

REPORT OF KADUNA STATE SECTOR WIDE ANNUAL OPERATIONAL PLAN DEVELOPMENT 2025



His Excellency
SENATOR UBA SANI
Governor, Kaduna State.



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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

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.

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 therapeutic 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 monitored through the SWAp Technical Working Groups (TWGs). The national have proposed 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

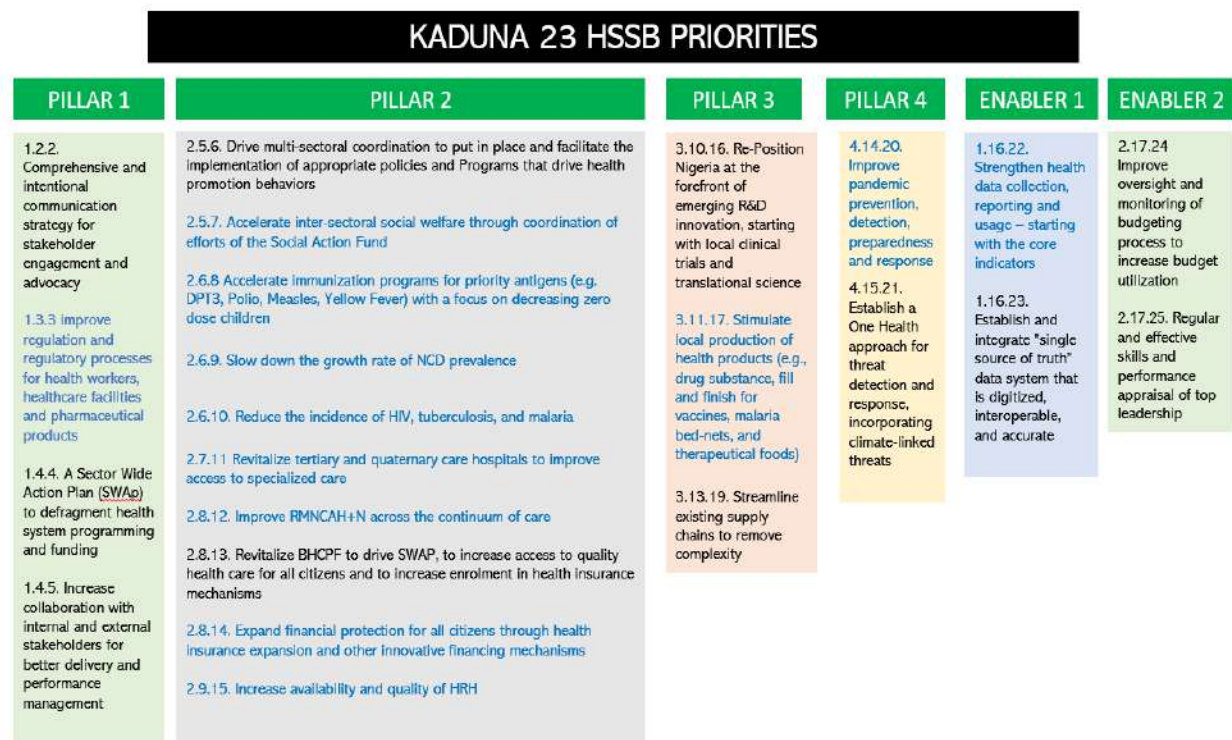


Figure 6: Kaduna Selected 23 HSSB Priorities Based on Pillars and Enablers

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)

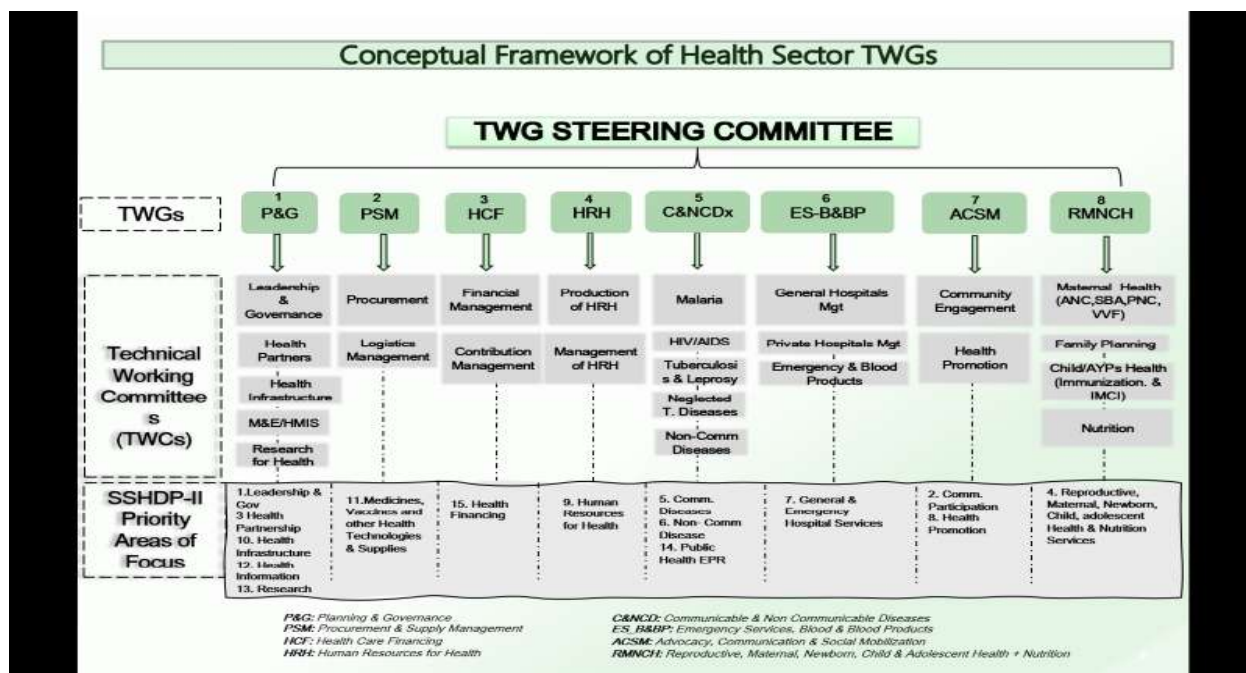


Figure 7: TWG Structure Based on the SSHDP II

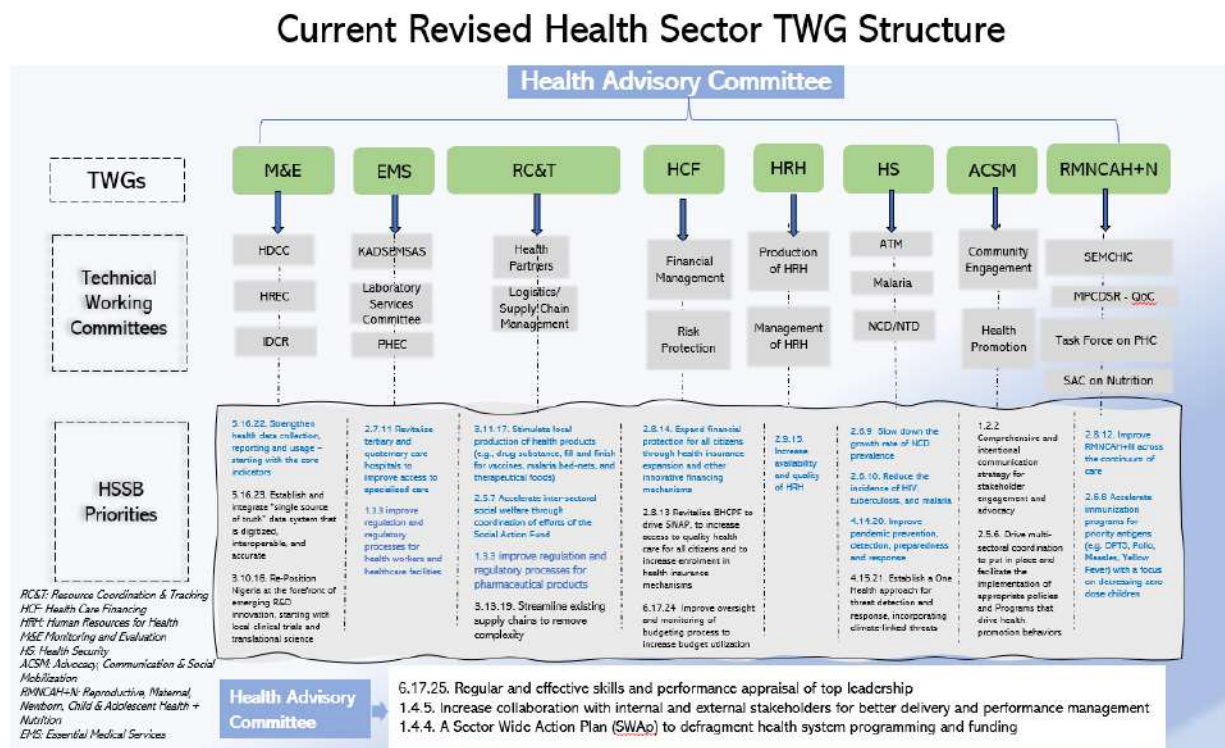


Figure 8: TWG Structure Based on the HSSB Priorities

Governance structure of TWGs

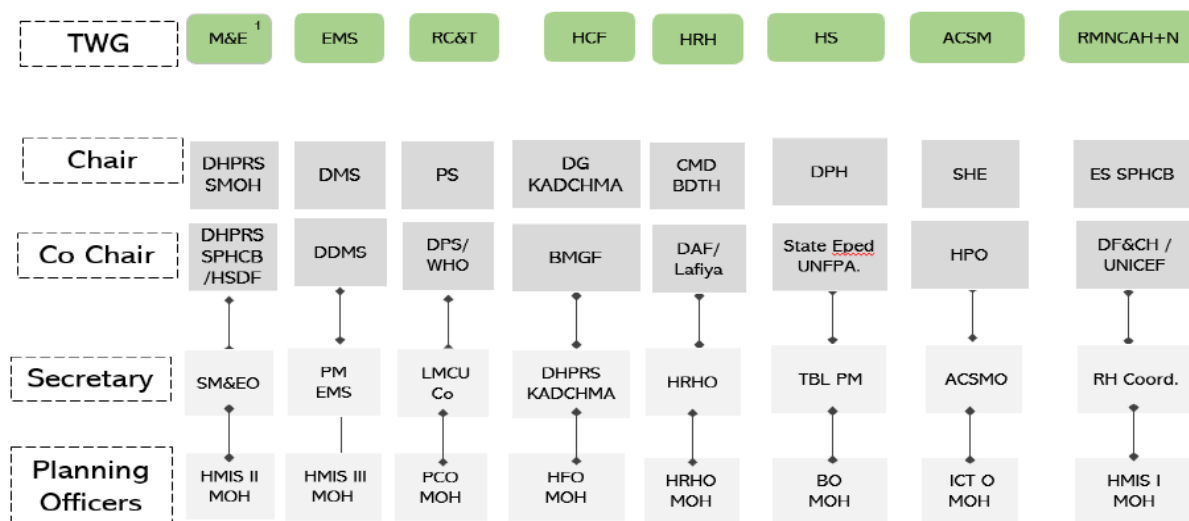


Figure 9: Governance Structure of the HSSB TWG Structure

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.

- 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 BHCPE, 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 1. Repair and preventive maintenance of Solar systems for 34Nos Solar Clinics in the PHCs across the state</p> <p>2. Accelerate Solar Energy Deployment: Invest in solar-powered systems for the 29% of PHCs without reliable electricity, ensuring sustainability.</p> <p>3. Strengthen Partnerships: Engage with energy companies and development partners to bridge infrastructure and funding gaps.</p> <p>4. Enhance Maintenance Protocols: Implement robust maintenance plans for existing and new energy solutions to ensure long-term functionality.</p> <p>4. Advocate for Policy Support: Lobby for increased budgetary allocations and policy reforms to prioritize PHC electrification.</p> <p>5. Conduct Training Programs: Build the capacity of PHC staff to manage and maintain energy systems effectively.</p>
<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 1. Revitalize 255 PHCs across the State to provide BEMONC services</p> <p>2. Upgrade Non-functional Infrastructure: Repair faulty pumping machines and install water storage tanks</p>



Kaduna State Government



<ul style="list-style-type: none"> • 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. • 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. • Increased Community Ownership: Increased ownership by WDCs to improve facility infrastructure across the state 	<p>Hygiene Issues: Limited or no access to proper toilet and handwashing facilities in a few locations undermines overall WASH compliance.</p> <ul style="list-style-type: none"> • Dependency on External Support: Overreliance on donor-funded or government projects could delay progress if funding ceases. <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> <ul style="list-style-type: none"> • Existing Advocacy mechanism: Availability of existing advocacy system to communities to take ownership of WASH facilities and ensure proper maintenance. • Existing NGOs and Private individuals supporting WASH initiatives: Collaborating with WASH-focused organizations and private individuals for funding, expertise, and innovative solutions. • Existing government-owned agency involved in providing WASH facilities: Kaduna already has RUWASSA/ an agency involved in providing WASH facilities 	<p>Challenges: Droughts, seasonal water scarcity, or other environmental factors may impact the sustainability of water sources.</p> <ul style="list-style-type: none"> • Maintenance Challenges: Lack of trained personnel for regular maintenance could result in frequent breakdowns of boreholes and pumping systems. • Population Growth Pressure: Increasing demand for healthcare services may outstrip the capacity of existing WASH infrastructure. • Theft and vandalization: Increased theft and vandalization of infrastructure by hoodlums 	<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



			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 	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. 2.9.15.5.b 2.Re-engage 100 adhoc midwives across 100 facilities in the state 2.8.13.22.h 3• Conduct 4-days quarterly Quality Assessment by 138 LGA and 75 State team
<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 	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 2.8.13.22.h 2 •Conduct 4-days quarterly Quality Assessment by 138 LGA and 75 State team
<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) 	2.6.8.9.d •Conduct 5 days quarterly Mock Effective Vaccine Management Assessment (EVMA) 46 persons <ul style="list-style-type: none"> Engage certified technicians for repairs of broken down equipment Procurement of new equipment 2.8.13.22.h 2 •Conduct 4-days quarterly Quality Assessment by 138 LGA and 75 State team



Kaduna State Government



<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	Opportunities	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 qualification 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 archiving 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	Opportunities	Threats	Solutions



Kaduna State Government



BILL & MELINDA
GATES foundation

<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), aand 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 230 HFs across the 23 LGAs (10 facilities per LGA) by 46 state officials, 5 days mothly 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 quatrelly 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



	<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 	<ul style="list-style-type: none"> THREATS
	<ul style="list-style-type: none"> Availability of implementing partners. Availability of funding source, such as BHC PF, IMPACT Project, etc. 	<ul style="list-style-type: none"> Poor cash backing for the 15% allocation to health Inadequate staff in the unit.
PRIORITY INITIATIVE	STRENGTHS	WEAKNESSES
2.9.15 Increase availability and quality of HRH.	<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 	<ul style="list-style-type: none"> THREATS
	<ul style="list-style-type: none"> Availability of partners. Signing of the minimum wage into law. 	<ul style="list-style-type: none"> High risk of attrition.
PRIORITY INITIATIVE	STRENGTHS	WEAKNESSES
Strengthen health research and development to significantly contribute to the overall improvement of	<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



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.
	• OPPORTUNITIES	• THREATS
	•	•

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	THREATS
	Innovation in healthcare delivery	Resistance from some stakeholders
PRIORITY INITIATIVE	STRENGTHS	WEAKNESSES
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	THREATS
	Leveraging on international funding and partnership to prevent and control these diseases	Reliance on external funding sources or changing political priorities may result in inconsistent funding, potentially stalling disease reduction efforts
PRIORITY INITIATIVE	STRENGTHS	WEAKNESSES
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	THREATS
	Leveraging on international funding and partnership to prevent and control these diseases	Reliance on external funding sources or changing political priorities may result in inconsistent funding, potentially stalling disease reduction efforts
PRIORITY INITIATIVE	STRENGTHS	WEAKNESSES



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 <ol style="list-style-type: none"> Presence of development partners willing to support the Authority's plan and activities High informal population 	THREATS <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



	<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
Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products	<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
Expand financial protection to all citizens through health insurance expansion	<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>



<p>and other innovative financing mechanisms</p>	<ol style="list-style-type: none"> 2. Regular awareness parleys with enrolees 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

		<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 Political will	THREATS
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 Presence of Development Partners in the State	THREATS
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 A room for adjustment at KDHA	THREATS 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 Private Investors willing to partner with the facility	THREATS 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

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

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)	1. Availability of Policy and Plans (SSP, NSF) for HIV Prevention and Treatment 2. Trained HCW on HIV prevention	1. Availability of Policy and Plans (SSP, NSF) for HIV Prevention and Treatment 2. Trained HCW on HIV prevention
	OPPORTUNITIES	OPPORTUNITIES
	1. Availability of Partners support and CBOs 2. Integration of HIV programs with other programs	1. Availability of Partners support and CBOs 2. Integration of HIV programs with other programs

KADBUSA HSSB SWOT TABLE

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



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	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	Interventions	Description	SMART Output Indicator(s) Baseline: Target:	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): 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 BHCPP 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 outcome 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, surveyors, Printing	State & FCT level	Oa-going Project/Activity	SMoH/DHPRS/SCH Desk officer	Program/Management and Administration	Planning, Policy and Capacity Building Workshop						2025 State Council on Health Meeting conducted	
	1.1.1.1.b	Tea State Delegates to participate in a 7 days National Council on Health meeting for 2025	Accommodation, DSA, Airticket, local Transportation	State & FCT level	Oa-going Project/Activity	SMoH/DHPRS/SCH Desk officer	Program/Management and Administration	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): Stakeholders 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	Preparation 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), LGA 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 Groups) quarterly 3. No. of FHO facilitator visits with minimum number and type of informative health poster, bills displayed 4. No. of planned dialogue held every quarter												
	1.2.2.1.a	Conduct Community mobilization to 63 Community/Religious leaders on all MTD interventions and train 198 Town ambassadors to increase awareness during drug distribution of MTD medicines by 80 MTD/HP Staff	DSA, Transport, Refreshment	State & FCT level	Oa-going Project/Activity	SMO/HCPI/PO	Program/Management and Administration	Information Education and Communication (IEC)						306 Town ambassadors awareness on MTD drugs distribution increased	
1.2.2.2	Strengthen existing communication mechanisms e.g phone in TV/Radio/Social media/Media hub programs, Service for feedback and functional grievance redress	1. Recognize/appreciate or reprimand stakeholders' performance through service satisfaction or regular NCH/SCN 2. Provision of an award system to appreciate or reprimand stakeholders' performance through awards and sanctions to regular NCH/SCN 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 (personnel) mandate carried out in relation to health according to their guidelines 3. Development of Department of reform coordination and service improvement (personnel) award report												
	1.2.2.2.a	Produce and disseminate 14,000 copies of DCC IEC materials; 2 radio jingles produced in English and Hausa on MTDs to be aired 20 times in 10 days	IEC/IECC Materials (14000), Jingle production, jingle airing	State & FCT level	Oa-going Project/Activity	SMO/HCPI/PO	Program/Management and Administration	Information Education and Communication (IEC)						1400 IEC materials and 2 jingles produced, distributed and aired	



Kaduna State Government



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in regulatory capacity to foster the highest standards of service provision													
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 Maternity Level 3 regulator Priority: Improve regulation and regulatory process										
1.3.3.1	Harmonize frameworks for health professional regulatory bodies along different cadres.	Regulatory frameworks of various regulators should be reviewed to obtain consensus on the minimum standard required for common service delivery mandates.	SMART Output Indicator(s) 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 "certificates of standard" 6. Developed harmonized framework for all health										
	1.3.3.1.a	Conduct 1 day quarterly non-residential Pharmaceutical Coordination Forum (PCF) meeting with stakeholders (SON, KADUBSA, NDLEA, NAFDAC, PCN, ICAM, CUSTOMS) to develop Terms of Reference (TOR) that will coordinate all pharmaceutical regulatory activities in Kaduna state by 45 persons.	Small Hall, Projector, Tea (4/5-star) Lunch (4/5-star) Local Transport, Honorarium (Basic), DSA (without accommodation & meals, Stationary).	State & FCT level	New-Project/Activity	SMCH/OPS/LMU	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		Pharmaceutical Coordination Forum (PCF) meeting conducted with stakeholders
	1.3.3.1.b	Conduct 5 days quarterly Task Force inspection visits to 1000 Pharmaceutical premises, patent medicine shops and food mall to track false, counterfeit, substandard drugs and Processed Foods by 25 persons.	Check List Printing Sets, Tea (3-star) Lunch (3-star) Local Transport, Honorarium (Basic), DSA (without accommodation & meals, Stationary).	State & FCT level	New-Project/Activity	SMCH/OPS/LMU	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Task force inspection visit done
	1.3.3.1.c	Conduct 5 days bi-annual verification of licences of practicing Nurses in 305 HF's and BTH by 12 Persons	DSA, Transport	State & FCT level	Ongoing Project/Activity	SMCH/OPS/LMU	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	Verified licences of Nurses/Midwives in the 305HF's and BTH
1.3.3.2	Harmonize accreditation/inspection standards for health facilities across the regulators.	Adoption of 1. Joint Commission International (JCI) 2. Nigerian National Accreditation System 3. ISO Accreditation standards	SMART Output Indicator(s) Number of facilities inspected and that checked out on minimum grade for tracking tools.										
	1.3.3.2.a	Conduct 5 days quarterly zonal monitoring and supervision visits by 10 facilitators to 855 private health facilities (222 general) for compliance with standard medical	Local transport, Honorarium.	State & FCT level	Ongoing Project/Activity	SMCH/OPS/LMU (PHE)	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲	▲	▲	▲	TS SHFs supervised
	1.3.3.2.b	Conduct one day quarterly meeting with proprietors of 85 members of the leadership of the association of private health facilities and 3 facilitators to discuss issues on practice compliance regulation.	Local transport, Lunch, Small hall, PAS, Projector, Stationary.	State & FCT level	Ongoing Project/Activity	SMCH/OPS/LMU (PHE)	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲	▲	▲	▲	Minutes of 1 Day quarterly meeting with 75 proprietors of Private Facilities and 9 MOH Officers conducted
	1.3.3.2.c	Conduct 1 day quarterly review meeting with 23 health secretaries on monitoring of PHE with 3 facilitators	Local transport, Lunch, Small hall, Projector, PAS, Stationary, Honorarium.	State & FCT level	Ongoing Project/Activity	SMCH/OPS/LMU (PHE)	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲	▲	▲	▲	1 Day quarterly meeting with 23 health secretaries and 9 MOH staff conducted
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										
	1.3.3.3.a	Conduct a 2-day non-residential meeting to set up Pharmaceutical Coordinated Wholesale Centre for Medicines in Kaduna State by 50 persons.	Tea (3-star) Lunch (3-star) Projector, PAS, Local Transport, Stationary.	State & FCT level	New-Project/Activity	SMCH/OPS/LMU	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Pharmaceutical Coordinated Wholesale Centre meeting set up in Kaduna State.
	1.3.3.3.b	Conduct 1 day advocacy visit to 2 Relevant Stakeholders to secure land allocation to establish Pharmaceutical Coordinated Wholesale Centre in Kaduna State by 5	Local Transport.	State & FCT level	New-Project/Activity	SMCH/OPS/LMU	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Advocacy for land to develop Pharmaceutical Coordinated Center done.
cross-functional coordination & effective partnerships to drive service delivery													
A Sector Wide Action Plan (SWAP) to defragment health system programming and funding													
1.4.4.1	Strengthen a functional health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.	The HSPC will facilitate the harnessing of knowledge and capabilities throughout the health system for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.	SMART Output Indicator(s) Number of functional planning cell with TOR and regular meetings										
	1.4.4.1.a	Conduct 2-day residential Peer-to-Peer learning workshop on Budget Process Improvement Reforum for members of the Planning and Budget Committee by 15	DSA, Transport, accommodation, lunch, tea break, hall, wheelchair, Projector, Public address system	State & FCT level	New-Project/Activity	BOHFRS/SMCH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			15 members of Planning and Budget committee trained on budget process
	1.4.4.1.b	Conduct 2 day residential co-creation workshop with 40 relevant stakeholders in Kaduna State to develop a sustainable blueprint for the budget process	DSA, Transport, accommodation, lunch, tea break, hall, wheelchair, Projector, Public address system	State & FCT level	New-Project/Activity	BOHFRS/SMCH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Sustainable plan for budget reforms developed



