chain data quality Assurance of public health programs for 300 facilities across the 23 LGAs by 60 persons | n | n | State & FCT level | New-Project/Activity | SMCHDPS/LMCU | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Capacity built on SOSS New operational Guidelines to 1,860 health facilities Staff. |
| | | 1.4.5.2.c | Conduct 10 days Supply Chain data quality assurance visits to 900 health facilities (both Secondary and Primary health care facilities) to generate timely, appropriate, and reliable logistic data by 30 persons | Check List/Planning Ser, Tea (4/5-star), Lunch (3-star), Accommodation (3-star), Local Transport, DSA (without accommodation & meals) | State & FCT level | On-going Project/Activity | SMCHDPS/LMCU | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Data quality Monitoring Conducted |
| | | 1.4.5.2.d | Conduct a 2-days Zonal step down non-residential Training (residential for facilitator) in 5 batches per zone for 1960 Logistic management staff on the New SOSS operational Guideline by 2 consultants per batch | Federal/State Consultant/Honourarium, Small Hall, Projector, PAS, Tea (3-star), Lunch (3-star), Accommodation (3-star), Local Transport, DSA (without accommodation & meals), Stationery | State & FCT level | On-going Project/Activity | SMCHDPS/LMCU | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Capacity built on SOSS New operational Guidelines to 1,860 health facilities Staff. |
| | | 1.4.5.2.e | Conduct 5 days Vaccines data validation and documentation at the Apex health facilities (34) and LGAs/States for 20 persons and 2 consultants | Federal/State Consultant, Checklist, Tea (3-star), Lunch (3-star), Accommodation (3-star), Local Transport, Stationery | State & FCT level | On-going Project/Activity | SMCHDPS/LMCU | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Vaccines data validation on 347 health facilities and 23 LGAs done in the State |
| | | 1.4.5.2.f | Conduct 10 days field visits to assess medical equipment availability in 768 health facilities by 40 persons | Federal/State Consultant, Checklist, Tea (3-star), Lunch (3-star), Accommodation (3-star), Local Transport, DSA (without accommodation & meals), Stationery | State & FCT level | On-going Project/Activity | SMCHDPS/LMCU | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ |
| 1.4.5.2.g | Conduct 1 day quarterly review meeting with 37 Heads of Health Facilities (heads of Nursing departments of 30 SHEs and 1 THF (BOTH) and 6 NCH Offices) | Tea break, Lunch, DSA, Transport | State & FCT level | On-going Project/Activity | SMCHDPS/LMCU | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | 4 meetings with 31 Heads of Nursing Services conducted | |
| 1.4.5.3 | Review health sector coordination platform at Federal, State and LGA level with clear terms of reference that delineates roles and responsibilities in consonance with SWAp principles | | SMART Output Indicator(s) Report of the health sector coordination platform review | | | | | | | | | | | | | | | | | | | |
| | | 1.4.5.3.a | Conduct quarterly Health sector partner coordination forum meetings by 60 persons | Stationery, Lunch, DSA | State & FCT level | On-going Project/Activity | SMCHDPS/LMCU | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Health Sector partners coordination meeting |

State Primary Health Care Board

| Strategic Objectives | | SMART Outcome Indicator(s): Baseline: Target: | | Level of Implementation (Utilization) | Status of Implementation | Stakeholder/Key Responsible Entity | Activity Category | Activity Sub-Category | Timeframe | | | | ADP Implementation Milestones (Activity Output) | |
|--|---------------|---|---|---------------------------------------|---------------------------|------------------------------------|---------------------------------------|---|------------|-----------------------------|------------|-------|---|-------|
| Priority Initiatives | Interventions | Description | SMART Output Indicator(s) Baseline: Target: | | | | | | Cost Items | Qtr 1 | Qtr 2 | Qtr 3 | | Qtr 4 |
| | | | | | | | | | | Operational Plan Activities | Cost Items | | | |
| Strategic Pillar One: Effective Governance | | | | | | | | | | | | | | |
| 1.1 Strengthen oversight and effective implementation of the National Health Act | | SMART Outcome Indicator(s): Baseline: Target: | | | | | | | | | | | | |
| 1.1.1 Strengthen NCH as a coordinating and accountability mechanism across the health system | | SMART Output Indicator(s): Baseline: Target: | | | | | | | | | | | | |
| 1.1.1.1 Tailor NCH Meeting and memo guidelines to ensure meeting focus on the "National Health Act", "National Health Policy", and "National Health Development Plan" including a consultation on the state of the health of the Nation report to inform policy decisions | | Tailor NCH Meeting and memo guidelines to ensure meeting focus on the "National Health Act", "National Health Policy", and "National Health Development Plan" updates and review as the main focus. Engage the Nigerian Governors' Forum with key policy processes and outcomes from the FNM. Expand the membership of the NCH technical committee to include DPs, CSOs | | | | | | | | | | | | |
| 1.1.1.1.a Conduct 1 day quarterly stakeholders engagement with 36 Kaduna State Traditional Leaders' Committee on Health (KSTLCoH), 3 Zonal Coordinators to discuss the achievements, challenges, lessons learned and plans to improve demand creation in strengthening PHC interventions to be facilitated by 10 state officials | | KSTLCoH (Baseline and PAS), Tea break, Lunch, Stationery, DSA, Transport, Projector/Hiring At Paper/RM | | State & FCT level | On-going Project/Activity | SMCHDPS/LMCU | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | KSTLCoH meeting conducted | |



Kaduna State Government



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| 1.4.5 | Increase collaboration with internal and external stakeholders for better delivery and performance management | | | | | | | | | | | | | | | | | |
| 1.4.5.3 | Review health sector coordination platforms at Federal, State and LGA levels with clear terms of reference that delineate roles and responsibilities in consonance with SWAp principles. | | SMART Output Indicator(s) Report of the health sector coordination platform review | | | | | | | | | | | | | | | |
| 1.4.5.3.1 | Coordinate 2-day non-residential mid-year review of 2025 SPHCB AGP with 40 program offices/partners | Lunch, Stationary, Hall, Tea break, transportation, stationary | State & FCT level | On-going Project/Activity | SPHCB/OP/PSI/AC/DO | Program Management and Distribution | Planning, Policy and Capacity Building workshop | | | | | | | | | | | 2025 SPHCB AGP REVIEWED |
| 1.4.5.3.2 | Conduct 2-day non-residential mid-year review of 2025 LGA AGP with 6 LGA program offices (30 pr.) and 20 state supervisors (1 per LGA) | Lunch, Stationary, Tea break, transportation, stationary, DGA | Local Government level | On-going Project/Activity | SPHCB/OP/PSI/AC/DO | Program Management and Distribution | Planning, Policy and Capacity Building workshop | | | | | | | | | | | 2025 LGA AGP REVIEWED |
| 1.4.5.3.6 | Carry out monthly visit to HF by 23 LTA's and 23 LGA mentors to review and monitor the implementation of 2025 AGP and quarterly business plan (QBP) | Transport | Primary Health Facilities | On-going Project/Activity | SPHCB/OP/PSI/AC/DO | Program Management and Distribution | Planning, Policy and Capacity Building workshop | | | | | | | | | | | HF MONTHLY VISIT CONDUCTED |

Kaduna State Health Supplies Management Agency

| Strategic Objectives | | SMART Outcome Indicator(s): | Level of Implementation (Utilization) | Status of Implementation | Stakeholder/ Key Responsible Entity | Activity Category | Activity Sub-Category | Timeframe | | | | AOP Implementation Milestones (Activity Output) | |
|--|--|--|--|---------------------------|-------------------------------------|---------------------------------------|---|-----------|-------|-------|-------|---|---|
| Priority Initiatives | | SMART OUTPUT INDICATOR(S) | | | | | | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | | |
| Interventions | Description | Baseline: | | | | | | | | | | | |
| Operational Plan Activities | | | Baseline: | | | | | | | | | | |
| Strategic Pillar One: Effective Governance | | | | | | | | | | | | | |
| 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 | Baseline: Frequent quality of care and counterfeit product concerns despite there being 10+ regulators for health workforce accreditation and NAFDAC being a WHO Maturity Level 3 regulator Priority: Improve regulation and regulatory process | | | | | | | | | | | |
| 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) | Adoption of 1. National Drug Distribution Guidelines (NDDG) | SMART Output Indicator(s): 1. Report on the state of supply chain at all levels 2. No. of Pharmacist with License renewed. | | | | | | | | | | |
| 1.3.3.3.a | Renew annual KADHESMA Premises and Superintendent Pharmacist Licence with Pharmacy Council of Nigeria (PCN) | Annual Premises and Licence registration fee | State & FCT level | On-going Project/Activity | KADHESMA/DLO | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | | Annual KADHESMA Premise License renewed |



Kaduna State Government



Kaduna State Contributory Health Management Authority

| Pillar 1: Strategic Objectives | | SMART Outcome Indicator(s) | | Level of Implementation (Utilization) | Status of Implementation | Stakeholder/ Key Responsible Entity | Activity Category | Activity Sub-Category | Timeframe | | | | AOP Implementation Milestones (Activity Output) | | |
|---|--|---|---------------------------|---|--------------------------|-------------------------------------|---------------------------|------------------------------------|---------------------------------------|---|-------|-------|---|---|--|
| Priority Interventions | | Description | SMART Output Indicator(s) | | | | | | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | | | |
| Strategic Pillar One: Effective Governance | | | | | | | | | | | | | | | |
| 1.2 | | Increase accountability to and participation of relevant stakeholders and Nigerian citizens | | SMART Outcome Indicator(s): Stakeholders' accountability rating of health sector leadership at national and subnational levels Baseline: Target: | | | | | | | | | | | |
| 1.2.2 | | Comprehensive and intentional communication strategy for stakeholder engagement and advocacy | | SMART Output Indicator(s): 1. Number of NCH that included stakeholders' performance awards and sanctions 2. Proportion of Department of reform coordination and service improvement (servicom) mandate carried out in relation to health according to their guidelines. 3. Development of Department of reform coordination and service improvement (servicom) annual report 4. 20 members of media awarded award | | | | | | | | | | | |
| 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 redress | | 1. Recognize/appreciate or reprimand stakeholders' performance through awards and sanctions at regular NCH/SCH. 2. Provision of an award system to appreciate or reprimand stakeholders' performance through awards and sanctions at regular NCH/SCH. 3. Conduct a survey to measure citizens satisfaction on service delivery | | | | | | | | | | | |
| 1.2.2.2.a | | Conduct one day (1-day) non residential meeting to recognize stakeholders that support the secretary of vulnerable population in their communities with 50 persons | | Hall Hire, 2 Tea break, Lunch, public address system, Projector and plaque | | State & FCT level | New-Project/Activity | KADCHMA/ADMIN/HEAD OF ADMIN | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | | | | Best Philanthropist awarded |
| 1.2.2.2.b | | Conduct Quarterly analog jingles in Nine (9) Radio stations and Two (2) TV stations three (3) times daily for three (3) days to increase awareness creation and enrollment into the scheme. | | Airing of Radio jingles, Airing of TV Jingle | | State & FCT level | On-going Project/Activity | KADCHMA/MARKETING/PRO | Program Management and Administration | Information Education and Communication (IEC) | ▲ | ▲ | ▲ | ▲ | Jingles in nine (9) radio stations and Two (2) TV stations aired three (3) times daily for three (3) days to improve awareness creation and enrollment |
| 1.2.2.2.c | | Conduct 3 days weekly outreach calls to 500 residents to assess the level of satisfaction with three (3) call centre agents | | Internet subscription, software subscription | | State & FCT level | On-going Project/Activity | KADCHMA/OPE RATIONS/TL ENFORCEMENT | Program Management and Administration | Information Education and Communication (IEC) | ▲ | ▲ | ▲ | ▲ | 150 enrollees assessed on the level of satisfaction of KADCHMA services |
| 1.2.2.2.d | | Conduct one day (1-day) non residential monthly meeting with call centre staff and other relevant stakeholders to review prevailing complaints and proffer actionable solutions with 15 persons | | Lunch | | State & FCT level | New-Project/Activity | KADCHMA/OPE RATIONS/TL ENFORCEMENT | Program Management and Administration | Information Education and Communication (IEC) | ▲ | ▲ | ▲ | ▲ | 15 call center staff reviewed prevailing complaints and proffered actionable solutions |
| 1.2.2.2.e | | Conduct one day (1-day) Quarterly TV and Radio media dialogue session with 3 media stations on the scheme with 50 persons to increase knowledge and awareness of the scheme | | Hall/Tea break, and Lunch | | State & FCT level | On-going Project/Activity | KADCHMA/MARKETING/PRO | Program Management and Administration | Information Education and Communication (IEC) | ▲ | ▲ | ▲ | ▲ | 50 persons were sensitized on KADCHMA contributory scheme |
| 1.2.2.2.f | | Conduct 3 days quarterly mentoring exercise of facility desk officers to strengthen referral, claims generation and | | Accommodation, DSA, transport | | State & FCT level | New-Project/Activity | KADCHMA/OPERATIONS/TL-Claims | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | ▲ | ▲ | ▲ | facility desk officers mentored |
| 1.2.2.2.g | | Produce, print and disseminate tailored IEC materials 4000 (flyers, radio jingles, social media ads) to promote health insurance uptake among informal workers | | Printing | | State & FCT level | On-going Project/Activity | KADCHMA/PLANNING/HEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | 4000 IEC materials produced, printed and disseminated |
| 1.2.2.2.h | | Conduct fourteen (14 days) client satisfaction survey in collaboration with Kaduna State Bureau of Statistics for 40 participants and two persons for data steering | | Accommodation, DSA, transport, and fee for data steering | | State & FCT level | On-going Project/Activity | KADCHMA/PLANNING/HEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | client satisfaction survey conducted |
| 1.2.2.2.i | | Produce, print and disseminate 1000 client satisfaction survey findings | | produce Printing and dissemination | | State & FCT level | On-going Project/Activity | KADCHMA/PLANNING/HEAD OF PLANNING | Program Management and Administration | Other Programme Management & | | ▲ | | | 1000 client satisfaction survey findings produced, printed and disseminated |
| 1.4 Improve cross functional coordination & effective partnerships to drive Service delivery | | | | | | | | | | | | | | | |
| 1.4.4 | | A Sector Wide Action Plan (SWAp) to defragment health system programming and funding | | | | | | | | | | | | | |
| 1.4.4.2 | | Develop AOP and ensure alignment of partners' plans to national/state health sector AOP | | Conduct situational analysis at state-levels and define priorities to be included in the plans with engagement of partners on the AOP process to ensure alignment of their plans with National/State priorities. Advocacy/Comprehensive communication with private investors, DPs, to align the plans with the National Health priorities and contribute to the | | | | | | | | | | | |
| 1.4.4.2.a | | Conduct Three (3) days residential workshop to develop 2026 KADCHMA AOP by 30 persons | | Htl, Accommodation, tea break, lunch, transport, DSA | | State & FCT level | On-going Project/Activity | KADCHMA/PLANNING | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | ▲ | KADCHMA 2026 AOP Developed |



Kaduna State Government



Barau Dikko Teaching Hospital

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| Strategic Pillar One: Effective Governance | | | | | | | | | | | | |
| 1.2 | Increase accountability to and participation of relevant stakeholders and Nigerian citizens | | | | SMART Outcome Indicator(s): Stakeholders' accountability rating of health sector leadership at national and subnational levels Baseline: Target: | | | | | | | |
| 1.2.2 | Comprehensive and intentional communication strategy for stakeholder engagement and advocacy | | | | | | | | | | | |
| 1.2.2.2 | Strengthen existing communication mechanisms e.g phone-in TV/Fadio/Social media/hub programs, Spillover for feedback and functional grievance redress. | | 1. Recognise/appreciate or reprimand stakeholders' performance through awards and sanctions at regular NDHSCH. 2. Provision of an award system to appreciate or reprimand stakeholders' performance through awards and sanctions at regular NDHSCH. 3. Conduct a survey to measure citizens satisfaction on service delivery. | | SMART Output Indicator(s): Number of Hospital Signages provided Number of suggestion Boxes provided Number of flex banners printed Number of Client relations that attended Annual Services lead Boss Meeting Number of Customer Service Desk Officers trained on Customer relationship & management of persons with disability. | | | | | | | |
| 1.2.2.2.a | Provide 50 hospital signages, 20 suggestion boxes, 5 flex banners in Barau Dikko Teaching Hospital | Hospital signages, suggestion boxes, flex banners | Tertiary Facilities | New-Project/Activity | BOTH/ADMIN/DR | Program Management and Administration | Direct Programme Management & Administration n.e.o | | | | | 50 Signages, 20 Suggestion Boxes and 5 flex banners Provided |
| 1.2.2.2.b | Conduct 1 day annual SERVCOM client feedback meeting with patient/caregivers by 200 persons and 30 VDCs | Hall Lunch, banners, handbills, 2 ringtones, Transport | Tertiary Facilities | New-Project/Activity | BOTH/ADMIN/Chair/SERVCOM | Program Management and Administration | Direct Programme Management & Administration n.e.o | | | | | SERVCOM Client Feedback Meeting Conducted |
| 1.2.2.2.c | Conduct 1 day annual non-residential consultative grievance meeting with 20 members of staff of the hospital in 200 persons | Lunch | Tertiary Facilities | New-Project/Activity | BOTH/ADMIN/Chair/SERVCOM | Program Management and Administration | Direct Programme Management & Administration n.e.o | | | | | SERVCOM Staff Consultative Meeting Conducted |
| 1.2.2.2.d | Conduct 3 days annual non-residential capacity building workshop for 150 persons and 51 facilitators on Customer Relationship Management (CRM) and management of Persons with Disability (PWDs) | Hall Fire, tea/break, lunch, facilitators fee, stationeries, Transport | Tertiary Facilities | New-Project/Activity | BOTH/ADMIN/Chair/SERVCOM | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | 150 staff trained on PWDs management |
| 1.2.2.2.e | Print and disseminate 500 copies of 2025 SERVCOM annual report | Print 500 copies of 2025 SERVCOM annual report | Tertiary Facilities | On-going Project/Activity | BOTH/ADMIN/Chair/SERVCOM | Program Management and Administration | Direct Programme Management & Administration n.e.o | | | | | 500 SERVCOM of 2025 Annual Report Produced |
| 1.2.2.2.f | Conduct 3 days annual residential capacity building workshop for 50 Customer Service Desk Officers (CSDO) and 5 facilitators on Customer Relationship Management (CRM) and management of Persons with Disability | Hall Fire, tea/break, lunch, accommodation, DSA/ facilitator fee, stationeries, Transport | Tertiary Facilities | New-Project/Activity | BOTH/ADMIN/Chair/SERVCOM | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | Capacity building was conducted for 50 CSDO officers on PWDs |
| 1.4 Improve cross-functional coordination & effective partnerships to drive Service delivery | | | | | | | | | | | | |
| 1.4.4 | A Sector Wide Action Plan (SWAp) to defragment health system programming and funding | | | | | | | | | | | |
| 1.4.4.4 | Strengthen the Resource Mapping and Expenditure Tracking (RMET) processes to track funds | | Conduct RMET National & state level and publish report annually. 2. Ensure annual audit of MDAs' accounts by engaging external auditors | | SMART Output Indicator(s): 1. Availability of Annual RMET Report 2. Annual Audited report published | | | | | | | |
| 1.4.4.4.a | Conduct 14 Days non-residential workshop to develop 2024 Annual External Audit Report Accounts with 25 persons | Tea, Lunch, Audit Fees | Tertiary Facilities | On-going Project/Activity | BOTH/ADMIN/CO | Program Management and Administration | Financial Chargesheet | | | | | 2024 Annual External Auditor Report Published |

Kaduna State AIDS Control Agency

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| Strategic Pillar One: Effective Governance | | | | | | | | | | | | |
| 1.4 Improve cross-functional coordination & effective partnerships to drive Service delivery | | | | | | | | | | | | |
| 1.4.4 A Sector Wide Action Plan (SWAp) to defragment health system programming and funding | | | | | | | | | | | | |
| 1.4.4.5 | Coordinate pooled and non-pooled (Nigeria) year for efficient resource allocation including TA pooling arrangements. | | 1. Identify and map financial resources for health facilities 2. Review Sub-national State, state level for pooled financing (Budget, LRA, grants etc) and non-pooled needs from public and donor sponsored funds. 3. All states should institutionalise and strengthen a platform for coordination of pooled and non-pooled (Special) funds through multi-agency approach | | SMART Output Indicator(s): 1. Proportion of states with signposts of pooled and non-pooled funds 2. Proportion of partners that signed their respective to agreements in partnership | | | | | | | |
| 1.4.4.5.a | Conduct 3 days residential meeting to review and disseminate National Domestic Resource Mobilization and Sustainability Strategy for HIV by 40 persons | Tea/Break/Lunch/Transportation, Accommodation, DSA, Fuel/Bike, Facilitators | State & FCT level | New-Project/Activity | KADUNA/STATE/CLERK/SDC | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | National Domestic Resource Mobilization and Sustainability Strategy for HIV disseminated |
| 1.4.4.5.b | Conduct 1 day quarterly cross-sectoral resource mobilization implementation review meeting with 40 persons | Tea/Break/Lunch/Transportation, Fuel/Bike | State & FCT level | New-Project/Activity | KADUNA/STATE/CLERK/SDC | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | Reviewed resource mobilization implementation |



Kaduna State Government



PILLAR TWO: Efficient Equitable and Quality Health System
Ministry of Health AOP

| Pillar | | Return to Welcome Page | | HEALTH SECTOR STRATEGIC BLUEPRINT (HSSB) ANNUAL IMPLEMENTATION PLANNING (AOP) TOOL | | | | | | | | | | |
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| Strategic Objectives | | Indicator(s): Baseline: Target: | | Level of Implementation (Utilization) | Status of Implementation | Stakeholder of Key Responsible Entity | Activity Category | Activity Sub-Category | Timeframe | | | | AOP Implementation Milestones (Activity Output) | |
| Priority Initiatives | | Description | SMART Output Indicator(s) Baseline: Target: Cost Items | | | | | | Qu 1 | Qu 2 | Qu 3 | Qu 4 | | |
| 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) | | | | | | | | | | | | | | |
| 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 | | 1. Strengthen National and set up functional state multi-sectoral health promotion coordination platform with representatives from non-health government MDAs, CSOs, implementing partners and the private sector with clear terms of reference for accountability and monitoring. 2. Advocate for health in all sector policies for joint planning, implementation and review. 3. Build the capacity of multi-sectoral TWG members. 4. Multisectoral coordination of Provision of essential | | SMART Output Indicator(s) 1. Number of states and LSAs 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-sectoral health promotion | | | | | | | | | | |
| 2.5.6.1a | Conduct a 1 day Quarterly Malawi Sub-committee meeting with 40 person | Lunch, Transportation | State & FCT level | New-Project/Activity | SMO/CHPH/MSMEF | Program Management and Administration | Planning Policy and Capacity Building Workshop | | ▲ | ▲ | ▲ | ▲ | 60 persons trained on leadership management and data use | |
| 2.5.6.1b | Conduct a 2-day meeting to develop the state's Malawi resource mobilization strategy and inaugurate 30-man Ed malawi champions | Transportation, lunch, IEC materials, Hall | State & FCT level | New-Project/Activity | SMO/CHPH/MSMEF | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | ▲ | | | 4 Malawi sub-committee meetings conducted | |
| 2.5.6.1c | Comemorate the 2025 World Malawi day by 100 persons | EC materials, Media, lunch, T-shirts, banners | State & FCT level | Ongoing Project/Activity | SMO/CHPH/MSMEF | Program Management and Administration | Outreach/Events Activities | | | ▲ | | | meeting on resource mobilization conducted | |
| 2.5.6.1d | Conduct 1 day non-residential orientation meeting of TWG Health Advisory Committee members on the revised TWG procedure and TOR with 50 participants | Accommodation, lunch, 2 tea break, Hall, DSA, Transport, Workshop material, PAs, Projector, airtime, Lead consultant | State & FCT level | New-Project/Activity | SMO/CHPH/MSFO | Human Resource or Health | Technical Supportive Supervision | | ▲ | | | | 60 Health advisory committee members oriented on the revised TWG structure & TOR | |
| 2.5.6.1e | Conduct a 3 days residential workshop by 50 persons to develop a multisectoral health promotion work plan with one facilitator | accommodation, lunch, 2 tea break, Hall, DSA, Transport, Workshop material, PAs, Projector, airtime, Lead consultant | State & FCT level | New-Project/Activity | SMO/CHPH/FO | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | ▲ | | | Multisectoral health promotion work plan developed | |
| 2.5.6.1f | Conduct 1 day non-residential meeting with 30 participants to validate the developed multisectoral health promotion work plan with 1 facilitator | Lunch, Tea break, Lead consultant | State & FCT level | New-Project/Activity | SMO/CHPH/FO | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | ▲ | | | Multisectoral health promotion work plan validated | |
| 2.5.6.1g | Conduct 5 days residential ToT workshop for 50 Women and adolescent girls with disability on Family life Education by 4 facilitators | accommodation, lunch, 2 tea break, Hall, DSA, Transport, Workshop material, PAs, Projector, airtime, Lead consultant | State & FCT level | New-Project/Activity | SMO/CHPH/HRH | Human Resource or Health | Health Worker Training - In-service | | | ▲ | | | 50 women and adolescent girls with disability trained on Family life Education | |
| 2.5.6.1h | Conduct 2 days residential workshop on Disability Inclusion in HIV program for 40 KADGACA Staffs by 2 facilitators | accommodation, lunch, 2 tea break, Hall, DSA, Transport, Workshop material, PAs, Projector, airtime, Lead consultant | State & FCT level | New-Project/Activity | SMO/CHPH/FO | Human Resource or Health | Health Worker Training - In-service | | | ▲ | | | 40 KADGACA Staffs trained on Disability Inclusion in HIV program | |



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| 2.5.6.2 | Promote Advocacy for Multi-sectoral coordination at all Levels of health and across the sectors that are proactive health promotion | Advocate to relevant government Ministries and other health sectors and private industries to deliver on targets outlined in the MSAP. Advocate to Decision makers at across MDAs and Sectors on Effective integration and multisectoral coordination of Health Promotion in Nigeria. | SMART Output Indicator(s): Number of inter- and intra-high-level ministerial meetings convened annually with commitment established. | State & FCT level | On-going Project/Activity | MOH/DP/HPD | Program Management and Administration | Other Programme Management & Administration | ▲ | | | | Head of MDAs indicated commitment to health promotion issues |
| 2.5.6.3 | Build Capacity of FMOH/SMO/HLGA program managers to provide leadership and co-ordination for Multi-sectoral Partnership including CSOs for effective collaboration. | Train program managers across the levels on the mechanisms and processes for reformulation and fiscal policies for MSP and Equip them with all requisite equipment and tools to provide oversight on policymaking and programming | SMART Output Indicator(s): 1. Number of capacity building conducted 2. Proportion of FMOH/SMO/HLGA that participated in capacity building workshops to provide Leadership | State & FCT level | On-going Project/Activity | MOH/DP/HPD | Program Management and Administration | Other Programme Management & Administration | ▲ | | | subcommittee meeting conducted | |
| 2.5.6.3.a | | Conduct 2-3 day non-residential workshop with Malaria subcommittee members to develop an accountability framework that defines the obligations and responsibilities of all stakeholders in collaboration | Conduct 2-3 day non-residential workshop with Malaria subcommittee members to develop an accountability framework that defines the obligations and responsibilities of all stakeholders in collaboration | State & FCT level | New-Project/Activity | SMOH/DP/HS/MEP | Program Management and Administration | Other Programme Management & Administration | ▲ | | | Accountability/framework meeting conducted | |
| 2.5.6.3.b | | Conduct a 2-day workshop (1 day validation & 1 day dissemination) of the malaria program accountability framework with 40 participants and 2 consultants | -Hal, Lunch, Transportation, Stationaries | State & FCT level | New-Project/Activity | SMOH/DP/HS/MEP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | Accountability framework meeting conducted | |
| 2.5.6.3.c | | Conduct a 4-day residential Training for 48 LGA staff (2 per LGA) on the malaria program accountability framework with 2 facilitators | -Hal, Lunch, Transportation, Stationaries, DSA, Accommodation | State & FCT level | New-Project/Activity | SMOH/DP/HS/MEP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | Planning meeting conducted | |
| 2.5.6.3.d | | Conduct 2-day planning meeting with 58 participants (23 FMOH, 10 SMOH staff, 23 WDCs, 48 malaria subcommittee members) on the forthcoming 2025 LLIN | -Hal, Lunch, Transportation, Stationaries | State & FCT level | On-going Project/Activity | SMOH/DP/HS/MEP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | Planning meeting conducted | |
| 2.5.6.3.e | | Conduct 3-days training of HH HCWs (23 state and 10 LGA) on the 2025 ITN/SPAG/Aath through integrated campaign by 2 facilitators | -Hal, Lunch, Transportation, Stationaries | State & FCT level | On-going Project/Activity | SMOH/DP/HS/MEP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | STI and LGAR cascade trainings conducted | |
| 2.5.6.5 | Monitor Trends and Determinants of Health and evaluate progress of coordination | Develop review and adopt national Health Promotion indicators and tools for Multi-sectoral Coordination within and beyond Health, capacity building of M&E officers on Health Promotion Tools and reporting | SMART Output Indicator(s): Number of indicators and tools expanded into the NHMS surveys, and service delivery. | State & FCT level | New-Project/Activity | SMOH/DP/HS/MEP | Program Management and Administration | Monitoring and Evaluation | ▲ | | | 50 FLW trained on the National Health Promotion M&E | |
| 2.5.6.5.a | | Conduct a 2-day non-residential training on topics of 23 LGA M&E Officers, 27 state level officers on the National Health promotion M&E framework with 2 facilitators | Lunch, Teabreak | State & FCT level | New-Project/Activity | SMOH/DP/HS/MEP | Program Management and Administration | Monitoring and Evaluation | ▲ | | | 50 FLW trained on the National Health Promotion M&E | |
| 2.5.6.6 | Strengthen accountability mechanism and community engagement to accelerate community participation and improve service delivery | Develop review policies and strategic documents including SBC materials for accountability and community engagement. Strengthen advocacy efforts and Build the capacity of community structures (WDC, YDC, Gate keepers etc) through the LGA level task force to be responsible and take accountability for issues of health and development in the communities. | 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 | State & FCT level | New-Project/Activity | SMOH/DP/HH/PC | Program Management and Administration | Other Programme Management & Administration | ▲ | | | 30 Health Promotion officers trained on the development of inclusive SBC materials | |
| 2.5.6.6.a | | Conduct 3 days residential training on reviewing and revising and integrate disability inclusion and accessible materials into the developed inclusive SBC materials | -Hal, Tea Break, Lunch, Accommodation, DSA, Stationary, Transport (Projector, PAS, Facilitation fee) | State & FCT level | New-Project/Activity | SMOH/DP/HH/PC | Program Management and Administration | Other Programme Management & Administration | ▲ | | | Developed inclusive SBC materials pre-revised | |
| 2.5.6.6.b | | Conduct 1-day town pre-test of developed inclusive SBC materials across the 3 Senatorial Zones by 10 enumerators | Lunch for facilitators and respondents, Transport for respondents, Transport for facilitators, DSA for State facilitator | Local Government level | New-Project/Activity | SMOH/DP/HH/PC | Program Management and Administration | Other Programme Management & Administration | ▲ | | | Input from the field visit integrated by 40 participants | |
| 2.5.6.6.c | | Conduct 1-day meeting with 40 stakeholders to integrate input from the field visit into the developed inclusive SBC materials | -Hal, Tea Break, Lunch, Transport, Projector, PAS | State & FCT level | On-going Project/Activity | SMOH/DP/HH/PC | Program Management and Administration | Other Programme Management & Administration | ▲ | | | 80 LGA Health Promotion officers trained on the development of SBC materials | |
| 2.5.6.6.d | | Conduct 2 days non-residential step down training on the developed inclusive SBC materials to 60 LGA Health Promotion officers and other stakeholders | -Hal, Tea Break, Lunch, Projector, PAS, DSA for facilitators, Transport, Stationaries, Accommodation for facilitators | Local Government level | On-going Project/Activity | SMOH/DP/HH/PC | Program Management and Administration | Other Programme Management & Administration | ▲ | | | 50,000 copies of inclusive SBC materials printed and distributed | |
| 2.5.6.6.e | | Conduct 1-day meeting with 40 stakeholders to integrate input from the field visit into the developed inclusive SBC materials | Print, Posters, Handbills, Transport | State & FCT level | On-going Project/Activity | SMOH/DP/HH/PC | Program Management and Administration | Other Programme Management & Administration | ▲ | | | SBC inclusive electronic messages on SPHF 40 sent | |
| 2.5.6.6.f | | Disseminate monthly inclusive SBC messages on Sexual and Reproductive Health and Rights of Persons With Disabilities through electronic media, social media | Internet, Data, Buk sms | State & FCT level | On-going Project/Activity | SMOH/DP/HH/PC | Program Management and Administration | Other Programme Management & Administration | ▲ | | | 40 stakeholders engaged on the development of Community Participation Strategy | |
| 2.5.6.6.g | | Conduct 1 day non-residential stakeholders Engagement meeting with 40 participants on the development of community participation strategy by 1 | -Hal, Teabreak, Lunch, Facilitation fee, Transport, Projector, PAS | State & FCT level | On-going Project/Activity | SMOH/DP/HH/PC | Program Management and Administration | Other Programme Management & Administration | ▲ | | | Community Participation Strategy developed by 50 persons | |
| 2.5.6.6.h | | Conduct 3 days residential workshop to develop Community Participation Strategy with 50 participants by 1 facilitator | -Hal, Tea Break, Lunch, Facilitation fee, Transport, Accommodation, DSA, Projector, PAS, Stationaries | State & FCT level | On-going Project/Activity | SMOH/DP/HH/PC | Program Management and Administration | Other Programme Management & Administration | ▲ | | | Community Participation Strategy validated by 30 persons | |
| 2.5.6.6.i | | Conduct 2 days non-residential workshop to validate the developed Community participation Strategy with 30 participants by 1 facilitator | -Hal, Tea Break, Lunch, Transport, Projector, PAS | State & FCT level | On-going Project/Activity | SMOH/DP/HH/PC | Program Management and Administration | Other Programme Management & Administration | ▲ | | | Community Participation Strategy validated by 30 persons | |
| 2.5.6.6.j | | Conduct 3 days training for 100 CSOs/Community dialogue by 60 Interpersonal Communication Agents (ICAs) in 11 LGAs on Health Promotion intervention | Transport | Community/Vard level | On-going Project/Activity | SMOH/DP/HH/PC | Program Management and Administration | Other Programme Management & Administration | ▲ | ▲ | ▲ | 60 ICAs involved on ICH mobilisation | |



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| 2.5.6.8 | Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes | 2.5.6.8.1 | Conduct 1 day LGA level monthly review meeting with 60 participants (30 VDCs, 30 FCAAs, 10 MDs, 11 CSCs) on Jem Malana SBC activities | Tea/Break, Lunch, Transport | Local Government level | On-going Project/Activity | SMO-HDPHH-PO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | 31 LGA and state personnel participated in the monthly and quarterly review meeting |
| | | 2.5.6.8.1 | Conduct 1 day LGA level Town Hall meeting with 2,300 community stakeholders (100 per LGA) in 23 LGAs on prevention and control of Emerging & Re-emerging | Hall, Lunch, Transport | Local Government level | On-going Project/Activity | SMO-HDPHH-PO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | 2,300 community members participated on the town hall meeting |
| | | 2.5.6.8.a | 1. Review and implement integrated SBC strategy. Develop and implement multi-sectoral SBC Guidelines 2. Leverage on SBC blueprint. 3. Institutionalize data Bank for SBC materials across states and link to national SBC Bank. 4. Capacity building of HWs on SBC Interventions. 5. Capacity building of HWs on Interpersonal Communication and counseling to improve quality services. 6. Development of SBC materials (electronic) | Hall, Tea/Break, Lunch, Accommodation, DSA, Transport, Stationery, Projector, PAS, Air Ticket for facilitator | State & FCT level | New-Project/Activity | SMO-HDPHH-PO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | 88 participants trained on PC and Counseling skills |
| | | 2.5.6.8.b | Conduct 2 days zone non-residential SBC training on interpersonal communication and counselling skills for 200 HCW in PHCs (1 per facility) to improve quality of health services by 15 facilitators (5 per zone) | Tea/Break, Lunch, Transport, DSA for facilitators | Local Government level | On-going Project/Activity | SMO-HDPHH-PO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | 200 PHC Health care Providers trained on PC and Counseling skills |
| 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 | 2.5.6.10.1 | 1. Develop and implement multi-sectoral Demand Generation strategy. 2. Training of HW on Demand Generation. 3. community mobilization to increase uptake. 4. community outreaches to sensitize and create awareness of Health care services | SMART Output Indicator(s): 1. Number of relevant MDAs included in the multi-sectoral Health Promotion 2. Availability of Health multistakeholder Demand Generation Strategy | | | | | | | | | | |
| | | 2.5.6.10.a | Conduct one day non-residential stakeholder engagement meeting on the process of developing a multistakeholder demand generation strategy for 40 stakeholders and 10 partners by 2 facilitators | Hall, Tea/Break, Lunch, Transport, PAS, Projector, Facilitation fee | State & FCT level | New-Project/Activity | SMO-HDPHH-PO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | Process of development reviewed by 40 participants |
| | | 2.5.6.10.b | Conduct 3 days residential workshop to develop the Health multistakeholder Demand Generation Strategy with 80 participants and 10 partners by 2 facilitators | Hall, Tea/Break, Lunch, Transport, PAS, Projector, Facilitation fee, Accommodation, DSA, Stationery | State & FCT level | On-going Project/Activity | SMO-HDPHH-PO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | Demand Generation Strategy developed by 60 participants |
| | | 2.5.6.10.c | Conduct one day non-residential workshop for participants and 10 partners to validate the developed multistakeholder Demand Generation Strategy by 2 facilitators | Hall, Tea/Break, Lunch, Transport, Projector, Facilitation fee, PAS, Projector | State & FCT level | On-going Project/Activity | SMO-HDPHH-PO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | Draft Demand Generation Strategy validated by 50 participants |
| | | 2.5.6.10.d | Print 100 copies of multistakeholder Demand Generation Strategy | Print | State & FCT level | On-going Project/Activity | SMO-HDPHH-PO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | 100 copies of Demand Generation Strategy Printed |
| | | 2.5.6.10.e | Conduct 1 day non-residential dissemination of the multistakeholder Demand Generation Strategy with 60 participants and 20 partners by 2 facilitators | Hall, Tea/Break, Lunch, PAS, Projector, Facilitation fee, Transport | State & FCT level | On-going Project/Activity | SMO-HDPHH-PO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | Approved and printed copies of Demand Generation Strategy Disseminated |
| 2.5.6.11 | Accelerate the Integration of awareness programs/health campaigns to improve health outcomes including primary health interventions | 2.5.6.11.1 | 1. Develop and implement maximum pressure campaign strategy. 2. Implement Media engagement strategy. 3. Leverage on new technology to launch effective campaigns. 4. Leverage on CAS for Health Effectiveness. 5. Utilize the use of Technology to improve Health Literacy and promote healthy behaviours. 6. Intensify the use of on print media, social media and media institutions to create awareness and generate the interest towards healthy behaviour. 7. Build the capacity of the Health Promotion Officers on the use of New technologies in promoting Health | 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 3. Availability of Air Radio & TV Jingles | | | | | | | | | | |
| | | 2.5.6.11.a | Conduct one day State flag off ceremony for 1000 stakeholders for the distribution of Insecticide Treated Nets campaign in the State | Banners, Canopies, Chairs, DJ/Honourarium for Master of ceremony, Printing of Programme of event, T. Shirts, Food | State & FCT level | On-going Project/Activity | SMO-HDPHH-PO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | State flag off ceremony held on ITNs distribution campaign |
| | | 2.5.6.11.b | Produce & air Radio & TV jingles in Hausa, English and Pidgin Languages on Occupational health, Environmental sanitation, water safety, food safety, NTD, MCD, Malaria, SMC, COVID-19, RMNCAH | Radio Jingles airing | State & FCT level | On-going Project/Activity | SMO-HDPHH-PO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | Jingles on public health programmes including emerging and re-emerging diseases produced and aired |



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| 2.6 Strengthen prevention through primary health care and community health care | | | | | | | | | | | | | | | | | | | |
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| 2.6.9 Slow down the growth rate of NCD Prevalence | | | | | | | | | | | | | | | | | | | |
| 2.6.9.3 | Develop and implement a comprehensive national alcohol control policy and regulation/law | 4. Comprehensive national alcohol control policy and regulation/law includes: 1. Strengthening restrictions on alcohol availability 2. Advancing and enforcing drunk driving counter measures. 3. Facilitating access to screening, brief interventions and treatment. 4. Enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion 5. Raise prices on alcohol through excise levies and development, 2 days validation and 1 day dissemination (to adapt the National policy on NCDs and 2 days residential meetings to adapt the protocols and guidelines for NCDs by 30 persons and 2 facilitators | SMART Output Indicator(s) 1. Total alcohol per capita consumption in litres of pure alcohol 2. Availability of a comprehensive national policy/regulation on alcohol | Large hall, PA system, accommodation, DSA, transport, consultancy fees, lunch, tea & break, stationery printing. | State & FCT level | On-going Project/Activity | SMOH/DMS/DDMS/EMMS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | 2 NCD POLICES ADAPTED |
| 2.6.9.6 | Advocate and collaborate with the Nigerian Road Safety Authority and other sectors to implement the Nigeria Road Safety Strategy. | 1. Support the implementation of the Nigeria Road Safety Strategy. 2. Strengthen the multi-sectoral coordination mechanism for road safety including the National Crash Information System (NACRIS) | SMART Output Indicator(s): 1. Death rate due to road traffic injuries 2. Proportion of activities implemented in the NRSS II by 2025 | | State & FCT level | On-going Project/Activity | SMOH/DMS/DDMS/EMMS | Program Management and Administration | Direct Intervention Cost | Health services | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | KADSEMSAS review meeting conducted. |
| 2.6.9.6.a | Conduct 1 day quarterly orientation meeting with 41 Accident and Emergency/CPD in-charges with 4 facilitators | Local transport (17), DSA (32), Lunch (40). | | | State & FCT level | On-going Project/Activity | SMOH/DMS/DDMS/EMMS | Program Management and Administration | Direct Intervention Cost | Health services | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Monitoring visit 36 A & E of ST's carried |
| 2.6.9.6.b | Conduct 3 day quarterly mentoring visit to Accident and Emergency/CPDs of 36 health facilities by 3 facilitators | Printing (250) | | | State & FCT level | On-going Project/Activity | SMOH/DMS/DDMS/EMMS | Program Management and Administration | Information Education and Communication (IEC) | Health services | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Distribution of manuals done. |
| 2.6.9.6.c | Print and distribute additional 500 copies of KADSEMSAS guidelines | Local transport (25), Lunch (25), Small hall, FAS, Stationary (25), Projector | | | State & FCT level | On-going Project/Activity | SMOH/DMS/DDMS/EMMS | Program Management and Administration | Technical Assistance/Consulting/Professional Services | Review of KADSEMSAS referral services by 25 persons conducted | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Review of KADSEMSAS referral services by 25 persons conducted |
| 2.6.9.6.d | Engage an IT consultant to automate the Kaduna State Referral directory and conduct one day non-residential meeting to train 10 persons on computerization | Local transport (25), Lunch (20), DSA (5), Projector, FAS, Small hall, Stationary | | | State & FCT level | On-going Project/Activity | SMOH/DMS/DDMS/EMMS | Program Management and Administration | Technical Assistance/Consulting/Professional Services | SEVTC review meeting with 30 persons on KADSEMSAS bi-annual meeting conducted | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Review Meeting with 50 SHFs referral focal persons on KADSEMSAS conducted. |
| 2.6.9.6.e | Conduct one day bi-annual non-residential meeting with 30 members of State Emergency Medical Treatment Committee to review the activities of KADSEMSAS | Local transport (6), Accommodation (12), Spare parts for planned preventive maintenance (PTM), DSA (3) | | | State & FCT level | On-going Project/Activity | SMOH/DMS/DDMS/EMMS | Program Management and Administration | Monitoring and Evaluation | Planned Preventive Maintenance of equipment in 34 SHFs conducted. | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Review meeting with 54 Paramedics on emergency medical services conducted |
| 2.6.9.6.f | Conduct one day quarterly meeting with 30 referral focal persons (42 continuing from outside the metropolis) to review KADSEMSAS referral services | Table (10 phones (300), Sim Cards (300), CUG Subscription (300). | | | State & FCT level | On-going Project/Activity | SMOH/DMS/DDMS/EMMS | Program Management and Administration | Technical Assistance/Consulting/Professional Services | 300 table phones procured with 300 CUG SIM card subscription. | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | 300 table phones procured with 300 CUG SIM card subscription. |
| 2.6.9.6.g | Conduct 1 day bi-annual review meeting with 52 participants (46 NURTVs, 2 FRSC, 2 SPHCB, 1GMDs, 1VDCI), by 5 facilitators on community referrals. | Printing (500) | | | State & FCT level | On-going Project/Activity | SMOH/DMS/DDMS/EMMS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | KADSEMSAS Referral booklets printed and distributed. | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | KADSEMSAS Referral booklets printed and distributed. |
| 2.6.9.6.h | Conduct 3 day residential training for 222 health personnel (Nurses, CHEW and CHDs), on basic life support in 3 batches by 9 facilitators. | Local transport (17), accommodation (83), Small hall (1), stationary (74), Tea (83), Lunch (83), Honourarium (9), Projector, FAS. | | | State & FCT level | On-going Project/Activity | SMOH/DMS/DDMS/EMMS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | Basic life support training for 74 health workers conducted. | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Basic life support training for 74 health workers conducted. |
| 2.6.9.6.i | Procure office equipments (2 Laptops, 2 Printers, 5 table phones, 5 cell phones, 1 modem, 3 office tables, 10 chairs, 10 sim cards) for KADSEMSAS central hub. | Laptop, Printer, Mobile phone, table phone, Modem, Office chair, Office table, Sim card, Subscription. | | | State & FCT level | On-going Project/Activity | SMOH/DMS/DDMS/EMMS | Program Management and Administration | Technical Assistance/Consulting/Professional Services | Training of 255 focal persons on emergency and referral systems conducted. | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Training of 255 focal persons on emergency and referral systems conducted. |
| 2.6.9.6.j | Conduct 1 day quarterly zonal non-residential training on basic First Aid and referral services for 307 persons (255 PHC FFs, 15 FRSC, 31 drivers of SHFs and 9 PHEs) (77 per quarter) by 5 facilitators each quarter. | Local transport, Accommodation, Honourarium, DSA, Lunch, Projector, Small hall, PAS, Stationary. | | | State & FCT level | On-going Project/Activity | SMOH/DMS/DDMS/EMMS | Program Management and Administration | Technical Assistance/Consulting/Professional Services | Basic life support for 307 paramedics conducted. | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Basic life support for 307 paramedics conducted. |
| 2.6.9.6.k | Conduct 2 days quarterly training of 510 (2 per ward) Community members on First Aid Response (CFAR) across the state. | Local transport, Accommodation, Tea break, Lunch, Hall, Stationary, Honourarium, PAS, Projector. | | | State & FCT level | New-Project/Activity | SMOH/DMS/DDMS/EMMS | Program Management and Administration | Technical Assistance/Consulting/Professional Services | 510 Community First Aid Responders trained | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | 510 Community First Aid Responders trained |
| 2.6.9.6.l | Purchase and distribution of 255 tricycles | Tricycle 255 | | | State & FCT level | New-Project/Activity | SMOH/DMS/DDMS/EMMS | Program Management and Administration | Other Programme Management & Administration n.e.c | 255 Tricycles, 20 BLS Ambulances, 10 ALS Ambulances procured | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | 255 Tricycles, 20 BLS Ambulances, 10 ALS Ambulances procured |
| 2.6.9.6.m | Payment of incentives to accredited transportation vendors 15,000 (distance below 15km) and 25,000 (distance above 15km). | Incentive for tricycles less than 15 Km 12500, ambulances less than 15 Km. | | | State & FCT level | New-Project/Activity | SMOH/DMS/DDMS/EMMS | Direct Intervention Cost | Logistics/Supply Chain Management | Payment to accredited Transportation vendors made | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Payment to accredited Transportation vendors made |



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| 2.6.9.9 | Strengthen prevention of mental, neurological, and substance abuse disorders (MNSD) | 1. Decriminalisation of attempted Suicide at the National level. Baseline 2. Creation of mental health crisis hotlines. 3. Adoption/implementation of the National Mental Health Policy 2023 by 36 states and the FCT | SMART Output Indicator(s): 1. Inclusion of comprehensive NCDs prevention and treatment in the ward 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: 5 | State & FCT level | New Project/Activity | SMCH/DPHIN/CO | Human Resource for Health | Health Worker Training - In-service | ▲ | | | 30 persons trained on advocacy for eye health by 2 facilitators | | | | | | | | | | | |
| | | | | | | | | | | | | | 2.6.9.9.a | Conduct 2 day residential training for 30 persons on advocacy for eye health by 2 facilitators | Transport, accommodation, lunch, tea break, stationary, small hall, PA system. | State & FCT level | On-going Project/Activity | SMCH/DPHIN/CO | Human Resource for Health | Health Worker Training - In-service | ▲ | | 400 school teachers trained on school vision screening exercise |
| | | | | | | | | | | | | | 2.6.9.9.b | Organise a 2 day non residential training for 400 school teachers on school vision screening exercise by 20 master trainers | stationary,lunch,transport,DSA | State & FCT level | On-going Project/Activity | SMCH/DPHIN/CO | Human Resource for Health | Health Worker Training - In-service | ▲ | | 46 persons trained on the use of eye health data tools and reporting |
| | | | | | | | | | | | | | 2.6.9.9.c | Conduct 2 day residential data officers training for 40 persons on the use of eye health data tools and reporting by 4 facilitators | Transport,DSA,lunch,tea break,stationary,small hall,PA system,ACCOMMODATION | State & FCT level | On-going Project/Activity | SMCH/DPHIN/CO | Human Resource for Health | Health Worker Training - In-service | ▲ | ▲ | Visual screening carried out 760 metcon across the state |
| 2.6.9.9.d | Conduct 5 days quarterly visual screening exercise for 750 motorist across the state with 30 eye specialists | Transport,lunch,pen for torch,VA sheets,register,ophthalmoscope,tidal boot,printing | State & FCT level | On-going Project/Activity | SMCH/DPHIN/CO | Human Resource for Health | Technical Supportive Supervision | ▲ | ▲ | | | | | | | | | | | | | | |
| 2.6.10 | Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs) | | Baseline: The 3 diseases account for 13.8% of total disease burden in Nigeria vs the global average of 8.6% of total disease burden (IHME, 2019) Prevalence of each disease should be stated. 1. HIV prevalence - 1.4% (NAHS 2018). 2. TB incidence - 219 per 100,000 population (ITC 2017) | | | | | | | | | | | | | | | | | | | | |
| 2.6.10.1 | Strengthen Communicable diseases prevent on task force focused on HIV, TB, Malaria and NTDs at the national and sub-national level | Strengthen coordination, collaboration and strategic partnership among all MDAs of government across all levels and other stakeholders to promote efficiency and effectiveness of HIV, TB, and malaria response. Harmonised operational plans, strategic information management, budgeting, and unified decision making. (Currently, there are existing disease specific coordination platforms, however none that brings them all together. This platform which will be at the level of the DPH or as state structures defines, will provide overarching coordination | SMART Output Indicator(s): percentage of overarching coordination meeting that held per annum (Schedule is quarterly) | State & FCT level | On-going Project/Activity | SMCH/DPHIN/CO | Program Management and Administration | Information Education and Communication (IEC) | ▲ | | | 50 people participated in World NTD day celebrated | | | | | | | | | | | |
| | | | | | | | | | | | | | 2.6.10.1.a | Commemorate the 2025 World NTDs Day with 100 participants | Barnet,Lunch,T-Shirts and P caps,Inkjet production,flagging,Tak,zhovs | State & FCT level | On-going Project/Activity | SMCH/DPHIN/CO | Program Management and Administration | Information Education and Communication (IEC) | ▲ | | NTD MAM flag off done in 22 endemic LGAs of the state |
| | | | | | | | | | | | | | 2.6.10.1.b | Conduct Flag off for Mass administration of NTD medicines in 23 LGAs by 190 Persons | Barnet,Refreshment,Carpets,Chair,Honorarium,DSA for state officials,Transport for state officials | State & FCT level | On-going Project/Activity | SMCH/DPHIN/CO | Program Management and Administration | Information Education and Communication (IEC) | ▲ | ▲ | 898 HIV, 688 Teachers, 688 CDDs trained on NTDs MAM implementation |
| | | | | | | | | | | | | | 2.6.10.1.c | Conduct 5 days bi annual Training for 10,500 persons (598 Health care workers, 688 Teachers and 688 CDDs) on mass administration of NTD medicines by 42 facilitators (2 per LGA) | DSA,Day,transport,lunch,Cdse Allowance,Allowance,stationaries, | State & FCT level | On-going Project/Activity | SMCH/DPHIN/CO | Human Resource for Health | Health Worker Training - In-service | ▲ | ▲ | NTDs medicines conveyed to the state |
| | | | | | | | | | | | | | 2.6.10.1.d | Conduct bi-annual Conveyance of Praziquantel Chemotherapy of NTDs medicine (Albendazole 1,266,000, Mebendazole 1,808,430, Praziquantel 3,117,183 and Mebendazole 7,677,628) from Federal Central Medical Store, Abuja to all States, FCT, and State Medical Stores | DSA,Air ticket,Logistics,transport | State & FCT level | On-going Project/Activity | SMCH/DPHIN/CO | Direct Intervention Cost | Logistics/Supply Chain Management | ▲ | | 23 NTD staff monitored MAM distribution across endemic LGAs |
| | | | | | | | | | | | | | 2.6.10.1.e | Conduct 5 days monitoring of mass administration of medicines (Albendazole,Ivermectin,Praziquantel, and Mebendazole) by 23 NTD Personnel | DSA,Transport | State & FCT level | On-going Project/Activity | SMCH/DPHIN/CO | Human Resource for Health | Technical Supportive Supervision | ▲ | ▲ | 161 Stakeholders attended NTD TAC/Planning Meeting |
| | | | | | | | | | | | | | 2.6.10.1.f | Conduct 1 day meeting with 20 NTDs technical advisory committee members and 2 days planning meeting for NTD Mass administration of medicines with 101 personnel in the state. | DSA,Transport,Dig Hall(Lunch,2Tea Breaks, | State & FCT level | On-going Project/Activity | SMCH/DPHIN/CO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | 200 Hydrocoele surgeries successfully conducted |
| | | | | | | | | | | | | | 2.6.10.1.g | Conduct 200 bi-annual free hydrocoele surgeries in 6 surgery centres and Follow up visit by 16 health care worker supervised by 12 State personnel | DSA,Transport,Transport for patients,Surgery cost, Allowance for support staff | State & FCT level | On-going Project/Activity | SMCH/DPHIN/CO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | | 40 health workers trained on lymphoedema and 40 lymphoedema cases managed |
| 2.6.10.1.h | Conduct 4 days training on early detection, reporting and case management of lymphoedema and follow up monitoring visit to lymphoedema patients by 23 personnel across 20 LGAs | DSA,health workers allowance,lymphoedema Consumables,transport | State & FCT level | On-going Project/Activity | SMCH/DPHIN/CO | Direct Intervention Cost | Health services | ▲ | ▲ | | | | | | | | | | | | | | |



Kaduna State Government



Foreign, Commonwealth & Development Office

BILL & MELINDA GATES foundation

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| 2.6.10.9 | Improve access to Tuberculosis care - case finding and treatment | Targeted and technology driven TB case detection and treatment in health facilities and communities including patient support and socio protection benefits. Sustain and improve active case findings - using the different approaches and scaling best practices including: 1) National childhood TB week 2) National TB testing week 3) House to house case finding by community based organizations, utilizing portable, digital, x-rays, and rapid | SMART Output Indicator(s): No of people in contact with TB patients who began preventive therapy. Baseline: 296,441 (2023) Target: 586,216 NSP 2025 - # of TPT procured - # &% under 5 and above 5 contacts on TPT 2. # number of HCWs involved in | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | | National TB Testing week Conducted across the 23 LGAs | | |
| | | | | 2.6.10.9.a | Conduct 6 days community sensitization and Active Case Finding (ACF) activities by 10 healthcare workers and one town announcer across the 23 LGAs to mark the National TB testing week | Transport, Lunch, Banners, Sputum Transportation, DSA, Town Announcer stipend | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | National paediatric TB Testing week, Conducted across the 23 LGAs |
| | | | | 2.6.10.9.b | Conduct 6 days community sensitization and Active Case Finding (ACF) activities by 10 healthcare workers and one Town announcer across the 23 LGAs to mark the National Paediatric TB testing weeks | Transport, Lunch, Banners, Sputum Transportation, Town Announcer stipend | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | 3 days Quarterly active case detection by 10 person conducted |
| | | | | 2.6.10.9.c | Conduct 3 days quarterly house-to-house active case detection of TB by 10 persons and one Town announcer in the 23 LGAs by CHWs and community volunteers | Advocacy, Town announcer Transportation, Lunch, Banners, Sputum Transportation | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | |
| 2.6.10.10 | Sustain and Improve Treatment Success Rate | Customize care for TB patients on treatment and care interventions implemented in all health facilities in the country (1) Ensure patients complete treatment (2) Sustain access to AfB molecular diagnosis. (3) Scale up DRTB LPD service points in the spirit of a patient-centred approach - currently only 5 service points exist in the state, desirable to have one per LGA | SMART Output Indicator(s): % of patients with all forms of TB (bacteriologically confirmed and clinically diagnosed) in 2025 Baseline: 370,000 - 2023 Target: - 442,673 - 2025 (NSP - 2021-2025) https://www.who.int/news-room/fact-sheets/detail/tuberculosis | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | | 24 HCW trained on DRTB diagnosis and management | | |
| | | | | 2.6.10.10.a | Conduct a 2-day residential training for 24 health care providers across 12 secondary health facilities across the state by 4 facilitators on DRTB diagnosis and management | Tea Break, Lunch, Accommodation, DSA, Facilitation fee, Transportation, Projector, Public Address System | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | 50 HCW trained on TB/DRTB/TB-HIV Services |
| | | | | 2.6.10.10.b | Conduct a 3-day residential training of 60 health care providers from 20 health facilities by 6 facilitators on TB/DRTB TB-HIV services. | Hall, Tea Break, Lunch, Accommodation, Stationery, Training Manual, Facilitation fee, Transportation Projector, Public Address System | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | 8 CX23 Olympus microscopes procured and deployed to 8 facilities |
| | | | | 2.6.10.10.c | Procure and deploy 8 CX23 Olympus Microscopes bi-annually to 8 DOTS facilities | CX23 Olympus Microscope | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | 8 Laboratory personnel trained on AfB microscopy and culture |
| | | | | 2.6.10.10.d | Conduct 2 days bi-annual residential training of 15 laboratory assessors by 4 facilitators on AfB Microscopy and culture. | Tea Break, Lunch, Accommodation, DSA, Facilitation fee, Stationery, public address system | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | 40 Doctors and Nurses trained on new strategies for Paediatric TB diagnosis and management |
| | | | | 2.6.10.10.e | Conduct a 2 days bi-annual residential training of 40 HCWs (20 Doctors, 20 Nurses) on new strategies for Paediatric TB diagnosis and management by 5 facilitators | Stationery, Tea Break, Accommodation, Stationery, Training Manual, DSA, Facilitation fee, Transportation, Projector, Public Address System | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | 40 CHEWS_DSNDs trained on new strategies for Paediatric TB diagnosis and management |
| | | | | 2.6.10.10.f | Conduct 2 days bi-annual residential training to 40 CHEWS_DSNDs on new strategies for Paediatric TB diagnosis and management by 5 Facilitators | Tea Break, Lunch, Accommodation, stationery, Training Manual, DSA, Facilitation fee, Transportation, Projector, Public Address System. | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | |
| 2.6.10.11 | Improve access to WHO Recommended Molecular diagnostics (wFD) | Scale up number of functional molecular rapid diagnostic platforms (this intervention include procurement of machines, cartridges & consumable; instalment; provision of power back up; Favourable environment; training) Scale up molecular platforms to ensure access to diagnostic platforms | SMART Output Indicator(s): % of patients with all forms of TB (bacteriologically confirmed and clinically diagnosed) successfully treated (cured and treatment completed) among all TB patients notified in 2025. Baseline: 92% - 2023 Target: 92% | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | 8000 patients, TBAs, Community pharmacists and traditional medicine engaged | | | |
| | | | | 2.6.10.11.a | Engage 800 Proprietary Patent Medicine Vendors (PPMVs), Community Pharmacies (CPs), Traditional herb attendants (TBA) and traditional medicine healers to identify 20,000 presumptive and 2000 cases per quarter through TB identification and referral | 20,000 Presumptive 2000 | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | |
| 2.6.10.12 | Improve early diagnosis and treatment of Leprosy and Buruli Ulcer | Conduct integrated outreach/skin clinics for Leprosy and Buruli Ulcer case finding in high burden Leprosy and Buruli Ulcer communities. Ensure availability of Leprosy and Buruli Ulcer medicines | SMART Output Indicator(s): # of LGAs with functional molecular rapid diagnostic platforms - # of WRD procured (disaggregated by type) 2. No. of outreaches conducted using mobile trucks | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | | 5 Days integrated mobile community outreach conducted per quarter | | |
| | | | | 2.6.10.12.a | Conduct 5 days integrated community mobile outreaches quarterly by 5 mobile diagnostic trucks across 5 LGAs by 25 persons (5 per truck) and 5 state supervisors | Diagno Patrol, Transportation, Lunch, State Supervisors, Consumables and commodities, Maintenance | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | 5 days Mini leprosy campaign conducted per quarter |
| | | | | State & FCT level | New-Project/Activity | SMOHCFPH/BL | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | | | | |



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| 2.7 | Improve quality of care and service delivery across public (secondary, tertiary and quaternary) and private health facilities | | | | | | | | | | | | | | | | | | | | |
| 2.7.11 | Revitalize tertiary and quaternary care hospitals to improve access to specialized care | | | | | | | | | | | | | | | | | | | | |
| 2.7.11.2 | Policy and guideline development to set standards | Create a policy environment to improve network of care across tertiary and quaternary care. | SMART Output Indicator(s): Number of Training and capacity building Sessions and Number of different cadre of Nigerian Healthcare professional trained Baseline: Haphazard training programmes Target: 6 sessions organised and coordinated of Training and capacity building Sessions [1 every 2 months for various Cadre of Healthcare professionals 3. Availability of Health Safeguarding Policy 4. No. of Service providers trained on the implementation of the safeguarding policy. 5. Availability of 2024 - 2027 NTD National Masterplan. 6. Availability of Nursing Procedure Manual. | | | | | | | | | | | | | | | | | | |
| 2.7.11.2.a | Conduct 1 day non residential state holder engagement meeting on the development of health safeguarding policy by 40 persons | Lunch, teabreak | State & FCT level | New-Project/Activity | SMCH-VDH/PRS/ASP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | | Stateholders engaged on the development of health safeguarding policy | | |
| 2.7.11.2.b | Conduct 5 Days Residential Workshop to Develop Health Safeguarding Policy by 60 persons | Consultant, Accommodation, DSA, Lunch, teabreak, Hotel, stationery, transport, projector, PSA | State & FCT level | New-Project/Activity | SMCH-VDH/PRS/ASP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | | Health Safeguarding Policy developed | | |
| 2.7.11.2.c | Conduct One Day non residential Meeting to validate the developed health safeguarding policy by 40 FHS | Lunch, teabreak | State & FCT level | New-Project/Activity | SMCH-VDH/PRS/ASP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | | Health Safeguarding Policy validated | | |
| 2.7.11.2.d | Conduct 5 Days Residential workshop to building capacity of service providers on the implementation of the safeguarding policy by 50 persons | Consultant, Accommodation, DSA, Lunch, teabreak, Hotel, stationery, transport, projector, PSA | State & FCT level | New-Project/Activity | SMCH-VDH/PRS/ASP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | | Capacity of 50 healthcare providers built on health safeguarding | | |
| 2.7.11.2.e | Conduct 1 day Residential stateholders sensitization meeting on the implementation of sexual and reproductive health and right policies for PwDs on private health providers by 50 persons | Accommodation, DSA, Lunch, teabreak, Hotel, stationery, transport, projector, PSA | State & FCT level | New-Project/Activity | SMCH-VDH/PRS/ASP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | | 50 private health care providers sensitized on SFHR policy of PwDs | | |
| 2.7.11.2.f | Conduct 6 day (3 development, 2 days validation, 1 dissemination) non residential workshop to domesticate the 2024 - 2027 NTD National Masterplan with 35 stakeholders and 2 consultants each | DSA, 2 Tea break, Lunch, Big Hall, Stationery, Consultation fee, Transport | State & FCT level | New-Project/Activity | SMCH-VDH/PHIN/DT | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | | 35 Stakeholders attended NTD Masterplan domestication | | |
| 2.7.11.2.g | Conduct 5 days residential workshop with 25 persons to review nursing procedure Manual with 1 Facilitator. | Small Hall, projector, 2Teabreak, Lunch, Accommodation, DSA, Transportation, Lead Consultant, Stationery | State & FCT level | On-going Project/Activity | SMCH-VDH/NSIA/DNS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | | Nursing Procedure Manual Reviewed | | |
| 2.7.11.2.h | Conduct 2 days residential workshop with 10 persons to validate the draft copy of Nursing Procedure Manual with 1 Facilitator. | Small Hall, Projector, Accommodation, DSA, 2 Teabreak, Lunch, Transport, Stationery, Lead Consultant | State & FCT level | On-going Project/Activity | SMCH-VDH/NSIA/DNS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | | Draft copy of nursing procedure manual validated | | |
| 2.7.11.3 | Build capacity of health workers to improve access and quality to specialized care using available Resources including engagement of Nigerian Health care Personnel in the Diaspora | Train and retrain on specialise areas. Curriculum review and adaptation. To effectively engage Nigerian Health Professionals in the Diaspora for Skills and Knowledge Transfer | SMART Output Indicator(s): Establishment of an Interactive Database Dashboard for the operation of the programme 2. No. of persons trained on Sign Language. 3. No. of HCWs in SHFs trained on Sign Language | | | | | | | | | | | | | | | | | | |
| 2.7.11.3.a | Release 20 nurses (16 per 100 senior in-service training with pay to study post basic paediatric nursing in COMS, ABUTH, Zaria and COMS, AKTH (two paediatric nursing programmes) and neonatal nursing in COMS, FMC, Ahmadu Bello University, Zaria | Training allowance | State & FCT level | New-Project/Activity | SMOH/COMS/IA/DNS | Human Resource/Health | Health Worker Training - In-service | | ▲ | ▲ | ▲ | ▲ | | | | | | | 20 Nurses studied Paediatric and Neonatology Nursing | | |
| 2.7.11.3.b | Conduct 5 days residential training of trainers for 20 Organisation of Persons with Disability representatives from Kaduna on Sign Language by 10 Facilitators | Accommodation, Hall, PAS, Projector, 2 Teabreak, Lunch, DSA, Transport, Honourarium, Stationery | State & FCT level | New-Project/Activity | SMOH/COMS/IA/DNS | Human Resource/Health | Health Worker Training - In-service | | ▲ | | | | | | | | | | Trained 20 Trainers on Sign Language | | |
| 2.7.11.3.c | Conduct 5 days residential training of 20 Health Workers (8 batches) from the SHFs on Sign Language by 4 Facilitators per batch | Accommodation, Hall, PAS, Projector, 2 Teabreak, Lunch, DSA, Transport, Honourarium, Stationery | State & FCT level | New-Project/Activity | SMOH/COMS/IA/DNS | Human Resource/Health | Health Worker Training - In-service | | ▲ | | | | | | | | | | 20 Health Workers trained on Sign Language | | |
| 2.7.11.3.d | Conduct 5 days non residential refresher training of trainers for 25 persons (16 OPDs and 9 Staff of SMOH) on Inclusive health service provision by 2 Facilitators | Small Hall, PAS, Projector, 2 Teabreak, Lunch, Transport, Stationery, Honourarium | State & FCT level | On-going Project/Activity | SMOH/COMS/IA/DNS | Human Resource/Health | Health Worker Training - In-service | | ▲ | | | | | | | | | | 25 Trainers trained on Inclusive Health Services Provision | | |
| 2.7.11.3.e | Conduct 2 days non residential refresher training on inclusive health service provision for 3000 Health Workers (86 batches) from Primary, Secondary, Tertiary, Private Health Facilities and PFMYs by 4 | Small Hall, PAS, Projector, 2 Teabreak, Lunch, Transport, DSA, Stationery, Honourarium | State & FCT level | On-going Project/Activity | SMOH/COMS/IA/DNS | Human Resource/Health | Health Worker Training - In-service | | ▲ | | | | | | | | | | 2,000 Health Workers trained on Inclusive Health Services Provision | | |



Kaduna State Government



| 2.8 Improve equity and affordability of quality care for patients, expand insurance | | | | | | | | | | | | | |
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| 2.8.12 | Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition | | Baseline: MMR was 512 deaths per 100,000 live births NHDS 2018 [DHIS-2], other sources report >1,000 - the third highest in the world [WHO, 2020] NMR 39 deaths per 1000 live births. IISMR 132 deaths per 1000 | | | | | | | | | | |
| 2.8.12.3 | Institutionalize maternal, perinatal and child death surveillance and response (MPCDSR) at all facilities/communities for quality improvement and monitor response. | | Periodic audit of maternal, newborn and child death at all facilities/communities, facilitate regular meetings by CI team to track progress RMNCAE H+N QoC standards at all levels and empower community to implement Community MPCDSR | | SMART Output Indicator(s): Proportion of health facility maternal death notified within 24 hours by sub-national and national levels. 2. No. of MPCDSR software and dashboard Developed 3. No. of MPCDSR focal persons trained on MPCDSR data tools. | | | | | | | | |
| 2.8.12.3.a | Develop state owned MPCDSR software/dashboard for monitoring and evaluation of MPCDSR data by 2 external consultants and 16 state officers for 5 days | | meeting room, tea break, lunch, stationary, transport, national consultant, accommodation. | | State & FCT level | New-Project/Activity | SMCH/DPH/RMNC/AEH/UMS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | state owned MPCDSR software/dashboard developed |
| 2.8.12.3.b | Conduct 3 days non-residential workshop to review and test MPCDSR software dashboard by 45 persons and 2 consultants | | small hall, projector, PAS, tea break, lunch, stationary, transport, national consultant. | | State & FCT level | New-Project/Activity | SMCH/DPH/RMNC/AEH/UMS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | developed state own MPCDSR software dashboard tested |
| 2.8.12.3.c | Conduct 3 days residential training for 45 persons (23 HMIS/MBE Officers and 22 program Officers) on MPCDSR software dashboard by 2 consultants | | small hall, projector, PAS, accommodation, tea break, lunch, stationary, transport, national consultant, DSA. | | State & FCT level | New-Project/Activity | SMCH/DPH/RMNC/AEH/UMS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | 45 persons trained on the developed MPCDSR software dashboard |
| 2.8.12.3.d | Conduct 3 days residential training for 32 MPCDSR focal persons on MPCDSR data tools by 2 facilitators | | small hall, projector, PAS, accommodation, tea break, lunch, stationary, transport, honorarium, DSA. | | State & FCT level | New-Project/Activity | SMCH/DPH/RMNC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | 32 MPCDSR focal persons trained on MPCDSR data tools |
| 2.8.12.3.e | Conduct 1 day quarterly MPCDSR state steering committee meeting with 35 persons | | meeting room, tea break, lunch, stationary, transport, projector. | | State & FCT level | On-going Project/Activity | SMCH/DPH/RMNC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | MPCDSR review meeting conducted |
| 2.8.12.3.f | Conduct 1 day annual MPCDSR review meeting by 90 State Steering Committee members, Facility FPs and MIs by 1 lead consultant and 2 facilitators | | large hall, projector, PAS, accommodation, tea break, lunch, stationary, transport, national consultant, honorarium, DSA. | | State & FCT level | On-going Project/Activity | SMCH/DPH/RMNC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | MPCDSR State Steering Committee meeting held |
| 2.8.12.3.g | Develop MPCDSR report annually by 1 consultant for 5 days | | Consultancy | | State & FCT level | On-going Project/Activity | SMCH/DPH/RMNC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | 2025 annual MPCDSR report developed |
| 2.8.12.3.h | Print and disseminate 100 copies of annual MPCDSR report by 90 persons and 2 facilitators | | large hall, projector, PAS, accommodation, tea break, lunch, stationary, transport, honorarium, DSA, printing document. | | State & FCT level | On-going Project/Activity | SMCH/DPH/RMNC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | 2025 MPCDSR report printed and disseminated |
| 2.8.12.3.i | Conduct 4 days residential workshop with 40 participants to develop manual for early identification of disability and referral by 2 facilitators | | large hall, projector, PAS, accommodation, tea break, lunch, stationary, transport, honorarium, DSA, printing document. | | State & FCT level | New-Project/Activity | SMCH/DPH/RMNC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | ▲ | manual for early identification of disability and referral developed |
| 2.8.12.3.j | Conduct 2 days residential workshop with 35 participants to validate the manual for early identification of disability and referral by 2 facilitators | | large hall, projector, PAS, accommodation, tea break, lunch, stationary, transport, honorarium, DSA, printing document. | | State & FCT level | New-Project/Activity | SMCH/DPH/RMNC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | ▲ | manual for early identification of disability and referral validated |
| 2.8.12.4 | Develop state ACPs with creation of budget line and timely release of fund for quality improvement systems in all facilities and communities for RMNCAE H+N health care | | Set up Quality improvement team at all health facilities for RMNCAE H+N QoC standards and track progress implementation | | SMART Output Indicator(s): 1. Number of State with ACPs 2. Number of States that have created Budget line and timely release of fund for Quality of Care 3. No. of HCW trained on RMNCAE H+N Quality of Care 4. No. of capacity building for | | | | | | | | |
| 2.8.12.4.a | Conduct 5 days residential state training of trainers on RMNCAE H+N Quality of Care for 20 HCW by 5 facilitators | | small hall, projector, PAS, accommodation, tea break, lunch, stationary, transport, national consultant, honorarium, DSA, printing of manuals. | | State & FCT level | New-Project/Activity | SMOH/DPH/RMNC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | 20 HCW trained on RMNCAE H+N quality of care |
| 2.8.12.4.b | Conduct 3 days quarterly residential capacity building of 36 GI team members (12 HCW from 3 secondary facilities) as RMNCAE H+N QoC learning site by 5 facilitators | | large hall, projector, PAS, accommodation, tea break, lunch, stationary, transport, honorarium, DSA. | | State & FCT level | New-Project/Activity | SMOH/DPH/RMNC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | 36 GI team members trained on RMNCAE H+N QoC |
| 2.8.12.4.c | Conduct 3 days quarterly MPCDSR QoC coaching and mentoring visits to 30 SHFs and BDTH by 15 mentors, 1 lead consultant and 3 supervisors | | Printing of mentoring tools, meeting room, tea break, lunch, lead consultant, state consultant honorarium, diesel fuel | | State & FCT level | New-Project/Activity | SMOH/DPH/RMNC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | MPCDSR QoC coaching and mentoring visits conducted on 30 SHFs and BDTH |
| 2.8.12.4.d | Conduct 5 days quarterly quality assurance visit to 30 SHFs with 25 persons | | DSA, Transport | | State & FCT level | On-going Project/Activity | SMOH/DHS/DA/DHS | Human Resources/Health | Technical Support/Supervision | ▲ | ▲ | ▲ | 4 Quality Assurance conducted |



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| 2.8.12.5 | Develop the National Quality Policy and Strategy (NQPS) and adapt guideline to align to state context | Stakeholders engagement to develop the NQPS with outsource TA | SMART Output Indicator(s) Baseline: Availability of National Quality Policy and Strategy (NQPS) 2. No. of review and adoption of the national FMNCAH-N CoC | | | | | | | |
| 2.8.12.5.a | Organise 3 days residential meeting for the review and adoption of the national FMNCAH-N CoC implementation guideline with 50 participants and 2 consultants | small hall, projector, accommodation, PAS, tea break, lunch, stationery, transport, national consultant | State & FCT level | New-Project/Activity | SMoH/DPH/RMNCAEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | national FMNCAH-N CoC implementation guideline reviewed and adopted |
| 2.8.12.5.b | Print and distribute 1000 copies of FMNCAH-N CoC guideline to all facilities | Printing of 1000 copies of QOC guidelines, distribution logistics | State & FCT level | New-Project/Activity | SMoH/DPH/RMNCAEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | 1000 copies of FMNCAH-N CoC guideline printed and distributed to all facilities |
| 2.8.12.5.c | Conduct 3 days residential review and adoption of FMNCAH-N Quality of Care Monitoring, Evaluation, Accountability Research and Learning (MEARL) plan by 50 participants and 2 consultants | small hall, projector, PAS, accommodation, tea break, lunch, stationery, transport, national consultant, DSA | State & FCT level | New-Project/Activity | SMoH/DPH/RMNCAEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | FMNCAH-N Quality of Care Monitoring, Evaluation, Accountability Research and Learning (MEARL) plan reviewed and adopted |
| 2.8.12.5.d | Plan 1 day non-residential review of national guidelines on proclampsia/Eclampsia management with 40 participants and 2 consultants | small hall, tea break, lunch, transport, consultant | State & FCT level | New-Project/Activity | SMoH/DPH/RMNCAEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | national guidelines on proclampsia/Eclampsia management reviewed |
| 2.8.12.5.e | Print and distribute 1500 copies of SOPs on proclampsia/Eclampsia management to all facilities | Printing of 1500 copies of SOPs, distribution logistics | State & FCT level | New-Project/Activity | SMoH/DPH/RMNCAEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | 1500 copies of SOPs on the management of proclampsia/Eclampsia printed and distributed |
| 2.8.12.6 | Provide adequate WASH infrastructure and services in healthcare facilities and Monitoring indicators to ensure quality of care and IPC | Map health facilities with WASH infrastructures, provision of WASH infrastructure at all Health facilities and capacity skills | SMART Output Indicator(s): 1. % of health care facilities with basic WASH services 2. Availability of WASH infrastructures in SHFs 3. Availability of IPC advocacy kits 4. No. of IPC focal persons trained on multimodal strategies | | | | | | | |
| 2.8.12.6.a | Conduct 5 day WASH infrastructure assessment by 10 people in 32 HF's (secondary and tertiary facilities) in the state | Local transport, DSA | State & FCT level | New-Project/Activity | KDCDCHEP/R | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | | WASH infrastructure assessment conducted |
| 2.8.12.6.b | Conduct advocacy visit of 10 stakeholders to key MDAs on securing budget line for IPC implementation | Transport, Advocacy kits, Printing of notification letters | State & FCT level | New-Project/Activity | KDCDCHEP/R | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | | Advocacy visit to key MDAs conducted |
| 2.8.12.6.c | Conduct 1 day non-residential meeting for 15 persons to develop state IPC advocacy kits | Lunch, Local transport, Small hall | State & FCT level | New-Project/Activity | KDCDCHEP/R | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | | advocacy kits developed |
| 2.8.12.6.d | Conduct a 5 day assessment of 5 facilities on HA surveillance by 5 persons | DSA, Local transport | State & FCT level | New-Project/Activity | KDCDCHEP/R | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | | HA surveillance facility assessment conducted |
| 2.8.12.6.e | Conduct 3 day residential workshop training for 40 IPC focal persons on multimodal strategies for implementation of IPC plans, behavioral change, and interpersonal communication by 2 facilitators | Small hall, Accommodation, Local transport, Tea break, lunch, DSA, Stationery, Projector, PAS | State & FCT level | New-Project/Activity | KDCDCHEP/R | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | | 40 IPC focal persons on multimodal strategies trained |
| 2.8.12.6.f | Conduct 3 day residential training for 20 IPC members on data management, analysis and use by 2 facilitators | Small hall, Accommodation, Local transport, Tea break, lunch, DSA, Stationery, Projector, PAS | State & FCT level | New-Project/Activity | KDCDCHEP/R | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | | 20 IPC members trained on data management, analysis and use |
| 2.8.12.6.g | Three IPC Team members to attend 30 days diploma course in IPC in Lagos University Teaching Hospital | Tuition fee, Transportation, Accommodation, DSA, Tea break, Lunch | State & FCT level | New-Project/Activity | KDCDCHEP/R | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | | IPC Diploma certificate obtained |
| 2.8.12.6.h | Conduct 3 day residential Infection Prevention and Control (IPC) training for 45 focal persons from secondary and tertiary facilities by 2 facilitators | Small hall, Accommodation, Local transport, Tea break, lunch, DSA, Stationery, Projector, PAS | State & FCT level | New-Project/Activity | KDCDCHEP/R | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | | 45 people trained on IPC activities |
| 2.8.12.6.i | Conduct 2 day residential training for 20 IPC members on hand hygiene audit and IPC score cards by 2 facilitators | Small hall, Accommodation, Local transport, Tea break, lunch, DSA, Stationery, Projector, PAS | State & FCT level | New-Project/Activity | KDCDCHEP/R | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | | 20 people trained on hand hygiene audit and IPC score cards |
| 2.8.12.6.j | Conduct 3 day hand hygiene audit in 12 HF (10 secondary and 2 tertiary facilities) by 20 persons | Accommodation, Local transport, DSA | State & FCT level | New-Project/Activity | KDCDCHEP/R | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | | Hand hygiene audit conducted in 12 HF's |
| 2.8.12.6.k | Conduct 3 day residential annual review meeting of 93 persons (CMOs, IPC FPs and LGA HS) to review and document IPC HF's performance by 2 facilitators | Large hall, Transport, Accommodation, DSA, Tea break, Lunch, Projector, PAS | State & FCT level | New-Project/Activity | KDCDCHEP/R | Program Management and Administration | Planning, Policy and Capacity Building | | ▲ | Annual review meeting conducted |
| 2.8.12.6.l | Conduct 3 day residential work shop of 25 stakeholders to review and update the state IPC policy and guidelines by 2 facilitators | Small hall, Accommodation, Local transport, Tea break, lunch, DSA, Stationery, Projector, PAS | State & FCT level | New-Project/Activity | KDCDCHEP/R | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | | State IPC policy and guideline reviewed and updated |



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| | | 2.8.12.6.m | Conduct 2day residential workshop of 15 stakeholders to validate the state IPC policy and guidelines by 1 facilitator | Small hall, Accommodation, Local transport, Teabreak, lunch, DSA, Stationary, Projector, PAS | State & FCT level | New-Project/Acti vity | KDCDCHEP R | Program Management and Administration | Planning, Policy and Capacity Building | | ▲ | | | | State IPC policy and guideline validated |
| | | 2.8.12.6.a | Conduct 3 days residential training of 300 newly recruited HCWs on basic principles of IPC by 2 facilitators | Large hall, Transport, Accommodation, DSA, Tea break, Lunch, Projector, PAS | State & FCT level | New-Project/Acti vity | KDCDCHEP R | Program Management and Administration | Planning, Policy and Capacity Building | | | ▲ | | | 300 newly recruited HCWs trained |
| | | 2.8.12.6.o | Conduct 2day residential refresher training of 600 HCWs on IPI by 6 facilitators | Large hall, Transport, Accommodation, DSA, Tea break, Lunch, Projector, PAS | State & FCT level | New-Project/Acti vity | KDCDCHEP R | Program Management and Administration | Planning, Policy and Capacity Building | | | | ▲ | | 600 HCWs trained |
| | | 2.8.12.6.p | Conduct screening and vaccination of 500,000 HCWs on HBV | Test kits, vaccine, consumables, DSA | State & FCT level | New-Project/Acti vity | KDCDCHEP R | Program Management and Administration | Planning, Policy and Capacity Building | | ▲ | ▲ | ▲ | | HBV screened and vaccinated |
| 2.8.12.7 | Roll out of Post-partum care (PPE/FEE) and Post Abortal Care (PAC) interventions in high volume delivery primary, secondary and tertiary health facilities in all the 36 states plus FCT. | | Provision of Pre-eclampsia/eclampsia management and post-abortal care (Maternal and Adolescent) at all the health facilities | SMART Output Indicator(s): % of health facilities providing comprehensive post-partum care and post-abortal care (PAC) services 2. No. of capacity building for nurses/midwives on post-abortion | | | | | | | | | | | |
| | | 2.8.12.7.a | Conduct 5 days residential capacity building for 60 nurses/midwives (2 per facility) on post abortion care across 30 SHFs and BDTH by 5 facilitators | small hall projector, PAS, accommodation, tea break, lunch, stationary, transport, honorarium, DSA, Printing manuals, consultant fee | State & FCT level | New-Project/Acti vity | SMOH/CPH/ RMNCAEH | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | ▲ | | 60 nurses/midwives trained on post abortion care across 30 SHFs and BDTH |
| | | 2.8.12.7.b | Conduct 3 days residential workshop with 60 persons to adapt the PAC national policy and guidelines with 2 consultants. | small hall projector, PAS, accommodation, tea break, lunch, stationary, transport, national consultant, DSA. | State & FCT level | New-Project/Acti vity | SMOH/CPH/ RMNCAEH | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | ▲ | | PAC national policy and guidelines adopted |
| | | 2.8.12.7.c | Conduct 2 days non-residential validation of the state's PAC policy and guidelines with 10 persons and 2 consultants. | small hall projector, PAS, tea break, lunch, stationary, transport, national consultant. | State & FCT level | New-Project/Acti vity | SMOH/CPH/ RMNCAEH | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | ▲ | | PAC policy and guidelines validated |
| | | 2.8.12.7.d | Conduct 1 day non-residential launching and dissemination of the state's PAC policy and guidelines with 50 persons. | large hall, projector, PAS, teabreak, lunch, stationary, transport, national consultant. | State & FCT level | New-Project/Acti vity | SMOH/CPH/ RMNCAEH | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | ▲ | | PAC policy and guidelines launched and disseminated |
| 2.8.12.8 | Increase Antenatal Care (Individual and GANC) coverage and HF's delivery in the primary, secondary and tertiary health facilities in all the 36 states plus FCT | | 1. Demand generation (community mobilization, outreaches and campaigns) 2. Socio and behavioural change interventions (Interpersonal Communication and Counselling), Campaigns, community mobilization) 3. Free maternal health services 4. Scale up Mobile clinics 5. Conduct Home visits 6. Implement an Integrated ANC, Disease Detection & | 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 3. Availability of SBCC health promotion strategy to include gender transformative SBCC | | | | | | | | | | | |
| | | 2.8.12.8.a | Conduct 3 days residential workshop to review and develop SBCC health promotion strategy to include gender transformative SBCC approaches employed in the delivery of GAN/PNC, MNH information and supplies with 45 persons and 1 lead consultant | Accommodation, DSA, Lunch, teabreak, honorarium, transport, projector, PSA. | State & FCT level | New-Project/Acti vity | SMOH/CPH/ FFS/FP | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | ▲ | | SBCC health promotion strategy inclusive of gender transformative SBCC approach developed |
| | | 2.8.12.8.b | Upgrade 20 General Hospitals to provide Comprehensive Emergency Obstetrics and Neonatal Care (CEMOCN) services across the State | cost of upgrade | State & FCT level | On-going Project/Acti vity | SMOH/CPH/ FPM | Infrastructure And Equipment | Medical Lab Equipment Purchase | | ▲ | ▲ | ▲ | ▲ | 22 General hospitals rehabilitated |
| | | 2.8.12.8.c | Purchase of Equipment for 8 Major General Hospitals (GH, Kariakin, GH Saminaka, GH Birnin Gwari, HGSSH Zaria, YDMH Tudun Wada and Gwamna Awan GH Kaura) - United Nations Children Education Fund | Cost of equipment for SHF | State & FCT level | On-going Project/Acti vity | SMOH/CPH/ FFS/ FPM | Infrastructure And Equipment | Medical Lab Equipment Purchase | | | | ▲ | | medical equipment for secondary health facilities procured |
| | | 2.8.12.8.d | Equip 20 general hospitals across the State | equipping cost | State & FCT level | New-Project/Acti vity | SMOH/CPH/ FFS/ FPM | Infrastructure And Equipment | Medical Lab Equipment Maintenance | | ▲ | ▲ | ▲ | ▲ | 22 General hospitals equipped |
| | | 2.8.12.8.f | Complete the Construction and Equipping of 300-Bed Specialist Hospital | cost of construction & equipping of 300 bed hospital | State & FCT level | On-going Project/Acti vity | SMOH/CPH/ FFS/ FPM | Infrastructure And Equipment | Medical Lab Equipment Maintenance | | ▲ | ▲ | ▲ | ▲ | 300 specialist hospital completed |
| | | 2.8.12.8.g | Kaduna Emergency Nutrition Action Plan (KADENAP) Programme | KADENAP Fund | State & FCT level | On-going Project/Acti vity | SMOH/CPH/ FFS/ FPM | Infrastructure And Equipment | Medical Lab Equipment Maintenance | | ▲ | ▲ | ▲ | ▲ | Nutrition cost dispensed |
| | | 2.8.12.8.h | Provide Oxygen Health Services in the state by establishing 2 additional oxygen plant in 2 Secondary Health Facilities (BHE Binin Gwari and HGSSH Zaria) | Oxygen services | State & FCT level | New-Project/Acti vity | SMOH/CPH/ FFS/ FPM | Infrastructure And Equipment | Medical Lab Equipment Maintenance | | | | ▲ | | 2 additional oxygen plant in 2 Secondary Health Facilities (BHE Binin Gwari and HGSSH Zaria) established |
| | | 2.8.12.8.i | Procure 20 Medical Ambulances (10 advance and 10 basic live support) | procure Ambulance | State & FCT level | New-Project/Acti vity | SMOH/CPH/ FFS/ FPM | Infrastructure And Equipment | Medical Lab Equipment Maintenance | | | | ▲ | | 20 Medical Ambulances for advance and basic live support procured |
| | | 2.8.12.8.j | Procure 2 Utility Vehicles (Hubs) for Logistic Management Coordinating Unit (LMCU) | Hubs | State & FCT level | New-Project/Acti vity | SMOH/CPH/ FFS/ FPM | Infrastructure And Equipment | Medical Lab Equipment Maintenance | | | | ▲ | | 2 Utility Vehicles for Logistic Management Coordinating Unit (LMCU) procured |
| | | 2.8.12.8.k | Procure Equipment for Nuclear Medicine Centre | Equipping | State & FCT level | New-Project/Acti vity | SMOH/CPH/ FFS/ FPM | Infrastructure And Equipment | Medical Lab Equipment Maintenance | | | | ▲ | | Equipment for Nuclear Medicine Centre procured |
| | | 2.8.12.8.l | Purchase of 20 Blood Bank Refrigerators for Blood Transfusion Services for 20 Secondary Health Facilities and 2 EDA Machines for GH KAF, HGSSH Zaria and YDMH Tudun Wada | Blood Bank, EDA Machine | State & FCT level | New-Project/Acti vity | SMOH/CPH/ FFS/ FPM | Infrastructure And Equipment | Medical Lab Equipment Maintenance | | | | ▲ | | 20 Blood Bank Refrigerators for Blood Transfusion Services procured |
| | | 2.8.12.8.m | Purchase of Accessories for Planned Preventive Maintenance of Medical Equipment across the 33 Secondary Health Facilities | PPM Accessories | State & FCT level | New-Project/Acti vity | SMOH/CPH/ FFS/ FPM | Infrastructure And Equipment | Medical Lab Equipment Maintenance | | | | ▲ | | PPM Accessories procured |
| | | 2.8.12.8.n | Purchase of Equipment to Strengthen Maternal Child and Neonatal Health Services in Secondary Health Facilities | RMNCAH-N Equipment | State & FCT level | New-Project/Acti vity | SMOH/CPH/ FFS/ FPM | Infrastructure And Equipment | Medical Lab Equipment Maintenance | | | | ▲ | | RMNCAH-N Equipment procured |



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| | | 2.8.12.8.o | Purchase of Dialysis Machine Accessories for Secondary Health Facilities | Dialysis machine accessories cost | State & FCT level | New-Project/Activity | SMOH/CFRS/PM | Infrastructure and Equipment | Medical/Lab Equipment Maintenance | | | | | | | | | dialysis machine accessories procured |
| | | 2.8.12.8.p | Procurement of Oxygen Cylinders and Accessories for 5 Major Secondary Health Facilities (SH/Kalanwaka, SH/Samata, SH/Imhawa, HASSER Zaria, YDMH Tutun Wada and Gwama Anan GH Kaku) | procure oxygen cylinders | State & FCT level | New-Project/Activity | SMOH/CFRS/PM | Infrastructure and Equipment | Medical/Lab Equipment Maintenance | | | | ▲ | | | | | Oxygen cylinders and accessories procured |
| 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 | Provision of Post-partum Hemorrhage (PPH) management at the health facilities and availability of PPH commodities and Kits | | SMART Output Indicators (s): 1. % of health facilities providing Post-partum Hemorrhage management services 2. No. of workshop conducted to update the state level PPH guideline to align with the national guideline | | | | | | | | | | | | | | |
| | | 2.8.12.9.a | Conduct 3-days residential workshop to update the state level PPH guideline to align with the national training manual with 60 stakeholders and 2 consultants. | small hall, teabreak, lunch, stationery, transport, Consultant honorarium, accommodation, DSA | State & FCT level | New-Project/Activity | SMOH/DPH/RMNCAEH | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | ▲ | | | | | |
| | | 2.8.12.9.b | Print and distribute 1500 copies of the updated PPH guidelines | Printing of 1500 PPH guidelines copies, distribution logistics | State & FCT level | New-Project/Activity | SMOH/DPH/RMNCAEH | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | | ▲ | | | | 1500 copies of the updated PPH guidelines printed and distributed |
| | | 2.8.12.9.c | Conduct 3 days residential training of 20 master trainers on PPH management skills by 3 facilitators | small hall, teabreak, lunch, stationery, transport, Consultant honorarium, accommodation, DSA | State & FCT level | New-Project/Activity | SMOH/DPH/RMNCAEH | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | | ▲ | | | | 20 Master Trainers trained on PPH management skills |
| | | 2.8.12.9.d | Conduct 3 days bi-annual residential training of 60 Doctors and nurses/midwives working in labour rooms (2 each per facility) on E-motive bundle across 30 SHFs by 6 facilitators | large hall, teabreak, lunch, stationery, transport, honorarium, accommodation, DSA, printing manuals | State & FCT level | New-Project/Activity | SMOH/DPH/RMNCAEH | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | | ▲ | | | | 60 Doctors and nurses/midwives working in labour rooms (2 each per facility) train on E-motive bundle |
| | | 2.8.12.9.e | Conduct 10 days bi-annually coaching and mentorship to 60 trained HCWs on comprehensive PPH management by 10 facilitators. | small hall, teabreak, and lunch for planning and feedback meeting, transport allowance, Honorarium, DSA, consultant/ supervisor fee, accommodation. | State & FCT level | New-Project/Activity | SMOH/DPH/RMNCAEH | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | | ▲ | ▲ | | | 60 HCWs trained on comprehensive PPH management |
| | | 2.8.12.9.f | Conduct 3 day quarterly residential refresher GANC ToT for 21 Master trainers on MNH innovation by 2 facilitators. | DSA (26), Accommodation (26), Small hall (1), Tea (50), Lunch (25) Stationary (2), Facilitators (2). | State & FCT level | On-going Project/Activity | SMOH/CFRS/DMS (C) | Program Management and Administration | Health services | | | | | ▲ | ▲ | ▲ | ▲ | Refresher GANC ToT conducted for 23 persons |
| | | 2.8.12.9.g | Conduct 6 day quarterly residential refresher training on GANC for 30 HCWs from 30 SHFs by 3 facilitators. | DSA (26), Accommodation (26), Small hall (1), Tea (50), Lunch (25) Stationary (2), Facilitators (3) | State & FCT level | On-going Project/Activity | SMOH/CFRS/DMS (C) | Direct Intervention Cost | Health services | | | | | ▲ | ▲ | ▲ | ▲ | Refresher GANC training conducted for 30 HCW |
| | | 2.8.12.9.h | Conduct 2 day bi-annual residential integrated MNH training based on nutritional manual on ELSS for 31 doctors from SHFs by 2 facilitators. | DSA (1), Accommodation (31) facilitators (2), stationery (1), Small hall (1), Tea (50), Lunch (25) | State & FCT level | On-going Project/Activity | SMOH/CFRS/DMS (C) | Direct Intervention Cost | Health services | | | | | ▲ | | | | ELSS training for 31 doctors conducted |
| | | 2.8.12.9.i | Conduct 5 day bi-annual residential training on MCPDRS for 31 SHFs MFDCSR FPs by 3 facilitators. | DSA (14), Accommodation (31), stationery (31), Small hall (1), Tea (58), Lunch (31), Facilitators (3). | State & FCT level | On-going Project/Activity | SMOH/CFRS/DMS (C) | Direct Intervention Cost | Health services | | | | | ▲ | | | | 31 FPs trained on MCPDRS |
| | | 2.8.12.9.j | Conduct a 3 days residential refresher training of 20 existing state mentors on updated RMNCAH Mentoring tool by 2 facilitators | small hall, projector, P.A.S, accommodation, teabreak, lunch, stationery, transport, honorarium, DSA. | State & FCT level | New-Project/Activity | SMOH/DPH/RMNCAEH | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | | | | ▲ | | 20 state mentors updated on RMNCAH Mentoring tool |
| | | 2.8.12.9.k | | | | | | | | | | | | | | | | |
| | | 2.8.12.9.l | Conduct 3 days annual residential capacity building on Interpersonal Communication for 62 Nurses/Midwives from 33 SHFs and BOTM by 3 Facilitators | Accommodation, Hal, P.A.S, Projector, 2 Teabreak, Lunch, DSA, Transport, State Consultant, Stationery | State & FCT level | On-going Project/Activity | SMOH/CFRS/DMS | Human Resource/Health | Health Worker Training In-service | | | | | | | ▲ | | 62 Nurses/Midwives capacity built on IPC |
| 2.8.12.10 | Create 'midwifery led' community outreach model with incentive for HCWs to improve ANC coverage | Update existing National guideline to reflect this concept and adapt at state level to align to state specific context | | SMART Output Indicators (s): 1. Number of states with coded plan for the midwifery led community outreach 2. No. of coded plan developed for the midwifery led community | | | | | | | | | | | | | | |
| | | 2.8.12.10.a | Conduct 1 day outreach on ANC to 900 Women to commemorate 2021 International Day of the Midwife | Bairnes' Mama pack, Lunch, Transport, DSA, Honorarium, P.ressel | State & FCT level | On-going Project/Activity | SMOH/CFRS/DMS | Program Management and Administration | Other Programme Management & | | | | | | | ▲ | | ANC services provided to 900 women |
| | | 2.8.12.10.b | Conduct 3 days residential workshop to develop coded plan for the midwifery led community outreach with 45 persons and 1 consultant | accommodation, lunch, 2 teabreak, Hal, DSA, Transport, Workshop material, P.A.S, Projector, airtime | State & FCT level | New-Project/Activity | SMOH/CFRS/DMS | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | | ▲ | | | | coded plan for the midwifery led community outreach developed |
| | | 2.8.12.10.c | Conduct 1 days meeting to validate the coded plan for the midwifery led community outreach with 25 persons and 1 consultant | Lunch, Teabreak | State & FCT level | New-Project/Activity | SMOH/CFRS/DMS | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | | ▲ | | | | coded plan for the midwifery led community outreach validated |
| | | 2.8.12.10.d | Print 100 copies of the midwifery led community outreach model and disseminate for 70 persons | Printing, Large Hall, P.A.S, Projector, Lunch, Transport, DSA | State & FCT level | New-Project/Activity | SMOH/CFRS/DMS | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | | ▲ | | | | 100 copies of the midwifery led community outreach mode printed |
| | | 2.8.12.10.e | Conduct 1 day quarterly outreach on RMNCAH services to 900 women and children across the 5 senatorial zones by 5 persons | Mums pack, Lunch, Transport, DSA (Diugs, Fersolate, Fole, Aoki, Amocycillin, DT, ORS, PCM strip) | State & FCT level | On-going Project/Activity | SMOH/CFRS/DMS | Program Management and Administration | Other Programme Management & Administration, n.e.c | | | | | | | ▲ | ▲ | 900 women and children across the 5 senatorial zones reached with RMNCAH services |
| 2.8.12.12 | Deploy Doctors midwives+ CHEW/SUCHEW/S to high need areas, using relocation incentives and flexible arrangements for RMNCAH | Provide the numbers of doctors, midwives+ CHEW/SUCHEW/S to be deployed | | SMART Output Indicators(s): Number of Health workers deployed to high needs areas | | | | | | | | | | | | | | |
| | | 2.8.12.12.a | Post 205 Midwives to 21 Rural Secondary Health Facilities with monthly incentives to improve maternal and newborn health | Monthly incentives | State & FCT level | New-Project/Activity | SMOH/CFRS/DMS | Program Management and Administration | Personnel - salaries, allowances, social contributions | | | | | ▲ | ▲ | ▲ | ▲ | 205 Midwives paid monthly incentives |



Kaduna State Government



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| 2.8.12.18 | Domesticate the Task Sharing and task shifting (TSTS) implementation SOPs tailored to the state's specific context. | Engage key state stakeholders to domesticate and implement State contextualized SOPs | SMART Output Indicator(s): Number of States that have domesticated the Task sharing and task shifting (TSTS) SOPs 2. No. of states contextualized SOPs | | | | | | | | | | | | | | | |
|-------------|--|---|--|---------------------------|--------------------|---------------------------------------|---|--|---|---|---|---|---|---|---|---|---|--|
| 2.8.12.18.a | Conduct 5 desk review on the TSTS policy by one consultant | consultant fee | State & FCT level | New-Project/Activity | SMO/HDHPRS/SPFO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | desk review on the development of TSTS policy conducted |
| 2.8.12.18.b | Conduct 3 days residential workshop to review the TSTS policy by 45 persons | accommodation, lunch, 2 tea break, Hall, DSA, Transport, Workshop material, PAS, Projector, airtime, Lead consultant | State & FCT level | New-Project/Activity | SMO/HDHPRS/SPFO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | Kaduna State TSTS policy revised |
| 2.8.12.18.c | Conduct 1 day non-residential meeting to validate the TSTS policy by 30 persons | Lunch, Teabreak, Lead consultant, Hall, Transport | State & FCT level | New-Project/Activity | SMO/HDHPRS/SPFO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | revised Kaduna State TSTS policy validated |
| 2.8.12.18.d | Conduct 1 day non-residential meeting to disseminate the TSTS policy by 70 persons | Lunch, Teabre, Lead consultant, Hall, Transport | State & FCT level | New-Project/Activity | SMO/HDHPRS/SPFO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | revised Kaduna State TSTS policy disseminated |
| 2.8.12.18.e | Conduct 3 days residential workshop to domesticate the TSTS National SOP by 15 persons | accommodation, lunch, 2 tea break, Hall, DSA, Transport, Workshop material, PAS, Projector, airtime | State & FCT level | New-Project/Activity | SMO/HDHPRS/SPFO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | National TSTS SOP domesticated |
| 2.8.12.18.f | Conduct 1 day Zonal orientation meeting to 150 service providers on the domesticated TSTS SOP by 5 facilitators | accommodation, lunch, 2 tea break, Hall, DSA, Transport, PAS, Projector, stationery | State & FCT level | New-Project/Activity | SMO/HDHPRS/SPFO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | 150 HCW oriented on the revised Kaduna TSTS policy |
| 2.8.12.21 | Improve access to Basic and Comprehensive emergency obstetric and newborn care (EMONC) services through skill birth attendant. | Train of Health workers on EMONC and Newborn Resuscitation (Basic and Comprehensive) and Set up basic and comprehensive EMONC across designated health Facilities | SMART Output Indicator(s): % of health facilities providing CEMONC. SMART Output Indicator(s): % of health facilities providing BEMONC. 2. No. of HCWs in SHFs trained on CEMONC | | | | | | | | | | | | | | | |
| 2.8.12.21.a | Conduct 10 days quarterly residential training of 25 HCW (Doctors/Nurses/Midwives) on CEMONC in 30 SHF across the 23 LGAs by 5 supervisors. | large hall, tea break, lunch, stationery, transport, Consultant honorarium, accommodation, DSA, training commodities and consumables | State & FCT level | On-going Project/Activity | SMO/HDH/ RM/NC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | 25 HCW (Doctors/Nurses/Midwives) trained on CEMONC in 30 SHF |
| 2.8.12.21.b | Conduct 3 day quarterly post-training mentorship of trained HCW on CEMONC with 15 mentors and 1 consultant | small hall, teabreak, and lunch for planning and feedback meeting, transport allowance, Honorarium, DSA, consultant supervisor fee, accommodation | State & FCT level | On-going Project/Activity | SMO/HDH/ RM/NC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | post-training mentorship of trained HCW on CEMONC conducted |
| 2.8.12.21.c | Conduct 5 days annual residential (2 batches) Training on Labour care guide for 70 Midwives from 30 SHFs and EOT by 5 Facilitators | Accommodation, Hall, PAS, Projector, 2 Teabreak, Lunch, DSA, Transport, State Consultant, Stationery | State & FCT level | New-Project/Activity | SMO/HDNSA/DNS | Human Resource/Health | Health Worker Training - in-service | | | | | | ▲ | | | | | 70 Midwives trained on labour care guide |
| 2.8.12.22 | Expand access to a full range of modern contraceptives including immediate postpartum, post-abortion FP, through mobile outreach service delivery in providing a wide range of contraceptives. | Advocate for domestic funding to adequately cover FP cost country wide (last mile distribution), training and retraining on long acting reversible contraceptive and conduct Immediate postpartum family planning, and contraceptive counselling at all levels of care. | SMART Output Indicator(s): 1. Percentage of women of reproductive age that delivered and are commenced on modern contraception within 48 hrs 2. % of women who had post-abortion care and are given modern contraceptive | | | | | | | | | | | | | | | |
| 2.8.12.22.a | Conduct 5 days residential LARC (IUD) training for 30 family planning focal persons in 30 secondary health facilities by 4 facilitators | large hall, tea break, lunch, stationery, transport, Consultant honorarium, accommodation, DSA, training commodities and consumables | State & FCT level | New-Project/Activity | SMO/HDH/ RM/NC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | | ▲ | | | | | 30 family planning focal persons in 30 secondary health facilities on LARC (IUD) |
| 2.8.12.25 | Strengthen prevention, treatment and rehabilitation services for quality obstetrics fistula care | 1. Provision of preventive, treatment and rehabilitation through awareness creation, Community Mobilization, campaign, capacity building in the management of prolonged obstructed labour, and conservative management of obstetrics fistula. 2. Treatment: Access to treatment through NHIA for all health facility, pooled repairs of fistula. | SMART Output Indicator(s): Number of hospitals providing obstetric fistula services 2. No. HCWs trained on obstetric fistula surgery and management 3. No. of Surgery conducted on Obstetric fistula pts. 4. No. of FGM/GBV national | | | | | | | | | | | | | | | |
| 2.8.12.25.a | Conduct 1 day quarterly sensitization meeting with 25 community leaders on fistula prevention in 4 LGAs by 4 persons | small hall, teabreak, lunch, transport allowance, Honorarium, stationery | State & FCT level | On-going Project/Activity | SMO/HDH/ RM/NC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | 25 community leaders sensitized on fistula prevention |
| 2.8.12.25.b | Conduct 20 days training of 5 HCW (2 Doctor and 3 Nurses) on obstetric fistula surgery and management by 1 Consultant | DSA, Consultant fees, Accommodation, Honorarium, teabreak, lunch, training materials | State & FCT level | On-going Project/Activity | SMO/HDH/ RM/NC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | | ▲ | | | | | 5 HCW (2 Doctor and 3 Nurses) trained for 30 days on obstetric fistula surgery and |
| 2.8.12.25.c | Conduct 200 Obstetric fistula surgery over a period of 8 weeks by 1 consultant, 2 assistant doctors and 3 nurses | Consumables, consultancy, honorarium | State & FCT level | On-going Project/Activity | SMO/HDH/ RM/NC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | | ▲ | | | | | 200 Obstetric fistula surgery conducted |
| 2.8.12.25.d | Conduct 1 day non-residential stakeholders engagement meeting with 35 persons to adapt FGM & GBV national policy and guidelines by 2 consultants | small hall, projector, PAS, tea break, lunch, stationery, transport, national consultant, DSA | State & FCT level | New-Project/Activity | SMO/HDH/ RM/NC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | | ▲ | | | | | FGM & GBV national policy and guidelines adapted |
| 2.8.12.25.e | Conduct 3 days residential workshop with 50 persons to adapt national policy on GBV and 2 consultants | small hall, projector, PAS, accommodation, tea break, lunch, stationery, transport, national consultant, DSA | State & FCT level | New-Project/Activity | SMO/HDH/ RM/NC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | | ▲ | | | | | national policy on GBV adapted |
| 2.8.12.25.f | Conduct 2 days non-residential validation of the state GBV policy with 50 persons and 2 consultants | small hall, projector, PAS, tea break, lunch, stationery, transport, national consultant, | State & FCT level | New-Project/Activity | SMO/HDH/ RM/NC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | | ▲ | | | | | adapted GBV policy validated |
| 2.8.12.25.g | Conduct 1 day non-residential launching and dissemination with 50 stakeholders to adapt GBV & FGM national policy and guidelines by 2 consultants | large hall, projector, PAS, tea break, lunch, stationery, transport, national consultant, | State & FCT level | New-Project/Activity | SMO/HDH/ RM/NC/AEH | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | | ▲ | | | | | validated GBV & FGM national policy and guidelines launched and disseminated |



| 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 | <p>1. Support health training institutions to increase quantity and quality of tutors</p> <p>2. Improve learning environment to match the increase production costs</p> <p>3. Create enabling environment for increased private sectors involvement in HRH production</p> <p>4. FMOH, NPH-CDA, regulatory bodies, healthcare institutions and other stakeholders to create awareness and enabling environment for the production of required skill-mix of healthcare workers based on prevailing healthcare needs.</p> | <p>SMART Output Indicator(s)</p> <p>1. Proportion of health training institutions that meet the mandatory regulatory requirement.</p> <p>2. Number of annual graduates per state</p> <p>3. Number of states with the right skill-mix of healthcare workers per population</p> <p>4. Ratio of healthcare workers (Doctors, pharmacists etc.) to population</p> <p>5. No. of SHFs Audit verification conducted.</p> <p>6. Monitoring visit to check revenue collections and documentation of financial records in SHFs</p> <p>7. No. of Accountants trained on revenue and expenditure</p> | | | | | | | | | | | | |
| | | | | 2.9.15.1.a | Conduct one-day monthly internally generated revenue meeting with 30 SHFs Accountants and 3 MOH Staff | Lunch, Tea Break, Transport, DSA | State & FCT level | On-going Project/Activity | SMOH/DMF/STAFF OFFICER | Human Resource for Health | Health Worker Training - In-service | | ▲ | ▲ | monthly internally generated revenue meeting held |
| | | | | 2.9.15.1.b | Conduct 4 days quarterly supervision of professional examination for Nurses/Midwives by 4 Persons | DSA, Transport | State & FCT level | On-going Project/Activity | SMOH/DMF/STAFF OFFICER | Program Management and Administration | Monitoring and Evaluation | ▲ | ▲ | ▲ | professional examination for Nurses/Midwives supervised |
| | | | | 2.9.15.1.c | Conduct 6-days quarterly audit verification in 31 secondary health facilities by 3 audit staff | DSA, Local transport. | State & FCT level | On-going Project/Activity | SMOH/DMF/STAFF OFFICER | Infrastructure and Equipment | Vehicles | ▲ | ▲ | ▲ | quarterly audit verification in 31 secondary health facilities conducted |
| | | | | 2.9.15.1.d | Conduct 3 days monthly monitoring of revenue collection/check accuracy of financial records in line with submissions of monthly financial returns in 31 secondary health facilities by 3 persons | DSA, Local transport. | State & FCT level | On-going Project/Activity | SMOH/DMF/STAFF OFFICER | Human Resource for Health | Health Worker Training - In-service | ▲ | ▲ | ▲ | monthly monitoring of revenue collection/check conducted |
| | | | | 2.9.15.1.e | Conduct 2 days residential bi-annual capacity building on revenue and expenditure reporting for hospital accountants (45 persons) and 1 facilitator | DSA, Transport, Accommodation, tea break, Lunch, stationery, Projector, P.A.S, Stationery | State & FCT level | New Project/Activity | SMOH/DMF/STAFF OFFICER | Human Resource for Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ |
| 2.9.15.3 | Strengthen HRH regulatory bodies to improve the quality of the HRH pre-service and in-service training | <p>1. HRH pre-service and in-service training curriculum should be reviewed to meet global standards by the regulatory bodies and should be up-to-date.</p> <p>2. Regulatory bodies to Strengthen the oversight of implementation of their updated curriculum.</p> | <p>SMART Output Indicator(s)</p> <p>1. Number of HRH professional regulatory bodies with improved pre-service and in-service training curricula that meet global standards for quality.</p> <p>2. No. of Hospital management staff trained on status books, job description, administrative process and procedures, state public service law</p> | | | | | | | | | | | | |
| | | | | 2.9.15.3.a | Conduct a 2-days residential bi-annual orientation and refresher training on status books, job description, administrative process and procedures, state public service law for 120 hospital management staff by 3 facilitators | Large hall, accommodation, DSA, lunch, tea break, transport, stationary | State & FCT level | On-going Project/Activity | SMOH/DMF/STAFF OFFICER | Human Resource for Health | Health Worker Training - In-service | ▲ | ▲ | ▲ | Orientation of 120 SHF management staff statutory books conducted |
| 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 | <p>1. Conduct routine Data driven recruitment needs assessment and health labour market assessment</p> <p>2. Strengthen the national and sub-national health workforce registries to inform recruitments, deployments and management.</p> <p>3. Establish functional health workforce registries in States that are yet to have one (this will help to track inflow and outflow of HRH)</p> <p>4. Advocate for increased availability of HRH in the right numbers and in the right places using HRH assessment, gap analysis and health workforce registry data to inform recruitments, deployments and management.</p> | <p>SMART Output Indicator(s):</p> <p>1. Proportion of States that have real time health workforce registry linked to the NHWR</p> <p>2. Percentage of federal DAFs and states regularly updating HRH information in the NHWR</p> <p>3. Percentage of state with HRH policy and strategy</p> <p>4. Proportion of MDAs/States using HRH data within their HWF registries to inform recruitment, deployment and management of HRH</p> <p>5. No. of health workers trained on human resource for health labour market analysis with</p> | | | | | | | | | | | | |
| | | | | 2.9.15.4.a | Conduct 4 days residential training of health workers on human resource for health labour market analysis with 35 participants in 3 facilities | Small Hall, Projector, P.A.S, Tea break, Lunch, Accommodation facilitators fees, DSA, Stationery | State & FCT level | New Project/Activity | SMOH/DMF/STAFF OFFICER | Human Resource for Health | Health Worker Training - In-service | | ▲ | ▲ | 35 health workers trained on human resource for health labour market analysis |
| | | | | 2.9.15.4.b | Conduct 1 day quarterly non residential meeting to update the Human Resource for Health workforce registry by 15 persons | Small Hall, Projector, P.A.S, Tea break, Lunch, Transport | State & FCT level | New Project/Activity | SMOH/DMF/STAFF OFFICER | Human Resource for Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | HRH Workforce registry updated |
| | | | | 2.9.15.4.c | Conduct 1 days quarterly assessment visits to 33 Secondary health facilities by 11 persons on the implementation of service charter | DSA, Transport | State & FCT level | New Project/Activity | SMOH/DMF/STAFF OFFICER | Human Resource for Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | 33 Secondary health facilities assessed on service charter implementation |
| | | | | 2.9.15.4.d | Conduct 36 days residential exercise of 3,750 Nurses/Midwives for the 30 SHFs of the State by 30 persons | Advertisement, Stationery, Tea break, Lunch, Transport | State & FCT level | On-going Project/Activity | SMOH/DMF/STAFF OFFICER | Human Resource for Health | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | 1000 Nurses/Midwives recruited |
| | | | | 2.9.15.4.e | Produce plastic digital ID cards for 1520 staff of Ministry of Health | Printing of ID cards | State & FCT level | On-going Project/Activity | SMOH/DMF/STAFF OFFICER | Human Resource for Health | Health Worker Training - In-service | ▲ | ▲ | ▲ | Production of 1520 staff ID done |
| | | | | 2.9.15.4.f | Conduct 3-day quarterly staff audit visit at secondary health facilities by 25 staff | DSA, Local transport, accommodation | State & FCT level | On-going Project/Activity | SMOH/DMF/STAFF OFFICER | Human Resource for Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ |



| | | | | | | | | | | | | | | | | | | | | | | |
|----------|--|---|---|--|---|--|-----------------------|----------------------------|-------------------------|--------------------------------------|--|---|---|--|--|--|--|--|--|---|---|---|
| 2.9.15.5 | Create incentives and enabling environment that improves retention of HRH within Nigeria | 1. Implement CONNESS and CONMED at all Sub-National | SMART Output Indicator(s): 1. Attrition rate 2. Availability of costed Human Resource for Health Strategic plan 2024 to 2028 3. No of Human Resource for Health Strategic plan 2024 to 2028 printed | | | | | | | | | | | | | | | | | | | |
| | | 2. Improve health working environment and infrastructure | | 2.9.15.5.a | Conduct 4 days residential workshop to develop costed Human Resource for Health Strategic plan 2024 to 2028 with 45 persons and 1 facilitator | accommodation, lunch, tea break, DSA, local transport, Hall, PAS, projector, stationaries, | State & FCT level | New-Project/Acti vity | SMOH/DHPRS /HRHO | ProgramManagement andAdministration | Planning, Policy and Capacity Building /workshop | ▲ | | | | | | | | | 2024 to 2028 HRH Strategic plan developed | |
| | | 3. Implement rural allowance for specific rural communities at sub-national level | | 2.9.15.5.b | Conduct 2 days residential meeting to validate the costed Human Resource for Health Strategic plan 2024 to 2028 with 45 persons and 1 facilitator | accommodation, lunch, tea break, DSA, local transport, Hall, PAS, projector, stationaries, | State & FCT level | New-Project/Acti vity | SMOH/DHPRS /HRHO | ProgramManagement andAdministration | Planning, Policy and Capacity Building /workshop | ▲ | | | | | | | | | 2024 to 2028 HRH Strategic plan validated | |
| | | 4. Subsidize or provide incentive for in-service training of HRH (CPD for License renewal) | | 2.9.15.5.c | print 500 copies of the Human Resource for Health Strategic plan 2024 to 2028 | print | State & FCT level | New-Project/Acti vity | SMOH/DHPRS /HRHO | ProgramManagement andAdministration | Planning, Policy and Capacity Building /workshop | ▲ | | | | | | | | | | 500 copies of 2024 to 2028 HRH Strategic plan printed |
| | | 4. Implement award for recognition of exceptional performance | | 2.9.15.5.d | Conduct 1 day non residential meeting to disseminate the costed Human Resource for Health Strategic plan 2024 to 2028 with 90 persons (85 to be accommodated) and 1 facilitator | accommodation, lunch, tea break, DSA, local transport, Hall, PAS, projector, stationaries, | State & FCT level | New-Project/Acti vity | SMOH/DHPRS /HRHO | ProgramManagement andAdministration | Planning, Policy and Capacity Building /workshop | ▲ | | | | | | | | | | 2024 to 2028 HRH Strategic plan disseminated |
| 2.9.15.6 | Implement comprehensive workforce capacity development plan | 1. Revise existing workforce capacity development plan to reflect current realities. | SMART Output Indicator(s): 1. % of states implementing gap based capacity building . 2. No. of persons trained on effective management of the new staff performance evaluation system | | | | | | | | | | | | | | | | | | | |
| | | 2. FMOH and SMOH to conduct training needs assessment at all level of health care service delivery. | | 2.9.15.6.a | Conduct 3-days residential workshop on effective management of the new staff performance evaluation system for 45 persons by 1 facilitator | Small Hall, Accommodation, Teabreak, Lunch, DSA, Transport, Stationary, PAS, | State & FCT level | On-going Project/Acti vity | MOHD/AF/SO | ProgramManagement andAdministration | Planning, Policy and Capacity Building /workshop | | ▲ | | | | | | | | effective management of the new staff performance evaluation system conducted | |
| 2.9.15.7 | Create and implement innovations for efficiency and effectiveness in the management of health workforce migration. | 1. Advocate for approval and implementation of the Migration Policy at National. | SMART Output Indicator(s): Reduction in numbers of HCW leaving the country 2. Availability of National health workforce migration policy | | | | | | | | | | | | | | | | | | | |
| | | 2.9.15.7.a | | Conduct 4 days residential workshop to adapt the national health workforce migration policy by 45 persons and 2 facilitator | Small Hall, Projector, PAS, Accommodation, Tea break, Lunch, Stationary, DSA, Transport | State & FCT level | New-Project/Acti vity | SMOH/DHPRS/ HRH | HumanResourceforH ealth | Health /Worker Training - In-service | | | ▲ | | | | | | | National workforce migration policy Adapted | | |
| | | 2.9.15.7.b | | Conduct 2 days residential workshop to validate the national health workforce migration policy by 45 persons and 1 facilitators | Small Hall, Projector, PAS, Accommodation, Tea break, Lunch, Stationary, DSA, Transport | State & FCT level | New-Project/Acti vity | SMOH/DHPRS/ HRH | HumanResourceforH ealth | Health /Worker Training - In-service | | ▲ | | | | | | | | Task shifting Task shring policy develop | | |
| | | 2.9.15.7.c | | Conduct 1 days nonresidential workshop to disseminate the adapted health workforce migration policy by 90 persons and 1 facilitators | Small Hall, Projector, PAS, Accommodation, Tea break, Lunch, Stationary, DSA, Transport | State & FCT level | New-Project/Acti vity | SMOH/DHPRS/ HRH | HumanResourceforH ealth | Health /Worker Training - In-service | ▲ | | | | | | | | | | Retention policy developed | |



Kaduna State Government



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Primary Health Care Board

| 2.5 Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH and Nutrition) | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|-----------|---|---|--|---------------------------|---|--|--|---------------------------|------------------|------------------------------------|---|---|---|---|---|---|
| 3. To promote community engagement for sustainable health development | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | |
| 2.5.6.6 | Strengthen accountability mechanism and community engagement to accelerate community participation and improve service delivery | Develop review policies and strategic documents including SBCC materials for accountability and community engagement. Strengthen advocacy efforts and Build the capacity of community structures (WDC, VDC, Gate keepers etc) through the LGA level task force to be responsible and take accountability for issues of health and development in the communities. Establish/strengthen the reporting and feedback mechanisms (National Meda hub) for health service improvement. | 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 accurately per community. | | | | | | | | | | | | | | | | | |
| | | | | 2.5.6.6.a | Print and distribute 255uplicate booklets of WDC activity reporting forms | Printing | State & FCT level | New-Project/Activity | SPHCBF&CHS/SHE | ProgramManagementandAdministration | Monitoring and Evaluation | ▲ | ▲ | ▲ | ▲ | 255uplicate booklets of WDC activity reporting forms printed and distributed. | | | | |
| | | | | 2.5.6.6.b | Conduct 1 day quarterly non-residential Zonal training of 599 WDC member (599 Chairman & Secretaries) 27 LGA SMOs, on WDC activity reporting system and new reporting tool by State facilitator. | Hall, Transport, Break /Lst, Lunch, OTA for facilitator. | State & FCT level | New-Project/Activity | SPHCBF&CHS/SHE | ProgramManagementandAdministration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | 599 WDC members trained on activity reporting system and new reporting tool. | | | | |
| | | | | 2.5.6.6.c | Conduct of 2 days residential quarterly state level WDC review meeting on SBCC feedback involving 45 WDC members LGA, Alkase chairman & Secretaries) & state team & partner. | Hall, Accommodation, Transport, Break /Lst, Lunch, DTA for facilitator. | State & FCT level | New-Project/Activity | SPHCBF&CHS/SHE | ProgramManagementandAdministration | Monitoring and Evaluation | ▲ | ▲ | ▲ | ▲ | Review meeting conducted | | | | |
| | | | | 2.5.6.6.d | Conduct 1-day quarterly review meetings with 23 LGA Health Secretaries and 23 LGA Community Engagement Facilitators by 6 State officials to review the quality of data reported to the DHS-2 | Hall, Lunch, Transport | State & FCT level | On-going Project/Activity | SPHCBDF&CH SCEFP | ProgramManagementandAdministration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | Quarterly performance review meeting conducted | | | | |
| | | | | 2.5.6.6.e | conduct 2 -days non-residential annual hybrid workshops involving CHPS to review the current SBCC approach and co-design for young people from marginalized communities and their families, by 24 participants and 27 facilitators. | email, hall, teatrab, lunch, stationaries, transport, facilitators fees | State & FCT level | New-Project/Activity | SPHCBDF&CH SCEFP | HumanResourceof orHealth | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ | annual hybrid meeting conducted | | | | |
| | | | | 2.5.6.6.f | Conduct 1 day quarterly zonal engagement meeting with 69 community stakeholders (religious leaders) on uptake of RMNCAH-N services by 6 facilitators | Lunch, Local transportation, DSA for 6 facilitator, email, hall | Local Government level | New-Project/Activity | SPHCBF&CHS/SHE | ProgramManagementandAdministration | Monitoring and Evaluation | ▲ | ▲ | ▲ | ▲ | Engagement meeting conducted with 69 community stakeholders (religious leaders) | | | | |
| | | | | 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 | 1. Develop and implement multi-sectoral Demand Generation strategy. 2. training of HW on Demand Generation. 3. community mobilization to increase uptake. 4. community outreaches to sensitize and create awareness of health care services | SMART Output Indicator(s): 1. Number of relevant MDAs included in the multi-sectoral Health Promotion | | | | | | | | | | | | | |
| | | | | | | | | 2.5.6.10.a | Print and distribute of 10,000 CVs referral booklets (A5 size) for mobilization of clients for uptake of integrated demand creation services | Print and distribute of 10,000 CVs referral booklets | State & FCT level | On-going Project/Activity | SPHCBDF&CH SCEFP | ProgramManagementandAdministration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | 10,000 CVs referral booklets printed and distributed |
| | | | | | | | | 2.5.6.10.b | Conduct 2 days quarterly mentoring and support visit on application of ODK tool for integrated demand creation activities across 23 LGAs to 23 LGACEFPs, 29 VCEFPs and 11 LGAs team by 23 state DC paperworkers | Transport for 23 State DC supervisors and DSA, LGA officials, Transport to each 23 people's units, VCEFPs, Transport to Settlements @ 255 people/28 visits | State & FCT level | On-going Project/Activity | SPHCBDF&CH SCEFP | ProgramManagementandAdministration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | 4 quarterly mentoring and support visit on application of ODK tool for integrated demand creation activities conducted across 23 LGAs |
| 2.5.6.10.c | conduct weekly house to house demand generation and mobilization to increase uptake of PHC services by 6992 Community Volunteers | 5000 per CV per month | State & FCT level | | | | | On-going Project/Activity | SPHCBDF&CH SCEFP | ProgramManagementandAdministration | Personnel - salaries, allowances, social contributions | ▲ | ▲ | ▲ | ▲ | 6992 Community Volunteers conducted weekly house to house demand generation and mobilization to increase uptake of PHC services | | | | |
| 2.5.6.10.d | Conduct 1 day bi-annual Community townhall meeting with 1400 persons (255 WDCs, 255 VTPs, 295 CEFPs, 28 Religious/Traditional leaders, 286 community members, 8 SMOs and 28 state team) in 23 LGAs to identify sensitization, mobilization on integrated PHC service delivery | Lunch, Local transportation, DSA, email, hall, stationaries | State & FCT level | | | | | On-going Project/Activity | SPHCBDF&CH SCEFP | Direct interventionCost | Outreach/Events | ▲ | ▲ | ▲ | ▲ | bi-annual Community townhall meeting conducted with 1400 persons in 23 LGAs to intensify sensitization, mobilization on integrated PHC service delivery | | | | |
| 2.5.6.10.e | Interviews with 200 community members (100 households register, Encourage registers, Referrals form, Homebased card, mothers card, Activity summary form) to document health services provided in the community for 1535 CHPS personnel (1354 CHPS agents and 231 Community Health Promoters) | Printing (CHPS data tools), Distribution (CHPS tools), VAT (7.5% CHPS data tools) | State & FCT level | | | | | On-going Project/Activity | SPHCBDF&CH HPS | Direct interventionCost | Other | ▲ | ▲ | ▲ | ▲ | 825,506 annual CHPS data tools printed | | | | |
| 2.5.6.10.f | Conduct 1 day bi-annual Community townhall meeting with 296 persons (WDCs, CEFPs) in 14 LGAs to support the CHPS in the conduct of their work and support Emergency Transport Services (ETS) at the community to strengthen referral health service delivery | lunch and local transportation | State & FCT level | | | | | On-going Project/Activity | SPHCBDF&CH HPS | HumanResourceof orHealth | Other | ▲ | ▲ | ▲ | ▲ | 1-day LGA CHPS monthly review meeting conducted | | | | |
| 2.5.6.10.g | Conduct bi-annual 3 month mentoring and supervision of 134 CHPS agents in 14 LGAs by 23 persons and 20 state paperworkers. 14 persons doing conduct of their home visits for on-the-job capacity building | DSA, local transportation | State & FCT level | | | | | On-going Project/Activity | SPHCBDF&CH HPS | ProgramManagementandAdministration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | 134 CHPS agents in 14 LGAs mentored and supervised on on-the-job capacity building | | | | |
| 2.5.6.10.h | Conduct 1 day stakeholder engagement meeting for demand generation strategy for 50 participants from key health sector MDAs, traditional rulers, and media partners by 7 state and partners | Large hall, facilitation fees, Transport, stationaries, Tea break and lunch | State & FCT level | | | | | On-going Project/Activity | SPHCBF&CHS/SCEFP | HumanResourceof orHealth | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ | 1-day stakeholder engagement meeting for demand generation strategy conducted for 50 participants | | | | |



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|----------------|--|------------------|---|--|---|---------------------------|-------------------|---------------------------------------|---|---|---|---|---|--|
| | 313a | | <p>2.5.6.80.i Engage 255 community volunteers across 23 LGAs to conduct awareness campaign to improve RMNCAH-N service delivery uptake at the PHCz (ANC, facility delivery, neonatal care, Nutrition, Family Planning ASRH)</p> <p>2.5.6.80.j Conduct at least 2 days weekly house to house sensitization by 5,562 CVs on uptake of RMNCAH-N services and child health record card retention by the caregivers</p> | Transport for CVs | State & FCT level | On-going Project/Activity | SPHCB/F&CHV SCEFP | Program Management and Administration | Technical Supportive Supervision | | ▲ | | | 255 community volunteers across 23 LGAs were engaged to conduct awareness campaign to improve RMNCAH-N service delivery uptake at the |
| | | | | Monthly stipends | Community/Ward level | New-Project/Activity | SPHCB/DF&CH SCEFP | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | Weekly house to house sensitization by 5,562 CVs on uptake of RMNCAH-N services |
| 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 prioritized LGAs. | | This will be implemented in the prioritized LGAs. The LGAs were engaged sometime last year on a one-on-one basis and supported to develop an intervention plan that would address the ZD challenge. Funding for the developed plans has been secured through Govt and the implementation is in process. | | SMART Output Indicator(s): Proportion of settlements covered (%) Number of ZD children vaccinated | | | | | | | | | |
| | 4.1.1.a | 2.6.8.1.a | Conduct 5 days monthly raterationalization in 19 Zero Dose LGAs across 174 settlements | Stipend for HCW | State & FCT level | New-Project/Activity | SPHCB/DDCI/SIO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | 374 of settlements covered and 3,684 of children immunized monthly. 113 settlements covered monthly and of children immunized with pentavalent |
| | | 2.6.8.1.b | Conduct one day monthly integrated mobile outreach (IDMO) across 1074 settlements | Stipend for HCW | State & FCT level | New-Project/Activity | SPHCB/DDCI/SIO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | 302 settlements reached from 8 zero dose LGAs |
| | | 2.6.8.1.c | Conduct one day monthly special outreaches (for and non vaccination strategies) across 502 settlements in 7 security compromised LGAs. | Stipend for HCW | State & FCT level | New-Project/Activity | SPHCB/DDCI/SIO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | |
| 2.6.8.2 | Conduct identification, Enumeration and vaccination (IEV) under immunized and zero dose children strategies in prioritized LGAs and Mapping of Zero Dose Communities | | 1. Under-fives in prioritized LGAs will be identified and enumerated prior to vaccination exercises in affected communities. 2. The prioritized LGAs have the largest concentration of ZD children (almost 40%) across the country. 3. The enumeration will include vaccination status of the children and allow accountability for children reached afterward. 4. ZD and under-immunized children will be linked to the HFs within their catchment areas for follow-up and this will be done electronically for ease of tracking and accountability purposes. | | 1. Under-fives in prioritized LGAs will be identified and enumerated prior to vaccination exercises in affected communities. 2. The prioritized LGAs have the largest concentration of ZD children (almost 40%) across the country. 3. The enumeration will include vaccination status of the children and allow accountability for children reached afterward. | | | | | | | | | |
| | 4.1.2.a | 2.6.8.2.a | Conduct 5 days quarterly vaccination campaign to identify, enumerate and vaccinate under 5 year old children in 174 settlements across 19 zero dose implementing LGAs of the state by 456 HCWs | Stipend, rationing | Community/Ward level | New-Project/Activity | SPHCB/DDCI/SIO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | 5 Days enumeration of US in 8 implementing LGAs conducted |
| | | 2.6.8.2.b | Organize 5 days quarterly supportive supervision of under 5 children vaccination across 174 settlements in 19 LGAs by 49 state team and partners | OSAL, transportation as commodity on | State & FCT level | On-going Project/Activity | SPHCB/DDCI/SIO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | 5 days supportive supervision conducted |
| 2.6.8.3 | Conduct of Big Catch Up Campaign in prioritized LGAs | | This intervention will reach children 12-59 months who missed critical vaccines during the last COVID-19 pandemic to confer the needed immunity. This is a regionally coordinated intervention and involves enumeration of USs before the vaccination exercise | | SMART Output Indicator(s): Proportion of settlements covered. Proportion of enumerated USs vaccinated. | | | | | | | | | |
| | | 2.6.8.3.a | Conduct 5 days Monthly integrated vaccination (Big catch up campaign) using IEV strategy in 6 prioritized LGAs (Kaduna North, Kaduna South, Chikun, Jaba, Jema and Jema 2) to reach 43,226 children under 5 years (2 sets 3) | recorder Stipends, supervision | Local Government level | New-Project/Activity | SPHCB/DDCI/SIO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | Children 12-59 months reached and reached with essential vaccines |
| | | 2.6.8.3.b | Conduct 5 days quarterly supportive supervision during the Big catch up campaign by 19 state and 36 LGAs enumerators | Transport, DSA, accommodation | Local Government level | New-Project/Activity | SPHCB/DDCI/SIO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | Supportive supervision conducted in the 6 Catche |
| | | 2.6.8.3.c | Conduct 6 rounds of Polio across the 22 LGAs of the state | Monitoring and supervision, Social Mobilization, Media and Publicity, waste management, Training & reinforcement/Miscellaneous, Team transport | State & FCT level | On-going Project/Activity | SPHCB/DDCI/SIO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | 6 Rounds of Polio and Non Polio campaign conducted |
| | | 2.6.8.3.d | Conduct 7 days one round of integrated Non polio SIAs (measles and yellow fever) across the 23 LGAs of the state | Monitoring and supervision, Social Mobilization, Media and Publicity, waste management, Training & reinforcement/Miscellaneous, Team transport | State & FCT level | On-going Project/Activity | SPHCB/DDCI/SIO | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | ▲ | 1 round of non polio SIAs conducted |