Kaduna State Government



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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 sub-national levels Baseline: Target:												
1.2.2		Comprehensive and intentional communication strategy for stakeholder engagement and advocacy														
1.2.2.2		Strengthen existing communication mechanisms a platform in TV/Radio/Social media/Media hub program, Senocon for feedback and functional grievance redress	1. Recognize/appreciate or reward stakeholders' performance through awards and commendations at regular NCHADSCH. 2. Provision of an award system to appreciate or reward stakeholders' performance through awards and commendations at regular NCHADSCH. 3. Conduct a survey to measure citizens' satisfaction on service delivery	SMART Output Indicator(s) 1. Number of MOH that included stakeholders' performance awards and commendations 2. Proportion of Department of reform coordination and service improvement (senocon) mandates carried out in relation to health according to their guidelines. 3. Development of Department of reform coordination and service improvement (senocon) annual report												
1.2.2.2.a		Conduct 4-day non-residential Quarterly Monitoring & Supervision visits to 50 Health Facilities across the 23 LGAs by 40 personnel on operationalization of Senocon Charter	Local transport, OSA	State & FCT level		On-going Project/Activity	SPHCBS/Senocon DO	Program Management and Administration	Other Programme Management & Administration n.e.s.							500 Health Facilities across the 23 LGAs were targeted to operate on Senocon Charter
1.2.2.2.b		Print and distribute 1,500 copies of Senocon-Sanocon Charter handbook to 500 HFs (22 copies per HF) for re-orientation and implementation of Senocon across the 23 LGAs	Printing cost of Handbook, Local transport	State & FCT level		On-going Project/Activity	SPHCBS/Senocon DO	Program Management and Administration	Other Programme Management & Administration n.e.s.							1,500 copies of Senocon-Sanocon Service Charter handbook distributed to 500 HFs.
1.2.2.2.c		Produce 1,500 copies of Senocon Posters (5,760 A3 size) & (6,750 A1 size) for use across the 500 HFs for re-orientation of both HFs and Communities on the operationalization of Senocon.	Printing cost of posters, Local transport	State & FCT level		On-going Project/Activity	SPHCBS/Senocon DO	Program Management and Administration	Planning, Policy and Capacity Building Workshop							1,500 copies of Senocon Posters distributed to 500 HFs.
1.2.2.2.d		Print 10,200 copies of signages on People with Disabilities for 500 PHCs (20 copies per PHC) for inclusion	Printing cost of signages, Local Transport	State & FCT level		New Project/Activity	SPHCBS/DAH/FHS/accn DO	Program Management and Administration	Other Programme Management & Administration n.e.s.							10,200 copies of signages on People with Disabilities distributed to 500 PHCs.
1.2.2.2.e		Conduct a 3-day non-residential survey to measure Clients' satisfaction on service delivery at 500 HFs by 40 persons	ODK Review, DSA, Local transport	State & FCT level		New Project/Activity	SPHCBS/DAH/FHS/accn DO	Program Management and Administration	Planning, Policy and Capacity Building Workshop							3-day survey to measure Client satisfaction on service delivery conducted.
1.2.2.2.f		Develop and print 2024 service improvement (senocon) annual report for presentation at the SCH.	A1 Papers, tone, Local transport	State & FCT level		New Project/Activity	SPHCBS/DAH/FHS/accn DO	Program Management and Administration	Other Programme Management & Administration n.e.s.							Reported Service Improvement (senocon) annual report at the SCH.
1.2.2.2.g		Organize a 1-day non-residential Annual Award Presentation for 10 persons (10 Health Workers (20 per zone across the 2 zones) and 23 community members (1 per LGA) at the regional SCH.	Flights, honorarium, Certificate, Hall	State & FCT level		New Project/Activity	SPHCBS/DAH/FHS/accn DO	Program Management and Administration	Other Programme Management & Administration n.e.s.							10 Health Workers and 23 community members at the regional SCH.
1.2.2.2.h		Conduct monthly validation of referrals for integrated outpatient and routine immunization in 702 health facilities through phone calls to caregivers and traditional leaders	Airtime and transportation	State & FCT level		On-going Project/Activity	SPHCBS/DA/IA/DO	Program Management and Administration	Other Programme Management & Administration n.e.s.							To confirm service delivery
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 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. Advocacy/Comprehensive communication with private investors, DPs, to align the plans with the National Health priorities and contribute to the NSHS.	SMART Output Indicator(s) ACP developed with inclusion of development partners activities.												
1.4.4.2.a		Conduct 3-day residential workshop to develop 2024 SPHCBS ACP with 60 state program officials/other	Consultant fee, Hall, Projector, Public Address System, Teabreak, Lunch, Stationery, OTA and Transport	State & FCT level		On-going Project/Activity	SPHCBS/DFRS/ACP DO	Program Management and Administration	Planning, Policy and Capacity Building Workshop							2024 SPHCBS program ACP Developed
1.4.4.2.b		Conduct 2-day non-residential 2024 ACP validation and harmonization meeting with 30 SPHCBS Program Officers/Partners.	Consultant fee, Hall, Teabreak, Lunch, OTA, Workshop Material, Transportation	State & FCT level		On-going Project/Activity	SPHCBS/DFRS/ACP DO	Program Management and Administration	Planning, Policy and Capacity Building Workshop							2024 SPHCBS program ACP harmonized and validated
1.4.4.3		Support to HMD, SPHCBS, and LGA Health Authorities on the development and consolidation of health facilities AOP (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 workplans, in line with priority objectives. Partners to support the process. 2. Ensure those key activities in the workplan are refiled and well consolidated into the State AOPs.	SMART Output Indicator(s) 1. Number of State AOPs with well defined and consolidated activities of the LGA and health facilities.												
1.4.4.3.a		Conduct 3-day non-residential workshop to develop 2024 HF ACP with PHCC DCOs, VDC chairmen/Senior staff, 200 VFPs, VCC chairmen (100 per) & LGA team members from 21 LGAs (10 per) and 26 State team members guided by abridged DMA	Consultant fee, Teabreak, Lunch, OTA, Workshop Material, Transportation	State & FCT level		On-going Project/Activity	SPHCBS/DFRS/ACP DO	Program Management and Administration	Planning, Policy and Capacity Building Workshop							2024 HF ACP developed
1.4.4.3.b		Conduct 3-day residential workshop to develop 2024 LGA ACP with 8 LGA team members (10 per) and 20 SPHCBS officials/Partners.	Consultant fee, Hall, Teabreak, Lunch, Accommodation, OTA, Workshop Material, Transportation	State & FCT level		On-going Project/Activity	SPHCBS/DFRS/ACP DO	Program Management and Administration	Planning, Policy and Capacity Building Workshop							2024 LGA ACP developed
1.4.4.3.c		Conduct 3-day residential workshop with 26 state officials/partners and 23 LGA HMD officials on validation of LGA/HF plans and harmonization of 2024 SPHCBS, LGA and HF plans (2-day for Validation & 1-day harmonization)	Consultant fee, Hall, Teabreak, Lunch, Accommodation, OTA, Workshop Material, Transportation	State & FCT level		On-going Project/Activity	SPHCBS/DFRS/ACP DO	Program Management and Administration	Planning, Policy and Capacity Building Workshop							LGA/HF plans harmonized and validated
1.4.4.3.d		Conduct 1-day non-residential orientation meeting with 40 state officials/partners on the 2024 HF's DMA and ACP	Lunch, Stationery, Hall, Projector, Public Address System	State & FCT level		On-going Project/Activity	SPHCBS/DFRS/ACP DO	Program Management and Administration	Planning, Policy and Capacity Building Workshop							40 state officials/partners oriented on the developed 2024 HF's DMA and ACP
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		Engage an External audit Firm to conduct and publish a consolidated annual Financial Audit of the SPHCBS accounts	Audit fee	State & FCT level		On-going Project/Activity	SPHCBS/DA	Program Management and Administration	Financial Charges/audit							



Kaduna State Government



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Kaduna State Contributory Health Management Authority

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)	
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													
	1.2.2.2	Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs. Servicem 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. Proportion of Department of reform coordination and service improvement (servicom) mandate carried out in relation to health according to their guidelines. 3. Developme nt of Department of reform coordination and service improvement (servicom) annual report									
		1.2.2.2.a	Conduct one day (1-day) non residential meeting to recognize stakeholders that support the attainment 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 & Administration	Other Programme Management & Administration n.e.c	▲				Best Philanthropist awarded
		1.2.2.2.b	Conduct Quarterly airing of Angles in Nine (9) Radio stations and Two (2) TV stations three (3) times daily for three days to increase awareness creation and enrollment into the scheme.	Airing of Radio/ Angles/Airing of TV Angle		State & FCT level	On-going Project/Activity	KADCHMA/MARKETING/PRO	Program Management & Administration	Information Education and Communication (IEC)	▲	▲	▲	▲	Angles in Nine (9) Radio stations and Two (2) TV stations aired three (3) times daily for three days to increase awareness creation and enrollment
		1.2.2.2.c	Conduct 3-days weekly outreach calls to 500 enrollees to assess the level of participation with three (3) call centre agents	Internet subscription, software subscription		State & FCT level	On-going Project/Activity	KADCHMA/OPERATIONS/TL ENFORCEMENT	Program Management & 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/OPERATIONS/TL ENFORCEMENT	Program Management & 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 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 & 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 & 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 angles, 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 & 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 cleaning	Accommodation, DSA, transport, and fee for data cleaning		State & FCT level	On-going Project/Activity	KADCHMA/PLANNING/HEAD OF PLANNING	Program Management & 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 & Administration	Other Programme Management & Administration n.e.c			▲		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		SMART Output Indicator(s): AOP developed with inclusion of development partners activities.									
		1.4.4.2.a	Conduct Three (3) days residential workshop to develop 2026 KADCHMA AOP by 30 persons	Hall, Accommodation, tea break, lunch, transport, DSA		State & FCT level	On-going Project/Activity	KADCHMA/PLANNING	Program Management & Administration	Other Programme Management & Administration n.e.c				▲	KADCHMA 2026 AOP Developed



Kaduna State Government



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Barau Dikko Teaching Hospital

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/Radio/Social media/Media hub program, Service for feedback and functional grievance redress	1 Recognise/appreciate or reward stakeholders' performance through awards and sanctions at regular NCHSCH. 2. Provision of an award system to appreciate or reward stakeholders' performance through awards and sanctions at regular NCHSCH. 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 Feed Back 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	BDTH/ADMIN/DR	Program Management and Administration	Other: 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/patient relations by 200 persons and 30 VDCs	Hall Lunch, banners, handbills, 2 transport/cabs, Transport	Tertiary Facilities	New-Project/Activity	BDTH/ADMIN/Chair SERVCOM	Program Management and Administration	Other: 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 with 200 persons	Lunch	Tertiary Facilities	New-Project/Activity	BDTH/ADMIN/Chair SERVCOM	Program Management and Administration	Other: 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 5 facilitators on Customer Relationship Management (CRM) and management of Persons with Disability (PwDs)	Hall Fire, tea/break, lunch, facilitators fee, stationaries, Transport	Tertiary Facilities	New-Project/Activity	BDTH/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	BDTH/ADMIN/Chair SERVCOM	Program Management and Administration	Other: 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 (CSDOs) and 5 facilitators on Customer Relationship Management (CRM) and management of Persons with Disability	Hall Fire, tea/break, lunch, accommodation, DSA, facilitators fee, stationaries, Transport	Tertiary Facilities	New-Project/Activity	BDTH/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 of Accounts with 25 persons	Tea, Lunch, Audit Fees	Tertiary Facilities	On-going Project/Activity	BDTH/ADMIN/CO	Program Management and Administration	Financial Chargesheet				2024 Annual External Audit report Published

Kaduna State AIDS Control Agency

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 in all sectors 2. Rationalise National: Share resource gaps that provide training, Budget, HR, etc. 3. All states should contribute to and strengthen a platform for coordination of pooled and non-pooled (Nigeria) funds through a multi-stakeholder approach	SMART Output Indicator(s): 1. Proportion of shared with signposts of pooled and non-pooled funds 2. Proportion of partners that signed their contracts to government platform									
1.4.4.5.a		Conduct 5 days residential meeting to review and disseminate National Domestic Resource Mobilisation and Sustainability Strategy for HIV by 40 persons	Tea Break, Lunch, Transportation, Accommodation, DSA, HR, etc, Facilitation	State & FCT level	New-Project/Activity	KADUNA/STAKEHOLDERS	Program Management and Administration	Planning, Policy and Capacity Building Workshop				National Domestic Resource Mobilisation and Sustainability Strategy for HIV disseminated
1.4.4.5.b		Conduct 1 day quarterly sectoral/sectoral resource mobilisation implementation review meeting with 40 persons	Tea Break, Lunch, Transportation, Hall Rent,	State & FCT level	New-Project/Activity	KADUNA/STAKEHOLDERS	Program Management and Administration	Planning, Policy and Capacity Building Workshop				Reviewed resource mobilisation implementation



Kaduna State Government



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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															
Strategic Objectives			SMART Outcome 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:						Qu 1	Qu 2	Qu 3	Qu 4							
Strategic Interventions																			
			Operational Plan Activities	Cost Items															
Strategic Pillar Two: Efficient, Equitable and Quality Health system																			
2.5		Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH, and digital health) to drive health promotion behaviours (e.g., to disincentivize unhealthy behaviours)																	
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. Multi-sectoral coordination of Provision of essential		SMART Output Indicator(s) 1. Number of states and LGAs with an established health promotion multi-sectoral platform comprising of relevant MDAs, CSOs, 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 Malaria Subcommittee meeting with 40 person		Lunch, Transportation		State & FCT level		New-Project/Activity		SMOHC/PHS MEF		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 End Malaria champions		Transportation, lunch, IEC materials, Hall		State & FCT level		New-Project/Activity		SMOHC/PHS MEF		Program Management and Administration		Planning Policy and Capacity Building Workshop		4 Malawi sub-committee meetings conducted	
		2.5.6.1c		Commemorate the 2025 World Malaria day by 150 persons		IEC materials, Media, lunch, T-shirts, banners		State & FCT level		On-going Project/Activity		SMOHC/PHS MEF		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 structure 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		SMOHC/PHS SFO		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 multi-sectoral 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		SMOHC/PHS FO		Program Management and Administration		Planning Policy and Capacity Building Workshop		Multi-sectoral health promotion workplan developed	
		2.5.6.1f		Conduct 1 day non-residential meeting with 30 participants to validate the developed multi-sectoral health promotion workplan with 1 facilitator		Lunch, Tea break, Lead consultant		State & FCT level		New-Project/Activity		SMOHC/PHS PO		Program Management and Administration		Planning Policy and Capacity Building Workshop		Multi-sectoral health promotion workplan 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		SMOHC/PHS HPH		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		SMOHC/PHS FO		Human Resource or Health		Health Worker Training - In-service		40 KADGACA Staffs trained on Disability Inclusion in HIV program	



Kaduna State Government



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 32 participants (30 VDCs, 20 PCAs, 11 SMOs, 11 CSOs) on malaria SBC activities	Tea/Break, Lunch, Transport	Local Government level	On-going Project/Activity	SMO-HDPH-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-HDPH-PO	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			2,300 community members participated on the town hall meeting
			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. 5. capacity building of HW on SBC interventions. 6. capacity building of HWs on Interpersonal Communication and counseling to improve quality services. 7. Development of SBC materials (electronic).	SMART Output Indicator(s): 1. Developed integrated health promotion manual 2. Numbers of health workers trained on health promotion strategy										
		2.5.6.8.a	Conduct 7 days residential training on Interpersonal Communication and counselling skills for 68 persons (15 state officers, 20 LGA SMOs, 30 PHC Health Care Providers) to improve the quality of service provision.	Hall, Tea/Break, Lunch, Accommodation, P.A.S, Transport, Stationery, Projector, P.A.S, Air Ticket for facilitators	State & FCT level	New-Project/Activity	SMO-HDPH-PO	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		68 participants trained on PC and Counselling skills
		2.5.6.8.b	Conduct 7 days non-residential training on Interpersonal communication and counselling skills for 206 HCW in PHCs (1 per facility) to improve quality of health services by 15 facilitators (5 per facility)	Tea/Break, Lunch, Transport, DSA for facilitators	Local Government level	On-going Project/Activity	SMO-HDPH-PO	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		200 PHC Health care Providers trained on PC and Counselling 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		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 stakeholders 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, P.A.S, Projector, Facilitation fee	State & FCT level	New-Project/Activity	SMO-HDPH-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, P.A.S, Projector, Facilitation fee, Accommodation, DSA, Stationery	State & FCT level	On-going Project/Activity	SMO-HDPH-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 2 days non-residential verification for participants and 10 partners to validate the developed multistakeholder Demand Generation Strategy by 2 facilitators	Hall, Tea/Break, Lunch, Transport, Facilitation fee, P.A.S, Projector	State & FCT level	On-going Project/Activity	SMO-HDPH-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		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, P.A.S, Projector, Facilitation fee, Transport	State & FCT level	On-going Project/Activity	SMO-HDPH-PO	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		Approved and printed copies of Demand Generation Strategy Disseminated
			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. Availability of Air Radio & TV Jingles										
2.5.6.11	Accelerate the Integration of awareness programs/health campaigns to improve health outcomes including primary health interventions	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, State Flag	State & FCT level	On-going Project/Activity	SMO-HDPH-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 6 Air Radio & TV Jingles in Hausa, English and Pidgin Languages on Occupational health, Environmental sanitation, water safety, food safety, AIDS, MCH, Malaria, SMC, dengue, RMNCAH, NCD	Radio Jingles airing	State & FCT level	On-going Project/Activity	SMO-HDPH-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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2.6.10.6	Improve generation of evidence for decision-making and impact through reporting of quality malaria data and information from at least 80% of health facilities	Strengthen systems for data availability or good quality data to track progress in malaria cases and death and provide evidence for programming, policy and strategic decisions 1. Strengthen generation and reporting of quality malaria data through routine and non-routine sources 2. Improve data flow from public and private health facilities (primary, secondary and tertiary) and from community health providers (PFMs, Community Pharmacists and CJHPs) 3. Strengthen health facility and community level Data Quality Assurance (DQA) and broader surveillance systems assessments 4. Improve generation of evidence from evaluations, therapeutic efficacy and entomological surveillance studies for strategic deployment of interventions	SMART Output indicator(s): percentage of expected health facilities reports received and complete (with core indicators) Baseline: 84% (DHIS2 2023) Target: 90% (2025) SMART Output Indicator(s): 1. percentage of expected health facilities reports received and complete (with core indicators) Baseline: 84% (DHIS2 2023) Target: 90% (2025) 2. Number of private health facilities trained on malaria HMS tools 3. Percentage of health facilities													
				2.6.10.6.a	Conduct 3 days non-residential training of 300 private hospital/HMS officers (100 per zone, 3 facilitators) on malaria-HMS data management	hall, lunch, transportation, honorarium, stationaries, tea break	State & FCT level	New-Project/Activity	SVMOH/DPHS MEP	Program Management and Administration					Training of private hospital on HMS and Malaria conducted	
				2.6.10.6.b	Conduct 1 day quarterly malaria program performance review meeting by 75 persons	hall, lunch, transport, DSA, tea break	State & FCT level	On-going Project/Activity	SVMOH/DPHS MEP	Program Management and Administration	Other Programme Management & Administration n.e.s					Quarterly review meeting conducted
				2.6.10.6.c	Conduct Monthly LGA malaria data validation by 102 personnel across the 1069 HFs, supervised by 10 supervisors (5 LGA LMCL team members and 5 SMEP State team members)	Transportation, DSA	State & FCT level	On-going Project/Activity	SVMOH/DPHS MEP	Program Management and Administration	Other Programme Management & Administration n.e.s					Monthly data validation conducted
				2.6.10.6.d	Conduct 5 days National Bi-annual DQA by 4 National personnel and 2 state team members in 5 public health facilities across the selected LGA	Transportation, LUNCH	State & FCT level	On-going Project/Activity	SVMOH/DPHS MEP	Program Management and Administration	Monitoring and Evaluation					Bi-annual DQA conducted
				2.6.10.6.e	Conduct 4-days State quarterly Malaria Data Quality Assurance and performance review by 11 state Supervisors to 128 HFs	Transportation, DSA	State & FCT level	On-going Project/Activity	SVMOH/DPHS MEP	Program Management and Administration	Monitoring and Evaluation					quarterly DQA conducted
				2.6.10.6.f	Conduct a 3-day residential training of 60 Laboratory personnel (30 HMS officers and 30 laboratory assistant technicians) from 30 secondary health facilities on severe malaria reporting and microscopy by 5 facilitators	Hall, transport, honorarium, DSA, lunch, tea break	State & FCT level	On-going Project/Activity	SVMOH/DPHS MEP	Program Management and Administration	Monitoring and Evaluation					60-HMS officers trained on data reporting for malaria
				2.6.10.6.g	Conduct 3 days non-residential training of 1081 personnel (760 from PHCs and 300 Private health facilities) in 19 batches across the 23 LGAs on malaria referral and pre-referral treatment by 49 facilitators	Hall, transportation, Lunch, tea break, honorarium	State & FCT level	On-going Project/Activity	SVMOH/DPHS MEP	Program Management and Administration	Monitoring and Evaluation					1067 docs trained on referral of severe malaria
				2.6.10.6.h	Conduct a 2 day non-essential meeting by 40 persons to review and update relevant malaria indicators in existing health dashboards to improve malaria data visibility across program	Hall, transportation, lunch, Stationaries	State & FCT level	New-Project/Activity	SVMOH/DPHS MEP	Program Management and Administration	Monitoring and Evaluation					existing dashboard review and keyed in malaria indicators
				2.6.10.6.i	Conduct a 5 day quarterly malaria health facility Spot check to 154 apex PHCs by 23 LGA enumerators, LGA cluster coordinators and 2 State SCIDA officers	lunch, Communication Allowance, Transport Allowance	State & FCT level	New-Project/Activity	SVMOH/DPHS MEP	Program Management and Administration	Other Programme Management & Administration n.e.s					quarterly malaria spot check to 154 PHCs conducted
				2.6.10.6.j	Conduct a 2-day annual malaria cross-sectional survey across the 23 LGAs of the state by 105 participants (KCHS/SMEP/SCIDA)	lunch, Communication Allowance, Transport Allowance	State & FCT level	New-Project/Activity	SVMOH/DPHS MEP	Program Management and Administration	Other Programme Management & Administration n.e.s					cross section survey in 23 LGAs conducted
				2.6.10.6.k	Conduct a 14-day bi-annual community polls across the 23 LGAs by 10 participants from NOIPCLLS	lunch, Communication Allowance, Transport Allowance	State & FCT level	New-Project/Activity	SVMOH/DPHS MEP	Program Management and Administration	Other Programme Management & Administration n.e.s					23 LGAs community polls conducted
				2.6.10.6.l	Conduct a 1-day biannual data performance review meeting with 15 key malaria stakeholders (8 SMEP staff, 2 DPRS, 2 SPHCE M&Es, and 1 SMOH M&E Officer) to assess routine DHIS2 data performance	Small Hall, Transport, Lunch, Tea Break, Stationaries	State & FCT level	New-Project/Activity	SVMOH/DPHS MEP	Program Management and Administration	Other Programme Management & Administration n.e.s					2 biannual review meeting conducted
				2.6.10.6.m	Conduct 3 days bi-monthly mentorship sessions to data managers in 30 secondary health facilities to improve severe malaria data capture by 3 persons	Transport, lunch, DSA	State & FCT level	New-Project/Activity	SVMOH/DPHS MEP	Program Management and Administration	Other Programme Management & Administration n.e.s					data managers in 30 SHF mentored
				2.6.10.6.n	Conduct a 5-day residential training on leadership/management and data use in malaria programme for 58 persons (28 SMEP/SMOH programme officers, 23 PFMs, 1 partner) with 2 facilitators	Hall, lunch, Transportation, DSA, Accommodation, Stationaries, Honorarium	State & FCT level	On-going Project/Activity	SVMOH/DPHS MEP	Program Management and Administration	Planning Policy and Capacity Building Workshop					58 persons health managers trained on the use of data in malaria programme



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2.7	Improve quality of care and service delivery across public (secondary, tertiary and quaternary) and p									
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, tea break	State & FCT level	New-Project/Activity	SMCH-WDHPRS 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, tea break, Hotel, Stationery, Transport, projector, PSA	State & FCT level	New-Project/Activity	SMCH-WDHPRS 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, tea break	State & FCT level	New-Project/Activity	SMCH-WDHPRS 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, tea break, Hotel, Stationery, Transport, projector, PSA	State & FCT level	New-Project/Activity	SMCH-WDHPRS 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, tea break, Hotel, Stationery, Transport, projector, PSA	State & FCT level	New-Project/Activity	SMCH-WDHPRS 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 (5 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-WDHPRS ASP	Program Management and Administration	Planning, Policy and Capacity Building workshop	▲		35 Stakeholders attended NTD Masterplan plan 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, 2 Tea break, Lunch, Accommodation, DSA, Transportation, Lead Consultant, Stationery	State & FCT level	On-going Project/Activity	SMCH-WDHPRS ASP	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 Tea break, Lunch, Transport, Stationery, Lead Consultant	State & FCT level	On-going Project/Activity	SMCH-WDHPRS ASP	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 specialize 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	Provide 20 nurses (16 per two senior instructor training with post to study post basic paediatric nursing (ie COMS, ABOTH, Zwa and COMS, AKTH (Cano, paediatric nursing programmes) and neonatal nursing (ie COMS, FPM, AMMA)	Training allowance	State & FCT level	New-Project/Activity	SMCH-WDHPRS ASP	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 Tea break, Lunch, DSA, Transport, Honourarium, Stationery	State & FCT level	New-Project/Activity	SMCH-WDHPRS ASP	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 30 Health workers (8 batches) from the SHFs on Sign Language by 4 Facilitators per batch	Accommodation, Hall, PAS, Projector, 2 Tea break, Lunch, DSA, Transport, Honourarium, Stationery	State & FCT level	New-Project/Activity	SMCH-WDHPRS ASP	Human Resource/Health	Health Worker Training - In-service	▲		30 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 SMCH) on inclusive health service provision by 2 Facilitators	Small Hall, PAS, Projector, 2 Tea break, Lunch, Transport, Stationery, Honourarium	State & FCT level	On-going Project/Activity	SMCH-WDHPRS ASP	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 PFPMs by 4	Small Hall, PAS, Projector, 2 Tea break, Lunch, Transport, DSA, Stationery, Honourarium	State & FCT level	On-going Project/Activity	SMCH-WDHPRS ASP	Human Resource/Health	Health Worker Training - In-service	▲	▲	3,000 Health workers trained on Inclusive Health Services Provision



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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, 115MR 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.			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 10 state oficers for 5 days			small hall, projector, PAS, tea break, lunch, stationary, transport, national consultant, accommodation.	State & FCT level	New-Project/Activity	SMCH/DPH/DPHS/RMNCAEH/HMIS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲			state owned MPCDSR software/dashboard developed
	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/DPHS/RMNCAEH/HMIS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲			developed state own MPCDSR software/dashboard tested
	Conduct 3 days residential training for 45 persons (33 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/DPHS/RMNCAEH/HMIS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲			45 persons trained on the developed MPCDSR software/dashboard
	Conduct 3 days residential training for 32 MPCDSR focal persons on MPCDSR data tools by 3 facilitators			small hall, projector, PAS, accommodation, tea break, lunch, stationary, transport, honorarium, DSA.	State & FCT level	New-Project/Activity	SMCH/DPH/DPHS/RMNCAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲			32 MPCDSR focal persons trained on MPCDSR data tools
	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/DPHS/RMNCAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	MPCDSR review meeting conducted
	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/DPHS/RMNCAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲			MPCDSR State Steering Committee meeting held
	Develop MPCDSR report annually by 1 consultant for 6 days			Consultancy	State & FCT level	On-going Project/Activity	SMCH/DPH/DPHS/RMNCAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲			2025 annual MPCDSR report developed
	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/DPHS/RMNCAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲			2025 MPCDSR report printed and disseminated
	Conduct 4 days residential workshop with 40 participants to develop manual for early identification of disability and referral by 3 facilitators			large hall, projector, PAS, accommodation, tea break, lunch, stationary, transport, honorarium, DSA, printing document.	State & FCT level	New-Project/Activity	SMCH/DPH/DPHS/RMNCAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲	manual for early identification of disability and referral developed
	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/DPHS/RMNCAEH	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 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 States 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									
2.8.12.4.a	Conduct 5 days residential state training of trainers on RMNCAEH+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	SMCH/DPH/DPHS/RMNCAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲			20 HCW trained on RMNCAEH+N quality of care
	Conduct 3 days quarterly residential capacity building for 36 GI team members (12 HCW from 3 secondary facilities) as RMNCAEH+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	SMCH/DPH/DPHS/RMNCAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	36 GI team members trained on RMNCAEH+N QoC
	Conduct 3 days quarterly MPCDSR QoC coaching and mentoring visits to 30 SHFs and BDTH by 15 members, 1 lead consultant and 3 supervisors			Printing of mentoring tools, meeting room, tea break, lunch, lead consultant, state consultant honorarium, diesel/air	State & FCT level	New-Project/Activity	SMCH/DPH/DPHS/RMNCAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	MPCDSR QoC coaching and mentoring visits conducted on 30 SHFs and BDTH
	Conduct 5 days quarterly quality assurance visit to 30 SHFs with 25 persons			DSA, Transport	State & FCT level	On-going Project/Activity	SMCH/DPH/DPHS/RMNCAEH	Human Resource/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 RMNCAH-NQPS														
			2.8.12.5.a	Organise 3 days residential meeting for the review and adoption of the national RMNCAH-NQPS 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/RMNCAH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲					national RMNCAH-NQPS implementation guideline reviewed and adopted
			2.8.12.5.b	Print and distribute 1000 copies of RMNCAH-NQPS guideline to all facilities	Printing of 1000 copies of QOC guidelines, distribution logistics	State & FCT level	New-Project/Activity	SMoH/DPH/RMNCAH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲					1000 copies of RMNCAH-NQPS guideline printed and distributed to all facilities
			2.8.12.5.c	Conduct 3 days residential review and adoption of RMNCAH-NQPS 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/RMNCAH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲					RMNCAH-NQPS 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 pre-clampal/Edampis management with 40 participants and 2 consultants	Small hall, tea to break, lunch, transport, consultant	State & FCT level	New-Project/Activity	SMoH/DPH/RMNCAH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲					national guidelines on pre-clampal/Edampis management reviewed
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 2. Availability of WASH infrastructure 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 3 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 (labs 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 workshop 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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		2.9.12.5.m	Conduct 2 day residential workshop of 15 stakeholders to validate the state IPC policy and guidelines by 1 facilitator	Small hall, Accommodation, Local transport, Tea break, lunch, DSA, Stationary, Projector, PAS	State & FCT level	New-Project/Activity	KCDCOHEP R	Program Management and Administration	Planning, Policy and Capacity Building		▲			State IPC policy and guideline validated
		2.9.12.6.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/Activity	KCDCOHEP R	Program Management and Administration	Planning, Policy and Capacity Building			▲		300 newly recruited HCWs trained
		2.9.12.6.u	Conduct 2 day residential refresher training of 600 HCWs on IPC by 6 facilitators	Large hall, Transport, Accommodation, DSA, Tea break, Lunch, Projector, PAS	State & FCT level	New-Project/Activity	KCDCOHEP R	Program Management and Administration	Planning, Policy and Capacity Building				▲	600 HCWs trained
		2.9.12.6.p	Conduct screening and vaccination of 500,000 HCWs on HBV	Test kits, vaccine, consumables, DSA	State & FCT level	New-Project/Activity	KCDCOHEP R	Program Management and Administration	Planning, Policy and Capacity Building		▲	▲	▲	HBV screened and vaccinated
2.9.12.7	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/clampsia 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									
		2.9.12.7.a	Conduct 5 days residential capacity building for 60 nurses/midwives (2 per facility) on post abortion care across 30 SHFs and BDTHs 5 facilitators	small hall, projector, PAS, accommodation, tea break, lunch, stationary, transport, honorarium, DSA, Printing manuals, consultant fee	State & FCT level	New-Project/Activity	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
		2.9.12.7.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/Activity	SMOH/CPH/ RMNCAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		PAC national policy and guidelines adopted
		2.9.12.7.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/Activity	SMOH/CPH/ RMNCAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		PAC policy and guidelines validated
		2.9.12.7.d	Conduct 1 day non-residential launching and dissemination of the state's PAC policy and guidelines with 50 persons.	large hall, projector, PAS, tea break, lunch, stationary, transport, national consultant.	State & FCT level	New-Project/Activity	SMOH/CPH/ RMNCAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		PAC policy and guidelines launched and disseminated
2.9.12.8	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									
		2.9.12.8.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 GANCPNC, MNH information and supplies with 40 persons and 1 lead consultant	Accommodation, DSA, Lunch, tea break, honorarium, transport, projector, PAS.	State & FCT level	New-Project/Activity	SMOH/CPH/ RMNCAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		SBCC/Health promotion strategy inclusive of gender transformative SBCC approach developed
		2.9.12.8.b	Upgrade 20 General Hospitals to provide Comprehensive Emergency Obstetric and Neonatal Care (CEMONC) services across the State	cost of upgrade	State & FCT level	On-going Project/Activity	SMOH/CPH/ RMNCAEH	Infrastructure And Equipment	Medical Lab Equipment Purchase		▲	▲	▲	22 General hospitals rehabilitate
		2.9.12.8.c	Purchase of Equipment for 5 Major General Hospitals (GH, Karamba, GH Sumaila, GH Birnin Gwari, HGSGH Zaria, YOMH Tudun Wada and Swama Awan GH Karkunt) - United Nations Children Education Fund	Cost of equipment for SHF	State & FCT level	On-going Project/Activity	SMOH/CPH/ RMNCAEH	Infrastructure And Equipment	Medical Lab Equipment Purchase				▲	medical equipment for secondary health facilities procured
		2.9.12.8.e	Equip 20 general hospitals across the State	equipping cost	State & FCT level	New-Project/Activity	SMOH/CPH/ RMNCAEH	Infrastructure And Equipment	Medical Lab Equipment Maintenance		▲	▲	▲	22 General hospitals equipped
		2.9.12.8.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/Activity	SMOH/CPH/ RMNCAEH	Infrastructure And Equipment	Medical Lab Equipment Maintenance		▲	▲	▲	300 specialist hospital completed
		2.9.12.8.g	Kaduna Emergency Nutrition Action Plan (KADENAP) Programme	KADENAP Fund	State & FCT level	On-going Project/Activity	SMOH/CPH/ RMNCAEH	Infrastructure And Equipment	Medical Lab Equipment Maintenance		▲	▲	▲	Nutrition cost dispensed
		2.9.12.8.h	Provide Oxygen Health Services in the state by establishing 2 additional oxygen plant in 2 Secondary Health Facilities (GH Birnin Gwari and HGSGH Zaria)	Oxygen service	State & FCT level	New-Project/Activity	SMOH/CPH/ RMNCAEH	Infrastructure And Equipment	Medical Lab Equipment Maintenance			▲		2 additional oxygen plant in 2 Secondary Health Facilities (GH Birnin Gwari and HGSGH Zaria) established
		2.9.12.8.i	Procure 20 Medical Ambulances (10 advance and 10 basic live support)	procure Ambulance	State & FCT level	New-Project/Activity	SMOH/CPH/ RMNCAEH	Infrastructure And Equipment	Medical Lab Equipment Maintenance			▲		20 Medical Ambulances for advance and basic live support procured
		2.9.12.8.j	Procure 2 Utility Vehicles (Hubs) for Logistic Management Coordinating Unit (LMCU)	Hubs	State & FCT level	New-Project/Activity	SMOH/CPH/ RMNCAEH	Infrastructure And Equipment	Medical Lab Equipment Maintenance				▲	Logistic Management Coordinating Unit (LMCU) procured
		2.9.12.8.k	Procure Equipment for Nuclear Medicine Centre	Equipping	State & FCT level	New-Project/Activity	SMOH/CPH/ RMNCAEH	Infrastructure And Equipment	Medical Lab Equipment Maintenance			▲		Equipment for Nuclear Medicine Centre procured
		2.9.12.8.l	Purchase of 20 Blood Bank Refrigerators for Blood Transfusion Services for 20 Secondary Health Facilities and 10 EUPA Machines for GH KAF, HGSGH Zaria and YOMH Tivada	Blood Bank, EUPA Machine	State & FCT level	New-Project/Activity	SMOH/CPH/ RMNCAEH	Infrastructure And Equipment	Medical Lab Equipment Maintenance				▲	20 Blood Bank Refrigerators for Blood Transfusion Services procured
		2.9.12.8.m	Purchase of Accessories for Planned Preventive Maintenance of Medical Equipment across the 33 Secondary Health Facilities	PPM Accessories	State & FCT level	New-Project/Activity	SMOH/CPH/ RMNCAEH	Infrastructure And Equipment	Medical Lab Equipment Maintenance				▲	PPM Accessories procured
		2.9.12.8.n	Purchase of Equipment to Strengthen Maternal Child and Neonatal Health Services in Secondary Health Facilities	RMNCAEH-N Equipment	State & FCT level	New-Project/Activity	SMOH/CPH/ RMNCAEH	Infrastructure And Equipment	Medical Lab Equipment Maintenance			▲		RMNCAEH-N Equipment procured



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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	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/CH-FRS/PM	Infrastructure And Equipment	Medical/Lab Equipment Maintenance							dialysis machine accessories procured
		2.8.12.8.p	Procurement of Oxygen Cylinders and Accessories for 8 Major Secondary Health Facilities (GH/Karankwan, GH/Samama, GH/Bimbin Gwai, HASSA/Ida, YOMH/Tulun Wade and Gwamna Awan GH/Kakuri)	procure oxygen cylinders	State & FCT level	New-Project/Activity	SMOH/CH-FRS/PM	Infrastructure And Equipment	Medical/Lab Equipment Maintenance							Oxygen cylinders and accessories procured
			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, etc.												
		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, tea break, lunch, stationary transport, Consultant, stationery, 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 guideline	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, tea break, lunch, stationary 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, tea break, lunch, stationary 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, tea break, 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/CHMS/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/CHMS/DMS (C)	Direct Intervention Cost	Health services							Refresher GANC training conducted for 30 HCW
2.8.12.10	Create 'midwifery led' community outreach model with incentive for HCWs to improve ANC coverage	2.8.12.9.h	Conduct 2 day bi-annual residential integrated MNH training based on nutritional manuals on ELSS for 31 doctors from SHFs by 2 facilitators.	DSA (10), Accommodation (30), Facilitators (2), stationary (31), Small hall (1), Tea (36), Lunch (33)	State & FCT level	On-going Project/Activity	SMOH/CHMS/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 MPOCSRFPs by 3 facilitators.	DSA (14), Accommodation (31), stationary (31), Small hall (1), Tea (58), Lunch (34), Facilitators (3).	State & FCT level	On-going Project/Activity	SMOH/CHMS/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 Monitoring tool by 2 facilitators	small hall, projector, P.A.S, accommodation, tea break, lunch, stationary 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 Monitoring 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 30 SHFs and BOTM by 3 Facilitators	Accommodation, Hall, P.A.S, Projector, 2 Tea break, Lunch, DSA, Transport, State Consultant, Stationery	State & FCT level	On-going Project/Activity	SMOH/CHMS/DMS	Human Resource or Health	Health Worker Training in service							62 Nurses/Midwives' capacity built on IPC
			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 300 Women to commemorate 2021 International Day of the Midwife	Bairner's Mama pack, Lunch, Transport, DSA, Honorarium, Travel	State & FCT level	On-going Project/Activity	SMOH/CHMS/DMS	Program Management and Administration	Other Programme Management &							ANC services provided to 300 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 tea break, Hall, DSA, Transport, Workshop material, P.A.S, Projector, airtime	State & FCT level	New-Project/Activity	SMOH/CHMS/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, Tea break	State & FCT level	New-Project/Activity	SMOH/CHMS/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/CHMS/DMS	Program Management and Administration	Planning Policy and Capacity Building Workshop							100 copies of the midwifery led community outreach model printed
2.8.12.12	Deploy Doctors midwives+ CHEW/SUCHEW/S to high need areas, using relocation incentives and flexible arrangements for RMNCAH	2.8.12.10.e	Conduct 1 day quarterly outreach on RMNCAH services to 300 women and children across the 3 senatorial zones by 5 persons	Mama pack, Lunch, Transport, DSA (Diugs: Ferisolate, Folic Acid, Amocycillin, DT, ORS, PCM syrup)	State & FCT level	On-going Project/Activity	SMOH/CHMS/DMS	Program Management and Administration	Other Programme Management & Administration, etc.							300 women and children across the 3 senatorial zones reached with RMNCAH services
			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/CHMS/DMS	Program Management and Administration	Personnel - salaries, allowances, social contributions							205 Midwives paid monthly incentives



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2.8.12.19	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. states reviewed conducted on											
2.8.12.19.a		Conduct 5 desk review on the TSTS policy by one consultant	consultant fee	State & FCT level	New-Project/Activity	SMO/DPH/RS/DOH/PR/AS/PO	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲				desk review on the development of TSTS policy conducted
2.8.12.19.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/DPH/RS/DOH/PR/AS/PO	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲				Kaduna State TSTS policy revised
2.8.12.19.c		Conduct 1 day non-residential meeting to validate the TSTS policy by 30 persons	Lunch, Teatreat, Lead consultant, Hall, Transport	State & FCT level	New-Project/Activity	SMO/DPH/RS/DOH/PR/AS/PO	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲				revised Kaduna State TSTS policy validated
2.8.12.19.d		Conduct 1 day non-residential meeting to disseminate the TSTS policy by 70 persons	Lunch, Teatreat, Lead consultant, Hall, Transport	State & FCT level	New-Project/Activity	SMO/DPH/RS/DOH/PR/AS/PO	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲				revised Kaduna State TSTS policy disseminated
2.8.12.19.e		Conduct 3 days residential workshop to domesticate the TSTS National SOP by 45 persons	accommodation, lunch, 2 tea break, Hall, DSA, Transport, Workshop material, PAS, Projector, airtime	State & FCT level	New-Project/Activity	SMO/DPH/RS/DOH/PR/AS/PO	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲				National TSTS SOP domesticated
2.8.12.19.f		Conduct 1 day Zoom 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/DPH/RS/DOH/PR/AS/PO	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 22 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/DPH/RS/DOH/PR/AS/PO	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, teatreat, and lunch for planning and feedback meeting, transport allowance, Honorarium, DSA, consultant supervisor fee, accommodation.	State & FCT level	On-going Project/Activity	SMO/DPH/RS/DOH/PR/AS/PO	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 20 THFs by 5 Facilitators	Accommodation, Hall, PAS, Projector, 2 Teatreat, Lunch, DSA, Transport, State Consultant, Stationery	State & FCT level	New-Project/Activity	SMO/DPH/RS/DOH/PR/AS/PO	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/DPH/RS/DOH/PR/AS/PO	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 NHA 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, teatreat, lunch, transport allowance, Honorarium, stationery.	State & FCT level	On-going Project/Activity	SMO/DPH/RS/DOH/PR/AS/PO	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲	▲	▲	25 community leaders sensitized on fistula prevention
2.8.12.25.b		Conduct 28 days training of 5 HCW (2 Doctor and 3 Nurses) on obstetric fistula surgery and management by 1 Consultant	DSA, Consultant fees, Accommodation, Honorarium, teatreat, lunch, training materials	State & FCT level	On-going Project/Activity	SMO/DPH/RS/DOH/PR/AS/PO	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 6 weeks by 1 consultant, 2 assistant doctors and 3 nurses	Consumables, consultancy, honorarium	State & FCT level	On-going Project/Activity	SMO/DPH/RS/DOH/PR/AS/PO	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, teatreat, lunch, stationery, transport, national consultant, DSA	State & FCT level	New-Project/Activity	SMO/DPH/RS/DOH/PR/AS/PO	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, teatreat, lunch, stationery, transport, national consultant, DSA	State & FCT level	New-Project/Activity	SMO/DPH/RS/DOH/PR/AS/PO	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, teatreat, lunch, stationery, transport, national consultant	State & FCT level	New-Project/Activity	SMO/DPH/RS/DOH/PR/AS/PO	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/DPH/RS/DOH/PR/AS/PO	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲				validated GBV & FGM national policy and guidelines launched and disseminated



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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 reviews and integrated community case management for childhood illness (ICCM)	SMART Output Indicator(s): Proportion of health facility with 80% of health care providers trained on IMCI. SMART Output Indicator(s): Proportion of health facility providing IMCI. 2. No. of HCW's trained on pneumonia treatment algorithm and hypoxaemia management. 3. No. of HCW's mentoring on pneumonia and hypoxaemia management.		State & FCT level	New-Project/Activity	SMOH/CPH/RM/CAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲					60 HCW trained on pneumonia treatment algorithm and hypoxaemia
			2.8.12.35.a	Conduct 5 days quarterly residential training on pneumonia treatment algorithm and hypoxaemia management for 80 HCW (2 per facility) across 30 secondary facilities by 6 facilitators.											
				Conduct 5 days mentorship of 50 trained HCW on pneumonia and hypoxaemia management by 10 mentors											
2.8.12.39	Scale-up capacity of Doctors, Nurses, Wives, CHEW's to deliver adolescent plus youth-friendly services	Tailored capacity skill on HCW's on adolescent plus youth-friendly services	SMART Output Indicator(s): Proportion of HCW's trained on adolescent plus youth-friendly services 2. No. of M&E framework of the AYPHD policy adopted 3. No. of HCW's trained on YFHS, C4C and Client-based record management system.		State & FCT level	New-Project/Activity	SMOH/CPH/RM/CAEH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲					60 trained HCW mentored on pneumonia and hypoxaemia
			2.8.12.39.a	Conduct 1 day stakeholders engagement meeting with 35 persons to adapt M&E framework or the AYPHD policy by 2 consultants.											
			2.8.12.39.b	Conduct 3 days residential workshop with 50 persons to adapt the M&E framework of the AYPHD policy by 2 consultants.											
			2.8.12.39.c	Conduct 2 days validation of the Kaduna state's M&E framework of the AYPHD policy with 50 persons and 2 consultants.											
			2.8.12.39.d	Conduct 1 day dissemination of the Kaduna State M&E framework of the AYPHD policy with 50 stakeholders.											
			2.8.12.39.e	Conduct 5 days residential training of 30 secondary and tertiary health care provider for YFHS, C4C and Client-based record management system implementation across the 23 LGAs by 2 facilitators											
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 MIVON and health campaign to improve uptake e.g. bi-annual MNCHW campaigns.	SMART Output Indicator(s): Numbers of health training institutions with updated FCN-approved curriculum 2. No. of health care providers trained to scale up revitalisation of Baby Friendly Hospital Initiative in 15 secondary health facilities		State & FCT level	On-going Project/Activity	SMCH/DPH/NO	Program Management and Administration	Other Programme Management & Administration s.e.c	▲					51 health care providers trained on baby friendly initiative
			2.8.12.44.a	Conduct 3 days residential meeting for 51 health care providers by 3 State consultants to scale up revitalisation of Baby Friendly Hospital Initiative in 15 secondary health facilities and tertiary health facility											
			2.8.12.44.b	5 days residential meeting to adapt Kaduna State Maternal Infant and Young Child Nutrition Implementation strategy for 40 stake holders by 1 lead consultant											
			2.8.12.44.c	Refurbish State Ministry of Health creche											



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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. 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									
		2.9.15.1.a	Conduct one-day monthly internally generated revenue meeting with 33 SHFs Accountants and 3 FMOH Staff	Lunch, Tea Break, Transport, DSA	State & FCT level	On-going Project/Activity	SMOH/DAF/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/DAF/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/DAF/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/stock accuracy of financial records in line with submission of monthly financial returns in 31 secondary health facilities by 3 persons	DSA, Local transport	State & FCT level	On-going Project/Activity	SMOH/DAF/STAFF OFFICER	Human Resource for Health	Health Worker Training - In-service		▲	▲	monthly monitoring of revenue collection/stock conducted
2.9.15.1.e	Conduct 2 day residential biannual 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, Honorarium	State & FCT level	New Project/Activity	SMOH/DAF/STAFF OFFICER	Human Resource for Health	Technical Supportive Supervision		▲	▲	▲	45 Hospital Accountants trained on revenue and expenditure reporting	
2.9.15.3	Strengthen HRH regulatory bodies to improve the quality of the HRH pre-service and in-service training		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. 2. Regulatory bodies to Strengthen the oversight of implementation of their updated curriculum.	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 management staff trained on stock books, job description, administrative process and procedures, state public service law									
		2.9.15.3.a	Conduct a 2-day residential bi-annual orientation and refresher training on stock 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, stationery	State & FCT level	On-going Project/Activity	SMOH/DAF/STAFF OFFICER	Human Resource for Health	Health Worker Training - In-service	▲		▲	Orientation of 120 SHF management staff on stock books conducted
2.9.15.4	Undertake data-driven recruitment, deployment, and management of HRH including biometric capture & BVN data collection for atleast 60% of basic education teachers and primary health workers to ensure proper payroll integration and removal of ghost workers		1. Conduct routine Data driven recruitment needs assessment and health labour market assessment 2. Strengthen the national and sub-national health workforce registries to inform recruitments, deployments and management. 3. Establish functional health workforce registries in States that are yet to have one (this will help to track inflow and outflow of HRH) 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	SMART Output Indicator(s): 1. Proportion of States that have real time health workforce registry linked to the NHWR 2. Percentage of federal DAFs 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									
		2.9.15.4.a	Conduct 4 days residential training of health workers on human resource for health labour market analysis with 35 participants by 3 facilitators	Small Hall, Projector, P.A.S, Tea break, Lunch, Accommodation/facilitators fees, DSA, Stationery	State & FCT level	New Project/Activity	SMOH/DAF/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 days 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/DAF/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/DAF/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 recruitment exercise of 3,730 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/DAF/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/DAF/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/DAF/STAFF OFFICER	Human Resource for Health	Technical Supportive Supervision	▲	▲	▲	Staff of secondary health facilities verified