Kaduna State Government



Foreign, Commonwealth & Development Office

BILL & MELINDA GATES foundation

| Code | Activity | Description | SMART Output Indicator(s) | SMART Output Indicator(s): Vaccination Coverage | Location | Level | Project/Activity | Code | Program/Management/Administration | Other Programme Management & Administration n.e.c | Progress | Notes | | |
|---------|---|---|---|--|---|---------------------------|-----------------------------|--|---|---|----------|-------|--|---|
| 2.6.8.5 | Expand access to immunization services. | Ensure routine immunization across all health facilities including outreach and fixed post to support in addressing zero dose. | SMART Output Indicator(s): Vaccination Coverage | | | | | | | | | | | |
| | | 2.6.8.5.a | Scale up the conduct of weekly integrated RI/Outreach services from 752 HF to 1020 HF including private HF in the state. | Outreach expands | Community/Ward level | On-going Project/Activity | SPHCB/DDCI/SI/0 | ProgramManagementandAdminis | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | Number of children vaccinated with pentas in percentage or children vaccinated with HPV and other Disease preventable |
| | | 2.6.8.5.b | Conduct one day orientation of 46 state supervisors on private HF assessment RI service state up to 7 | stationery and lunch | State & FCT level | New-Project/Activity | SPHCB/DDCI/SI/0 | ProgramManagementandAdminis | Other Programme Management & Administration n.e.c | ▲ | | | | private hfs assessment conducted |
| | | 2.6.8.5.c | Conduct 5 days assessment of private HF in the 23 LGAs to identify those not providing RI by 16 state supervisors | DSA/accommodation and Transport | State & FCT level | New-Project/Activity | SPHCB/DDCI/SI/0 | ProgramManagementandAdminis | Other Programme Management & Administration n.e.c | ▲ | | | | 60 HCWs trained on RI Basic guide |
| | | 2.6.8.5.d | Conduct 5 days residential training of 80 (2 per HF) HCWs on RI basic guide from 30 private HF's by 5 state facilitators | stationery, hall hire, lunch,accommodation,transport (a break (morning and evening) DSA/refreshment, honorarium | State & FCT level | New-Project/Activity | SPHCB/DDCI/SI/0 | ProgramManagementandAdminis | Other Programme Management & Administration n.e.c | ▲ | | | | mentoring visit to 30 Hfs conducted |
| | | 2.6.8.5.e | Conduct 2 days quarterly post training mentoring and coaching to the newly 30 private HF's providing RI by 5 persons | DSA and transport | State & FCT level | New-Project/Activity | SPHCB/DDCI/SI/0 | ProgramManagementandAdminis | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | daily phone calls RI tracking conducted |
| | | 2.6.8.5.f | Track the conduct of daily RI sessions in the 255 PHCs across the 23 LGAs through phone calls by the 23 desk officers | Kiriwa | State & FCT level | New-Project/Activity | SPHCB/DDCI/SI/0 | ProgramManagementandAdminis | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | performance review meeting conducted |
| | | 2.6.8.5.g | Conduct 1 day non residential monthly performance review meeting with the 23 desk officers on daily conduct of RI sessions (to identify facilities requiring support by 30 senior members | lunch | State & FCT level | New-Project/Activity | SPHCB/DDCI/SI/0 | ProgramManagementandAdminis | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | |
| | | 2.6.8.6 | Mapping of Zero Dose Communities | Conduct biannual assessment of service reach to all settlement to inform prioritization efforts to reduce zero dose and unimmunized children. This activity will be coordinated at national level and will aid monitoring of rate of reach of zero dose communities. | SMART Output Indicator(s): Number of Communities with 2D Identified | | | | | | | | | |
| 4.1.5.a | 2.6.8.6.a | Conduct 1 day monthly Non residential review meeting to prioritize zero dose settlements in the 10 implementing LGAs (LJO, RIO & M&E) with 10 State Immunization team (40 persons) | small hall, Lunch, Transport | State & FCT level | New-Project/Activity | SPHCB/DDCI/SI/0 | ProgramManagementandAdminis | Other Programme Management & Administration n.e.c | ▲ | | | | 373 zero dose settlement prioritised | |
| 2.6.8.7 | Strengthening Communities to demand immunization services and reduce vaccine hesitancy. | This intervention covers Advocacy, communication, demand generation and community mobilization interventions focusing on reduction of non-compliance, vaccine hesitancy and refusals. It is intended also intend to ensure that communities are well mobilized and empowered to demand for immunization services. The engagement of all stakeholders to drive demand for services including | SMART Output Indicator(s): Percentage increase in uptake of service | | | | | | | | | | | |
| 4.1.5.a | 2.6.8.7.a | Conduct 1 day Orientation of CHPS 2550 agents/CVs (Type visit 4) to support overall and deliberate teaching RI and other PHC services LGAs by 23 facilitators | Lunch, Transport, DSA | State & FCT level | On-going Project/Activity | SPHCB/DDCI/CH IPS PH | ProgramManagementandAdminis | Planning, Policy and Capacity Building | ▲ | | | | 2550 CHPS agents/CVs oriented to support referral and defaulter | |
| | 2.6.8.7.b | On radio public and radio discussion twice monthly in three 3 radio stations (FRCN, GNC, NAGARTAJ) 1 person on Routine Immunization & New Facilities | Production, Airing | State & FCT level | On-going Project/Activity | SPHCB/DDCI/CH IPS PH | ProgramManagementandAdminis | Planning, Policy and Capacity Building | ▲ | | | | radio jingle and radio discussion aired in three 3 radio stations | |
| | 2.6.8.7.c | Flag off of SRAs, NNT, Big catch up and other Non SRAs vaccination | Lunch, PAS, Hat | State & FCT level | On-going Project/Activity | SPHCB/FS/CHS/S/HE | ProgramManagementandAdminis | Planning, Policy and Capacity Building | | ▲ | | | SIAs, NNT, Big catch up and other Non SIAs | |
| | 2.6.8.7.d | Conduct 1 day advocacy meeting to TIs and RLs/Health personnel on the importance and benefit of completing immunization schedule with emphasis to peak 3 vaccination by 10 state team and partners | transportation | State & FCT level | On-going Project/Activity | SPHCB/FS/CHS/S/HE | ProgramManagementandAdminis | Management & Administration n.e.c | ▲ | | | | Advocacy conducted | |
| | 2.6.8.7.e | Conduct 1 day town hall meeting with 10 women leader, 10 youth leader, 10 traditional leaders, 10 religious leader and 10 influential persons on the importance of Routine Immunization (Pentas 3) and implications of non immunizing children by 5 facilitators (55 persons) | refreshment & Local transport DSA for facilitators | State & FCT level | New-Project/Activity | SPHCB/E&CHS/S/HE | ProgramManagementandAdminis | Other Programme Management & Administration n.e.c | | ▲ | | | Town hall meeting conducted | |
| 2.6.8.8 | Strengthening immunization data system for effective decision making and assessment of vaccine safety and impact. | This intervention covers data quality improvement efforts aimed at reduction in data falsification, generate reliable evidence to inform decision making and monitoring of progress. It also captures activities related to VPD surveillance including AEFI/AESI as well as monitoring | SMART Output Indicator(s): 1. Number of adverse effects reported per antigen 2. Availability of AEFI report | | | | | | | | | | | |
| 4.1.5.a | 2.6.8.8.a | Conduct two days quarterly spot check on RI/EMS including AEFI/AESI with 23 state Desk officers, & 23 state team with 46 LGA team (ILO & RID) | Accommodation, transport, DSA | Community/Ward level | New-Project/Activity | SPHCB/DDCI/SI/0 | ProgramManagementandAdminis | Technical Assistance/Consulting /Professional Services | ▲ | ▲ | ▲ | ▲ | 2 days quarterly spot check on RI/SMS including AEFI/AESI conducted. | |
| | 2.6.8.8.b | Conduct 1 day bi-weekly SERICC / SEMCHIC meetings to review RI/PHC data including AEFI/AESI by 116 persons | Lunch | State & FCT level | New-Project/Activity | SPHCB/DDCI/SI/0 | ProgramManagementandAdminis | Technical Assistance/Consulting /Professional Services | ▲ | ▲ | ▲ | ▲ | 1 day bi-weekly SERICC / SEMCHIC meetings conducted to review RI/PHC data including AEFI/AESI | |
| | 2.6.8.8.c | Conduct 2 days quarterly data validation and review meeting across the 23 LGAs by 23 state team | transport, DSA, accommodation | Community/Ward level | New-Project/Activity | SPHCB/DDCI/SI/0 | ProgramManagementandAdminis | Technical Assistance/Consulting /Professional Services | ▲ | ▲ | ▲ | ▲ | 2 days data validation and review meeting across the 23 LGAs conducted. | |
| | 2.6.8.8.d | Monthly data bundle to 46 RDOs for DHIS2 access & feedback on PHC services including AEFI/AESI data | data bundle | Local Government level | New-Project/Activity | SPHCB/DDCI/SI/0 | ProgramManagementandAdminis | Technical Assistance/Consulting /Professional Services | ▲ | ▲ | ▲ | ▲ | Monthly data bundle provided to 46 RDOs for DHIS2 access & feedback on PHC services including AEFI/AESI data | |
| | 2.6.8.8.e | Conduct one day monthly non residential RI review meeting on RI including AEFI/AESI data with 23 LGAs LJOs & 8 State Team and partners (31 persons) | Hall, Lunch, transport | State & FCT level | On-going Project/Activity | SPHCB/DDCI/SI/0 | ProgramManagementandAdminis | Technical Assistance/Consulting /Professional Services | ▲ | ▲ | ▲ | ▲ | Monthly RI data review meeting conducted | |



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|-----------|---|------------------|-----------|---|--|---|---------------------------|---|--|---|---|-----------------|------------------------------------|---|--|---|
| 4.1.5.b | | | 2.6.8.8.f | Conduct 1 day LGA monthly review meeting for Integrated Mobile Outreach data in 10 Zero dose LGAs (8 supported by UNICEF and 2 by CHAI) by 100 persons | Lunch | State & FCT level | New-Project/Activity | SPHCB/DDCI/SIO | ProgramManagementandAdministration | Technical Assistance/Consulting/Professional Services | ▲ | ▲ | ▲ | ▲ | IMOB monthly review meeting for Integrated Mobile Outreach data conducted | |
| | | | 2.6.8.8.g | Conduct one day monthly non residential service delivery working group meeting with 10 state team member and 10 partners to review Immunization data including AEFI/AESI data (20 persons) | Lunch | State & FCT level | New-Project/Activity | SPHCB/DDCI/SIO | ProgramManagementandAdministration | Technical Assistance/Consulting/Professional Services | ▲ | ▲ | ▲ | ▲ | SDWG meeting conducted to review Immunization data including AEFI/AESI data | |
| | | | 2.6.8.8.h | Conduct 1 day non residential bi Annual review meeting with LIO, CCO M&E RIO on HPV data by 92 persons | Hall, Tea break, transport, Lunch | State & FCT level | New-Project/Activity | SPHCB/DDCI/SIO | ProgramManagementandAdministration | Technical Assistance/Consulting/Professional Services | ▲ | | | ▲ | 1 day non residential bi Annual review meeting conducted on HPV data | |
| | | | 2.6.8.8.i | Conduct bi-annual one day non residential meeting to review immunization zero dose data (40 LGA official, 7 state Immunization officers and 10 partners, 57 persons) | Hall, Tea break, transport, Lunch | State & FCT level | New-Project/Activity | SPHCB/DDCI/SIO | ProgramManagementandAdministration | Technical Assistance/Consulting/Professional Services | | | ▲ | | bi-annual one day conducted to review immunization zero dose data | |
| | | | 2.6.8.8.j | conduct 1 day Monthly State Vaccine Logistics Working Group meeting with 16 members in attendance | Lunch | State & FCT level | On-going Project/Activity | SPHCB/DDCI/SCCO | ProgramManagementandAdministration | Technical Assistance/Consulting/Professional Services | ▲ | ▲ | ▲ | ▲ | Monthly SVLWG meeting conducted | |
| | | | 2.6.8.8.k | conduct 1 day Monthly performance review meetings with 5 ZCCOs, 23 LCCOs and 10 state teams (38 participants) | Hall, Lunch, transport | State & FCT level | On-going Project/Activity | SPHCB/DDCI/SCCO | ProgramManagementandAdministration | Technical Assistance/Consulting/Professional Services | ▲ | ▲ | ▲ | ▲ | performance review meeting conducted | |
| | | | 2.6.8.8.l | Conduct one day non-residential quarterly review of HF's vaccines stock performance by 38 persons (23LCCO, 5ZCCOs and 10 state team) | Hall, Lunch, local Transport | State & FCT level | On-going Project/Activity | SPHCB/DDCI/SCCO | ProgramManagementandAdministration | Technical Assistance/Consulting/Professional Services | ▲ | ▲ | ▲ | ▲ | one day non-residential quarterly review of HF's vaccines stock performance conducted | |
| | | | 2.6.8.8.m | conduct 2 days quarterly residential training for 38 persons (23 LCCOs, 5 ZCCOs and 10 state cold store team) on the newly introduced temperature monitoring applications (Varc), Vaccines traceability applications 2.0 and Logistic management information system as adopted by the National Primary Healthcare Development Agency | Hall,Accommodation,DSA,Stationaries, tea break, lunch | State & FCT level | New-Project/Activity | SPHCB/DC&I/SCCO | ProgramManagementandAdministration | Technical Assistance/Consulting/Professional Services | ▲ | ▲ | ▲ | ▲ | 38 persons (23 LCCOs, 5 ZCCOs and 10 state cold store team) trained on the newly introduced temperature monitoring applications (Varc), Vaccines traceability applications 2.0 and Logistic management information system | |
| | | | 2.6.8.8.n | conduct one day non-residential Monthly performance review with 38 person (5 ZCCOs &, 23 LCCOs and 10 state staffs) | Lunch, local transport | State & FCT level | New-Project/Activity | SPHCB/DC&I/SCCO | ProgramManagementandAdministration | Technical Assistance/Consulting/Professional Services | ▲ | ▲ | ▲ | ▲ | performance review meeting conducted | |
| | | | 2.6.8.9 | Enhance the deployment of effective immunization vaccine management system to reduce stock out of vaccines such as DPT3, Polio, Measles, Yellow Fever, etc | This intervention include all relevant activities aimed at strengthen the immunization supply chain systems, focusing on ensuring availability of vaccines at all levels by reducing bottlenecks in last mile distributions, ensuring full capacity for effective vaccine storage and handling, and monitoring | SMART Output Indicator(s): 1. Proportion of health facilities with no vaccine stock out. 2. Percentage reduction in | 2.6.8.9.o | Conduct 2 days monthly residential training of 23 LCCOs, 5 ZCCOs and 10 state cold store team on Annual Vaccines forecasting, vaccines wastages, handling, storage and transportation, documentation and archiving by 8 facilitators (46 persons) | Hall,Accommodation,DSA,Stationaries, tea break, lunch, projector | State & FCT level | New-Project/Activity | SPHCB/DC&I/SCCO | ProgramManagementandAdministration | Technical Assistance/Consulting/Professional Services | ▲ | ▲ |
| 2.6.8.9.p | Conduct 1 day State Quarterly review meeting for Integrated Mobile Outreach with 8 Zero dose LGAs | Lunch, Transport | | | | | State & FCT level | New-Project/Activity | SPHCB/DDCI/SIO | ProgramManagementandAdministration | Technical Assistance/Consulting/Professional Services | ▲ | ▲ | ▲ | ▲ | IMOB Quarterly review meeting conducted with 8 zero dose LGAs |
| 2.6.8.9.a | Produce 844 units of Lever ARCH Files (20units for State cold store, 50units for 5 Zonal cold stores, 230 units for 23 LGA Cold Stores and 524units for 383 PHCs facilities) for Archiving of temperature monitoring data for CCEs and vaccines Proof of Delivery (PODs) | Arch lever file | | | | | State & FCT level | On-going Project/Activity | SPHCB/DC&I/SCCO | DirectInterventionCost | Logistics/Supply Chain Management | | | ▲ | | |
| 4.1.5.a | | | 2.6.8.9.b | Print 400,000 units of Child Health Card for child immunization record | CHEC Printing | State & FCT level | On-going Project/Activity | SPHCB/DC&I/SCCO | DirectInterventionCost | Logistics/Supply Chain Management | ▲ | | | | 400,000 units of Child Health Card for child immunization record procured | |



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|---|---|---|------------|--|--|-------------------|---------------------------|---------------------------|---------------------------------------|---|---|---|---|---|---|
| | | | 2.6.8.3.c | Conduct 3 days monthly spot checks and logistics data validation visits to zonal cold stores, LGA cold stores and sampled health facilities by 10 persons | DSA, Local transport, accommodation | State & FCT level | On-going Project/Activity | SPHCB/DCSI/SCCO | Direct interventionCost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | ▲ | 3 days monthly spot checks and logistics data validation visits to zonal cold stores, LGA cold stores and sampled health facilities conducted |
| | | | 2.6.8.3.d | Conduct 5 days quarterly Mock Effective Vaccine Management Assessment (EVMA) 46 persons | DSA, Local transport, accommodation | State & FCT level | New-Project/Activity | SPHCB/DCSI/SCCO | Direct interventionCost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | ▲ | mock effective vaccine management assessment conducted |
| 2.6.9 | Slow down the growth rate of NCD Prevalence | | | | | | | | | | | | | | |
| | 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. | | 1. Develop integrated guidelines and simple treatment protocols for the management of simple, uncomplicated NCDs and Mental Health at PHCs. 2. Conduct capacity building for health care workers at the PHC on comprehensive management of simple, uncomplicated NCDs and mH&AP. 3. Equip and provide PHCs with basic technologies and essential medicines to screen, diagnose and treat uncomplicated NCDs and Mental Health Disorders. 4. Integrate Non-communicable Disease and Mental Health into Basic Primary Health Care with Referral to All Levels of Care | SMART Output Indicator(s) Induction 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 | | | | | | | | | | |
| | | 4.2.7.a | 2.6.9.8.a | Conduct 3 days biannual residential training of 255 HCWs on Mental Health to address pregnancy related mental health issues at the 255 ward PHCs | Transport, work stop material, printing of mental health manuals | State & FCT level | New-Project/Activity | SPHCB/KADBUS A/F&CHS/SMHC | Human Resource/orHealth | Health Worker Training - In-service | ▲ | ▲ | | | 255 HCWs trained on Mental Health to address pregnancy related mental health issues at the 255 PHCs |
| | | | 2.6.9.8.b | Procure 255 Depression screening tools for the 255 PHCs for the screening of pregnant women and clients | Depression screening tools | State & FCT level | New-Project/Activity | SPHCB/KADBUS A/F&CHS/SMHC | Human Resource/orHealth | Health Worker Training - In-service | | ▲ | | | 255 Depression screening tools for the 255 PHCs for the screening of pregnant women and clients |
| 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 | | 1. Formation of the MNCAH + N Task force to: a. Support roll out of Multi-stakeholder Partnership Coordinating Platform (MSPCP) for RMNCAH+N at subnational levels. b. Strengthen and hold accountable stakeholders such as CSOs to play an active part in National RMNCAH+N platforms. | 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 functional MNCH-N task force aligned to the terms of reference | | | | | | | | | | |
| | | | 2.8.12.1.a | Conduct one-day monthly State MPCDS Steering Committee (Task force) meeting for 46 stakeholders to discuss and address facility and community MNCH monitorable | Hall, Lunch, Transport | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/S MHC | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | quarterly RMNCH-N TWG meetings conducted |
| | 6.1.1.a | | 2.8.12.1.b | Conduct 2 days state led monthly monitoring and supervision of PHC MNCH+N task force across the 23 LGA by 30 RMNCAH+N team | Transport for state team, DTA | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/S MHC | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | Supervision of PHC MNCH task force meeting conducted |
| | | | 2.8.12.1.d | Conduct 2 days biannual residential capacity building of the 40 RMNCAH+N TWG members on all programme, focusing on effective coordination, teamwork and dedication to improve healthcare outcomes | Accommodation, Tea break, lunch, Transport, DSA, Stationery, AT paper | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/S MHC | Program Management and Administration | Technical Assistance/Consulting/Professional Services | ▲ | | ▲ | | |
| | 2.8.12.2 | Develop & Implement a mechanism for tracking RMNCAH+N resources and its use. | | Establish minimum analytical requirements for EPMM, ENAP, CSAP. data utilization in decision making at all levels. | SMART Output Indicator(s): 1. Availability of RMNCAH+N expenditure tracking report | | | | | | | | | | |
| | | | 2.8.12.2.a | Conduct 2 days residential workshop to develop RMNCAH+N financial resource tracking tool with relevant stakeholders; 20 RMNCAH+N team | Hall tea break, lunch, Accommodation, transport, DSA, Stationery | State & FCT level | New-Project/Activity | SPHCB/F&CHS/R H | Program Management and Administration | Technical Assistance/Consulting/Professional Services | ▲ | | | | Development and dissemination on annual RMNCAH+N resource tracking tool |
| | 6.1.2.a | | 2.8.12.2.b | Conduct 1 day non residential meeting to update the RMNCAH+N financial resource tracking tool with relevant stakeholders; 20 RMNCAH+N team | Hall printing of developed report, Tea break, lunch, transport | State & FCT level | New-Project/Activity | SPHCB/F&CHS/R H | Program Management and Administration | Technical Assistance/Consulting/Professional Services | ▲ | | | | dissemination on annual RMNCAH+N resource tracking tool |
| | | | 2.8.12.2.c | Conduct 1 day dissemination of developed RMNCAH+N financial resource tracking tools to all relevant stakeholders by 20 persons | Hall, lunch and transport | State & FCT level | New-Project/Activity | SPHCB/F&CHS/R H | Program Management and Administration | Technical Assistance/Consulting/Professional Services | ▲ | | | | dissemination on annual RMNCAH+N resource tracking tool |
| | | | 2.8.12.2.d | Conduct 3 days residential training of 20 PHCs and 20 LGA accountants on the utilization of RMNCAH+N financial resource tracking tool by 8 state team and partners | Transportation, accommodation, tea break, lunch, stationery, DTA | State & FCT level | New-Project/Activity | SPHCB/F&CHS/R H | Human Resource/orHealth | Technical Assistance/Consulting/Professional Services | ▲ | | | | 46 LGA Team trained |



| | | | | | | | | | | | | | |
|----------|---|--|---|-------------------|---------------------------|-------------------|---------------------------------------|---|---|---|---|---|--|
| 6.1.2.b | 2.8.12.2.a | Conduct 3 days quarterly monitoring visits to assess the utilization of RMNCAEH-N financial resources at PHC facilities for RHCs by 30 persons | Transportation, monitoring checklist, DTA | State & FCT level | New-Project/Activity | SPHCB/F&CHS/R/H | Human Resource or Health | Technical Assistance/Consulting/Professional Services | ▲ | ▲ | ▲ | ▲ | monitoring visits for RHCs conducted |
| | 2.8.12.2.f | Conduct a 1-day quarterly non-residential review meeting after each quarter to discuss RMNCAEH-N financial resource tracking results with 40 stakeholders at state level | Hall hire, report printing, Transport, Lunch, tea/break | State & FCT level | New-Project/Activity | SPHCB/F&CHS/R/H | Human Resource or Health | Technical Assistance/Consulting/Professional Services | ▲ | ▲ | ▲ | ▲ | review meeting for RMNCAEH-N resource tracking conducted |
| | 2.8.12.2.g | Conduct 7 days desk review by consultant for a User-Centered Web portal for ANC based tracking and referral for facility delivery by 2 consultants | Consultant fees | State & FCT level | New-Project/Activity | SPHCB/F&CHS/R/H | Human Resource or Health | Health Worker Training - In-service | ▲ | | | | Desk review for a User-Centered Web portal for ANC based tracking and |
| | 2.8.12.2.h | Conduct 4 days residential workshop by 26 state persons and stakeholders to develop a User-Centered Web portal for ANC based tracking and referral for facility delivery by 2 consultants | Hall hire, Tea/break, Lunch, Accommodation, Facilitation fee, Workshop materials, Transport, DSA, Printing of manuals to be reviewed | State & FCT level | New-Project/Activity | SPHCB/F&CHS/S/MBC | Human Resource or Health | Health Worker Training - In-service | ▲ | | | | Workshop for the development of User-Centered Web portal for ANC based tracking and |
| 2.8.12.3 | Institutionalize maternal perinatal and child death surveillance and response (MPDCSR) at all facilities/communities for quality improvement and monitor response. | Periodic audit of maternal newborn and child death at all facilities/communities, facilitate regular meetings by QI team to track progress RMNCAEH-N QoC standards at all levels and empower community to implement Community MPDCSR | SMART Output Indicator(s) 1. Proportion of health facility maternal death notified within 24 hours by sub-national and national levels. | | | | | | | | | | |
| 6.1.3.a | 2.8.12.3.a | Conduct 7 day residential training for 59 (22 RHCs and 37 DDOs) on the conduct of verbal autopsy using the GDK and 12 state team | Hall, tea break, lunch, accommodation, All papers, stationaries, transport and DSA | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/S/MBC | Human Resource or Health | Health Worker Training - In-service | | | | ▲ | LEMCHC and quarterly review meetings conducted |
| | 2.8.12.3.b | Conduct 1 day state led orientation by 22 state team and verbal autopsy using the GDK for the verbal and social autopsy | Transport for LGA team, lunch, Transport for state team and DTA | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/S/MBC | Human Resource or Health | Health Worker Training - In-service | | | | ▲ | quarterly MPDCSR supervision conducted |
| | 2.8.12.3.c | Engage 36 PHC-MPCDSR teams to conduct 3 days quarterly oversight supervision and monitoring to track Periodic audit of maternal newborn and child death at the LGA and community levels | Transport for state and RHCs, DTA | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/S/MBC | Human Resource or Health | Health Worker Training - In-service | ▲ | ▲ | ▲ | ▲ | Oversight supervision and monitoring conducted |
| | 2.8.12.3.d | Conduct 4 days quarterly PHC-MPCDSR coaching and mentoring visits at 25 PHCs by 21 MPCDSR State Committee and partners | DTA, Transport for state team, Printing of mentoring checklist, Transport for LGA team | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/S/MBC | Human Resource or Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ | coaching and mentoring visits conducted |
| 6.1.3.b | 2.8.12.3.e | Conduct 1 day Quarterly state review meeting with 35 members of the PHC-MPCDSR | Hall hire, Tea/break, Lunch, Transportation | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/S/MBC | Human Resource or Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ | Quarterly review meeting conducted |
| 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 | Set up Quality improvement team at all health facilities for RMNCAEH-N QoC standards and track progress implementation | 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 | | | | | | | | | | |
| 6.1.3.a | 2.8.12.4.a | Organize 4 days quarterly State supportive supervision and monitoring on RMNCAEH-N Quality of Care (QOC) by 70 state and LGA team (PHCs and MBE) to track progress, coverage and service utilization and QOC at the facility level across the 231 LGAs | Transport for LGA team, Transport for State team, DTA | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/S/MBC | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | quarterly state monitoring and supervision of QOC conducted |
| 2.8.12.6 | Provide adequate WASH infrastructure and services in healthcare facilities and Monitoring indicators to ensure quality of care and IPC | Map health facilities with WASH infrastructures, provision of WASH infrastructure at all Health facilities and capacity skills | SMART Output Indicator(s) % of health care facilities with basic WASH services | | | | | | | | | | |
| 6.1.3.a | 2.8.12.6.a | Conduct quarterly procurement and pre-positioning of anti-septics to 807 non-255 health facilities (Disinfectants (Jif/epo, hand gloves, hand sanitizer etc) 867 packs each item) for hospital disinfection | Procurement of anti-septics | State & FCT level | On-going Project/Activity | SPHCB/DC&IMM/SDO | Infrastructure and Equipment | Facility Infrastructure - Renovation | ▲ | ▲ | ▲ | ▲ | anti-septics procured and pre-positioned in 807 non-255 PHCs |
| | 2.8.12.6.b | Procure and distribute 2421 color-coded waste bin to 807 Health facilities (non-255) for hospital waste management | Procurement of color-coded waste bins | State & FCT level | On-going Project/Activity | SPHCB/DC&IMM/MWDO | Infrastructure and Equipment | Facility Infrastructure - Renovation | ▲ | | | | 2421 color-coded waste bin procured and distributed to 807 Health facilities |
| | 2.8.12.6.c | Procure and distribute 807 wash hand basin (veronica bucket) to non-255 clinics | Procurement of wash hand basin | State & FCT level | New-Project/Activity | SPHCB/DC&IMM/SDO | Direct Intervention cost | Health services | | | | ▲ | 807 wash hand basin (Veronica bucket) procured and distributed to non-255 clinics for hand hygiene |
| | 2.8.12.6.d | Rehabilitate 807 (2 compartments) gender sensitive toilets facilities (non-255 clinics) | Risk mitigation of toilets (gender sensitive) | State & FCT level | New-Project/Activity | SPHCB/DC&IMM/SDO | Direct Intervention cost | Health services | | | | ▲ | 807 gender sensitive toilets facilities in non-255 clinics rehabilitated |
| 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. | Provision of Pre-eclampsia/eclampsia management and post-abortal care (Maternal and adolescent) at all the health facilities | SMART Output Indicator(s) % of health facilities providing comprehensive post-partum care and post-abortal care (PAC) services | | | | | | | | | | |
| 6.1.2.a | 2.8.12.7.a | Conduct 3 days biannual residential training of 55 HCWs from high volume facilities across 255 PHCs on the early detection, Administration, emergency response and management of patients with pre-eclampsia/eclampsia by 5 consultants | Accommodation, Tea break, Lunch, Workshop materials, Transport, Printing of manual, Facilitation fees, DSA, Hall hire. | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/S/MBC | Human Resource or Health | Health Worker Training - In-service | ▲ | ▲ | | | HCWs trained on Administration of MgSo4 and management of Eclampsia |
| | 2.8.12.7.b | Conduct 3 day residential training for 255 HCWs on Post abortion care (PAC) by 16 facilitators (2 days training and 1 day practice) | Hall hire, Tea/break, Lunch, Accommodation, Facilitation fee, Facilitation materials, transport | State & FCT level | New-Project/Activity | SPHCB/F&CHS/S/MBC | Human Resource or Health | Health Worker Training - In-service | | | | ▲ | Trained 255 HCWs on Post abortion Care |



| Activity ID | Activity Description | SMART Output Indicator(s) | SMART Output Indicator(s) Description | State & FCT level | Project/Activity | Responsible Agency | Human Resource | Technical Supportive | Supervision | Other | Other | Other | Other | Other | | |
|-------------|---|--|---|---|---------------------------|---------------------------|-----------------------------------|-------------------------------------|----------------------------------|-------|-------|-----------------------------------|--|------------|--|---|
| 2.8.12.8 | Increase Antenatal Care (individual and GANC) coverage and HfA delivery in the primary, secondary and tertiary health facilities in all the 36 states plus FCT | 1. Demand generation (community mobilization, outreaches and campaigns) 2. Socio and behavioural change interventions (interpersonal communication and counseling), Campaigns, community mobilization 3. Free maternal health services 4. Scale up Mobile clinics 5. Conduct Home visits 6. Implement an Integrated ANC, Disease Detection & Management in PHCs | 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 | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/S/MHC | Human Resource or Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ | Orientation of 6562 CVs + 1304 CHPs and 255 WCEFP by RHCs and State team conducted | | | |
| | | | | | | | | | | | | | | 2.8.12.8.a | Conduct 1 day LGA Orientation of 662 CVs + 504 CHPs and 255 WCEFP across the 23 LGAs on GANC, Basic Emergency Obstetric and Neonatal Care (BEmONC), EMG, IMCI, PHC, IMPC/CDSP, Family Planning Inclusive (FPFI) modification services and referral by 23 RHCs, 23 LBACEFPs and 30 State team | Perkeshment, Hall hire, PA's, Transport, DTA for state team, transport for state team |
| | | | | | | | | | | | | | | 2.8.12.8.b | Conduct 5 days LHI/FI/BI/BI/BI refresher training for 255 Health Care Workers on Group Antenatal Care (GANC) and Post Natal Care (PNC) services across 255 PHCs by 10 trainers | Accommodation, Tea break, Lunch, workshop materials, Transport, Printing of GANC manual, Facilitation fees, DSA, Hall hire |
| | | | | | | | | | | | | | | 2.8.12.8.c | Conduct 3 days residential GANC refresher training for 28 Facilitators by 2 consultants | Tea break, Lunch, Facilitation fees, Transportation, Hall hire, workshop materials, DSA |
| | | | | | | | | | | | | | | 2.8.12.8.d | Conduct 5 days residential step-down training on GANC to 180 (60 per zone) mentors by 28 facilitators | Tea break, Lunch, DTA, Transportation, small hall hire, Stationaries, GANC Checklist |
| 6.1.3.a | 2.8.12.8.e | Conduct 1 day weekly home visits to pregnant women by 6562 community volunteers supervised by 255 WCEFPs and 23 RHCs across the 23 LGAs | Transport for 844 persons | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/S/MHC | Program/Management/Administration | Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | Mental health conducted | | | |
| 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 | Provision of Post-partum Hemorrhage (PPH) management at the health facilities and availability of PPH commodities and Kits | SMART Output Indicator(s) 1. % of health facilities providing Post-partum Hemorrhage management services | State & FCT level | New Project/Activity | SPHCB/F&CHS/S/MHC | Human Resource or Health | Health Worker Training - In-service | ▲ | ▲ | ▲ | ▲ | PPH guidelines Reviewed | | | |
| | | | | | | | | | | | | | | 2.8.12.9.a | Conduct desk review of the PPH Guidelines to be national (Facilitators guide and Participants guide) based on the National PPH training manual for the States, by 2 consultants | Consultants Fee, |
| | | | | | | | | | | | | | | 2.8.12.9.b | Conduct 3 days residential workshop on the adaptation of PPH Guidelines (Facilitators guide and Participants guide) based on the National PPH training manual for the States, by 20 persons with 2 consultants, stakeholders and state team | Hall hire, Tea break, Lunch, Accommodation, Facilitation fee, Workshop materials, Transport, DSA, Printing of manuals to be produced |
| | | | | | | | | | | | | | | 2.8.12.9.c | Conduct 2 days non-residential workshop and validation of developed PPH guidelines by Consultants, stakeholders and state team (20 persons) | Hall hire, Tea break, Lunch, Facilitation fee, Stationaries, Transport, Printing of manuals to be disseminated |
| | | | | | | | | | | | | | | 2.8.12.9.d | Conduct one day non-residential Dissemination of Developed PPH Guidelines by 70 persons | Hall hire, Tea break, Lunch, Transport |
| 6.1.3.b | Procure and Distribute life saving commodities (80000 manly Misooprolol 50 cartons, Chloroquin 50 cartons, Hygiene kits 100 cartons, calibrated drape 250000, tranexamic acid and Magnesium sulphate 50 cartons) biannually | 2.8.12.9.e | Procure and Distribute life saving commodities (80000 manly Misooprolol 50 cartons, Chloroquin 50 cartons, Hygiene kits 100 cartons, calibrated drape 250000, tranexamic acid and Magnesium sulphate 50 cartons) biannually | Misoprostol Tablets (MISOCLAP - 200 mcg) @ 24000 per carton x 50 cartons Nericon Magnesium Sulphate 50% w/v, 500mg/ml @ 45000 per carton x 50 Nericon Osteochin 10iu, (Per Carton) @ 5000 per carton x 50 Hygiene kits @ 2000 x 100 cartons, 250000 cartons of calibrated Emovoc 3 drape and trauma kits 60000 | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/S/MHC | Human Resource or Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | Life saving commodities procured | | | |
| | | | | | | | | | | | | | | 2.8.12.9.f | Conduct 5 days STOI residential training and practical session for 30 state facilitators on the prevention of Postpartum haemorrhage (PPH) using the new E-MOTIVE bundle with calibrated drape and Tranexamic acid by 3 facilitators and 1 consultant | Hall hire, Accommodation, Teabreak, Lunch, consultant fee, Transport, facilitators fee, stationary, DSA, printing of PPH manuals and protocols, Bus to facilities, clinical materials |
| | | | | | | | | | | | | | | 2.8.12.9.g | Conduct 5 days quarterly comprehensive residential training and practical clinical sessions on using the new E-MOTIVE bundle with calibrated drape and Tranexamic acid for prevention of Postpartum haemorrhage by 255 HCWs from 255 PHCs by 10 facilitators and 2 consultants | Hall hire, Accommodation, Teabreak, Lunch, consultant fee, Transport, stationary, DSA, printing of PPH manuals and protocols, Bus to facilities, clinical materials, facilitators fee |
| | | | | | | | | | | | | | | 2.8.12.9.h | Conduct 3 days quarterly mentoring, learning sessions and implementation of the use of the calibrated drape for prevention of PPH at the 255 ward | Transport for state facilitators, printing of Checklist, Aonlin plus banner and DTA |
| | | | | | | | | | | | | | | 2.8.12.9.i | Conduct 5 days coaching and mentoring of Midwives across the 255 ward PHCs from 23 LGAs by 23 PHCs and 28 Master trainers (48 persons) | Transport for 22 PHCs and 26 state team and DTA |
| 2.8.12.10 | Create 'midwifery led' community outreach model with incentives for HCWs to improve ANC coverage | Update existing National guideline to reflect this concept and adapt at state level to align to state specific context | SMART Output Indicator(s) 1. Number of states with coded plan for the midwifery led community outreach | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/S/MHC | Human Resource or Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | Monitoring and coaching conducted | | | | |



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| 2.8.12.11 | | Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level | Map the network of TBAs, create regulatory mechanism, Train TBAs as supporters for referral and provide regular supervision | SMART Output Indicator(s): Number of TBAs enrolled | | | | | | | | | | | | | |
|-----------|--|--|---|---|---------------------------|-------------------------|------------------------------------|---|---|---|---|---|---|--|--|----------------------------------|--|
| 6.1.3.a | 2.8.12.11.a | Engage a consultant for 14 days for a desk Review of State TBA Guidelines (Facilitators and Participants guide) based on the National TBA training manual for the State | Consultants Fee | State & FCT level | New-Project/Activity | SMOH/SPHCB/F&CHS/SMHC | ProgramManagementandAdministration | Technical Assistance/Consulting/Professional Services | ▲ | | | | | | | | Consultant engaged |
| | 2.8.12.11.b | Conduct 7 days residential Adaptation of State TBA Guidelines and datasets based on the National TBA training manual for the State, by consultant, stakeholders and state team (30 persons) | Hall Hire, Teabreak, Lunch, Accommodation, Facilitation fee, Transport for state team and stationaries | State & FCT level | New-Project/Activity | SMOH/SPHCB/F&CHS/SMHC | ProgramManagementandAdministration | Other Programme Management & Administration n.e.c | ▲ | | | | | | | | TBA guideline Reviewed and Developed |
| | 2.8.12.11.c | Conduct 2 days non-residential workshop and validation of developed TBA guidelines by Consultants, stakeholders and state team (30 persons) | Hall Hire, Teabreak, Lunch, Transport for participants and stationaries | State & FCT level | New-Project/Activity | SMOH/SPHCB/F&CHS/SMHC | ProgramManagementandAdministration | Other Programme Management & Administration n.e.c | ▲ | | | | | | | | Annual workshop and Validation conducted |
| | 2.8.12.11.d | Conduct one-day non-residential Dissemination of Developed TBA Guidelines by 70 persons | Large Hall hire, Tea break, lunch, Printing of Developed Guidelines | State & FCT level | New-Project/Activity | SMOH/SPHCB/F&CHS/SMHC | ProgramManagementandAdministration | Other Programme Management & Administration n.e.c | ▲ | | | | | | | | TBA Guidelines developed and Disseminated |
| | 2.8.12.11.e | Conduct 2 days non-residential orientation of mapped TBAs on the newly developed guidelines by 30 State facilitators, 23 PHCs, 255 VCEFPs and 23 LGACERPs at the 23 LGAs (2000 TBAs across 23 LGAs) | Hall Hire, Lunch, Transport for Participants and LGAs team, Transport for state team and DSA | State & FCT level | New-Project/Activity | SMOH/SPHCB/F&CHS/SMHC | ProgramManagementandAdministration | Other Programme Management & Administration n.e.c | ▲ | | | | | | | | TBA guidelines Disseminated |
| 6.1.3.b | 2.8.12.11.f | Provide quarterly #2000 to #2500 TBA incentives and transport vouchers to increase SBAs deliveries at the PHC facilities from the community (emergency referral for maternal and perinatal cases) supported by LGA, FHS and 255 VCEFPs | Transport for TBAs who referred pregnant women to deliver to facilities | State & FCT level | New-Project/Activity | SMOH/SPHCB/F&CHS/SMHC | ProgramManagementandAdministration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | ▲ | | | | Supervision of TBAs conducted |
| | 2.8.12.11.g | Conduct quarterly community supervision, observation of TBA practices, adherence to TBA guidelines (emergency referral procedures, maternal and Perinatal health records and identifying gaps) by 70 persons (23 PHCs, 23 LGAs) | Checklist, Transport for LGA team, Transport for State team and DSA | State & FCT level | New-Project/Activity | SMOH/SPHCB/F&CHS/SMHC | ProgramManagementandAdministration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | ▲ | | | | Supervision of TBAs conducted |
| | 2.8.12.11.h | Conduct a 2 days state led refresher training of 255 healthcare workers and 255 ETS drivers, 23 NURIV, 23 NAIOMC/RS staff and 2 PHSC staff (one per zone) to strengthen the referral system on Maternal and Newborn emergencies by | Lunch, Tea break, Transport, DSA, PAS | State & FCT level | On-going Project/Activity | SMOH/SPHCB/F&CHS/SMHC | HumanResourceofHealth | Health Worker Training - In-service | | ▲ | | | | | | | Refresher Training on 2 way referrals conducted |
| 6.1.3.a | 2.8.12.11.i | Conduct 3 day quarterly state residential review meeting with 23 LGAs PHCs and 23 LGAs ETS local persons at State facilities to review ETS data and address challenges concerning inadequate facility delivery and increase maternal and perinatal death | Hall Hire, Teabreak, Lunch, Accommodation, Stationaries, Transport, DSA | State & FCT level | On-going Project/Activity | SMOH/SPHCB/F&CHS/SMHC | HumanResourceofHealth | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ | | | | Review meetings on ETS conducted | |
| 2.8.12.13 | Activate additional CHEWs and JCHEWs by leveraging unemployed available stock for RMNCAH-N | Provide the numbers of additional CHEWs and JCHEWs to be activated | SMART Output Indicator(s): Number of additional CHEWs and JCHEWs activated | | | | | | | | | | | | | | |
| 6.1.3.a | 2.8.12.13.a | Conduct 1-day non-residential CBT Aptitude test for recruitment of 1000 additional staff (600 Nurse/Midwives, 386 CHEWs and 300 JCHEWs) across the 3 Senatorial Districts to fill the total gap of 7545 for the 3 Cadres (255 Nurse/Review, 600 CHEWs and 400 JCHEWs) based on SDP | Consultant Cost of recruiting new Staff | State & FCT level | On-going Project/Activity | SPHCB/DA&HR/ADHR/HRH DO | ProgramManagementandAdministration | Planning, Policy and Capacity Building Workshop | ▲ | | | | | | | | 1-day non-residential CBT aptitude test for recruitment of 1,000 Nurse/Midwives, CHEWs and JCHEWs conducted |
| | 2.8.12.13.b | Conduct 1-day non-residential Recruitment Interview for 2500 shortlisted candidates from the Aptitude test at the 3 Senatorial Districts by 27 Panel Members (15 staff of SPHCB, 3 Panel from OHAOs, 3 Panel from SMOH, 3 Panel from MDR, 3 Panel from MGLG) | Hall, Tea, Hotel/accommodation, Local transport, Lunch | State & FCT level | On-going Project/Activity | SPHCB/DA&HR/ADHR/HRH DO | ProgramManagementandAdministration | Planning, Policy and Capacity Building Workshop | ▲ | | | | | | | | 1-day non-residential Recruitment Interview for 2500 shortlisted Candidates from the Aptitude test at the 3 Senatorial Districts |
| | 2.8.12.13.c | Conduct 3-day non-residential Induction Training for the 1000 newly recruited staff across the 3 Senatorial Districts by 16 staff of SPHCB | Hall, DSA, Stationaries, lunch, Local transport, Induction Training allowance, Projector, PAS | State & FCT level | On-going Project/Activity | SPHCB/DA&HR/ADHR/HRH DO | ProgramManagementandAdministration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | 3-day non-residential Induction Training for the 1000 newly-recruited staff across the 3 Senatorial Districts |
| 2.8.12.14 | Upskill midwives on supervision, innovations and refresher courses for deployed midwives | Provide the numbers of midwives to be upskilled | SMART Output Indicator(s): Number of midwives Upskilled | | | | | | | | | | | | | | |
| 6.1.3.a | 2.8.12.14.a | Conduct 5 days Needs Assessment to identify midwives to be upskilled across the 255 PHCs by 23 State facilitators and LGAs PHCs | Transport for PHCs and state team, DTA for state team | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/SMHC | HumanResourceofHealth | Technical Supportive Supervision | ▲ | | | | | | | | Needs assessment conducted |
| 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 | Provide the numbers of CHEWs to be upskilled | SMART Output Indicator(s): Numbers of CHEWs upskilled | | | | | | | | | | | | | | |
| 6.1.3.a | 2.8.12.15.a | Conduct 3 days non-residential training of 500 HCWs on CLMSE by 15 facilitators across the 23 LGAs in the State | Small Hall, Teabreak, Lunch, Accommodation, Facilitation fee, Stationaries, Transport, DSA, Printing of materials | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/SMHC | HumanResourceofHealth | Health Worker Training - In-service | | | | | ▲ | | | | 500 Health workers trained on CLMSE |
| | 2.8.12.15.b | Conduct 5 days non-residential training of 50 HCWs on Family planning service delivery points on LAFPC (PHED) by 5 facilitators across the 23 LGAs in the State | Small Hall, Teabreak, Lunch, Accommodation, Facilitation fee, Stationaries, Transport, DSA, Printing of materials | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/SMHC | HumanResourceofHealth | Health Worker Training - In-service | ▲ | | | | | | | | 50 HCWs train primary planning service delivery points trained on LAFPC (PHED) |
| | 2.8.12.15.c | Conduct 16 days residential training of 1000 HCWs on Contraceptive Technology Update for PPs services (8 days training and 8 days practice) | Small Hall, Teabreak, Lunch, Accommodation, Facilitation fee, Stationaries, Transport, DSA, Printing of materials, Bus to facilitate mobility | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/SMHC | HumanResourceofHealth | Health Worker Training - In-service | ▲ | | | | | | | | 1000 HCWs trained on Contraceptive Technology Update |
| | 2.8.12.15.d | Conduct 5 days post-LMD Family planning spot check with 12 state supervisors in selected facilities across the 3 Senatorial Districts | DTA for state supervisors, Transport | State & FCT level | New-Project/Activity | SPHCB/F&CHS/SMHC | HumanResourceofHealth | Health Worker Training - In-service | | | | | | | | | Post LMD spot check conducted |
| | 2.8.12.15.e | Conduct 6-days on-site training for 34 service providers on adolescent MNCH Training to be done in clusters by 2 facilitators | Hall Hire, Tea Break, Lunch, Transportation, DTA for facilitators | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/SMHC | HumanResourceofHealth | Health Worker Training - In-service | ▲ | | | | | | | | 34 service providers trained on adolescent MNCH |
| 6.1.3.b | 2.8.12.15.f | Conduct 2 days post-training clinical mentoring of newly onboarded facilities including routine competency assessment for the trainees and 500 service providers and FPMVCPs by 15 State Master trainers across the 23 LGAs | DTA for state team, Printing of Checklist and Transport for state team | State & FCT level | New-Project/Activity | SPHCB/F&CHS/SMHC | HumanResourceofHealth | Health Worker Training - In-service | ▲ | ▲ | ▲ | ▲ | ▲ | | | | 500 newly onboarded service providers and FPMVCPs given post-training clinical mentoring |



Kaduna State Government



Foreign, Commonwealth & Development Office

BILL & MELINDA GATES foundation

| Activity ID | Activity Description | SMART Output Indicator(s) | Baseline | Target | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/ MHC | HumanResource/ orHealth | Health Worker Training - In-service | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ |
|-------------|---|---|---|--------|-------------------|---------------------------|------------------|-------------------------|-------------------------------------|---|---|---|---|---|---|---|---|---|
| 2.8.12.28 | Promote home visits on community-based newborn through empowering communities, Outreaches and Mobile Clinics | Identify train CHW on community-based Newborn Care, conduct home visits and schedulable outreaches for newborn and provide mobile clinics | SMART Output Indicator(s): Number of CHW trained 2. Proportion Number of Home Visits | | | | | | | | | | | | | | | |
| | | | Baseline: Target | | | | | | | | | | | | | | | |
| | | | SMART Output Indicator(s): 2.1. Proportion of CHW trained 2.2. Proportion Number of Home Visits | | | | | | | | | | | | | | | |
| | | | SMART Output Indicator(s): 2.1. Proportion of CHW trained 2.2. Proportion Number of Home Visits | | | | | | | | | | | | | | | |
| 6.1.3.a | | | SMART Output Indicator(s): 2.1. Proportion of CHW trained 2.2. Proportion Number of Home Visits | | | | | | | | | | | | | | | |
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| | | | SMART Output Indicator(s): 2.1. Proportion of CHW trained 2.2. Proportion Number of Home Visits | | | | | | | | | | | | | | | |
| | | | SMART Output Indicator(s): 2.1. Proportion of CHW trained 2.2. Proportion Number of Home Visits | | | | | | | | | | | | | | | |
| 2.8.12.35 | Assess health facility readiness to improve integrated management of childhood illness services with linkage to community | Stakeholder engagement to review follow-up after training checklist and conduct HF assessment on IMCI services and integrated community case management for childhood illness (ICMI) | SMART Output Indicator(s): Proportion of health facility with 60% of health care providers trained on IMCI. SMART Output Indicator(s): Proportion of health facility with 60% of health care providers trained on IMCI. | | | | | | | | | | | | | | | |
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| | | | SMART Output Indicator(s): Proportion of health facility with 60% of health care providers trained on IMCI. | | | | | | | | | | | | | | | |
| 2.8.12.36 | Improve capacity skills of doctors, nurses, CHEWs at PHCs for Integrated Management of Childhood Illness (IMCI) and community Health workers on Integrated Community Case Management (ICCM) | Improve case management capacity of Health workers at PHCs and empower communities on key household practices and ICMI, availability of jobs aids and commodities (Print and distribute to all PHCs) and conduct Follow-up after training within 2weeks | 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 US with diarrhoea receiving ORS and zinc. | | | | | | | | | | | | | | | |
| | | | SMART Output Indicator(s): 1. Proportion of health facility with 60% of health care providers trained on IMCI. | | | | | | | | | | | | | | | |
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| 6.1.3.b | 6.1.3.a | 2.8.12.36.f | Conduct a 3 days zonal non-residential Training for 621 Health care workers in 11 LGAs in 2017 HF4 (3 per HF) to provide consent of services for children with disabilities by 12 facilitators and 2 secretariat | Hat, Tea Breaks, Lunch, Stationeries, Transportation, Facilitator fee, DSA and projector, bus hiring, training materials | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Human Resource or Health | Health Worker Training - In-service | ▲ | | | | Health Facility staff trained. | |
| | | | 2.8.12.36.g | Procure and distribute assistive technology fitting into 207 health care services in the state PHCE | Set of assistive technology for 1 PHCE | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Infrastructure and Equipment | Health Worker Training - In-service | ▲ | | | Assistive technology fitting procured for 207 health care facilities in the state | |
| | | | 2.8.12.36.h | Conduct 8 days quarterly mentoring and supportive supervision to 206 health facilities by 36 facilitators | Transport and DTA for state facilitators | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Infrastructure and Equipment | Health Worker Training - In-service | ▲ | | | Assistive technology fitting procured for 207 health care facilities in the state | |
| | | | 2.8.12.36.i | Conduct 1 day non-residential cascade ICMM training to 255 WFP LGAs who will supervise at the health facilities | Transport, Tea, lunch, commodities & consumables, stationeries, honorarium | State & FCT level | New-Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | 255 WFP in 23 LGAs trained on ICMM |
| | | | 2.8.12.36.j | Conduct 5 days Community education month by 255 WFP in 255 wards to Promote Good Hygiene Practices, Teach about handwashing, safe water sanitation, and nutrition | Transport, Refreshment | State & FCT level | New-Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | Teached community members in 255 wards on about handwashing, safe water sanitation, and nutrition. |
| | | | 2.8.12.36.k | Conduct 1 day District level residential community health fair across 23 LGAs in 23 IMCI F&CHS/1 or regular health centres and involvement of children under five for Fun, Knowledge, Discipline, and Love regular Health Check-ups to track growth and development through routine measurement. | Transport, Refreshment, Commodities & Consumables, Chair & tables, DTA | State & FCT level | New-Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | ▲ | community health fair conducted across 255 wards on regular health screening and assessment of children under five |
| | | | 2.8.12.36.l | Conduct 3 days non-residential meeting with 266 stakeholders across 23 LGAs to advocate for funding and resources to support IMCI health services in the communities, and Policy Engagement Work with local government to develop supportive policies for child health services. | Transport, Refreshment, Consult air fee | State & FCT level | New-Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | ▲ | Advocates for funding and resources to support child health initiatives/ICCM in the communities |
| | | | 2.8.12.36.m | Conduct 2 days meeting with 51 stakeholders to develop plan for responding to outbreaks or health emergencies affecting children developed. (Crisis Response Planning/ Emergency Preparedness, Community Resilience Training) | Transport, Refreshment, honorarium | State & FCT level | New-Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | ▲ | plans for responding to outbreaks or health emergencies affecting children developed |
| | | | 2.8.12.36.n | Conduct 2 days non-residential training to 50 community health workers on coping strategies during health crises (Community Resilience Training). By 255 DHRs | Transport, Refreshment, honorarium | State & FCT level | New-Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Human Resource or Health | Health Worker Training - Pre-service | | | | ▲ | 50 community Stakeholders/members trained on coping strategies during health crises |
| | | | 2.8.12.37 | Develop and implement a multi-sectoral actions for integrated childhood development in rolling out the child Survival Action Plan at state level | Map and collaborate with other sectors on integrated childhood development such as Education, Environment (WASH, Air pollution), Agriculture (Food security) to develop joint plan, review and monitor implementation at State level | Define your SMART Output Indicator(s): | | | | | | | | | |
| 6.1.3.a | 2.8.12.37.a | Conduct 1 day engagement meeting with 86 stakeholders from 7 MDAs to Map and collaborate with other sectors on integrated child Food case management and develop joint plan, review and monitor implementation at State level | Hat, Tea Breaks, Lunch, Stationeries, Transportation and projects | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Program Management and Administration | Technical Assistance/Consulting /Professional Services | ▲ | | | | joint plan developed | | |
| 2.8.12.38 | Set up a Clinical mentorship (face to face and online) system for Newborn and case management for childhood illness. | Map linkage between PHCs and Referral facilities (Network of care) and Review quality improvement tools for the mentorship | 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 US with at least 60% of health care providers trained on IMCI. | | | | | | | | | | | | |
| 6.1.3.a | 2.8.12.39.a | 2.8.12.39.a | Conduct a 5 days residential state wide meeting with 95 persons to develop a referral directorate, Map linkage between PHCs and Referral Communities to create a network of care and services | Hat, Tea Breaks, Lunch, Stationeries, Transportation, Accommodation, Consultation fee, DSA and projects | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | | referral directorate develop and it will implemented | |
| | | 2.8.12.39.b | Print and distribute 499 copies of the developed referral forms for screened children to access specialized care | Printing, distribution | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | ▲ | | referral directorate develop and PRINTED | |
| | | 2.8.12.39.c | Engage a consultant to develop the IMCI ODK tool for service delivery HCWs | consult air fee | State & FCT level | New-Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | ▲ | | IMCI ODK tool for service delivery HCWs developed | |
| | | 2.8.12.39.d | Conduct 5 days mentoring and coaching quarterly for 370 HCWs across 255 PHCs on the use of IMCI tools for service delivery using the ODK tool by 23 state managers | Transport for state team and DTA | State & FCT level | New-Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | ▲ | 370 HCWs across 255 PHCs coached on the use of IMCI tools for service delivery using the ODK | |
| 2.8.12.39 | Scale-up capacity of Doctors, Nurses, Wives, CHEWs to deliver adolescent plus youth-friendly services | Tailored capacity skill on HCWs on adolescent plus youth-friendly services | SMART Output Indicator(s): Proportion of HCWs trained on adolescent plus youth-friendly services | | | | | | | | | | | | |
| 6.1.3.a | 2.8.12.39.a | 2.8.12.39.a | Conduct 5 days non-residential Scale-up training on YFEL, CHC and CERIAS for 187 Service Providers to provide ASPH services using A-300/1000 strategy by 2 facilitators. | Hat, Tea Break, Lunch, Stationeries, Transport, projector, DTA for facilitators fee | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Human Resource or Health | Health Worker Training - In-service | ▲ | | ▲ | | Training of FP | |
| | | 2.8.12.39.b | Conduct 2 days residential TOT 25 Adolescent youth with disability by 2 facilitators on FP communication strategies to serve as FP Champions | Hat, Tea Break, Lunch, Transportation, facilitator fee, accommodation and DTA. | State & FCT level | New-Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Human Resource or Health | Health Worker Training - In-service | | | | | | |
| | | 2.8.12.39.c | Conduct 2 days non-residential cascade training by 2 facilitators to 52 adolescent youth with disability on FP communication strategies to serve as FP advocates | Hat, Tea Break, Lunch, Transportation, facilitator fee, DTA. | State & FCT level | New-Project/Activity | SPHCB/F&CHS/1 MCI/ICCM | Human Resource or Health | Health Worker Training - In-service | | | | | | |



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| 2.8.12.41 | Empower community to support adolescent program at the community level (peer to peer support, parents/guardian etc) | Strengthen Community system to support Adolescent Health Program (peer to peers, parents/guardian supports, functional VDO) | SMART Output Indicator(s): Proportion of communities with adolescent peer to peer support | | | | | | | | | | | | | | | | | |
| | | | 6.1.3.a | 2.8.12.41.a | Conduct 2 days residential scale up training to 42 WDC members on ASPHMA program, across 21 LGAs by 12 state team and partners | Hall hire, Accommodation, Tea Break, Lunch, Stationery, transport, DSA, facilitator | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/AHDDO | ProgramManagementandAdministration | Information Education and Communication (IEC) | ▲ | | | | | | | | Training conducted |
| 2.8.12.44 | Revitalize of baby friendly initiative (BFI) at all levels of care | Set up nutrition unit in PHCs, Training and supervision HCW and community structure on MIYCN and health campaign to improve uptake e.g. bi-annual MNCHW campaigns. | SMART Output Indicator(s): Number of CVs trained on MIYCN Number of bi-annual MNCHW activities conducted number of women | | | | | | | | | | | | | | | | | |
| | | | 6.1.3.a | 2.8.12.44.a | Conduct 2 days non-residential Training of 435 community volunteers on Maternal Infant and Young Child Nutrition (MIYCN) by 30 state facilitators | Hotel, tea break, lunch, transportation, Stationery, accommodation for facilitators, DSA, training manual, printed material | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagementandAdministration | Planning, Policy and Capacity Building Workshop | | | | ▲ | | | | Training on MIYCN conducted | |
| | | | | 2.8.12.44.b | Conduct 5 days residential Bi-annual supportive supervision costing MNCHW implementations with 78 state supervisors | Transport, accommodation, DSA | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagementandAdministration | Planning, Policy and Capacity Building | | | | ▲ | | | | | Training on MIYCN conducted |
| | | | 2.8.12.44.c | Conduct and participate in commemoration of world breastfeeding week with 500 women | Hotel, t-shirt, transport, hall | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagementandAdministration | Planning, Policy and Capacity Building | | | | ▲ | | | | commemorate BWB | | |
| 3.8.11.45 | Conduct Nutrition assessment, counselling and support (NACS) | Conduct Nutrition assessment, counselling and support (NACS) | SMART Output Indicator(s): Number of CHWs trained on assessment of dietary practices and eating habit | | | | | | | | | | | | | | | | | |
| | | | 6.1.3.a | 2.8.12.45.a | Conduct 5 days capacity building on Assessment of dietary practices and eating habits in 250 communities across the 21 LGAs by 18 assessors, 23 supervisors and 5 facilitators | Hall, tea break, lunch, transport, STA, honoraria, accommodation, report writing, stationery, validation | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagementandAdministration | Planning, Policy and Capacity Building Workshop | | | | ▲ | | | | | assessment of dietary practices and eating habits conducted |
| | | | | 2.8.12.45.b | Conduct 2 days validation of the Assessment of dietary practices and eating habits report by 92 persons in 22 LGAs | Print, honoraria, transport, Workshop materials | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagementandAdministration | Planning, Policy and Capacity Building | | | | ▲ | | | | | assessment validation conducted |
| | | | | 2.8.12.45.c | Conduct 1 day dissemination of the Assessment of dietary practices and eating habits reports to 120 stakeholders by 25 persons | Hall Hire, Transport, Lunch, Transport for participants, | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagementandAdministration | Planning, Policy and Capacity Building Workshop | | | | | | | | | dissemination of the report conducted |
| 2.8.12.46 | Provision of growth monitoring and promotion (GMP) services at all level of care | Provision of GMP | SMART Output Indicator(s): Number of facilities offering growth monitoring and promotion (GMP) services Number of health workers trained on GMP Services | | | | | | | | | | | | | | | | | |
| | | | 6.1.3.a | 2.8.12.46.a | Conduct 1 day capacity building of 1064 Health Care Workers on GMP services across 20 LGAs by 20 NFPA and 20 State supervisors | Tea Break, Lunch, Facilitation fees, Transportation, Hall hire, workshop materials, DSA | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagementandAdministration | Planning, Policy and Capacity Building | | | | ▲ | | | | | capacity building on GMP services conducted |
| | | | | 2.8.12.46.b | Procure 1064 anthropometric equipment (weighing scale, MUAC and Heightometer) for 204 facilities | procurement of MUAC, weighing scale, heightometer | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagementandAdministration | Planning, Policy and Capacity Building Workshop | | | | ▲ | | | | anthropometric equipment procured | |
| 2.8.12.47 | Accelerate the scale up of integrated management of acute malnutrition (IMAM) at all level of care | Map and identify existing gaps in IMAM service provision at all level of care and Strengthen provision of IMAM services at all level of care (Capacity building at health facilities and communities) | SMART Output Indicator(s): 1. Proportion of facilities providing IMAM service 2. Number of HCWs trained on IMAM 3. Number of CVs trained on IMAM | | | | | | | | | | | | | | | | | |
| | | | 6.1.3.a | 2.8.12.47.a | Conduct 5 days residential IMAM training to 360 HCWs (5 HCW per health facility) from 28 high clients PHCs across 21 LGAs by 20 facilitators | Hotel, tea break, transport for participants, honorarium, accommodation for facilitators, honorarium for facilitators, stationery, validation | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagementandAdministration | Planning, Policy and Capacity Building | | | | ▲ | | | | | IMAM training conducted |
| | | | | 2.8.12.47.b | Conduct 2 days training on IMAM for 760 community volunteers CVs (20 CVs per health facility) from 38 PHCs across 21 LGAs by 20 facilitators | Hotel, tea break, transport, accommodation for facilitators, honorarium for facilitators, stationery | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagementandAdministration | Planning, Policy and Capacity Building Workshop | | | | ▲ | | | | | community volunteers training on IMAM conducted |
| | | | | 2.8.12.47.c | Conduct 2 days Quarterly Review meetings to review the IMAM program performance with 70 state team members and 21 LGA NMISOs, 21 LGA Nutrition focal persons (84 persons) | Hotel, tea break, transport, accommodation, DSA, hall, stationery | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagementandAdministration | Planning, Policy and Capacity Building Workshop | | | | ▲ | ▲ | ▲ | ▲ | | |
| 2.8.12.48 | Improve out-patient therapeutic (OTP) services in atleast 2 PHC per ward across 36 states and FCT. | Provision of Outpatient therapeutic services | SMART Output Indicator(s): Number of cooking utensils sets procured and distributed Number of OTP cards, Registers, and Ration cards printed and distributed Number of PHCs reached with IMAM, MIYCN, MMS and BFI interventions | | | | | | | | | | | | | | | | | |
| | | | 6.1.3.a | 2.8.12.48.a | Procure and distribute of 18 set of cooking utensils for 18 OTP Centres to enhance food demonstration | set of cooking utensils, Transportation | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagementandAdministration | Planning, Policy and Capacity Building | | | | | | | | | cooking utensils procured |
| | | | | 2.8.12.48.b | Print and distribute of 30000 OTP card and 250 OTP registers 30000 Ration card and 250 stock cards | OTP card, OTP registers, Ration card | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagementandAdministration | Planning, Policy and Capacity Building | | | | ▲ | | | | printing of card conducted | |



Kaduna State Government



Foreign, Commonwealth & Development Office

BILL & MELINDA GATES foundation

| 2.8.12.55 | Procure and Utilize nutrition commodities for nutritionally 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 (amoxicillin, albendazole) Conduct Nutrition assessment, counselling and support (NACS) | Availability of Nutrition Treatment commodities | SMART Output Indicator(s): Number of stakeholders trained on MMS Number of WDC/NEP/ALGON sensitized on MMS Number of HCWs Trained on MMS | | | | | | | | | | | | | | | | | |
|-----------|---|--|---|------------------------|--|--|----------------------|----------------------------------|---|----------------------------------|---|--|--|--|--|--|--------------------------------------|--|---|--|
| 6.1.3.a | | | | 2.8.12.55.a | Conduct 2-day meeting for 50 stakeholders to review the essential medicine list to include MMS | Hall, tea break, lunch, Transportation, stationery. | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagement&Administration | Planning, Policy and Capacity Building Workshop | | | | | | | essential medicine list to include MMS | | |
| | | | | 2.8.12.55.b | Conduct 1 day quarterly sensitization meeting with 50 WDC/ALGON rep/NFPs for buy in and support of MMS logistic & supply to last mile | | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagement&Administration | Planning, Policy and Capacity Building Workshop | | | | | | | | 50 WDCs/ALGON rep/NFPs sensitized for buy in and support of MMS logistic & supply to last mile | |
| | | | | 2.8.12.55.c | Conduct 2 day residential MMS Q&T for 50 participants across 23 LGAs by 2 facilitators | Hall, tea break, lunch, Transportation, stationery. | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagement&Administration | Planning, Policy and Capacity Building Workshop | | | | | | | | 58 trainers trained on MMS | |
| | | | | 2.8.12.55.d | Conduct 2 days Zonal residential Step-down Training on MMS for 200 Health Workers (10 per zone) across the 23 LGAs by 2 facilitators per training | Hall, tea break, lunch, Transportation, stationery. | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagement&Administration | Planning, Policy and Capacity Building Workshop | | | | | | | | | 303 Health Worker trained on MMS |
| | | | | 2.8.12.55.e | Conduct 1 day QDM with 80 CVs on community mobilization and demand creation activities on MMS with 2 facilitators | Hall, tea break, lunch, Transportation, stationery. | Community/Ward level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagement&Administration | Planning, Policy and Capacity Building Workshop | | | | | | | | | 80 CVs carried out QDM on community mobilization and demand creation |
| | | | | 2.8.12.55.f | Conduct co-planning/coordination meeting on MMS with 80 state/LGA stakeholders | Hall, tea break, lunch, Transportation, stationery. | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagement&Administration | Planning, Policy and Capacity Building Workshop | | | | | | | | | 80 CVs carried out QDM on community mobilization and demand creation |
| | | | | 2.8.12.55.g | Conduct 1 day non residential DHIS2 Mobile phone application training for 30 HWs in two LGAs (Kaduna South and Chikun) by 2 facilitators | Hall, tea break, lunch, Transportation, stationery. | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagement&Administration | Planning, Policy and Capacity Building Workshop | | | | | | | | | 35 HWs in two LGAs (Kaduna South and Chikun) trained on DHIS2 Mobile phone application |
| | | | | 2.8.12.55.h | Conduct 1 day non residential capacity building of 55 state/LGA stakeholders on new HMIS data tools that captured MMS indicators by 2 facilitators | Hall, tea break, lunch, Transportation, stationery. | State & FCT level | New-Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagement&Administration | Planning, Policy and Capacity Building Workshop | | | | | | | | | 55 state/LGA stakeholders trained on new HMIS data tools that captured MMS indicators |
| 2.8.12.60 | Configure and utilize electronic integrated supportive supervision (ISS) tools for RMNCAH-Nutrition services | Configure the electronic tools and use for Monthly ISS at health facilities by supervisors and joint Quarterly ISS at State, LGAs, Health Facilities and communities | SMART Output Indicator(s): Number of States using the configured Electronic ISS for monthly and quarterly use. | | | | | | | | | | | | | | | | | |
| 6.1.3.a | | 2.8.12.60.b | Conduct 3 days Quarterly mentoring by 23 supervisors to 256 CVs on community mobilization and demand creation activities on Nutrition MMS | Transportation and DTA | State & FCT level | On-going Project/Activity | SPHCB/DF&CHS/SNO | ProgramManagement&Administration | Planning, Policy and Capacity Building Workshop | | | | | | | | Supportive Supervision CVs conducted | | | |
| 2.8.12.62 | Strengthen the linkage between community health structure and health system to sustain RMNCAEH+N services to targeted Vulnerable & marginalized groups and other communities | Leverage on existing community Health structure (WDC/WDC) and make it functional. Intensity efforts to address equity gaps and improve access and increase demand uptake of RMNCAEH+N Nutrition services through community mobilization and house-to-house campaigns, outreaches and home visits | SMART Output Indicator(s): % of functional WDC with minutes of regular meetings | | | | | | | | | | | | | | | | | |
| 6.1.3.a | | | | 2.8.12.62.a | Conduct 1 day orientation meeting with 2,500 (10 per ward) by traditional, religious, representatives of vulnerable groups and other opinion leaders on nutritional care of the vulnerable group across the 256 wards at zonal level. | tea break, lunch, transport, honorarium | Community/Ward level | New-Project/Activity | SPHCB/F&CHS/SHE | ProgramManagement&Administration | Planning, Policy and Capacity Building Workshop | | | | | | | orientation meeting with traditional, religious, representatives of vulnerable groups and other opinion leaders on community | | |
| | | | | 2.8.12.62.b | Conduct 1 day bi-annual community dialogue town hall meeting on nutrition intervention with 500 traditional, religious leaders and other stakeholders at all levels | lunch, transport, hall hire, tea break, facilitator fee | Community/Ward level | New-Project/Activity | SPHCB/F&CHS/SHE | ProgramManagement&Administration | Planning, Policy and Capacity Building Workshop | | | | | | | | dialogue/town hall meeting on nutrition intervention conducted | |
| | | | | 2.8.12.62.c | Conduct a 2-day residential community engagement workshop to strengthen linkage between community health structure and health system to sustain RMNCAEH+N services to targeted vulnerable & marginalized group by 100 persons (NFPs, PHCs, CFPs, SMCs, WDC members, and state officials) | Stationery materials, accommodation, stipends for participant, tea break, lunch and DTA | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/SCEFP | ProgramManagement&Administration | Other Programme Management & Administration n.e.c | | | | | | | | community engagement workshop to strengthen linkage between community health structure and health | |
| 2.8.12.64 | Integrate trained, equipped, and supported community health workers (CHWs) into the health system | Identify, train, supervise and provide uninterrupted commodities to community health workers to provide basic RMNCAEH services and refer to PHC including structured enumeration | SMART Output Indicator(s): Percentage of CHW trained | | | | | | | | | | | | | | | | | |
| 6.1.3.a | | | | 2.8.12.64.a | Conduct 6 days biannual Low Dose High frequency (LDHF) training on basic RMNCAEH services and referral to 256 CHWs at the 256 PHCs across the 23 LGAs by 23 PHCs, 23 state facilitators | Transport, DTA, Tea break, Lunch, stationery, A4 paper, Projector, Training manual, Diesel | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/RH | ProgramManagement&Administration | Other Programme Management & Administration n.e.c | | | | | | | 510 CHWs trained on basic RMNCAEH-N services | | |
| | | | | 2.8.12.64.b | Conduct 10 days quarterly facility and community mentoring and coaching of the 256 CHWs/D trained across the 256 ward PHCs from the 23 LGAs by 23 state Mentors | Transport, Checklist for mentoring DTA for supervisors | State & FCT level | On-going Project/Activity | SPHCB/F&CHS/RH | ProgramManagement&Administration | Other Programme Management & Administration n.e.c | | | | | | | | Facility and community mentoring conducted | |



| 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 | 1. Support health training institutions to increase quantity and quality of tutors 2. Improve learning environment to match the increase production quota 3. Create enabling environment for increased private sectors involvement in HRH production 4. FMoH, NPHCDA, regulatory bodies, healthcare institutions and other stakeholders to create awareness and enabling environment for the production of required skill-mix of healthcare workers based on prevailing health care needs. | | SMART Output Indicator(s) 1. Proportion of health training institutions that meet the mandatory regulatory requirement. 2. Number of annual graduates per state 3. Number of states with the right skill-mix of healthcare workers per population 4. Rate of healthcare | | | | | | | | | | | |
| | | 7.1.1.a | 2.9.15.1.a | Conduct 2-day bi-annual residential refresher training for 255 Facility managers in line with 2.0 BHCPFP guideline/SWAp concept by 12 State teams | Accommodation, tea, lunch, local transport, stationary, Honourarium (Basic) | State & FCT level | New-Project/Activity | SPHCB/DP/RS/BH CFP DO | HumanResource/orHealth | Health Worker Training - In-service | ▲ | ▲ | Bi-annual refresher training conducted | | |
| | | 7.1.5.a | 2.9.15.5 | 1. Implement CONNESS and CONMED at all Sub-National 2. Improve health working environment and infrastructure 3. Implement rural allowance for specific rural communities at sub-national level 4. Subsidize or provide incentive for in-service training of HRH (CPD for License renewal) 4 Implement award for recognition of exceptional performance 5. Establish retention mechanism to routinely track the inflow and outflow of HRH. 6. Advocate for additional remuneration for rural health workers. | SMART Output Indicator(s): 1. Attrition rate | | | | | | | | | | |
| | | | | | 2.9.15.5.a | Re-engage 100 adhoc midwives for 12 months across 100 facilities in the state | Stipends (Adhoc Midwives) | State & FCT level | On-going Project/Activity | SPHCB/DP/RS/BH CFP DO | HumanResource/orHealth | Technical Supportive Supervision | ▲ | ▲ | Re-engaged 100 adhoc midwives across 100 facilities in the state |
| | | | | | 2.9.15.5.b | Re-engage 449 Community Health Influencers Promoters and Services (CHIPPS) and 73 Ward Community Engagement Focal Persons (CEFPs) for 12 months in 8 LGAs for health promotion activities in the communities | Stipends (CHIPPS personnel) | State & FCT level | On-going Project/Activity | SPHCB/DP/RS/BH CFP DO | HumanResource/orHealth | Technical Supportive Supervision | ▲ | ▲ | Re-engaged 449 Community Health Influencers Promoters and Services (CHIPPS) and 73 Ward Community Engagement Focal Persons (CEFPs) in 8 LGAs for health promotion activities in the communities |
| | | 7.1.5.b | 2.9.15.5.c | Conduct 3-4 day residential Training of Trainers (ToT) for 23 State staff on Task Shifting Task Sharing (TSTS) | Hall, accommodation, tea, lunch, 2nd tea break, Projector, Consultants, training allowance, stationeries. | | State & FCT level | New-Project/Activity | SPHCB/DA&HR/DC/HS/ADDHR/H RH DO | HumanResource/orHealth | Health Worker Training - In-service | ▲ | | 3-day residential Training of Trainers (ToT) for 46 State staff on Task Shifting Task Sharing (TSTS) conducted. | |
| | | | | | 2.9.15.5.d | Organize 2-days non-residential cascade training for 510 Health Care Workers across the 23 LGAs by 23 State staff on Task Shifting Task Sharing (TSTS) | Hall, projector, Lunch, Local transport, DSA. | State & FCT level | New-Project/Activity | SPHCB/DA&HR/DC/HS/ADDHR/H RH DO | HumanResource/orHealth | Health Worker Training - In-service | ▲ | | 2-day non-residential cascade training for 510 Health Care Workers |
| | | | | | 2.9.15.5.e | Conduct 3-days non-residential Quarterly Assessment on TSTS for the trained 510 Health Care Workers across the 23 LGAs by 23 State Staff | DSA, Local transport | State & FCT level | New-Project/Activity | SPHCB/DA&HR/DC/HS/ADDHR/H RH DO | HumanResource/orHealth | Health Worker Training - In-service | | ▲ | 3-day non-residential Quarterly Assessment on TSTS for the trained 510 Health Care Workers |
| | | 2.9.15.6 | Implement comprehensive workforce capacity development plan | 1. Revise existing workforce capacity development plan to reflect current realities. 2. FMOH and SMOH to conduct training needs assessment at all level of health care service delivery. 3. Strengthen the function of State In-service training Committees to coordinate and tailor in-service training opportunities by implementing partners, HRH training regulatory bodies and Government to State specific training needs. 4. Implement onboarding policy at the National and sub-national level | | SMART Output Indicator(s): 1. % of states implementing gap based capacity building. | | | | | | | | | |
| | | | | 7.1.6.a | 2.9.15.6.a | Conduct a 2-days residential training of 255 Facility in-Charges (FICs) across all BHCPFP-accredited facilities on updated guidelines for implementing the BHCPFP by 10 State teams | accommodation, tea, lunch, local transport, stationary, hall, honorarium, fee, DSA. | State & FCT level | New-Project/Activity | SPHCB/DP/RS/BH CFP DO | HumanResource/orHealth | Health Worker Training - In-service | ▲ | | Conducted a 2-days residential training of 255 Facility in-Charges (FICs) across all BHCPFP-accredited facilities on updated guidelines for implementing the BHCPFP |
| 2.9.15.6.b | Train 2 BHCPFP Core team members on M&E workshop for public and reproductive health for 2 weeks | | | | | Accommodation, Tea, Lunch, Tuk Tuk fee, local transportation | State & FCT level | New-Project/Activity | SPHCB/DP/RS/BH CFP DO | HumanResource/orHealth | Health Worker Training - In-service | | ▲ | Trained 2 BHCPFP Core team members on M&E workshop for public and reproductive health | |



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|---------|------------|---|--|-------------------|----------------------|----------------------|---------------------------------------|---|---|---|---|---|---|
| 7.1.6.b | 2.9.15.5.c | Conduct 3-day quarterly non-residential validation of Annual Quality Improvement Plan of 2025 by 10 BHC/PHU team members | Tea, lunch, hall, local transport | State & FCT level | New-Project/Activity | SPHCB/DPRS/BH/CPF DO | Human Resource or Health | | ▲ | ▲ | ▲ | ▲ | Three days residential validation of Annual Quality Improvement Plan and Quarterly Business Plan for 2025 conducted |
| | 2.9.15.5.d | Conduct three (3) days residential STOT on Capacity building of 21 TDs, 20 LGA EDCs and 20 State teams and two days Cascade training to 60 Pharmacy Technicians/Local persons across 21 LGAs on inventory management of health commodities, rational use of drugs and Pharmaceutical case at the Primary health care facilities | Small Hall Hire, Tea/Break, Lunch, Various materials, Accommodation for 46 persons, DSA, Projector Hire, Local Transport | State & FCT level | New-Project/Activity | SPHCB/DPRS/CHS/SEDO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | |
| | 2.9.15.5.e | Conduct 3 days zonal residential training to 285 MLTs on quality manuals specific to Primary Health Care (PHC) facilities by 12 state team (State Laboratory Quality Auditor) | Lunch, Hall hire (small) workshop materials, Tea/Break, Accommodation | State & FCT level | New-Project/Activity | SPHCB/DPRS/CHS/SLC | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | |
| | 2.9.15.5.f | Conduct 1 day planning meeting with 15 facilitators and 1 day zonal training on 12 Quality Essentials of Quality Management System (QMS) to 285 Medical Laboratory Technicians (MLTs) from 255 PHCs by 15 facilitators | Lunch (planning meeting), Hall hire (small) workshop materials, Tea/Break, Accommodation | State & FCT level | New-Project/Activity | SPHCB/DPRS/CHS/SLC | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | ▲ | |
| | 2.9.15.5.g | Conduct 4 days quarterly PHC Laboratory audits to 36 PHC each quarter by 12 state laboratory auditors using a reviewed Dispense Laboratory Quality Improvement Process Towards Accreditation (SLQPTA) check list and ISO 15189 | Accommodation, Local Transport, DSA for | State & FCT level | New-Project/Activity | SPHCB/DPRS/CHS/SLC | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | |
| | 2.9.15.5.h | Conduct 3 days zonal On the Job Training (OJT) to build capacity of MLTs at the PHCs to ensure Quality assurance and implementation of QMS in SLP/CL by 20 LGAs Laboratory Mentors and 3 State team | Local transport, Accommodation, DSA | State & FCT level | New-Project/Activity | SPHCB/DPRS/CHS/SLC | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | ▲ | |

Kaduna State Health Supplies Management Agency

| Pillar | | Return to Welcome Page | | HEALTH SECTOR STRATEGIC BLUEPRINT (HSSB) ANNUAL IMPLEMENTATION PLANNING (AOP) TOOL | | | | | | | | | | | |
|--|---|---|---|---|---------------------------------------|---------------------------|------------------------------------|---------------------------------------|--|-----------|-------|-------|-------|---|--|
| Strategic Objectives | Priority Initiatives | Strategic Interventions | Description | SMART Outcome | Level of Implementation (Utilization) | Status of Implementation | Stakeholder Key Responsible Entity | Activity Category | Activity Sub-Category | Timeframe | | | | AOP Implementation Milestones (Activity Output) | |
| | | | | | | | | | | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | | |
| Strategic Pillar Two: Efficient, Equitable and Quality Health system | | | | | | | | | | | | | | | |
| 2.6 Strengthen prevention through primary health care and community health care | | | | | | | | | | | | | | | |
| 2.6.10 | Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs) | | | <p>Burden: The 3 diseases account for 15.8% of total disease burden in Nigeria vs the global average of 8.0% of total disease burden (IHME, 2019) Prevalence of each disease should be noted.</p> <p>1. HIV prevalence - 1.4% (NAHS 2018).</p> <p>2. TB incidence - 219 per 100,000 population (GTD report 2023).</p> <p>3. Malaria prevalence among children under five years - 22% (MIS 2021)</p> <p>Priority: Reduce the incidence of HIV, tuberculosis, and malaria. The Neglected Tropical Diseases cannot be ignored. The</p> | | | | | | | | | | | |
| 2.6.10.3 | Increase uptake and access to HIV services (testing, treatment, care, viral suppression including procurement of HIV rapid test kits) | <p>1. Using annual data to identify and address characteristics that lead to inequities in testing, treatment, care access and outcome.</p> <p>2. Increase uptake of differentiated HIV testing strategies where available (HIV self-testing, community-led testing services, partner services, and social network approach), and strengthen the linkage of access to testing services to HIV prevention and treatment services.</p> <p>3. Expand and promote high-quality medicines, health commodities, vaccines, technology, innovation, and solutions for PMH, KP, and other prioritized non-communicable diseases.</p> | <p>SMART Output Indicators:</p> <p>1. Percentage increase in HIV testing</p> <p>Burden:</p> <p>Target: Testing targets: 85%, Treatment Target: 85%, Viral Suppression target: 85% (Testing and treatment targets are to be achieved within sub-populations, age group, and geographical settings, including children living with HIV and concentrated at the population level).</p> | | | | | | | | | | | | |
| 2.6.10.2 | Procure 5,000 cartons of Antiretroviral Drugs, 10,500 packs of Diagnostic Test kits, reagents, and 20,000 units of Consumables Under the HIV/AIDS Treatment Program | | | Cost of Antiretroviral, diagnostic test kits, consumables and reagent | State & FCT level | On-going Project/Activity | KADHSMA/DHS | Program Management and Administration | Other: Programme Management & Administration n.e.c | | | | | 5,000 cartons of Antiretroviral Drugs, 10,500 packs of Diagnostic Test kits, reagents, and 20,000 units of Consumables procured | |
| 2.6.10.3 | Procure 20 Quality Control Laboratory Equipment and 40 cartons of reagents (Phase I) | | | Cost of equipment and reagent | State & FCT level | On-going Project/Activity | KADHSMA/DHS | Program Management and Administration | Other: Programme Management & Administration | | | | | Quality control and lab equipment procured | |



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|--|--|---|---|-------------------|---------------------------|--------------|---------------------------------------|---|---|--|
| 2.6.10.7 | Increases access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination therapy (ACT) and malaria vaccine | <p>1. Deployment of chemopreventive interventions to all eligible populations such as:</p> <ul style="list-style-type: none"> a) Seasonal Malaria Chemoprevention (SMC), b) Intermittent Preventive Treatment of pregnant women (IPTp) at ANC in health facilities and community levels, c) Potential Malaria Chemoprevention (PMC) and d) Malaria vaccine to eligible populations in all 36 states and FCT <p>2. Deploy parasitological-based diagnosis (mPCT and Microscopy) for persons with suspected malaria in public, private health facilities, and communities.</p> <p>3. Scale up for quality assurance and quality control systems for malaria diagnosis and update External Quality Assurance (EQA) guidelines, SOPs and Job-Aids for malaria diagnosis</p> <p>4. Ensure appropriate and timely treatment with effective medicines for individuals with confirmed malaria (ensure compliance to National Malaria Treatment Guidelines and the National Quality of Care Guidelines on malaria case management).</p> <p>5. Build capacity of personnel in public health, private health facilities and community at all levels (tertiary, secondary, primary health facilities, Community pharmacies and PHNs) for parasitological confirmation and treatment of malaria.</p> <p>6. Strengthen two way referral system from community to health facility</p> <p>7. Develop community case management (CCM) through the Community based service delivery programmes, especially in hard-to-reach areas</p> | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. % of women who received 3 or more doses of IPTp for malaria during their last pregnancy Baseline: 0% (MIS 2021) Target: 70% (2025) 2. % of targeted children that have received all SMC cycles Baseline: xx% (Coverage Survey) Target: 30% 3. % of children under age 5 with a fever in the 2 weeks before the survey who had blood taken from a finger or heel for testing. Baseline: 24% (MIS 2021) Target: xx% 4. % of children under age 5 with a fever in the 2 weeks before the survey who received artemisinin-based combination therapy (ACT). Baseline: 74% (MIS 2021) Target: xx% 5. % of eligible children under 5 years receiving at least 3 | | | | | 1,603,430 doses of SP procured | | |
| 2.0 Improve equity and affordability of quality care for patients, expand insurance | | | | | | | | | | |
| 2.0.12 | Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition | | <p>Baseline: MMR was 518 deaths per 100,000 live births. NHDS 2018 (IHMS-21, other sources report >1,000 - the third highest in the world (WHO, 2020)</p> <p>MMR SD deaths per 1000 live births.</p> <p>IUSMR 132 deaths per 1000 live births.</p> <p>Adolescent Birth Rate</p> <p>Priority: Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition</p> | | | | | | | |
| 2.0.12.5 | Strengthen commodity security and reduce the high rates of stock-outs at service delivery points through improved logistics data quality and resource mobilization for RMNCAH (FP, and Nutrition) | <p>Conduct Annual Commodities Forecasting and Supply Planning (Identification Exercise and Usage Forecasting) to mobilize resources for procurement, warehousing and distribution of RMNCAH including family planning commodities</p> | <p>SMART Output Indicator(s):</p> <p>% of facilities stocked-out by method offered on the day of assessment.</p> | | | | | | | |
| 2.0.12.5.1 | Conduct 3 days residential annual integrated forecasting and quantification of public Health/ Essential medicines with 45 officers | | Hall, Lunch, Tea/Break, Workshop material, Accommodation, DTA, Facilitation fee, PAS | State & FCT level | On-going Project/Activity | KADHSMA/DHS | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | Public health/ Essential medicines quantified |
| 2.0.12.5.2 | Conduct 3 day Residential training on forecasting, requisitioning and management of stock for service delivery officer with supply chain specialists for 25 PHC laboratory officers. | | Hall, Lunch, Tea/Break, Workshop material, Accommodation, DTA, Facilitation fee, PAS | State & FCT level | New-Project/Activity | KADHSMA/DLO | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | SHF lab store officers trained |
| 2.0.12.5.3 | Procure 6 ton Taraxolin and 2 ton delivery van for LAMU, Deliveries | | Out of stock | State & FCT level | New-Project/Activity | KADHSMA/DAF | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | 4 no. bills procured |
| 2.0.12.5.4 | Conduct 5 days capacity building for 11 SHF staff and 52 PHCs staff (63) on quantification, requisition and stock balance (Min/Max) | | Hall, Lunch, Tea/Break, Workshop material, Accommodation, DTA, Facilitation fee, PAS | State & FCT level | New-Project/Activity | KADHSMA/DHS | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | No. of staff trained on quantification and requisition |
| 2.0.12.5.5 | Conduct 2 days quarterly review meeting with Third Party Logistics (3PL) for Last Mile deliveries of Health Commodities to high volume and security compromised HF with 20 persons | | Lunch, Tea/Break | State & FCT level | On-going Project/Activity | KADHSMA/ DLO | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | 3PL engagement meeting conducted |
| 2.0.12.5.6 | Procure and utilize RMNCAH commodities, including oxytocin, family planning supplies, and essential devices (e.g., CPAP monitors, pulse oximetry, oxygen, FMO devices, phototherapy, radiant warmers, ventilators, caffeine citrate, bag and mask, suctioning, etc.) in line with National guidelines and SOPs | <p>1. Procurement and Utilization of Family Planning commodities and accessories</p> <p>2. Procurement & Utilization of maternal health commodities & tools (Oxytocin, MVAbs, IPTp, etc.) of abdominal & pelvic model, Calibrated draper, Intra Uterine, vaccine extractor) at level</p> <p>3. Procurement utilization of neonatal commodities to challenge including surfactant, GCP, CPAP & etc consumable</p> <p>4. Procurement utilization of child health commodities including oral rehydration salts, Zinc tablets, Antibiotic, ACT, ROT & etc consumable</p> | <p>SMART Output Indicator(s):</p> <p>Proportion of health facilities with stock-out of commodities for RMNCAH</p> | | | | | | | |
| 2.0.12.5.4.1 | Procure essential drugs For biannual MNCH Week (all brands) 1,201,063 doses, ferrous tabs 8,043,005 doses, folic acid 8,043,005 doses, SP 804,300 doses and 268,100 HIV test kits) | | Cart of Mbonazole, Ferrous tabs, Folic Acid and SP | State & FCT level | On-going Project/Activity | KADHSMA/DHS | Program Management and Administration | Other Programme Management & Administration | ▲ | MNCH Commodities procured |
| 2.0.12.5.4.2 | Procure Health Commodities & consumables for Integrated PHC Family Planning Services (390,000 vial ampoules of Inectables, 6,000 pieces of IUD, 500,000 of Oral Pills, 225,240 pieces of male and female Condoms, 270,000 pieces of Implant plus trace, 2,000 cartons of Handgloves, 12,000 pieces of syringes, 6,000 pieces of blades surgical, 5,000 bottles of Povidone iodine, 2,000 cartons of adhesive | | Cart of FP Commodities and consumable | State & FCT level | On-going Project/Activity | KADHSMA/DHS | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | Integrated PHC commodities procured |
| 2.0.12.5.4.3 | Procure free maternal and child health drugs for 1033 Health Facilities (25,000 cartons of Inj Oxytocin, 20,000 cartons of Inj Magnesium sulphate, 22,000 cartons of 1 tab Mefenoproal, 550,000 pieces of Mama kits, 1,500 cartons Calibrated drapes, 25,000 Cartons of Tranexamic acid, Amoxicillin DT, 1,000 packs of | | FMCH Commodities cart | State & FCT level | On-going Project/Activity | KADHSMA/DHS | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | Drugs for 1033 HF's procured |



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| | | 2.8.12.54.f | Monthly distribution of drugs and Health Commodities to 1099 Public Health Facilities through Direct Delivery | LMD cart | State & FCT level | On-going Project/Activity | KADHSM/DLO | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | 1099 drugs Distributed |
| | | 2.8.12.54.a | Procure essential neonatal devices for 275 PHCs facilities (255 pulse oximeter, KMC devices, embrace warmer, neobreathe resuscitation machine, bag and 20 masks, neonatal newborn simulation park, weighing scale) | 255 pulse oximeter, KMC devices, embrace warmer, neobreathe resuscitation machine, bag and 20 masks, neonatal newborn simulation park, weighing scale | State & FCT level | New-Project/Activity | KADHSM/DHS | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | | | | PHC equipment procured |
| | | 2.8.12.54.f | Procure commodities for Integrated Management of Childhood Illnesses Integrated Community Case Management Commodities, (55 cartons of Zinc-DRS, 75 cartons of Amoxicillin DT 125mg & 250mg) | Cartonate Zinc-ORS and Amoxicillin DT | State & FCT level | New-Project/Activity | KADHSM/DHS | Program Management and Administration | Other Programme Management & Administration n.e.c | | ▲ | | | IMCI commodities procured |
| 2.8.12.55 | Procure and Utilize nutrition commodities for nutritionally vulnerable groups (Pregnant women - IFA/MMS, Children U-5 (6-59 months) (Vitamin A, MNP/SG-LNS, Ready to use therapeutic food - RUTF, RUSF and essential routine medication (amoxicillin, albendazole), Conduct Nutrition assessment, counselling and support (NACS) | Availability of Nutrition Treatment commodities | | | SMART Output Indicator(s): Proportion of facilities reporting no stockout of essential nutrition commodities (Vitamin A, MMS/IFAs, MNP/SG-LNS, RUTF, RUSF, amoxicillin, albendazole) | | | | | | | | | |
| | | 2.8.12.55.a | Procure 64,600 cartons of Ready to Use Therapeutic Food (32,300 cartons of F75 and 32,300 cartons of F100) | RUTF carts | State & FCT level | On-going Project/Activity | KADHSM/DHS | Program Management and Administration | Other Programme Management & Administration | | ▲ | | | RUTF Procured |
| | | 2.8.12.55.b | Procure 520,000 doses of MMS and IFA for Pregnant women, 1,000,000 doses of Small Quantity Liquid based nutrient for children (SG-LNS) and 1,800,000 doses Micro-Nutrient powder (MNP) for prevention of malnutrition in children 6-59 months | cost of MMS, IFA, SQLN and MNP | State & FCT level | New-Project/Activity | KADHSM/DHS | Program Management and Administration | Other Programme Management & Administration | | | ▲ | | |

Kaduna State Contributory Health Management Authority

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| Pillar | | Return to Welcome Page | | HEALTH SECTOR STRATEGIC BLUEPRINT (HSSB) ANNUAL IMPLEMENTATION PLANNING (AOP) TOOL | | | | | | | | | | |
| Strategic Objectives | | | | SMART Outcome Indicator(s): | Level of Implementation (Utilization) | Status of Implementation | Stakeholder/ Key Responsible Entity | Activity Category | Activity Sub-Category | Timeframe | | | | AOP Implementation Milestones (Activity Output) |
| Priority Initiatives | | Strategic Interventions | | SMART Output Indicator(s) Baseline: Target: Cost Items | | | | | | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | |
| Strategic Pillar Two: Efficient, Equitable and Quality Health system | | | | | | | | | | | | | | |
| 2.5 Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, and social protection) | | | | | | | | | | | | | | |
| 2.5.7 Accelerate inter-sectoral social welfare through coordination of efforts of the social action fund | | | | | | | | | | | | | | |
| 2.5.7.1 | Ensure alignment of social policies | Develop cross-sectoral policy frameworks that address poverty, inequality, and vulnerability comprehensively. Ensure that policies across sectors (health, education, employment, etc.) align with social protection goals. | | SMART Output Indicator(s): - Number of social policies reviewed and aligned with national priorities | State & FCT level | On-going Project/Activity | KADCHMA PLANNING HEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | | Operational guidelines reviewed and Aligned with KADCHMA reviewed law |
| 2.5.7.1.a | Conduct Five days (5dags) Residential Workshop to review KADCHMA operational guidelines to align with KADCHMA Reviewed Law for 35 participants and one facilitator | Hall hire, Accommodation, 2 Tea break, Lunch, DSA, Workshop materials, facilitator fee | | | | | | | | | | | | |



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BILL & MELINDA GATES foundation

| 2.8 Improve equity and affordability of quality care for patients, expand insurance | | | | | | | | | | | | |
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| 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 | Baseline: Only 20% functional PHCs out of the total of 34,000 PHCs (The House of Representatives, 2023) Priority: Improve quality of care and service delivery in PHCs Baseline: OOP is 75% of current health expenditure, the highest in Africa (Source: WHO, 2020) Priority: Expand financial protection for all citizens through insurance expansion Baseline: 20 skilled health professionals per 10,000 people vs WHO recommendation of 44.5 professionals per 10000 people (WHO, 2018) Priority: Increase availability and quality of HRH | | | | | | | | | | |
| 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 | SMART Output Indicator(s): Availability of revised and domesticated BHCPF 2.0 guidelines | | | | | | | | | | |
| 2.8.13.2.a | Conduct a three regional workshop to brief 45 key stakeholders (KADCHMA Staff, SNHR PHCs, KADHSA, KADHUSA) on the revised BHCPF 2.0 by two facilitators | Half day tea break, lunch, accommodation, DSA, Workshop material | State & FCT level | New-Project/Activity | | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | | stakeholders oriented on BHCPF 2.0 |
| 2.8.13.9 | Update financial management and reporting guidelines and processes for SSHAs (where necessary) | SMART Output Indicator(s): Availability of the updated financial management and reporting guideline | | | | | | | | | | |
| 2.8.13.9.a | Engage the services of one developer to update KADCHMA financial management software | Fee for the developer | State & FCT level | On-going Project/Activity | KADCHMA/CTHE ADICT | Infrastructure and Equipment | IT Equipment, Software and Connectivity | ▲ | | | | Financial management software upgraded |
| 2.8.13.9.b | Conduct 3 days non-residential training of 10 KADCHMA staff on financial management software with 2 Consultants | Tea break, Lunch honorarium | State & FCT level | New-Project/Activity | KADCHMA/CTHE ADICT | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | Capacity of staff built of financial mgmt software |
| 2.8.13.14 | Ensure an annual statutory audit is done across all levels and external audit performed on total funds | SMART Output Indicator(s): Availability of audited account report | | | | | | | | | | |
| 2.8.13.14.a | Conduct 14 days 2024 annual audit exercise for KADCHMA across all levels with 5 external auditors and 6 KADCHMA staff | 3 Tea break, Lunch, Transport, Audit fees, Accommodation | State & FCT level | New-Project/Activity | KADCHMA/ADM'S FIN/INTERIML AUDITOR | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | ▲ | 2024 Annual audit exercise conducted and published |
| 2.8.13.31 | Improve accountability of SSHAs by linking capitation +* payments to clear indicators | Define your SMART Output Indicator(s): | | | | | | | | | | |
| 2.8.13.31.a | Consecutive strategy review/ performance review meeting with TPAs, CSOs, and healthcare providers on the Kaduna State Contributory Health Scheme (KSCHS) with 80 participants | Half Day, tea break, lunch | State & FCT level | New-Project/Activity | KADCHMA/PLANNING HEAD OF PLANNING | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | Performance review meeting conducted |
| 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-paying mechanism for health | 1. Implement mechanisms to enforce mandatory health insurance for all legal residents in Nigeria in line with the NHA Act 2022. 2. Develop and implement mechanisms to increase awareness about health insurance among Nigerians. 3. Strengthen the coordination between the NHA and other health insurance stakeholders like SSHAs, HMOs etc to drive uptake of health insurance in Nigeria | SMART Output Indicator(s): -Percentage of the population covered by health insurance and other pre-payment mechanisms -Percentage reduction in out-of-pocket health expenditures | | | | | | | | | |
| 2.8.14.1.a | Conduct a 1 day bi-annual non-residential engagement meeting with 40 participants from state revenue generating agencies (Moi, KADHSA, KADHUSA, KADHSA, KADHSA, KADHSA) | Half Day tea break, lunch | State & FCT level | On-going Project/Activity | KADCHMA/BUSINESS DEV/TECH. BU | Program Management and Administration | Information Education and Communication (IEC) | | ▲ | | | Resource mobilization plan document developed |
| 2.8.14.1.b | Conduct 1 day quarterly town hall meeting with community forums and community leaders (VOCs, CBOs, traditional rulers, religious leaders, associations, unions, TUC, market women association, ojoba riders and PVDs ETC) for 60 participants and 9 facilitators across the five zones to raise awareness and | Half Day, Accommodation, Tea break, lunch, transport, DSA | State & FCT level | On-going Project/Activity | KADCHMA/BUSINESS DEV/ITL-FS | Program Management and Administration | Information Education and Communication (IEC) | ▲ | ▲ | ▲ | ▲ | Awareness about KSCHS developed |
| 2.8.14.1.c | Conduct 2 day residential training of 255 enrollment and sensitization officers with 6 Facilitators | Half Day, Accommodation, Tea break, lunch, transport, DSA, workshop materials | State & FCT level | New-Project/Activity | KADCHMA/BUSINESS DEV/ITL-FS | Program Management and Administration | 255 enrollment and sensitization officers | | ▲ | | | Capacity of enrollment officers built |
| 2.8.14.1.d | Conduct 1 day non-residential performance review meeting with 255 enrollment officers and 6 facilitators across the 3 senatorial zones to assess the performance of the officers | Half Day tea break, lunch, transport, DTA | State & FCT level | New-Project/Activity | KADCHMA/BUSINESS DEV/ITL-FS | Program Management and Administration | Information Education and Communication (IEC) | | | ▲ | | Performance review meeting conducted |
| 2.8.14.1.e | Conduct 2-day non-residential workshop to develop advocacy brief on KADCHMA highlighting its mandate, achievements and gaps for 20 persons for improvement of awareness and enrollment into the scheme | Half Day tea break, lunch, transport | State & FCT level | New-Project/Activity | KADCHMA/BUSINESS DEV/ITL-FS | Program Management and Administration | Information Education and Communication (IEC) | | ▲ | | | KADCHMA advocacy brief tool developed |
| 2.8.14.1.f | Conduct 1 day meeting with 300 officers on increased awareness about workers rights and privileges across the 3 senatorial zones with 3 Facilitators | Half Day Tea break, Lunch, Accommodation, Transport, DSA, IEC materials | State & FCT level | New-Project/Activity | KADCHMA/BUSINESS DEV/ITL-FS | Program Management and Administration | Information Education and Communication (IEC) | | ▲ | | ▲ | KADCHMA enrollee engaged |



Kaduna State Government



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| | | 2.8.14.1.g | Conduct a week 4 day non-residential summit involving key actors to influence intervention on UHC for 50 participants in a combination of UHC Day | 2 Tea break, lunch, Hall hire, Transport, IEC materials, workshop materials | State & FCT level | New-Project/Activity | KADCH/MA/USJN/ESS/DEV/ITL-FS | Program Management and Administration | Information Education and Communication (IEC) | | | | ▲ | Annual health summit conducted |
| | | 2.8.14.1.h | Conduct a 10-min 2-day enlightenment sensitization exercise at each of the 20 LGAs for 10 persons | 2 Tea break, Lunch Hall/Transport, IEC materials, public address system | State & FCT level | New-Project/Activity | KADCH/MA/USJN/ESS/DEV/ITL-FS | Program Management and Administration | Information Education and Communication (IEC) | | ▲ | ▲ | | Awareness about KSCHS created |
| | | 2.8.14.1.i | Conduct 1 day 40-min sensitization workshop with the Leadership of 30 Agricultural cooperatives participants and 1000000 staff in villages than about the scheme | Tea break, Lunch Hall/Transport, IEC materials, public address system | State & FCT level | New-Project/Activity | KADCH/MA/USJN/ESS/DEV/ITL-FS | Program Management and Administration | Information Education and Communication (IEC) | ▲ | | ▲ | | Awareness about KSCHS created |
| | | 2.8.14.1.j | Conduct 1 day 40-min non-residential interactive session with leadership of 2000000 Private Sector on the need to key into the KSCHS with 100 persons | Hall hire, tea break, lunch, transport | State & FCT level | New-Project/Activity | KADCH/MA/USJN/ESS/DEV/ITL-FS | Program Management and Administration | Information Education and Communication (IEC) | ▲ | | ▲ | | Awareness about KSCHS created |
| | | 2.8.14.1.k | Conduct 3 day Residential workshop to review approach KADCH/MA Health benefit package to meet the needs and financial needs of target population segment (Farmers, Farmers, Boarding school students, LCBs, etc.) for 25 participants | Hall, Tea break, Lunch, Accommodation, DSA, IEC materials | State & FCT level | New-Project/Activity | KADCH/MA/PLAN/NI/HEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | Health Benefit package developed |
| | | 2.8.14.1.l | Conduct 1 day virtual deliberation of the cost implication of the differentiated benefit package with 2 Administrators | Honorarium | State & FCT level | New-Project/Activity | KADCH/MA/PLAN/NI/HEAD OF PLANNING | Program Management and Administration | Other Programme Management & Administration n.e.o | | ▲ | | | health benefit package actually determined |
| | | 2.8.14.1.m | Conduct 1 day non-residential meeting to validate the differentiated benefit package for 25 persons | Hall, 2 tea break lunch and transport | State & FCT level | New-Project/Activity | KADCH/MA/PLAN/NI/HEAD OF PLANNING | Program Management and Administration | Other Programme Management & Administration n.e.o | | | ▲ | | health benefit package validated |
| | | 2.8.14.1.n | Print and distribute 2000 copies of the differentiated benefit package to stakeholders | printing | State & FCT level | New-Project/Activity | KADCH/MA/PLAN/NI/HEAD OF PLANNING | Dissemination/Outreach | Other Programme Management & Administration n.e.o | | | ▲ | | Reviewed Benefit package printed |
| | | 2.8.14.1.o | Conduct 2 day residential workshop to develop KADCH/MA social marketing strategy with 40 persons | Hall, Tea break, Lunch, Accommodation, DSA, IEC materials | State & FCT level | New-Project/Activity | KADCH/MA/USJN/ESS/DEV/ITL-FS | Program Management and Administration | Other Programme Management & Administration n.e.o | | | ▲ | | Social marketing strategy developed |
| | | 2.8.14.1.p | Conduct 2 days 2 day residential workshop to orient the participants on the revised BHCDF 2.0 guideline with 200 F acting Manager, 200 VCDs, 20 MDs of SHFs, 20 Stakeholders and 4 stakeholders | Tea break, Lunch, Hall hire, Transport, Accommodation, workshop materials, DSA, Honorarium | State & FCT level | New-Project/Activity | L0F/FA-UK | Program Management and Administration | Information Education and Communication (IEC) | | ▲ | | | Reviewed BHCDF guideline cascaded |
| 2.8.14.2 | Improve equity of coverage through effective implementation of public subsidies | | 1 Mobilize additional resources for the Vulnerable Group Fund 2. Leverage on the VGF to scale up health insurance for the poor and vulnerable in the country 3. Link health insurance to the broader social protection programs in the country. | SMART Output Indicator(s): - Number of Nigerians covered under the vulnerable group health insurance programs | | | | | | | | | | |
| | | 2.8.14.2.a | Enroll 47725 vulnerable beneficiaries (25000 state BHCDF and 12725 for BHCDF beneficiaries) into the Kaduna State Contributory scheme | Premium | State & FCT level | New-Project/Activity | KADCH/MA/ADM/FIN/HEAD ADMIN | Program Management and Administration | Other Programme Management & Administration n.e.o | | | ▲ | | Vulnerable beneficiaries enrolled |
| | | 2.8.14.2.b | Conduct 3-day residential workshop to develop domestic resource mobilization on expansion of health insurance coverage for vulnerable population for 30 persons | Hall/tea break, Lunch, Accommodation, workshop material, DSA, Transport and one consultant | State & FCT level | New-Project/Activity | KADCH/MA/PLAN/NI/HEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | domestic resource mobilization developed |
| | | 2.8.14.2.c | Conduct 2-day residential workshop to develop modalities for identification, enrollment, empowerment and monitoring of vulnerable population group program with 30 persons | Hall/tea break, Lunch, Accommodation, workshop material, DSA, Transport consultant | State & FCT level | New-Project/Activity | KADCH/MA/PLAN/NI/HEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | ▲ | | modalities for enrollment developed |
| | | 2.8.14.2.d | Conduct 1-day exercise to validate BHCDF beneficiaries by 25 enumerators | Local Transport | State & FCT level | On-going Project/Activity | KADCH/MA/DEV/BC/HC/FP/DO | Program Management and Administration | Other Programme Management & Administration n.e.o | | ▲ | | | BHCDF beneficiary list validated |
| | | 2.8.14.2.e | Conduct 1-day non-residential meeting with IMHC Political Committee on this exercise and opening modalities for vulnerable population coverage (25 participants) | Tea break and lunch and transport | State & FCT level | New-Project/Activity | KADCH/MA/PLAN/NI/HEAD OF PLANNING | Program Management and Administration | Other Programme Management & Administration n.e.o | | | ▲ | | Data creation and capturing modalities capturing modalities meeting conducted |
| | | 2.8.14.2.f | Conduct 2 day residential workshop to develop strategy to address existing options and launch the adoption program for political office holders for 25 persons | Hall, tea break, lunch, Accommodation, workshop material, DSA, Transport consultant | State & FCT level | On-going Project/Activity | KADCH/MA/PLAN/NI/HEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | ▲ | | workshop to develop strategy to explore crowdfunding options concluded |
| | | 2.8.14.2.g | Conduct 3-day monthly advocacy visit to political office holders on the adoption program to aid vulnerable population coverage by 10 persons | OTA | State & FCT level | On-going Project/Activity | KADCH/MA/ADM/FIN/HEAD, ADMIN | Program Management and Administration | Information Education and Communication (IEC) | ▲ | ▲ | ▲ | ▲ | Advocacy visit conducted |
| | | 2.8.14.2.h | Conduct 3-day residential training with 15 women and adolescent girls with disability on the demand generation for social health | Hall, tea break, lunch, accommodation, DSA, Honorarium, transport | State & FCT level | New-Project/Activity | KADCH/MA/PLAN/NI/HEAD OF PLANNING | Program Management and Administration | Information Education and Communication (IEC) | | ▲ | | | 45 Women and Adolescent girls with disability trained on |
| | | 2.8.14.2.i | Conduct 1-day meeting with 15 women and adolescent girls with disability to ascertain the enrollment modalities for the vulnerable population | Tea break, lunch, Hall, transport | State & FCT level | New-Project/Activity | KADCH/MA/PLAN/NI/HEAD OF PLANNING | Program Management and Administration | Information Education and Communication (IEC) | ▲ | ▲ | ▲ | ▲ | Performance review meeting held |
| | | 2.8.14.2.j | Develop a demographic and financial model to estimate the population need and the financial commitment required to implement Vulnerable Population Program (VPP) for 20 persons | transport Hall/tea break and lunch | State & FCT level | New-Project/Activity | CHAI | Program Management and Administration | Other Programme Management & Administration n.e.o | | | ▲ | | demographic and financial model to estimate the population in need and the financial |
| | | 2.8.14.2.k | Develop health insurance strategies aimed at defining comprehensive criteria for gender inclusive and responsive social protection of vulnerable groups | Hall, DTA Transport 2 tea break and lunch | State & FCT level | New-Project/Activity | CHAI | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | strategies for gender inclusive developed |
| | | 2.8.14.2.l | Print 397,764 vulnerable enrollment ID Card | Printing of ID Cards | State & FCT level | On-going Project/Activity | KADCH/MA/PLAN/NI/HEAD OF PLANNING | Program Management and Administration | Other Programme Management & Administration n.e.o | ▲ | ▲ | | | 397,764 Vulnerable ID Cards printed |



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| 2.8.14.3 | Utilize strategic purchasing mechanism for high impact interventions | Work with data and evidence to define: 1. What to purchase 2. Which services will respond to the needs of the target population 3. how will they be defined? 4. From whom to buy? 5. Which providers, public and/or private, will be able to deliver effectively those services? 6. Beneficiaries (the mandatory minimum package of | SMART Output Indicator(s): - Number of high-impact interventions purchased through strategic purchasing mechanism - Cost effectiveness of high-impact interventions - Strategic purchasing framework developed (R) - Increase in the proportion of health expenditure allocated to high-impact interventions (%) - Number of healthcare providers accredited - Proportion of healthcare facilities re-accredited | | | | | | | | | | | | | | | | | | |
| | | 2.8.14.3.a | Conduct 2-day strategic dialogue workshop with 50 participants from the informal sector, DPO, and SMEs to improve informal sector livelihoods | Hall/Tea, tea break, lunch, transport Workshop materials, facilitator fee | State & FCT level | New-Project/Activity | KADCHMA/BUSINESS DEVELOPMENTAL INFORMAL SECTOR | Program Management and Administration | Information Education and Communication (IEC) | | ▲ | | | | | | | | | Strategic planning workshop conducted | |
| | | 2.8.14.3.b | Organize a 2-month community sensitization campaign in collaboration with Ethical Health Financing on health care's health insurance across 22 LGAs targeting 100 participants | Hall/Tea, tea break, lunch, transport | State & FCT level | On-going Project/Activity | KADCHMA/BUSINESS DEVELOPMENTAL INFORMAL SECTOR | Program Management and Administration | Information Education and Communication (IEC) | | | ▲ | | | | | | | | community sensitization campaign conducted | |
| | | 2.8.14.3.c | Conduct a 1-day policy dialogue with 10 key stakeholders to discuss policy adjustments that support health insurance coverage expansion among the informal sector. | Hall/Tea break, Lunch, honorarium, Materials. | State & FCT level | On-going Project/Activity | KADCHMA/BUSINESS DEVELOPMENTAL INFORMAL SECTOR | Program Management and Administration | Other Programme Management & Administration n.e.c | | | ▲ | | | | | | | | policy dialogue with key stakeholders conducted | |
| | | 2.8.14.3.d | Conduct Ten days (10days) Accreditation and re-accreditation of 420 healthcare facilities for 50 persons | Accommodation, DSA, Transport | State & FCT level | On-going Project/Activity | KADCHMA/OPERATIONS/TL-ACCREDITATION | Program Management and Administration | Other Programme Management & Administration n.e.c | | ▲ | | | | | | | | | | healthcare facilities Accredited and re-accredited |
| | | 2.8.14.3.e | Conduct twelve days (12days) Quarterly quality assurance visit to 58 healthcare providers per quarter with 40 persons | Accommodation, DSA, transport | State & FCT level | On going Project/Activity | KADCHMA/OPERATIONS/TL-QA | Program Management and Administration | Other Programme Management & Administration n.e.c | | ▲ | ▲ | ▲ | ▲ | | | | | | | Quarterly quality assurance visit to |
| | | 2.8.14.3.f | Conduct one day(1day) Quarterly non residential meeting with key stakeholders to finalize state quality assurance findings with 30 persons | Tea break, Lunch and meeting room | State & FCT level | New-Project/Activity | KADCHMA/TL-DA | Program Management and Administration | Operation/Utilities (overheads) | | ▲ | ▲ | ▲ | ▲ | | | | | | | Meeting on implementation of Quality Assurance findings held |
| | | 2.8.14.3.g | Conduct three days (3days) meeting to develop quality assurance framework for 35 participants | Meeting room, Tea break, Lunch and transport | State & FCT level | New-Project/Activity | KADCHMA/PLANNING/HEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | | Data quality assurance tool developed |
| | | 2.8.14.3.h | Conduct one day (1day) to validate quality assurance framework with 15 participants | teebreak and lunch and transport | State & FCT level | New-Project/Activity | KADCHMA/PLANNING/HEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | | Data quality assurance tool validated |
| | | 2.8.14.3.i | Conduct one day (1day) to test run the quality assurance framework with 20 participants | Transport | State & FCT level | New-Project/Activity | KADCHMA/PLANNING/HEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | ▲ | | | | | | | | | Data quality assurance tool test run |
| 2.8.14.3.j | Conduct five days(5days) Data quality assurance exercise with 45 participants | Accommodation, DSA, and transport | State & FCT level | New-Project/Activity | KADCHMA/PLANNING/HEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | ▲ | | | | | | | | | Data quality assurance exercise conducted | | |
| 2.9 Revitalize the end-to-end (production to retention) healthcare workers' pipeline | | | | | | | | | | | | | | | | | | | | | |
| 2.9.15 Increase availability and quality of HRH | | | | | | | | | | | | | | | | | | | | | |
| 2.9.15.6 | Implement comprehensive workforce capacity development plan | 1. Revise existing workforce capacity development plan to reflect current realities. 2. FMOH and SMOH to conduct training needs assessment at all level of health care service delivery. 3. Strengthen the function of State In-service training Committees to coordinate and tailor in-service training opportunities by implementing partners, HRH training, regulatory bodies and Government to State specific training needs. 4. Develop... | SMART Output Indicator(s): 1. % of states implementing gap based capacity building. | | | | | | | | | | | | | | | | | | |
| | | 2.9.15.6.a | Conduct five days (5days) residential capacity building on health financing for 20 KADCHMA Staff | hall, accommodation, tea break, lunch, training material/honorarium, DSA, | State & FCT level | On-going Project/Activity | KADCHMA/PLANNING/HEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | ▲ | | | | | | | | | Capacity of staff built |
| | | 2.9.15.6.b | Conduct 2 days residential training for 15 KADCHMA Staff on claims management with 1 facilitator | hall, accommodation, tea break, lunch, training materials, DSA, projector, public address system and facilitator fee | State & FCT level | On-going Project/Activity | KADCHMA/OPERATIONS/CLAIMS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | | Capacity of staff built |
| | | 2.9.15.6.c | conduct 2 days residential training workshop for 34 desk officers from BHCFF accredited Public secondary Facilities on claims generation and submission with 3 facilitators | hall, accommodation, tea break, lunch, training materials, DSA, projector, public address system, transport and facilitators fee | State & FCT level | On-going Project/Activity | KADCHMA/OPERATIONS/CLAIMS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | ▲ | | | | | | | | Capacity of desk officers built |
| | | 2.9.15.6.d | Conduct 2 days residential workshop for 510 (desk officers and WDC chairmen of 255 facilities) on the BHCFF 2.0 by 9 facilitators | hall, accommodation, tea break, lunch, training materials, DSA, projector, public address system, | State & FCT level | On-going Project/Activity | KADCHMA/OPERATIONS/CLAIMS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | ▲ | | | | | | | | | Capacity of PHC desk officers and WDC chairmen built |
| | | 2.9.15.6.e | Conduct 3 days non-residential training on effective customer care management for 15 call centre staff and 2 facilitators | 2 Tea break, Lunch, honorarium, Materials, | State & FCT level | On-going Project/Activity | KADCHMA/OPERATIONS/TL-Enforcement | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | ▲ | | | | | | | | | Capacity of call centre staff built |
| | | 2.9.15.6.f | Conduct 2 days residential training for 20 KADCHMA Staff and other stakeholders on Quality assurance framework by 1 facilitator | hall, accommodation, tea break, lunch, training materials, DSA, projector, public address system, | State & FCT level | New-Project/Activity | KADCHMA/OPERATIONS/TL-QA | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | | | | | | | | Capacity of KADCHMA staff and other stakeholders build |



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|------------|--|--|-------------------|---------------------------|---------------------------------|---------------------------------------|---|--|---|--|--|---|
| 2.9.15.6.g | Engage the various stakeholders to complete training needs assessment to identify composition and skills gaps to build insurance management of KADUNA staff | Honourarium | State & FCT level | On-going Project/Activity | KADCHMAPLAN NNGHEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | Need assessment conducted |
| 2.9.15.6.h | Conduct 3 days residential meeting to develop strategic management issues with 12 participants 1 facilitator | 2 TVs, book, lunch, transportation, Materials, Meeting room | State & FCT level | On-going Project/Activity | KADCHMAPLAN NNGHEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | Claims management manual developed |
| 2.9.15.6.i | Organize 2 days residential training for 20 Data collectors and 2 facilitators on DHS mapping and Data analysis | Hal, 2 Tea break, Lunch, Transport | State & FCT level | On-going Project/Activity | KADCHMAPLAN NNGHEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | Data collectors trained on GIS mapping |
| 2.9.15.6.j | Conduct specialized residential training on research and innovation with partner institutions (KAMU and Colonial Research Institute) for 7 KADCHMAPLAN staff members for 5 days by 2 Consultants | Tea break, lunch, Accommodation, DSA, Per diem, sponsored transportation, Materials, Hal, workshop materials, 2 consultant | State & FCT level | New-Project/Activity | KADCHMAPLAN NNGHEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | 7 KADCHMAPLAN research team members trained |
| 2.9.15.6.k | Train 2 staff to build research and health technology awareness (30 days) | DSA, Transport, Accommodation | State & FCT level | New-Project/Activity | KADCHMAPLAN NNGHEAD OF PLANNING | Human Resource for Health | Planning, Policy and Capacity Building Workshop | | ▲ | | | 2 Staff trained |
| 2.9.15.6.l | Conduct 3 days residential training on DHS 2.0 for 15 KADCHMAPLAN staff | 2 TVs, book, lunch, transportation, Materials, Meeting room | State & FCT level | New-Project/Activity | KADCHMAPLAN NNGHEAD OF PLANNING | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | DHS training conducted |

Barau Dikko Teaching Hospital

| Pillar | | Return to Welcome Page | | HEALTH SECTOR STRATEGIC BLUEPRINT (HSSB) ANNUAL IMPLEMENTATION PLANNING (AOP) TOOL | | | | | | | | | | | | |
|---|---|---|--|--|-------|---|--------------------------|------------------------------------|---------------------------------------|---|------------|-------|-------|-------|---|-------|
| Strategic Objectives | | | | SMART Outcome Indicator(s): Baseline: Target: | | Level of Implementation (Utilization) | Status of Implementation | Stakeholder Key Responsible Entity | Activity Category | Activity Sub-Category | Timeframe | | | | AOP Implementation Milestones (Activity Output) | |
| Priority Initiatives | | Strategic Interventions | | SMART Output Indicator(s) Baseline: Target: | | | | | | | Cost Items | Qtr 1 | Qtr 2 | Qtr 3 | | Qtr 4 |
| Description | | Operational Plan Activities | | Qtr 1 | Qtr 2 | | | | | | | Qtr 3 | Qtr 4 | | | |
| Strategic Pillar Two: Efficient, Equitable and Quality Health system | | | | | | | | | | | | | | | | |
| 2.7 | Improve quality of care and service delivery across public (secondary, tertiary and quaternary) | | | | | | | | | | | | | | | |
| | 2.7.11 | Revitalize tertiary and quaternary care hospitals to improve access to specialized care | | | | | | | | | | | | | | |
| | | 2.7.11.2 | Policy and guideline development to set standards | Create a policy environment to improve network of care across tertiary and quaternary care. | | SMART Output Indicator(s): Number of Training and capacity building Sessions and Number of different cadre of Nigerian Healthcare professional trained Baseline: Haphazard training programmes Target: 6 sessions organised and coordinated of Training and capacity | | | | | | | | | | |
| | | 2.7.11.2.a | Conduct 3 days residential workshop with 2 facilitators and 45 participants to review and align Barau Dikko Teaching Hospital Strategic Plan with the Health Sector Strategic Blueprint (HSSB) | Hall hire, teabreak, lunch, accommodation, facilitators fee, stationaries, dsa, transport | | Tertiary Facilities | New-Project/Activity | BOTH ADMIN HEAD PLANNING | Program Management and Administration | Planning, Policy and Capacity Building | | | ▲ | | BOTH Strategic Plan reviewed | |
| | | 2.7.11.2.b | Print and disseminate 500 copies of the revised strategic plan | Print Document | | Tertiary Facilities | New-Project/Activity | BOTH ADMIN HEAD PLANNING | Program Management and Administration | Other Programme Management & | | | ▲ | | 500 copies of BOTH revised strategic plan | |
| | | 2.7.11.5 | To deepen the private sector participation in tertiary and quaternary healthcare delivery using various Public Private Partnership (PPP) models | To adopt PPP vehicles to increase and bridge existing gaps in Infra structures, services and Management of institutions in the health system | | SMART Outcome Indicator(s): 1. Accessibility 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 | | | | | | | | | | |
| | | 2.7.11.5.a | Conduct 3 day non-residential meeting with 7 persons to develop and sign an MoU to procure install and manage physiotherapy department, surgical theatre | Tea, Lunch | | Tertiary Facilities | New-Project/Activity | BOTH ADMIN HEAD PLANNING | Program Management and Administration | Technical Assistance/Consulting/Professional Services | | | ▲ | | PPP MoU on 3 Projects signed | |
| | | 2.7.11.5.b | Conduct 3 day non-residential meeting with 7 persons to develop and sign an MoU to procure install and manage laparoscopy, endoscopy, ct scan and luf machines | Tea, Lunch | | Tertiary Facilities | New-Project/Activity | BOTH ADMIN HEAD PLANNING | Program Management and Administration | Technical Assistance/Consulting/Professional Services | | | ▲ | | PPP MoU on 3 Specialized equipment signed | |
| | | 2.7.11.5.c | Construct and furnish academic block on public private partnership for the departments of Nursing, Laboratory Sciences, Radiography, and Physiotherapy | Academic Block | | Tertiary Facilities | New-Project/Activity | BOTH ADMIN HEAD PLANNING | Program Management and Administration | Other Programme Management & Administration n.e.c | | | ▲ | | Academic Block Constructed | |
| | | 2.7.11.5.d | Construct and furnish Academic Complex on Public Private Partnership for the proposed department of Dentistry | Academic Complex | | Tertiary Facilities | New-Project/Activity | BOTH ADMIN HEAD PLANNING | Program Management and Administration | Other Programme Management & Administration n.e.c | | | ▲ | | Academic Complex Constructed | |



| 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 | | Baseline: MMF was 512 deaths per 100,000 live births NHDS 2018 (DHIS-2), other sources report >1,000 – the third highest in the world [WHO, 2020] NMR 39 deaths per 1000 live births, USMR 132 deaths per 1000 live births Adolescent birth Rate Priority: Improve Reproductive | | | | | | | | | |
| 2.8.12.7 | Roll out of Post-partum care PPE/PEE and Post Abortal Care (PAC) interventions in high volume delivery primary, secondary and tertiary health facilities in all the 36 | Provision of Pre-eclampsia management and post-abortal care (Maternal and Adolescent) at all the health facilities | SMART Output Indicator(s): 2. Percentage completion of Upgraded Maternity/Gynae Wards 3 Percentage Completion of Upgrad and equipping Gynae Emergency Unit 4. Percentage Completion of Upgrading & Equiping the Youth Friendly Clinic in | | | | | | | | | |
| | 2.8.12.7.a | Upgrade and Equip the Maternity and Gynae wards, as well as Gynae Emergency unit in BDTH | Maternity/Gynae wards and Gynae Emergency unit | Tertiary Facilities | New-Project/Activity | BDTHADMINHCD WORKS | Infrastructure and Equipment | Facility Infrastructure - Renovation | | ▲ | MATERNITY AND GYNAE EMERGENCY WARDS UPGRADED AND EQUIPPED | |
| | 2.8.12.7.b | Upgrade and Equip the Youth Friendly Clinic in both | Youth Friendly Clinic | Tertiary Facilities | New-Project/Activity | BDTHADMINHCD WORKS | Infrastructure and Equipment | Facility Infrastructure - Renovation | | ▲ | YOUTH FRIENDLY CLINIC UPGRADED AND EQUIPPED | |
| 2.8.12.9 | Roll out Post-partum Hemorrhage (PPH) management at the health facilities using E-motive bundles, active management of 3rd stage of labour etc | Provision of Post-partum Hemorrhage (PPH) management at the health facilities and availability of PPH commodities and Kits | SMART Output Indicators (s): 1. % of health facilities providing Post-partum Hemorrhage management services 2. E-Motive PPH Commodities and Kits Procured in BDTH | | | | | | | | | |
| | 2.8.12.9.a | Procure E-Motive PPH commodities and Kits in BDTH | PPH Commodities and Kits | Tertiary Facilities | New-Project/Activity | BDTHMACHCD O&G | Program Management and Administration | Other Programme Management & Administration | | ▲ | PPH Commodities & Kits Procured | |
| 2.8.12.25 | Strengthen prevention, treatment and rehabilitation services for quality obstetrics Fistula care | 1. Provision of preventive, treatment and rehabilitation through awareness creation, Community Mobilization, campaign, capacity building in the management of prolonged obstructed labour, and conservative management of obstetrics fistula. 2. Treatment: Access to treatment through NHIA for all health facility, pooled repairs of fistula, train critical mass of skilled surgeons, and | SMART Output Indicator(s): 1. Number of hospitals providing obstetric fistula services 2. Obstetrics Fistula Surgical Theatre built | | | | | | | | | |
| | 2.8.12.25.a | Establish and Equip an Obstetrics Fistula Surgical Theatre suite in BDTH (Weighted speculum, zinc, electrocautery and short electric forceps, vulsulum, uterine sound, metal suture probe, dissecting forceps, suture, sponges, pads, holder, obstetric | 1. Number of hospitals providing obstetric fistula services | Tertiary Facilities | New-Project/Activity | BDTHAdminCM AC | Infrastructure and Equipment | Medical/Lab Equipment - Purchase | | ▲ | Fistula Theatre Suite Established | |
| | 2.8.12.25.b | Construct and furnish an obstetric fistula ward in BDTH | 2. Numbers of Obstetrics Fistula Surgical Theatre Suite in BDTH Established | Tertiary Facilities | New-Project/Activity | BDTHAdminCM AC | Infrastructure and Equipment | Facility Infrastructure - Construction | | ▲ | Fistula ward constructed and furnished | |
| | 2.8.12.25.c | Train 3 doctors and 16 nurses on obstetric fistula treatment, prevention and rehabilitation by 1 facilitator | 3. Number of persons paid for Surgical & Obstetric Fistula repair in BDTH | Tertiary Facilities | New-Project/Activity | BDTHAdminCM AC | Human Resource or Health | Health Worker Training - In-service | | ▲ | 3 doctor and 16 nurses trained on obstetric Fistula | |
| | 2.8.12.25.d | Pay admission and surgical fee for Obstetric Fistula repair for 200 Patients diagnosed with the condition Annually | Obstetric Fistula Fee | Tertiary Facilities | New-Project/Activity | BDTHAdminHCD O&G | Program Management and Administration | Other Programme Management & Administration | | ▲ | the admission and surgical fee for 200 patients diagnosed with (with discuss) paid | |
| 2.8.12.47 | Accelerate the scale up of integrated management of acute malnutrition (IMAM) at all level of care | Map and identify existing gaps in IMAM service provision at all level of care and Strengthen provision of IMAM services at all level of care (Capacity building at health facilities and communities) | SMART Output Indicators (OIS): 1. proportion of facilities providing IMAM service 2. Numbers of Nutritionists trained on IMAM 3. Numbers of IMAM Commodities Procured | | | | | | | | | |
| | 2.8.12.47.a | Conduct 5 days non-residential training for 5 Nutritionists and 1 facilitator on IMAM | Tea Lunch, Facilitation fee | Tertiary Facilities | New-Project/Activity | BDTHAdminHead Nutrition | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | 5 Nutritionist trained on IMAM | |
| | 2.8.12.47.b | Procure 200 IMAM commodities quarterly | Procure 200 imam commodities quarterly | Tertiary Facilities | New-Project/Activity | BDTHAdminHead Nutrition | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | 200 IMAM commodities procured |