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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 SOG 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 annually per community.												
2.5.6.6.a				Print and distribute 255uplicate booklets of vDc activity reporting forms	Printing	State & FCT level	New-Project/Activity	SPHCBDF&CHS SHE	ProgramManagementandAdministration	Monitoring and Evaluation	▲			255uplicate booklets or WDC activity reporting forms printed and distributed		
2.5.6.6.b				Conduct 1 day quarterly non-residential zonal training for 500 WDC members (500 Chairmen & Secretaries) LGA, SHOs, on vDc activity reporting system and new reporting tool by 8 State facilitators	Hall, Transport, Break fast,Lunch, DTA for facilitators	State & FCT level	New-Project/Activity	SPHCBDF&CHS SHE	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	500 WDC members trained on activity reporting system and new reporting tool		
2.5.6.6.c				Conduct of 2 days residential quarterly stake level WDC review meeting on SSC feedback involving 48 WDC members (LGA Alliance chairman & Secretaries) at state learn quarters	Hall, Accommodation,Transport, Break fast,Lunch, DTA for facilitators	State & FCT level	New-Project/Activity	SPHCBDF&CHS SHE	ProgramManagementandAdministration	Monitoring and Evaluation	▲	▲	▲	Review meeting conducted		
2.5.6.6.d				Conduct 1-day quarterly review meeting with 20 LGA Health Secretaries and 20 LGA Community Engagement Focal Persons by 6 facilitators to review the quality of data reported on the D-HIS	Hall, Lunch,Transport	State & FCT level	On-goingProject/Activity	SPHCBDF&CHS CCEFP	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	Quarterly performance review meeting conducted		
2.5.6.6.e				conduct 2-days non-residential annual hybrid workshop building GPCDs to review the current SSC approach and co-design for young people from marginalized constituencies and their families, by 24 participants and 2 facilitators	email, train, train, workshop, trainees, transport, facilitators fees	State & FCT level	New-Project/Activity	SPHCBDF&CHS CCEFP	HumanResource 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 services by 6 facilitators	Lunch, Local transportation, DSA for 6 facilitators, email	Local Government level	New-Project/Activity	SPHCBDF&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 TMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning and other health services	1. Develop and implement multi-sectoral Demand Generation strategy. 2. training of H/W 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 (last mile) for mobilization or clients for uptake of integrated demand creation centres	Print and distribute of 10,000 CVs referral booklets	State & FCT level	On-goingProject/Activity	SPHCBDF&CHS CCEFP	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 QDK tool (or integrated demand creation activities across 23 LGAs to 20 LGA CCEFPs, 200 WDC FPs and 5 LGAs team by 23 state IDC supervisors	Transport for 23 State IDC supervisors and DSA, LGA officials, Transport to wards 23people*4 visits, VDC FPs Transport to Settlements@255people/22 visits	State & FCT level	On-goingProject/Activity	SPHCBDF&CHS CCEFP	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	4 quarterly mentoring and support visit on application of QDK tool for integrated demand creation activities conducted across 23
2.5.6.10.c		conduct weekly house to house demand generation and mobilization to increase uptake of PHC services by 1562 Community Volunteers	5000 per CV per month			State & FCT level	On-goingProject/Activity	SPHCBDF&CHS CCEFP	ProgramManagementandAdministration	Personnel - salaries, allowances, social contributions	▲	▲	▲	1562 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, 200 FPs, 255 CCEFPs, 28 Religious/traditional leaders, 280 community members, 8 SIMCs and 20 state team) in 23 LGAs to intensify sensitization, mobilization on integrated PHC service delivery	Lunch, Local transportation, DSA, email, Advocacy kit			State & FCT level	On-goingProject/Activity	SPHCBDF&CHS CCEFP	Directintervention	Outreach/Events	▲		▲	1400 persons in 23 LGAs to intensify sensitization, mobilization on integrated PHC service delivery		
2.5.6.10.e		Households registers, Encourager registers, Referral 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	Printing (CHPS data tools), Distribution (CHPS tools), VAT 17.5% CHPS data tools			State & FCT level	On-goingProject/Activity	SPHCBDF&CHS HPS	Directintervention	Other	▲			825,536 annual CHPS data tools printed		
2.5.6.10.f		Conduct 1 day stakeholder engagement meeting with 236 persons (WDC, CCEFPs) 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 link with local facilities	lunch and local transportation			State & FCT level	On-goingProject/Activity	SPHCBDF&CHS HPS	HumanResource orHealth	Other	▲	▲	▲	1-day LGA CHPS monthly review meeting conducted		
2.5.6.10.g		Conduct bi-annual 3 month mentoring and supervision of 1354 CHPS agents in 14 LGAs by 20 persons and 20 state supervisors (48 persons) during conduct of their home visits (or on-the-job capacity building	DSA, local transportation			State & FCT level	On-goingProject/Activity	SPHCBDF&CHS HPS	ProgramManagementandAdministration	Other Programme Management & Administration n.e.c	▲		▲	1354 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, stationeries, Tea break and lunch			State & FCT level	On-goingProject/Activity	SPHCBDF&CHS CCEFP	HumanResource orHealth	Technical Supportive Supervision	▲			1-day stakeholder engagement meeting for demand generation strategy conducted for 50 participants		



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		313a		<div><div>2.5.6.80.i</div><div>Engage 255 community volunteers across 23 LGAs to conduct awareness campaign to improve RMNCAH-N service delivery uptake at the PHC (ANC, facility delivery, neonatal care, Nutrition, Family Planning, ASRM)</div></div> <div><div>2.5.6.80.j</div><div>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</div></div>	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/F&CHV 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 socialization in 10 Zero dose LGAs across 1774 settlements	Stipend for HCW	State & FCT level	New-Project/Activity	SPHCB/DDCI/SI 0	Program/Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	374 of settlements covered and 3,684 of children immunized with 113 settlements covered monthly and of children immunized with penta 1
			2.6.8.1.b	Conduct one day monthly integrated mobile outreach (IDMO) across 1076 settlements	Stipend for HCW	State & FCT level	New-Project/Activity	SPHCB/DDCI/SI 0	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 outreach (lit and rat vaccination strategy) across 502 settlements in 7 security compromised LGAs	Stipend for HCW	State & FCT level	New-Project/Activity	SPHCB/DDCI/SI 0	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 1774 settlements across 10 zero dose implementing LGAs of the state by 456 HCWs	Stipends, stationary	Community/Ward level	New-Project/Activity	SPHCB/DDCI/SI 0	Program/Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	5 Days enumeration of US in 9 implementing LGAs conducted
			2.6.8.2.b	Organize 5 days quarterly supportive supervision of under 5 children vaccination across 1774 settlements in 10 LGAs by 49 state team and partners	OSA, Transportation, accommodation	State & FCT level	On-going Project/Activity	SPHCB/DDCI/SI 0	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 Jigau) to reach 43,128 children with RS antigens (Penta 3)	recorders Stipends, supervision	Local Government level	New-Project/Activity	SPHCB/DDCI/SI 0	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 10 state and 36 LGAs enumerators	Transport, OSA, accommodation	Local Government level	New-Project/Activity	SPHCB/DDCI/SI 0	Program/Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Supportive supervision conducted in the 6 Catchment Areas
			2.6.8.3.c	Conduct all rounds of Polio across the 23 LGAs of the state	Monitoring and supervision, Social Mobilization, Media and Publicity, vaccine management, Training & reinforcement/Micropop, Team reward	State & FCT level	On-going Project/Activity	SPHCB/DDCI/SI 0	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, vaccine management, Training & reinforcement/Micropop, Team reward	State & FCT level	On-going Project/Activity	SPHCB/DDCI/SI 0	Program/Management and Administration	Other Programme Management & Administration n.e.c				▲	1 round of non polio SIAs conducted



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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															
	4.1.5.a	2.6.8.5.a	Scale up the conduct of weekly integrated RI Outreach service from 752 HFs to 1020 HFs including private HF facilities.	Outreach expands	Community/Ward level	On-going Project/Activity	SPHCB/DDCI/SI 0	Program Management and Administration	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 48 state supervisors on private HF assessment for RI service state up to 3 facilitators	stationeries and lunch	State & FCT level	New-Project/Activity	SPHCB/DDCI/SI 0	Program Management and Administration	Other Programme Management & Administration n.e.c	▲								private hfs assessment conducted	
		2.6.8.5.c	Conduct 5 days assessment of private HFs 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	Program Management and Administration	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 (12 per HF) HCWs on RI basic guide from 30 private HFs by 5 state facilitators	stationery, hall hire, lunch,accommodation,transport (air, bus, (morning and evening) DSA, facilitators, honorarium	State & FCT level	New-Project/Activity	SPHCB/DDCI/SI 0	Program Management and Administration	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 HFs providing RI by 5 persons	DSA and transport	State & FCT level	New-Project/Activity	SPHCB/DDCI/SI 0	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	▲	▲	▲	▲	daily phone calls RI tracking conducted	
	4.1.5.b	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	Airtime	State & FCT level	New-Project/Activity	SPHCB/DDCI/SI 0	Program Management and Administration	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	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	▲	▲	▲	▲		
				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														
	2.6.8.6	Mapping of Zero Dose Communities																	
	4.1.5.a	2.6.8.6.a	Conduct 1 day monthly Non residential review meeting to prioritise zero dose settlements in the 10 implementing LGAs (LIO, RIO & MAE) with 10 State Immunization team (40 persons)	small hall, Lunch, Transport	State & FCT level	New-Project/Activity	SPHCB/DDCI/SI 0	Program Management and Administration	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 to support mental and devalue technology RI and other PHC services LGAs) by 23 facilitators	Lunch, Transport, DSA	State & FCT level	On-going Project/Activity	SPHCB/DDCI/CH IPS PM	Program Management and Administration	Planning, Policy and Capacity Building					▲				2550 CHPS agents/CVs oriented to support referral and devalue technology	
		2.6.8.7.b	Air radio jingle and radio discussion twice monthly in three 2 radio stations (FRONK, GNC, AGARTAI) 1 person on Routine Immunization & New Vaccines	Production, Airing	State & FCT level	On-going Project/Activity	SPHCB/DDCI/CH IPS PM	Program Management and Administration	Planning, Policy and Capacity Building					▲				radio jingle and radio discussion aired in three 3 radio stations	
		2.6.8.7.c	Play off of SRAs, NNT, Big catch up and other Non SAs vaccinations	Lunch, PAS, Hat	State & FCT level	On-going Project/Activity	SPHCB/FSCHS/SH	Program Management and Administration	Planning, Policy and Capacity Building						▲			SRAs, NNT, Big catch up and other Non SAs	
		2.6.8.7.d	Conduct 1 day advocacy meeting to TIs and RLs influential persons on the importance and benefit of completing immunization schedule with emphasis to private vaccination by 10 state team and partners	transportation	State & FCT level	On-going Project/Activity	SPHCB/FSCHS/SH	Program Management and Administration	Other Programme Management & Administration n.e.c						▲			Advocacy conducted	
	4.1.5.b	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/FSCHS/SH	Program Management and Administration	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/MS including AEFI/AESI with 23 state Desk officers, & 23 state team with 46 LGA teams (LIO & RIO)	Accommodation, transport, DSA	Community/Ward level	New-Project/Activity	SPHCB/DDCI/SI 0	Program Management and Administration	Technical Assistance/Consulting /Professional Services	▲	▲	▲	▲	▲	▲	▲	▲	2 days quarterly spot check on RI/MS including AEFI/AESI conducted	
		2.6.8.8.b	Conduct 1 day bi-weekly SERUCC / SEMCHIC meetings to review RI/PHC data including AEFI/AESI by 116 persons	Lunch	State & FCT level	New-Project/Activity	SPHCB/DDCI/SI 0	Program Management and Administration	Technical Assistance/Consulting /Professional Services	▲	▲	▲	▲	▲	▲	▲	▲	1 day bi-weekly SERUCC / 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	Program Management and Administration	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 RIOs for DHIS2 access & feedback on PHC services including AEFI/AESI data	data bundle	Local Government level	New-Project/Activity	SPHCB/DDCI/SI 0	Program Management and Administration	Technical Assistance/Consulting /Professional Services	▲	▲	▲	▲	▲	▲	▲	▲	Monthly data bundle provided to 46 RIOs 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 LIOs & 8 State Team and partners (31 persons)	Hall, Lunch, transport	State & FCT level	On-going Project/Activity	SPHCB/DDCI/SI 0	Program Management and Administration	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
	4.1.5.a	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 HPFs 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 HPFs 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 (Varo), 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 (23LCCOs, 5 ZCCOs and 10 state cold store team) trained on the newly introduced temperature monitoring applications (Varo), 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	4.1.5.a	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
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									
	4.1.5.a	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		▲			844 units of Lever ARCH Files procured
		2.6.8.9.b	Print 400,000 units of Child Health Card for child immunization record	CHC 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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			2.6.9.9.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/DC&I/SCCO	Direct Intervention Cost	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
			2.6.9.9.d	Conduct 5 days quarterly Mock Effective Vaccine Management Assessment (EVMA) 46 persons	DSA, Local transport, accommodation	State & FCT level	New-Project/Activity	SPHCB/DC&I/SCCO	Direct Intervention Cost	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 mHGA/P. 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									
	4.2.7.a		2.6.9.9.a	Conduct 3 days biannual residential training of 255 HCWs on Mental Health to address pregnancy related mental health issues at the 255 PHCs	Transport, food, accommodation, Tea break, Lunch, consultant fee, Transport, workshop materials, printing of mental health manual	State & FCT level	New-Project/Activity	SPHCB/KADBUS A/F&CHS/SMHC	Human Resource or Health	Health Worker Training - In-service	▲	▲			255 HCWs trained on Mental Health to address pregnancy related mental health issues at the 255 PHCs
			2.6.9.9.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 or Health	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									
	6.1.1.a		2.8.12.1.a	Conduct one-day monthly State MPCDSR Steering Committee (Task force) meeting for 40 stakeholders to discuss and address facility and community MNCH mortalities	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
			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+N 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 programs, focusing on effective coordination, teamwork and dedication to improve healthcare outcomes	Accommodation, Tea break, lunch, Transport, DSA, Stationary, AT pack	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									
	6.1.2.a		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, Stationary	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
			2.8.12.2.b	Conduct 1 day non-resident meeting to validate 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	▲				Development and dissemination on annual RMNCAH+N resource tracking tool
			2.8.12.2.c	Conduct 1 day dissemination of developed RMNCAH+N financial resource tracking tool 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	▲				Development and dissemination on annual RMNCAH+N resource tracking tool
			2.8.12.2.d	Conduct 3 days residential training of 23 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, stationaries, DTA	State & FCT level	New-Project/Activity	SPHCB/F&CHS/R H	Human Resource or Health	Technical Assistance/Consulting/Professional Services	▲				46 LGA Team trained



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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/RH	HumanResource orHealth	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	halftime, report printing, Transport, Lunch, tea break	State & FCT level	New-Project/Activity	SPHCB/F&CHS/RH	HumanResource orHealth	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/RH	HumanResource orHealth	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 working 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	Halftime, Teabreak, Lunch, Accommodation, Facilitation fee, Workshop materials, Transport, DSA, Printing of manuals to be reviewed	State & FCT level	New-Project/Activity	SPHCB/F&CHS/S MHC	HumanResource orHealth	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 (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 QI team to track progress RMNCAEH+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.									
6.1.3.a		2.8.12.3.a	Conduct 7 day residential training for 59 (22 PHCs and 37 DDOs) on the conduct of verbal autopsy using the ODK and 12 state team	Half, tea break, Lunch, accommodation, All papers, stationaries, transport and DSA	State & FCT level	On-going Project/Activity	SPHCB/F&CHS/S MHC	HumanResource orHealth	Health Worker Training - In-service			▲		LEMCHIC and quarterly review meetings conducted
		2.8.12.3.b	Conduct 1 day state led orientation by 22 state team and partner for 255 PHCs and 255 WDCs on the conduct of verbal autopsy using the ODK 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 MHC	HumanResource orHealth	Health Worker Training - In-service		▲			quarterly MPCDSR 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 PHCs, DTA	State & FCT level	On-going Project/Activity	SPHCB/F&CHS/S MHC	HumanResource orHealth	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 255 PHCs by 21 MPCDSR State Committee and partners	DTA, Transport for state team, Printing of monitoring checklist, Transport for LGA team	State & FCT level	On-going Project/Activity	SPHCB/F&CHS/S MHC	HumanResource orHealth	Technical Supportive Supervision	▲	▲	▲	▲	coaching and mentoring visits conducted
		2.8.12.3.e	Conduct 1 day Quarterly state review meeting with 35 members of the PHC-MPCDSR	Halfday, Tea break, Lunch, Transportation	State & FCT level	On-going Project/Activity	SPHCB/F&CHS/S MHC	HumanResource orHealth	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 M&E) to track progress, coverage and involve 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 MHC	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 (Jugpo, hand glove, hand sanitizer etc) (867 packs each items) 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 PHCs) for hospital waste management	Procurement of color-coded waste bin	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 987 (2 compartments) gender sensitive toilets facilities (non-255 clinics)	Riskabilization 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, Halftime	State & FCT level	On-going Project/Activity	SPHCB/F&CHS/S MHC	HumanResource orHealth	Health Worker Training - In-service	▲	▲			HCWs trained on Administration of MgSo4 and management of Eclampsia
		2.8.12.7.b	Conduct 5 day residential training for 255 HCWs on Post abortion care (PAC) by 16 facilitators (2 days training and 3 days practice)	Half day, Teabreak, Lunch, Accommodation, Facilitation fee, Workshop materials, Transport, DSA, Halftime	State & FCT level	New-Project/Activity	SPHCB/F&CHS/S MHC	HumanResource orHealth	Health Worker Training - In-service			▲		Trained 255 HCWs on Post abortion Care



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	6.1.3.b		2.8.12.30.f	Conduct a 3 days non-residential Training for 621 Health workers in 17 LGAs in 2017 HPs (3 per 17) to provide screening services for children with disabilities by 12 facilitators, and 2 perinat	Hot Tea Breaks, Lunch, Stationaries, Transportation, Facilitation fee, DDA and projector, best training materials	State & FCT level	On-going Project/Activity	SPHCB/F&CHS/1 NCI/ICCM	Human Resource or Health	Health Worker Training - In-service	▲					Health Facility staff trained.
			2.8.12.30.g	Procure and distribute assistive technology fitting into 207 health care services in the state PHCs.	Set of assistive technology for 1 PHC.	State & FCT level	On-going Project/Activity	SPHCB/F&CHS/1 NCI/ICCM	Infrastructure and Equipment	Health Worker Training - In-service	▲					Assistive technology fitting procured for 207 health care facilities in the state.
			2.8.12.30.h	Conduct 6 days quarterly monitoring and supportive supervision to 207 health facilities by 39 facilitators	Transport and DTA for state facilitators	State & FCT level	On-going Project/Activity	SPHCB/F&CHS/1 NCI/ICCM	Infrastructure and Equipment	Health Worker Training - In-service	▲					Assistive technology fitting procured for 207 health care facilities in the state.
			2.8.12.30.i	Conduct 1 day non-residential cascade ICM training to 255 VPPs and 1040 VPs will implement at the Community level 60 facilitators	Transport, Tea, lunch, commodities & consumables, stationaries, honorarium	State & FCT level	New-Project/Activity	SPHCB/F&CHS/1 NCI/ICCM	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲				255 VPP in 23 LGAs trained on ICM.
	6.1.3.a		2.8.12.30.j	Conduct 5 days Community support monthly by 255 VPPs to 255 wards to Promote, Sustain/Reinforce, Protect, Tweak, Adapt, Handwashing, safe water sanitation, and nutrition.	Transport, Refreshment	State & FCT level	New-Project/Activity	SPHCB/F&CHS/1 NCI/ICCM	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲		Trained community members in 255 wards on about handwashing, safe water sanitation, and nutrition.
			2.8.12.30.k	Conduct 1 day District non-residential community health fair across 255 wards by 50 IMCI CHWs, supported by 48 nurses (20 LGAs IMCI) and 13 IMCI Facilitators on regular health screening and assessment of children under five for Fast breaking, Diarrhoea, and Fever, regular Health Check-ups to track growth and development, Menstrual health, Anaemia, etc.	Transport, Refreshment, Commodities & Consumables, Chair tables, DTA	State & FCT level	New-Project/Activity	SPHCB/F&CHS/1 NCI/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
			2.8.12.30.l	Conduct 1 day non-residential meeting with 366 stakeholders across 23 LGAs to advocate for funding and resources to support IMCI health extension/ICM in the community, and Policy Engagement with local government to develop supportive policies for child health interventions.	Transport, Refreshment, Consultancy fee	State & FCT level	New-Project/Activity	SPHCB/F&CHS/1 NCI/ICCM	Program Management and Administration	Planning, Policy and Capacity Building Workshop					▲	advocates for funding and resources to support child health initiatives/ICM in the
	6.1.3.b		2.8.12.30.m	Conduct 2 days meeting with 15 stakeholders to develop plan for responding to outbreaks or health emergencies affecting children, (GHS Response Planning/Outbreak Preparedness, Community Facilities Training)	Transport, Refreshment, honorarium	State & FCT level	New-Project/Activity	SPHCB/F&CHS/1 NCI/ICCM	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲				plan for responding to outbreaks or health emergencies affecting children developed
			2.8.12.30.n	Conduct 2 days on individual training to 50 community health workers on coping strategies during health crises (Community Facilities Training) By 255 CHWs	Transport, Refreshment, honorarium	State & FCT level	New-Project/Activity	SPHCB/F&CHS/1 NCI/ICCM	Human Resource or Health	Health Worker Training - Pre-service			▲			50 community health workers/members trained on coping strategies during health crises
2.8.12.37		Develop and implement a multisectoral actions for integrated childhood development in rolling out the child Survival Action Plan at state level		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 50 stakeholders from 7 LGAs to Map and collaborate with other sectors on integrated childhood case management and develop joint plan, review and monitor implementation at State level	Hot Tea Breaks, Lunch, Stationaries, Transportation and projector.	State & FCT level	On-going Project/Activity	SPHCB/F&CHS/1 NCI/ICCM	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲					joint plan developed
2.8.12.30		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 www.unicef.org/2006											
	6.1.3.a		2.8.12.39.a	Conduct a 5 days residential stakeholder meeting with 59 persons to develop a referral DTA, Map linkage between PHCs and Referral Commodities to create a network of care and services	Hot Tea Breaks, Lunch, Stationaries, Transportation, Accommodation Consultancy fee, DSA and projector	State & FCT level	On-going Project/Activity	SPHCB/F&CHS/1 NCI/ICCM	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲					Referral directorate develop and is well implemented
			2.8.12.39.b	Print and distribute 100 copies of the developed referral forms for screened children to assess quality of care	Printing, distribution	State & FCT level	On-going Project/Activity	SPHCB/F&CHS/1 NCI/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	consultancy fee	State & FCT level	New-Project/Activity	SPHCB/F&CHS/1 NCI/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 205 PHCs on the use of IMCI tools for service delivery using the ODK tool by 23 state facilitators	Transport for state team and DTA	State & FCT level	New-Project/Activity	SPHCB/F&CHS/1 NCI/ICCM	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲				370 HCWs across 205 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 CBM 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.e	Conduct 5 Days non-residential Scale up training on VPHS, CAC and CBRFP for 107 Service Providers to provide ASRM services using ASRM/IMA strategy by 2 facilitators	Hot tea, Tea Break, Lunch, stationaries, Transportation, DTA for facilitators fee	State & FCT level	On-going Project/Activity	SPHCB/F&CHS/1 NCI/ICCM	Human Resource or Health	Health Worker Training - In-service	▲			▲		Training of FP
			2.8.12.39.f	Conduct Two-days residential TOT 25 Adolescent youth with disabilities by 2 facilitators on FP communication strategy to serve as FP Champions	Hot tea, Tea Break, Lunch, Transportation, facilitation fee, accommodation and DSA,	State & FCT level	New-Project/Activity	SPHCB/F&CHS/1 NCI/ICCM	Human Resource or Health	Health Worker Training - In-service						
			2.8.12.39.g	Conduct Two-days non-residential cascade training by 2 facilitators to 102 adolescent youth with disability on FP communication strategy to serve as FP advocates	Hot tea, Tea Break, Lunch, Transportation, facilitation fee,	State & FCT level	New-Project/Activity	SPHCB/F&CHS/1 NCI/ICCM	Human Resource or Health	Health Worker Training - In-service						



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2.8.13.7	Enforce quarterly disbursement of funds in line with BHCPF guidelines	6.2.1.a	2.8.13.7.a	Disburse quarterly NPHCDA Gateway CFF to 255 BH-CPP facilities to improve quality of care in the facilities	NPHCDA Gateway (DFF)	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Disbursed quarterly NPHCDA Gateway DFF to 255 BHCPF facilities
			2.8.13.7.b	Disburse quarterly operational funds to Phase I facilities (255)	Quarterly operational fund	State & FCT level	On-going Project/Activity	SPHCB/DFA	ProgramManagement andAdministration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Achieved quarterly disbursement
			2.8.13.7.c	Disburse quarterly bonus to Phase I facilities (255)	Quarterly quality bonus	State & FCT level	On-going Project/Activity	SPHCB/DFA	ProgramManagement andAdministration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Achieved quarterly disbursement
			2.8.13.7.d	Disburse quarterly performance framework and operational support to LGHAs base on the number of their wards (255)	Performance framework and operational funds	State & FCT level	On-going Project/Activity	SPHCB/DFA	ProgramManagement andAdministration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Achieved quarterly disbursement
	2.8.13.10	6.2.1.a	Deployment of third-party fiduciary agents to manage funds at the PHC level.		Define your SMART Output Indicator(s):										
			2.8.13.10.a	Re-engage 24 BHCPF LTAs for 12 months in the LGA and priority PHCs to develop facility Quarterly Business Plan, Annual Quality improvement plan, monitoring and tracking of implementation of BH-CPP at the facility level (9 days monthly)	call airline, data bundle, local transport, DSA, accommodation	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFF DO	HumanResource orHealth	Technical Supportive Supervision	▲	▲	▲	▲	24 BHCPF LTAs in the LGA and priority PHCs to develop facility Quarterly Business Plan, Annual Quality improvement plan, monitoring and tracking of implementation of BH-CPP at the facility level re-engaged
	2.8.13.13	6.2.1.a	Utilize Financial Management Officers (FMOs) for quarterly tracking of spending with clear ToR.		SMART Output Indicator(s): List of FMOs and quarterly tracking of spending report										
			2.8.13.13.a	Conduct 5-day quarterly residential verification/spot checks across 25 LGAs to 255 PHC facilities (criteria for selecting the PHCs is internet submission and reporting rate) to review financial record book taking (8-12 persons)	Accommodation, local transport, DSA	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Technical Assistance/Consulting /Professional Services	▲	▲	▲	▲	5-day quarterly verification/spotcheck to 255 PHCs conducted
2.8.13.22	Deliver BHCPF as One Package at the last mile.	6.2.1.a	Define your SMART Output Indicator(s):												
			2.8.13.22.a	Conduct one day monthly BHCPF mentoring visit to 255 eligible PHCs by 69 LGHA mentors and monitored by 5 State team members	local transportation, DSA	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Planning, Policy and Capacity Building Workshop	1	1	1	1	Conducted one day monthly BHCPF mentoring visit to 255 eligible PHCs by 69 LGHA mentors and monitored
			2.8.13.22.b	Conduct 1-day monthly mentoring visits by 5 mentors to the 22 GAC intervention BHCPF accredited facilities to strengthen PHC managerial capacity	Transportation, DSA	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Other Programme Management & Administration n.e.c	1	1	1	1	5 mentors to the 22 GAC intervention BHCPF accredited facilities mentored to strengthen PHC managerial capacity
			2.8.13.22.c	Conduct one day monthly BHCPF mentoring visit to 255 eligible PHCs by 69 LGHA mentors and monitored by 5 State team	Transportation, DSA	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Planning, Policy and Capacity Building Workshop	1	1	1	1	Conducted one day monthly BHCPF mentoring visit to 255 eligible PHCs by 69 LGHA mentors and monitored
	6.2.1.b	6.2.1.a	2.8.13.22.d	Conduct M&E Quarterly Data Quality Assessment visit to the 255 BHCPF Accredited PHCs by 10 state supervisors and 21 LGHA Team members	local transportation, DSA	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Planning, Policy and Capacity Building Workshop	1	1	1	1	Conducted M&E Quarterly Data Quality Assessment visit to the 255 BHCPF Accredited PHCs by 10 state supervisors and 21 LGHA Team members
			2.8.13.22.e	Conduct 4-day quarterly Quality Assessment by 138 LGAs and 75 State team	Tea, lunch, Local transportation, DSA, accommodation, hall	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Planning, Policy and Capacity Building Workshop	1	1	1	1	Conducted 4-days Quality Assessment by 138 LGAs and 75 State team
			2.8.13.22.f	Conduct 1-day quarterly residential visit to 30 Health Facilities by 10 BHCPF PIU team members	local transportation, Accommodation, DSA	State & FCT level	New-Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Other Programme Management & Administration n.e.c	1	1	1	1	Conducted one day quarterly visit to Health Facilities by BHCPF PIU team members
			2.8.13.22.g	Conduct one day monthly BHCPF mentoring visit to 255 eligible PHCs by 69 LGHA mentors and monitored by 5 State team	Transportation, DSA	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Planning, Policy and Capacity Building Workshop	1	1	1	1	Conducted one day monthly BHCPF mentoring visit to 255 eligible PHCs by 69 LGHA mentors and monitored
2.8.13.23	Strengthen the oversight role of the MOC and SOC as central governance bodies.	6.2.2.a	Define your SMART Output Indicator(s):												
			2.8.13.23.a	Conduct quarterly one day non residential SPHCB Top Management Team meeting (TMT) on BHCPF implementation status in the state for 35 persons	Tea, lunch	State & FCT level	New-Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Other Programme Management & Administration n.e.c	1	1	1	1	Conducted one day non residential quarterly SPHCB Top Management Team (TMT) on BHCPF implementation status in the state
			2.8.13.23.b	Conduct quarterly 1-day nonresidential Gate ways meeting on BHCPF implementation status for 35 persons.	Lunch, Tea break and Hall	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Planning, Policy and Capacity Building Workshop	1	1	1	1	Quarterly 1-day gateways meeting conducted
			2.8.13.23.c	Conduct quarterly 1-day nonresidential Gate ways meeting on BHCPF implementation status for 35 persons.	Lunch, Tea break and Hall	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Planning, Policy and Capacity Building Workshop	1	1	1	1	Quarterly 1-day gateways meeting conducted
	2.8.13.25	6.2.2.a	SMART Output Indicator(s): Established digital fund process steps												
			2.8.13.25.a	Conduct quarterly submission of financial statement to NPHCDA by BHCPF Accountant	Call airline, data bundle and transportation	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Technical Assistance/Consulting /Professional Services	1	1	1	1	Supported the retirement of BHCPF activities by 2 State accountant to NPHCDA
			2.8.13.25.b	Support 6 BHCPF Core team member with monthly call airline and Data bundle to follow up with LGAs based on routine quarterly audits	Call airline, data bundle	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Technical Assistance/Consulting /Professional Services	1	1	1	1	Supported 6 BHCPF Core team members with monthly call airline and Data bundle to follow up with LGAs based on routine quarterly analysis
			2.8.13.25.c	Conduct quarterly submission of financial statement to NPHCDA by BHCPF Accountant	Call airline, data bundle and transportation	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFF DO	ProgramManagement andAdministration	Technical Assistance/Consulting /Professional Services	1	1	1	1	Supported the retirement of BHCPF activities by 2 State accountant to NPHCDA



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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 BHCPP guideline/SWAp concept by 12 State team	Accommodation, tea, lunch, local transport, stationary, Honourarium (Basic)	State & FCT level	New-Project/Activity	SPHCB/DPRS/BH CFP DO	HumanResource orHealth	Health Worker Training - In-service	▲		
	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 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									
			7.1.5.a	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/DPRS/BH CFP DO	HumanResource orHealth	Technical Supportive Supervision	▲	▲	▲
	2.9.15.5.b	Re-engage 449 Community Health Influencers Promoters and Seniors (CHIPS) and 73 Ward Community Engagement Focal Persons (CEFPs) for 12 months in 8 LGAs for health promotion activities in the communities		Stipends (CHIPS personnel)	State & FCT level	On-going Project/Activity	SPHCB/DPRS/BH CFP DO	HumanResource orHealth	Technical Supportive Supervision	▲	▲	▲	▲	Re-engaged 449 Community Health Influencers Promoters and Seniors (CHIPS) and 73 Ward Community Engagement Focal Persons (CEFPs) in 8 LGAs for health promotion activities in the communities
	2.9.15.5.c	Conduct 3-day residential Training of Trainers (ToT) for 23 State staff on Task Shifting Task Sharing (TSTS)		Hall, accommodation, tea, Lunch, 2nd breakfast, Projector, Consultants, training allowance, stationeries.	State & FCT level	New-Project/Activity	SPHCB/DAS&HR/DCHS/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 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/DAS&HR/DCHS/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 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/DAS&HR/DCHS/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 BHCPP-accredited facilities on updated guidelines for implementing the BHCPP by 10 State team	Accommodation, tea, lunch, local transport, stationary, Hall, facilities etc, DSA.	State & FCT level	New-Project/Activity	SPHCB/DPRS/BH CFP DO	HumanResource orHealth	Health Worker Training - In-service	▲		
	2.9.15.6.b	Train 2 BHCPP Core team members on M&E workshop for public and reproductive health for 2 weeks		Accommodation, Tea, Lunch, Tuk Tuk, local transportation	State & FCT level	New-Project/Activity	SPHCB/DPRS/BH CFP DO	HumanResource orHealth	Health Worker Training - In-service		▲			Trained 2 BHCPP Core team members on M&E workshop for public and reproductive health



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7.1.6.b	2.9.15.6.e	Conduct 3-day quarterly residential validation of Annual Quality Improvement plan of 2025 by 10 BHC/PPU 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
	2.9.15.6.f	Conduct three (3) days residential STOT on Capacity building of 120 Essential drug drugs, 20 LGAs EDGs and 20 state teams and two days Cascade training to 150 Pharmacy technicians and persons across 20 LGAs on inventory management of health commodities, rationalization of drugs and Pharmaceutical care at the Primary health care facilities	Small Hall Hire, Tea/Break, Lunch, Workshop materials Accommodation for 48 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				
	2.9.15.6.g	Conduct 3 days zonal residential training to 285 MLTs on quality methods specific for Primary Health Care (PHC) services by 12 state teams (State Laboratory Quality Auditors)	Lunch, Hall hire (small) workshop materials Tea/Break	State & FCT level	New-Project/Activity	SPHCB/DPRS/CHS/SLC	Program Management and Administration	Planning, Policy and Capacity Building Workshop				
	2.9.15.6.h	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, Hall hire (small) workshop materials Tea/Break	State & FCT level	New-Project/Activity	SPHCB/DPRS/CHS/SLC	Program Management and Administration	Planning, Policy and Capacity Building Workshop				
	2.9.15.6.i	Conduct 4 days quarterly PHC Laboratory audit to 36 PHCs each quarter by 12 state laboratory auditors using a reviewed Dispense Laboratory Quality Improvement Process Towards Accreditation (SLPTA) checklist 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				
	2.9.15.6.j	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/PHC by 20 LGAs Laboratory Mentors and 3 State team	Local transport Accommodation DSA for	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

KADHSMA/DHS															
HEALTH SECTOR STRATEGIC BLUEPRINT (HSSB) ANNUAL IMPLEMENTATION PLANNING (AOP) TOOL															
Pillar		Return to Welcome Page													
Strategic Objectives				SMART Outcome	Level of Implementation (Utilization)	Status of Implementation	Stakeholder/Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
Priority Initiatives		Description		SMART Output						Qtr 1	Qtr 2	Qtr 3	Qtr 4		
Strategic Interventions															
Operational Plan Activities				Cost Items											
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)			Baseline: 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, 2010) Prevalence of each disease should be noted: 1. HIV prevalence - 1.4% (NAHS 2018). 2. TB incidence - 219 per 100,000 population (GTD 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. The											
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, vaccines, technology, innovation, and solutions for PMH, KP, and other prioritized non-communicable													
2.6.10.2	Procure 5,000 cartons of Antiretroviral Drugs, 10,500 packs of Diagnostics Test kits, reagents, and 20,000 units of Consumables Under the HIV/AIDS Treatment Program	Cost of Antiretroviral, diagnostic test kits, consumables and reagent													
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 n.e.c	1								5,000 cartons of Antiretroviral Drugs, 10,500 packs of Diagnostics Test kits, reagents, and 20,000 units of Consumables procured		
State & FCT level	On-going Project/Activity	KADHSMA/DHS	Program Management and Administration	Other Programme Management &	1								Quality control and lab equipment procured		



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	2.8.12.54.d	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.e	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	▲				PHCs 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)	Carton of Zinc DRS 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 banderol 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

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 Implementatio n	Stakeholder/ Key Responsible Entity	Activity Category	Activity Sub- Category	Timeframe				AOP Implementation Milestones [Activity Output]	
Priority Initiatives				Qtr 1						Qtr 2	Qtr 3	Qtr 4			
Strategic Interventions		Description	SMART Output Indicator(s) Baseline: Target:												
		Operational Plan Activities	Cost Items												
Strategic Pillar Two: Efficient, Equitable and Quality Health system															
2.5	Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment)														
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											
2.5.7.1.a			Conduct Five days (5days) 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	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



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2.0 Improve equity and affordability of quality care for patients, expand insurance												
2.0.13	Revitalize BHCPP 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 10,000 people (WHO, 2018) Priority: Increase availability and quality of HRH									
	2.0.13.2	Revise and domesticate the BHCPP 2.0 guidelines to operationalize the proposed BHCPP 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 BHCPP 2.0 guidelines								
	2.0.13.2.a	Conduct a three residential workshop to orient 45 key stakeholders (KADCHMA Staff, SNPH PHCB, KADCHMA, KADCHUSA) on domesticated BHCPP 2.0 by two facilitators	Hall, 2 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 BHCPP 2.0
	2.0.13.9	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								
	2.0.13.9.a	Engage the service 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
	2.0.13.9.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
	2.0.13.14	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								
	2.0.13.14.a	Conduct 14 days 2024 annual audit workshop for KADCHMA scheme Accountant with 5 external auditors and 6 KADCHMA staff	3 Tea break, Lunch, Transport, Auditor fees, Accommodation	State & FCT level	New-Project/Activity	KADCHMA/ADMN FIN/INTERIM AUDITOR	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲	2024 Annual audit exercise conducted and published
	2.0.13.31	Improve accountability of SSHAs by linking capitation +* payments to clear indicators		Define your SMART Output Indicator(s):								
	2.0.13.31.a	Conduct a comprehensive strategic review meeting with TPAs, CSOs, and healthcare providers on the Kaduna State Contributory Health Scheme (KSCHS) with 10 participants	Hall/tea, 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
2.0.14 Expand financial protection to all citizens through health insurance expansion and other innovative financing mechanisms												
2.0.14.1	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 NHIA 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							
	2.0.14.1.a	Conduct a 1-day bi-annual non-residential engagement meeting with 49 participants from state revenue generating agencies (Moi, KOFER, KADCPA, KADCHS, KADP, KADUPDA, MBIT, GAN) etc to review the implementation of mandatory health insurance	Hall/tea break, lunch	State & FCT level	On-going Project/Activity	KADCHMA/BUSINESS DEV/TEAD, BG	Program Management and Administration	Information Education and Communication (IEC)		▲		Resource mobilization plan document developed
	2.0.14.1.b	Conduct 1-day quarterly regional meeting with community forums and community players (VOCs, CBOs, traditional rulers, religious leaders, associations, unions, TUC, market women association, club riders and PVOs ETC) for 60 participants and 9 facilitators across the three senatorial zones awareness and	Hall/Hire, Accommodation, Tea break, lunch, transport, DSA	State & FCT level	On-going Project/Activity	KADCHMA/BUSINESS DEV/ITL-IFS	Program Management and Administration	Information Education and Communication (IEC)	▲	▲	▲	Awareness about KSCHS developed
	2.0.14.1.c	Conduct 2-day residential training of 255 enrolment and sensitization officers with 5 Facilitators	Hall/Hire, Accommodation, Tea break, lunch, transport, DSA workshop materials	State & FCT level	New-Project/Activity	KADCHMA/BUSINESS DEV/ITL-IFS	Program Management and Administration	255 enrolment and sensitization officers		▲		Capacity of enrolment officers built
	2.0.14.1.d	Conduct 1-day non-residential performance review meeting with 255 enrolment officers and 5 facilitators across the 3 senatorial zones to assess the performance of the officers	Hall/tea break, lunch, transport, DTA	State & FCT level	New-Project/Activity	KADCHMA/BUSINESS DEV/ITL-IFS	Program Management and Administration	Information Education and Communication (IEC)			▲	Performance review meeting conducted
	2.0.14.1.e	Conduct 2-day non-residential workshop to develop advocacy brief on KADCHMA highlighting its mandate, achievement and gaps for 20 persons for improvement of awareness and enrolment into the scheme	Hall/tea break, lunch, transport	State & FCT level	New-Project/Activity	KADCHMA/BUSINESS DEV/ITL-IFS	Program Management and Administration	Information Education and Communication (IEC)		▲		KADCHMA advocacy brief tool developed
	2.0.14.1.f	Conduct 10 meetings with 500 enrolment officers and 100 enrolment officers across the 3 senatorial zones with 3 Facilitators	Hall/Tea break, Lunch, Accommodation, Transport, DSA, IEC materials	State & FCT level	New-Project/Activity	KADCHMA/BUSINESS DEV/ITL-IFS	Program Management and Administration	Information Education and Communication (IEC)		▲		KADCHMA enrollee engaged
	2.0.14.1.g	Conduct 1-day non-residential meeting with 100 participants from state revenue generating agencies (Moi, KOFER, KADCPA, KADCHS, KADP, KADUPDA, MBIT, GAN) etc to review the implementation of mandatory health insurance	Hall/tea break, lunch	State & FCT level	On-going Project/Activity	KADCHMA/BUSINESS DEV/TEAD, BG	Program Management and Administration	Information Education and Communication (IEC)		▲		Resource mobilization plan document developed



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	2.8.14.1g	Conduct a social 2 day residential summit involving key actors to influence stakeholders on UHC for 50 participants in commemoration of UHC Day	2 Tea break, lunch, Hall hire, Transport, IEC materials, workshop materials	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)				▲	Annual health summit conducted
	2.8.14.1h	Conduct a 10-min 2-day enlightenment campaign to educate at each of the 60 LGAs for 10 persons	2 Tea break, Lunch Hall Transport, IEC materials, public address system	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)		▲	▲		Awareness about KSCHS created
	2.8.14.1i	Conduct 1-day 40-min 10-min 2-day enlightenment campaign to educate at each of the 60 LGAs for 10 persons	Tea break, Lunch Hall Transport, IEC materials, public address system	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)	▲		▲		Awareness about KSCHS created
	2.8.14.1j	Conduct 1-day 40-min 10-min 2-day enlightenment campaign to educate at each of the 60 LGAs for 10 persons	Hall hire, tea break, lunch, transport	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)	▲		▲		Awareness about KSCHS created
	2.8.14.1k	Conduct 3-day 40-min 10-min 2-day enlightenment campaign to educate at each of the 60 LGAs for 10 persons	Hall, Tea break, Lunch, Accommodation, DSA, IEC materials	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)		▲			Health Benefit package developed
	2.8.14.1l	Conduct 3-day 40-min 10-min 2-day enlightenment campaign to educate at each of the 60 LGAs for 10 persons	Hall, Tea break, Lunch, Accommodation, DSA, IEC materials	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)		▲			Health Benefit package developed
	2.8.14.1m	Conduct 3-day 40-min 10-min 2-day enlightenment campaign to educate at each of the 60 LGAs for 10 persons	Hall, Tea break, Lunch, Accommodation, DSA, IEC materials	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)		▲			Health Benefit package developed
	2.8.14.1n	Conduct 3-day 40-min 10-min 2-day enlightenment campaign to educate at each of the 60 LGAs for 10 persons	Hall, Tea break, Lunch, Accommodation, DSA, IEC materials	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)		▲			Health Benefit package developed
	2.8.14.1o	Conduct 3-day 40-min 10-min 2-day enlightenment campaign to educate at each of the 60 LGAs for 10 persons	Hall, Tea break, Lunch, Accommodation, DSA, IEC materials	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)		▲			Health Benefit package developed
	2.8.14.1p	Conduct 3-day 40-min 10-min 2-day enlightenment campaign to educate at each of the 60 LGAs for 10 persons	Hall, Tea break, Lunch, Accommodation, DSA, IEC materials	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)		▲			Health Benefit package developed
2.8.14.2	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 47,725 vulnerable beneficiaries (DSBWH scale BHCDF and 12,121 for BHCDF beneficiaries) into the Kaduna State Contributory scheme	Premium	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)		▲			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	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)		▲			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 via 30 persons	Hall, tea break, lunch, Accommodation, workshop material, DSA, Transport consultant	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)		▲			modalities for enrollment developed
	2.8.14.2.d	Conduct 5-day exercise to validate BHCDF beneficiaries by 255 enumerators	Local Transport	State & FCT level	On-going Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)		▲			BHCDF beneficiary list validated
	2.8.14.2.e	Conduct 1-day 40-min 10-min 2-day enlightenment campaign to educate at each of the 60 LGAs for 10 persons	Tea break and lunch and transport	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)		▲			Data creation and capturing modalities capturing vulnerable meeting conducted
	2.8.14.2.f	Conduct 2-day residential workshop to develop strategy to capture and address options and needs the adoption program for political office holder for 30 persons	Hall, tea break, lunch, Accommodation, workshop material, DSA, Transport consultant	State & FCT level	On-going Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)		▲	▲		workshop to develop strategy to explore crowd funding 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 outreach by 10 persons	OTA	State & FCT level	On-going Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)	▲	▲	▲	▲	Advocacy visit conducted
	2.8.14.2.h	Conduct 3-day 40-min 10-min 2-day enlightenment campaign to educate at each of the 60 LGAs for 10 persons	Hall, tea break, lunch, accommodation, DSA, Honorarium, transport	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)		▲			46 Women and Adolescent girls with disability trained on
	2.8.14.2.i	Conduct 3-day 40-min 10-min 2-day enlightenment campaign to educate at each of the 60 LGAs for 10 persons	Tea break, lunch, Hall, transport	State & FCT level	New-Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	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 in need and the financial commitment required to implement Vulnerable Population Program (VPP) for 30 persons	transport Hall, tea break and lunch	State & FCT level	New-Project/Activity	CHAI	Program Management and Administration	Information Education and Communication (IEC)			▲		demographic and financial model to estimate the population in need and the financial commitment required to implement VPP
	2.8.14.2.k	Develop health insurance strategy aimed at defining comprehensive criteria for gender inclusive and responsive coverage of vulnerable groups	Hall, DTA transport 2 tea break and lunch	State & FCT level	New-Project/Activity	CHAI	Program Management and Administration	Information Education and Communication (IEC)		▲			strategies for gender inclusive developed
	2.8.14.2.l	Print 397,164 vulnerable enrollee ID Card	Printing of ID Cards	State & FCT level	On-going Project/Activity	KADCHMA/BSUNESS/DEV/ITL-FS	Program Management and Administration	Information Education and Communication (IEC)	▲	▲			397,164 Vulnerable ID Cards printed

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Kaduna State Government



2.9.15.6.g	Engage the owners of facilities to complete training needs assessment to identify comparative and data gaps on health insurance management of KADUNA staff	Honorary	State & FCT level	On-going Project/Activity	KADCHMAPLANNINGHEAD OF PLANNING	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Need assessment conducted
2.9.15.6.h	Conduct 3 days non-residential meeting to develop training management model with 12 participants and 1 facilitator	2 TVs, book, Lends, Intervention, Materials, Meeting room	State & FCT level	On-going Project/Activity	KADCHMAPLANNINGHEAD OF PLANNING	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Claims management manual developed
2.9.15.6.i	Organize 8 days non-residential training for 80 Data collectors and 8 facilitators on data mapping and data analysis	Hot, 2 Tea break, Lunch, Transport	State & FCT level	On-going Project/Activity	KADCHMAPLANNINGHEAD 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 (KASU and Central Research Institute for KADUNA) for research team members for 5 days by 2 Consultants	Tea break, lunch, Accommodation, 80 Participants, 2 facilitators, Intervention, Materials, 80 workshop materials, 2 consultant	State & FCT level	New-Project/Activity	KADCHMAPLANNINGHEAD OF PLANNING	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			7 KADCHMA research team members trained
2.9.15.6.k	Train 2 staff to build research strength in Health Technology Assessment (30 days)	DSA, Transport, Accommodation	State & FCT level	New-Project/Activity	KADCHMAPLANNINGHEAD OF PLANNING	Human Resource for Health	Planning, Policy and Capacity Building Workshop	▲				2 Staff trained
2.9.15.6.l	Conduct 3 days non-residential training on DHS 2.0 for 15 KADCHMA staff	2 TVs, book, Lends, Intervention, Materials, Meeting room	State & FCT level	New-Project/Activity	KADCHMAPLANNINGHEAD 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				SMART Output Indicator(s) Baseline: Target:	Qtr 1						Qtr 2	Qtr 3	Qtr 4												
Strategic Interventions		Description																							
		Operational Plan Activities																							
				Cost Items																					
Strategic Pillar Two: Efficient, Equitable and Quality Health system																									
2.7	Improve quality of care and service delivery across public (secondary, tertiary and quaternary) care																								
	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, tea break, 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 Output 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 in 3 projects comprising of physiotherapy department, surgical theatre services, amenity ward	Tea, Lunch		Tertiary Facilities	New-Project/Activity	BOTH ADMIN/LEGAL OFFICER	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 ivf machines	Tea, Lunch		Tertiary Facilities	New-Project/Activity	BOTH ADMIN/LEGAL OFFICER	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/PPPO	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/PPPO	Program Management and Administration	Other Programme Management & Administration n.e.c	▲					Academic Complex Constructed								