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|---|--|---|--|--|---------------------------|-----------------------------|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|
| 2.8.13 | | Revitalize BHC/PF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance | Baseline: Only 20% of national PHCs out of the total of 24,000 PHCs [The House of Representatives, 2023] Priority: Improve quality of care and service delivery in PHCs Baseline: OOP is 75% of current health expenditure, the highest in Africa [Source: WHO, 2020] Priority: Expand financial protection for all citizens through insurance expansion Baseline: 20 skilled health workers per 100,000 population | | | | | | | | | | | | | | | | |
| 2.8.13.1.7 | | Provide essential commodities, utilities, maintenance of facilities, and community | 1. Availability of facilities with essential commodities, functional utilities and facility maintenance services | | | | | | | | | | | | | | | | |
| 2.8.13.17.a | | Procure 360 litres of fuel for 12 vehicles (3 Ambulances, 3 utility and 6 official vehicles) weekly in BDT-1 quarterly | Procure Fuel | Tertiary Facilities | On-going Project/Activity | EDTH/ADMIN/HEAD GA | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Vehicle Fuel Procured |
| 2.8.13.17.b | | Procure 600 litres of Diesel for 3 Hospital Generators quarterly | Procure Diesel | Tertiary Facilities | On-going Project/Activity | EDTH/ADMIN/HEAD GA | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Generator Diesel Procured |
| 2.8.13.17.c | | Conduct quarterly maintenance of 12 hospital vehicles and 3 generators | Maintain vehicle/generator | Tertiary Facilities | On-going Project/Activity | EDTH/ADMIN/HEAD CA | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | 12 hospital vehicles and 3 generators maintained |
| 2.8.13.17.4 | | Conduct quarterly evacuation of Sewage Plant | Sewage evacuation | Tertiary Facilities | On-going Project/Activity | EDTH/ADMIN/HEAD Erv | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Sewage plant evacuated |
| 2.8.13.17.e | | Conduct quarterly fumigation of the hospital | Fumigation services | Tertiary Facilities | On-going Project/Activity | EDTH/ADMIN/HEAD Erv | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | Fumigation services conducted |
| 2.8.13.17.f | | Procure, Install and Commission Solar Power System in Life Saving units of EDTH | Solar Power System | Tertiary Facilities | New-Project/Activity | EDTH/ADMIN/HEAD Procurement | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | | | | | | | Solar Power System installed in Life Saving units of EDTH |
| 2.8.13.17.g | | Procure, Install and Commission 250KVA Generator for Radiological Services | 250KVA Generator | Tertiary Facilities | New-Project/Activity | EDTH/ADMIN/HEAD Procurement | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | | | | | | | | 250KVA Generator for Radiological Services installed |
| 2.9 Revitalize the end-to-end (production to retention) healthcare workers' pipeline | | | | | | | | | | | | | | | | | | | |
| 2.9.15 | | Increase availability and quality of HBH | | | | | | | | | | | | | | | | | |
| 2.9.15.1 | | Increase production of health workers | 1. Support health training institutions to increase quantity and quality of tutors 2. Improve learning environment to match the increase production needs 3. Create enabling environment for increased private sector involvement in HBH production 4. FMOH, NPHCDA, regulatory bodies, healthcare institutions and other stakeholders to create awareness and enabling environment for the production of required skill-mix of healthcare workers based on prevailing health care needs. | SMART OUTPUT INDICATOR(S): 1. Proportion of health training institutions that meet the mandatory regulatory requirement 2. Number of annual graduates per state 3. Ratio of healthcare workers (Doctors, pharmacists etc.) to population 4. Percentage Completion of Construction & Equipping of aquired Nitef Building for EDTH 5. Numbers of Dialysis Machines Procured 6. Number of new dialysis users registered | | | | | | | | | | | | | | | |
| 2.9.15.1.a | | Procurement & Installation of Radiology Equipment | Construct Radiology & Medical Laboratory Complex | Tertiary Facilities | On-going Project/Activity | EDTH/ADMIN/HEAD WORKS | Infrastructure And Equipment | Facility Infrastructure - Construction | ▲ | | | | | | | | | | FORMER NITEL BUILDING UPGRADED |
| 2.9.15.1.b | | Construct 1 Central Sterile Supply Department (CSSD) | Construct CSSD | Tertiary Facilities | On-going Project/Activity | EDTH/ADMIN/HEAD WORKS | Infrastructure And Equipment | Facility Infrastructure - Construction | ▲ | | | | | | | | | | CSSD CONSTRUCTED |
| 2.9.15.1.c | | Procure, install & commission Intensive Care Unit (ICU) Equipment | ICU Equipment | Tertiary Facilities | On-going Project/Activity | EDTH/ADMIN/HEAD PROCUREMENT | Infrastructure And Equipment | Other Machinery and Equipment | ▲ | | | | | | | | | | ICU EQUIPMENT PROCURED & INSTALLED |
| 2.9.15.1.d | | Procure, install & commission of Obstetrics & Gynaecology equipment | Gynaecology Equipment | Tertiary Facilities | On-going Project/Activity | EDTH/ADMIN/HEAD PROCUREMENT | Infrastructure And Equipment | Other Machinery and Equipment | ▲ | | | | | | | | | | OG EQUIPMENT PROCURED & INSTALLED & COMMISSIONED |
| 2.9.15.1.e | | Deploy Electronic Medical Records (EMR) Equipment | Laptop, desktop, POS printer, Patient card printer, Finger print scanner, HP server, Logitech camera, amazon cloud, secure EMR disk | Tertiary Facilities | On-going Project/Activity | EDTH/ADMIN/HEAD OF WORKS | Infrastructure And Equipment | Facility Infrastructure - Renovation | ▲ | | | | | | | | | | SCBU RENOVATED |



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| | 2.9.15.1.f | Procure 6 Hospital Radiology Equipment (4 Ultrasound Machines, 1 Fluoroscopy Machine, 2 CR Machines & 1 State X-Ray Machine) | mobile X-ray machine, fluoroscopy machine, static X-ray machine, Ultra sound machine | Tertiary Facilities | On-going Project/Activity | BOTHADMINHEAD OF PROCUREMENT | InfrastructureAndEquipment | Other Machinery and Equipment | | ▲ | | | | | | | | | Radiology equipment procured and installed | |
|------------|--|--|---|---------------------------|---------------------------------|-------------------------------------|---|---|---|---|---|---|---|--|--|--|--|--|---|--|
| | 2.9.15.1.g | Procure 1000 cartons of hand gloves, 500 cartons of face mask, 200 cartons of hand sanitizer, 500 cartons of 70% ethanol or 70% isopropyl alcohol consumables | gloves, face mask, hand sanitizer, JK, Iral, PPE consumables | Tertiary Facilities | Now-Project/Activity | BOTHADMINHEAD OF PROCUREMENT | ProgramManagement andAdministration | Other Programme Management & Administration n.e.c | | ▲ | | | | | | | | | Protective Personal Equipment procured | |
| | 2.9.15.1.h | Procure 4 new dialysis machines | Dialysis Machines | Tertiary Facilities | Now-Project/Activity | BOTHADMINHEAD OF PROCUREMENT | InfrastructureAndEquipment | Other Machinery and Equipment | | ▲ | | | | | | | | | 4 Dialysis machines procured | |
| | 2.9.15.1.i | Procure Dialysis Consumables (2000 Diaphragms, 1500 Blood Lines, 1200 Acid Concentrates, 8000 Ficuda Needles, 700 Bicarbonate Cartridges, 700 Bicarbonate Sat, 20 Diagonal Filters, 10 PHPHKIDS, 300 Central Line, 30 D3000FF) | Dialysis Consumables | Tertiary Facilities | Now-Project/Activity | BOTHADMINHEAD OF PROCUREMENT | ProgramManagement andAdministration | Other Programme Management & Administration n.e.c | | ▲ | | | | | | | | | | Dialysis Consumables Procured |
| | 2.9.15.1.j | Construct Gas House Plant | Gas House Plant | Tertiary Facilities | Now-Project/Activity | BOTHADMINHEAD OF WORKS | InfrastructureAndEquipment | Facility Infrastructure - Construction | | ▲ | | | | | | | | | | Gas-house Plant Constructed |
| | 2.9.15.1.k | Renovate the entire hospital house officers quarters | hospital's house officers quarters | Tertiary Facilities | Now-Project/Activity | BOTHADMINHEAD OF WORKS | InfrastructureAndEquipment | Facility Infrastructure - Renovation | | ▲ | | | | | | | | | | HOSPITAL'S HOUSE OFFICERS QUARTERS RENOVATED |
| | 2.9.15.1.l | Procure 50kva generator | 50KVA generator | Tertiary Facilities | Now-Project/Activity | BOTHADMINHEAD OF PROCUREMENT | InfrastructureAndEquipment | Other Machinery and Equipment | | | ▲ | | | | | | | | | 50 KVA GENERATOR PROCURED |
| | 2.9.15.1.m | Upgrade pharmacy department | Upgrade Pharmacy department | Tertiary Facilities | Now-Project/Activity | BOTHADMINHEAD OF PROCUREMENT | InfrastructureAndEquipment | Other Machinery and Equipment | | | ▲ | | | | | | | | | Pharmacy Department Upgraded |
| | 2.9.15.1.n | Accredit 6 undergraduate (MBBS, BMLS, BNSC, Rad, DPT, B.Dg) & 10 postgraduate (Paediatric Surgery, Neuro-Surgery, Endocrinology, Gastroenterology, Hematology, Clinical Pathology, Histology, Medical Microbiology, Cardiology, Gastroenterology, Dermatology) departments | Accreditation agencies, accreditation fees, accommodation, light ticket accreditation honorarium | Tertiary Facilities | On-going Project/Activity | BOTHADMIN/CAC | HumanResource/Health | Health Worker Training - In-service | | | ▲ | | | | | | | | | 6 Departments Accredited |
| 2.9.15.1.o | Conduct 1 day quarterly board meetings with 15 persons | Tea break, lunch, honorarium | Tertiary Facilities | On-going Project/Activity | BOTHADMIN/DA | ProgramManagement andAdministration | Other Programme Management & Administration n.e.c | | ▲ | ▲ | ▲ | ▲ | | | | | | | Quarterly Board Meetings Held | |
| 2.9.15.1.p | Upgrading and Equipping of former NITEL Building | Upgrade, Equipping | State & FCT level | On-going Project/Activity | BOTHADMIN/DA | InfrastructureAndEquipment | Medical/Lab Equipment Purchase | | ▲ | | | | | | | | | | NITEL building Constructed and equipped | |
| 2.9.15.2 | Support public private partnership guideline for private sector to be able to contribute to the production of qualified health workers | 1. Developing a guideline for public private partnership 2. Provide technical assistance and oversight function | SMART Output Indicator(s): 1. Availability of guideline developed 2. Proportion of the private institutions that received at least one supportive supervision per year. | | | | | | | | | | | | | | | | | |
| 2.9.15.2.a | Construct Academic Block on Public Private Partnership for the departments of nursing, laboratory sciences, radiography, and physiotherapy | Academic Block | Tertiary Facilities | New-Project/Activity | BOTHADMIN/PP | ProgramManagement andAdministration | Other Programme Management & Administration n.e.c | | ▲ | | | | | | | | | | Academic Block Constructed | |
| 2.9.15.2.b | Construct Academic Complex on Public Private Partnership for the proposed department of Dentistry | Academic Complex | Tertiary Facilities | New-Project/Activity | BOTHADMIN/PP | ProgramManagement andAdministration | Other Programme Management & Administration n.e.c | | ▲ | | | | | | | | | | Academic Complex Constructed | |
| 2.9.15.2.c | Construct student hostel on PPP in BDTH | Student Hostel | Tertiary Facilities | New-Project/Activity | BOTHADMIN/PP | ProgramManagement andAdministration | Other Programme Management & Administration n.e.c | | | ▲ | | | | | | | | | student hostel constructed | |
| 2.9.15.5 | Create incentives and enabling environment that improves retention of HRH within Nigeria | 1. Implement COMHESS and COMHESS at all sub-National 2. Improve health working environment and infrastructure 3. Implement rural allowance for specific rural communities at sub-national level 4. Subsidize or provide incentive for in-service training of HRH (CPD for License renewal) 4. Implement award for recognition of exceptional performance 5. Establish retention mechanism to routinely track the performance of HRH | SMART Output Indicators: 1. Attrition rate 2. Number of Health Care workers Recruited across all cadres. | | | | | | | | | | | | | | | | | |
| 2.9.15.5.a | Pay Medical Resident Training Fund (MRTF) for 151 Resident Doctors | MRTF Allowance | Tertiary Facilities | On-going Project/Activity | BOTHADMIN/DFA | HumanResource/Health | Health Worker Training - In-service | | | ▲ | | | | | | | | | MRTF PAID | |
| 2.9.15.5.b | Pay allowance to 10 NYSC members, 5 visiting Consultants, 19 interns and 20 Locum staff over 12 months | NYSC/Internship allowance/consultants | Tertiary Facilities | On-going Project/Activity | BOTHADMIN/DFA | ProgramManagement andAdministration | Personnel - salaries, allowances, costs contributions | | ▲ | ▲ | ▲ | ▲ | | | | | | | NUMBER OF NYSC DOCTORS, INTERNS AND LOCUM STAFF ALLOWANCES PAID | |
| 2.9.15.5.c | Provide call meals for 10 doctors, 2 radiographer, 3 laboratory scientists, 2 theatre nurses, 10 gynec technicians | Lunch | Tertiary Facilities | On-going Project/Activity | BOTHADMIN/HEAD GA | ProgramManagement andAdministration | Other Programme Management & Administration n.e.c | | ▲ | ▲ | ▲ | ▲ | | | | | | | CALL MEALS PROVIDED | |
| 2.9.15.5.d | Implement FGN 2020 COMHESS COMHESS to 1,026 health staff | 2020 COMHESS/COMHESS | Tertiary Facilities | New-Project/Activity | BOTHADMIN/CMD | ProgramManagement andAdministration | Other Programme Management & Administration n.e.c | | | ▲ | | | | | | | | | 2020 COMHESS/COMHESS IMPLEMENTED | |
| 2.9.15.5.e | Provide an in-service training fund for 50 other cadre of staff meeting (Seminars/technology at university of Indonesia, emergency medicine at North Devon hospital UK, Maternal & Child Health at University of Health Sciences Lahore Pakistan, ASCON Bajaj/NIPPS Joss and specialized Post-Basic Nursing) | In-Service Training Fund | Tertiary Facilities | On-going Project/Activity | BOTHADMIN/HEAD OF ESTABLISHMENT | ProgramManagement andAdministration | Other Programme Management & Administration n.e.c | | ▲ | ▲ | ▲ | ▲ | | | | | | | IN-SERVICE TRAINING FUND PROVIDED | |
| 2.9.15.5.f | Conduct annual both day to recognize and award staff that performed above and beyond call to duty (ABCD) with 200 persons | 20 merit awards, 4 banners, lunch, djmc | Tertiary Facilities | New-Project/Activity | BOTHADMIN/HEAD OF ESTABLISHMENT | ProgramManagement andAdministration | Other Programme Management & Administration n.e.c | | | | | | ▲ | | | | | | BOTH ABCD Performance Award Held | |
| 2.9.15.5.g | Recruit 350 Health workers across all cadres | Provisional sum for Recruitment | Tertiary Facilities | On-going Project/Activity | BOTHADMIN/DA | ProgramManagement andAdministration | Personnel - salaries, allowances, social | | | | | | ▲ | | | | | | 350 Health workers across all cadres recruited | |



Kaduna State Government



BILL & MELINDA GATES foundation

| | | | | | | | | | | | | |
|------------|---|---|------------------------------|---------------------------|---|---------------------------------------|--|---|---|---|---|---|
| 2.9.15.1.f | Complete Laboratory & Demonstration Room at Kafanchan Campus of the College of Nursing and Midwifery | Completion of Laboratory & Demonstration Room | Health Training Institutions | On-going Project/Activity | KDCSNMIDPP/Head of Procurement | Infrastructure and Equipment | Facility Infrastructure - Construction | ▲ | ▲ | ▲ | ▲ | Kafanchan Campus Laboratory & Demonstration Room construction completed |
| 2.9.15.1.g | Complete the construction of Lecture Theatre at Kafanchan Campus of the College of Nursing and Midwifery | Completion of Lecture Theatre | Health Training Institutions | On-going Project/Activity | KDCSNMIDPP/Head of Procurement | Infrastructure and Equipment | Facility Infrastructure - Construction | ▲ | ▲ | ▲ | ▲ | Kafanchan Campus Lecture Theatre construction completed |
| 2.9.15.1.h | Complete New College of Nursing and Midwifery (Pambegus Campus) | Completion of New College of Nursing and Midwifery | Health Training Institutions | On-going Project/Activity | KDCSNMIDPP/Head of Procurement | Infrastructure and Equipment | Facility Infrastructure - Construction | ▲ | ▲ | ▲ | ▲ | Pambegus Campus new College of Nursing and Midwifery completed |
| 2.9.15.1.i | Conduct 3days residential workshop for 25 persons to adapt NBTE Curriculum for ND/HND Nursing program (KSCN&M) | Hall hire, Facilitator Fee, Breakfast, Lunch, Accommodation, Writing Materials, DTA, Projector. | Health Training Institutions | New-Project/Activity | KDCSNMIDPP/Director Academic Planning/Provost | Human Resource/Health | Technical Supportive Supervision | | ▲ | | | NETE curriculum developed |
| 2.9.15.1.j | Conduct 3days validation meeting for 25 persons for the adapt NBTE Curriculum for ND/HND Nursing program (KSCN&M) | Hall hire, Moderator Fee, Breakfast, Lunch, Accommodation, Writing Materials, DTA, Projector. | Health Training Institutions | New-Project/Activity | KDCSNMIDPP/Director Academic Planning/Provost | Human Resource/Health | Technical Supportive Supervision | | ▲ | | | NETE curriculum validated |
| 2.9.15.1.k | Print and disseminate 200 Copies of the Adapt validated NETE Curriculum for ND/HND Nursing program (KSCN&M) | Printing and circulation of 200 copies of the developed and validated curriculum | Health Training Institutions | New-Project/Activity | KDCSNMIDPP/Director Academic Planning/Provost | Human Resource/Health | Technical Supportive Supervision | | ▲ | | | NETE curriculum printed and disseminated |
| 2.9.15.1.l | Conduct 1 day quarterly board members meeting with 20 persons | Teabreak, Lunch, Transportation, Honorarium | Health Training Institutions | New-Project/Activity | KDCSNMIDPP/Registrar | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | Board Members Meeting Conducted |
| 2.9.15.1.m | Equip Entrepreneur centres in the 3 Campuses of the College | Procurement of entrepreneur equipment | Health Training Institutions | New-Project/Activity | KDCSNMIDPP/Registrar | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | ▲ | Entrepreneur Centres Established |
| 2.9.15.1.n | quarterly general maintenance of motor vehicles and office equipment of the college | Maintenance cost | Health Training Institutions | On-going Project/Activity | KDCSNMIDPP/Registrar | Program Management and Administration | Furniture and Fittings | ▲ | ▲ | ▲ | ▲ | Motor vehicles and offices maintained |
| 2.9.15.1.o | quarterly publicity and advertisement | advert cost | Health Training Institutions | On-going Project/Activity | KDCSNMIDPP/Registrar | Program Management and Administration | Other Programme Management & Administration, etc | ▲ | ▲ | ▲ | ▲ | Quarterly advert placements conducted |

Kaduna State AIDS Control Agency

| Priority Initiatives | Strategic Interventions | Description | SMART Output Indicator(s) Baseline Target | Level of Implementation (Utilization) | Status of Implementation | Stakeholder Key Responsible Entity | Activity Category | Activity Sub-Category | Timeframe | | | | ADP Implementation Milestones (Activity Output) |
|---|--|--|--|---------------------------------------|--------------------------|---------------------------------------|---|-----------------------|-----------|-------|-------|---|---|
| | | | | | | | | | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | |
| Strategic Pillar Two: Efficient, Equitable and Quality Health system | | | | | | | | | | | | | |
| 2.6 Strengthen prevention through primary health care and community health care | | | | | | | | | | | | | |
| 2.6.10 | Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs) | Strengthen coordination, collaboration and strategic partnership among all MDAs of government across all levels and other stakeholders to promote efficiency and effectiveness of HIV, TB, and malaria response. Harmonised operational plans, strategic information management, budgeting, and unified decision making. Currently, there are existing disease specific coordination platforms, however none that brings them all together. This platform which will be at the level of the DPH or as state structures defined, will provide overarching coordination for HIV, TB, Malaria, NTD and other diseases. Strengthen overarching coordination platforms for HIV, TB, Malaria and NTD at the sub-national level | baseline: The 3 diseases account for 13.6% of total disease burden in Nigeria vs the global average of 8.6% of total disease burden (IHME, 2019) Prevalence of each disease should be stated. 1. HIV prevalence - 1.4% (NAHS 2018). 2. TB incidence - 219 per 100,000 population (GTB report 2023). 3. Malaria prevalence among children under five years - 22% (MIS 2021) Priority: Reduce the incidence of HIV, tuberculosis, and malaria. The Neglected Tropical Diseases research and development, training, and funding for their | | | | | | | | | | |
| 2.6.10.1 | Strengthen Communicable disease prevention task forces focused on HIV, TB, Malaria and NTDs at the national and sub-national level | SMART Output Indicator(s): percentage of overarching coordination meeting that held per annum (Schedule is quarterly) | | | | | | | | | | | |
| 2.6.10.1.a | Conduct 1 day quarterly HIV/AIDS Pares Forum meeting with 30 CEOs, 8 Vice Ministers and 6 KADSACAs staff | Tea/Break, Lunch, Transportation, DSA/Hall Hire | State & FCT level | New-Project/Activity | KADSACASTA KEHOLDERS C | Program Management and Administration | Other Programme Management & Administration | ▲ | ▲ | ▲ | ▲ | Director and Human Right State Response Team (SHR-SRT) established and functional | |
| 2.6.10.1.b | Conduct 1 day quarterly HIV/AIDS Pares Forum meeting with 30 CEOs, 8 Vice Ministers and 6 KADSACAs staff | Tea/Break, Lunch, Transportation, Hall Hire | State & FCT level | New-Project/Activity | KADSACASTA KEHOLDERS C | Program Management and Administration | Other Programme Management & Administration | ▲ | ▲ | ▲ | ▲ | Quarterly pares meeting conducted | |
| 2.6.10.1.c | Conduct 1 day monthly HIV/AIDS program review meeting with 40 stakeholders (Health Facilities, KADSACA, SMH, PHCOA, P's, MHSSD) | Tea/Break, Lunch, Transportation, Hall Hire | State & FCT level | New-Project/Activity | KADSACASTA KEHOLDERS C | Program Management and Administration | Other Programme Management & Administration | ▲ | ▲ | ▲ | ▲ | HIV/AIDS programs reviewed | |



Kaduna State Government



| Activity ID | Activity Description | SMART Output Indicator(s) | State & FCT level | New-Project/Activity | Program Management and Administration | Other Programme Management & Administration | Progress Indicators | Notes |
|-------------|--|---|-------------------|----------------------|---------------------------------------|---|---|---|
| 2.6.10.1.d | Conduct 2-day stakeholder meeting for 30 persons to develop a costed integration workplan between the HIV/AIDS and other STIs with 30 persons | Tea/Break,Lunch,Transportation,Hall Hire | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Other Programme Management & Administration | HIV/AIDS and other diseases costed work plan developed |
| 2.6.10.1.e | Conduct 2 day bi-annual AYP support group coordinator review meeting with 12 AYPs, 40 LACAIART focal persons 10 state team and Partners | Tea/Break,Lunch,Transportation,DSA/Hall Hire | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Other Programme Management & Administration | HIV/AIDS and other diseases costed work plan developed |
| 2.6.10.2 | Scale up integrated HIV prevention services: 1. Implement combination HIV prevention for key populations. 2. Expand and strengthen HIV prevention programs for sex workers including the rapid expansion of access and uptake of PrEP. 3. Undetectable = Untransmittable (U=U) programming, condom and lubricant program, sexual and reproductive health services, mental health, psychosocial services, and violence prevention. | SMART Output Indicator(s): 1. Percentage of people at risk of HIV infection that have access to and use appropriate, priority, people centered and effective combination preventive options. | | | | | | |
| 2.6.10.2.a | Conduct 3days residential TOT for 30 Organization of People with Disabilities (OPDs) on HIV/AIDS Self-Treating, Counseling, Rehabilitation and referral services by 10 persons | Tea/Break,Lunch,Transportation,Hall Hire,DSA,Accommodation,Stationery | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Other Programme Management & Administration | Community members were sensitized and oriented |
| 2.6.10.2.b | Conduct 4 day Bi-annual HIV/AIDS prevention and ART Monitoring visits by 30 KADSACA staff to LACAs and CBOs | DSA,Transportation | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Other Programme Management & Administration | LACAs and CBOs were mentored |
| 2.6.10.2.c | Conduct 1day Quarterly Virtual Mentoring of MDAs, LACAs and CBOs on HIV Program by KADSACAs | Internet Subscription | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Other Programme Management & Administration | LACAs,MDAs and CBOs were mentored |
| 2.6.10.2.d | Conduct 1day Quarterly CBOs HIV/AIDS Program Implementation Monitoring by 10 KADSACA's Staff | DSA,Printing,Fuel | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Other Programme Management & Administration | CBOs programs implementation monitored |
| 2.6.10.2.e | Conduct 1day non-residential Sensitization/Orientation of 50 Community members across the 3 operational zones on ownership and sustainability of HIV programs by 10 persons | Tea/Break,Lunch,Transportation,Hall Hire,DSA | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Other Programme Management & Administration | Community members were sensitized and oriented |
| 2.6.10.2.f | Conduct one day meeting to adapt the revised national HIV policy guidelines, training materials, SOPs, and job aids to reflect internationally accepted standards by 24 persons | Tea/Break,Lunch,Transportation,Hall Hire,DSA | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Other Programme Management & Administration | National HIV policies, guidelines, training curricula, SOPs revised |
| 2.6.10.2.g | Conduct 2 days Sensitization, awareness creation and demand among key Populations, adolescents, and decision maker on the importance of Pre-Exposure Prophylaxis (PrEP) for high risk individuals by 10 persons | Tea/Break,Lunch,Transportation,Hall Hire,DSA | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Other Programme Management & Administration | Community members were sensitized and oriented |
| 2.6.10.2.h | Conduct 1day menochiteto 30 HCV to sensitize and create awareness and demand for Pre-Exposure Prophylaxis (PrEP) services in the facilities and communities by 10 persons | Tea/Break,Lunch,Transportation,Hall Hire,DSA,Accommodation | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Other Programme Management & Administration | Community members were sensitized and oriented |
| 2.6.10.2.i | Conduct 1day Capacity building Session on program management, Mentoring and facilitation skills to enhance capacity skill trainer for 15 persons; SASCP (4), KADSACA (5), OMs (2) | Tea/Break,Lunch,Transportation,Hall Hire | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Other Programme Management & Administration | LACAs Capacity built on Disability Responsive and Support program |
| 2.6.10.2.j | Conduct 3days residential capacity building to 22 LACAs on Disability Responsive and Support program with 3 OPDs and 3 KADSACA's staff | Tea/Break,Lunch,Transportation,Hall Hire,DSA,Accommodation | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Other Programme Management & Administration | LACAs Capacity built on Disability Responsive and Support program |
| 2.6.10.3 | Increase uptake and access to HIV services (testing, treatment, care, viral suppression, including procurement of HIV rapid test kits) | SMART Output Indicator(s): 1. Percentage increase in HIV testing 2. Testing targets : 95% 3. Treatment Target:95% 4. Viral Suppression target 95% (Testing and treatment targets are to be achieved within sub-populations, age group, and geographical settings, including childbearing with HIV and aggregated at the population level) | | | | | | |
| 2.6.10.3.a | Conduct 1 day monthly support group meeting for 10 AYP living with HIV in 10 health facilities to improve adherence to treatment and viral suppression by 25 supervisors | Transportation,Refreshment,Transportation,DSA | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Planning, Policy and Capacity Building Workshop | 80% of AYP/LHIV are virally suppressed |
| 2.6.10.3.b | Conduct quarterly outreach sessions (3days baby showers for breastfeeding mother and 2days love parties for pregnant women) to increase uptake of HTS services among breastfeeding mothers and pregnant women | Refreshment,Transportation,DM,Menu card | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Other Programme Management & Administration | Uptake of HTS services among breastfeeding mothers and pregnant women increased |
| 2.6.10.3.c | Commemorate world AIDS day (1st December) | Hall Hire,Decoration,Cultural Troops,Refreshment,Souvenirs,Printing,Media | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Other Programme Management & Administration | HIV prevention messages were developed and aired |
| 2.6.10.3.d | Bi-annual Development, production and printing of HIV prevention angles and PDM and distribute 2000 copies of IEC materials on HIV prevention | Production,Printing,IEC Material | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Education and Communication (IEC) | HIV prevention messages were developed and aired |
| 2.6.10.3.e | Conduct 1day Quarterly sensitization of CBOs, Training Instructors and AYP/LHIV support groups by 10 KADSACA staff 2 SASCP 4 lbs | Tea/Break,Lunch,Transportation/Hall Hire | State & FCT level | New-Project/Activity | KADSACAPRE-VENTIONDDOT | Program Management and Administration | Monitoring and Evaluation | |



Kaduna State Government



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|------------|--|---|-------------------|----------------------|--------------------------|---------------------------------------|---|--|---|--|---|
| 2.5.10.3.f | Printing of 8000 copies of Non-Health Sector reporting Tools (National Community Care and Support Referral Forms, National HIV Care and Support Services Register, HIV Testing Services Register, HIV Testing Services Monthly Summary Form, National Key Population ART Monthly Summary Form, National HIV Prevention Monthly Summary Form, National HIV Prevention Services Register) | Printing | State & FCT level | New-Project/Activity | KADSAC/NSTA KEHOLDERS/EO | Program Management and Administration | Other Programme Management & Administration n.e.c | | ▲ | | NHS reporting tools produced |
| 2.6.10.3.g | Conduct 5 day mapping exercise of Line Ministries, Civil Society Organization and Community Based Organizations by 40 persons | Tea/Break,Lunch,DSA,Transportation/Hire,Consultant | State & FCT level | New-Project/Activity | KADSAC/NSTA KEHOLDERS/D | Program Management and Administration | Other Programme Management & Administration n.e.c | | ▲ | | Ministries, CSOs and CBOs were mapped |
| 2.6.10.3.h | Conduct 2 day quarterly Nutritional Education and Vocational and Life-Building Skills Development Training to 500 PLHIV (including PWID) and 200 Key Population, in Routine Care Setting, by 20 persons | Tea/Break,Lunch,DSA,Transportation/Hire,Educational Materials, supplies. | State & FCT level | New-Project/Activity | KADSAC/NPRE VENTIONS/DDT | Program Management and Administration | Information Education and Communication (IEC) | | ▲ | | PLHV and KPs were educated and capacities were built |
| 2.6.10.3.i | conduct two days biannual Engagement sessions with 200 Adolescents and young persons for experience sharing on Adolescent Sexual and Reproductive Health (ASRH) practice and gender from HIV interventions in Kaduna State. | Tea/Break,Lunch,DSA,Transportation/Hire,Educational Materials, facilitation fees, accommodation | State & FCT level | New-Project/Activity | KADSAC/NPRE VENTIONS/DDT | Program Management and Administration | Information education and Communication (IEC) | | ▲ | | Experiences shared on Adolescent Sexual and Reproductive Health among AYP |

Kaduna State Bureau For Substance Abuse Prevention and Treatment

| Pillar | | Return to Welcome Page | | HEALTH SECTOR STRATEGIC BLUEPRINT (HSSB) | | | | | | | | | | |
|--|---|---|--|--|---------------------------|---------------------------------------|---------------------------------------|---|-----------|-------|-------|-------|---|--|
| Strategic Objectives | | HEALTH SECTOR STRATEGIC | | HART | | | | | | | | | | |
| Priority Initiatives | | | | Level of Implementation (Utilization) | Status of Implementation | Stakeholder of Key Responsible Entity | Activity Category | Activity Sub-Category | Timeframe | | | | AOP Implementation Milestones (Activity Output) | |
| Strategic Interventions | | Description | | SMART Output Indicator(s) Baseline: Target: Cost Items | | | | | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | | |
| Operational Plan Activities | | | | | | | | | | | | | | |
| Strategic Pillar Two: Efficient, Equitable and Quality Health system | | | | | | | | | | | | | | |
| 2.5 Drive health promotion in a multi-sectoral way (incl. intersectionality with educ. | | | | | | | | | | | | | | |
| 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 discourage unhealthy behaviours) | | | | | | | | | | | | | | |
| 2.5.6.10 | Increase Demand Generation to improve health service uptake including RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning and other | 1. Develop and implement multisectoral Demand Generation strategy. 2. training of HW on Demand Generation. 3. community mobilization to increase uptake 4. community outreaches to sensitize and create awareness of Health care services | SMART Output Indicator(s): 1. Number of relevant IVDAs included in the multi-sectoral Health Promotion 2. Number of | | | | | | | | | | | |
| 3.1.3.a | 2.5.6.10.a | Conduct 1-day quarterly outreach to sensitize and create awareness on the dangers of use of illicit drugs across 2 LGAs for 400 people who use drugs by 10 KADBUSA staff | DSA, transport, Lunch, hall | State & FCT level | On-going Project/Activity | KADBUSA/T SHTS | Direct Intervention Cost | Outreach/Events | ▲ | ▲ | ▲ | ▲ | | 400 people sensitized of the danger of use of illicit drugs |
| 2.5.6.11 | Accelerate the integration of awareness programs/health campaigns to improve health outcomes including primary health interventions | 1. Develop and implement maximum pressure campaign strategy. 2. implement Media engagement strategy. 3. leverage on new technology to launch effective campaigns. 4. leverage on CAS for Health Effectiveness 5. Utilize the use of Technology to improve Health Literacy and promote healthy behaviours 6. intensify the use of on print media, social media and media institutions to create awareness and generate the interest towards healthy behaviour. 7. Build the capacity of the Health Promotion Officers on the use of New technologies in promoting Health | 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 | | | | | | | | | | | |
| 2.5.6.11.a | 2.5.6.11.a | Conduct a 2-day non-residential workshop for 35 persons by 1 consultant to design a messaging Campaign to decrease stigma on mental health challenges and substance abuse. | Hall, Consultant, Lunch, Tea/Break, DSA, Workshop materials, transport | State & FCT level | On-going Project/Activity | KADBUSA/PSHPS | Program Management and Administration | Information Education and Communication (IEC) | | ▲ | | | | Credible messaging that educates the general public and decreases stigma on mental health challenges and substance abuse |
| 2.5.6.11.b | 2.5.6.11.b | Engage 3 Radio stations to air messaging 42 radio jingles and 2 TV stations to air 20 TV messaging quarterly to disseminate messaging on substance use and mental illhealth | Radio Jingles, TV message airing | State & FCT level | On-going Project/Activity | KADBUSA/PSHPS | Program Management and Administration | Information Education and Communication (IEC) | ▲ | ▲ | ▲ | ▲ | | 42 radio jingles and 20 TV messages aired on substance use and mental illhealth quarterly across 23 LGAs |



| | | | | | | | | | | | | | | | | |
|----------|---|--|---|--|---|-------------------|---------------------------|---------------|---------------------------------------|---|---|---|---|---|--|--|
| 2.5.6.11 | | | 2.5.6.11.c | Print 127,500 Information, Education and Communication (IEC) Materials to provide accurate information on mental, neurological and substance use disorders. | Fliers | State & FCT level | On-going Project/Activity | KADBUSA/PSHPS | Program Management and Administration | Information Education and Communication (IEC) | ▲ | | | | | 127500 IEC materials printed |
| | | | 2.5.6.11.d | Conduct 1-day quarterly Community-Based Sensitization Program and distribution of 50,000 IEC materials on substance abuse and mental ill health targeting 100 people in each 255 different Communities by 10 persons | Hall, DSA, lunch, Transport | State & FCT level | On-going Project/Activity | KADBUSA/PSHPS | Program Management and Administration | Information Education and Communication (IEC) | ▲ | ▲ | ▲ | ▲ | | 1000 persons across 10 communities sensitized and 5000 IEC materials distributed quarterly |
| | | | 2.5.6.11.e | Conduct a 2-day rally to commemorate World Mental Health Day, World Suicide Prevention Day and International Day Against Drug Abuse and distribute 50,000 IEC materials by 100 persons (3 separate days in a year) | T-shirts, face caps, tea break, Banners, Transport, Consultancy, Radio slots | State & FCT level | On-going Project/Activity | KADBUSA/PSHPS | Program Management and Administration | Information Education and Communication | | ▲ | ▲ | ▲ | | 3 special days on MINSUD commemorated and 5000 IEC materials distributed |
| 2.5.6.12 | Leverage formal education system to improve healthy behaviors | Collaborate with the Ministry of Education and relevant professional bodies to incorporate health promotion activities that promote healthy behaviours for RMNCAH, Nutrition, CD, NCD, Mental Health | SMART Output Indicator(s): 1. Technology deployed 2. Unplugged trainers trained 3. Number of teachers trained on the unplugged program 4. Number of handbooks printed 5. Number of M&E | | | | | | | | | | | | | |
| | | | 2.5.6.12.a | Conduct 4 days Residential Training of Trainers (TOT) for 30 persons (10 from KADBUSA, 20 from Ministry of Education and other stakeholders) on UNPLUGGED school-based drug abuse prevention program by 2 consultants | Hall, Consultant, Training Materials, Tea Break, Lunch, Accomodation, DSA | State & FCT level | On-going Project/Activity | KADBUSA/PSHPS | Human Resource for Health | Technical Supportive Supervision | ▲ | | | | | 30 persons trained as UNPLUGGED program Trainers |
| | | | 2.5.6.12.b | Conduct 4 days staggered non-residential training of 690 teachers (30 teachers per training session) on the School based (UNPLUGGED) Program across 23 LGAs of the State (6 teachers per school and 5 schools per LGA= 115 schools) by 2 consultants | Hall, DSA, Training Materials, Tea Break, Lunch, Transport, consultant | State & FCT level | On-going Project/Activity | KADBUSA/PSHPS | Human Resource for Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ | | 690 Teachers trained on implementing the UNPLUGGED program |
| | | | 2.5.6.12.c | Print 10 School based UNPLUGGED teacher's handbooks, 500 students' handbooks and 10 Drug Cards per school for 115 schools | Printing of Teachers Handbook, Printing of Students Handbook, Printing of Drug Card | State & FCT level | On-going Project/Activity | KADBUSA/PSHPS | Direct Intervention Cost | Living Support - Monetary/ Material Support for Affected Population | ▲ | | | | | 10 Unplugged teachers handbooks, 500 student handbooks and 10 Drug Cards for 115 schools each printed |
| | | | 2.5.6.12.d | Conduct a 2-day bi-annual monitoring and supervision on the School based UNPLUGGED program to 115 implementing schools by 20 persons | Transport, Lunch | State & FCT level | On-going Project/Activity | KADBUSA/PSHPS | Program Management and Administration | Monitoring and Evaluation | | ▲ | | ▲ | | Quarterly M&E of School based UNPLUGGED program Conducted |
| | | | 2.5.6.12.e | Conduct a 5-day non-residential LGA based Training on Classroom Management for 1518 teachers (66 per session) in 255 primary schools across the 23 LGAs to detect early sign of mental illhealth and substance abuse by 2 consultants | Hall, Consultant, Training Materials, Tea Break, Lunch, Transport. | State & FCT level | On-going Project/Activity | KADBUSA/PSHPS | Human Resource for Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ | | 1518 teachers in 255 primary schools across the 23 LGAs trained on Classroom Management (including early detection for referral) |
| | | | 2.5.6.12.f | Print 6,000 IEC Materials (4000 fliers and 2000 posters) for Teachers use. | Fliers, posters | State & FCT level | On-going Project/Activity | KADBUSA/TGHPS | Infrastructure and Equipment | ICT Equipment, Software and Connectivity | | ▲ | | | | 6000 IEC materials printed |
| | | | 2.5.6.12.g | Conduct a 4-day non-residential training on Peer on Peer Program for 60 persons from 6 tertiary institutions in the State by 2 consultants | Hall, consultants, Workshop Materials, Lunch, Transport. | State & FCT level | New-Project/Activity | KADBUSA/PSHPS | Program Management and Administration | Other Programme Management & | | ▲ | | | | 60 persons from 6 tertiary institutions trained on Peer to peer program |



| 2.6 Strengthen prevention through primary health care and community health care | | | | | | | | | | | | | |
|---|--|--|---|---|---|---|---------------------------------------|---|---------------|---------------------------------------|---|--|--|
| 2.6.1 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) | 1. Establish/strengthen the multisectoral coordination mechanism for NCDs and Mental Health at the state and national levels as applicable (Strengthen governance, coordination, collaboration and leadership). | | SMART Output Indicator(s): 1. Proportion of activities implemented in the 2019-2025 NCD multi-sectoral action plan implemented by the relevant MDAs, CSCD, implementing partners, and commercial sector. 2. Proportion/Number of LGAs with NCD focal points 3. Number of state | | | | | | | | | |
| | | 2. Strengthen the NCD Expert task team and the four NCD sub-committees through capacity building and conducting regular meetings | | | | | | | | | | | |
| | | 3. Assess and strengthen state-level coordination mechanism, as per state NCD implementation plans. | | | | | | | | | | | |
| | | 4. Integrate NCDs and Mental Health services coordination into the existing structures at the LGA-level. | | | | | | | | | | | |
| | | 5. Landscape analysis of NCDs and Mental Health frameworks, guidelines and protocols | | | | | | | | | | | |
| 6. Increase resources including funds, manpower at national and state levels | | | | | | | | | | | | | |
| 4.2.1a | 2.6.9.1.a | Conduct 1 Day Quarterly Perinatal Mental Health review meeting with 35 participants | Hall, Workshop Materials, Tea Break, Lunch, Transport. | State & FCT level | New-Project/Activity | KADBUS/ATSHTS | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | ▲ | ▲ | 4 perinatal mental health review meetings conducted to assess the activities of the PNMH Program in the year | |
| | | Conduct a 4-day residential on Alternatives to Incarceration protocol training for 40 members of law enforcement (Police and NDLEA) by 2 consultants | Consultancy, tea break, Lunch, W/Materials, DSA, Transport, Event Hall, Accommodation | State & FCT level | New-Project/Activity | KADBUS/ATSHTS | Program Management and Administration | Other Programme Management | ▲ | | | 30 members of the law enforcement trained on ATI protocol | |
| | | Conduct a 4-day non-residential meeting to review practice guidelines with members of the ACJMC (Administration of Criminal Justice Management Committee) on ATI with 20 judges and 1 consultant | Consultancy, tea break, Lunch, W/Materials, DSA, Transport, Event Hall | State & FCT level | New-Project/Activity | KADBUS/ATSHTS | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | | | Practice guideline on ATI reviewed | |
| | | Establish an Alternative to Incarceration Program Coordination Secretariat with 15 desk officers | DSA, Computer, Printer, office furniture, router | State & FCT level | New-Project/Activity | KADBUS/ATSHTS | Program Management and Administration | Furniture and Fittings | ▲ | | | An ATI secretariat established to coordinate ATI between relevant stakeholders | |
| | | Inaugurate and hold 1-day quarterly meeting of the State Task Force on access to controlled drugs and narcotics with 40 stakeholders | Hall, Workshop Materials, Tea Break, Lunch, Transport, DSA | State & FCT level | New-Project/Activity | KADBUS/ATSHTS | Program Management and Administration | Planning, Policy and Capacity | ▲ | ▲ | ▲ | 4 state task force meetings held yearly to restrict access to controlled medications | |
| 2.6.9.3 | Develop and Implement a comprehensive national alcohol control policy and regulation/law | A comprehensive national alcohol control policy and regulation/law includes: 1. Strengthening restrictions on alcohol availability 2. Advancing and enforcing drunk driving counter measures. 3. Facilitating access to screening, brief interventions and treatment 4. Enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion 5. Raise prices on alcohol through excise taxes and | | SMART Output Indicator(s): 1. Total alcohol per capita consumption in litres of pure alcohol 2. Availability of a comprehensive national alcohol regulation on | | | | | | | | | |
| | | 4.2.2.a | 2.6.9.3.a | | Conduct a 3-day residential meeting to develop a comprehensive state alcohol control policy with 30 stakeholders, a 2-day residential meeting to validate the policy with 30 persons, and a 1-day non-residential meeting to disseminate the policy | Teabreak, Lunch, W/Materials, DSA, Transport, Accommodation, Event Hall, Consultancy | State & FCT level | New-Project/Activity | KADBUS/ATSHTS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | State Alcohol policy developed, validated and disseminated |
| | | | 2.6.9.3.b | | Conduct a 3-day residential training for 40 KASTELEA Staff across 10 LGAs (4LGA) on screening for alcohol intoxication in drivers by 2 consultants | Consultancy, tea break, Lunch, W/Materials, DSA, Transport, Event Hall, Accommodation | State & FCT level | New-Project/Activity | KADBUS/ATSHTS | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | 40 KASTELEA staff trained on alcohol intoxication screening and drunk driving counter-measures |
| | | | 2.6.9.3.c | | Test 2000 drivers across 10 LGAs for excessive alcohol use by 40 KASTELEA staff (4LGA) | Local transport, data analysis, breathalysor, urine test kits, saliva test kits | State & FCT level | New-Project/Activity | KADBUS/ATSHTS | Program Management and Administration | Other Programme Management & Administration n.e.c | ▲ | 1000 drivers tested for alcohol intoxication across 10 LGAs |



Kaduna State Government



BILL & MELINDA GATES foundation

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|--|----------|---|---|---|--|-------------------|---------------------------|-------------------|---------------------------------------|---|---|---|---|---|---|--|--|--|--|
| | 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. | 1. Develop integrated guidelines and simple treatment protocols for the management of simple, uncomplicated NCDs and Mental Health at PHCs. 2. Conduct capacity building for health care workers at the PHC on comprehensive management of simple, uncomplicated NCDs and mHGAP 3. Equip and provide PHCs with basic technologies and essential medicines to screen, diagnose and treat uncomplicated NCDs and Mental Health Disorders. 4. Integrate Non-communicable Disease and Mental Health into Basic Primary Health Care with Referral to All Levels of Care | 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. 5. Number of DICs establish | | | | | | | | | | | | | | | |
| | 4.2.7.a | | 2.6.9.8.a | Establish 100 (Drop-In Centers) DICs to scale up the establishment of PHC-based Drop-In-Centers from 15 to 115 (5/LGA) for provision of low threshold services for drug use and mental illness. | Renovation of Main Building, Procurement of DIC supplies | State & FCT level | On-going Project/Activity | KADBUS&T SHTS | Infrastructure And Equipment | Facility Infrastructure - Renovation | ▲ | ▲ | ▲ | ▲ | 115 DICs Established and equipped to handle minor cases of MNSUD | | | | |
| | | | 2.6.9.8.b | Conduct a 3-day non-residential Workshop to develop the Minimum Standard requirement for Substance use drug treatment Service delivery in Kaduna State by 20 persons, a 1-day non-residential meeting by 20 persons to validate and finalise non-residential meeting by 20 persons to | Teabreak, Lunch, W/Materials, DSA, Transport, Hall, Consultancy | State & FCT level | New-Project/Activity | KADBUS&T SHTS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | | Minimum standard for the management of SUD in Kaduna developed, validated and disseminated | | | | |
| | 2.6.10 | Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs) | | Baseline: The 3 diseases account for 13.8% of total disease burden in Nigeria vs the global average of 8.6% of total disease burden (IHME, 2019) Prevalence of each disease should be stated. 1. HIV prevalence - 1.4% (NAHS 2018). 2. TB incidence - 219 per 100,000 population (GTB report 2023). 3. Malaria prevalence among children under five years - 22% (MIS 2021) Priority: Reduce the incidence of HIV, tuberculosis, and malaria. The Neglected Tropical Diseases cannot be ignored, its critical to plan for their elimination. NTDs Unit | | | | | | | | | | | | | | | |
| | 2.6.10.3 | Increase uptake and access to HIV services (testing, treatment, care, viral suppression, including procurement of HIV rapid test kits) | 1. Using granular data to identify and address characteristics that lead to inequalities in testing, treatment, care access and outcome. 2. Increase uptake of differentiated HIV testing strategies where available (HIV self-testing, community-led testing services, partner services, and social network approach), and strengthen the linkage of access to testing services to HIV prevention and treatment services. 3. Expand and promote high-quality medicines, health commodities, services, technologies | 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 | | | | | | | | | | | | | | | |
| | 4.3.3.a | | 2.6.10.3.a | Collaborate with KADHSMa to provide safe-se practice commodities for 10,000 People Who Use Drugs under the harm reduction package for drug users and Conduct quarterly HIV Testing and counselling for 2500 drug users. | Procure HIV I/2 test kits, male condoms, female condoms, lubricants, and testing commodities (methylated spirit, cotton wool, sharp boxes) | State & FCT level | On-going Project/Activity | KADBUS&KADHSMADHS | Direct Intervention Cost | Medicines, Commodities, and Supplies | | | | 1 | 1000 HIV testing and counselling provided and 10000 safe sex commodities provided for PWUDs | | | | |
| | | | 2.6.10.3.b | | | | | | | | | | | | | | | | |



| 2.7 Improve quality of care and service delivery across public [secondary, tertiary] | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | |
| 2.7.11.1.1 Mapping areas of specialized care for tertiary and quaternary care | | | | | | | | | |
| SMART Output Indicator(s): Policy and guidelines for PPP in Health Sector and Nigerian Health Professionals in Diaspora Engagement, MDUs to support Project developed Number of tertiary and quaternary centers constructed | | | | | | | | | |
| 2.7.11.1.1.a CONSTRUCT AND EQUIP 200 bed capacity 2 RECOVERY AND REINTEGRATION CENTERS FOR THE REHABILITATION OF PEOPLE WHO USE DRUGS | | | | | | | | | |
| Consultancy (contractor), Construction, equipment | | | | | | | | | |
| State & FCT level | | | | | | | | | |
| New-Project/Activity | | | | | | | | | |
| KADBUSAIT SHTS | | | | | | | | | |
| Infrastructure And Equipment | | | | | | | | | |
| Facility Infrastructure - Construction | | | | | | | | | |
| 2 recovery and reintegration centers constructed and equipped to cater for 500 people who use drugs | | | | | | | | | |
| 2.7.11.1.1.b Construct 4 community treatment and recovery centers for the detoxification and management of comorbidities in people who use drugs | | | | | | | | | |
| Consultancy (contractor), Construction | | | | | | | | | |
| State & FCT level | | | | | | | | | |
| On-going Project/Activity | | | | | | | | | |
| KADBUSAIT SHTS | | | | | | | | | |
| Program Management and Administration | | | | | | | | | |
| Other Programme Management & Administration n.e.c | | | | | | | | | |
| 4 community treatment and recovery centers constructed and equipped | | | | | | | | | |
| 2.7.11.1.1.c Provide 5 vocational skills (Carpentry, Tailoring, Cap making, Auto Mechanic and Shoe Making) per quarter for 30 people for post rehabilitation (6 person per vocation) | | | | | | | | | |
| Consultancy for 5 Vocational Skill Trainers per quarter | | | | | | | | | |
| State & FCT level | | | | | | | | | |
| New-Project/Activity | | | | | | | | | |
| KADBUSAIT SHTS | | | | | | | | | |
| Infrastructure And Equipment | | | | | | | | | |
| Facility Infrastructure - Construction | | | | | | | | | |
| 30 people equipped with vocational skills quarterly | | | | | | | | | |
| 2.7.11.1.1.d Line up to Live Up Programme (Lulu) | | | | | | | | | |
| LULU Cost | | | | | | | | | |
| State & FCT level | | | | | | | | | |
| New-Project/Activity | | | | | | | | | |
| KADBUSAIT SHTS | | | | | | | | | |
| Program Management and Administration | | | | | | | | | |
| Planning, Policy and Capacity Building Workshop | | | | | | | | | |
| LULU program implemented | | | | | | | | | |
| 2.7.11.1.1.e Procurement of Specialized Testing Kits (Urine, Saliva, Breathalyzer etc.) | | | | | | | | | |
| Specialized testing kit | | | | | | | | | |
| State & FCT level | | | | | | | | | |
| New-Project/Activity | | | | | | | | | |
| KADBUSAIT SHTS | | | | | | | | | |
| Program Management and Administration | | | | | | | | | |
| Planning, Policy and Capacity Building Workshop | | | | | | | | | |
| specialized test kits procured | | | | | | | | | |
| 2.7.11.2 Policy and guideline development to set standards | | | | | | | | | |
| 2.7.11.2.1 Create a policy environment to improve network of care across tertiary and quaternary care. | | | | | | | | | |
| SMART Output Indicator(s): Number of Training and capacity building Sessions and Number of different cadre of Nigerian Healthcare professional trained Baseline: Haphazard training programmes Target: 6 sessions organised and coordinated of Training and capacity building Sessions (1 every 2 months for various Cadre of Healthcare professionals) | | | | | | | | | |
| 2.7.11.2.1.a Conduct 3-Days Residential workshop to Develop KADBUSAI Strategic Plan by 35 persons, 2-days non-residential validation meeting by 30 Persons and 1-day non-residential dissemination meeting by 50 persons and 1 consultant | | | | | | | | | |
| Teabreak, Lunch, V/Materials, DSA, Transport, Consultancy, Accommodation, Hall | | | | | | | | | |
| State & FCT level | | | | | | | | | |
| New-Project/Activity | | | | | | | | | |
| KADBUSAI/D GIDAF | | | | | | | | | |
| Program Management and Administration | | | | | | | | | |
| Planning, Policy and Capacity Building Workshop | | | | | | | | | |
| KADBUSAI strategic plan developed, validated and disseminated | | | | | | | | | |
| 2.7.11.2.1.b Conduct 3-Days Residential workshop to adapt the national policy for access to controlled drugs and narcotics by 30 persons, 1-days non-residential validation meeting by 30 Persons, and 1-day non-residential dissemination meeting by 50 persons by 2 consultants | | | | | | | | | |
| Tea break, Lunch, V/Materials, DSA, Transport, Consultancy, Accommodation, Hall | | | | | | | | | |
| State & FCT level | | | | | | | | | |
| New-Project/Activity | | | | | | | | | |
| KADBUSAI/D GIDAF | | | | | | | | | |
| Program Management and Administration | | | | | | | | | |
| Planning, Policy and Capacity Building Workshop | | | | | | | | | |
| State policy for access to controlled drugs and narcotics adapted, validated and disseminated | | | | | | | | | |
| 2.7.11.2.1.c Conduct 3-Days Residential workshop to Develop Drug Abuse Policy for Secondary Schools in partnership with MoE by 35 persons, a 2-day validation meeting by 30 Persons and 1-day dissemination by 50 persons by 1 consultant | | | | | | | | | |
| Tea break, Lunch, V/Materials, DSA, Transport, Consultancy, Accommodation, Hall | | | | | | | | | |
| State & FCT level | | | | | | | | | |
| New-Project/Activity | | | | | | | | | |
| KADBUSAI/D GIDAF | | | | | | | | | |
| Program Management and Administration | | | | | | | | | |
| Planning, Policy and Capacity Building Workshop | | | | | | | | | |
| State drug abuse policy for schools developed, validated and disseminated | | | | | | | | | |
| 2.7.11.3 Build capacity of health workers to improve access and quality to specialize care using available Resources including engagement of Nigerian Health care Personnel in the | | | | | | | | | |
| 2.7.11.3.1 Train and retrain on specialise areas, Curriculum review and adaptation. To effectively engage Nigerian Health Professionals in the Diaspora for Skills and Knowledge Transfer | | | | | | | | | |
| SMART Output Indicator(s): Establishment of an Interactive Database Dashboard for the operation of the programme No of HWs trained | | | | | | | | | |
| 2.7.11.3.1.a Conduct 6-day residential training of trainers for 180 health workers on mental, neurological and substance use modules; Drug Prevention, Treatment and Care (DPTC), by 5 consultants | | | | | | | | | |
| Teabreak, Lunch, V/Materials, DSA, Transport, Accommodation, Event Hall, Consultancy | | | | | | | | | |
| State & FCT level | | | | | | | | | |
| New-Project/Activity | | | | | | | | | |
| KADBUSAIT SHTS | | | | | | | | | |
| Human Resource or Health | | | | | | | | | |
| Health Worker Training - In-service | | | | | | | | | |
| 200 health workers trainers as trainers | | | | | | | | | |
| 2.7.11.3.1.b Pay tuition fees for 5 nurses to study 18-month post-basic psychiatric nursing in Federal Neuropsychiatric Hospital Ebanawa | | | | | | | | | |
| Tuition fees, computer, allowances | | | | | | | | | |
| State & FCT level | | | | | | | | | |
| On-going Project/Activity | | | | | | | | | |
| KADBUSAIT SHTS | | | | | | | | | |
| Human Resource or Health | | | | | | | | | |
| Health Worker Training - In-service | | | | | | | | | |
| 5 nurses trained in post-basic psychiatric nursing | | | | | | | | | |
| 2.7.11.3.1.c Conduct a 4-day non-residential training of 700 volunteers (100 per session) and engage them as adhoc staff at Drop-in Centers for KADBUSAI prevention and treatment programs by 2 | | | | | | | | | |
| Teabreak, Lunch, V/Materials, DSA, Transport, Consultancy | | | | | | | | | |
| State & FCT level | | | | | | | | | |
| On-going Project/Activity | | | | | | | | | |
| KADBUSAIT SHTS/SH PS | | | | | | | | | |
| Human Resource or Health | | | | | | | | | |
| Health Worker Training - Pre-service | | | | | | | | | |
| 690 adhoc Staff trained | | | | | | | | | |



| 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 | | Baseline: MMR was 512 deaths per 100,000 live births NHDS 2018 [DHIS-2], other sources report >1,000 - the third highest in the world [WHO, 2020] NMR 39 deaths per 1000 live births. U5MR 132 deaths per 1000 live births Adolescent birth Rate Priority: Improve Reproductive, Maternal, Newborn and Child health, and Nutrition | | | | | | | | | | |
| | 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 | Provide the numbers of CHEWS to be upskilled | | | SMART Output Indicator(s): Numbers of CHEWS upskilled | | | | | | | |
| | 6.1.3.a | 2.8.12.15.a | Conduct a 5-day non-residential training on Perinatal Mental Health in 10 clusters across 10 LGAs for 1000 CHEWs (100 in each of the 10 LGAs) by 2 consultants | • Teabreak, Lunch, WiMaterials, DTA, Transport, Accommodation, Event Hall, Consultancy. | | | State & FCT level | New-Project/Activity | KADBUS/IT SHITS CHAI KADMAM | HumanResourceforHealth | Health Worker Training - In-service | ▲ | 660 HCWs trained on the Perinatal Mental Health |
| | 2.8.12.39 | Scale-up capacity of Doctors, Nurses, Wives, CHEWs to deliver adolescent plus youth-friendly services | Tailored capacity skill on HCWs on adolescent plus youth-friendly services | | | SMART Output Indicator(s): Proportion of HCWs trained on adolescent plus youth-friendly services | | | | | | | |
| 6.1.3.a | 2.8.12.39.a | Conduct a 4-day non residential workshop for 21 health workers by 1 consultant on MINSUD for adolescents & youths and establish 7 adolescent and youth-friendly centers for the management of SUD in 7 General Hospitals across the state | Consultancy, tea break, lunch, workshop material, DSA, hall, renovation of Centres for SUD, Office furniture | | | State & FCT level | New-Project/Activity | KADBUS/IT SHITS | ProgramManagementandAdministration | Other Programme Management & Administration n.e.c | ▲ | 21 health workers trained on Adolescent and youth-friendly programs and 7 centers for the management of SUD established | |
| 2.8.12.41 | Empower community to support adolescent program at the community level (peer to peer support, parents) | | Strengthen Community system to support Adolescent Health Programs(peer to peers, parents guardian supports, functional VDC) | | | SMART Output Indicator(s): 1. Peoprtion of communities with adolescent peer to peer support. 2. Number of people trained on DPTC. 3. Numbers of community prevention centers created | | | | | | | |
| | 6.1.3.a | 2.8.12.41.a | Conduct a 10-day non-residential training for 300 (100centre) persons (75 persons per session) on the TARU program and set up 30 additional Community Prevention Centers for Children and Adolescents across the 3 senatorial zones by 3 consultants | Training, Program materials, Community Volunteers stipends, Center Maintenance, Security, renovation of buidng, consultant, tea break | | | State & FCT level | On-going Project/Activity | KADBUS/IT SHIPS | ProgramManagementandAdministration | Other Programme Management & Administration n.e.c | ▲ | 10 additional Community Prevention centers for Children set up |
| | | 2.8.12.41.b | Set Up 30 additional Community Drug Abuse Intervention Forums with 20 members each across the state | • Transport, lunch | | | State & FCT level | On-going Project/Activity | KADBUS/IT SHIPS | ProgramManagementandAdministration | Other Programme Management & Administration n.e.c | ▲ | 30 additional Community Drug Intervention Forums set up |
| | 6.1.3.b | 2.8.12.41.c | Conduct a 3-day DPTC Training for 80 Community members each under the 10 Districts of the Zazzau emirate by 10 trained trainers | • Hall Lunch, Transport | | | State & FCT level | On-going Project/Activity | KADBUS/IT SHIPS | ProgramManagementandAdministration | Other Programme Management & Administration n.e.c | ▲ | 900 community members trained on DPTC across 10 additional districts of Zazzau Emirate |
| 2.8.12.41.d | | Conduct monthly Live Radio peer counselling sessions in 4 radio stations and 1 Podcasts for peer-to-peer counselling by 2 volunteers | Radio slot, Transport, Studio rental for podcast | | | State & FCT level | New-Project/Activity | KADBUS/IT SHIPS | DirectInterventionCost | Outreach/Events | ▲ | 2 radio talk shows and 10 podcasts aired with targeted substance use information for youths and adolescents | |
| 2.8.12.41.e | | Conduct a 4-day non-residential training of trainers (TOT) for 50 persons on Family United program by 2 consultants | • Hall, Consultancy, Workshop Materials, Tea Break, Lunch, Local Transport | | | State & FCT level | New-Project/Activity | KADBUS/IT SHIPS | ProgramManagementandAdministration | Other Programme Management & Administration n.e.c | ▲ | 50persons trained as implementers of the family United | |
| 2.8.12.41.f | | Conduct a 1-day quarterly monitoring visit to 5 community prevention centers that operate the adolescent health programs by 5 persons | Transport, Lunch | | | State & FCT level | On-going Project/Activity | KADBUS/IT SHIPS | ProgramManagementandAdministration | Other Programme Management & Administration n.e.c | ▲ ▲ ▲ ▲ | 5 Community prevention centers mentored quarterly. | |



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|-------------|---|--|--|-----------------------------|------------------------------------|---------------------------------------|---|---|--|--|
| 3.10.16.3 | Facilitate resource mobilization from 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, phyto-medicines, vaccines, diagnostics and other health commodities (Products) for the control, treatment and prevention of infectious diseases in Nigeria | <p>i. Provision of grants for R and D and utilization of research findings for new drug molecules, redesign, repurposing or revalidation of existing drug molecules, phyto-medicines, vaccines, diagnostics and other health commodities (Products) for the control, treatment and prevention of infectious diseases in Nigeria</p> <p>ii. Improve government funding on R&D</p> | <p>SMART Output Indicators:</p> <p>1. Number of R&D grants provided, utilized and reported</p> <p>2. Proportion of R&D Grants (Findings) eventually taking up by local manufacturers</p> | State & FCT level | New Project/Activities | SMOHC/HF/PSH-FREC | Program Management and Administration | Other Programme Management & Administration (i.e.2) Other Programme Management & Administration (i.e.2) | ▲ | Resource Mobilization workshop on health products, Researchers, MBE assessments to determine inclusiveness of health products conducted. Monthly Cognitive interviews on family planning activities conducted. |
| 3.10.16.3.a | Conduct a 2 days residential Meeting for 25 persons (Health providers, Researchers, MBE and HMO) to create Policy Briefs and factsheet from research findings for decision Making by Legislators | Small Hall, Projector, Tea-Break, Lunch, Accommodation, DSA, Transportation, Consultant, PAS, Stationery. | State & FCT level | New Project/Activities | SMOHC/HF/PSH-FREC | Program Management and Administration | Other Programme Management & Administration (i.e.2) | ▲ | | |
| 3.10.16.3.b | Conduct a 2 days residential workshop with 50 persons to determine the inclusiveness of persons with Disability (PWD) in health programmes in Kaduna state by 2 facilitators | Small Hall, DSA, Transportation, Tea & Break, Stationery, Consultant, Honourarium, Lunches. | State & FCT level | New Project/Activities | SMOHC/HF/PSH-FREC | Program Management and Administration | Other Programme Management & Administration (i.e.2) | ▲ | | |
| 3.10.16.3.c | Conduct 2 days Monthly Cognitive interviews on family planning activities by 50 enumerators across the 19 Enumeration Areas (EAs) in Kaduna state | Local Transportation. | Community/Vard level | On-going Project/Activities | SMOHC/HF/PSH-FREC | Program Management and Administration | Other Programme Management & Administration (i.e.2) | ▲ | | |
| 3.10.16.3.d | Conduct one-day non-residential dissemination meeting of family planning consumer intelligence assessment with 15 stakeholders | Small Hall, Projector, Tea-Break, Lunch, Transportation, PAS, Stationery. | Community/Vard level | On-going Project/Activities | SMOHC/HF/PSH-FREC | Program Management and Administration | Other Programme Management & Administration (i.e.2) | ▲ | Family planning consumer intelligence assessment conducted | |
| 3.11 | Stimulate local production of health products | <p>SMART Outcome Indicators:</p> <p>1. Percentage of health commodities produced in Nigeria through government initiatives</p> <p>2. Percent of WHO prequalified health products exported by Nigerian manufacturers annually</p> <p>3. Percentage increase in local production of Tracer products for Priority health programmes</p> <p>Baseline: TBD</p> <p>Target: 35%</p> | | | | | | | | |
| 3.11.17 | Stimulate local production of health products (e.g., drug substance, fill and finish for vaccines, matrix bed-net, and therapeutical foods) | | | | | | | | | |
| 3.11.17.9 | Strengthen demand of locally produced health products by national and sub-national entities through pooled procurement and other innovative strategies | <p>Government of Nigeria should procure locally manufactured products from local manufacturers based on 2007 procurement act recommendation on Local content to stimulate local production and job creation</p> | <p>SMART Output Indicators:</p> <p>1. Percentage increase in the number of pooled procurements of health products done by national and sub national governments from local Pharmaceutical companies</p> <p>2. Proportion of government procurement of health commodities that is from local manufacturers</p> <p>3. Number of Pulse oximeter, oxygen analyser and oxygen cylinders procured</p> <p>4. Repair Drive of oxygen equipment conducted across</p> | State & FCT level | New Project/Activities | SMOHC/PS/AMC U Oxygen Desk Officer | Direct Intervention Co | Medicines, Commodities, and Supplies | ▲ | Pulse oximeter, Oxygen analyser, oxygen Cylinder equipment accessories procured. Repair Drive of oxygen equipment across secondary and tertiary facilities conducted. |
| 3.11.17.9.a | Procure pulse oximeter (Hand-wired - 90, Table top - 30) 39 oxygen analyzers, and 100 Oxygen Cylinders equipment accessories | pulse oximeter, oxygen analyser, oxygen Cylinder equipment accessories | State & FCT level | New Project/Activities | SMOHC/PS/AMC U Oxygen Desk Officer | Direct Intervention Co | Medicines, Commodities, and Supplies | ▲ | Pulse oximeter, Oxygen analyser, oxygen Cylinder equipment accessories procured. | |
| 3.11.17.9.b | Conduct 10-day Repair Drive of oxygen equipment across the 32 secondary and 1 tertiary facilities in the state by 20 persons | Accommodation (2-star), Local Transport, DSA (without accommodation 6 meals) | State & FCT level | New Project/Activities | SMOHC/PS/AMC U Oxygen Desk Officer | Direct Intervention Co | Health services | ▲ | Repair Drive of oxygen equipment across secondary and tertiary facilities conducted. | |
| 3.13 | Strengthen supply chains | | | | | | | | | |
| 3.13.10 | Streamline existing supply chains to remove complexity | | | | | | | | | |
| 3.13.19.2 | Strengthen the functionality and operations of the State Medicines, Vaccines and Health Management Agencies to harmonize and coordinate all health supply chain activities (including emergency response supply chain system) | <p>The states are at different levels of maturity based on the maturity performance being carried out on them without harmonization with vaccine logistics. There is need to sustain the state health commodity management supply chain system through its establishment in all the states. This will be a SC business model</p> | <p>SMART Output Indicators:</p> <p>1. All health programmes data management including vaccines, Essential Medicines and other supply chain functionalities integrated into NLMIS</p> <p>2. NLMIS enhanced with additionalities such as warehouse management, electronic proof of delivery (ePOD) etc</p> | State & FCT level | New Project/Activities | SMOHC/PS/AMC U | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ ▲ | Guidelines for integration of Supply Chain developed. Vaccines and other programs Integrated to KACHSMA |
| 3.13.19.2.a | Conduct 8 days residential workshop to develop guidelines for integration of state supply chain for DIF and other public health programs with 35 persons and 2 facilitators | Federal State Consultant, Large Hall, Projector, Tea (45-star), Lunch (45-star), Local Transport, Honourarium (Basic), DSA (without accommodation 6 meals, Stationery. | State & FCT level | New Project/Activities | SMOHC/PS/AMC U | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ ▲ | Guidelines for integration of Supply Chain developed. | |
| 3.13.19.2.b | Conduct 1 day meeting with ES, SP, ICE, ES, KACHSMA and PIs for integration of warehousing and Logistics of Vaccines and Other Programs from KACHSMA by 20 Persons | Lunch | State & FCT level | New Project/Activities | SMOHC/PS/AMC U | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ ▲ | Vaccines and other programs Integrated to KACHSMA | |
| 3.13.19.2.c | Conduct 1 day quarterly DRF/SDSS Management meeting Committee to discuss issues arising from DRF/SDSS operation in the State by 25 persons | Lunch | State & FCT level | New Project/Activities | SMOHC/PS/AMC U | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ ▲ ▲ | 4 no DRF/SDSS Management meeting conducted. | |
| 3.13.19.2.d | Conduct 1 day Quarterly in-State Team review meetings to provide finding of DRF/SDSS operations within the Quarter to various areas of operations by 10 Persons | Lunch (45-star), Local Transport, Honourarium (Basic), DSA (without accommodation 6 meals, Stationery. | State & FCT level | New Project/Activities | SMOHC/PS/AMC U | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ ▲ ▲ | 8 no In-State Review meetings held | |
| 3.13.19.3 | Strengthen the Nigeria Health Logistics Management Information System (NLMIS) to integrate all health programmes data management including vaccines, Essential Medicines and other supply chain functionalities | <p>The NLMIS is the electronic data management platform for all public health programmes including vaccines, Essential Medicines in Nigeria. The system needs to be enhanced with additionalities such as warehouse management, electronic proof of delivery (ePOD) etc. All health programmes including vaccines should use the same platform</p> | <p>SMART Output Indicators:</p> <p>1. Sustainable funding mechanisms set up for 100% drugs, vaccine and other health commodities across all levels of health services in the country</p> <p>2. Number of Programs not reporting on NLMIS for the purpose of integrations with the NLMIS</p> <p>3. Number of EB received and warehouse for 2025 Mass Campaign to 3 Zonal warehouses in Kanchanchi, Kaduna and Zaria</p> | State & FCT level | New Project/Activities | SMOHC/PS/AMC U | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | Vaccine and Essential Medicines integrated into the NLMIS Platform |
| 3.13.19.3.a | Conduct 3 days residential workshop with 25 stakeholders to identify the gaps on Programs not reporting on NLMIS for the purpose of integration with the NLMIS by 2 facilitators | Federal State Consultant, Large Hall, Projector, Tea (45-star), Lunch (45-star), Accommodation (45-star), Local Transport, DSA (without accommodation 6 meals), Honourarium (Basic), Stationery. | State & FCT level | New Project/Activities | SMOHC/PS/AMC U | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | Vaccine and Essential Medicines integrated into the NLMIS Platform | |
| 3.13.19.3.b | Conduct 1 day planning meeting and 1 day field work for receiving and warehousing ITI (or 2025 Mass Campaign to 3 Zonal warehouses in Kanchanchi, Kaduna and Zaria by 10 persons | Small Hall, Tea (45-star), Lunch (2-star), Accommodation (3-star), Local Transport, DSA (without accommodation 6 meals). | State & FCT level | New Project/Activities | SMOHC/PS/AMC U | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ITI for 2025 Mass Campaign received and warehouse | |
| 3.13.19.3.c | Conduct 8 days residential workshop to develop guidelines for integration of state supply chain, DRF and other public health programs by 35 persons and 2 facilitators | Federal State Consultant, Small Hall, Projector, Tea (45-star), Lunch (45-star), Local Transport, Honourarium (Basic), DSA (without accommodation 6 meals, Stationery. | State & FCT level | New Project/Activities | SMOHC/PS/AMC U | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ ▲ | Guidelines for integration of Supply Chain developed. | |
| 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 | <p>Sustainable funding mechanism is needed for continuous procurement, storage, distribution, data management and other supply chain activities to function effectively at all levels of health care context to unlock the value chain. Establish a mechanism that will ensure sustainable medicines, vaccines and health commodity financing</p> | <p>SMART Output Indicators:</p> <p>1. 100% of supply chain infrastructures (warehouses at national and sub-national levels) are in operations</p> <p>2. Advance visits to relevant stakeholders on the need to increase Health Supplies budget and create Budget Line for Health Care Waste Management conducted</p> | State & FCT level | New Project/Activities | SMOHC/PS/AMC U/CSO | Direct Intervention Co | Medicines, Commodities, and Supplies | ▲ ▲ | Health and KACHSMA Budget allocation increased |
| 3.13.19.4.a | Conduct 3 days targeted advance visits to relevant stakeholders on the need to increase Health Supplies budget and create Budget Line for Health Care Waste Management by 10 persons | Local Transport. | State & FCT level | New Project/Activities | SMOHC/PS/AMC U/CSO | Direct Intervention Co | Medicines, Commodities, and Supplies | ▲ ▲ | Health and KACHSMA Budget allocation increased | |



Kaduna State Government



BILL & MELINDA GATES foundation

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| 3.13.19.6 | Strengthen Pharmacovigilance and Post-market surveillance of health products through out the supply chain pipeline including Monitoring of substandard and falsified health products (medicines, vaccines and other health-related products) | The monitoring of substandard and falsified products and Adverse reaction is critical to the supply chain of health products and for the protection of the citizens from the harmful effect these medicines can have. 1. Strengthen NAFDAC to carry out her pharmacovigilance and post-marketing function throughout the supply chain pipeline in Nigeria, to improve coordination mechanisms between NAFDAC and MDAs; between NAFDAC and state MoH. 2. Provide support to NAFDAC to implement the traceability programme for essential medicine. | <p>Overall goal: 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: 1. Number of health facility based Pharmacovigilance 2. Number of State level Pharmacovigilance and drug Therapeutic Committee established 3. Number of health facility based Pharmacovigilance</p> | State & FCT level | New-Project/Activity | SMOH/EP/SLMCU | Program Management and Administration | Planning Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | Pharmacovigilance and drug Therapeutic Committee established at the State Level |
| | | | | | | | | | | | | |
| 3.13.19.6.b | | Conduct 1 day non-residential meeting to inaugurate health facility based Pharmacovigilance Therapeutic Committee(s) with 272 persons (8 persons per facility for 34 Health facilities) in 3 batches | | Workplaces (formal/informal) | New-Project/Activity | SMOH/OPSIL/MCU | Program Management and Administration | Planning Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | Pharmacovigilance and drug Therapeutic Committee established at the Health Facility Level |

State Primary Health Care Board

| 3.13 Strengthen supply chains | | | | | | | | | | | | |
|--|--|--|--|-------------------|---------------------------|----------------|------------------------------|-----------------------------------|---|---|---|---|
| 3.13.19 Streamline existing supply chains to remove complexity | | | | | | | | | | | | |
| 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 | Sustainable funding mechanism is needed for continuous procurement, storage, distribution, data management and other supply chain activities to function effectively at all levels of health care services to unlock the value chain. Establish a mechanism that will ensure sustainable medicines, vaccines and health commodity financing | SMART Output Indicator(s): proportion of supply chain infrastructures (warehouses at national and sub-national levels) are in operations | State & FCT level | On-going Project/Activity | SPHCBCDC/ISCCO | Infrastructure and Equipment | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | Spare parts emergency repairs of CCE secured |
| 3.13.19.4.a | | Procurements of spare parts for repairs of broken down CCE at all levels | Spare parts and repairs of CCEs | State & FCT level | On-going Project/Activity | SPHCBCDC/ISCCO | Infrastructure and Equipment | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | Spare parts emergency repairs of CCE secured |
| 3.13.19.4.b | | Procure 32 cartons (96000 pieces) of 0.05ml syringes to bridge the gap of BCG devices for integrated PI sessions | Carton of BCG syringe | State & FCT level | On-going Project/Activity | SPHCBCDC/ISCCO | Direct Intervention Cost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | 32 CARTONS OF 0.05ML SYRINGES PROCUREMENT |
| 3.13.19.4.c | | Procure 3610 units of vaccine carriers (Glostyles) for Routine immunization services, integrated Polio and Non-Polio Supplementary Immunization Activities, 255 units cold boxes, 14 units of deep freezers 14 units of voltage stabilizers (2000w) as additional back up for cold chain for baking of icepacks for the five (5) satellite and 1 state cold stores | Glostyle/Polio, 25L Cold boxes, 500L Deep freezer, 3kva voltage stabilizer | State & FCT level | New-Project/Activity | SPHCBCDC/ISCCO | Direct Intervention Cost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | 3610 units of vaccine carriers procured |
| 3.13.19.4.d | | Provide monthly Transport allowance to 23 LCCOs and 52CCOs accompanying direct Vaccines delivery teams to the apex health facilities and LGA cold stores (28 persons) | Transport Allowance for DVD | State & FCT level | New-Project/Activity | SPHCBCDC/ISCCO | Direct Intervention Cost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | DVD Apex HF conducted |
| 3.13.19.4.e | | Conduct Vendor led bi-annual preventive maintenance of 8 WFCRs, WFR and 428 SODs | PPM for WFR/WCR, PPM for SOD | State & FCT level | On-going Project/Activity | SPHCBCDC/ISCCO | Direct Intervention Cost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | Vendor led bi-annual preventive maintenance conducted |
| 3.13.19.4.f | | Purchase 23000 units of santana bags quarterly to pack vaccine and empty vials during deliveries, 500 pieces of Sac monthly for mass storing of empty vaccine vials and disposal of empty vials generated from RMOVID-19S/ANISA services | Bag of Santana, XL SAC, Vaccines empty vials Disposal | State & FCT level | On-going Project/Activity | SPHCBCDC/ISCCO | Direct Intervention Cost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | 23000 units of santana bags purchased |
| 3.13.19.4.g | | Purchase and install 16 units of solar pole light for state cold store from the main Gate to the store entrance | Solar pole light | State & FCT level | New-Project/Activity | SPHCBCDC/ISCCO | Direct Intervention Cost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | 16 units of solar pole installed at state cold store |
| 3.13.19.4.h | | Conduct quarterly Vaccines pull and push (from National cold chain store to 5 State zonal cold chain stores) supported by IMPACT project | Vaccines logistics cost | State & FCT level | New-Project/Activity | SPHCBCDC/ISCCO | Direct Intervention Cost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | Vaccine pull from National Cold chain store transported to State and Zonal cold chain stores cascade HF |
| 3.13.19.4.i | | Procure 16 CO ₂ Cylinders 12 & Dry Chemical Powder 4 unit of fire extinguisher at for IKARA, SABON GARI, KADHAKADUNA NORTH, JEMMA and STATE cold store | CO ₂ Cylinders, Dry Chemical Powder | State & FCT level | New-Project/Activity | SPHCBCDC/ISCCO | Direct Intervention Cost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | Fire extinguisher procured |
| 3.13.19.4.j | | Procure Airtime and data bundles Monthly for 5 20CCOs, 23 LCCOs for reporting of CCE functionality and DVD status | Airtime, Data | State & FCT level | On-going Project/Activity | SPHCBCDC/ISCCO | Direct Intervention Cost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | Airtime and data procured |
| 3.13.19.4.k | | Procure 84 designated DELL laptops for 28 LCCOs, 23 LIDs, 23 PICs and 10 state team for vaccines and immunization data documentation | Dell laptops latitude 5430 12TH Generation, intel core i5, 8GB RAM, 512GB SSD, BACKLIGHT KEYBOARD | State & FCT level | On-going Project/Activity | SPHCBCDC/ISCCO | Direct Intervention Cost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | 84 Dell Laptops procured to Immunization officers |
| 3.13.19.4.l | | Provide logbook for vaccine delivery from 5 satellite cold stores to 23 LGA cold stores and 394 apex health facilities | Printing of Log Books | State & FCT level | New-Project/Activity | SPHCBCDC/ISCCO | Direct Intervention Cost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | Logbooks procured for vaccines delivery |



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| | | 3.13.19.4.m | Conduct quarterly Routine PUSH of vaccines and devices to IKARA, SABON GARI, KACHA, JEMAA and KADUNA NORTH satellite cold stores from State cold store. Emergency PUSH of vaccines and devices to IKARA, SABON GARI, KACHA, JEMAA and KADUNA NORTH satellite cold stores from State cold store. PUSH vaccines directly to 308 equipped facilities from 5 Satellite cold stores to the LGAs and Apex health facilities by DVD Vendor. | vaccine and devices transport. Vendor Led DVD, Emergency vaccines Push | State & FCT level | New-Project/Activity | SPHCBCDC&ISCCD | DirectInterventionCo st | Logistical/Supply Chain Management | ▲ | ▲ | ▲ | ▲ | routine Vaccines push to HF conducted |
| | | 3.13.19.4.n | Conduct pull of vaccines and devices from apex (equipped) health facilities by the cascade (un-equipped) facilities. vaccine pull for 300 HF's conducting outreaches from the apex facilities and emergency pull of vaccines and devices from the satellite cold stores by the Z3 LGAs cold store, and emergency quarterly pull of vaccines and devices from the National strategic Cold store Abuja by the state cold store. | Vaccines and devices Pull (outreach), Emergency Pull LGA from satellite store, Emergency pull State from NECS Abuja, Emergency Pull satellite from state store | State & FCT level | On-going Project/Activity | SPHCBCDC&ISCCD | DirectInterventionCo st | Logistical/Supply Chain Management | ▲ | ▲ | ▲ | ▲ | Vaccine pull from apex HF by cascade HF |
| | | 3.13.19.4.o | Conduct one day/last mile distribution of (LMD) of SMC commodities to 1062 HF across the 23 LGAs for the four cycles in 2025 | Transport allowance for LMD | State & FCT level | On-going Project/Activity | SPHCBCDC&IMP | Program Management and Administration | Other Programme Management & Administration n.e.c | | ▲ | ▲ | | 1062 HF supplied with SMC Commodities |
| | | 3.13.19.4.p | Procure and distribute 200000 pieces of SP to 1062 HF across the 23 LGAs of the state | SP procurement | State & FCT level | On-going Project/Activity | | | | | | | | |
| 3.13.19.5 | Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels) | Warehouses need to be upgraded or built to Pharma-grade where applicable (and managed through PPP) to ensure optimal storage of medicines and vaccines | | | SMART Output Indicator(s): Pharmacovigilance and Post-market surveillance of health product strengthened to monitor substantial | | | | | | | | | |
| | | 3.13.19.5.a | Conduct 1 day bi-annual Routine maintenance of 7 units of AC at State cold stores by 5 persons | Air condition maintenance | State & FCT level | On-going Project/Activity | SPHCBCDC&ISCCD | DirectInterventionCo st | Logistical/Supply Chain Management | ▲ | | ▲ | | Routine maintenance of 7 units of AC conducted |
| | | 3.13.19.5.b | Conduct one day quarterly on the job mentoring of FI Providers at equipped 255 HF on vaccine management & basic CCE maintenance by 23LCCOs & 5 ZCCOs (29 participants) | Local transport | State & FCT level | New-Project/Activity | SPHCBCDC&ISCCD | DirectInterventionCo st | Technical Assistance/Consulting/Professional Services | ▲ | ▲ | ▲ | ▲ | |
| | | 3.13.19.5.c | Purchase and install 15 units of solar pole light for state cold store from the main Gate to the store entrance | Solar pole light | State & FCT level | New-Project/Activity | SPHCBCDC&ISCCD | DirectInterventionCo st | Logistical/Supply Chain Management | ▲ | | | | 15 units of solar pole installed at state cold store |
| | | 3.13.19.5.d | Conduct 3 days bi-annual asset numbering exercise to 496 units of cold chain equipment (38 Assessors) | DSA, Local transport, accommodation, Permanent Pen Markers | State & FCT level | New-Project/Activity | SPHCBCDC&ISCCD | DirectInterventionCo st | Logistical/Supply Chain Management | ▲ | | ▲ | | 3days asset numbering conducted |
| | | 3.13.19.5.e | Upgrade of 5 satellite and 1 state cold store to solar power (6 sites) | Solar power system | State & FCT level | New-Project/Activity | SPHCBCDC&ISCCD | DirectInterventionCo st | Logistical/Supply Chain Management | ▲ | | | | 5 satellites & 1 state cold stores upgrade |
| | | 3.13.19.5.f | Conduct quarterly 200 hours preventive maintenance of 10 units (4 new and 6 previously existing) 45KVA generators at state and satellite stores. Pay monthly utility bill (electricity & water) of State cold store and satellite zonal cold store and Procure diesel for 3 generators at state and satellite stores monthly. | Diesel, Engine oil, utility, Bills | State & FCT level | On-going Project/Activity | SPHCBCDC&ISCCD | DirectInterventionCo st | Logistical/Supply Chain Management | ▲ | ▲ | ▲ | ▲ | PPM conducted |
| | | 3.13.19.5.f | Conduct quarterly 200 hours preventive maintenance of 10 units (4 new and 6 previously existing) 45KVA generators at state and satellite stores. Pay monthly utility bill (electricity & water) of State cold store and satellite zonal cold store and Procure diesel for 3 generators at state and satellite stores monthly. | Diesel, Engine oil, utility, Bills | State & FCT level | On-going Project/Activity | SPHCBCDC&ISCCD | DirectInterventionCo st | Logistical/Supply Chain Management | ▲ | ▲ | ▲ | ▲ | PPM conducted |
| | | 3.13.19.5.g | Conduct one day quarterly electrical repairs of Kachia and Ikara and Kaduna north satellite cold store | 1mm single core copper wire, 2 way, 3 phase TPN, Distribution Board, MCB, Electrical fittings and | State & FCT level | New-Project/Activity | SPHCBCDC&ISCCD | DirectInterventionCo st | Logistical/Supply Chain Management | ▲ | ▲ | ▲ | ▲ | Electrical repairs conducted |
| | | 3.13.19.5.h | Conduct 3-4 day quarterly update of Cold Chain Equipment Inventory across the state (40 participants) | DSA, Local transport, accommodation | State & FCT level | New-Project/Activity | SPHCBCDC&ISCCD | DirectInterventionCo st | Logistical/Supply Chain Management | ▲ | ▲ | ▲ | ▲ | CCE inventory conducted |
| | | 3.13.19.5.i | Conduct one day bi-annual Cold Chain Replacement Plan by 15 state teams | Tea break, lunch, Transport | State & FCT level | New-Project/Activity | SPHCBCDC&ISCCD | DirectInterventionCo st | Logistical/Supply Chain Management | ▲ | | ▲ | | Cold Chain Replacement Plan conducted |



Kaduna State Health Supplies Management Agency

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| 3.11 | | Stimulate local production of health products | | <p>SMART Outcome Indicator(s): SMART Outcome Indicator(s): 1. Percentage of health commodities produced in Nigeria through government initiatives 2. Percent of WHO prequalified health products exported by Nigerian manufacturers annually. 3. Percentage increase in local production of Tracer products for Priority health commodities</p> | | | | | | | | | | | |
| 3.11.17 | | Stimulate local production of health products (e.g., drug substances, fill and finish for vaccines, malaria bed-nets, and therapeutical foods) | | | | | | | | | | | | | |
| 3.11.17.3 | | <p>Improve the number of skilled human resources required for local production of health products (Enhancing Local Production of Vaccines, Medicines and other health related products in Nigeria)</p> | <p>There is a skill gap in local production, especially in the manufacturing of vaccines. Transfer of skills and collaborations between multinationals and local manufacturers will be essential in improving production capacity. Regulatory expertise will also be required to obtain vaccine production approval. The expertise of Nigerians in the diaspora can be utilised for coaching and training locally trained personnel to manage the vaccine production industry.</p> <p>1. Work with the Ministry of Education to conduct situational analysis and identify gaps in technical education courses for biomedical engineering, biotechnology pharmaceutical engineering, fabrication sciences, packaging engineering, develop roadmap for the inclusion of such courses in more schools in Nigeria towards HI production in technical colleges, polytechnics and universities in Nigeria.</p> <p>2. Work with health professional regulatory bodies:</p> | <p>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 transitioned from importation based sourcing to local production in the MAEDAC</p> | | | | | | | | | | | |
| | 3.11.17.3.a | | <p>Conduct 5 Day Non-residential Quality Control training for 15 persons on Quality Control lab operations and processes</p> | <p>Hall, Tea Break, Lunch, Workshop material, Transport, PAS, Facilitation fee</p> | State & FCT level | New-Project/Activity | KADHSM/IDLO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | | Quality control training conducted |
| | 3.11.17.3.b | | <p>Conduct 2 days gap analysis on the requirement of the Health supplies Management Agency for Small Scale manufacturing of health products by 15 persons</p> | <p>Hall, 2 Tea break, Lunch, workshop material</p> | State & FCT level | New-Project/Activity | KADHSM/IDLO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | | Gap analysis on Small Scale Manufacturing conducted |
| | 3.11.17.3.c | | <p>Conduct 10 days residential training of KADHSM Staff on Small Scale manufacturing of pharmaceuticals to improve the number of skilled human resource required for the production of health commodities within the Agency for 30 persons</p> | <p>Hall, Accommodation, DTA, 2 Tea break, Lunch, Workshop materials, facilitation fees</p> | State & FCT level | New-Project/Activity | KADHSM/IDLO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | | Training on Small Scale Manufacturing done |
| 3.13 | | Strengthen supply chains | | | | | | | | | | | | | |
| 3.13.19 | | Streamline existing supply chains to remove complexity | | | | | | | | | | | | | |
| 3.13.19.2 | | <p>Strengthen the functionality and operations of the State Medicines, Vaccines and Health Management Agencies to harmonize and coordinate all health supply chain activities (including emergency response supply chain system)</p> | <p>The states are at different levels of maturity based on the maturity performance being carried out on them without harmonization with vaccine logistics. There is need to sustain the state health commodity management supply chain system through its establishment in all the states. This will be a SC business model</p> | <p>SMART Output Indicator(s): 1. All health programmes data management including vaccines, Essential Medicines and other supply chain functionalities, integrated</p> | | | | | | | | | | | |
| | 3.13.19.2.a | | <p>Conduct 5 days residential Supply chain business model to sustain the state health commodity Management system that would strengthen the functionality and operations of the State medicines and Vaccines by 30 persons</p> | <p>Hall, Tea break, Lunch, accommodation, DTA, facilitation fees, workshop material</p> | State & FCT level | New-Project/Activity | KADHSM/IDLO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | | SC business model developed |
| | 3.13.19.2.b | | <p>Conduct 3 days training on emergency response supply chain system for 20 persons</p> | <p>Hall, 2 Tea break, Lunch, accommodation, DTA, facilitation fees, workshop material</p> | State & FCT level | New-Project/Activity | KADHSM/IDLO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | | SC Emergency Response team trained |
| 3.13.19.4 | | <p>Ensure establishment of sustainable funding mechanisms for drugs, vaccine and other health commodities at all levels of health services in the country</p> | <p>Sustainable financing mechanisms is needed for continuous procurement, storage, distribution, data management and other supply chain activities to function effectively at all levels of health care services to unlock the value chain. Establish a mechanism that will ensure sustainable medicines, vaccines and health commodity financing.</p> | <p>SMART Output Indicator(s): 100% of supply chain infrastructures (warehouses at national and sub-national levels) are in operations</p> | | | | | | | | | | | |
| | 3.13.19.4.a | | <p>Conduct 1 day sensitisation workshop with stakeholders for additional DRF funds to ensure sustainable medicines and health commodity financing to all Public PHFs in 30 persons</p> | <p>Hall, Tea break, Lunch, workshop material, PAS</p> | State & FCT level | New-Project/Activity | KADHSM/IDLO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | | | Sensitisation workshop for stakeholders conducted |



Kaduna State Government



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| | | | 3.13.19.4.b | Engage CSOs to conduct 1 day advocacy to Government for additional 40% of the Seed Stock of the DRF funds to ensure sustainable medicines and health commodity financing in year 2025 by 10 persons | Transport, Lunch | State & FCT level | New-Project/Activity | KADHSMADLO | ProgramManagementAndAdministration | Planning, Policy and Capacity Building Workshop | ▲ | | | Advocacy to the government done |
| | | | 3.13.19.4.c | Capitalize 1089 Primary Health facilities and 33 Secondary Health facilities with Essential Health commodities | PHC Cost, SHF Cost | State & FCT level | New-Project/Activity | KADHSMADLO | ProgramManagementAndAdministration | Other Programme Management & Administration n.e.c | ▲ | | | 1089 PHCs and 33 SHFs capitalized |
| | | | 3.13.19.4.d | Conduct 4 days non-residential workshop to develop guidelines for end-to-end Supply Chain data visibility for KADHSM and HFs by 15 persons | Hall, Tea break, Lunch, transport, facilitation fees, workshop material | State & FCT level | New-Project/Activity | KADHSMADLO | ProgramManagementAndAdministration | Other Programme Management & Administration n.e.c | ▲ | | | Guidelines for end-to-end SC data visibility developed |
| | | | 3.13.19.4.e | Conduct 2 days non-residential TOT on improving Supply Chain end-to-end data visibility for KADHSM and HFs for 25 persons | Hall, Tea break, Lunch, transport, facilitation fees, workshop material | State & FCT level | New-Project/Activity | KADHSMADLO | ProgramManagementAndAdministration | Other Programme Management & Administration n.e.c | ▲ | | | TOT on improving SC end-to-end data visibility done |
| | | | 3.13.19.4.f | Conduct 3 days step down training on improving Supply Chain end-to-end data visibility at HFs for 70 persons | Hall, Tea break, Lunch, transport, facilitation fees, accommodation, workshop material | State & FCT level | New-Project/Activity | KADHSMADLO | ProgramManagementAndAdministration | Other Programme Management & Administration n.e.c | ▲ | | | Improved SC end-to-end data visibility at 1 THF and 32 SHF |
| | 3.13.19.5 | Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels) | Warehouses need to be upgraded or built to Pharma-grade where applicable (and managed through PPP) to ensure optimal storage of medicines and vaccines | | | 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) 2. No. of warehouses upgraded or built 3. No. of warehouses with insurance cover | | | | | | | | |
| | | | 3.13.19.5.a | Upgrade of Zonal Medical Stores in Zaria & Kafanchan | Renovation of two Zonal warehouses | State & FCT level | New-Project/Activity | KADHSMADLO | InfrastructureAndEquipment | Facility Infrastructure Construction | ▲ | | | Medical Stores in Zaria & Kafanchan upgraded |
| | | | 3.13.19.5.b | Procure insurance cover for 3 warehouses in KADHSM annually | Insurance cover for warehouse cost | State & FCT level | New-Project/Activity | KADHSMADAF | InfrastructureAndEquipment | Other Fixed Assets (non-moveable) | ▲ | | | 3 warehouses insured |

Kaduna State Bureau for Substance Abuse Prevention and Treatment

| ID | SMART Outcome Indicator(s): Baseline: Target: | Level of Implementation (Utilitation) | Status of Implementation | Stakeholder/ Key Responsible Entity | Activity Category | Activity Sub-Category | Timeframe | | | | AOP Implementation Milestones (Activity Output) | |
|-------------|---|--|--|-------------------------------------|-------------------|----------------------------|-----------------------------|-------|-------|-------|---|--|
| | | | | | | | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | | |
| | | | | | | | Operational Plan Activities | | | | | |
| | Strengthen National and Sub-national R&D coordination framework through the National Health Research Committee and National Health Research Ethics Committee | i Ensure improved governance and coordination of health research in Nigeria. ii Assess and benchmark the national ethics committee with a view to identify bottleneck and gaps. iii Finalize, disseminate and implement National Health Research Policy and Priorities | SMART Output Indicator(s): 1. Percentage implementation rate of approved National Health research policy and priorities 2. Percentage of institutional development plan (IDP) for ethics | | | | | | | | | |
| 3.10.16.2.a | Conduct a 5-day Perinatal mental health baseline survey in 10 LGAs across Kaduna State in partnership with KBS and CHAI by 45 persons and 10 supervisors | Enumeration, data analysis, field monitoring, supervision, data management | State & FCT level | New-Project/Activity | KADBUSA/PS/HPS | InfrastructureAndEquipment | Research and Development | ▲ | | | | Perinatal mental health baseline survey conducted in 10 LGAs across Kaduna State |
| 3.10.16.2.b | Conduct a 5 day research to determine prevalence of substance use, mental health conditions and social support among School Aged Children 12 to 17 across the 3 senatorial zones in partnership with KBS by 45 persons and 10 supervisors | Tea break, Lunch, enumeration, supervision, field monitoring, data management | State & FCT level | New-Project/Activity | KADBUSA/PS/HPS | InfrastructureAndEquipment | Research and Development | ▲ | | | | survey on the prevalence of substance use, mental health conditions and social support among School Aged Children 12 to 17 across the 3 senatorial conducted |
| 3.10.16.2.c | Conduct a 3-month research on the effects of naltrexone on alcohol and opiod addiction with 300 participants and 25 enumerators | Naltrexone, consultants, Enumeration, data analysis, field monitoring, supervision, data management | State & FCT level | New-Project/Activity | KADBUSA/KAHSM/DHS | InfrastructureAndEquipment | Research and Development | ▲ | | | | survey on the effects of naltrexone on alcohol and opiod addiction conducted |



Kaduna State Government



PILLAR FOUR: Health Security
Ministry of Health

| Strategic Pillar Four: Health Security | | | | | | | | | | | | |
|--|--|---|--|---|--------------------------------------|---------------------------------------|--|---------------------------------------|---|---|---|---|
| 4.14 | Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Lassa, CSM, Measles) | <p>SMART Outcome Indicators: Existence of harmonised and coordinated approach and system to detect, prevent and respond public health threats at national and sub-national level including network of all laboratories, surveillance systems, Emergency Operation Centers and health promotion messages based on One Health approach at national and sub-national level.</p> <p>Baseline: Nigeria State Party self assessment Annual Reporting (SPAR) : Country Capacity Score 61 (2023) XXX (2024) Baseline: (JEE) Nigeria has a 33 BHR preparedness score-2 vs Africa average score of 55 and the global average score of 70 (WHO, 2017) Priority: Improve Public Health Emergencies prevention, detection, preparedness and response (including pandemics)</p> | | | | | | | | | | |
| | | 4.14.20 | Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security | <p>SMART Output Indicators: 1. Proportion number of states developed harmonized sector wide approach in line with HP Framework / Promotion policy</p> <p>1. Number of EC programs conducted 2. Estimated number of population reached 3. Number of LMS data validation for Public Health Programs data (Malaria, HIV/AIDS, Family Planning, Tuberculosis, Vaccines, Malaria and Neglected Tropical Diseases) conducted</p> | | | | | | | | |
| 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, oral communication, in line with health promotion policy and framework including ANP messages | <p>This intervention entails sector wide approach to harmonize and use customized and context specific health promotion and education messaging through varied communication channels before, during and after the outbreaks</p> | | | | | | | | | | |
| 4.14.20.2.a | Conduct 5-days Bi-monthly LMS report collection, review and validation of Public Health Programs data (Malaria, HIV/AIDS, Family Planning, Tuberculosis, Vaccines, Nutrition and Neglected Tropical Diseases) by 63 persons | Small Hall, Projector, Tea (3-star), Lunch (3-star), Accommodation (3-star), Local Transport, Stationary | State & FCT level | New-Project/Activity | SMOHDP/SLMCU | Direct Intervention/Coast | Health services | ▲ | ▲ | ▲ | ▲ | 6 No. Programs reports collection conducted |
| 4.14.20.2.b | Conduct 1 Day LMCU monthly non-residential review meeting by 25 persons | Tea (3-star), Lunch (3-star) | State & FCT level | New-Project/Activity | SMOHDP/SLMCU | Direct Intervention/Coast | Health services | ▲ | ▲ | ▲ | ▲ | 12 No. LMCU Monthly meetings conducted |
| 4.14.20.2.c | Conduct 5 days residential workshop to develop and Validate SOPs for Pharmaceutical Waste Management in Kaduna State by 40 persons and 2 facilitators | Federal State Consultant, Small Hall, Projector, PMS, Tea (3-star), Lunch (3-star), Accommodation (3-star), Local Transport, DSA (without accommodation & meals), Stationary | State & FCT level | New-Project/Activity | SMOHDP/SLMCU | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | | | SOPs for Health Care Waste Management developed |
| 4.14.20.2.d | Conduct 5 days residential contraceptive Logistics Management training for 100 persons by 3 facilitators | Federal State Consultant, Small Hall, Projector, PMS, Tea (3-star), Lunch (3-star), Accommodation (3-star), Local Transport, DSA (without accommodation & meals), Honourarium, Stationary | State & FCT level | New-Project/Activity | SMOHDP/SLMCU | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | | | 100 HF Persons trained on CLMS |
| 4.14.20.2.e | Conduct 2 days quarterly Zonal residential Training on Vaccines Logistics data management and reporting by 150 per zone for total of 570 Persons | Federal State Consultant, Small Hall, Projector, PMS, Tea (3-star), Lunch (3-star), Accommodation (3-star), Local Transport, DSA (without accommodation & meals), Honourarium, Stationary | State & FCT level | New-Project/Activity | SMOHDP/SLMCU | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | | | 4 no. Vaccines data management reviewed meeting conducted |
| 4.14.20.2.f | Print and distribute 3500 copies of Healthcare Waste Management policy | Printing cost, Distribution Cost | State & FCT level | New-Project/Activity | SMOHDP/SLMCU | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | | | 3500 Copies of Healthcare Waste management policy printed and distributed |
| 4.14.20.2.g | Conduct 1 day quarterly Pharmacy In-Charges Meeting (Inventory Mgt, Zero tolerance to expired, Waste Pgt, Pharmaceutical Care, Financial Management) by 45 persons | Tea (3-star), Lunch (3-star) | State & FCT level | New-Project/Activity | SMOHDP/SLMCU | Direct Intervention/Coast | Health services | ▲ | ▲ | ▲ | ▲ | 4 No. Pharmacies Incharges Meetings Conducted |
| 4.14.20.2.h | Conduct a 3-day zonal non-residential meeting to build the capacity of HCWs on appropriate hypoaemia management, patient screening, triage, pre-referral treatment, and referrals by 200 persons and 2 facilitators | Large Hall, Projector, Tea (3-star), Lunch (3-star), Accommodation (3-star), Local Transport, Honourarium (Basic), Stationary | State & FCT level | New-Project/Activity | SMOHDP/SLMCU Cytogen Desk Officer | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | ▲ | | | HCWs capacity built on hypoaemia management |
| 4.14.20.3 | Workforce Capacity Building - Enhances capabilities to achieve health security | <p>SMART Output Indicators: 1. Number 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. 2. Number of health care workers trained on indicator based surveillance and SOPs 3. Number of SOPs guidelines surveillance and case management adapted in the state 4. Number of health care workers trained for sample collection, packaging and transportation 5. Number of persons of WDCs, community informants/volunteers/veterinary officers trained on case detection and reporting of emergency diseases. 6. Number of sections of enforcement officers</p> | | | | | | | | | | |
| | | 4.14.20.3.a | Conduct 3-day residential training on both Indicator Based Surveillance (IBS) and Event Base Surveillance (EBS) for 102 persons (clinicians, laboratorians, DSNs and Surveillance officers) on priority diseases by 2 facilitators | Large hall, Accommodation, Teabreak, Lunch, DSA, Stationary, Local transport, state consultant | State & FCT level | New-Project/Activity | SMOHDP/SLMCU Epidemiology and Surveillance unit | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | |



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|-----------|---|-------------|---|--|-------------------|----------------------|---|---------------------------------------|---|---|---|---|---|--|
| | | 4.14.20.4.e | Conduct 4-day integrated quarterly Last Mile Delivery (LMD) Spot Checks for public health programs by 25 Persons | Tea (4/5-star) Lunch (4/5-star) Local Transport, B level, DSA (vehicle accommodation & meals, Stationary) | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | 4 no. integrated quarterly Last Mile Delivery (LMD) spot checks conducted |
| | | 4.14.20.4.f | Conduct 1 day stakeholder non-residential/office meeting and 4-day quarterly LMS/HMS data triangulation review for 34 SHFs and 712 PHCs by 20 persons | Small Hall, Projector, Tea (4/5-star) Lunch (4/5-star) Local Transport, Stationary, Honourarium (Diasio) | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | 4 no. LMS/HMS data triangulation review conducted |
| | | 4.14.20.4.g | Conduct 1 day non-residential quarterly meetings for Product Introduction Coordination Mechanism (PICM) by 30 persons | Small Hall, Projector, Tea (4/5-star) Lunch (4/5-star) Local Transport, Stationary | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | 4 No. PICM quarterly meeting conducted |
| | | 4.14.20.4.h | Conduct a 1-day quarterly State Oxygen Coordination Forum non-residential meeting by 35 persons | Small Hall, Projector, Tea (4/5-star) Lunch (4/5-star) Local Transport, | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | 4 no oxygen coordination meeting conducted |
| | | 4.14.20.4.i | Conduct 3-day workshop to inaugurate and train 20 State Oxygen Central Management Committee and Plant Management Committees | meeting room, Tea, Lunch, Local Transport, Honourarium, Stationary, | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | Oxygen Central Management Committee inaugurated |
| | | 4.14.20.4.j | Conduct a 2-day residential workshop and 1-day meeting to validate the medical oxygen sustainability plan by 25 persons by 25 persons | Federal/State Consultant, Small Hall, Projector, FWS, Tea (4/5-star) Lunch (4/5-star) Local Transport, Honourarium (Diasio) | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | medical oxygen sustainability plan validated |
| | | 4.14.20.4.k | Conduct a 4-day quarterly Medical Oxygen status assessment to Secondary and Tertiary Health Facilities by 15 persons | Check List Printing Services, Tea (4/5-star) Lunch (4/5-star) Local Transport, DSA (vehicle accommodation & meals, Stationary, SPHRI Output (video) etc) | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | medical oxygen status assessment and supportive supervisors conducted |
| 4.14.20.5 | Strengthen and improve public health emergency surveillance systems for timely detection and reporting of seasonal and priority diseases and conditions including cross-border collaboration to reduce mortality and morbidity. | | The intervention addresses National (DSR) policy and specifically ensures streamlining and integrating multiple surveillance platforms to strengthen collaborative surveillance, improve data quality and representativeness, and interoperability, digitalization, predictive analytics and real-time response. (SOPMAS, AVADAR, EBS, CBS, etc.) | 1. Proportion of states implementing collaborative surveillance with digitalized recording and reporting of public health threats using one health approach 2. Proportion of states implementing 7-1-7 benchmark for detection and reporting of seasonal and priority diseases 3. No. of vendors at port/entry points, NJRTV and Food vendors at the points of entry on the importance of yellow fever, cerebral meningitis, Hepatitis vaccination and the danger of some re-emerging diseases (chikungunya, Zika fever, monkey pox, cholera) conducted 4. No. of supervisory and fumigation to ports of entry 5. No. of enforcement against open defecation and general sanitation conducted 6. No. of capacity building to health officers on port health services conducted 7. No. of surveillance and case search at point of entry (week) conducted 8. No. of screening and medical fitness test and identification of food vendors that operate | | | | | | | | | | |
| | | 4.14.20.5.a | Conduct a 3-day residential workshop on risk assessment of priority diseases and surveillance signals by 22 stakeholders (16 state surveillance team, 3 risk communication officers and 4 laboratory officers) at state level. | Meeting room, Accommodation, Tea break, Lunch, DSA, Stationaries, Local transport | State & FCT level | New-Project/Activity | KCDC/Epidemiology and Surveillance Department | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | Risk assessment of priority diseases conducted |
| | | 4.14.20.5.b | Provide monthly logistics support for 85 surveillance officers (State, LGA, DSD and DCS) for active case search of epidemic prone diseases | Local transport, DSA | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Director/Invention/Coast | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | ▲ | Logistics support for 85 surveillance officers at the state and LGAs for active case search provided Monthly Air time and data for 85 surveillance officers for SOPMAS recording is provided |
| | | 4.14.20.5.c | Provide monthly airtime and data for 85 state and LGAs surveillance officers for SOPMAS reporting | Airtime, Internet data | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Director/Invention/Coast | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | ▲ | |
| | | 4.14.20.5.d | Conduct 2 weeks quarterly sensitization to travellers, NJRTV and Food vendors at the points of entry (motor parks, train station) on the importance of Yellow fever, cerebral meningitis, Hepatitis vaccination and the danger of some re-emerging diseases (chikungunya, Zika fever, monkey pox, cholera) by 20 persons | Transport, Lunch | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Human Resource/Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ | travellers, NJRTV, Food vendors Sensitized |
| | | 4.14.20.5.e | Conduct 2 days Bi-annual sensitization /supervision and 3 days fumigation of 10 point of entry, 3 inter state motor parks and train station against vectors and rodent that spread transmissible diseases (eg. Lassa, yellow fever, monkey pox) by 20 EMOs | Transport, Lunch, chemical, IPC Materials, DSA | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Human Resource/Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ | 3 inter state motor parks and train station supervised |
| | | 4.14.20.5.f | Conduct 1 week quarterly enforcement against open defecation, general sanitation, adequate provision of sanitary convenience and proper waste management at point of entry by 20 EMOs at major motor parks within the metropolitan LGAs | transport, fuel, | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Human Resource/Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ | major motor parks enforced on general sanitation, CDK, ETC |
| | | 4.14.20.5.g | Conduct 3 days non-residential capacity building of 30 port health officers on port health services by 2 facilitator | projector, break, fast lunch, DSA, Transport, stationaries, Honourarium, Hall | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Human Resource/Health | Operation/Offices (overhead) | ▲ | ▲ | ▲ | ▲ | 30 Port health officers oriented on port health services |
| | | 4.14.20.5.h | Conduct 10 days bi-annual surveillance and case search at points of entry (POE) areas (Train station, Airport and Interstate Motor Parks) by 30 EMOs | Lunch, transport, checklist | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Human Resource/Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ | Bi-annual surveillance and case search conducted at train station, airport, interstate motor parks |
| | | 4.14.20.5.i | Conduct 5 days quarterly screening and medical fitness test and certification of food vendors that operate at train stations and 5 major motor parks by 40 EMOs and 5 supervisors | testing/screening materials, Lunch, transport, fuel, DSA | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Human Resource/Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ | testing and screening of food vendors at point of entry conducted |
| | | 4.14.20.5.j | Conduct 5 days residential workshop of 35 persons to review, develop and validate State Epidemic Preparedness and Response Plan (EPP) in line with NCDC standards with 2 facilitators | Small hall, Accommodation, Tea break, Lunch, DSA, Stationaries, Local transport, National consultant | State & FCT level | New-Project/Activity | SMOHCPSALMCI | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | ▲ | ▲ | EPP Document developed |



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| | | 4.14.20.5.k | Conduct 5 days residential workshop of 35 persons to review, develop and validate State health security action plan in line with NCCDC standards with 2 facilitators | Small hall, Accomodation, Tea break, Lunch, DSA, Stationaries, Local transport, National consultant | State & FCT level | New-Project/Activity | SMOHD/PH/Epid Inlogy and Surveillance unit | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | | Health security action plan developed | |
| | | 4.14.20.5.l | Conduct one day non-residential workshop of 60 persons to disseminate both the EPR and Health security action plan | Large hall, Tea break, Lunch, Local transport, printing, Banner | State & FCT level | New-Project/Activity | SMOHD/PH/Epid Inlogy and Surveillance unit | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | | EPR and Health security document disseminated | |
| | | 4.14.20.5.m | Conduct 5 days residential workshop of 35 persons to review, develop and validate State Epidemic Preparedness and Response Plan (EPR) in line with NCCDC standards | Small hall, Accomodation, Tea break, Lunch, DSA, Stationaries, Local transport, National consultant | State & FCT level | New-Project/Activity | SMOHD/PH/Epid Inlogy and Surveillance unit | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | | EPR Document developed | |
| | | 4.14.20.5.n | Conduct 5 days residential workshop of 35 persons to review, develop and validate State health security action plan in line with NCCDC standards | Small hall, Accomodation, Tea break, Lunch, DSA, Stationaries, Local transport, National consultant | State & FCT level | New-Project/Activity | SMOHD/PH/Epid Inlogy and Surveillance unit | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | | Health security action plan developed | |
| | | 4.14.20.5.o | Conduct one day non-residential workshop of 60 persons to disseminate both the EPR and Health security action plan | Large hall, Tea break, Lunch, Local transport, printing, Banner | State & FCT level | New-Project/Activity | SMOHD/PH/Epid Inlogy and Surveillance unit | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | | EPR and Health security document disseminated | |
| | 4.14.20.9 | | Improve coordinated and harmonized response interventions including resource coordination, rapid deployment, enhancing surge capacity, contact tracing, isolation & quarantine, infection prevention and control, emergency response, and the use of personal protective equipment, etc. to manage public health disease | The intervention ensures coordination and harmonization of all sector wide approach to ensure effective response through periodic assessment of national and state PHEOC functionality, Change Network of IPC, private hospitals involvement, as well those mentioned here (resource coordination, rapid deployment, enhancing surge capacity, contact tracing, isolation & quarantine, infection prevention and control, emergency response, and the use of personal protective equipment) | | | | | | | | | | | |
| | | 4.14.20.9.a | Procure 10 Laptops and provide monthly logistics for refreshment, fueling of operation at vehicles and Internet subscription for Public Health Emergency Operation Centre (PHEOC) | SMART Output Indicator(s): Proportion of states with functional PHEOC standardized, automated, and digitized PHEOC operations and at least one functional general EOC | Laptop, Tea break, Lunch, Local transport, fueling, airline, internet data | State & FCT level | New-Project/Activity | SMOHD/PH/Epid Inlogy and Surveillance unit | Direct Intervention Cost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | ▲ | 10 Laptops and logistics for operationalization of Public Health Emergency Operation Centre (PHEOC) provided |
| | | 4.14.20.9.b | Procure and preposition PPEs, drugs, consumables and laboratory reagent for priority diseases | PPEs (Face mask, handgloves, hand sanitizers, hand wash, eye goggle, gown and rubber boots), Drugs, consumables and | | State & FCT level | On-going Project/Activity | SMOHD/PH/Epid Inlogy and Surveillance unit | Direct Intervention Cost | Medicines, Commodities, and Supplies | ▲ | | ▲ | | PPEs, drugs, consumables and laboratory reagents procured |
| | | 4.14.20.9.c | Provide quarterly logistic support for deployment of 130 Rapid Response Team members (5 from state and 5 per LGA) during outbreaks of epidemic prone diseases for case investigation, contact tracing and case management. | Local transport, DSA, Accomodation | | State & FCT level | On-going Project/Activity | SMOHD/PH/Epid Inlogy and Surveillance unit | Direct Intervention Cost | Outreach/Events | ▲ | ▲ | ▲ | ▲ | Logistics for deployment of 130 Rapid Response Team during disease outbreaks provided |
| | | 4.14.20.9.d | Provide logistics support for weekly transportation of priority disease samples from the 23 LGAs to designated labs within the state for testing | Local transport | | State & FCT level | On-going Project/Activity | SMOHD/PH/Epid Inlogy and Surveillance unit | Direct Intervention Cost | Logistics/Supply Chain Management | ▲ | ▲ | ▲ | ▲ | Logistics for weekly transportation of priority disease samples from the LGA to the designated lab |
| 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. | Nigeria has develop a climate health profile in 2016, and committed to building a climate resilient health system, and go low-carbon emission in the health sector in 2023 as part of COP28 health system. Develop and implement a robust system to monitor and track the progress of Climate Health resolutions and commitments. This mechanism will ensure transparency, regular reporting, and adherence to set targets. By this Nigeria health sector will be well adapted to climate risks including making sure our PHC facilities can withstand floods, droughts etc. | SMART Output Indicator(s): By the end of Q4, 2025, 100% of Climate Health resolutions and commitments will be tracked through a operational accountability system, with quarterly progress reports submitted to stakeholders. 2. Number of Solar Powered Refrigerators procured 3. Number of health care waste management | | | | | | | | | | |
| | | 4.15.21.1.a | Procure and install Solar Powered Refrigerators to the 32 Pharmacy Units of the 32 SHFs | Cost of Solar Systems and installations | State & FCT level | New-Project/Activity | SMOHD/PS/LMCU | Infrastructure And Equipment | Other Machinery and Equipment | | ▲ | | | | Climate Health Resolutions |
| | | 4.15.21.1.b | Procure PPEs for health care waste management for 34 SHFs | PPEs Cost | State & FCT level | New-Project/Activity | SMOHD/PS/LMCU | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | ▲ | | | Health care waste PPEs Procured |
| | | 4.15.21.1.c | Conduct 6 days residential workshop to develop and validate guidelines for health care waste generation, Collection, Management and disposal in 1065 health facilities in the State by 45 persons by 2 facilitators | Federal/State Consultant, Small Hall, Projector, PAS, Tea (3star) Lunch (3-star) Accomodation (3-5 star) Local Transport, Honorarium (Board), DSA (without accommodation & meals), Stationary | State & FCT level | New-Project/Activity | SMOHD/PS/LMCU | Program Management and Administration | Technical Assistance/Consulting/Professional Services | | | ▲ | ▲ | | Guideline for Health Care waste Management developed |
| | | 4.15.21.2 | Establish and resource the Nigeria Climate Health Coordination Committee (dissolved in the Climate Change Division -CPH-FMOHS) and TWG to ensure the effective implementation of climate initiatives across health programmes | Establishing the Nigeria Climate Health Board or Council is crucial for the effective implementation of climate initiatives with health programs. This body will coordinate efforts, ensuring strategic alignment and cohesive action across sectors. With a dedicated budget or based on Health National Adaptation Plan (HNAP) and support from both public and private stakeholders, the Council will oversee initiatives such as reducing greenhouse gas emissions, enhancing climate resilience in healthcare facilities, and integrating climate considerations into national health policies, aiming to improve health outcomes and sustainability. 1. Establish and strengthen the Climate Health TWG with functional committees through multisectoral one-health approach. 2. Activate of state-level coordination mechanisms - climate health desk offices 3. Conduct the vulnerability Assessment (VA) of the impact of the climate change on human health under One Health perspective 4. Carry out regular meetings and trainings with existing health programs to ensure integration of climate change component in all health policies and plans | SMART Output Indicator(s): By Q2, 2025, the Nigeria Climate Health Board will be fully operational with at least 75% of planned resources allocated based on HNAP, and will hold bi-monthly meetings to raise and drive climate initiatives in health programs | | | | | | | | | | |
| | | 4.15.21.2.a | Conduct a one day non-residential stakeholders engagement meeting of 25 persons on 5 relevant MDAs on Healthcare waste management | projector, lunch, tea break | State & FCT level | New-Project/Activity | DPH/Desk Office Climate Change | Program Management and Administration | Other Programme Management & Administration n.e.o | | ▲ | | | | stakeholders engagement meeting conducted |
| | | 4.15.21.2.b | Conduct 2 days non-residential workshop to establish a climate health TWG with 30 relevant Stakeholders from MDAs including private sectors with 1 facilitator. | lunch, transport, tea break, hall, PAS, projector, honorarium | State & FCT level | New-Project/Activity | SMOHD/PH/DESK OFFICER CLIMATE CHANGE | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | ▲ | | | TWG on climate health established |
| | | 4.15.21.2.c | Procure and distribute 6 incinerators (2 per zone) in Kaduna state for effective health care waste management of bio and non-bio waste. | incinerators | State & FCT level | On-going Project/Activity | SMOHD/PH/DESK OFFICER CLIMATE CHANGE | Infrastructure And Equipment | Other Machinery and Equipment | | ▲ | | | | 30 incinerators procured |



Kaduna State Government



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| 4.15.21.2 | 4.15.21.2.d | Conduct 3 days residential training for 26 persons (18 Environmental health officers and 10 biomedical technicians) on the operation and maintenance of incinerator in secondary health facilities by 21 health zones | * consultant, large hall, projector, tea break, lunch, DSA, Accommodation | State & FCT level | On-going Project/Activity | DPH/Desk Officer Climate Change | Infrastructure And Equipment | Health Worker Training - In-service | ▲ | | | 70 EHDs and 10 Biomedical technicians trained on incinerator maintenance |
| | 4.15.21.2.e | Procure 2000 each biodegradable waste bin (color coded, i.e. red, yellow and black) for appropriate collection and disposal of waste health products in 30 secondary health facilities in the State | Durable (biodegradable) | State & FCT level | New - Project/Activity | DPH/Desk Officer Climate Change | Infrastructure And Equipment | Medical/Lab Equipment - Purchase | ▲ | | | 2000 biodegradable waste bin procured for 30 SHF |
| | 4.15.21.2.f | Procure 300 Standard, tight fitted cover dust bin, for 30 secondary health facilities in the State, for general waste collection | standard bin and cover | State & FCT level | New - Project/Activity | DPH/Desk Officer Climate Change | Infrastructure And Equipment | Medical/Lab Equipment - Purchase | | ▲ | | 300 Standard, tight fitted cover dust bin procured for 30 secondary health facilities |
| | 4.15.21.2.g | Procure 300 PPEs for 300 health care waste handlers, in 30 secondary health facilities in the State | Hand glove (Rubber, elbow level), rubber boot, face mask, PPE (overall) | State & FCT level | New - Project/Activity | DPH/Desk Officer Climate Change | Infrastructure And Equipment | | | ▲ | | 300 PPEs for health care waste handlers procured |
| | 4.15.21.2.h | Procure 150 solar powered, CFC free Refrigerators (5 per facility) for 30 Secondary Health Facilities, for laboratory reagents, vaccine product storage, and other hospital usage | 150 solar powered, CFC free Refrigerators (344kL Upright Freezer, White Finish) | State & FCT level | New - Project/Activity | DPH/Desk Officer Climate Change | Infrastructure And Equipment | Medical/Lab Equipment - Purchase | ▲ | | | 150 solar powered, CFC free Refrigerators procured |
| | 4.15.21.2.i | procure 150 solar powered air conditioners, for 30 secondary health facilities across the State | 150 solar powered, CFC free Refrigerators (344kL Upright Freezer, White Finish) | State & FCT level | New - Project/Activity | DPH/Desk Officer Climate Change | Infrastructure And Equipment | Other Fixed Assets (non-moveable) | | | ▲ | |
| 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 | Assess the vulnerability of the health sector to climate risks and integrate findings in designing climate-informed health programmes 1. Develop a costed Health National Adaptation Plan for Nigeria 2. Develop an operational and funding allocation plan for the delivery of the Health National Adaptation Plan 3. Conduct climate health advocacy visits to states and sensitization of critical stakeholders on HNAP development and adaptation at sub-national level 4. Plan and launch Climate health National Adaptation Plan (HNAP) 5. Disseminate HNAP reports to the health community, at technical and high-levels at all levels of care 6. Implement green procurement strategies across the health sector | SMART Output Indicator(s): Number/Proportion of states implementing HNAP related green procurement strategies across health sectors | | | | | | | | | |
| 4.15.21.3 | 4.15.21.3.a | Conduct 1 day activity to establish the Kaduna state Climate and Health adaptation committee with 40 members | Lunch, Stationery | State & FCT level | New - Project/Activity | SMHC/DPH/EDHS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | National Climate and Health adaptation committee established |
| | 4.15.21.3.b | 2 days TWG meeting to domesticate the national climate and health adaptation plan with 40 TWG members | Lunch, Stationery | State & FCT level | New - Project/Activity | SMHC/DPH/EDHS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | National Climate and Health adaptation plan domesticated |
| | 4.15.21.3.c | 1 day meeting to disseminate the national climate and health adaptation plan to 100 persons | Lunch, Hall, Stationery, Plans, Transport, Attendance sheet, Projector | State & FCT level | New - Project/Activity | SMHC/DPH/EDHS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | | National Climate and Health adaptation plan disseminated |
| | 4.15.21.3.d | Conduct 2 days training of assessors & supervisors for the conduct of assessment of Kaduna state climate and health vulnerability and adaptation with 116 persons (46 assessors & 69 Supervisors) | Tea break, Lunch, Agenda, Transport, Hall, DSA, Attendance, Projector, Accommodation | State & FCT level | New - Project/Activity | SMHC/DPH/EDHS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | | Kaduna state climate and health vulnerability and adaptation assessed |
| | 4.15.21.3.e | Conduct 5 days assessment of Kaduna state climate and health vulnerability and adaptation with 116 persons (46 assessors & 69 Supervisors) | Transport, DSA, Assessment tools, Honorarium(Basic), Stationery | State & FCT level | New - Project/Activity | SMHC/DPH/EDHS | Program Management and Administration | Planning, Policy and Capacity Building Workshop | ▲ | ▲ | | Kaduna state climate and health vulnerability and adaptation assessed |

State Primary Health Care Board

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| Strategic Pillar Four: Health Security | | | | | | | | | | | | |
| 4.14 | Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Leisa, CSM, Measles) | | SMART GLOBAL INDICATOR(S) Existence of harmonised and coordinated approach and system to detect, prevent and respond public health threats at national and sub-national level including network of all laboratories, surveillance systems, Emergency Operation Centers and health promotion messaging based on One Health approach at national and sub-national level Baseline: National (0); Sub-national (0) Target: National (1); Sub-national (36+1) by 2027 | | | | | | | | | |
| | 4.14.20 | Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security | Baseline: Nigeria State Party self assessment Annual Reporting (SPAR) - Country Capacity Score 61 (2023) XXX (2024) Baseline: (JEE) Nigeria has a 33 RHR preparedness score-2 vs Africa average score of 55 and the global average score of 70 (WHO, 2017) Priority: Improve Public Health Emergencies prevention, detection, preparedness and response (including pandemics) | | | | | | | | | |
| | 4.14.20.3 | Workforce Capacity Building - Enhances capabilities to achieve health security | This intervention is a comprehensive capacity building efforts on all aspects of health security (i.e. public health emergency management at national and sub-national level based on one health approach (includes develop multi-hazard preparedness and response plan, occupational health and safety, IPC, WASH, laboratory strengthening including AST, surveillance, ICM-T approach, supply chain management and response etc.) 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 | | | | | | | | | |
| 4.14.20.3 | g | Conduct 1 day bi-annual zonal orientation meeting with 2355 community informants on Case detection, notification and reporting across the 23 LGAs, by 3 facilitators (3 batches per zone) | Hall hire, Lunch, Local Transport, DSA for facilities, Accommodation for facilitators | State & FCT level | New - Project/Activity | SPHC/DOC/PM/ID/ENQ | Human Resource/Health | Health Worker Training - Pre-service | ▲ | | ▲ | 2355 community informants oriented |
| | h | Conduct 2 days residential training for 23 LGA Lab focal person and 23 DSOs (46 persons) on sample collection, packaging and transport by 5 facilitators | Hall hire, Tea break, Lunch, DSA, Transport, Stationery, Accommodation | State & FCT level | On-going Project/Activity | SPHC/DOC/PM/ID/ENQ | Human Resource/Health | Health Worker Training - Pre-service | ▲ | | | 23 LGA Lab focal person & 23 DSOs trained |



Kaduna State Government



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| | | 4.14.20.3.a | Conduct 1 day zonal orientation meeting with 255 WDC on Case detection, notification and reporting across the 20 LGAs, by 31 facilities (3 batches per zone) | Travel Lunch Local Transport DSA for facilities Accommodation for facilitators | State & FCT level | On-going Project/Activity | SFHCBIDC&MMD SMO | Human Resource/Health | Health Worker Training - Presence | ▲ | | | | 255 WDC Chairman oriented |
| 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. | The intervention addresses National IDSR policy and specifically ensures streamlining and integrating multiple surveillance platforms to strengthen collaborative surveillance, improve data quality and responsiveness, and interoperability, digitalization, predictive analysis and real-time response. (SCRPAS, AVADAR, EBS, CBS, etc.) | | SMART Output Indicator(s): 1. Proportion of number of states implementing collaborative surveillance with digitized recording and reporting of public health threats using one health approach. 2. Proportion of states implementing 7-17 benchmark for detection and reporting of seasonal and priority diseases. | State & FCT level | On-going Project/Activity | SFHCBIDC&MMD SMO | Infrastructure/Equipment | Medical Lab Equipment - Purchase | ▲ | | | | 33,025 drugs, Laboratory reagents, test kits and other medical consumables procured |
| | | 4.14.20.5.a | Procure and pre-position 33,025 drugs, Laboratory reagents, test kits and other medical consumables for CSM, MEASLES, CHOLERA, VHF, MONKEY FOX DIPHTHERIA | Drugs, reagents, test kits and medical consumables | State & FCT level | On-going Project/Activity | SFHCBIDC&MMD SMO | Infrastructure/Equipment | Medical Lab Equipment - Purchase | ▲ | | | | 33,025 drugs, Laboratory reagents, test kits and other medical consumables procured |
| | | 4.14.20.5.b | Provide 1 day monthly logistics support for 56 surveillance officers (48 DSNs/ACSNOs and 10 State team) on surveillance of priority diseases (Provide logistics support to 20 LGA DSNs for sample transportation from LGA to the state) | Local Transport DSA for state team | State & FCT level | On-going Project/Activity | SFHCBIDC&MMD SMO | Clinical Intervention/Consult | Technical Support/Supervision | ▲ | ▲ | ▲ | ▲ | 56 surveillance officers received logistic support |

Kaduna State Health Supplies Management Agency

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| Strategic Pillar Four: Health Security | | | | | | | | | | | | | | | | |
| Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Lassa, CSM, Measles) | | | | | | | | | | | | | | | | |
| | | | SMART Outcome Indicator(s): Existence of harmonized and coordinated approach and systems to detect, prevent and respond public health threats at national and sub-national level including network of all laboratories, surveillance systems, Emergency Operation Centers and health promotion messaging based on One Health approach at national and sub-national level. Baseline: National (0), Sub-national (0) Target: National (1), Sub-national (20-4) by 2027 Guide to Indicator: https://www.who.int/emergencies/diseases/nipw/indicators | | | | | | | | | | | | | |
| 4.14.20 | Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security | | | Baseline: Nigeria State Party self assessment Annual Reporting (SPAR) - Country Capacity Score 61 (2023) XXX (2024) Baseline: (JEE) Nigeria has a 33 IHR preparedness score-2 for Africa average score of 55 and the global average score of 70 (WHO, 2017) Priority: Improve Public Health Emergencies prevention, detection, preparedness and response (including pandemics) | | | | | | | | | | | | |
| 4.14.20.3 | Workforce Capacity Building - Enhance capabilities to achieve health security | This intervention is a comprehensive capacity building efforts on all aspects of health security called public health emergency management at national and sub-national level based on one health approach (includes develop multi hazard preparedness and response plan, occupational health and safety, IPC, WASH, labor stop strengthening including AST, surveillance, 7-17 approach, supply chain management and response etc.) | | SMART Output Indicator(s): 1. Number/Proportion of health security staff (health care workers and other staff) derive the composition of health security staff trained annually on public health emergency management at national and sub-national level | | | | | | | | | | | | |
| | | 4.14.20.3.a | Conduct 5 days non residential training on Fire Safety Drill for 60 person | Tea Break, Lunch, Workshop materials, Facilitation fees | State & FCT level | New-Project/Activity | KACHSMA/DO | Program Management/Administration | Planning, Policy and Capacity Building Workshop | ▲ | | | | Trained persons on HSE and BLS. | | |

ENABLER ONE: Data and Digitalization Ministry of Health

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| Enabler 1: Data Digitization | | | | | | | | | | | | | | | | |
| 1.16 Digitize the health system & have data-backed decision making | | | | | | | | | | | | | | | | |
| | | | SMART Outcome Indicator(s): HIE maturity assessment score for Nigeria (This is a maturity assessment tool to evaluate health information governance, generation and use) Baseline: 1.333 (2023 HIE Assessment score) Target: 3 (2027) | | | | | | | | | | | | | |
| 1.16.22 | Strengthen health data collection, reporting and usage - starting with the core indicators | | | Baseline: The governance for health information is weak especially at the subnational level. This has impeded coordination of the health information system and contributed to the fragmentation of data systems. Furthermore, the ability of the country to generate quality health information from all the data sources is impeded and the use of available information is marred by poor quality and data use culture. Priority: The objective is to strengthen the health information system prioritizing data governance, data operation and management and use of data for | | | | | | | | | | | | |
| 1.16.22.1 | Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs | 1. Support regular meetings of the Health Data Consultative Committee (HDCC) and Health Data Governance Committee (HDGC) at all levels 2. Support the activities of the National HIE TWG aligned with the SWAp | | 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 (domestic use) | | | | | | | | | | | | |
| | | 1.16.22.1.a | Conduct 1 day quarterly NPCCSR review meeting with 65 persons (10 State data team, 32 ZPH/HISOs and 23 LGA/RH coordinators) to review NPCCSR data quality and reporting | Tea break, Lunch, Transport | State & FCT level | New-Project/Activity | SMCHDPRS/SHMSO | Program Management/Administration | Upper Programme Management & Administration | ▲ | ▲ | ▲ | ▲ | Review meeting to improve NPCCSR data quality and reporting with 65 persons conducted. | | |



Kaduna State Government



Foreign, Commonwealth & Development Office

BILL & MELINDA GATES foundation

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| | 1.16.22.10.b | Conduct 3 days residential capacity building on DHIS2 version 4.1 and data management for 76 persons (32 SHFs/HMBOs, 23 LGA M&Es and 23 LGAs/HMBOs) | large hall, projector, PAS, 2Teabreak, Lunch, Accommodation, Honorarium, stationeries | State & FCT level | On-going Project/Activity | SMCH/DHPRS/SHMISO | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | | | | 76 persons trained on DHIS2 version 4.1 and data management |
| | 1.16.22.10.c | Conduct 3 days capacity building of 30 persons (20 LGA M&Es, 20 LGA HMBOs, 32 SHFs/HMBOs and 10 State data team with 2 consultants) on digitalization of HMIS monthly summary for direct health facilities reporting to DHIS2 National Instance | Accommodation, Large hall, Projector, PAS, Transport, 2teabreak, Lunch, consultant fee, Stationeries | State & FCT level | New-Project/Activity | SMCH/DHPRS/SHMISO | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | | | | 60 M&Es trained on digitalization of HMIS monthly summary for direct health facilities reporting to DHIS2 National Instance |
| | 1.16.22.10.d | Conduct 1-day residential capacity building of 23 HMBO across the 23 LGAs and 6 State officials/partners for quality checking and reporting self-assessment indicator | Accommodation, Large hall, Projector, PAS, Transport, 2teabreak, Lunch, consultant fee, Stationeries | State & FCT level | New-Project/Activity | SMCH/DHPRS/SHMISO | Program Management and Administration | Health Worker Training - In-service training | ▲ | | | | 23 HMBOs and 6 State officials trained on quality checking and reporting self- |
| | 1.16.22.10.e | Conduct quarterly 1-day non-residential review meeting with 23 HMBO across the 23 LGAs and 6 State officials/partners to ensure DHQA-SCPS data quality across | teabreak, lunch, State Consultant | State & FCT level | New-Project/Activity | SMCH/DHPRS/SHMISO | Program Management and Administration | Policy and Capacity Building | ▲ | ▲ | ▲ | ▲ | data quality review meeting conducted |
| | 1.16.22.11 | Support the monitoring, evaluation, research and learning of the HS and broader health system | 1. Develop and implement a robust monitoring and evaluation framework to track health outcomes and health systems progress 2. Conduct periodic review of the HSSB implementation progress including joint annual review, mid-term reviews, etc. 3. Produce annual state of health report 4. Conduct end-term evaluation of the strategic blueprint | 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. | | | | | | | | | |
| | 1.16.22.11.a | Conduct 3 days residential training for 55 LGA M&Es and HMBOs on data analysis, interpretation and presentation for informed decision making by 2 facilitators | Teabreak, Lunch, accommodation, hall, transport, DSA, Stationary, PAS. | State & FCT level | On-going Project/Activity | SMCH/DHPRS/MBEO | Program Management and Administration | Monitoring and Evaluation | | | | ▲ | 30 LGA M&Es and HMBOs trained on data analysis, interpretation and |
| | 1.16.22.11.b | Conduct a 3 days residential workshop to develop the M&E plan for the 2025 AoP by 46 persons by 2 facilitators | Teabreak, Lunch, accommodation, hall, transport, DSA, Stationary, PAS. | State & FCT level | On-going Project/Activity | SMCH/DHPRS/MBEO | Program Management and Administration | Monitoring and Evaluation | ▲ | | | | 2025 AOP M&E plan developed |
| | 1.16.22.11.c | Conduct 1 day planning meeting and 5 days quarterly ISS in 30 Secondary HF by 55 persons | quarterly ISS (Teabreak, Lunch, DTA, Transport, A4 paper), Monthly SS (Teabreak, Lunch, DTA, Transport, A4 paper) | State & FCT level | On-going Project/Activity | SMCH/DHPRS/MBEO | Program Management and Administration | Monitoring and Evaluation | ▲ | ▲ | ▲ | ▲ | quarterly ISS conducted in 30 Secondary Monthly & Quarterly ISS conducted in 255 Primary HF |
| | 1.16.22.11.d | Conduct 3 days residential workshop for 35 M&Es and other key program officers of the health sector to develop 2024 end of year health sector report by 2 facilitators | Lunch, tea break, Lunch, hall fee, PAS, stationery, A4 Paper, Accommodation, DSA, Transport, Honorarium | State & FCT level | On-going Project/Activity | SMCH/DHPRS/MBEO | Program Management and Administration | Monitoring and Evaluation | ▲ | | | | 2024 Health sector report developed |
| | 1.16.22.11.e | Conduct one day monthly health sector M&E TG meeting for 30 persons and 2 facilitators | Lunch. | State & FCT level | On-going Project/Activity | SMCH/DHPRS/MBEO | Program Management and Administration | Monitoring and Evaluation | ▲ | ▲ | ▲ | ▲ | M&E TWG meeting conducted |