Kaduna State Government



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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: MMH was 512 deaths per 100,000 live births NHDS 2018 (DHS-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 Abortion Care (PAC) interventions in high volume delivery primary, secondary and tertiary health facilities in all the 36	Provision of Pre-eclampsia management and post-abortion 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 & Equipping 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	BDTH/ADMIN/HD 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	BDTH/ADMIN/HD 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 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. 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	BDTH/MACH/CD 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 obstetric 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, plus forceps and short size forceps, vulsulum, uterine sound, metal suture probe, dissecting forceps, suture, sponges, needle holder, scalpel etc)	1. Number of hospitals providing obstetric fistula services	Tertiary Facilities	New-Project/Activity	BDTH/ADMIN/CM 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	BDTH/ADMIN/CM 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	BDTH/ADMIN/CM 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	BDTH/ADMIN/HD O&G	Program/Management and Administration	Other Programme Management & Administration		▲		the admission and surgical fee for 200 patients diagnosed with (with discuss) said
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. 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	BDTH/ADMIN/Head 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	BDTH/ADMIN/Head Nutrition	Program/Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	200 IMAM commodities procured




Kaduna State Government



2.9.15.1	Procure 6 hospital Radiology Equipment (4 Ultrasound Machines, 1 Fluoroscopy Machine, 2 CR Machines & 1 Static X-Ray Machine)	mobile X-ray machine, fluoroscopy machine, static X-ray machine, Ultra sound machine	Tertiary Facilities	On-going Project/Activity	BOTH/ADMIN/HEAD OF PROCUREMENT	Infrastructure And Equipment	Other Machinery and Equipment		▲				Radiology equipment procured and installed
	Procure 1000 cartons of hand gloves, 500 cartons of face mask, 200 cartons of hand sanitizer, 500 cartons of 10% chlorine of use, hospital gowns consumables	gloves, face mask, hand sanitizer, JK, brai, PPE consumables	Tertiary Facilities	New-Project/Activity	BOTH/ADMIN/HEAD OF PROCUREMENT	Program Management and Administration	Other Programme Management & Administration n.e.c		▲				Protective Personal Equipment procured
	Procure 4 new dialytic machines	Dialytic Machine	Tertiary Facilities	New-Project/Activity	BOTH/ADMIN/HEAD OF PROCUREMENT	Infrastructure And Equipment	Other Machinery and Equipment		▲				4 Dialytic machines procured
	Procure Dialytic Consumables (3000 Dialysate, 1500 Blood Lines, 1200 Acid Concentrator, 6000 Ficus Needle, 700 Bicarbonate Cartridge, 700 Bicarbonate Sat, 20 Dialysate Filter, 10 FFPH005, 300 Central Line, 30 D30000)	Dialytic Consumables	Tertiary Facilities	New-Project/Activity	BOTH/ADMIN/HEAD OF PROCUREMENT	Program Management and Administration	Other Programme Management & Administration n.e.c		▲				Dalysic Consumables Procured
	Construct Gas House Plant	Gas House Plant	Tertiary Facilities	New-Project/Activity	BOTH/ADMIN/HEAD OF WORKS	Infrastructure And Equipment	Facility Infrastructure - Construction		▲				Gas-house Plant Constructed
	Renovate the entire hospital kitchen officers quarters	hospital kitchen officers quarters	Tertiary Facilities	New-Project/Activity	BOTH/ADMIN/HEAD OF WORKS	Infrastructure And Equipment	Facility Infrastructure - Renovation		▲				HOSPITAL KITCHEN OFFICERS QUARTERS RENOVATED
	Procure Sinstal 50 kva generator	50KVA generator	Tertiary Facilities	New-Project/Activity	BOTH/ADMIN/HEAD OF PROCUREMENT	Infrastructure And Equipment	Other Machinery and Equipment			▲			50 KVA GENERATOR PROCURED
	Upgrade pharmacy department	Upgrade Pharmacy department	Tertiary Facilities	New-Project/Activity	BOTH/ADMIN/HEAD OF PROCUREMENT	Infrastructure And Equipment	Other Machinery and Equipment		▲				Pharmacy Department Updated
	Accredit 6 undergraduate (MBBS, BMLS, BNSC, BSc Rad, PT, B.Ds) & 10 postgraduate (Paediatric Surgery/Neuro-Surgery/Endocrinology/Gastroenterology/Hematology/Oncology/Pathology/Histology/Medical Microbiology/Cardiology/Gastroenterology/Dermatology/Neurology)	Accreditation agencies, accreditation fees, accommodation, flight ticket accreditation honorarium	Tertiary Facilities	On-going Project/Activity	BOTH/ADMIN/HEAD OF	Human Resource/H Health	Health Worker Training - In-service			▲			6 Departments Accredited
	Conduct 1 day quarterly board meetings with 15 persons	Teabreak, lunch, honorarium	Tertiary Facilities	On-going Project/Activity	BOTH/ADMIN/HEAD OF	Program Management and Administration	Other Programme Management & Administration n.e.c		▲	▲	▲	▲	Quarterly Board Meetings Held
2.9.15.1p	Upgrading and Equipping of former NITEL Building	Upgrade, Equipping	State & FCT level	On-going Project/Activity	BOTH/ADMIN/HEAD OF	Infrastructure And Equipment	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	BOTH/ADMIN/HEAD OF	Program Management and Administration	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	BOTH/ADMIN/HEAD OF	Program Management and Administration	Other Programme Management & Administration n.e.c		▲				Academic Complex Constructed
2.9.15.2.c	Construct student hostel on PPP in BOTH	Student Hostel	Tertiary Facilities	New-Project/Activity	BOTH/ADMIN/HEAD OF	Program Management and Administration	Other Programme Management & Administration n.e.c			▲			student hostel constructed
2.9.15.5	Create incentives and enabling environment that improves retention of HPH within Nigeria	1. Implement CONMESS and CONMESS award 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 HPH (CPD for License renewal) 5. Implement award for recognition of exceptional performance 6. Establish retention mechanism to routinely track the performance of HPH			SMART Output Indicator(s): 1. Attrition rate 2. Number of Health Care workers Recruited across all cadres.								
2.9.15.5.a	Pay Medical Residency Training Fund (MRTF) for 15 Resident Doctors	MRTF Allowance	Tertiary Facilities	On-going Project/Activity	BOTH/ADMIN/HEAD OF	Human Resource/H 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	BOTH/ADMIN/HEAD OF	Program Management and Administration	Personnel - salaries, allowances, costs reimbursement		▲	▲	▲	▲	RECRUITMENT 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 gynaecologists	Lunch	Tertiary Facilities	On-going Project/Activity	BOTH/ADMIN/HEAD OF	Program Management and Administration	Other Programme Management & Administration n.e.c		▲	▲	▲	▲	CALL MEALS PROVIDED
2.9.15.5.d	Implement FGN 2020 CONMESS CONMESS to 1000 staff	2020 CONMESS CONMESS	Tertiary Facilities	New-Project/Activity	BOTH/ADMIN/HEAD OF	Program Management and Administration	Other Programme Management & Administration n.e.c		▲				2020 CONMESS/CONMESS IMPLEMENTED
2.9.15.5.e	Provide an in-service training fund for 50 other cadre of staff (including Senior cell technology at university of Indonesia, emergency medicine at North Devon hospital UK, Material & Child Health at University of Health Sciences Lahore Pakistan, ASCON Budget/NIPPS 400 and specialized Post-Basic Nursing)	In-Service Training Fund	Tertiary Facilities	On-going Project/Activity	BOTH/ADMIN/HEAD OF ESTABLISHMENT	Program Management and Administration	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 700 persons	20 merit awards, 4 banners, lunch, djm	Tertiary Facilities	New-Project/Activity	BOTH/ADMIN/HEAD OF ESTABLISHMENT	Program Management and Administration	Other Programme Management & Administration n.e.c			▲			BOTH ABCD Performance Award Held
2.9.15.5.g	Recruit 350 Healthworkers across all cadres	Provisional sum for Recruitment	Tertiary Facilities	On-going Project/Activity	BOTH/ADMIN/HEAD OF	Program Management and Administration	Personnel - salaries, allowances, social				▲		350 Healthworkers across all cadres recruited

Kaduna State College of Nursing and Midwifery

Pillar	Return to Welcome Page										 HEALTH SECTOR STRATEGIC BLUEPRINT (HSSB) ANNUAL IMPLEMENTATION PLANNING (AOP) TOOL									
Strategic Objectives					SMART Outcome Indicator(s): Baseline:	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) Baseline:																
Strategic Interventions		Description		Baseline:																
		Operational Plan Activities		Cost Items																
Strategic Pillar Two: Efficient, Equitable and Quality Health system																				
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 Academic Institutions, Tertiary and Quaternary Care Hospitals														
		2.7.11.2.a	Conduct 5-days residential meeting to develop KDSCNM 5 years strategic plan by 45 participants	Lunch, Hall, Projector, Public Address System, DSA, Transport, Writing Materials, Catering	Health Training Institutions	New-Project/Activity	KDSCNM	HumanResourceforHealth	Health Worker Training - In-service	▲					KDCNM/Mv 5 year Strategic Plan Developed					
		2.7.11.2.b	Conduct 2-day validation meeting for the developed KDSCNM strategic plan by 40 persons	Teabreak, Lunch, Hall, facilitator	Health Training Institutions	New-Project/Activity	KDSCNM	HumanResourceforHealth	Health Worker Training - In-service	▲					KDCNM/Mv 5 year Strategic Plan Validated					
		2.7.11.2.c	Print 150 copies of developed KDSCNM Strategic Plan	Printing	Health Training Institutions	New-Project/Activity	KDSCNM	HumanResourceforHealth	Health Worker Training - In-service	▲					Developed KDCNM/Mv 5 year Strategic Plan Printed					
		2.7.11.2.d	Conduct 1-day dissemination of the validated KDCNM/Mv strategic plan by 50 persons	Lunch	Health Training Institutions	New-Project/Activity	KDSCNM	HumanResourceforHealth	Health Worker Training - In-service	▲					Developed KDCNM/Mv 5 year Strategic Plan disseminated					
		2.7.11.2.e	Engage a consultant to support the development of the 5 years KDCNM/Mv strategic Plan for 15 days	Lead consultant	Health Training Institutions	New-Project/Activity	KDSCNM	HumanResourceforHealth	Health Worker Training - In-service	▲					KDCNM/Mv 5 year strategic plan situation analysis 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 goals 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 graduands per state 3. Number of states with the right skill-mix of healthcare workers per population 4. Ratio of healthcare workers (Doctors, pharmacists etc.) to population														
		2.9.15.1.a	Engage 42 part-time lecturers to teach Nursing Students for two semesters	Part-time lecturers Allowances	Health Training Institutions	New-Project/Activity	KDSCNM/Provost/Director Academic Planning	HumanResourceforHealth	Health Worker Training - Pre-service	▲	▲	▲	▲		42 part-time lecturers engaged to teach Nursing Students					
		2.9.15.1.b	Conduct accreditation for 3 campuses at Kaduna, Kafanchan and Pambegua	Payment of accreditation fee, accommodation, feeding, honorarium	Health Training Institutions	New-Project/Activity	KDSCNM/Provost/Registrar/Head of Procurement	InfrastructureAndEquipment	Medical/Lab Equipment Purchase		▲				Accreditation fee and miscellaneous paid					
		2.9.15.1.c	Construct 60 rooms capacity Male Hostel at College of Nursing and Midwifery Kaduna Campus	Construction/Renovation of Building	Health Training Institutions	New-Project/Activity	KDSCNM/DPP/Head of Procurement	InfrastructureAndEquipment	Facility Infrastructure - Renovation	▲	▲	▲	▲		Kaduna Campus building Construction/Renovation completed					
		2.9.15.1.d	Procure Librargle-Library Books, Furniture/Equipment, Teaching aids & Operational Materials for the College of Nursing and Midwifery	Procurement of Librargle-Library Books, Furniture/Equipment, Teaching aids & Operational Materials	Health Training Institutions	New-Project/Activity	KDSCNM/Head of Procurement	HumanResourceforHealth	Health Worker Training - Pre-service	▲	▲	▲	▲		Librargle-Library Books, Furniture/Equipment, Teaching aids & Operational Materials procured					
		2.9.15.1.e	Complete the construction of 60 rooms capacity Male Hostel at Kafanchan State College of Nursing and Midwifery, Kafanchan	Completion of Male Hostel	Health Training Institutions	On-going Project/Activity	KDSCNM/DPP/Head of Procurement	InfrastructureAndEquipment	Facility Infrastructure - Construction	▲	▲	▲	▲		Kafanchan Male Hostel construction completed					



Kaduna State Government



2.9.15.1.f	Complete Laboratory & Demonstration Room at Kalarokan 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	▲	▲	▲	▲	Kalarokan Campus Laboratory & Demonstration Room construction completed
2.9.15.1.g	Complete the construction of Lecture Theatre at Kalarokan 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	▲	▲	▲	▲	Kalarokan 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 (KDCSN&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 (KDCSN&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 (KDCSN&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/Provost Head of Procurement	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/Provost Head of Procurement	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/Provost Head of Procurement	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Quarterly advert placements conducted

Kaduna State AIDS Control Agency

Priority Initiatives			SMART Output Indicator(s) Baseline: Target: Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder/Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				ADP Implementation Milestones (Activity Output)	
Strategic Interventions		Description							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
									Operational Plan Activities					
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)			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 remain the most neglected diseases for their burden.										
2.6.10.1	Strengthen Communicable disease prevention task forces 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 for HIV, TB, Malaria, NTD and other diseases. Strengthen overarching coordination platforms for HIV, TB, Malaria and NTD at the 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 Gender and Human Right State Response Team (SHR-SRT) meeting which includes provision Logistics support for visits, case follow up and resolution with 30 persons	Tea Break,Lunch,Transportation,DISA,Hall Hire	State & FCT level	New-Project/Activity	KADSACASTA KEHOLDERS C	ProgramManagement andadministration	Other Programme Management & Administration	▲	▲	▲	▲	Gender and human Right State Response Team (SHR-SRT) established and functional		
2.6.10.1.b	Conduct 1 day quarterlyHIVAIDS Paresse Forum meeting with 4 P's: 30 CEOs, 5 live Ministers and 16 KADSACA staff	Tea Break,Lunch,Transportation,Hall Hire	State & FCT level	New-Project/Activity	KADSACASTA KEHOLDERS C	ProgramManagement andAdministration	Other Programme Management & Administration	▲	▲	▲	▲	Quarterly paresse meeting conducted		
2.6.10.1.c	Conduct 1 day monthlyHIVAIDS program review meeting with 40 stakeholders (Health Facilities, KADSACA, SMOH, PHCOA, P's, MHSSD)	Tea Break,Lunch,Transportation,Hall Hire	State & FCT level	New-Project/Activity	KADSACASTA KEHOLDERS C	ProgramManagement andAdministration	Other Programme Management & Administration	▲	▲	▲	▲	HIVAIDS programs reviewed		



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			2.6.10.1.d	Conduct 2-days stakeholder meeting for 30 persons to develop a costed integration workplan between the HIV/AIDS and other STIs with 20 persons	Tea/Break,Lunch,Transportation,Hall Hire	State & FCT level	New-Project/Activity	KADSACA/STAKEHOLDERDC	ProgramManagementandAdministration	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 coordination meeting with 12 AYPs, 40 LACAs/ART focal persons 10 state team and Partners	Tea/Break,Lunch,Transportation,DSA/Hall Hire	State & FCT level	New-Project/Activity	KADSACA/PREVENTIONDDOT	ProgramManagementandAdministration	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-Treatment, Counseling, Rehabilitation and referrals services by 10 persons	Tea/Break,Lunch,Transportation,Hall Hire,DSA,Accommodation,Stationery	State & FCT level	New-Project/Activity	KADSACA/PREVENTIONDDOT	ProgramManagementandAdministration	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 Referring visits by 10 KADSACA staff to LACAs and CBOs	DSA,Transportation	State & FCT level	New-Project/Activity	KADSACA/STAKEHOLDERDC	ProgramManagementandAdministration	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 KADSACAAs	Internet Subscription	State & FCT level	New-Project/Activity	KADSACA/STAKEHOLDERDC	ProgramManagementandAdministration	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	KADSACA/STAKEHOLDERM&ED	ProgramManagementandAdministration	Other Programme Management & Administration							CBOs programs implementation monitored
			2.6.10.2.e	Conduct 1day non-residential Sensitization/Orientation of SO Committees 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	KADSACA/PREVENTIONDDOT	ProgramManagementandAdministration	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 policies, guidelines, training curricula, 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	KADSACA/STAKEHOLDERDC	ProgramManagementandAdministration	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 discordant couples on the importance of Post-exposure Prophylaxis (PEP) for high risk individuals by 10 persons	Tea/Break,Lunch,Transportation,Hall Hire,DSA	State & FCT level	New-Project/Activity	KADSACA/PREVENTIONDDOT	ProgramManagementandAdministration	Other Programme Management & Administration							Community members were sensitized and oriented
			2.6.10.2.h	Conduct 1day mentorship to 30 HCV to sensitize and create awareness and demand for Pre-Exposure Prophylaxis (PEP) services in the facilities and communities by 10 persons	Tea/Break,Lunch,Transportation,Hall Hire,DSA,Accommodation	State & FCT level	New-Project/Activity	KADSACA/PREVENTIONDDOT	ProgramManagementandAdministration	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 transfer for 15 persons; SASCP (H),KADSACA (S), LOMs (2)	Tea/Break,Lunch,Transportation,Hall Hire	State & FCT level	New-Project/Activity	KADSACA/PREVENTIONDDOT	ProgramManagementandAdministration	Other Programme Management & Administration							
			2.6.10.2.j	Conduct 3days residential capacity building to 21 LACAs on Disability Responsive and Support program with 3OPDs and KADSACA's staff	Tea/Break,Lunch,Transportation,Hall Hire,DSA,Accommodation	State & FCT level	New-Project/Activity	KADSACA/STAKEHOLDERDC	ProgramManagementandAdministration	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)			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, science, technology, innovation, and solutions for PLHIV, KP, and other prioritised populations.	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 children living with HIV and aggregated at the population level)												
			2.6.10.3.a	Conduct 1day monthly support group training for 15 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	KADSACA/PREVENTIONDDOT	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop							80% of AYP/PLHIV are virally suppressed
			2.6.10.3.b	Conduct quarterly outreach sessions (3days baby showers for breastfeeding mother and 2days love puffers for pregnant women) to increase uptake of HTS services among breastfeeding mothers and pregnant women	Refreshment,Transportation,OP,Maternity kit	State & FCT level	New-Project/Activity	KADSACA/PREVENTIONDDOT	ProgramManagementandAdministration	Other Programme Management & Administration							Uptake of HTS services among breastfeeding mothers and Pregnant women increased
			2.6.10.3.c	Commemorate of world AIDS day (1st December)	Hall Hire,Decoration,Cultural Troops,Refreshment,Souvenirs,Printing,Media	State & FCT level	New-Project/Activity	KADSACA/PREVENTIONDDOT	ProgramManagementandAdministration	Other Programme Management & Administration							
			2.6.10.3.d	Bi-annual Development, production and monitoring Airing of HIV prevention angles and Print and distribute 1000 copies of IEC materials on HIV prevention	Production,Airing,IEC Material	State & FCT level	New-Project/Activity	KADSACA/PREVENTIONDDOT	ProgramManagementandAdministration	Education and communication (IEC)							HIV prevention messages were developed and aired
			2.6.10.3.e	Conduct 1day Quarterly Supervision of CBOs, Training Institutions and AYP/PLHIV support groups by 10 KADSACA staff & SASCP 4 lbs	Tea/Break,Lunch,Transportation/Hall Hire	State & FCT level	New-Project/Activity	KADSACA/PREVENTIONDDOT	ProgramManagementandAdministration	Monitoring and Evaluation							



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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
2.5.10.3.g	Conduct 1 day mapping exercise of Line Ministries, Civil Society Organization and Community Based Organizations by 40 persons	Tee/Break, Lunch, DSA, Transportation/Hall Hire/Consultant	State & FCT level	New-Project/Activity	KADSAC/NSTA KEHOLDERS/DC	Program Management and Administration	Other Programme Management & Administration		▲		Ministries, CSOs and CBOs were mapped
2.5.10.3.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	Tee/Break, Lunch, DSA, Transportation/Hall Hire/Educational Materials supplies	State & FCT level	New-Project/Activity	KADSAC/NPRE VENTION/DCIT	Program Management and Administration	Information Education and Communication (IEC)		▲		PLHIV and KPs were educated and capacities were built
2.5.10.3.i	conduct two days biannual Engagement sessions with 200 Adolescent and young persons for experience sharing on Adolescent Sexual and Reproductive Health (ASRH) practice and gender norm HIV prevention in Kaduna State.	Tee/Break, Lunch, DSA, Transportation/Hall Hire/Educational Materials, facilitation fees, accommodation	State & FCT level	New-Project/Activity	KADSAC/NPRE VENTION/DCIT	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	Strategic Objectives		Return to Welcome Page		HEALTH SECTOR STRATEGIC		HEALTH SECTOR STRATEGIC BLUEPRINT (HSSB)									
	Priority Initiatives				SMART		Level of Implementation (Utilization)	Status of Implementation	Stakeholder / 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 education)															
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 MDAs 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 sensitized 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/TSHTS	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			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			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



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			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 spots	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, Accommodation, 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	▲	▲	▲	▲		1530 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/PSHPS	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



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2.6 Strengthen prevention through primary health care and community health care														
2.6. 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). 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		SMART Output Indicator(s): 1. Proportion of activities implemented in the 2019-2025 NCD multi-sectoral action plan implemented by the relevant MDAs, CSOs, implementing partners, and commercial sector. 2. Proportion/Number of LGAs with NCD focal points 3. Number of state task force members										
		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	KADBUSA/TSHTS	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	
		2.6.9.1.b	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, V/Materials, DSA, Transport, Event Hall, Accommodation	State & FCT level	New-Project/Activity	KADBUSA/TSHTS	Program Management and Administration	Other Programme Management	▲			30 members of the law enforcement trained on ATI protocol	
		2.6.9.1.c	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, V/Materials, DSA, Transport, Event Hall	State & FCT level	New-Project/Activity	KADBUSA/TSHTS	Program Management and Administration	Other Programme Management & Administration n.e.c	▲			Practice guideline on ATI reviewed	
		2.6.9.1.d	Establish an Alternative to Incarceration Program Coordination Secretariat with 15 desk officers	DSA, Computer, Printer, office furniture, router	State & FCT level	New-Project/Activity	KADBUSA/TSHTS	Program Management and Administration	Furniture and Fittings	▲			An ATI secretariat established to coordinate ATI between relevant stakeholders	
	4.2.1.b	2.6.9.1.e	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	KADBUSA/TSHTS	Program Management and Administration	Planning, Policy and Capacity Building	▲	▲	▲	4 state task force meetings held yearly to restrict access to controlled medications	
	2.6.9.3	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. Baise 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 policy/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, V/Materials, DSA, Transport, Accommodation, Event Hall, Consultancy	State & FCT level	New-Project/Activity	KADBUSA/TSHTS	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 (HLGA) on screening for alcohol intoxication in drivers by 2 consultants	Consultancy, tea break, Lunch, V/Materials, DSA, Transport, Event Hall, Accommodation	State & FCT level	New-Project/Activity	KADBUSA/TSHTS	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 (4/LGA)	Local transport, data analysis, breathalyzer, urine test kits, saliva test kits	State & FCT level	New-Project/Activity	KADBUSA/TSHTS	Program Management and Administration	Other Programme Management & Administration n.e.c			▲	1000 drivers tested for alcohol intoxication across 10 LGAs

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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	5.11.a	A network of Quaternary Care facilities to enable resource pooling and improving access to highly specialized care	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.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	KADBUSA/TSHTS	InfrastructureAnd Equipment	Facility Infrastructure - Construction					2 recovery and reintegration centers constructed and equipped to cater for 500 people who use drugs
				2.7.11.1.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	KADBUSA/TSHTS	ProgramManagementandAdministration	Other Programme Management & Administration n.e.c					4 community treatment and recovery centers constructed and equipped
				2.7.11.1.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	KADBUSA/TSHTS	InfrastructureAnd Equipment	Facility Infrastructure - Construction					30 people equipped with vocational skills quarterly
		2.7.11.1.d	Line up to Live Up Programme (Lulu)	LULU Cost	State & FCT level	New-Project/Activity	KADBUSA/TSHTS	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop					LULU program implemented		
	5.11.b		2.7.11.1.e	Procurement of Specialized Testing Kits (Urine, Saliva, Breathalyzer etc.)	Specialized testing kit	State & FCT level	New-Project/Activity	KADBUSA/TSHTS	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop					specialized test kits procured	
	5.12.a	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												
				2.7.11.2.a	Conduct 3-Days Residential workshop to Develop KADBUSA 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	KADBUSA/DG/DAF	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop					KADBUSA strategic plan developed, validated and disseminated
				2.7.11.2.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	KADBUSA/DG/DAF	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop					State policy for access to controlled drugs and narcotics adapted, 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	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.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	KADBUSA/TSHTS	HumanResourceforHealth	Health Worker Training - In-service					200 health workers trainers as trainers	
2.7.11.3.b				Pay tuition fees for 5 nurses to study 18-month post-basic psychiatric nursing in Federal Neuropsychiatric Hospital Bama	Tuition fees, computer, allowances	State & FCT level	On-going Project/Activity	KADBUSA/TSHTS	HumanResourceforHealth	Health Worker Training - In-service					5 nurses trained in post-basic psychiatric nursing	
5.13.a																
															2.7.11.3.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 KADBUSA prevention and treatment programs by 2



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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									
6.13.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, Wi-Fi Materials, DTA, Transport, Accommodation, Event Hall, Consultancy.	State & FCT level	New-Project/Activity	KADBUS/AT SHITS CHAI KADMAM	HumanResource/Health	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									
6.13.a	2.8.12.39.a	Conduct a 4-day non residential workshop for 21 health workers by 1 consultant on MNSUD 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/AT 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. Peoportion of communities with adolescent peer to peer support. 2. Number of people trained on DPTC. 3. Numbers of community prevention centers created									
6.13.a	2.8.12.41.a	Conduct a 10-day non-residential training for 300 (10centre) persons (75 persons per session) on the YAPIL 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/AP 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/AP SHIPS	ProgramManagementandAdministration	Other Programme Management & Administration n.e.c	▲				30 additional Community Drug Intervention Forums set up
6.13.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/AP 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/AP 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/AP 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/AP SHIPS	ProgramManagementandAdministration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	5 Community prevention centers mentored quarterly.