State Primary Health Care Board

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| Enabler 1: Data Digitization | | | | | | | | | | | | | |
| 1.16 | Digitize the health system to have data-backed decision making | | SMART Outcome Indicator(s): HIE maturity assessment score for Nigeria (This is a maturity assessment tool to evaluate health informatics governance, generation and use) Baseline: 1,333 (2023 HIE Assessment score) Target: 3 (2027) | | | | | | | | | | |
| 1.16.22 | Strengthen health data collection, reporting and usage – starting with the core indicators | | Baseline: The governance for health information is weak especially at the subnational levels. This has impacted coordination of the health information system and contributed to the fragmentation of data systems. Furthermore, the ability of the country to generate quality health information from all the data sources is impaired and the use of available information is marred by poor quality and data use culture. Priority: The objective is to strengthen the health | | | | | | | | | | |
| 1.16.22.2 | Review, update, and adopt strategic documents on HIS to support monitoring and evaluation of health sector plans and interventions | To improve data availability and use, the HIS for the country should pursue a clear policy direction with well-articulated strategies and plans to guide what interventions need to be implemented for optimal functioning of the system. These will include an up-to-date National HIS Policy that is aligned to the National Health Policy, Strategy, initiatives and an action plan for the current and emerging developments in the country with relevant regional and global inputs. It should reflect strategies and minimum requirements for adoption and implementation of cutting-edge context-appropriate technologies and strategies to improve equitable production and use of data 1. Review and update the National HIS Policy 2. Review and update the National HIS Strategy 3. Review and update relevant SOP, Guidelines, Manuals and technical documents on HIS | 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 Baseline Target: | | | | | | | | | | |
| | 1.16.22.2.a | Coordinate 2 days monthly State/Local Data Validation Meeting with 100 health (public & private) DCR in 23 LGAs supported by 10 LGA officials and 23 state DCR FPs | Teabreak, Lunch, Transport, accommodation for state experts, DSA | State & FCT level | On-going Project/Activity | SPHCB/DHPRS/MBE | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | ▲ | ▲ | ▲ | HF monthly summary data validated and uploaded on to DHIS2 platform |
| | 1.16.22.2.b | Digitalize 5 days monthly State DCR Meeting with state DCR team members/partners (35 persons) and 2 days level visit to established health facilities with one official visit by 20 DCR focal persons (at least 2 HF per LGA), supported by 10 state-level officials | Teabreak, Lunch, Transport, accommodation for field visit, DSA | State & FCT level | On-going Project/Activity | SPHCB/DHPRS/MBE | Human Resources for Health | Technical Supportive Supervision | ▲ | ▲ | ▲ | ▲ | HF data on DHIS2 updated with visit errors and allocations resolved |
| | 1.16.22.2.c | Conduct 5 days quarterly DQA_DCR/DCR in 23 HFs across 23 LGAs (10 facilities per LGA) by 46 state officials, 5 days monthly 2 HF per day by LGA, M&E and HIS officials (40 per) both supported by 10 state-level managers | Transport, accommodation for state officials, DSA for state officials | State & FCT level | On-going Project/Activity | SPHCB/DHPRS/MSO | Program Management and Administration | Planning, Policy and Capacity Building | ▲ | ▲ | ▲ | ▲ | Average data quality meets national standard for use |

Kaduna State Health Supplies Management Agency

| Exhibit 1: Data Digitization | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|-------------------|--|----------------------|------------------------|
| 1.16 | Digitize the health system & have data-backed decision making | | | | <p>SMART Outcome Indicator(s): RIE maturity assessment score for Nigeria (This is a maturity assessment tool to evaluate health information governance, access and use) Baseline: 1.333 (2023 RIE Assessment score) Target: 9 (2027)</p> | | | | | |
| 1.16.22 | Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate | | <p>Decide: The governance for digital health has been established at the national level but most of these have not or lack the structure. This has affected the ability of the country to leverage technology to improve the health system and patient experience as the countries have not been approached in a systematic and comprehensive manner including in procurement, legislation and regulation, infrastructure, human resources, capacity, standards development, cybersecurity and interoperability, and in the development of policies for healthcare.</p> <p>Priority: This initiative proposed prioritizes the development of a National Digital Health Platform Architecture that builds and unifies Digital health services and applications in Nigeria and best practices from other countries. With strategic coordination, the system could support a blend of all health system use cases, in addition to accelerating the progress toward UPO by 2027. An interoperable environment with interoperable software products, applying adopted data and security standards to the National Digital Health Platform Architecture is a prerequisite to ensure interoperability, coordination, accountability of a connected population-level health system and a single source of truth data system.</p> | | | | | | | |
| 1.16.22.3 | Develop an enterprise architecture to facilitate interoperability of data systems and applications within the health sector and beyond to facilitate RIE | | <p>1. Approve enterprise architecture for digital health applications and a variety of single source of truth data systems and data management tools 2. Map the digital health applications and relevant data systems in use in the country for prioritization in the enterprise architecture 3. Define and implement a National Digital Health Platform Architecture based on the adopted national standards that define high-level nationally supported digital health components 4. Define enterprise digital systems, data collection instruments, and reporting indicators that meet the needs of the national health system</p> | | <p>Define your SMART Output Indicator(s) 1. Nigeria Health Information Exchange maturity index 2. KADIRMA Supply Chain Dashboard interoperable with downstream data systems</p> | | | | | |
| 1.16.22.3.1 | | | Conduct a one-day, one residential meeting with 20 Supply Chain Management (SCM) stakeholders to review and validate the SCM dashboard | | Hd, Tss, brsk, Lush, Workshop methods, Transport | | State & FCT level | | New-Project/Activity | |
| 1.16.22.3.1 | | | Launch and conduct one-day one residential training exercise with 20 stakeholders on the use and adoption of the SCM platform across all levels of the health sector | | Hd, Tss, brsk, Lush, Workshop methods, Transport | | State & FCT level | | New-Project/Activity | |
| | | | | | | | | | | SCM Dashboard reviewed |
| | | | | | | | | | | SCM Dashboard Adopted |

Kaduna State Contributory Health Management Authority

| Exhibit 1: Data Digitization | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|-------------------|--|----------------------|---|
| 1.16 | Digitize the health system & have data-backed decision making | | | | <p>SMART Outcome Indicator(s): RIE maturity assessment score for Nigeria (This is a maturity assessment tool to evaluate health information governance, access and use) Baseline: 1.333 (2023 RIE Assessment score) Target: 9 (2027)</p> | | | | | |
| 1.16.22 | Strengthen health data collection, reporting and usage – starting with the core indicators | | <p>The National Health Management Information System (NHMIS) provides information on health service delivery and the health system in Nigeria. This system has progressively improved over the years but regularly underperforms in its ability to generate complete and timely data reporting due to the quality of the input and its utilization in decision making. Actions to make the NHMIS more responsive include:</p> <p>1. Review and update the existing 2019 NHMIS tools for primary health care 2. Finalize the development of the secondary and tertiary NHMIS tools for aggregate data management for SMC and specialized services at these levels 3. Decentralize DHIS2 reporting to the local level and for indicator indicators' reporting 4. Finalize development of Community Health Management Information System tools 5. Conduct regular data quality assessments and provide feedback for improvement</p> | | <p>SMART Output Indicator(s): 1. Availability of integrated data management (DMP) that is responsive to the sector wide approach 2. Availability of updated National Indicator Dictionary (data dictionary) Target:</p> | | | | | |
| 1.16.22.3 | Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data | | <p>Develop KADIRMA Electronic Data Management System by 31st December for 30 days</p> | | Developer fee | | State & FCT level | | New-Project/Activity | |
| 1.16.22.3.1 | | | Conduct 1 day one residential validation of KADIRMA Human Resources Management Information System with 25 persons and 2 facilities | | Meeting room, tea break, lunch, transport | | State & FCT level | | New-Project/Activity | |
| 1.16.22.7 | Strengthen data analysis and use for decision making | | <p>1. Capacity building on advanced data analysis including on big data, predictive analytics, Artificial Intelligence and Machine Learning 2. Establish a method for integrated health sector quarterly performance review with actions plan and follow up system and level for improvements and is aligned with the NHDS and the DU/Op 3. Monitor use of health data and information in key decisions</p> | | <p>SMART Output Indicator(s) 1. Availability of integrated data management (DMP) that is responsive to the sector wide approach 2. Availability of updated National Indicator Dictionary (data dictionary)</p> | | | | | |
| 1.16.22.7.1 | | | Conduct a one-day (1 day) residential training on advanced data analysis for 5 KADIRMA staff to enhance their capacity on the Dashboard interactive report template for decision making by new facilitator | | Hd for accommodation, Tea break, Lunch, training materials DSA and facilitator fee | | State & FCT level | | New-Project/Activity | |
| | | | | | | | | | | KADIRMA HFMS developed |
| | | | | | | | | | | KADIRMA HFMS developed |
| | | | | | | | | | | Personal - related, otherwise social contribution |



Kaduna State Government



Foreign, Commonwealth & Development Office

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|--------------|---|---|---|-------------------|---------------------------|--------------------------|---------------------------|---------------------------------------|---|--|--|---|
| 1.16.22.10 | Through human resources for health capacity for data management and health information system support | <ol style="list-style-type: none"> 1. Conduct rapid HRG human resources and training needs assessment to determine available skills for HRG 2. Develop, recruit and implement a roadmap for HRG training 3. Recruit and deploy work-officers/mobilizers for confidence capacity building of FME officers at 4 levels 4. Develop and institutionalize a training database to support continuous deployment 5. Develop online HRG Module for self-paced training and re-training at all levels | SMART Output Indicator(s): 1. Proportion of LGAs with functional computing devices and internet dedicated for electronic data management and record-keeping. | | | | | | | | | |
| 1.16.22.10.a | | Conduct one-day facilitator training of 250 frontline officers on the KADICIMA national surveillance system by 23 facilitators | SMART Output Indicator(s): Training, handbook, back, accommodation for facilitators, DSA for facilitator, Transport. | State & FCT level | On-going Project/Activity | KADICIMA/ICT HEAD OF ICT | Intrastructure/Equip/proc | ICT Equipment, Software and Computers | A | | | 250 frontline officers trained on the Automated surveillance software |
| 1.16.23 | Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate | | Baseline: The governance for digital health has been established at the national level but most states have weak or lack the necessary. This has affected the ability of the country to leverage technology to improve the health system and patient outcomes as the available data has been generated in a systematic and comprehensive manner including law enforcement, legislation and regulation, infrastructure, human resources capacity, standards development, architecture and interoperability, and in the development of relations for health care. Priority: The intervention proposed prioritizes the development of a National Digital Health Platform Architecture that builds off existing Digital Health services and applications in Nigeria and best practices from other countries. With strategic coordination, the system could support a broad set of health system use cases, in addition to evaluating the program towards UHC by 2027. In a heterogeneous environment with incompatible software products, applying uniform data and security standards to the National Digital Health Platform Architecture is a prerequisite to ensure interoperability, coordination, establishment of a connected people-centered health system and a single source of truth data system. | | | | | | | | | |
| 1.16.23.5 | Build the capacity of health care providers on digital health to improve efficiency and effectiveness | <ol style="list-style-type: none"> 1. Conduct an assessment to understand HIV risks and readiness for adoption and implementation of interventions 2. Develop a roadmap for health workers digital literacy programs including for pre-service and in-service staff 3. Develop and implement an innovation strategy for the training and upskilling of HCWs to engage appropriately with digital health interventions 4. Advocate for the prioritization and commitment of health information professionals within government policies to design, implement and maintain digital health systems | SMART Output Indicator(s): Baseline: Target: | State & FCT level | On-going Project/Activity | KADICIMA/ICT HEAD OF ICT | Intrastructure/Equip/proc | ICT Equipment, Software and Computers | A | | | |
| 1.16.23.5.a | | Conduct five-day non-residential training of 432 HCW staff officers on the newly developed KADICIMA operational software by 31 facilitators | handbook, back, accommodation for facilitators, DSA for facilitator, Transport. | State & FCT level | On-going Project/Activity | KADICIMA/ICT HEAD OF ICT | Intrastructure/Equip/proc | ICT Equipment, Software and Computers | A | | | |

Kaduna State AIDS Control Agency

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|-------------------------------------|--|---|--|-------------------|----------------------|--------------------------|---------------------------------------|--|---|---|---|--|
| Exhibit 1: Data Digitization | | | | | | | | | | | | |
| 1.16 | Digitize the health system & have data-backed decision making | | SMART Outcome Indicator(s): RIE maturity assessment score for Nigeria (This is a maturity assessment tool to evaluate health informatics governance, across on and use) Baseline: 1.0/3.0 (2020 RIE Assessment score) Target: 3 (2027) | | | | | | | | | |
| 1.16.22 | Strengthen health data collection, reporting and usage – starting with the core indicators | | Baseline: The governance for health information is weak especially at the subnational levels. This has impacted coordination of the health information system and contributed to the fragmentation of data systems. Furthermore, the ability of the country to generate quality health information from all the data sources is impaired and the use of available information is marred by poor quality and data use culture. Priority: The objective is to strengthen the health information system prioritizing data governance, data generation and management and use of data for decision making | | | | | | | | | |
| 1.16.22.2 | Review, update, and adopt strategic documents on HIS to support monitoring and evaluation of health sector plans and interventions | To improve data availability and use, the HIS for the country should have a clear policy direction with well articulated strategies and plans to guide what investments need to be implemented for optimal functioning of the system. These will include to refer to the National HIS Policy that is aligned to the National Health Policy, Strategy, Initiatives and the center for the current and emerging developments in the country with relevant regional and global inputs. It should reflect strategic and minimum requirements for adoption and implementation of cutting-edge content, appropriate, technological and strategies to improve equitable production and use of data | | | | | | | | | | |
| 1.16.22.2.a | | <ol style="list-style-type: none"> 1. Review and update the National HIS Policy 2. Review and update the National HIS Strategy 3. Review and update relevant SOI, Guidelines, Manuals and technical package as appropriate | To Brief, back, Transportation, and His | State & FCT level | New Project/Activity | KADICIMA/ICT HEAD OF ICT | Program/Management and Administration | Other Programs/Management & Administration n.c.r | A | A | A | HIS data quality reviewed and disseminated |
| 1.16.22.3 | Support the monitoring, evaluation, research and learning of the HIS and broader health system | <ol style="list-style-type: none"> 1. Develop and implement a report monitoring and evaluation framework to track health outcomes and health system progress 2. Conduct periodic review of the HIS implementation progress including joint annual review, mid-term review, etc 3. Produce annual state of health report 4. Conduct and learn evaluation of the strategic blueprint 5. Conduct periodic assessment and benchmarking of the HIS/IME system using the Global SOE technical package | SMART Output Indicator(s): 1. Development of evidence-based Joint Annual Report (JAR) to monitor implementation of the HISB 2. Number of annual State of the Health of the Nation Reports produced and disseminated | State & FCT level | New Project/Activity | KADICIMA/ICT HEAD OF ICT | Program/Management and Administration | Planning, Policy and Capacity Building Workshop | A | | | |
| 1.16.22.3.a | | Geospatial distribution of HIV/AIDS/STI and Tuberculosis prevalence across Kaduna State | Personal Counts, Consultants, Training Count, Data Collection, Community Engagement and Outreach, Geospatial Technology, Administrative Expenses, Reporting & Dissemination, Ethical/Regulatory Compliance, Microfinance Costs | State & FCT level | New Project/Activity | KADICIMA/ICT HEAD OF ICT | Program/Management and Administration | Planning, Policy and Capacity Building Workshop | A | | | |
| 1.16.22.3.b | | Exploring Transgender Health Disparities in Kaduna State | Personal Counts, Consultants, Training Count, Data Collection, Geospatial Technology, Reporting & Dissemination, Ethical/Regulatory Compliance, Publication Expenses, Laboratory Testing Materials | State & FCT level | New Project/Activity | KADICIMA/ICT HEAD OF ICT | Program/Management and Administration | Planning, Policy and Capacity Building Workshop | A | | | |



Kaduna State Government



Foreign, Commonwealth & Development Office

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|-----------|--|--|---|---|-------------------|----------------------|---------------------------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|-------------------------------------|
| 1.16.23 | Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate | Baseline: The governance for digital health has been established at the national level but most States have weak or lack the structure. This has affected the ability of the country to leverage technology to improve the health system and patient outcomes as the weaker have not been supported in a systematic and comprehensive manner including in terms of legislative and regulatory, infrastructure, human resource capacity, standard development, architectures and interoperability, and in the development of solutions for health care. Priority: The intervention proposed prioritise the development of a National Digital Health Platform Architecture (NADHP) and existing Digital Health services and applications in Nigeria and local production from other countries. With strategic coordination, the systems could represent a broad set of health services, hence, in addition to accelerating the progress toward UHC by 2037, its interoperable environment with interoperable software, protocols, applying standard data and security standards to the National Digital Health Platform Architecture is a prerequisite to ensure interoperability, coordination, establishment of a connect-of-people-centered health system with single source of truth data system. | | | | | | | | | | | | | | | | | |
| 1.16.23.3 | Develop an strategic architecture to facilitate interoperability of data systems and application with the health sector and beyond to facilitate HIE | 1. Develop strategic architecture for digital health interoperability and its quality of single source of truth data system and data management and use. 2. Map the digital health applications and relevant data systems in use in the country for prioritization in the architecture design. 3. Define and implement a National Digital Health Platform Architecture based on the adopted national standards that define high-level architectural support of digital health components. 4. Define minimum data digital register, data collection, storage, and reporting indicators that meet the needs of the national health system. 5. Provide leadership and recommendations of the National Digital Health Architecture at. | Definition: SMART Output Indicator(s): 1. Nigeria Health Information Exchange maturity index | Personal Centre, App Development, Content Creation, User Training and Feedback, Marketing and Promotion, Data Privacy and Security Measures, Planning and Maintenance, Training and Capacity Building, Monitoring and Evaluation. | State & FCT level | New-Project/Activity | KAD/ICA/ST/ACH/COOR/ID/SC | Program/Management/Administration | Other Programs/Management/Administration s.c | | | | | | | | | | HV Four Support Group App developed |

Kaduna State Bureau for Substance Abuse Prevention and Treatment

| | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--|--|-------------------|----------------------|------------------|-----------------------------------|--|--|--|--|--|--|--|--|--|---|
| Data Digitization | | | | | | | | | | | | | | | | | | | |
| The health system & have data-backed decision making | | | | | | | | | | | | | | | | | | | |
| SMART Outcome Indicator(s): HIE maturity assessment score for Nigeria (This is a maturity assessment tool to evaluate health information governance, version on and use) Baseline: 1.333 (2023 HIE Assessment score) Target: 3 (2027) | | | | | | | | | | | | | | | | | | | |
| Baseline: The governance for health information is weak especially at the subnational levels. This has impacted coordination of the health information system and contributed to the fragmentation of data systems. Furthermore, the ability of the country to generate quality health information from all the data sources is impaired and the use of available information is marred by poor quality and data use culture. Priority: The objective is to strengthen the health information system utilizing data governance data | | | | | | | | | | | | | | | | | | | |
| 1.16.22.5 | Support coordination, design and implementation of health surveys | The design and implementation of health surveys are not well coordinated leading to inconsistencies in the calendar of implementation, fragmentation of resources and inconsistencies in data generated across related surveys. Also, the cost of conducting surveys are very high hence smart designs and alignment will leads to maximization of resources and optimal generation of data. To strengthen survey | 1. Establish health survey coordination and collaboration structure 2. Finalize development of national Guideline for Survey 3. Archive health survey data at the FMOH 4. Establish system for routinely collecting data for facility assessments (service availability, readiness and quality of services including patient experience) | SMART Output Indicator(s): 1. Adoption of LGA with functional computing device and internet dedicated for electronic data management and transmission. Baseline-Target | | | | | | | | | | | | | | | |
| 1.16.22.5.a | | Purchase mobile data for the installation of the MHGAP tool for 300 Teachers across 10 LGAs for screening mental ill health students | | | Mobile data | State & FCT level | New-Project/Activity | KADB_SA/TS/SH/TS | Program/Management/Administration | Other Programs/Management/Administration n.c.o | | | | | | | | | 300 teachers equipped with the MHGAP screening tool |
| 1.16.22.6 | Data sharing and dissemination of health information | 1. Based on available validated data, generate quarterly information products such as policy briefs, analytic reports, statistical bulletins, and fact sheets for dissemination. 2. Develop communication plan for data and information 3. Develop/strengthen integrated programme dashboards and scorecards for analytics display and | | | Availability of Data coordination and Management center established at all levels | | | | | | | | | | | | | | |
| 1.16.22.6.a | | Establish a 2-maned data coordination and management center | | | Laptop, Router, Printer, Backup Storage, UPS, Data analysis software, Cloud storage. | State & FCT level | New-Project/Activity | KADB_SA/PS/SH/PS | Infrastructure And Equipment | ICT Equipment, Software and Connectivity | | | | | | | | | KAD/LSA data coordination and management center Set Up |
| 1.16.22.6.b | | Conduct a 3-day non-residential capacity building training for 20 persons on data integrity, storage, management and visualization by 1 consultant | | | Mal, Consultant, Workshop material, Tea, Lunch, Local Transport | State & FCT level | New-Project/Activity | KADB_SA/PS/SH/PS | Human Resource/Health | Technical Support/Supervision | | | | | | | | | Capacity of 20 KAD/LSA staff on Data integrity, storage, management and visualization Built |



Kaduna State Government



Kaduna State Primary Health Care Board

| Exhibit 2: Financing | | | | | | | | | | | | | | | | | | |
|----------------------|---|--|---|---|----------------------|--------------|---------------------------------------|--|--|--|--|--|--|--|--|--|--|---|
| 2.17 | Increase effectiveness and efficiency of healthcare spending | | | SMART Outcome Indicator(s): 1. % reduction in ODBE 2. % ODBE per capita 3. % of increase in effectiveness of healthcare spending as a share of total health budget (Budget performance) 4. % of increase in efficiency of healthcare spending as a share of total health budget (Budget performance report) Baseline: To be provided later Target: >90% budget utilization driven by frequent in-year performance and financial reporting and over 90% of the total available funds are visible and coordinated. | | | | | | | | | | | | | | |
| | 2.17.24 Improve oversight and monitoring of budgeting process to increase budget utilization | | | | | | | | | | | | | | | | | |
| 2.17.24.1 | Adopt lean approach approach for aggregate activities based on annual strategic plan. VAs approve budget. | | | SMART Output Indicator(s): - Budget utilization rate - Percentage of priority interventions allocated to specific budget line - Number of programs based budget developed and implemented - Percentage increase in budget allocation for priority interventions | | | | | | | | | | | | | | |
| | 2.17.24.1.a | Conduct 1-day non-residential orientation meeting with 25 LGHA MIEs and 20 LGHA accountants on budget preparation via 10 state officials to develop 2025 LGHA personnel cost | Half kits, Lunch, Local Transport, projector, PAB and DSA | State & FCT level | MCW-Project/Activity | SPHC/DPRS/DO | Program Management and Administration | Personnel - salaries, allowances, social contributions | | | | | | | | | | LGHA PME and Accountant fully oriented |
| | 2.17.24.1.b | Procure time of A4 paper, Toner, Cartridges and binding Materials for Printing of 2025 Draft Budget documents. | A4 Paper, Toner, Cartridge, Binding Materials | State & FCT level | MCW-Project/Activity | SPHC/DPRS/DO | Program Management and Administration | Personnel - salaries, allowances, social contributions | | | | | | | | | | Printing documents for Budget review prepared |
| | 2.17.24.1.c | Procure refreshment for 1-day non-residential 2025 budget review for 15 Persons | Lunch | State & FCT level | MCW-Project/Activity | SPHC/DPRS/DO | Program Management and Administration | Personnel - salaries, allowances, social contributions | | | | | | | | | | Lunch for Budget review prepared |
| 2.17.24.2 | Engage relevant stakeholders to assess readiness building of the health sector budget. | | | SMART Output Indicator(s): - Percentage increase in timely budget release - Monitoring and evaluation framework developed - Number of budget monitoring and evaluation exercises conducted - Number of budget monitoring and evaluation reports developed | | | | | | | | | | | | | | |
| | 2.17.24.2.a | Engage with Federal State Material Accountability Monitoring (MSMAM) for Bursarial address to the Executive Governor of Kaduna State on health facilities cash backlog by 20 persons (SPHC/MSMAM) | Transportation and refreshment | State & FCT level | MCW-Project/Activity | SPHC/DFA | Program Management and Administration | Other Programs Management & Administration e.g.c | | | | | | | | | | Bursarial address to the Executive Governor on health facilities cash backlog conducted |
| 2.17.24.5 | Develop a cost-effective health system investment case. | | | SMART Output Indicator(s): - Investment case for health system developed and disseminated for use | | | | | | | | | | | | | | |
| | 2.17.24.5.1 | Conduct a 3-day non-residential training for the 25 LGHA accountants on the lean financial model and change health care financing model. Facilitate needs training, policy review and priority vision on SPHC Run-Up Platform, and monthly observation training on their payroll report by 6 facilitators and 1 consultant | - DSA - Transport - Lunch - Accommodation - Facilitator fee - Kit fee - Diagnostics | State & FCT level | MCW-Project/Activity | SPHC/DFA | Program Management and Administration | Planning Policy and Capacity Building Workshop | | | | | | | | | | Build capacity of |



Kaduna State Government



Kaduna State Health Supplies Management Agency

| Enabler 2: Financing | | | | | | | | | | | | |
|----------------------|--|--|---|-------------------|---------------------------|------------------|---------------------------------------|---|--|--|--|--|
| 2.17 | Increase effectiveness and efficiency of healthcare spending | | <p>OTHER SMART Outcome Indicator(s):</p> <p>i. 9% reduction in OOPe</p> <p>ii. 9% GGHE per capita</p> <p>iii. 1.5% of increase in effectiveness of healthcare spending as a share of total health budget (Budget performance)</p> <p>2. 3% of increase in efficiency of healthcare spending as a share of total health budget (Budget performance)</p> | | | | | | | | | |
| 2.17.24 | Improve oversight and monitoring of budgeting process to increase budget utilization | | | | | | | | | | | |
| 2.17.24.1 | Adopt lumpsum approval approach for aggregate activities based on annual workplan in line with approve budget. | <p>What we are doing now: Approvals are secured on activity by activity bases leading to the problems of some delayed utilization of funds and delayed commencement of activities.</p> <p>what we want to do going forward: Prepare annual workplan consisting of activities to be implemented quarterly/bi-annually and secure costed/bi-annual approval for lumpsum of aggregated.</p> | <p>SMART Output Indicator(s):</p> <p>- Budget execution rate</p> <p>- Percentage of priority interventions allocated to specific budget lines</p> <p>- Number of programme-based budgets developed and implemented</p> <p>- Percentage increase in budget allocation for priority interventions</p> | | | | | | | | | |
| 2.17.24.1.a | | Conduct a 3 Day workshop for the preparation of KADHSMA 2025-2027 Multi-Year Budget and Annual Performance Review for 15 persons | Hot, Tea break, Lunch, PAS, Workshop material | State & FCT level | On-going Project/Activity | KADHSMA-OP/PM/RE | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | Multi-Year Budget prepared and annual performance reviewed |
| 2.17.24.1.b | | Conduct 5 days quarterly days exception-Based Monitoring & Supportive Supervision (Spot Checks) to facilities with outliners gaps in requisition and shipment by 20 persons | DTA, Stationery | State & FCT level | On-going Project/Activity | KADHSMA-OP/PM/RE | Program Management and Administration | Monitoring and Evaluation | | | | Exception based monitoring and supportive supervision done |
| 2.17.24.1.c | | Conduct 4 days biannual inventory and sales reconciliation for drugs stocks by 13 participants | DTA, Stationery, Accommodation, Data and Communication | State & FCT level | On-going Project/Activity | KADHSMA/CPA | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | Inventory and financial reconciliation done conducted. |
| 2.17.24.1.d | | Quarterly Printing and Distribution of 10,000 Booklets of Coded prescription Sheets to 1099 HFs on One Public Health Supply Chain Network Master for Real-Time consumption Data collection | Printing costs | State & FCT level | On-going Project/Activity | KADHSMA/CHS | Program Management and Administration | Other Programme Management & Administration n.e.c | | | | Printing of Prescription Booklets done |
| 2.17.24.5 | Develop a sector wide health system investment case. | <i>The process will include conduct of studies, workshops, consultations, packaging and targeted dissemination of health system investment case to various stakeholders.</i> | <i>SMART Output Indicator(s): -Investment case for health system developed and disseminated for use</i> | | | | | | | | | |
| 2.17.24.5.a | | Conduct 2 Days Study tour on peer review on optimising SC operations with other health supplies agencies by 12 persons | DTA, Accommodation, transport | State & FCT level | New-Project/Activity | KADHSMA/IDLO | Program Management and Administration | Planning, Policy and Capacity Building Workshop | | | | Study tour on peer review conducted |
| 2.17.24.5.b | | Conduct 2 days meeting to develop an investment opportunities plan with 25 persons | Tea break, Lunch | State & FCT level | New-Project/Activity | KADHSMA/IDLO | Program Management and Administration | Planning, Policy and Capacity Building | | | | Investment opportunities identified |
| 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. | <i>Align the appraisal system with organization's strategic objectives and value.</i> | <i>SMART Output Indicator(s): -Availability of performance assessment procedure</i> | | | | | | | | | |
| 2.17.25.1.a | | Conduct 2 Day Suppliers Conference with 100 participants | Hot, Tea break, Lunch, PAS, Workshop material | State & FCT level | On-going Project/Activity | KADHSMA/HS | Program Management and Administration | Other Programme Management & Administration | | | | Supplier Conference conducted |
| 2.17.25.1.b | | Conduct 2 Day non residential suppliers appraisal retreat with 35 participants | Hot, Tea break, Lunch, PAS, Workshop material | State & FCT level | New-Project/Activity | KADHSMA/HS | Program Management and Administration | Other Programme Management & Administration | | | | Supplier appraisal done |
| 2.17.25.1.c | | Conduct 1 day Quarterly inventory and financial management performance review (KADHSMA) by 10 persons | Tea break, Lunch | State & FCT level | New-Project/Activity | KADHSMA/IDLO | Program Management and Administration | Planning, Policy and Capacity Building | | | | Inventory and financial management performance reviewed. |
| 2.17.25.2 | Conduct leadership performance assessment through both quantitative and qualitative measures. | <i>ESTABLISH A FRAMEWORK FOR QUARTERLY QUANTITATIVE performance review, to ensure regular and consistent assessments. Include the findings in the appraisal process, encouraging self-reflection and discussion on their performance. Identify the essential leadership skills needed for successful performance in an organization.</i> | <i>SMART Output Indicator(s): -Availability of leadership performance assessment report</i> | | | | | | | | | |
| 2.17.25.2.a | | Conduct 10 day Quarterly Performance review with Health facility in-charges for 50 Participants | Hot, Tea break, Lunch, PAS, Workshop material | State & FCT level | On-going Project/Activity | KADHSMA/IDLO | Program Management and Administration | Planning, Policy and Capacity Building | | | | Performance of HFs reviewed |

2025 HEALTH SECTOR AOP M&E FRAMEWORK
MOH

| HSSB AOP Performance Monitoring Plan (PMP) | | | | | | |
|--|--|----------------------|----------------------------|---|---------------------------------|--|
| Smart Output Indicators | Baseline | Annual Output Target | Data source | Data collection method | Frequency of Reporting | Responsibility |
| 1.1 Strengthen oversight and effective implementation of the National Health Act | | | | | | |
| 1.1.1.1 | SMART Output Indicator(s): 1. Availability of documented procedures for preparation and conduct of NCH Meeting that put updates and reviews of the National Health Act "National Health Policy" and "Health Development Plan" as the main agenda. 2. No. State council on health Meeting conducted 3. No. of NCH meetings Attended. | 2 0 3. 0 | 2. 1 3. 1 | 2 SCH Meeting Report 3. NCH meeting Report | 2 Desk review 3. Desk review | 2. SMoH/DHPRS/SCH Desk officer 3. SMoH/DHPRS/SCH Desk officer |
| 1.2 Increase accountability to and participation of relevant stakeholders and Nigerian citizens | | | | | | |
| 1.3 Strengthen regulatory capacity to foster the highest standards of service provision | | | | | | |



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| 1.3.3.1 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Percentage of Health professionals in service Licensed 2. Number of facilities /institutions accredited 3. Number of regulatory bodies that have fully digitized their licensing processes 4. Number of facilities that have annual certificate of standard 5. Availability of the national minimum standard for secondary and tertiary facility "certificate of standard" 6. Developed harmonized framework for all health professional regulatory bodies 7. No. of Pharmaceutical premises, patent medicine shops and food malls to track fake, counterfeit, unwholesome drugs and Processed Foods inspected. 8. % of Nurses in SHF and BDTH with current practising licensed. | <p>7. 0 8. 80%</p> | <p>7. 1,000 8. 90%</p> | <p>7. Inspection Report 8. Verification report Photocopies of the licences</p> | <p>7. Inspection visit 8. Desk review</p> | <p>7. Quarterly 8. Biannually</p> | <p>7. SMOH/DPS/LMCU 8. SMOH/DNS/ADNS</p> |
| 1.3.3.2 | <p>SMART Output Indicator(s):</p> <p>Number of facilities inspected and that checked out on minimum grade for tracking tools.</p> | <p>1. 104</p> | <p>993</p> | <p>Records from facility visits</p> | <p>Electronically, whatsapp and Email.</p> | <p>Quarterly</p> | <p>SMOH/DMS/DDMS (PHE)</p> |



| 1.4 Improve cross-functional coordination & effective partnerships to drive delivery | | | | | | | |
|--|--|--------------|---------------|---|---|------------------------------|--|
| 1.4.4.2 | SMART Output Indicator(s): AOP developed with inclusion of development partners activities. | 2. 0 3. 0 | 2. 1 3. 1 | 2. AOP development Report 3. AOP Dissemination Report | 2. Administrative 3. Administrative | Annually | SMOH/DHPRS/SP |
| 1.4.4.8 | SMART Output Indicator(s): 1. Number of dialogues organised by state 2. No. of Supervisory visits by the BHCPF Oversight Committee members to selected accredited BHCPF facilities 3. No. of disability inclusive health summit conducted | 2. 0 3. 0 | 2. 4 3. 1 | 2. Report of SOC supervisory visit 3. Report of the summit | 2. 'Administrative 3. Administrative | 2. 'Quarterly 3. Annually | 2. SMOH/DHPRS/HFO 3. SMOH/DHPRS/HFO |
| 1.4.4.10 | SMART Output Indicator(s): Number of TWGs inaugurated and active 2. No. of TWG steering committee meeting conducted 3. No. of TWG meeting conducted | 2. 0 3. 0 | 2. 4 3. 96 | 2. Minutes of TWG Steering committee meeting 3. Minutes of TWG meeting | 2. 'Administrative 3. Administrative | 2. 'Quarterly 3. Monthly | 2. SMOH/DHPRS/SP 3. SMOH/DHPRS/SP |



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| 1.4.5.2 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Number of states with a SWAp Desk officer 2. Developed TOR for the SWAp desk officer 3. No. of LGA LMCU members trained to improve Logistic data quality 4.No. of training on medicines and supply chain data quality Assurance of public health programs conducted 5. No. of HF visited for Supply Chain data quality assurance. 6. No. of Staff trained on the New SDSS operational Guideline 7. No. of Vaccines data validation and documentation at the Apex health facilities conducted 8. No. of Health Facilities Assessed for Medical Equipment availability | <p>3. 0 4. 0 5. 0 6. 0 7. 0 8. 0</p> | <p>3. 35 4. 610 5. 900 6. 1960 7.1 8. 1068</p> | <p>3. Training report 4. Training report 5. Visit report 6. Training Report 7. Validation report 8. Assessment report</p> | <p>3. Administrative 4. Administrative 5. Administrative 6. Administrative 7. Administrative 8. Administrative</p> | <p>3. Quarterly 4. Bi-Annual 5. Annually 6. Bi-Annual 7. Bi-Annual 8. Bi-Annual</p> | <p>3. SMOH/DPS/LMCU 4. SMOH/DPS/LMCU 5. SMOH/DPS/LMCU 6. SMOH/DPS/LMCU 7. SMOH/DPS/LMCU 8. SMOH/DPS/LMCU</p> |
| 2.5. Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH and Nutrition) | | | | | | | |
| 2.5.6.1 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 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) 3. Availability of multisectoral health promotion work plan. 4. No. of Women and adolescent girls with disability trained on Family life Education. 5. No. of KADSACA Staffs trained on Disability Inclusion in HIV progra. | <p>3.0 4.0 5.0</p> | <p>3. 1 4. 50 5. 40</p> | <p>3. Report 4. Report 5. Report</p> | <p>3. Desk review 4. Desk review 5. Desk review</p> | <p>3. Annually 4. Annually 5. Annually</p> | <p>3. SMOH/DPH/HPO 4. SMOH/DHPRS/HRH 5. SMOH/DPH/HPO</p> |



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| 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. 3. No. of Staffs from SMOH and SPHCB Trained on revise and integrate disability inclusion and accessible design into SRHR communication strategy amd plans. 4. Availability of Community Participation Strategy. | 3. 0 4. 0 | 3. 30 4. 1 | 3. Report 4. Report | 3. Desk review 4. Desk review | 3. Annually 4. Annually | 3. 'SMOH/DPH/HPO 4. SMOH/DPH/HPO |
| 2.5.6.8 | SMART Output Indicator(s): 1. Developed integrated health promotion manual 2. Numbers of health workers trained on health promotion strategy | 3. 0 | 3. 68 | 3. report | 3. Desk review | 3. Annually | 3. SMOH/DPH/HPO |
| 2.5.6.10 | SMART Output Indicator(s): 1. Number of relevant MDAs included in the multi-sectoral Health Promotion 2. Availability of Health multistakeholder Demand Generation Strategy. 3. No. of multistakeholder Demand Generation Strategy printed | 2. 0 3. 0 | 2. 1 3. 100 | 2. report 3. report | 2. Desk review 3. Desk review | 2. Annually 3. Annually | 2. SMOH/DPH/HPO 3. SMOH/DPH/HPO |
| 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 2. Availability of Air Radio & TV Jingles | 2. 0 | 3. 120 days | 2. report | 2. Desk review | 2. Quarterly | 2. SMOH/DPH/HPO |
| 2.6 Strengthen prevention through primary health care and community health care | | | | | | | |
| 2.6.8.4 | SMART Output Indicator(s): Performance assessment report for Program Management and Action (PAPA) 2.0 in prioritised ZD LGAs | 0.19 | 0.2 | Facility data | Electronically via WhatsApp/Ema ils. | Quarterly | SMOH/DMS/DDMS © |



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| 2.6.8.6 | SMART Output Indicator(s): Number of Communities with ZD Identified | 0.2 | 0.6 | Reports from FRSC, SHFs, THFs, PHFs, KASLEA, NPF. | Electronically via WhatsApp/Emails. | Quarterly. | SMOH/DMS/DDMS (EMS) |
| 2.6.8.7 | SMART Output Indicator(s): Percentage Increase in uptake of service | 0.022 | 0.019 | Secondary and Tertiary health facilities | Electronically via WhatsApp/Emails. | Quarterly Meetings | SMOH/DMS/DDMS (C) |
| 2.6.9.3 | SMART Output Indicator(s): 1. Total alcohol per capita consumption in liters of pure alcohol 2. Availability of a comprehensive national policy/regulation on alcohol | 3.0 | 3.1 | 3. report | 3. Desk review | 3. Annually | 3. SMOH/DPH/NCD PM/ |



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| 2.6.9.6 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Death rate due to road traffic injuries 2. Proportion of activities implemented in the NRSS II by 2025 in the NRSS II by 2025 3. No. of capacity building for Accident and Emergency/OPD in-charges conducted 4. No. of HFs visited for Accident and Emergency/OPDs. 5. No. of copies of KADSEMSAS guidelines. printed 6. No. of persons trained on KADSEMSAS operationalization 7. No. of facilities visited for Planned Preventive Maintenance of Medical Equipment conducted 8. Number of phones procured and subscribed with CUG for KADSEMSAS and ambulances 9. Number of health personnel (Nurses, CHEW and CHOs), trained on basic life support 10. Number of office equipment procured 11. Number of personnel trained on basic First Aid and referral services 12. Number of tricycles ambulance procured and distributed. | <ol style="list-style-type: none"> 3. 0 4. 6 5. 40 6. 10 7. 0 8. 183 9. 30 10. 0 11. 0 12. 70 | <ol style="list-style-type: none"> 3. 15 4. 21 5. 540 6. 55 7. 34 8. 533 9. 252 10. 12 11. 307 12. 325 | <ol style="list-style-type: none"> 3. Capacity building report 4. Visiting report 5. Availability of the guideline 6. Training report 7. PPMEs report 8. KADSEMSAS report 9. training report 10. Procurement report 11. training report 12. Procurement report | <ol style="list-style-type: none"> 3. Desk review 4. Desk review 5. Desk review 6. Desk review 7. Desk review 8. Administrative 9. Administrative 10. Administrative 11. Desk review 12. Desk review | <ol style="list-style-type: none"> 3. quarterly 4. Quarterly 5. Annually 6. Annually 7. Annually 8. Annually 9. Annually 10. Annually 11. Annually 12. Annually | <ol style="list-style-type: none"> 3. SMOH/DMS/DDMS/(E MS) 4. SMOH/DMS/DDMS/(E MS) 5. SMOH/DMS/DDMS/(E MS) 6. SMOH/DMS/DDMS/(E MS) 7. SMOH/DMS/DDMS/(E MS) 8. SMOH/DMS/DDMS/(E MS) 9. SMOH/DMS/DDMS/(E MS) 10. SMOH/DMS/DDMS/(E MS) 11. SMOH/DMS/DDMS/(E MS) 12. SMOH/DMS/DDMS/(E MS) |
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| 2.6.9.7 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Prevalence of sickle cell disease in children ≤ 59 months, new cases of sickle cell Disease 2. Proportion of frontline health workers trained with the updated NCD module (Sickle cell Disease) 3. Proportion of states that have adopted the universal newborn screening. 4. No. of HCWs trained on the management of Sickle Cell Disease 5. Availability of Kaduna State policy on New born screening for Sickle Cell Disease. 6. No. of Kaduna State policy on New born screening for Sickle Cell Disease printed | <p>4. 0 5. 0 6. 0</p> | <p>4. 90 5. 1 6. 500</p> | <p>4. report 5. report 6. report</p> | <p>4. Desk review 5. Desk review 6. Desk review</p> | <p>4. Annually 5. Annually 6. Annually</p> | <p>4. SMOH/DPH/NCD 5. SMOH/DMS/DDMS (C) 6. SMOH/DMS/DDMS (C)</p> |
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| 2.6.9.8 | <p>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.</p> <ol style="list-style-type: none"> 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 5. No. of HCWs in SHFs trained on the management of diabetes mellitus and hypertension 6. No. of Children and Adult benefited on cataract surgeries conducted 7. No. of children benefited on vision screening conducted. 8. No. of children benefited on refraction screening exercise to dispense spectacles. 9. Monitoring and supervision of health facilities providing child eye health services. 10. No of ophthalmic nurses from SHFs on Paediatrics refraction at the National Eye Centre 11. No. of person benefited from NCD screening exercise. 12. Availability of dialysis consumables for management of patients with renal failure 13. Availability "AHS" Phototherapy Machines, Neo-natal Equipment in Secondary Health Facilities | <p>5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0</p> | <p>5. 60 6. 1,500 7. 200,00 8. 500 9. 31 10. 30 11. 50,000 12. 31 13. 31 14. 31</p> | <p>5. Report 6. Report 7. Report 8. Report 9. Report 10. Report 11. Report 12. Report 13. Report 14. Report</p> | <p>5. Desk review 6. Desk review 7. Desk review 8. Desk review 9. Desk review 10. Desk review 11. Desk review 12. Desk review 13. Desk review 14. Desk review</p> | <p>5. Annually 6. Bi-Annual 7. Annually 8. Annually 9. Annually 10. Annually 11. Annually 12. Annually 13. Annually 14. Annually</p> | <p>5. SMOH/DPH/NCD 6. SMOH/DPH/NCD 7. SMOH/DPH/NCD 8. SMOH/DPH/NCD 9. SMOH/DPH/NCD 10. SMOH/DPH/NCD 11. SMOH/DPH/NCD 12. SMOH/DPH/NCD 13. SMOH/DMS/DDMS (C) 14. SMOH/DMS/DDMS (C)</p> |
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| | 14. Availability of Accident and Emergency, Radiology, Bio-Engineering Tools and Ophthalmic and Dental equipment for all SHFs | | | | | | |
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| <p>2.6.9.9</p> | <p>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 decriminalized 6. Number of states that have integrated Mental Health into Primary Healthcare using mhGAP 7. No. of persons trained on advocacy for eye health. 8. No. of School teachers training on school vision screening exercise 9. No. of Data officers trained on the use of eye health data tools and reporting. 10. No. of Motorist benefited on Visual screening exercise.</p> | <p>7. 0 8. 0 9. 0 10. 0</p> | <p>7. 30 8. 400 9. 46 10. 760</p> | <p>7. report 8. report 9. report 10. report</p> | <p>7. Desk review 8. Desk review 9. Desk review 10. Desk review</p> | <p>7. Annually 8. Annually 9. Annually 10. Annually</p> | <p>7. SMOH/DPH/NCD 8. SMOH/DPH/NCD 9. SMOH/DPH/NCD 10. SMOH/DPH/NCD</p> |
| <p>2.6.10.1</p> | <p>SMART Output Indicator(s): percentage of overarching coordination meeting that held per annum (Schedule is quarterly)</p> | <p>2. 0 3. 0 4. 0 5. 0</p> | <p>2. 10,328 3. 13,184,888 4. 200 5. 40</p> | <p>2. report 3. report 4. Report 5. Report</p> | <p>2. Desk review 3. Desk review 4. Desk review 5. Desk review</p> | <p>2. Quarterly 3. Annually 4. Annually 5. Bi-Annual</p> | <p>2. SMOH/DPH/NTD 3. SMOH/DPH/NTD 4. SMOH/DPH/NTD 5. SMOH/DPH/NTD</p> |



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| 2.6.10.4 | <p>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)</p> <p>2. SMART Output Indicator(s): Percentage of HIV exposed children are treated by two months of age and again after cessation of breast feeding. Baseline: 89.7% (2022 -Program Data) Target: 90% (2025), 95% (2027)</p> <p>3.NO of JSSV Conducted</p> <p>4.NO of ART FP trained on treatment quality and data management</p> <p>5. NO.of DQA conducted</p> <p>6. NO. of outreaches conducted</p> | <p>1.95%</p> <p>2.92%</p> <p>3.0</p> <p>4.0</p> <p>5.0</p> <p>6.0</p> | <p>1.95%</p> <p>2.95%</p> <p>3. 4</p> <p>4. 56</p> <p>5. 4</p> <p>6. 12</p> | <p>1.Program Data</p> <p>2.Program Data</p> <p>3.Program Data</p> <p>4.Program Data</p> <p>5.Program Data</p> <p>6Program Data</p> | <p>1.Activity report</p> <p>2.Activity report</p> <p>3.Activity report</p> <p>4.Activity report</p> <p>5.Activity report</p> <p>6.Activity report</p> | <p>1.Annually</p> <p>2.Annually</p> <p>3.Quarterly</p> <p>4.Annually</p> <p>5.Quarterly</p> <p>6.Monthly</p> | <p>1.MOH/DPH/SASCP</p> <p>2.MOH/DPH/SASCP</p> <p>3.MOH/DPH/SASCP</p> <p>4.MOH/DPH/SASCP</p> <p>5.MOH/DPH/SASCP</p> <p>6.MOH/DPH/SASCP</p> |
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| <p>2.6.10.5</p> | <p>SMART Output Indicator(s): % of of population with access to an ITN in the household Baseline: 43% (MIS 2021) Target: 80% (2025)</p> <p>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)</p> <p>3. Number of LSM conducted in high burden LGAs baseline:0 Target: 6LGAs (2025)</p> <p>4. Number of ITN procure and distributed</p> <p>5. Number of LGAs with PBO conducted</p> | <p>1. 59% (NDHIS2023-24) 2. 43% and 46% 3. 0 LGAs 4. 50,000 5. 0</p> | <p>1.80% o 2. 70% and 70% 3. 6LGAs 4. 104,400 5. 6LGAs</p> | <p>1.EVALUATION SURVEY 3. report 4. IRV, PODs, way bill 5. Activities report</p> | <p>1. survey 3. DESK REVIEW 4. DESK REVIEW</p> | <p>annually quarterly bimonthly</p> | <p>SMO/DPH/SMEP</p> |
| <p>2.6.10.6</p> | <p>SMART Output Indicator(s): percentage of expected health facilities reports received and complete (with core indicators) Baseline: 84% (DHIS2 2023) Target: 90% (2025)</p> <p>SMART Output Indicator(s): 1. percentage of expected health facilities reports received and complete (with core indicators) Baseline: 84% (DHIS2 2023) Target: 90% (2025)</p> <p>2. Number of private health facilities trained on malaria HMIS tools</p> <p>3. Percentage of health facilities visited during Routine activities(DQA,DVM,IMSV)</p> <p>4. Number of secondary health facilities with trained laboratory microscopist on malaria</p> <p>5. Number of PHCs visited during spot check</p> <p>6. Number of mentorship on severe malaria data capturing to improve service delivery conducted</p> | <p>1. 86% 2. 2,036 3. 502 4. 15 5. 20 6. 0</p> | <p>1. 98% 2. 5036 3. 1069 4. 60 5. 154 PHCs 6. 30</p> | <p>1. DHIS 2 2. attendance/report 3. report 4. report</p> | <p>1. NHMIS TOOLS 2. DESK REVIEW 3. kobocollect</p> | <p>1. MONTHLY 2. annually Quarterly</p> | <p>SMO/DPH/SMEP</p> |



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| <p>2.6.10.7</p> | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. % of women who received 3 or more doses of IPTp for malaria during their last pregnancy Baseline: 31% (MIS 2021) Target: 76% (2025) 2. % of targeted children that have received all SMC cycles Baseline: xx% (Coverage Survey) Target: 90% 3. % of children under age 5 with a fever in the 2 weeks before the survey who had blood taken from a finger or heel for testing. Baseline: 24% (MIS 2021) Target: xx% 4. % of children under age 5 with a fever in the 2 weeks before the survey who received artemisinin-based combination therapy (ACT). Baseline: 74% (MIS 2021) Target: xx% 5. % of eligible children under 2 years receiving at least 3 doses of malaria vaccine. Baseline: xx% Target: 80% (2025) 6. Number of QA/QC conducted 7. Number of PHCs trained on malaria to handle people with disability and impaired hearing 8. Number of outreaches conducted in high burden LGAs | <ol style="list-style-type: none"> 1. 30.6% (DHIS 2.4) 2. 81% (Cohort data) 3. 20% (NDHIS) 4. 5.7% took ACTs 5. 0% 6. 12 7. 0 8. 2 | <ol style="list-style-type: none"> 1. 60% IPTp 2. 96% 3. 30% 4. 80% 5. 30% 6. 24 7. 255 8. 6 LGAs | <ol style="list-style-type: none"> 1. DHIS 2 2. NMEP ONE APP 3. SURVEY | <ol style="list-style-type: none"> 1. NHMIS TOOLS 2. ICT4D 3. checklist | <ol style="list-style-type: none"> 1. MONTHLY 2. annually Quarterly | <p>SMO/DPH/SMEP</p> |
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| 2.6.10.8 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Number of contact tracing supported per quarter with bacteriologically positive with TB 2. Number of health facilities with PQE screening officers engaged 3. Number of TV/radio jingles aired | <p>1. 0 2. 0 3. 0</p> | <p>1. 8000 2. 50 3. 52</p> | <ol style="list-style-type: none"> 1. TB case note 2. attendnace/rep ort 3. jingles produce | <p>1. desk review</p> | <ol style="list-style-type: none"> 1. quarterly 2. annually 3. weekly | <p>SMOH/DPH/TBL</p> |
| 2.6.10.9 | <p>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 2. # number of HCWs involved in the TB weeks</p> | <p>2. 0</p> | <p>2. 253</p> | <p>2. TBL report</p> | <p>2. desk review</p> | <p>weekly</p> | <p>SMOH/DPH/TBL</p> |



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| 2.6.10.10 | <p>SMART Output Indicator(s): No. of patients with all forms of TB (bacteriologically confirmed and clinically diagnosed) in 2025. Baseline: 370,000 - 2023 Target: - 442,873 - 2025 (NSP - 2021 -2026)</p> <p>1. No. of TB patients benefiting from socio protection 2. No. of Health workers trained on DRTB diagnosis and management 3. No. of health care workers trained on TB/DRTB/TB-HIV services 4. No. of CX23 olympus microscopes procured and deployed 5. No. of lab persons trained on AFB Microscopy and culture 6. No. of HCWs trained on strategy paedatric TB diagnosis and management</p> | <p>1. 0 2. 0 3. 0 4. 0 5. 0 6. 0</p> | <p>1. 442,873 2. 24 3. 50 4. 8 5. 16 6. 40</p> | <p>TB report /attendance</p> | <p>1. desk review</p> | <p>annually</p> | <p>SMOH/DPH/TBL</p> |
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| 2.6.10.11 | <p>SMART Output Indicator(s): % of patients with all forms of TB (bacteriologically confirmed and clinically diagnosed) successfully treated (cured and treatment completed) among all TB patients notified in 2025. Baseline: 92% - 2023 Target: 92% (NTBLCP Data)</p> <p>SMART Output indicator: % of DRTB patients successfully treated among DRTB patient notified in 2025</p> <p>2. No. of PPMVs and CPs, Traditional medicines engaged to identify TBs presumptives</p> | 3.0 | 3.800 | Activities report/attendance | DESK REVIEW | ANNUALLY | SMOH/DPH/TBL |
| 2.6.10.12 | <p>SMART Output Indicator(s): # of LGAs with functional molecular rapid diagnostic platforms</p> <p>- # of WRD procured (disaggregated by type)</p> <p>2. No. of outreaches conducted using mobile trucks</p> | 2.0 | 2.20 | Activities report/attendance | DESK REVIEW | QUARTERLY | SMOH/DPH/TBL |
| 2.7 Improve quality of care and service delivery across public (secondary, tertiary and quaternary) and private health care providers | | | | | | | |



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|-----------------|--|--|---|---|--|--|---|
| <p>2.7.11.2</p> | <p>SMART Output Indicator(s): Number of Training and capacity building Sessions and Number of different cadre of Nigerian Healthcare professional trained Baseline: Haphazard training programmes Target: 6 sessions organised and coordinated of Training and capacity building Sessions (1 every 2 months for various Cadre of Healthcare professionals 3. Availability of Health Safeguarding Policy 4. No. of Service providers trained on the implementation of the safeguarding policy. 5. Availability of 2024 - 2027 NTD National Masterplan. 6. Availability of Nursing Procedure Manual.</p> | <p>3. 0 4. 0 5. 0 6. 0</p> | <p>3. 1 4. 50 5. 1 6. 1</p> | <p>3. Report 4. Repor 5. Report 6. Report</p> | <p>3. Desk review 4. Desk review 5. Desk review 6. Desk review</p> | <p>3. Annually 4. Annually 5. Annually 6. Annually</p> | <p>3. SMOH/DHPRS/SP 4. SMOH/DHPRS/SP 5. SMOH/DPH/NTD 6. SMOH/DNS/ADNS</p> |
| <p>2.7.11.3</p> | <p>SMART Output Indicator(s): Establishment of an Interactive Database Dashboard for the operation of the programme 2. No. of persons trained on Sign Language. 3. No. of HCWs in SHFs trained on Sign Language.</p> | <p>2. 0 3. 0</p> | <p>2. 30 3. 312</p> | <p>2. Report 3. Repor</p> | <p>2. Desk review 3. Desk review</p> | <p>2. Annually 3. Annually</p> | <p>2. SMOH/DNS/ADNS 3. SMOH/DNS/ADNS</p> |



| 2.8 Improve equity and affordability of quality care for patients, expand insurance | | | | | | | |
|---|---|--|---|--|--|--|---|
| 2.8.12.2 | SMART Output Indicator(s): 1. Availability of RMNCAEH+N expenditure tracking report | | 7+D40% | RMNCAEH+N Unit | Manually | Quarterly | MNCAEH+N Officer |
| 2.8.12.3 | SMART Output Indicator(s): Proportion of health facility maternal death notified within 24 hours by sub-national and national levels. 2. No. of MPCDSR software and dashboard Developed 3. No. of MPCDSR focal persons trained on MPCDSR data tools 4. No. of Annual MPCDSR report Developed 5. No. of MPCDSR Annual report print and disseminated 6. No. of workshop to develop manuals for early identification of disability and referral. 7. No. workshop conducted to validate the manual for early identification of disability and referral | 2. 0 3. 0 4. 0 5. 0 6. 0 7. 0 | 2. 1 3. 32 4. 1 5. 100 6. 40 7. 35 | 2. MPCDSR program 3. MPCDSR program 4. MPCDSR program 5. MPCDSR program 6. MPCDSR program 7. MPCDSR program | 2. Report 3. Report 4. Report 5. Report 6. Report 7. Report | 2. Annually 3. Annually 4. Annually 5. Annually 6. Annually 7. Annually | 2. SMoH/ DPH/DPRS/ RMNCAEH/ HMIS 3. SMoH/ DPH/ RMNCAEH 4. SMoH/ DPH/ RMNCAEH 5. SMoH/ DPH/ RMNCAEH 6. SMoH/ DPH/ RMNCAEH 7. SMoH/ DPH/ RMNCAEH |



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| <p>2.8.12.4</p> | <p>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 3. No. of HCW trained on RMNCAEH+N Quality of Care 4. No. of capacity building for HCW on RMNCAEH+N Quality of Care conducted. 5. No. of MPCDSR-QoC coaching and mentoring visits to SHFs and BDTH conducted. 6. No. of SHF visited for quarterly quality assurance.</p> | <p>3. 0 4.0 5.0 6. 0</p> | <p>3. 0 4.0 5.0 6. 30 SHF</p> | <p>3. MPCDSR program 4. MPCDSR program 5. MPCDSR program 6. Report</p> | <p>3. Report 4. Report 5. Report 6. Desk review</p> | <p>3. Annually 4. Quarterly 5. Quarterly 6. Quarterly</p> | <p>3. SMoH/ DPH/ RMNCAEH 4. SMoH/ DPH/ RMNCAEH 5. SMoH/ DPH/ RMNCAEH 6. SMOH/DNS/ADNS</p> |
| <p>2.8.12.5</p> | <p>SMART Output Indicator(s): Baseline: Availability of National Quality Policy and Strategy (NQPS) 2. No. of review and adoption of the national RMNCAEH+N QoC Implementation guideline conducted. 3. No. of RMNCAH+N QoC guideline Printed and distributed to all facilities 4. No. of pre-eclampsia/Eclampsia management SOPs Printed and distributed to all facilities</p> | <p>2. 0 3. 0 4. 0</p> | <p>2. 1 3. 1,000 4. 1,500</p> | <p>2. MPCDSR program 3. MPCDSR program 4. MPCDSR program</p> | <p>2. Repot/Desk review 3. Repot/Desk review 4. Repot/Desk review</p> | <p>2. Annually 3. Annually 4. Annually</p> | <p>2. SMoH/ DPH/ RMNCAEH 3. SMoH/ DPH/ RMNCAEH 4. SMoH/ DPH/ RMNCAEH</p> |



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| 2.8.12.6 | <p>SMART Output Indicator(s): % of health care facilities with basic WASH services 2. Availability of WASH infrastructure in SHFs 3. Availability of IPC advocacy kits 4. No. of IPC focal persons trained on multimodal strategies for implementation of IPC plans, behavioral change, and interpersonal communication. 5. No. of IPC members trained on data management, analysis and use. 6. No. of IPC focal persons trained on Infection Prevention and Control. 7. No. of IPC members trained on hand hygiene audit and IPC score cards. 8. No. of SHFs and Tertiary that hand hygiene audit conducted 9. No. of HCWs screened and vaccinated (HBV)</p> | <p>2. 0 3. 0. 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0</p> | <p>2. 32 3. 1 4. 40 5. 20 6. 45 7. 20 8. 12 9. 500,000</p> | <p>2. Report 3. Report 4. report 5. report 6. report 7. report 8. report 9. report</p> | <p>2. desk riview 3. desk riview 4. desk riview 5. desk riview 6. desk riview 7. desk riview 8. desk riview 9. desk riview</p> | <p>2. Annually 3. Annually 4. Annually 5. Annually 6. Annually 7. Annually 8. Annually 9. Quarterly</p> | <p>2. KDCDC/HEPR 3. KDCDC/HEPR 4. KDCDC/HEPR 5. KDCDC/HEPR 6. KDCDC/HEPR 7. KDCDC/HEPR 8. KDCDC/HEPR 9. KDCDC/HEPR</p> |
| 2.8.12.7 | <p>SMART Output Indicator(s): % of health facilities providing comprehensive post-partum care and post-abortion care (PAC) services 2. No. of capacity building for nurses/midwives on post abortion care for SHFs and BDTH conducted 3. No. of PAC national policy and guidelines to adapt</p> | <p>2. 0 3. 0</p> | <p>2. 60 3. 1</p> | <p>2. MPCDSR program 3. MPCDSR program</p> | <p>2. Repot/Desk review 3. Repot/Desk review</p> | <p>2. Annually 3. Annually</p> | <p>2. SMoH/ DPH/ RMNCAEH 3. SMoH/ DPH/ RMNCAEH</p> |
| 2.8.12.8 | <p>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 3. Availability of SBCC/Health promotion strategy to include gender transformative SBCC approaches employed in the delivery of GANC/PNC,MNH information and services. 4. No. of General Hospitals Upgraded to provide Comprehensive Emergency Obsthetic and Neonatal Care (CEmONC) services across the State</p> | <p>3. 0 4. 0</p> | <p>3. 1 4. 26</p> | <p>3. report 4. report</p> | <p>3. Desk reviewsw 4. Desk review</p> | <p>3. Annually 4. Quarterly</p> | <p>3. SMOH/DHPRS/SP 4. SMOH/DHPRS/PM</p> |



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| 2.8.12.9 | <p>SMART Outpur Indicators (s):</p> <ol style="list-style-type: none"> 1. % of health facilities providing Post-partum Hemorrhage management services 2. No. of workshop conducted to update the state level PPH guideline to align with the national training manual 3. No. of updated PPH guidelines Printed and distributed. 4. No. of master trainers trained on PPH management skills. 5. No. of HCWs trained on E-motive bundle. 6. No. of HCWs coaching and mentorship on comprehensive PPH management. 7. No. of Master trainers trained on GANC/MNH Innovation. 8. No. of HCWs in SHFs trained on GANC. 9. No. of doctors in SHFs trained based on nutritional manuals. 10. No. of SHFs MPDCSR FPs trained on MPDCSR manual. 11. No. of existing state mentors trained on updated RMNCAH Mentoring tools. 12. No. of Nurses/Midwives from SHFs and BDTH trained on Interpersonal Communication. | <ol style="list-style-type: none"> 2. 0 3.0 4.0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 | <ol style="list-style-type: none"> 2. 1 3. 1,500 4. 20 5. 60 6. 60 7. 23 8. 30 9. 31 10. 31 11. 20 12. 62 | <ol style="list-style-type: none"> 2. Repot 3. Repot 4. Report 5. Report 6. Report 7. Report 8. Report 9. Report 10. Report 11. Report 12. Report | <ol style="list-style-type: none"> 2. Desk review 3. Desk review 4. Desk review 5. Desk review 6. Desk review 7. Desk review 8. Desk review 9. Desk review 10. Desk review 11. Desk review 12. Desk review | <ol style="list-style-type: none"> 2. Annually 3. Annually 4. Annually 5. Annually 6. Bi-Annual 7. Quarterly 8. Quarterly 9. Bi-Annual 10. Bi-Annual 11. Annually 12. Annually | <ol style="list-style-type: none"> 2. SMoH/ DPH/ RMNCAEH 3. SMoH/ DPH/ RMNCAEH 4. SMoH/ DPH/ RMNCAEH 5. SMoH/ DPH/ RMNCAEH 6. SMoH/DPH/ RMNCAEH 7. SMoH/DPH/ RMNCAEH 8. SMoH/DPH/ RMNCAEH 9. SMoH/DPH/ RMNCAEH 10. SMoH/DPH/ RMNCAEH 11. SMoH/DPH/ RMNCAEH 12. 'SMOH/DNS/ADNS |
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|-----------|---|--------------|---|---|-----------------------------------|------------------------------|--|
| 2.8.12.10 | SMART Output Indicators (s): Number of states with costed plan for the midwifery led community outreach 2. No. of costed plan developed for the midwifery led community outreach. 3. No. of costed plan for the midwifery led community outreach Printed and disseminated | 2. 0 3.0 | 2. 1 3. 100 copies | 2. Report 3. Report | 2. Desk review 3. Desk review | 2. Annually 3. Annually | 2. 'SMOH/DNS/ADNS 3. 'SMOH/DNS/ADNS |
| 2.8.12.12 | SMART Output Indicators(s): Number of Health workers deployed to high needs areas | 0 | '205 Midwives posted to Rural Hospitals with monthly incentives | Posting list and monthly payment schedule | Desk review | Monthly | SMOH/DNS/ADNS |
| 2.8.12.19 | SMART Output Indicator(s): Number of States that have domesticated the Task sharing and task shifting (TSTS) SOPs 2. No. desk review conducted on the TSTS policy. | 2. 0 | 2. 5 | 2. Report | 2. Desk review | 2. 'Annually | 2.SMOH/DHPRS/SPO |
| 2.8.12.21 | SMART Output Indicator(s):% of health facilities providing CEMOnC. SMART Output Indicator(s):% of health facilities providing BEMOnC. 2. No. of HCWs in SHFs trained on CEEmONC. 3. No. of Midwives in SHFs and BDTH trained on Labour care guide. | 2. 0 3. 0 | 2. 35 3. 70 | 2. Report 3. Report | 2. 'Desk review 3. Desk review | 2. 'Quarterly 3. Annually | 2. , SMOH/DPH/RMNCAEH 3. 'SMOH/DNS/ADNS |
| 2.8.12.22 | SMART Output Indicator(s): 1. Percentage of women of reproductive age that delivered and are commenced on modern contraception within 48 hrs 2. % of women who had post-abortion care and are given modern contraception 3. No. of service providers that are trained on FP/LARC | 3. 0 | 3. 30 | 3. Report | 3. Desk review | 3. Annually | 3. SMOH/DPH/RMNCAEH |



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|-----------|---|-------------------------------------|--|--|---|---|---|
| 2.8.12.25 | <p>SMART Output Indicator(s): Number of hospitals providing obstetric fistula services</p> <p>2. No. HCWs trained on obstetric fistula surgery and management.</p> <p>3. No. of Surgery conducted on Obstetric fistula pts.</p> <p>4. No. of FGM/GBV national policy and guidelines adapted.</p> | <p>2. 0</p> <p>3. 0</p> <p>4. 0</p> | <p>2. 5</p> <p>3. 200</p> <p>4. 1</p> | <p>2. Report</p> <p>3. Report</p> <p>4. Report</p> | <p>2. Desk review</p> <p>3. Desk review</p> <p>4. Desk review</p> | <p>2. Annually</p> <p>3. Annually</p> <p>4. Annually</p> | <p>2. SMoH/DPH/RMNCAE H</p> <p>3. SMoH/DPH/RMNCAE H</p> <p>4. SMoH/DPH/RMNCAE H</p> |
| 2.8.12.29 | <p>SMART Output Indicator(s): Number of LGAs with level 2 (secondary HF) in-patient unit plus CPAP</p> <p>SMART Output Indicator(s): Proportion of preterm/low-birth-weight newborn who were provided with KMC</p> <p>2. No. of SHFs with neonatal corners created in labour rooms</p> <p>3. No. SHFs with Special care baby units (SCBU) Created quartely.</p> | <p>2. 0</p> <p>3. 0</p> | <p>2. 30</p> <p>3. 2</p> | <p>2. Report</p> <p>3. Report</p> | <p>2. Desk review</p> <p>3. Desk review</p> | <p>2. Annually</p> <p>3. Quarterly</p> | <p>2. SMoH/DPH/RMNCAE H</p> <p>3. SMoH/DPH/RMNCAE H</p> |
| 2.8.12.31 | <p>SMART Output Indicator(s): Proportion of health care workers from Level 2 and 3 trained on comprehensive Newborn Care</p> <p>2. No. of HCWs trained on Comphrehensive Newborn Care</p> <p>3. No. of HCWs trained on CNCC.</p> <p>4. No. of PHC service provider trained on early identification of signs and symptoms of various disabilities types in children and referral</p> | <p>2. 0</p> <p>3. 0</p> <p>4. 0</p> | <p>2. 24</p> <p>3. 15</p> <p>4. 30</p> | <p>2. Report</p> <p>3. Report</p> <p>4. Report</p> | <p>2. Desk review</p> <p>3. Desk review</p> <p>4. Desk review</p> | <p>2. Quarterly</p> <p>3. Annually</p> <p>4. Annually</p> | <p>2. SMoH/DPH/RMNCAE H</p> <p>3. SMoH/DPH/RMNCAE H</p> <p>4. SMOH/DHPRS/HRHO</p> |



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| 2.8.12.32 | SMART Output Indicator(s): Proportion of Health facilities reporting the birth defect 2. No. of HCWSs in SHFs and BDTH trained on early detection and counseling on disability among Children. 3. Availability of Referral manual for Early signs of disability | 2. 0 3. 0 | 2. 62 3. 1 | 2. Report 3. Report | 2. Desk review 3. Desk review | 2. Annually 3. Annually | 2. 'SMOH/DNS/ADNS 3. 'SMOH/DNS/ADNS |
| 2.8.12.33 | SMART Output Indicator(s): Number of states with updated Essential Medicine List (EML) with inclusion of missing RMNCAH medicines 2. Availability of the 5th Edition of Kaduna State Essential Medicine List. | 2. 0 | 2. 1 | 2. report | 2. Desk review | 2. Annually | 2. SMOH/DPS/LMCU |
| 2.8.12.34 | SMART Output Indicator(s): Number of States with developed AOP to roll out National child Survival Action Plan. 2. No. of National child survival action plan adapted | 2. 0 | 2. 1 | 2. Report | 2. Desk review | 2. Annually | 2. SMOH/DPH/RMNCAE H |
| 2.8.12.35 | SMART Output Indicator(s): Proportion of health facility with 60% of health care providers trained on IMCI. SMART Output Indicator(s): Proportion of health facility providing IMCI. 2. No. of HCWs trained on pneumonia treatment algorithm and hypoxaemia management. 3. No. of HCWs mentoring on pneumonia and hypoxaemia management | 2.0 3.0 | 2.60 3.60 | 2. Report 3. Report | 2. Desk review 3. Desk review | 2. Quarterly 3. Annually | 2. SMOH/DPH/RMNCAE H 3. SMOH/DPH/RMNCAE H |
| 2.8.12.39 | SMART Output Indicator(s): Proportion of HCWs trained on adolescent plus youth-friendly services 2. No. of M&E framework of the AYPHD policy adapted 3. No. of HCWs trained on YFHS, C4C and Client-based record management system. | 2. 0 3. 0 | 2. 1 3. 30 | 2. Report 3. Report | 2. Desk review 3. Desk review | 2. Quarterly 3. Annually | 2. SMOH/DPH/RMNCAE H 3. SMOH/DPH/RMNCAE H |
| 2.8.12.44 | SMART Output Indicator(s): Numbers of health training institutions with updated PCN-approved curriculum 2. No. of health care providers trained to scale up revitalisation of Baby Friendly Hospital Initiative in 15 secondary health facilities and 1 tertiary health facility. 3. Availability of Kaduna State Maternal | 2. 0 3. 0 | 2. 51 3. 1 | 2. report 3. report | 2. Desk review 3. Desk review | 2. Annually 3. Annually | 2. SMOH/DPH/NO 3. SMOH/DPH/NO |



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| | Infant and Young Child Nutrition implementation strategy | | | | | | |
| 2.8.12.46 | <p>SMART Output Indicator(s): Numbers of facilities offering growth monitoring and promotion (GMP) services</p> <p>2. No. of nutrition officers trained on growth monitoring and promotion services</p> <p>3. Monitoring visit of growth monitoring and promotion services in secondary and tertiary health facilities.</p> <p>4. Availability growth monitoring and promotion equipments secondary and tertiary health facilities</p> | <p>2. 0</p> <p>3. 0</p> <p>4. 0</p> | <p>2. 80</p> <p>3. 31</p> <p>4. 31</p> | <p>2. Report</p> <p>3. Report</p> <p>4. Report</p> | <p>2. Desk review</p> <p>3. Desk review</p> <p>4. Desk review</p> | <p>2. Annually</p> <p>3. Quarterly</p> <p>4. Annually</p> | <p>2. SMOH/DPH/NO</p> <p>3. SMOH/DPH/NO</p> <p>4. SMOH/DPH/NO</p> |
| 2.8.12.49 | <p>SMART Output Indicator(s): proportion of facilities providing IMAM services</p> <p>SMART Output Indicator(s): Proportion of LGAs with secondary/tertiary facility providing IMAM srvcies</p> <p>2. No. of nutrition officers trained from secondary and tertiary health facilities on production of Ready to Use Therapeutic Food for management of severe acute malnutrition with complication using local food sources.</p> <p>3.No. of nutrition officers trained on production of complementary food using local available food sources.</p> | <p>2. 0</p> <p>3. 0</p> | <p>2. 80</p> <p>3. 80</p> | <p>2. Report</p> <p>3. Report</p> | <p>2. Desk review</p> <p>3. Desk review</p> | <p>2. Annually</p> <p>3. Annually</p> | <p>2. SMOH/DPH/NO</p> <p>3. SMOH/DPH/NO</p> |
| 2.8.12.53 | <p>SMART Output Indicator(s): % of facilities stockedout by method offered on the day of assessment.</p> <p>2. Number of staff trained on the use and adoption of integrated centralized SCM dashboard</p> | <p>2. 0</p> | <p>2. 20</p> | <p>2. Training report</p> | <p>2. Desk review</p> | <p>2. Annually</p> | <p>2. SMOH/DPS/LMCU</p> |
| 2.9 Revitalize the end-to-end (production to retention) healthcare workers' pipeline | | | | | | | |



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|-----------------|--|-------------------------------|----------------------------------|--|---|--|--|
| <p>2.9.15.1</p> | <p>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 population 5. No. of SHFs Audit verification conducted. 6. Monitoring visit to check revenue collections and documentation of financial records in SHFs 7. No. of Accountants trained on revenue and expenditure reporting</p> | <p>5. 0 6. 0 7. 0</p> | <p>5. 31 6. 31 7. 45</p> | <p>5. Report 6. report 7. report</p> | <p>5. Desk review 6. Desk review 7. Desk review</p> | <p>5. Annually 6. Bi-Annually 7. Monthly</p> | <p>5. SMOH/DAF/STAFF OFFICER 6. SMOH/DAF/STAFF OFFICER 7. SMOH/DAF/STAFF OFFICER</p> |
| <p>2.9.15.3</p> | <p>SMART Output Indicator(s): 1. Number of HRH professional regulatory bodies with improved pre-service and in-service training curricula that meet global standards for quality. 2. No. of Hospital managemnt staff trained on status books, job description, administrative process and procedures, state public service law</p> | <p>2. 0</p> | <p>2. 120</p> | <p>2. Report</p> | <p>2. Desk review</p> | <p>2. Bi-Annual</p> | <p>2. SMOH/DAF/STAFF OFFICER</p> |



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|---|---|------------|--------------|------------------------|----------------------------------|----------------------------|--------------------------------------|
| 2.9.15.4 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Proportion of States that have real time health workforce registry linked to the NHWR 2. Percentage of federal DAPs and states regularly updating HRH information in the NHWR 3. Percentage of state with HRH policy and strategy 4. Proportion of MDAs/States using HRH data within their HWF registries to inform recruitment, deployment and management of HRH. 5. No. of health workers trained on human resource for health labour market analysis with | 5.0 | 5.35 | 5. report | 5. Desk review | 5. Annually | 5. SMOH/DPRS/HRH |
| 2.9.15.5 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Attrition rate 2. Availability of costed Human Resource for Health Strategic plan 2024 to 2028 3. No of Human Resource for Health Strategic plan 2024 to 2028 printed | 2.0 3.0 | 2.1 3.500 | 2. report 3. report | 2. Desk review 3. Desk review | 2. Annually 3. Annually | 2. SMOH/DPRS/HRH 3. SMOH/DPRS/HRH |
| 2.9.15.6 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. % of states implementing gap based capacity building . 2. No. of persons trained on effective management of the new staff performance evaluation system | 2.0 | 2.45 | 2. report | 2. Desk review | 2. Annually | 2. MOH/DAF/SO |
| 3.10 Promote clinical research and development | | | | | | | |



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|---|--|--|--|--|--|---|--|
| 3.10.16.2 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Percentage implementation rate of approved National Health research policy and priorities 2. Percentage of institutional development plan (IDP) for ethics committee closed through corrective action plan (Nos of Health Reserch Proposals/protocols reviewed and approved by NHREC by 2027) 3. Number of LGAs conducted pre trasmission assesment Survey 4. Number of persons trained 5. Number of Persons trained on Lymphatic filariasis trasmision assesment survey 6. Number of of persons Trained | <p>3.4LGAs 4.3LGAs 5.0 6.0</p> | <p>3.7LGAs 4.6LGAs 5.60 persons 6.38 persons</p> | <p>3. Report 4. Report 5. Report 6. Report</p> | <p>3.NTD MDA DHIS2 4.NTD MDA DHIS2 5.NTD MDA DHIS2 6.NTD MDA DHIS2</p> | <p>3.Anuall y 4.Anuall y 5.Anuall y 6.biannua l</p> | <p>'3.SMOHDPH/NTD 4.'SMOHDPH/NTD 5.'SMOHDPH/NTD 6.'SMOHDPH/NTD</p> |
| 3.11 Stimulate local production of health products | | | | | | | |
| 3.11.17.2 | <p>SMART Output Indicator(s):</p> <p>Number of identified gaps filled ii Number of regulatory issues resolved</p> | 10 | 0.5 | <p>Pharmaceutical Services Department</p> | Desk Review | Annually | DPS |



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|--|---|--------------|-------------------------|--|----------------------------------|----------------------------|--|
| 3.11.17.5 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Percentage increase in the number of pooled procurments of health products done by national and sub national governments from local Pharmaceutical companies 2. Proportion of government procurement of health commodities that is from local manufacturers 3. Number of Pulse oximeter, oxygen analyser and oxygen cylinder procured 4. Repair Drive of oxygen equipment conducted across the SHFs and THF | 3. 0 4. 0 | 3. 30, 30, 100 4. 33 | 3. Report of procurement 4. Repair drive report | 3. Desk Review 4. Desk review | 3. Annually 4. Annually | 3. SMOH/DPS/LMCU Oxygen Desk Officer 4. SMOH/DPS/LMCU Oxygen Desk Officer |
| 3.12 Shape markets to ensure sustainable local demand | | | | | | | |
| 3.13 Strengthen supply chains | | | | | | | |
| 3.13.19.1 | <p>SMART Output Indicator(s):</p> <p>National Medicines, Vaccines and Health Commodities Management Agency fully established and operational to carry out its mandate</p> | 80 | 0.95 | SMOH LMCU/KADHS MA | Desk Review | Annually | LMCUC/ES KADHSMA |
| 3.13.19.2 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 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 3. Availability of guidelines for intergration of state supply chain for DRF and other public health programs | 3. 0 | 3. 1 | 3. Up to date guidelines for intergration of state supply chain for DRF and other public health programs | 3. Desk Review | 3. Annually | 3. SMOH/DPS/LMCU |



Kaduna State Government



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| 3.13.19.3 | <p>SMART Output Indicator(s): Sustainable funding mechanisms set up for 100% drugs, vaccine and other health commodities across all levels of health services in the country</p> <p>2. Number of Programs not reporting on NHLMIS for the purpose of integration with the NHLMIS</p> <p>3. Number of ITN received and warehoused for 2025 Mass Campaign to 3 Zonal warehouses in Kafanchan, Kaduna and Zaria</p> | 2. 6 3. 0 | 2. 11 3. 4,000,000 | 2. workshop report 3. SRV | 2. Desk Review 3. Desk review | 2. Annually 3. Annually | 2. SMOH/DPS/LMCU 3. SMOH/DPS/LMCU |
| 3.13.19.4 | <p>SMART Output Indicator(s): 100% of supply chain infrastructures (warehouses at national and sub-national levels) are in operations</p> <p>2. Advocacy visits to relevant stakeholders on the increase Health Supplies budget and create Budget Line for Health Care Waste Management conducted</p> | 2. 0 | 2. 1 | 2. Advocacy visit report | 2. 'Desk Review | 2. 'Annually | 2. SMOH/DPS/LMCU |
| 3.13.19.6 | <p>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)</p> <p>Baseline: Target:</p> <p>2. Number of State level Pharmacovigilance and drug Therapeutic Committee established</p> <p>3. Number of health facility based Pharmacovigilance and Therapeutic Committee(s) inaugurated</p> | 2. 0 3. 0 | 2. 1 3. 1 | 2. state level Inauguration report 3. facility based Inauguration report | 2. Desk review 3. Desk review | 2. Annual 3. Annual | 2. SMOH/DPS/LMCU 3. SMOH/DPS/LMCU |
| 4.14 Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Lassa) | | | | | | | |



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| <p>4.14.20.2</p> | <p>SMART Output Indicator(s): Proportion/ number of states developed harmonized sector wide approach in line with HP Framework / Promotion policy</p> <p>1.Number of IEC programs conducted 2. Estimated number of population reached 3. Number of LMIS data validation for Public Health Programs data (Malaria, HIV/AIDS, Family Planning, Tuberculosis, Vaccines, Nutrition and Neglected Tropical Diseases) conducted 4. Availability of SOPs for Pharmaceutical/Health Waste Management in Kaduna State 5. Number of health facilities staff trained on contraceptives Logistics Management 6. Number of staff trained on vaccines Logistics data management and reporting 7. copies of Healthcare waste Management policy printed and distributed 8. Number of HCWs capacity built on appropriate hypoxaemia management: patient screening, triage, pre-referral treatment, and referrals</p> | <p>3. 0 4. 0 5. 376 6. 0 7. 0 8. 0</p> | <p>3. 6 4. 1 5. 731 6. 570 7. 3500 8. 120</p> | <p>3. LMIS Data validation report 4. SOPs development report 5. CLMS training report 6. training report 7. printing report 8. training report</p> | <p>3. Desk review 4. Desk review 5. desk review 6. desk review 7. desk review 8. desk review</p> | <p>3. Bi-Monthly 4. Annual 5. Annually 6 Annual 7. Annual 8. Annual</p> | <p>3. SMOH/DPS/LMCU 4. SMOH/DPS/LMCU 5. SMOH/DPS/LMCU 6. SMOH/DPS/LMCU 7. SMOH/DPS/LMCU</p> |
| <p>4.14.20.3</p> | <p>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. 2. Number of health care workers trained on indicator base surveillance and SORMAS 3. Number of SOPs/guidelines surveillance and case management adapted in the state 4.Number of health care workers trained for sample collection, packaging and transportation</p> | <p>1. 0 2. 0 3. 0 4. 0 5. 0 6. 80</p> | <p>1. 2. 115 3. 1 4. 87 5. 585 6. 100</p> | <p>1. attendance, report</p> | <p>DESK REVIEW</p> | <p>annually</p> | <p>1. SMOH/DPH/EPID UNIT 2. SMOH/DPH/EOHS</p> |



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| | <p>5. Number/proportion of WEHOs,community informants/volunteers,veternary officers trained on case detection and reporting of emergency diseases.</p> <p>6., Number/proportion of enforcement officers trained on new public health laws</p> | | | | | | |
| <p>4.14.20.4</p> | <p>SMART Output Indicator(s):</p> <p>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</p> <p>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</p> <p>3. Up to date intergrated forecasting and quantification of all Public health programs including essential medicines to address epidemics and pandemics prepredness and response</p> <p>4. Availability of health commodities quantified for epidemics and pandemics prepredness and response.</p> <p>5. Number of Integrated Supply Chain Monitoring and Supportive Supervision Visits (IMSSV) conducted</p> <p>6. Number of integrated mentoring and follow up on IMSSV findings in Health Facilities conducted</p> <p>7. Number of sfaff trained on State Oxygen Central Management Committee and Plant Management Committees</p> <p>8. Number of facilities assessed for Medical Oxygen status</p> <p>9. Number of Last Mile Delivery (LMD) Spot Checks for public health programs</p> | <p>3. 0</p> <p>4. 0</p> <p>5. 0</p> <p>6. 0</p> <p>7. 0</p> <p>8. 0</p> <p>9. 0</p> | <p>3. 1</p> <p>4. 1</p> <p>5. 4</p> <p>6. 12</p> <p>7. 20</p> <p>8. 34</p> <p>9. 4</p> | <p>3. forecasting and quantification report</p> <p>4. Procurement report</p> <p>5. ISSMV Report</p> <p>6. ISSMV Mentoring report</p> <p>7. training report</p> <p>8. training report</p> <p>9. LMD spot check report</p> | <p>3. Desk review</p> <p>4. desk review</p> <p>5. desk review</p> <p>6. desk review</p> <p>7. Desk review</p> <p>8. Desk review</p> <p>9. Desk review</p> | <p>3. Annually</p> <p>4. Annually</p> <p>5. Quarterly</p> <p>6. Monthly</p> <p>7. Annually</p> <p>8. Quarterly</p> <p>9. quarterly</p> | <p>3. SMOH/DPS/LMCU</p> <p>4. SMOH/DPS/LMCU</p> <p>5. SMOH/DPS/LMCU</p> <p>6. SMOH/DPS/LMCU</p> <p>7. SMOH/DPS/LMCU</p> <p>8. SMOH/DPS/LMCU</p> |



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| <p>4.14.20.5</p> | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 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 3. No. of sensitization to travellers, NURTW and Food vendors at the points of entry on the importance of Yellow fever, cerebro spinal meningitis, Hepatis vaccination and the danger of some re-emerging diseases (diphtheria, lassa fever, monkey pox, cholera) conducted 4. No. of supervisory and fumigation to point of entry 5. No. of enforcement against open defecation and general sanitation conducted. 6. No. of capacity building to health officers on port health services conducted 7. No. of surveillance and case search at point of entry/exit conducted 8. No. of screening and medical fitness test and certification of food vendors that operate at train stations and 5 major motor packs conducted | <p>3.0 4.0 5.0 6.0 7.0 8.0</p> | <p>3.6 4.10 5.30 6.10 7.5 8.6</p> | <p>3. Operational data 4. Operational data 5. Operational data 6. Operational data 7. Operational data 8. Operational data</p> | <p>3. Report 4. Report 5. Report 6. Report 7. Report 8. Report</p> | <p>3. Quarterly 4. Bi-Annual 5. Quarterly 6. Annual 7. Bi-Annual 8. Quarterly</p> | <p>3. SMOH/DPH/PHO 4. SMOH/DPH/PHO 5. SMOH/DPH/PHO 6. SMOH/DPH/PHO 7. SMOH/DPH/PHO 8. SMOH/DPH/PHO</p> |
| <p>4.15 Build climate resiliency for the health system in collaboration with all other sectors</p> | | | | | | | |



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| 4.15.21.1 | <p>SMART Output Indicator(s): By the end of Q4, 2026, 100% of Climate Health resolutions and commitments will be tracked through a centralized accountability system, with quarterly progress reports submitted to stakeholders.</p> <p>2. Number of Solar Powered Refrigerators procured 3. Number of healthcare waste management procured 4. Availability of guidelines for health care waste generation Collection, Management and disposal</p> | <p>3. 0 4. 0 5. 0</p> | <p>3. 32 4. 34 5. 1</p> | <p>3. procurement report 4. procurement report 5. activity report</p> | <p>3. desk review 4. desk review 5. desk review</p> | <p>3. Annual 4. Annual 5. Annual</p> | <p>3. SMOH/DPS/LMCU 4. SMOH/DPS/LMCU 5. SMOH/DPS/LMCU</p> |
| 1.16 Digitize the health system & have data-backed decision making | | | | | | | |
| 1.16.22.3 | <p>SMART Output Indicator(s):</p> <p>1. Availability of integrated data management SOPs that is responsive to the sector wide approach</p> <p>2. Availability of updated National Indicator Dictionary (data dictionary) 3. No. of NHMIS data tools printed and ditributed</p> <p>4. No. of quarterly eDQA conducted Baseline: Baseline: Target:</p> | <p>1. 0 NHMIS data tools ditributed 2. 0 quarterly eDQA conducted</p> | <p>1. 2,000 NHMIS data tools ditributed 2. quarterly eDQA conducted</p> | <p>1. Activity report 2. Activity report</p> | <p>1. Desk review 2. Desk review</p> | <p>1. Quarterly 2. Quarterly</p> | <p>1. SMOH/DPRS/SHMISO 2. SMOH/DPRS/SHMISO</p> |
| 1.16.22.7 | <p>SMART Output Indicator(s):</p> <p>1. Availability of integrated data management SOPs that is responsive to the sector wide approach</p> <p>2. Availability of updated National Indicator Dictionary (data dictionary) 3. No. of HMIS and OICs trained on Data demand and use for action 4. Availability of template for reporting disability inclusive data 5. No. of M&EOs and program Officers on qualitative and quantitative research methodology, analysis and report writing</p> | <p>1. 0 no. of HMIS and OICs trained on Data demand and use for action 2. 0 copy of template for reporting disability inclusive data 3. 0 no. of M&EOs and program Officers on qualitative and quantitative research methodology, analysis and report writing</p> | <p>1. 287 (32HMIS and 255 OICs) trained on Data demand and use for action 2. Developed template for reporting disability inclusive data 3. 35 M&EOs and program Officers on qualitative and quantitative research methodology, analysis and report writing</p> | <p>1. Activity report 2. Copies of template for reporting disability inclusive data 3. Activity report</p> | <p>1. Desk Review '2. Desk Review '2. Desk Review</p> | <p>1. Annually '2. Annually '3. Annually</p> | <p>1. SMOH/DHPRS/HMISO 0 2. SMOH/DHPRS/HMISO 0 3. SMOH/DHPRS/M&EO</p> |



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| 1.16.22.8 | <p>1. Availability of integrated Electronic Logistic Record database for management and tracking of health Programs</p> <p>2. Availability of SOPs for integrated data management and reporting for all public health health programs</p> <p>3. No. of health workers trained on Electronic Health Record (EHR)</p> | <p>1. Non-existence of integrated Electronic Logistic Record database for management and tracking of health Programs</p> <p>2. Non-existence of SOPs for integrated data management and reporting for all public health health programs</p> <p>3. O. number of health workers trained on Electronic Health Record (EHR)</p> | <p>1. Availability of functional integrated Electronic Logistic Record database</p> <p>2. A developed SOPs</p> <p>3. 330 number of health workers trained on Electronic Health Record (EHR)</p> | <p>1. Copy of functional integrated Electronic Logistic Record database</p> <p>2. Activity report</p> <p>3. Activity report</p> | <p>1. Desk review</p> <p>2. Desk review</p> <p>3. Desk review</p> | <p>1. Quarterly</p> <p>2. Quarterly</p> <p>3. Quarterly</p> | <p>1. Quarterly</p> <p>2. Quarterly</p> <p>3. Quarterly</p> |
| 1.16.22.10 | <p>SMART Output Indicator(s):</p> <p>1. Proportion of LGAs with functional computing devices and internet dedicated for electronic data management and transmission.</p> <p>2. No. of persons trained on DHIS2 version 4.1 and data management</p> | <p>0. number of persons trained on DHIS2 version 4.1 and data management</p> | <p>78 persons trained on DHIS2 version 4.1 and data management</p> | <p>Activity report</p> | <p>Desk Review</p> | <p>Annually</p> | <p>SMOH/DPRS/SHMISO</p> |
| 1.16.22.11 | <p>SMART Output Indicator(s):</p> <p>1. Development of evidence-based Joint Annual Report (JAR) to monitor implementation of the HSSB</p> <p>2. Number of annual State of the Health of the Nation Reports produced and disseminated</p> | <p>2023 Annual Health Report</p> | <p>2025 Annual Health Sector Report</p> | <p>Activity report</p> | <p>Desk Review</p> | <p>Annually</p> | <p>SMOH/DPRS/M&EO</p> |
| <p>E2.17 Increase effectiveness and efficiency of healthcare spending</p> | | | | | | | |



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| 2.17.24.2 | SMART Output Indicator(s): - Number of Timely and accurate budget reports produced - Percentage reduction in budget variances and misallocations | 1) 0 2) 0% | 1) 12 2) 100% | 1) Monthly returns 2) Activity Report | 1) Desk review 2) Desk review | 1) Monthly 2) Quarterly | 1) SMOH/DFA/Head Treasury 2) SMOH/DFA/Internal Auditor |
| 2.17.24.4 | SMART Output Indicator(s): 1. Availability of National/State Health Account(NHA) report | Available (2021 SHA) | Available (2022 to 2024 SHA) | SHA Report | Desk Review | Annually | SMOH/DHPRS/HCFO |
| 2.17.24.6 | SMART Output Indicator(s): - Increase in THE as a percentage of GDP (%) - % Growth in per capita health expenditure (%) - Increase in government health expenditure as a percentage of total government expenditure (%) | 16% | 18% | 2024 NHA report | Desk Review | Annually | SMOH/DHPRS/HCFO |

SPHCB

| HSSB AOP Performance Monitoring Plan (PMP) | | | | | | |
|---|----------|----------------------|-------------|------------------------|-----------|----------------|
| Smart Output Indicators | Baseline | Annual Output Target | Data source | Data collection method | Reporting | Responsibility |
| 1.2 Increase accountability to and participation of relevant stakeholders and Nigerian citizens | | | | | | |



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| 1.2.2.2 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Number of NCH that included stakeholders' performance awards and sanctions 2. Proportion of Department of reform coordination and service improvement (servicom) mandate carried out in relation to health according to their guidelines. 3. Development of Department of reform coordination and service improvement (servicom) annual report | 0% | 100% | Annual Servicom report | Assessment report | Quarterly | SPHCB/ADM&HR/Servicom DO |
| 1.4 Improve cross-functional coordination & effective partnerships to drive delivery | | | | | | | |
| 1.4.4.4 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Availability of Annual RMET Report 2. Annual Audited report published | Not published | Published | Cash books, Payment Vouchers and Bank Statement | Inspection of document and records | annually | SPHCB/DFA |
| 2.5. Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH and Nutrition) | | | | | | | |
| 2.5.6.6 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 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. | <ol style="list-style-type: none"> 1. 100% (255) 2. 3060 meetings (2023) | <ol style="list-style-type: none"> 1. 100% (255) 2. 3060 | <ol style="list-style-type: none"> 1. WDC Meeting minutes 2. WCEFPs Reports | <ol style="list-style-type: none"> 1. Meeting minutes (Attendant & Pictures) 2. Meeting reports (attendant & Pictures) | <ol style="list-style-type: none"> 1. Monthly 2. Monthly | <ol style="list-style-type: none"> 1. SPHCB/F&CHS /SHE 2. SPHCB/F&CHS /SCEFP |



| 2.6 Strengthen prevention through primary health care and community health care | | | | | | | |
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| 2.6.8.1 | SMART Output Indicator(s): Proportion of settlements covered (%) Number of ZD children vaccinated | 42% (577) 13,234 | 100% (1374) 33,684 | OUTREACH REPORT TALLY SHEET/ELECTRONIC REPORT | Desk review Mini NDHS survey | Monthly Biannual | SPHCB/DC&I MM/SIO SPHCB/DC&I MM/SIO |
| 2.6.8.2 | 1. Under-fives in prioritized LGAs will be identified and enumerated prior to vaccination exercises in affected communities. 2. The prioritized LGAs have the largest concentration of ZD children (almost 40%) across the country. 3. The enumeration will include vaccination status of the children and allow accountability for children reached afterward. 4. ZD and under-immunised children will be linked to the HFs within their catchment areas for follow-up and this will be done electronically for ease of tracking and accountability purposes. | 1.1374 settlements 2. 0 3. 33,684 Targeted children 4. 33,684 ZD/Under-Immunized children | 1374 10 33,684 33684 | Zero dose call in template/hard copy and electronic | Desk review | Monthly | SPHCB/DC&I MM/SIO |
| 2.6.8.3 | SMART Output Indicator(s): Proportion of settlements covered. Proportion of enumerated U5s vaccinated. | 0 0 | 1,374 142,469 | call in data | Desk review, Mini NDHS survey | Biannually | SPHCB/DC&I MM/SIO |



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| 2.6.8.5 | SMART Output Indicator(s): Vaccination Coverage | 48% | 85% | RMNCAH+N scorecard/NDHS | DHIS/Mini Survey | Quarterly/Biann ually | SPHCB/DC&I MM/SIO |
| 2.6.8.6 | SMART Output Indicator(s): Number of Communities with ZD Identified | 0 | 373 | Zero dose micro plan | Desk review | Annually | SPHCB/DC&I MM/SIO |
| 2.6.8.7 | SMART Output Indicator(s): Percentage Increase in uptake of service | 48% | 85% | DHIS/NDHS | Facility summary forms/NDHS mini survey | Quarterly/Biann ually | SPHCB/DC&I MM/SIO |
| 2.6.8.8 | SMART Output Indicator(s): 1. Number of adverse effects reported per antigen 2. Availability of AEFI report | 1. 690 2, Not available | 740 Available | AEFI report/NDHS | Desk review/Mini Survey | Quarterly/Biann ually | SPHCB/DC&I MM/SIO |
| 2.6.8.9 | SMART Output Indicator(s): 1. Proportion of health facilities with no vaccine stock out. 2. Percentage reduction in stock out rate | 1. 91%(1084) | 98% | RMNCAH+N scorecard/NDHS | DHIS/Mini Survey | Quarterly | SPHCB/DC&I MM/CCO |
| 2.8 Improve equity and affordability of quality care for patients, expand insurance | | | | | | | |



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| 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 functional MNCH+N task force aligned to the terms of reference | 2. 23 LGAs | 2. 23 LGAs | 2. LGA TASK FORCE establishment report | 2. LGA Task force establishment report | Annually | 2. SPHCB/F&CHS /SHE |
| 2.8.12.2 | SMART Output Indicator(s): 1. Availability of RMNCAEH+N expenditure tracking report | Not available | Available | Financial resource tracking report | Routine monitoring of financial resources report | Quarterly | SPHCB/F&CHS /RH |
| 2.8.12.3 | SMART Output Indicator(s): Proportion of health facility maternal death notified within 24 hours by sub-national and national levels. | 0.76% (11) | 18% (255) | cMPCDSR Data base | cMPCDSR daily reporting | Daily | SPHCB/F&CHS /SMHC |
| 2.8.12.6 | SMART Output Indicator(s): % of health care facilities with basic WASH services | 24% | 48% | ISS Report/WASH activity report | Integrated Supportive Supervision | Quarterly | SPHCB/DC&I MM/SDO |
| 2.8.12.7 | SMART Output Indicator(s): % of health facilities providing comprehensive post-partum care and post-abortal care (PAC) services | 24% | 48% | Activity report for Post-partum and post-abortal care | Report of PAC services in facilities | Monthly | SPCHB/F&CHS /RH |



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| 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 | 1. 39.7% 2. 13% | 1. 63.7% 2. 37% | RMNCH SCORECARD | DHIS | Quarterly | SPHCB/F&CHS /SMHC |
| 2.8.12.9 | SMART Output Indicators (s): 1. % of health facilities providing Post-partum Hemorrhage management services | 24% | 48% | Activity report for Post-partum and post-abortion care | Assessment of service delivery services | Monthly | SPHCB/F&CHS /SMHC |
| 2.8.12.11 | SMART Output Indicators(s): Number of TBAs enrolled | 2280 | 2280 | TBAs Mapped list | TBA mapping | Annually | SPHCB/F&CHS /SMHC |
| 2.8.12.13 | SMART Output Indicator(s): Number of additional CHEWs and JCHEWS activated | 2159 | 2759 | SPHCB Staff List | Monthly Staff List Template | Monthly | SPHCB/ADM & HR/HRH DESK OFFICER |
| 2.8.12.14 | SMART Output Indicator(s): Number of midwives Upskilled | 260 | 562 | ACTIVITY REPORT for Upskilled midwives | Reports of training of upskilled midwives | Quarterly | SPHCB/F&CHS /SMHC |
| 2.8.12.15 | SMART Output Indicator(s): Numbers of CHEWS upskilled | 465 | 1694 | ACTIVITY REPORT for Upskilled CHEWS | Reports of training of upskilled CHEWS | Quarterly | SPHCB/F&CHS /RH |
| 2.8.12.20 | SMART Output Indicator(s): Number of PHCs with stock out of commodities Number of PHCs lacking trained RMNCAH providers | 27 | 5 | MICS2021 | Q3 2024 RMNCH SCORECARD | QUARTERLY | SPHCB/F&CHS /SMHC |



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| 2.8.12.21 | SMART Output Indicator(s):% of health facilities providing CEMOnC. SMART Output Indicator(s):% of health facilities providing BEMOnC. | 24% | 48% | Administrative data | Monthly HF summary | Monthly | SPHCB/F&CHS /SMHC |
| 2.8.12.22 | SMART Output Indicator(s): 1. Percentage of women of reproductive age that delivered and are commenced on modern contraception within 48 hrs 2. % of women who had post-abortion care and are given modern contraception 3. No. of service providers that are trained on FP/LARC | 1. 12% 2. 12% 3. 40 | 1. 35% 2. 80% 3. 80% | Administrative data | Monthly HF summary | Monthly | SPHCB/F&CHS /RH FP |
| 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. | 0% 100% | 17% 100% | REPORT ON FP SBC ANC Session Report | FP SBC intergrated services ANC data | Monthly | SPHCB/F&CHS /RH FP |



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| 2.8.12.26 | <p>SMART Output Indicator(s): % of newborns who initiated breastfeeding within an hour of birth.</p> <p>SMART Output Indicator(s): Proportion of newborn who have postnatal contact with health providers within 24 hours of delivery at health facility.</p> <p>SMART Output Indicator(s): Proportion of newborn who have postnatal contact with health providers within 2 days after delivery.</p> | <p>1.97.1%</p> <p>2. 117.5%</p> <p>3.117.5%</p> | <p>1. 97.1%</p> <p>2. 117.5%</p> <p>3. 117.5%</p> | RMNCAH+N scorecard | DHIS | Quarterly | SPHCB/DF&CHS/SMHC |
| 2.8.12.28 | <p>SMART Output Indicator(s): Number of CHW trained</p> <p>2. Proportion Number of Home visits</p> <p>Baseline:</p> <p>Target:</p> <p>SMART Output Indicator(s): % of Outreaches conducted</p> | <p>1. 465</p> <p>2. 120,070</p> <p>3. 5%</p> | <p>1. 720</p> <p>2. 624,267</p> <p>3. 10%</p> | <p>1. ACTIVITY REPORT</p> <p>2. Know Your Community Data Report</p> <p>3. ACTIVITY REPORT on Outreaches conducted</p> | Routine Administrative data | Quarterly | SPHCB/F&CHS/RH |
| 2.8.12.35 | <p>SMART Output Indicator(s): Proportion of health facility with 60% of health care providers trained on IMCI.</p> <p>SMART Output Indicator(s): Proportion of health facility providing IMCI.</p> | <p>1. 0%</p> <p>2. 25%</p> | <p>1. 35%</p> <p>2. 50%</p> | <p>IMCI training report</p> <p>ISS Report</p> | <p>Training attendance</p> <p>ISS</p> | <p>Annually</p> <p>Quarterly</p> | SPHCB/F&CHS/IMCI ICCM |



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| 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 | 3. 22.3% 4. 57.0% | 3. 24.7% 4. 59.0% | RMNCAH+N Scorecard NDHS 2023 | DHID Survey | Quarterly Biyearly | SPHCB/F&CHS /IMCI ICCM |
| 2.8.12.39 | SMART Output Indicator(s): Proportion of HCWs trained on adolescent plus youth-friendly services | 0 | 30% | YFHS Training report | training attendance | Annually | SPHCB/F&CHS /AHDDO |
| 2.8.12.41 | SMART Output Indicator(s): Proportion of communities with adolescent peer to peer support | 0 | 20% | REPORT on Adolescent peer to Peer support | Community data | Quarterly | SPHCB/DF&CH S/AHDDO |
| 2.8.12.44 | SMART Output Indicator(s): Number of CVs trained on MIYCN Number of bi-annual MNCHW activities conducted number of women participated in annual breastfeeding week commemoration | 3335 0 0 | 435 2 500 | MIYCN training report MNCHW report Report of breastfeeding week commemoration | MIYCN training attendance MNCHW activity data Brest feeding week data | Annually Biannually Annually | SPHCB/DF&CH S/SNO |
| 2.8.12.45 | SMART Output Indicator(s): Number of CHWs trained on assessment of dietary practices and eating habit | 0 | 255 | Training report on dierty assesement | Reports on Dietary practices and assessment | annually | SPHCB/DF&CH S/SNO |
| 2.8.12.46 | SMART Output Indicator(s): Numbers of facilities offering growth monitoring and promotion (GMP) services Number of health workers trained on GMP Services across 23LGAs | 1064 12000 | 1064 1064 | ISS report GMP training report | ISS GMP training attendance | Quarterly Annually | SPHCB/DF&CH S/SNO |



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|-----------|---|---|---|---|---|----------|-------------------|
| 2.8.12.47 | SMART Output Indicator(s): 1. Proportion of facilities providing IMAM service 2. Number of HCWs trained on IMAM 3. Number of CVs trained on IMAM | 1. 0% (no data) 2. 8.2% (118) 3. 69.1% (2300) | 1. 35% (384) 17.6% (255) 91.6% (3050) | FHF service delivery assessment IMAM HCW training report IMAM CVs training report | KII at HF Training attendance Training attendance | Yearly | SPHCB/DF&CH S/SNO |
| 2.8.12.48 | "SMART Output Indicator(s): Number of cooking utensils sets procured and distributed Number of OTP cards, Registers, and Ratio cards printed and distributed" Number of PHCs reached with IMAM, MIYCN, MMS and BFI interventions | 23 2000 118 | 118 3000 255 | Procurement Invoice Printing Invoice PHC Admin data | Request procurement Invoice Request printing invoice Admin data | Yearly | SPHCB/DF&CH S/SNO |
| 2.8.12.49 | SMART Output Indicator(s): Proportion of LGAs with secondary/tertiary facility providing IMAM services | 100% (23 LGAs) | 100% | Routine Administrative assessment data | IMAM Secondary/tertiary scale-up report | Annually | SPHCB/DF&CH S/SNO |
| 2.8.12.50 | SMART Output Indicator(s): Numbers of wards with Nutrition centers | 255 | 255 | Routine Administrative assessment data | Presence of Nutrition corners | annually | SPHCB/DF&CH S/SNO |
| 2.8.12.55 | SMART Output Indicator(s): Number of stakeholders trained on MMS Number of WDC/NFP/ALGON sensitized on MMS Number of HCWs Trained on MMS | 0 0 0 | 50 60 303 | Stakeholders MSS training report Sensitization meeting report HCW MSS training report | Training attendance | Annually | SPHCB/DF&CH S/SNO |



Kaduna State Government



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| 2.8.12.56 | SMART Output Indicator(s) 1. Availability of state Comprehensive Action plan on RMNCAH/Immunization/nutrition integration 2. Proportion of Health facilities providing integrated RMNCAH/immunization/Nutrition at the PHC. | 0.24 | 48% | Routine Administrative data | Valuation report | Annually | SPHCB/DF&CH S/RH |
| 2.8.12.62 | SMART Output Indicator(s): % of functional WDC with minutes of regular meetings | 100% | 100% | WDC meeting minutes | meeting attendance | Monthly | SPHCB/DF&CH S/SHE |
| 2.8.12.64 | SMART Output Indicator(s): Percentage of CHW trained | 28% | 56% | CHWs training report | Training attendance | Quarterly | SPHCB/DF&CH S/SMHC |
| 2.8.12.65 | SMART Output Indicator(s): Availability of standardized Jobs aid at the communities | Available in 1354 communities | Available in 2400 communities | Community Volunteers/CHIPS report | Printing and Distribution | Annually | SPHCB/DF&CH S/SCEFP |
| 2.8.13.5 | SMART Output Indicator(s): Number of PHC upgraded to full functionality with government and partners resources | 0 | 169 | Valuation report | Project Consultant | Quarterly | SPHCB/DPRS/ PO |
| 2.8.13.7 | SMART Output Indicator(s): Evidence of quarterly disbursement of funds | Available | Available | DFF quarterly retirements | Bank statements | Quarterly | SPHCB/DFA/B HCPF Accountant |
| 2.8.13.25 | SMART Output Indicator(s): Established digital fund process steps | 100% | 100% | Facility Retirement | Facility Retirement | Quarterly | SPHCB/DF&A/ BHC PF ACCOUNTANT |
| 2.8.13.32 | SMART Output Indicator(s): Availability of BHC PF's performance report | Available | Available | BHC PF Quaterly programmatic report/PHCs quaterly retirement | PHCs assessment report | Quarterly | SPHCB/DPRS/ BHC PF DO |
| 3.13 Strengthen supply chains | | | | | | | |



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|--|---|------|------|--|--|--|------------------------------|
| 3.13.19.4 | SMART Output Indicator(s): proportion of supply chain infrastructures (warehouses at national and sub-national levels) are in operations | 100% | 100% | Planned Preventive Maintenance report, Direct vaccines delivery report and weekly vaccines dashboard | Maintenance logbooks, the use of ODK and simple excel template | bi-annual, monthly and weekly respectively | The state cold chain officer |
| 4.14 Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Lassa) | | | | | | | |
| 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. | 0 | 46 | Training report on public health emergency management | Training exercise | Annual | SPHCB/DC&I MM/DSNO |
| 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 | 50% | 80% | SORMAS, EM SAS, | Electronic method, paper based | Community informants, facility surveillance officers LGA, DSNOs/ADSNOs | SDSNO |
| 1.16 Digitize the health system & have data-backed decision making | | | | | | | |



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| 1.16.22.6 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 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 | 81.4% | 90% | DQA Report | Health Facility Data Quality Assessment | Quarterly | |
| E2.17 Increase effectiveness and efficiency of healthcare spending | | | | | | | |
| 2.17.24.1 | <p>SMART Output Indicator(s):</p> <ul style="list-style-type: none"> - Budget execution rate - Percentage of priority interventions allocated to specific budget lines - Number of programme-based budgets developed and implemented - Percentage Increase in budget allocation for priority interventions | <ol style="list-style-type: none"> 1. 36% 2. 85% 3. 80% 4. 0% | <ol style="list-style-type: none"> 1. 100% 2. 100% 3. 100% 4. 25% | Budget performance review | Monthly expenditure report | Annually | SPHCB/DPRS/BO |



Kaduna State Government



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| 2.17.24.3 | <p>SMART Output Indicator(s):</p> <ul style="list-style-type: none"> - Percentage Increase in timely budget releases - monitoring and evaluation framework developed - Number of budget monitoring and evaluation exercises conducted - Number of budget monitoring and evaluation report developed | <p>0% 0% 2% 0%</p> | <p>100% 100% 4 1</p> | <p>Release number given M&E framework available M&E exercise report M&E report</p> | Data Triangulation | Bi-annually | SPHCB/DFA |
| 2.17.24.5 | <p>SMART Output Indicator(s):</p> <ul style="list-style-type: none"> -Investment case for health system developed and disseminated for use | 0% | 100% | Investment case available | Investment case report | annually | SPHCB/DFA |

KADHSMA

| HSSB AOP Performance Monitoring Plan (PMP) | | | | | | |
|---|----------|----------------------|-------------|------------------------|-----------|----------------|
| Smart Output Indicators | Baseline | Annual Output Target | Data source | Data collection method | Reporting | Responsibility |
| 1.3 Strengthen regulatory capacity to foster the highest standards of service provision | | | | | | |



Kaduna State Government



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|--|--|---------------------------|------------------------------|--|------------------|-----------|----------------|
| 1.3.3.3 | SMART Output Indicator(s): 1. Report on the state of supply chain at all levels 2. No. of Pharmacist with Licenced renewed. | 1. 60% 2. 95% 3. 0% | 1.100% 2. 100% 3. 100% | 1. NHLMIS 2. PCN registry. 3. KADHSMA report | Desk Review | Annually | DLO/ES/KADHSMA |
| 2.6 Strengthen prevention through primary health care and community health care | | | | | | | |
| 2.6.8.9 | SMART Output Indicator(s): 1. Proportion of health facilities with no vaccine stock out. 2. Percentage reduction in stock out rate | 2. 15% | 2. 5% | IMSV Report | IMSV Field visit | Quarterly | M&E |
| 2.8 Improve equity and affordability of quality care for patients, expand insurance | | | | | | | |
| 2.8.12.52 | SMART Output Indicator(s): % of facilities stocked-out by method offered on the day of assessment. | 15% | 5% | KADHSMA | iMSSV | Quarterly | Planning M&E |
| 2.8.12.54 | SMART Output Indicator(s): Proportion of health facilities with stock out of commodities for RMNCAH | 10% | 5% | KADHSMA | iMSSV | Quarterly | Planning M&E |
| 3.11 Stimulate local production of health products | | | | | | | |



Kaduna State Government



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| 3.11.17.3 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 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. | 1.0% | 1.45% | KADHSMA | Desk Review | Annually | DLO |
| 3.11.17.5 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Percentage increase in the number of pooled procurments of health products done by national and sub national governments from local Pharmaceutical companies 2. Proportion of government procurement of health commodities that is from local manufacturers | 1.50% 2.80% | 1.80% 2.90% | KADHSMA | POOLED PROCUREMENT REPORT | Annually | DHS |
| 3.11.17.6 | <p>SMART Output Indicator(s):</p> <p>Number of implemented PPP MOU or engagements towards local production of health products.</p> | 70% | 90% | KADHSMA | PPP PROCUREMENT REPORT | Annually | DHS |
| <p>3.12 Shape markets to ensure sustainable local demand</p> | | | | | | | |



Kaduna State Government



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|--|---|-----------------------|------------------------|-----------------------|------------------------|----------|-----|
| 3.12.18.1 | SMART Output Indicator(s): 1. Market intelligence conducted for health commodities 2. % of health commodities that meet global/international health standards | 1.100% 2.95% | 1. 100% 2. 100% | KADHSMA | PPP PROCUREMENT REPORT | Annually | DHS |
| 3.13 Strengthen supply chains | | | | | | | |
| 3.13.19.4 | SMART Output Indicator(s): 100% of supply chain infrastructures (warehouses at national and sub-national levels) are in operations | 30% | 60% | KADHSMA | Desk Review | Annually | DLO |
| 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) 2. No. of warehouses upgraded or built 3. No. of warehouses with insurance cover | 1. 2. 30% 3. 0% | 1. 2. 60% 3. 50% | KADHSMA Annual Report | Desk Review | Annually | DLO |
| 4.14 Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Lassa) | | | | | | | |



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|---|---|-----|-----|---------|--------------------------|----------|-----|
| 4.14.20.3 | <p>SMART Output Indicator(s):</p> <p>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.</p> | 50% | 80% | KADHSMA | Training Report | Annually | DLO |
| 1.16 Digitize the health system & have data-backed decision making | | | | | | | |
| 1.16.22.3 | <p>SMART Output Indicator(s):</p> <p>1. Availability of integrated data management SOPs that is responsive to the sector wide approach</p> <p>2. Availability of updated National Indicator Dictionary (data dictionary) Baseline: Target:</p> | 50% | 95% | KADHSMA | KADHSMA Dashboard Report | Annually | DLO |
| 1.16.23.3 | <p>Define your: SMART Output Indicator(s):</p> <p>1. Nigeria Health Information Exchange maturity index</p> <p>2. KADHSMA Supply Chain Dashboard interoperable with downstream data systems</p> | 50% | 95% | KADHSMA | Dashboard Report | Annually | DLO |
| E2.17 Increase effectiveness and efficiency of healthcare spending | | | | | | | |



Kaduna State Government



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| 2.17.24.5 | SMART Output Indicator(s): -Investment case for health system developed and disseminated for use | 0% | 40% | KADHSMA | KADHSMA Business Plan | Annually | DAF |
|-----------|---|----|-----|---------|-----------------------|----------|-----|

KADCHMA

| Smart Output Indicators | Baseline | Annual Output Target | Data source | Data collection method | Reporting | Responsibility | |
|--|---|----------------------|-------------|--|--|-----------------------|--|
| 1.2 Increase accountability to and participation of relevant stakeholders and Nigerian citizens | | | | | | | |
| 1.2.2.2 | SMART Output Indicator(s): 1.Number of NCH that included stakeholders' performance awards and sanctions 2. Proportion of Department of reform coordination and service improvement (servicom) mandate carried out in relation to health according to their guidelines. 3. Development of Department of reform coordination and service improvement (servicom) annual report 4. Number of Radio jingles aired 5. Proportion of enrollees satisfied with KADCHMA service | 92 86% | 334 90% | KADCHMA PRO quarterly report Bureau of Statistics KADCHMA client satisfaction survey | KADCHMA desk review KADCHMA desk review | quarterly Annually | KADCHMA/MARKETING/PRO KADCHMA/Planning/M&EO |
| 2.5. Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH and Nutrition) | | | | | | | |
| 2.5.7.1 | SMART Output Indicator(s): - Number of social policies reviewed and aligned with national priorities | 1 | 1 | Report of KADCHMA law review | KADCHMA desk review | Annually | KADCHMA/Planning/DPRS |



| 2.8 Improve equity and affordability of quality care for patients, expand insurance | | | | | | | |
|---|--|---------|---------|-------------------------------|---------------------|----------------|----------------------------------|
| 2.8.13.2 | SMART Output Indicator(s): Availability of revised and domesticated BHC PF 2.0 guidelines | 0 | 45 | BHC PF 2.0 training report | KADCHMA desk review | Annually | KADCHMA/MARKETING/BHC PF FP |
| 2.8.13.9 | SMART Output Indicator(s): Availability of the updated financial management and reporting guideline | 1 | 1 | ICT quarterly report | KADCHMA desk review | Second quarter | Head of ICT |
| 2.8.13.14 | SMART Output Indicator(s): Availability of audited account report | 1 | 1 | KADCHMA external Audit report | KADCHMA desk review | ANNUAL | KADCHMA/ADM&FIN/INTERNAL AUDITOR |
| 2.8.14.1 | SMART Output Indicator(s): -Percentage of the population covered by health insurance and other pre-payment mechanisms -Percentage reduction in out-of-pocket health expenditures | 486,197 | 606,197 | KADCHMA Enrolement Report | KADCHMA ENROLMENT | Quarterly | KADCHMA/BUSINESS DEVT/TLIFS |
| 2.8.14.2 | SMART Output Indicator(s): - Number of Nigerians covered under the vulnerable group health insurance programs | 78244 | 472,725 | KADCHMA Enrolement Report | KADCHMA ENROLMENT | Quarterly | KADCHMA/BUSINESS DEVT/TLIFS |



Kaduna State Government



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|---|---|---------------------------|----------------------|--|---|---|---|
| 2.8.14.3 | <p>SMART Output Indicator(s):</p> <ul style="list-style-type: none"> - Number of high-impact interventions purchased through strategic purchasing mechanism - Cost-effectiveness of high-impact interventions - Strategic purchasing framework developed (#) - Increase in the proportion of health expenditure allocated to high-impact interventions (%) -Number of Healthcare providers accredited -Propotion of healthcare facilities reaccredited -Propotion of accredited facilities visited for quality assurance -Propotion of accredited facilities visited for Data quality assurance | 432 100% 97% 97% | 100% 100% 100% | <p>KADCHMA accreditation report</p> <p>KADCHMA reaccreditation report</p> <p>KADCHMA quarterly QA report</p> <p>KADCHMA quarterly DQA report</p> | <p>KADCHMA desk review</p> <p>KADCHMA desk review</p> <p>KADCHMA desk review</p> <p>KADCHMA desk review</p> | <p>Annually</p> <p>Annually</p> <p>Quarterly</p> <p>Quarterly</p> | <p>KADCHMA/OPERATIONS/TL-Accreditation</p> <p>KADCHMA/OPERATIONS/TL-Accreditation</p> <p>KADCHMA/OPERATIONS/TL-Quality Assurance</p> <p>KADCHMA/Planning/M&EO</p> |
| 2.9 Revitalize the end-to-end (production to retention) healthcare workers' pipeline | | | | | | | |
| 2.9.15.6 | <p>SMART Output Indicator(s):</p> <p>1. % of states implementing gap based capacity buiding .</p> | 15 | 21 | <p>KADCHMA Training report</p> | <p>KADCHMA desk review</p> | <p>Annually</p> | <p>KADCHMA/PLANNING/HEAD OF PLANNING</p> |



| 2.8 Improve equity and affordability of quality care for patients, expand insurance | | | | | | | |
|---|---|-------------------------|----------------------------|---|------------------------------|------------|-------------------------|
| 2.8.12.7 | SMART Output Indicator(s): 2. Percentage completion of Upgraded Maternity /Gynae Wards 3. Percentage Completion of Upgrad and equipping Gynae Emergency Unit 4. Percentage Completion of Upgrading & Equipping the Youth Friendly Clinic in BDTH | 0 per 0 per 0 per | 50 per 50 Per 50 Per | 'Maternity /Gynae Wards Upgrade Activity Report Gynae Emergency Unit Upgrade Report Youth friendly Clinic Upgrade Activity Report | Handin over note | Anually | BDTH/Admin/HOD WORKS |
| 2.8.12.9 | SMART Output Indicators (s): 1. % of health facilities providing Post-partum Hemorrhage management services 2. E-Motive PPH Commodities and Kits Procured in BDTH | 0 | 1 | copy of E-Motive PPH Commodities and Kits Invoices & Receipts | Desk review | Anually | BDTH/MAC/CMAC |
| 2.8.12.25 | SMART Output Indicator(s): 1. Number of hospitals providing obstetric fistula services 2. Obstetrics Fistula Surgical Theatre built | 0 | 1 | Obstetrics Fistula Surgical Theatre Suites Activity Report | Surgical theater functioning | Anually | 2. BDTH/ADMIN/HOD O&G |
| 2.8.12.30 | SMART Output Indicator(s): 1. Numbers of Level-3 HF neonatal intensive care unit established 2. Percentage completion of SCBU Upgrad & Equipping in BDTH | 2.70% | 100% | SCBU Upgrade activity Report | Functional SCBU | 2. Anually | 2. BDTH/ADMIN/HOD WORKS |



Kaduna State Government



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| 2.8.12.47 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. proportion of facilities providing IMAM service 2. Numbers of Nutritionists trained on IMAM 3. Numbers of IMAM Commodities Procured | 2.0 3.0 | 2. 5 3.200 | <p>2.Training on IMAM Report 3.Copies of Invoices & Receipts of IMAM commodities Procured</p> | <p>2. Desk review 3. Desk review</p> | 'Annually BDTH/ADMIN/HEAD NUTRITION |
| 2.8.13.17 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Availability of facilities with essential commodities, functional utilities and facility maintenance services 2. Numbers of Power Systems in life saving units in BDTH Procured 3. Number of 250KVA Generator for Radiological dept. procured | 2.0 3.0 | <p>2. 2 Power System in Life Saving Units Procured in BDTH 3. one 250KVA Generator for Radiological dept. procured</p> | <p>2. COPY OF Power System Ivoices & Receipts Procured 3. COPY OF Power System Ivoices & Receipts Procured</p> | <p>2. Desk review 3. Desk review</p> | <p>2. Annually 3. Annually BDTH/Admin/Head Procurement</p> |
| <p>2.9 Revitalize the end-to-end (production to retention) healthcare workers' pipeline</p> | | | | | | |



Kaduna State Government



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| 2.9.15.1 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Proportion of health training institutions that meet the mandatory regulatory requirement. 2. Number of annual graduands per state 3. Ratio of healthcare workers (Doctors, pharmacists etc.) to population 4. Percentage Completion of Construction & Equipping of aquired Nitel Building for BDTH 5. Numbers of Dialysis Machines Procured 6. Number of new dept./courses reaccredited | <p>4. 30 %</p> <p>5. 0</p> <p>6. 0</p> | <p>4. 100%</p> <p>5, Dialysis Machines Procured</p> <p>6. 9 accreditation</p> | <p>5./Assessment report Handing over repor</p> <p>6. Activity report/invoice</p> <p>7. Activitites and list of accredited dept./courses</p> | <p>5. Facility assessment report</p> <p>6. Desk review</p> <p>7. Desk review</p> | <p>'5. Quarterly</p> <p>6. Annually</p> <p>7. Quartelry</p> <p>5. BDTH/ADM/HOD WORKS</p> <p>6. BDTH/ADM/Head Procurement</p> <p>6. BDTH/CMD/CMAC</p> |
| 2.9.15.5 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Attrition rate 2. Number of Health Care workers Recruited across all cadres. | 0 | 350 | BDTH Recruitment Report | Administrative Data | <p>Annually</p> <p>CMD/ADMIN/Head Establishment</p> |

KADBUSA

| HSSB AOP Performance Monitoring Plan (PMP) | | | | | | |
|--|----------|----------------------|-------------|------------------------|-----------|----------------|
| Smart Output Indicators | Baseline | Annual Output Target | Data source | Data collection method | Reporting | Responsibility |
| 1.4 Improve cross-functional coordination & effective partnerships to drive delivery | | | | | | |



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|--|---|----------------------|----------------------|--|---------------------|-----------|----------------|
| 1.4.4.2 | SMART Output Indicator(s): AOP developed with inclusion of development partners activities. | 0 Meetings conducted | 4 meetings conducted | Activity report | 'Minutes of meeting | Quarterly | KADBUSA/DG/M&E |
| 2.5. Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH and Nutrition) | | | | | | | |
| 2.5.6.10 | SMART Output Indicator(s): 1. Number of relevant MDAs included in the multi-sectoral Health Promotion 2. Number of community outreaches to sensitize and create awareness on substance use and mental illhealth | 2. 6 | 8 | Activity report on outreach to sensitized and create awareness on the dangers of use of illicit drugs. | KADBUSA ONLINE APP | Quarterly | KADBUSA/TS/HTS |
| 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 | 1. 20 2. 3 | 35 6 | Training activity report on Number of community outreaches conducted to sensitize and create awareness of Health care services | Attendance | Quarterly | KADBUSA/PS/HPS |



Kaduna State Government



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| 2.5.6.12 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Technology deployed 2. Unplugged trainers trained 3. Number of teachers trained on the unplugged program 4. Number of handbooks printed 5. Number of M&E visits conducted 6. Number of teachers trained on classroom management 7. Number of IEC materials printed 8. Number of persons trained on Peer-on-peer | <p>2. 0 3. 90 4. 7500 5. 0 6. 0 7. 0 8. 0</p> | <p>2. 30 3. 780 4. 65,000 5. 4 6. 1530 7. 6000 8. 60</p> | <p>Activity report on Unplugged program</p> | <p>Desk review</p> | <p>Quarterly</p> | <p>KADBUSA/PS/TS/M&E</p> |
| 2.6 Strengthen prevention through primary health care and community health care | | | | | | | |
| 2.6.9.1 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 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 3. Number of state task force review meetings held 4. Number of members of law enforcement trained on ATI 5. Number of task force Secretariat establish | <p>3. 0 4. 15 5. 0</p> | <p>3. 4 4. 55 5. 1</p> | <p>Activity report on State Task Force. 'Activity report on Law enforcement Officers trained. 'Official report on Task force Secretarial flag off.</p> | <p>Attendance</p> | <p>Quarterly</p> | <p>DG/HT/HP/M&E</p> |



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|---------|--|-------|-----------------------|---|-------------|------------|--------------|
| 2.6.9.3 | <p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> Total alcohol per capita consumption in litres of pure alcohol Availability of a comprehensive national policy/regulation on alcohol | 0 | 1000 | Site visit screening for alcohol intoxication in drivers report | Site report | Quarterly | DG/HT/HP/M&E |
| 2.6.9.8 | <p>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.</p> <ol style="list-style-type: none"> Number of priority NCDs with integrated guidelines and simple treatment protocols developed Proportion of primary health care workers trained on management of simple, uncomplicated NCDs and mHGAP 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. Proportion of states that have included protocol based antihypertensives, and anti diabetic medicines in their essential medicine lists. Number of DICs establish | 5. 15 | '115 DICs established | DICs Report 2023 | Desk review | 'Quarterly | DG/HT/HP/M&E |



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| 2.6.10.3 | <p>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</p> | 0 | 10,000 | <p>Activity report on safe-sex practice commodities</p> | Desk review | Quarterly | DG/HT/HP/M&E |
| 2.7 Improve quality of care and service delivery across public (secondary, tertiary and quaternary) and private health care providers | | | | | | | |
| 2.7.11.1 | <p>SMART Output Indicator(s): Policy and guidelines for PPP in Health Sector and Nigerian Health Professionals in Diaspora Engagement, MOUs to support Project developed Number of tertiary and quaternary centers constructed</p> | 0 | 6 | <p>site visit report document on 1. Construction 2. Vocational skills trained 3. Training of Health workers 4. Procurement of Test kits</p> | Desk review | Quarterly | DG/HT/HP/M&E |



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| 2.7.11.2 | <p>SMART Output Indicator(s): Number of Training and capacity building Sessions and Number of different cadre of Nigerian Healthcare professional trained Baseline: Haphazard training programmes Target: 6 sessions organised and coordinated of Training and capacity building Sessions (1 every 2 months for various Cadre of Healthcare professionals</p> | 0 | 3 | Policy document | Attendance | Quarterly | DG/HT/HP/M&E |
| 2.7.11.3 | <p>SMART Output Indicator(s): Establishment of an Interactive Database Dashboard for the operation of the programme No of HWs trained</p> | 5 | 40 | Activity report on training of Health Workers mental, neurological and substance modules | Attendance | Annual | DG/HT/HP/M&E |
| 2.8 Improve equity and affordability of quality care for patients, expand insurance | | | | | | | |
| 2.8.12.15 | <p>SMART Output Indicator(s): Numbers of CHEWS upskilled</p> | 0 | 1000 | Training 'Activity report on Perinatal Mental Health | Attendance | Quarterly | DG/HT/HP/M&E |



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| 2.8.12.39 | SMART Output Indicator(s): Proportion of HCWs trained on adolescent plus youth-friendly services | 0 | 21 | Activity report on MNSUD for adolescents & youths | Desk review | Annual | DG/HT/HP/M&E |
| 2.8.12.41 | SMART Output Indicator(s): 1. Proportion of communities with adolescent peer to peer support. 2. Number of people trained on DPTC. 3. Numbers of community prevention centers created 4. Number of persons trained on TARL program 5. Number of Community Drug Abuse Intervention Forums set up. 6. Number of people trained on Family United program | 360 6 40 5 0 | '1500 20 120 25 50 | 'Activity report on 1. Drug Prevention and Treatment Care 2. community prevention centers 3. TARL Training 4. Community Drug Abuse 5. Family United | Site report Desk report | Quarterly | DG/HT/HP/M&E |



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| 2.8.12.45 | SMART Output Indicator(s): Availability of NACS report | 0 | '4 | Activity report on nutrition assessment | Site report | Quarterly | DG/HT/HP/M&E |
| 3.10 Promote clinical research and development | | | | | | | |
| 3.10.16.2 | SMART Output Indicator(s): 1. Percentage implementation rate of approved National Health research policy and priorities 2. Percentage of institutional development plan (IDP) for ethics committee closed through corrective action plan (Nos of Health Reserch Proposals/protocols reviewed and approved by NHREC by 2027) 3. Number of LGA with perinatal mental health survey was conducted | 0 | '10 | 'Activity report on Perinatal mental health baseline survey | 'Site report | 'Annual | 'DG/HT/HP/M&E |
| 1.16 Digitize the health system & have data-backed decision making | | | | | | | |



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| 1.16.22.5 | <p>SMART Output Indicator(s):</p> <p>1. Proportion of LGAs with functional computing devices and internet dedicated for electronic data management and transmission.</p> <p>Baseline:</p> <p>Target:</p> | 0 | 300 | Copy of report on Purchase of mobile data for the installation of the MhGAP | Site report | Annual | DG/HT/HP/M&E |
| 1.16.22.8 | Availability of Data coordination and Management center established at all levels | 0 | 20 | Activity report of managed data coordination and management center | Site report | Annual | DG/HT/HP/M&E |
| 1.16.22.11 | <p>SMART Output Indicator(s):</p> <p>1. Development of evidence-based Joint Annual Report (JAR) to monitor implementation of the HSSB</p> <p>2. Number of annual State of the Health of the Nation Reports produced and disseminated</p> | 5 | 12 substance Abuse treatment Centers supervised | Activity report on substance Abuse treatment Centers | Site report | Bi-Annual | DG/HT/HP/M&E |