	2.8.12.4.5	Conduct Nutrition assessment, counselling and support (NACS)		Conduct Nutrition assessment, counselling and support (NACS)		SMART Output Indicator(s): Availability of NACS report									
		6.13.a		2.8.12.45.a	Conduct a 1-day quarterly nutrition assessment for 200 children enrolled at KADBUS Community Prevention Center by 5 persons	F	State & FCT level	On-going Project/Activity	KADBUS/IT SHTS	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲

PILLAR THREE: Unlocking Value Chains

Ministry of Health

Objective			SMART Outcome Indicator(s) Developer: Target:	Level of Implementation (Utilisation)	Status of Implementation	Stakeholder/ Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				ACIP Implementation Milestones (Activity Output)
Priority Initiative		SMART Output Indicator(s) Baseline: Target: <i>Operational Plan Activities</i>	Cost Items						Qtr 1	Qtr 2	Qtr 3	Qtr 4	
Interventions													
Strategic Pillar Three: Unlocking Value Chains													
Promote clinical research and development													
3.10.16	Re-Position Nigeria at the forefront of emerging R&D innovation, starting with local clinical trials and translational science												
3.10.16.2	Strengthen National and Sub-national PaED coordination framework through the National Health Research Committee and National Health Research Ethics Committee	i Enhance improved governance and coordination of health research in Nigeria. ii Assess and benchmark the national ethics committee with a view to identify bottlenecks 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 committee closed through corrective action plan (No.s of Health Research Proposals/protocols reviewed and approved by NHREC by 2027) 3. Number of LGAs conducted pre transmission assessment survey 4. Number of persons trained 5. Number of Persons trained on Lymphatic Filariasis transmission assessment survey										
3.10.16.2.a	Conduct 3 days residential workshop to develop and Domesticate ethical health research Policy and guidelines for the state by 30 persons and facilitator	Small Hall, projector, Tea/Break, Lunch, Accommodation, DSA, Transportation, Projector, Consultant, publisher etc	State & FCT level	New-Project/Activity	SMCHD-IPR&H-ECO	Program Management and Administration	Other Programme Management & Administration n.e.s			▲		Ethical health research guidelines for 16 states domesticated	
3.10.16.2.b	Conduct bi-annual 10 days survey leveraging Telepointing Techniques for Data Collection in Health Service Evaluation AND Citizen Perception Study on Accessibility and Service Delivery across Primary Health Care facilities in the state in collaboration with KIDSTEL/Epiling with 62 persons (50 enumerators, 10 supervisors and 2 consultants)	Large Hall, Tea-Break, Lunch, DSA, Transportation, Consultant, stationaries, accommodation etc.	Local Government level	On-going Project/Activity	SMCHD-IPR&H-ECO	Program Management and Administration	Other Programme Management & Administration n.e.s			▲		Health Service Evaluation, Citizen Perception Study on Accessibility and Service Delivery across Primary Health Care facilities Data Collected	
3.10.16.2.c	Conduct Kaduna State Overall House hold survey for 72 persons (50 enumeration, 10 supervisors and 2 consultants) to track Indicator on Maternal and Child Health Care	Large Hall, Tea-Break, Lunch, DSA, Transportation, Consultant, stationaries, accommodation etc.	State & FCT level	New-Project/Activity	SMCHD-IPR&H-ECO	Program Management and Administration	Other Programme Management & Administration n.e.s			▲		Kaduna State General household survey to track Indicator on Maternal and Child Health Care Conducted	
3.10.16.2.d	Conduct annual Patient Exit Survey across the 266 and secondary facilities in the state by 45 persons (33 enumerators, 10 supervisors & 2 consultants)	Large Hall, Tea-Break, Lunch, DSA, Transportation, Consultant, stationaries, accommodation etc.	State & FCT level	New-Project/Activity	SMCHD-IPR&H-ECO	Program Management and Administration	Other Programme Management & Administration n.e.s			▲		Annual Patient Exit Survey across the 266 PHCs and secondary facilities in the state Conducted	
3.10.16.2.e	Conduct 5 days residential training for 25 NHREC members on research proposal review guidelines as prerequisite for NACRED registration by 24 facilitators	Small Hall, projector, Tea break, Lunch, Transportation, Projector, PAS, Consultant, stationaries etc.	State & FCT level	On-going Project/Activity	SMCHD-IPR&H-ECO	Program Management and Administration	Planning, Policy and Capacity Building workshop			▲		25 NHREC members trained research proposal review	
3.10.16.2.f	Conduct 1 days resource Mobilisation meeting for 30 policy makers and key Government officials on importance of providing adequate funding for health research activities	Small Hall, Projector, Tea-Break, Lunch, Accommodation/food, DSA, Transportation, Consultant, Stationaries, PAS.	State & FCT level	New-Project/Activity	SMCHD-IPR&H-ECO	Program Management and Administration	Other Programme Management & Administration n.e.s			▲		workshop on resource mobilization conducted	
3.10.16.2.g	Conduct 1 day Pre- Transmission Survey of Lymphatic Filariasis in 3 LGAs (Kaduna South, Kaduna North and Birnin Gwari) by 15 persons.	Lunch, Tea/Break,	State & FCT level	New-Project/Activity	SMCHDHPHINTD	Program Management and Administration	Other Programme Management & Administration n.e.s			▲		Pre- Transmission Survey Lymphatic Filariasis conducted	
3.10.16.2.h	Conduct 3 days residential training on Lymphatic Filariasis transmission survey for 60 Enumerators and 2 facilitators	DSA, Transport, Hall, Lunch, Tea Break, accommodation	State & FCT level	New-Project/Activity	SMCHDHPHINTD	Program Management and Administration	Other Programme Management & Administration n.e.s					60 enumerators trained on collection for Lymphatic Filariasis transmission survey	
3.10.16.2.i	Conduct 10 days Transmission Assessment survey on Lymphatic Filariasis in 5 LGAs (Oyo, Igbale, Ikoru, Makurdi and Abakaliki) by 60 people	DSA, Transport	State & FCT level	New-Project/Activity	SMCHDHPHINTD	Program Management and Administration	Other Programme Management & Administration n.e.s					Data collected for the Lymphatic Filariasis Transmission Assessment	
3.10.16.2.j	Conduct 2 days training and 5 days Data quality assessment for completed NTD drug distribution in all 23 LGAs by 38 people	DSA, Transport, Hall, Lunch, Tea/Break,	State & FCT level	New-Project/Activity	SMCHDHPHINTD	Program Management and Administration	Other Programme Management & Administration n.e.s			▲		38 persons trained on data quality assessment for completed NTD drug distribution	



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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, phytomedicines, vaccines, diagnostics and other health commodities (Products) for the control, treatment and prevention of infectious diseases in Nigeria	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, phytomedicines, vaccines, diagnostics and other health commodities (Products) for the control, treatment and prevention of infectious diseases in Nigeria ii. Improve government funding on R&D	SMART Output Indicator(s): 1. Number of R&D grants provided, utilized and reported 2. Proportion of R&D Grants (Findings) eventually taking up by local manufacturers	State & FCT level	New-Project/Activities	SMOHC/HF/SH-REC	Program Management and Administration	Other Programme Management & Administration (n=2)	A	Resource Mobilization workshop on health products, Researchers, MBE assessment to determine inclusiveness of health products conducted
3.10.16.3.a	Conduct a 3-day 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/SH-REC	Program Management and Administration	Other Programme Management & Administration (n=2)	A	Resource Mobilization workshop on health products, Researchers, MBE assessment to determine inclusiveness of health products conducted	
3.10.16.3.b	Conduct a 7-day 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, Honorarium, Lunches.	Community/V and level	On-going-Project/Activities	SMOHC/HF/SH-REC	Program Management and Administration	Other Programme Management & Administration (n=2)	A	Monitoring Cognitive interview on family planning activities conducted	
3.10.16.3.c	Conduct 2 days Monthly Cognitive interview on family planning activities by 50 enumerators across the 19 Enumeration Areas (EAs) in Kaduna state	Local Transportation.	Community/V and level	On-going-Project/Activities	SMOHC/HF/SH-REC	Program Management and Administration	Other Programme Management & Administration (n=2)	A	Family planning consumer intelligence assessment conducted	
3.10.16.3.d	Conduct one-day non-residential dissemination meeting of family planning consumer intelligence assessment by 10 stakeholders	Small Hall, Projector, Tea-Break, Lunch, Transportation, PAS, Stationery.	Community/V and level	On-going-Project/Activities	SMOHC/HF/SH-REC	Program Management and Administration	Other Programme Management & Administration (n=2)	A	Family planning consumer intelligence assessment conducted	
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 Vaccine products for Priority health programmes Baseline: 100 Target: 35%										
3.11	Stimulate local production of health products									
3.11.17	Stimulate local production of health products (e.g., drug substance, fill and finish for vaccine, malaria bed-net, and therapeutic 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	Government of Nigeria should procure locally manufactured products from local manufacturers based on 2007 procurement and recommendation on Local content to stimulate local production and job creation	SMART Output Indicator(s): 1. Percentage increase in the number of pooled procurement 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 cylinders procured 4. Repair Drive of oxygen equipment conducted across the country	State & FCT level	New-Project/Activities	SMOHC/HF/SH-REC	Direct Intervention Co-ordinator	Medicine, Commodity, and Supplies	A	Pulse oximeter, Oxygen analyser, oxygen Cylinders equipment accessories procured
3.11.17.9.a		Procure pulse oximeter (Handheld - 80, Table top - 30) 39 oxygen analyser, and 100 Oxygen Cylinders equipment accessories	Pulse oximeter, oxygen analyser, oxygen Cylinders equipment accessories	State & FCT level	New-Project/Activities	SMOHC/HF/SH-REC	Direct Intervention Co-ordinator	Medicine, Commodity, and Supplies	A	Pulse oximeter, Oxygen analyser, oxygen Cylinders 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 26 persons	Accommodation (2-star), Local Transport, DSA (without accommodation 6 meals)	State & FCT level	New-Project/Activities	SMOHC/HF/SH-REC	Direct Intervention Co-ordinator	Health services	A	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									
3.13.13.2	Strengthen the functionality and operations of the State Medicine, Vaccine and Health Management Agencies to harmonize and coordinate all health supply chain activities (including emergency response supply chain system)	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 5C business model (EPCOC) etc	SMART Output Indicator(s): 1. All health programme data management including vaccines, Essential Medicines and other supply chain functionalities integrated into NHLMIS 2. NHLMIS enhanced with additionalities such as warehouse management, electronic proof of delivery (ePOD) etc 3. Number of States/Local Government Areas (LGAs) that have integrated their health supply chain into NHLMIS 4. Number of States/Local Government Areas (LGAs) that have enhanced their warehouse management system 5. Number of States/Local Government Areas (LGAs) that have integrated their health supply chain into NHLMIS	State & FCT level	New-Project/Activities	SMOHC/HF/SH-REC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	A	Guidelines for integration of Supply Chain developed
3.13.13.2.a		Conduct 5 days residential workshop to develop guidelines for integration of state supply chain for DRF and other public health programs with 25 persons and 2 facilitators	Federal/State Consultant, Small Hall, Projector, Tea (45-star), Lunch (45-star), Local Transport, Honorarium (Basic), DSA (without accommodation 6 meals), Stationery.	State & FCT level	New-Project/Activities	SMOHC/HF/SH-REC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	A	Guidelines for integration of Supply Chain developed
3.13.13.2.b		Conduct 1 day meeting with ES-SPICE, ES-KACHHMA and ES for integration of warehousing and Logistics of Vaccines and Others Programs from KACHHMA by 20 Persons	Lunch	State & FCT level	New-Project/Activities	SMOHC/HF/SH-REC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	A	Vaccines and other programs integrated to KACHHMA
3.13.13.2.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/HF/SH-REC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	A	4 no DRF/SDSS Management meeting conducted
3.13.13.2.d		Conduct 1 day Quarterly In-State Team review meetings to provide finding of DRF/SDSS operation within the Quarter in various areas of operation by 60 Persons	Lunch (45-star), Local Transport, Honorarium (Basic), DSA (without accommodation 6 meals), Stationery.	State & FCT level	New-Project/Activities	SMOHC/HF/SH-REC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	A	5 no In-State Review meetings held
3.13.13.3	Strengthen the Nigeria Health Logistics Management Information System (NHLMIS) to integrate all health programmes data management including vaccines, Essential Medicines and other supply chain functionalities	The NHLMIS 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	SMART Output Indicator(s): 1. Sustainable funding mechanisms set up for 100% drugs, vaccine and other health commodities across all levels of health services in the country 2. Number of Programs not reporting on NHLMIS for the purpose of integration with the NHLMIS 3. Number of HR received and warehoused for 2025 Mass Campaigns to 3 Zonal warehouses in Kachhama, Kaduna and Zaria	State & FCT level	New-Project/Activities	SMOHC/HF/SH-REC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	A	Vaccine and Essential Medicines integrated into the NHLMIS Platform
3.13.13.3.a		Conduct 3 days residential workshop with 25 State officials to identify the gaps on Programs not reporting on NHLMIS for the purpose of integration with the NHLMIS 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), Honorarium (Basic), Stationery.	State & FCT level	New-Project/Activities	SMOHC/HF/SH-REC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	A	Vaccine and Essential Medicines integrated into the NHLMIS Platform
3.13.13.3.b		Conduct 1 day planning meeting and 10 days field work for receiving and warehousing (HR) for 2025 Mass Campaign to 3 Zonal warehouses in Kachhama, Kaduna and Zaria by 50 persons	Small Hall, Tea (2-star), Lunch (2-star), Accommodation (2-star), Local Transport, DSA (without accommodation 6 meals).	State & FCT level	New-Project/Activities	SMOHC/HF/SH-REC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	A	HR for 2025 Mass Campaign received and warehouse
3.13.13.3.c		Conduct 5 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, Honorarium (Basic), DSA (without accommodation 6 meals), Stationery.	State & FCT level	New-Project/Activities	SMOHC/HF/SH-REC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	A	Guidelines for integration of Supply Chain developed
3.13.13.4	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 enhance the value chain. Establish a mechanism that will ensure sustainable medicines, vaccines and health commodity financing	SMART Output Indicator(s): 1. WEC of supply chain infrastructures (warehouses at national and sub-national levels) are in operations 2. Advocacy visits to relevant stakeholders on the need to increase Health Supply budget and create Budget Line for Health Care Waste Management by 50 persons	State & FCT level	New-Project/Activities	SMOHC/HF/SH-REC	Direct Intervention Co-ordinator	Medicine, commodity, and Supplies	A	Health and KACHHMA Budget allocation increased
3.13.13.4.a		Conduct 3 days targeted advocacy visits to relevant stakeholders on the need to increase Health Supply budget and create Budget Line for Health Care Waste Management by 50 persons	Local Transport.	State & FCT level	New-Project/Activities	SMOHC/HF/SH-REC	Direct Intervention Co-ordinator	Medicine, commodity, and Supplies	A	Health and KACHHMA Budget allocation increased



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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.	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: Target: 2. Number of State level Pharmacovigilance and drug Therapeutic Committee established 3. Number of health facility based Pharmacovigilance and drug Therapeutic Committee established by 2020	State & FCT level	New-Project/Activity	SMO/HEPS/MCU	Program Management and Administration	Planning Policy and Capacity Building Workshop		▲				Pharmacovigilance and drug Therapeutic Committee established at the State Level
3.13.19.6.a	Conduct 2 days non-residential meeting to establish and inaugurate the State level Pharmacovigilance and drug Therapeutic Committee by 20 persons		Lunch (2-star), Local Transport											
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 facilities for 34 health facilities) in 3 batches		Small Hall Lunch (3-star), Local Transport											Pharmacovigilance and drug Therapeutic Committee established at the Health Facility Level

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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									
		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	SPHCBCD&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 RI sessions	Carton of BCG syringe	State & FCT level	On-going Project/Activity	SPHCBCD&ISCCO	Direct Intervention Cost	Logistics/Supply Chain Management	▲	▲	▲	▲	32 CARTONS OF 0.05ML SYRINGES PROCURED
		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/ Push, 25L Cold boxes, 500L Deep freezer, 3kva voltage stabilizer	State & FCT level	New-Project/Activity	SPHCBCD&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 52 CDOs accompanying direct Vaccines delivery teams to the apex health facilities and LGA cold stores (26 persons)	Transport Allowance for DVD	State & FCT level	New-Project/Activity	SPHCBCD&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 SDOs	PPM for WFR/WCR, PPM for SDO	State & FCT level	On-going Project/Activity	SPHCBCD&ISCCO	Direct Intervention Cost	Logistics/Supply Chain Management	▲		▲		Vendor led bi-annual preventive maintenance conducted
		3.13.19.4.f	Purchase 23000 units of santane 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 RMC/COVID-19/SINISA services	Bag of Santane, XL SAC, Vaccines empty vials Disposal	State & FCT level	On-going Project/Activity	SPHCBCD&ISCCO	Direct Intervention Cost	Logistics/Supply Chain Management	▲	▲	▲	▲	23000 units of santane bags purchased
		3.13.19.4.g	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	SPHCBCD&ISCCO	Direct Intervention Cost	Logistics/Supply Chain Management	▲				15 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	SPHCBCD&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 IKARA, GABON GARI, KACHIA, KADUNA NORTH, JEMMA and STATE cold store	CO ₂ Cylinders, Dry Chemical Powder	State & FCT level	New-Project/Activity	SPHCBCD&ISCCO	Direct Intervention Cost	Logistics/Supply Chain Management	▲			▲	Fire extinguisher procured
		3.13.19.4.i	Procure Airtime and data bundles Monthly for 5 20CDOs 23 LCCOs for reporting of CCE functionality and DVD status	Airtime Data	State & FCT level	On-going Project/Activity	SPHCBCD&ISCCO	Direct Intervention Cost	Logistics/Supply Chain Management	▲	▲	▲	▲	Airtime and data procured
		3.13.19.4.k	Procure 94 designated DELL laptops for 23 LCCOs 23 LDOs 23 RDOs 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	SPHCBCD&ISCCO	Direct Intervention Cost	Logistics/Supply Chain Management	▲	▲	▲	▲	94 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 384 apex health facilities	Printing of Log Books	State & FCT level	New-Project/Activity	SPHCBCD&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 238 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	SPHCBOC&ISCCO	DirectInterventionCo st	Logistics/Supply Chain Management	▲	▲	▲	▲	routine Vaccines push to HF conducted
		Conduct pull of vaccines and devices from apex (equipped) health facilities by the cascade (un-equipped) facilities. vaccine pull for 100 HF's conducting outreaches from the apex facilities and emergency pull of vaccines and devices from the satellite cold stores by the 23 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	SPHCBOC&ISCCO	DirectInterventionCo st	Logistics/Supply Chain Management	▲	▲	▲	▲	Vaccine pull from apex HF by cascade HF
		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	SPHCBOC&IMFP	Program Management and Administration	Other Programme Management & Administration n.e.c			▲	▲	1066 HF supplied with SMC Commodities
		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)	SMART Output Indicator(s): Pharmacovigilance and Post-market surveillance of health product strengthened to monitor substandard										
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	SPHCBOC&ISCCO	DirectInterventionCo st	Logistics/Supply Chain Management	▲			▲	Routine maintenance of 7 units of AC conducted
	b	Conduct one day quarterly on the job mentoring of RI Providers at equipped 255 HF on vaccine management & basic CCE maintenance by 23 LCCOs & 5 ZCCOs (29 participants)	Local transport	State & FCT level	New-Project/Activity	SPHCBOC&ISCCO	DirectInterventionCo st	Technical Assistance/Consulting/Professional Services	▲	▲	▲	▲	
	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	SPHCBOC&ISCCO	DirectInterventionCo st	Logistics/Supply Chain Management	▲				15 units of solar pole installed at state cold store
	d	Conduct 3 days bi-annual asset numbering exercise to 436 units of cold chain equipment (38 Assessors)	DSA, Local transport, accommodation, Permanent Pen Markers	State & FCT level	New-Project/Activity	SPHCBOC&ISCCO	DirectInterventionCo st	Logistics/Supply Chain Management	▲			▲	3days asset numbering conducted
	e	Upgrade of 5 satellite and 1 state cold store to solar power (6 sites)	Solar power system	State & FCT level	New-Project/Activity	SPHCBOC&ISCCO	DirectInterventionCo st	Logistics/Supply Chain Management	▲				5 satellites & 1 state cold stores upgrade
	f	Conduct quarterly 200 hours preventive maintenance of 10 units (4 new and 6 previously existing) 49KVA 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	SPHCBOC&ISCCO	DirectInterventionCo st	Logistics/Supply Chain Management	▲	▲	▲	▲	PPM conducted
	g	Conduct quarterly 200 hours preventive maintenance of 10 units (4 new and 6 previously existing) 49KVA 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	SPHCBOC&ISCCO	DirectInterventionCo st	Logistics/Supply Chain Management	▲	▲	▲	▲	PPM conducted
	h	Conduct one day quarterly electrical repairs of Ischia and Ikara and Kaduna north satellite cold store	1mm single core copper wire 12 way 3 phase TPN, Distribution Board, MCB, Electrical fitting and	State & FCT level	New-Project/Activity	SPHCBOC&ISCCO	DirectInterventionCo st	Logistics/Supply Chain Management	▲	▲	▲	▲	Electrical repairs conducted
3.13.19.5	i	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	SPHCBOC&ISCCO	DirectInterventionCo st	Logistics/Supply Chain Management	▲	▲	▲	▲	CCE inventory conducted
	j	Conduct one day bi-annual Cold Chain Replacement Plan by 15 state teams	Tea break, lunch, Transport	State & FCT level	New-Project/Activity	SPHCBOC&ISCCO	DirectInterventionCo st	Logistics/Supply Chain Management	▲			▲	Cold Chain Replacement Plan conducted

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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 DRP funds to ensure sustainable medicines and health commodity financing in year 2025 by 10 persons	Transport, Lunch	State & FCT level	New-Project/Activity	KADHSMADLO	Program/Management/Administration	Planning, Policy and Capacity Building Workshop	▲			Advocacy to the government done
			3.13.19.4.c	Capitalize 1069 Primary Health facilities and 33 Secondary Health facilities with Essential Health commodities	PHC Cost, SHF Cost	State & FCT level	New-Project/Activity	KADHSMADLO	Program/Management/Administration	Other Programme Management & Administration n.e.c	▲			1069 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	Half Tea break, lunch, transport, facilitation fees, workshop material	State & FCT level	New-Project/Activity	KADHSMADLO	Program/Management/Administration	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	Half Tea break, lunch, transport, facilitation fees, workshop material	State & FCT level	New-Project/Activity	KADHSMADLO	Program/Management/Administration	Other Programme Management & Administration n.e.c	▲			STOT 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	Half Tea break, lunch, transport, facilitation fees, accommodation, workshop material	State & FCT level	New-Project/Activity	KADHSMADLO	Program/Management/Administration	Other Programme Management & Administration n.e.c	▲			Improved SC end-to-end data visibility at 1THF 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

			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)
			SMART Output Indicator(s) Baseline: Target:						Qtr 1	Qtr 2	Qtr 3	Qtr 4	
			Operational Plan Activities						Cost Items				
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 (IDDP) 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	InfrastructureAnd Equipment	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	InfrastructureAnd Equipment	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/KA DHSMA/DHS	InfrastructureAnd Equipment	Research and Development		▲			survey on the effects of naltrexone on alcohol and opiod addiction conducted



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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)			SMART Outcome 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.									
	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) 2008 (2024) Baseline: (JEE) Nigeria has a 33 BIR 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 pandemic risk)									
	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, radio communication, in line with health promotion policy and framework including AMP messages	This intervention entails sector wide approach to harmonise and use customized and context specific health promotion and education messaging through unified communication channels before, during and after the outbreaks	SMART Output Indicator(s): Proportion/ number of states developed harmonized sector wide approach in line with HP Framework / Promotion policy 1. Number of IEC programs conducted 2. Estimated number of population reached 3. Number of LMS data validation for Public Health Programs data (Malaria, HIV/AIDS, Family Planning, Tuberculosis, Vaccines, Neglected Tropical Diseases) 4. Number of states developed harmonized approach									
	4.14.20.2.a	Conduct 5-day 8-monthly LMS report collection, review and validation of Public Health Programs data (Malaria, HIV/AIDS, Family Planning, Tuberculosis, Vaccines, Neglected Tropical Diseases) by 65 persons	Small Hall, Projector, Tea (3-star), Lunch (3-star), Accommodation (3-star), Local Transport, Stationary	State & FCT level	New-Project/Activity	SMOHOPS/LMCU	Direct Intervention/Co	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	SMOHOPS/LMCU	Direct Intervention/Co	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 Health 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	SMOHOPS/LMCU	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), Honorarium, Stationary	State & FCT level	New-Project/Activity	SMOHOPS/LMCU	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 recoding 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), Honorarium, Stationary	State & FCT level	New-Project/Activity	SMOHOPS/LMCU	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	SMOHOPS/LMCU	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 Mgt, Pharmaceutical Care, Financial Management) by 45 persons	Tea (3-star), Lunch (3-star)	State & FCT level	New-Project/Activity	SMOHOPS/LMCU	Direct Intervention/Co	Health services	▲	▲	▲	▲	4 No. Pharmacies In-charges Meetings Conducted
	4.14.20.2.h	Conduct a 3-day zonal non-residential meeting to build the capacity of HCWs on appropriate hypovolemia management, patient screening, triage, pre-referral treatment, and referrals by 120 persons and 2 facilitators	Large Hall, Projector, Tea (3-star), Lunch (3-star), Accommodation (3-star), Local Transport, Honorarium (Basic), Stationary	State & FCT level	New-Project/Activity	SMOHOPS/LMCU Oxygen Desk Officer	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				HCWs capacity built on hypovolemia management
4.14.20.3	Workforce Capacity Building - Enhances capabilities to achieve health security			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 infection base surveillance and SCRMAS 3. Number of SCRMAS guidelines surveillance and case management adapted in the state 4. Number of health care workers trained for sample collection, packaging and transportation 5. Number/Proportion of WPHCs, community informants/volunteers/veterinary officers trained on case detection and reporting of emergency diseases 6. Number/Proportion of enforcement officers									
	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	SMOHOPS/Epidemiology and Surveillance unit	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				102 clinicians, laboratorians, Trained and surveillance officers on Event Based Surveillance and Indicator Based



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4.14.20.3	b	Conduct 2-day residential training on DSR and SOP/MRS reporting for 15 laboratory, surveillance focal person at the secondary health facilities, PHCs and LGA DSNOCs by 2 facilitators	Large hall, Accommodation, Tea break, Lunch, DSA, Stationaries, Local transport and state consultant	State & FCT level	New-Project/Activity	SNCHDPHEpidemiology and Surveillance unit	Program Management and Administration	Planning, Policy and Capacity Building Workshop					15 laboratory and surveillance officers trained on DSR and Sopmas
		Conduct 2-day residential workshop for 15 stakeholders at the state level to adapt SOPs and guidelines for surveillance and case management for priority diseases by 2 facilitators	Meeting hall, Accommodation, Tea break, Lunch, DSA, Stationaries, Local transport	State & FCT level	New-Project/Activity	SNCHDPHEpidemiology and Surveillance unit	Program Management and Administration	Planning, Policy and Capacity Building Workshop					SOPs, guidelines, procedures and best practice for surveillance and case management of priority diseases developed
		Conduct 2-day residential training of 87 persons (30 SHF Lab focal persons and 54 LGAs DSNOCs) for sample collection, packaging and transportation by 2 facilitators	Large hall, Accommodation, Tea break, Lunch, Projector, DSA, Stationaries, Local transport	State & FCT level	New-Project/Activity	SNCHDPHEpidemiology and Surveillance unit	Program Management and Administration	Planning, Policy and Capacity Building Workshop					87 persons trained on sample collections packaging and transportation
		Conduct 1-day non-residential training at total level for 585 Ward Environment Health Officers (WEHOs), Community Informants/Volunteers, veterinary officers and disease control officers (DCOs) on case detection, reporting of clusters of events and outbreaks of priority diseases by 6 facilitators	Large hall, Tea break, Lunch, Stationaries, Local transport	State & FCT level	New-Project/Activity	SNCHDPHEpidemiology and Surveillance unit	Program Management and Administration	Planning, Policy and Capacity Building Workshop					585 Ward Environment Health Officers (WEHOs), Veterinary officers, Zonal Disease Control officers trained on case detection and reporting of outbreaks
		Conduct one day/quarterly integrated supportive supervision by 20 state surveillance teams on disease surveillance data analysis in all LGAs	Local transport, DSA	State & FCT level	On-going Project/Activity	SNCHDPHEpidemiology and Surveillance unit	Human Resource for Health	Technical Supportive Supervision					Quarterly supportive supervision on disease surveillance and data analysis conducted
		Conduct 3 days residential training of 100 enforcement officers both at LGA and state level (70 LGAs 30 State personnel) on the implementation of the new Kaduna state public health Law by 3 facilitators	stationaries, transport, lunch, tea break, DSA hall, honorarium	State & FCT level	New-Project/Activity	SNCHDPHECHS	Human Resource for Health	Health Worker Training - In-service					implemented new public health law
		Conduct 1 day engagement meeting with stakeholders from relevant MDAs on streamlining of all water and sanitation activities in the state with 30 persons and 1 consultant	lunch, Tea break, Transport	State & FCT level	New-Project/Activity	SNCHDPHECHS	Human Resource for Health	Health Worker Training - In-service					streamlined all water and sanitation including fumigation
		Conduct 1 day Quarterly coordination meeting with 30 stakeholders regarding Environmental, Occupational Health and Safety (EOHS) practices and programmes in the state	lunch,	State & FCT level	New-Project/Activity	SNCHDPHECHS	Program Management and Administration	Technical Assistance/Consulting/Professional Services					conduct coordination meeting with 30 stakeholders regarding EOHS
		Conduct 5 days mapping of all food establishments by 255 BHCs at the community and 46 Supervisors to guide implementation of all food safety activities in the state	State supervisor transport, LGA supervisor transport, lunch, DSA, checklist	State & FCT level	New-Project/Activity	SNCHDPHECHS	Human Resource for Health	Health Worker Training - In-service					mapping of all food establishments within the state
		Conduct 1 day Quarterly risk-based food inspection to 100 food establishments within Kaduna metropolitan LGAs including point of entries with 35 persons	checklist, transport, lunch,	State & FCT level	New-Project/Activity	SNCHDPHECHS	Human Resource for Health	Health Worker Training - In-service					35 EOHS conducted risk based inspection to 100 food establishments
		Conduct 5 days non-residential meeting to Develop Environmental/Occupational Health and Safety (EOHS) information management system with 35 persons and 2 consultants	stationaries, transport, lunch, tea break, hall, honorarium, projector,	State & FCT level	New-Project/Activity	SNCHDPHECHS	Human Resource for Health	Technical Supportive Supervision					Environmental, Occupational Health and Safety (EOHS) information management system developed
		Commemorate the 2025 world food safety day with 100 persons	t-shirts, transport, pop lunch, banner, leaflets, jingles	State & FCT level	New-Project/Activity	SNCHDPHECHS	Program Management and Administration	Planning, Policy and Capacity Building Workshop					celebrated world food safety day with 100 persons
		Conduct 1 day Quarterly Health and Safety education and counseling for management and staff of 100 Factories and Industries within Kaduna metropolitan LGAs by 30 technical staff	checklist, transport, lunch,	State & FCT level	New-Project/Activity	SNCHDPHECHS	Direct Intervention/Co	Health Worker Training - In-service					health safety and counseling for management and 100 staff of factories and industries
4.14.20.4	a	Strengthen coordination with currently existing FMCH Supply Chain management system on medical countermeasures, pre-positioning of medical commodities, laboratory supplies for preparedness and response to epidemics and pandemics	This intervention measures regular supply of commodities and prepositioning as well forecasting countermeasures to address epidemics and pandemics on preparedness and during response in line with National Public Health Countermeasures Policy 2018 that also includes Integrated Logistic Management Information System (LMIS) 2018	SWIFT Output Indicators: 1. Harmonized and coordinated approach that leverages Integrated Logistic Management Information System (LMIS) in forecasting, pre-positioning and supplying in real-time the commodities and countermeasures to address public health threats 2. Proportion of states using LMIS for forecasting, pre-positioning and supplying in real-time the commodities and countermeasures for use at national and all states 3. Up to date integrated forecasting and quantification of all Public health programs including essential medicines to address epidemics and pandemics preparedness and response 4. Availability of health commodities quantified for epidemics and pandemics preparedness and response 5. Number of Integrated Supply Chain Monitoring and Supportive Supervision Visits (IMSSSV) conducted 6. Number of integrated monitoring and follow up on IMSSSV findings in Health Facilities conducted 7. Number of staff trained on State Oxygen Emergency Management Committee and SOPs	State & FCT level	New-Project/Activity	SNCHOPS/LNCHU	Program Management and Administration	Planning, Policy and Capacity Building Workshop				Integrated forecasting and quantification of all Public health programs including essential Conducted
4.14.20.4	b	Conduct 5 days quarterly Integrated Supply Chain Monitoring and Supportive Supervision Visits (IMSSSV) to 360 Health Facilities by 60 persons	Tea (3-star) Lunch (3-star) Local Transport (Basic), DSA (without accommodation & meals, Stationary, Checklist	State & FCT level	New-Project/Activity	SNCHOPS/LNCHU	Program Management and Administration	Planning, Policy and Capacity Building Workshop					Health commodities quantified for epidemics and pandemics preparedness and response Encouraged & no integrated monitoring and supportive supervision conducted oxygen coordination meeting
4.14.20.4	d	Conduct 5 days Monthly integrated monitoring and follow up on IMSSSV findings in Health Facilities by 12 Supervisors	Tea (3-star) Lunch (3-star) Local Transport (Basic), DSA (without accommodation & meals, Stationary, Checklist	State & FCT level	New-Project/Activity	SNCHOPS/LNCHU	Program Management and Administration	Planning, Policy and Capacity Building Workshop					360 monthly integrated monitoring and supervisory visit conducted



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4.14.20.4	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	SMOHC/PS/LMCI	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 review 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 (Basic)	State & FCT level	New-Project/Activity	SMOHC/PS/LMCI	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	SMOHC/PS/LMCI	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	SMOHC/PS/LMCI	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	SMOHC/PS/LMCI	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 2 Facilitators	Federal/State Consultant, Small Hall, Projector, FMS, Tea (4/5-star) Lunch (4/5-star) Local Transport, Honourarium (Basic)	State & FCT level	New-Project/Activity	SMOHC/PS/LMCI	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 Sets, Tea (4/5-star) Lunch (4/5-star) Local Transport, DSA (vehicle accommodation & meals, Stationary, SPHRI Output table and set)	State & FCT level	New-Project/Activity	SMOHC/PS/LMCI	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 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 (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. (SORMAS, 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 7-17 benchmark for detection and reporting of regional and priority diseases 3. No. of sanitization/outbreaks, NURTW and Food vendors at the points of entry on the importance of yellow fever, cerebro spinal meningitis, Hepatitis vaccination and the danger of some re-emerging diseases (diphtheria, lassa fever, monkey pox, cholera) conducted 4. No. of supervisory and fumigation to points 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 certification 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 & 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	SMOHC/PH/Epidemiology and Surveillance unit	Direct Intervention Contact	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 56 surveillance officers for SORMAS recording is provided
	4.14.20.5.c	Provide monthly airtime and data for 56 state and LGAs surveillance officers for SORMAS reporting	Airtime, Internet data	State & FCT level	New-Project/Activity	SMOHC/PH/Epidemiology and Surveillance unit	Direct Intervention Contact	Logistics/Supply Chain Management	▲	▲	▲	▲	
	4.14.20.5.d	Conduct 2 weeks quarterly sensitization to travellers, NURTW and Food vendors at the points of entry (motor parks, train station) on the importance of Yellow fever, cerebro spinal meningitis, Hepatitis vaccination and the danger of some re-emerging diseases (diphtheria, lassa fever, monkey pox, cholera) by 20 persons	Transport, Lunch	State & FCT level	New-Project/Activity	SMOHC/PH/PHD	Human Resource for Health	Technical Supportive Supervision	▲				travellers, NURTW, 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 EHOs	Transport, Lunch, chemical, IFC Materials, DSA	State & FCT level	New-Project/Activity	SMOHC/PH/EDHS	Human Resource for 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 30 EHOs at major motor parks within the metropolis, LGAs	Transport, Juhi	State & FCT level	New-Project/Activity	SMOHC/PH/PHD	Human Resource for 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	SMOHC/PH/PHD	Human Resource for Health	Operational/Jobbies (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 point of entry (POE) areas (Train station, Airport and Interstate Motor Parks) by 30 EHOs	Lunch, transport, checklist	State & FCT level	New-Project/Activity	SMOHC/PH/PHD	Human Resource for 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 EHOs and 5 supervisors	testing/screening materials, Lunch, transport, fuel, DSA	State & FCT level	New-Project/Activity	SMOHC/PH/PHD	Human Resource for 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 (EPR) 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	SMOHC/PH/Epidemiology and Surveillance unit	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				EPR Document developed



Kaduna State Government



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4.14.20.5	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 NCCD standards with 2 facilitators	Small hall, Accommodation, Tea break, Lunch, DSA, Stationaries, Local transport, National consultant	State & FCT level	New-Project/Activity	SMOHDHP/Epidemiology 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, Banners	State & FCT level	New-Project/Activity	SMOHDHP/Epidemiology 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 NCCD standards	Small hall, Accommodation, Tea break, Lunch, DSA, Stationaries, Local transport, National consultant	State & FCT level	New-Project/Activity	SMOHDHP/Epidemiology 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 NCCD standards	Small hall, Accommodation, Tea break, Lunch, DSA, Stationaries, Local transport, National consultant	State & FCT level	New-Project/Activity	SMOHDHP/Epidemiology 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, Banners	State & FCT level	New-Project/Activity	SMOHDHP/Epidemiology 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 threats	The intervention ensures coordination and harmonization of all sector wide approach to ensure effective response through periodic assessment of national and state PHEDC functionality, Orange Network of PC, private hospitals involvement, as well as 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, etc.)	SMART Output Indicator(s) Proportion of states with functional PHEDC (standardized, automated, and digitized PHEDC operations) and at least one functional generalist EDC									
4.14.20.9.a	4.14.20.9.a	Procure 10 Laptops and provide monthly logistics for refreshment, fueling of operational vehicles and Internet subscription for Public Health Emergency Operation Centre (PHEDC)	Laptops, Tea break, Lunch, Local transport, fueling, airline, internet data	State & FCT level	New-Project/Activity	SMOHDHP/Epidemiology and Surveillance unit	Direct Intervention Cost	Logistics/Supply Chain Management	▲	▲	▲	10 Laptops and logistics for operationalization of Public Health Emergency Operation Centre (PHEDC) provided
	4.14.20.9.b	Procure and preposition PPEs, drugs, consumables and laboratory reagents for priority diseases	PPEs (Face mask, handgloves, hand sanitizer, hand wash, eye goggles, gown and rubber boots), Drugs, consumables and	State & FCT level	On-going Project/Activity	SMOHDHP/Epidemiology 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, Accommodation	State & FCT level	On-going Project/Activity	SMOHDHP/Epidemiology 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	SMOHDHP/Epidemiology 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 for
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	4.15.21.1	Create a clear accountability mechanism to track the implementation of Climate Health resolutions and commitments.	Nigeria has developed 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 COP26 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 centralized 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	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	SMOHDPS/ILMU	Infrastructure and Equipment	Other Machinery and Equipment		▲		Climate Health Resolutions
	4.15.21.1.b	Procure PPEs for healthcare waste management for 34 SHFs	PPEs Cost	State & FCT level	New-Project/Activity	SMOHDPS/ILMU	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 21 facilities	Federal/State Consultant, Small Hall, Projector, PAS, Tea (3star) Lunch (3-star) Accommodation (3-5 star) Local Transport, Honorarium (Board), DSA (without accommodation & meals), Stationaries	State & FCT level	New-Project/Activity	SMOHDPS/ILMU	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲	▲	Guideline for Health Care waste Management developed
4.15.21.2	4.15.21.2	Establish and resource the Nigeria Climate Health Coordination Committee (disseminated 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 within health programs. This body will coordinate efforts, ensuring strategic alignment and cohesive action across sectors. With a dedicated budget of 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 principles 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 it will hold bi-monthly meetings to raise and drive climate initiatives in health programs								
4.15.21.2.a	4.15.21.2.a	Conduct a one day non-residential stakeholders engagement meeting of 25 persons from 5 relevant MDAs on Healthcare waste management	projector, lunch, tea break	State & FCT level	New-Project/Activity	DPH/Desk Officer 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 11 facilitator	lunch, transport, tea break, hall, PAS, projector, honorarium	State & FCT level	New-Project/Activity	SMOHDHP/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 healthcare waste management of bio and non-bio waste	incinerators	State & FCT level	On-going Project/Activity	SMOHDHP/DESK OFFICER CLIMATE CHANGE	Infrastructure and Equipment	Other Machinery and Equipment		▲		30 incinerators procured



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4.15.21.2	d	Conduct 3-day residential training for 26 persons (18 Environmental health officers and 10 biomedical technicians) on the operation and maintenance of incinerators in secondary health facilities by 21 facilitators	• consultant, large hall, projector, sea break, lunch, DSA, Accommodation	State & FCT level	On-going Project/Activity	DPH Desk Officer Climate Change	Infrastructure And Equipment	Health Worker Training - In-service	▲			78 EHOs and 10 Biomedical technicians trained on incinerator maintenance
		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	Dubair (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
		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
		Procure 300 PPEs for 300 health care waste handlers, in 30 secondary health facilities in the State	Hand glove (Pulver, elbow level), rubber boot, face mask, PPE (cover kit)	State & FCT level	New - Project/Activity	DPH Desk Officer Climate Change	Infrastructure And Equipment				▲	300 PPEs for health care waste handlers procured
		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 (344x 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
		procure 150 solar powered air conditioners, for 30 secondary health facilities across the State	150 solar powered, CFC free Refrigerators (344x Upright Freezer, White Finish)	State & FCT level	New - Project/Activity	DPH Desk Officer Climate Change	Infrastructure And Equipment	Other Fixed Assets (non-moveable)			▲	150 solar powered air conditioners, for 30 secondary health facilities procured
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 climate-informed health programme 2. Develop a climate-informed health programme 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.a	Conduct 1 day society to establish the Kaduna state Climate and Health adaptation committee with 40 members	Lunch, Stationary	State & FCT level	New - Project/Activity	SMO/CHP/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 TVG meeting to domesticate the national climate and health adaptation plan with 40 TVG members	Lunch, Stationary	State & FCT level	New - Project/Activity	SMO/CHP/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, Stationary, Plans, Transport, Attendance sheet, Projector	State & FCT level	New - Project/Activity	SMO/CHP/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 115 persons (46 assessors & 69 Supervisors)	Tea break, Lunch, Agenda, Transport, Hall, DSA, Attendance, Projector, Accommodation	State & FCT level	New - Project/Activity	SMO/CHP/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 118 persons (46 assessors & 69 Supervisors)	Transport, DSA, Assessment tools, Honorarium (Basic), Stationary	State & FCT level	New - Project/Activity	SMO/CHP/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

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 Outcome Indicator(s): Existence of harmonized 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 (10); Sub-national (36+1) by 2027									
	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 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, laboratory strengthening including AST, surveillance, 7-1-7 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 2555 community informants on Case detection, notification and reporting across the 23 LGAs by 31 facilitators (10 batches per zone)	Hall hire, Lunch, Local Transport, DSA for facilitators, Accommodation for facilitators	State & FCT level	New - Project/Activity	SPHCB/OC/PM/MD/ENO	Human Resource/Health	Health Worker Training - Pre-service	▲			2555 community informants oriented
4.14.20.3.h		Conduct 2 days residential training for 23 LGA Lab focal person and 23 DSOs/46 personnel on sample collection, packaging and transportation by 5 facilitators	Hall hire, Tea break, Lunch, DSA, Transport, Stationary, Accommodation	State & FCT level	On-going Project/Activity	SPHCB/OC/PM/MD/ENO	Human Resource/Health	Health Worker Training - Pre-service	▲			23 LGA Lab focal person & 23 DSOs trained



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		4.14.20.3.i	Conduct 1 day zonal orientation meeting with 255 WDC on Case detection, notification and reporting across the 23 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	SFHCB/DC&MMD SMO	Human Resource for Health	Health Worker Training - Pre-service					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 ICDR policy and specifically ensures streamlining and integrating multiple surveillance platforms to strengthen collaborative surveillance, improve data quality and representativeness, and interoperability, digitalization, predictive analysis and real-time response. (SCRPAS, AVADAR, EBS, CBS, etc.)			SMART Outcome Indicator(s): 1. Proportion of number of states implementing collaborative surveillance with digitalized recording and reporting of public health threats using one health approach. 2. Proportion of states implementing 7-17 benchmark for detection and reporting of seasonal and priority diseases.									
		4.14.20.5.a	Procure and preposition 33,026 drugs, Laboratory reagents, test kits and other medical consumables for CSM, MEASLES, CHOLERA, VHF, MONKEY POX, DIPHTHERIA	Drugs, reagents, test kits and medical consumables	State & FCT level	On-going Project/Activity	SFHCB/DC&MMD SMO	Infrastructure and Equipment	Medical Lab Equipment - Purchase					33,026 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 (46 DSDMOs/ACSNOs and 10 State team) on surveillance of priority diseases (Provide logistics support to 23 LGA CSNOs for sample transportation from LGA to the state)	Local Transport DSA for state team	State & FCT level	On-going Project/Activity	SFHCB/DC&MMD SMO	Direct Intervention Cost	Technical Support Supervision					56 surveillance officers received logistic support

Kaduna State Health Supplies Management Agency

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 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 (1), Sub-national (0) Target: National (1), Sub-national (20-4) by 2027 Guide to Indicator: Baseline: Existence of harmonized 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										
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) 30X (2024) Baseline: (JEE) Nigeria has a 33 DHR preparedness score-2 for Africa average score of 55 and the global average score of 76 (WHO, 2017) Priority: Improve Public Health Emergencies prevention, detection, preparedness and response (including pandemics)										
4.14.20.3	Workforce Capacity Building - Enhance capability 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, VASH, labor along strengthening including AST, surveillance, 7-17 approach, supply chain management and response etc.)			SMART Outcome Indicator(s) 1. Number/Proportion of health security staff (health care workers and other staff) deliver 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 Drills for 50 per person	Tea Break, Lunch, Workshop materials, Facilitation fees		State & FCT level		New Project/Activity	KACHSMA/DLO	Program Management and Administration	Planning, Policy and Capacity Building Workshop				Trained persons on HSE and DLO

ENABLER ONE: Data and Digitalization Ministry of Health

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 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												
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 Outcome Indicator(s): 1. Proportion of HIS governance structures established and functional at National & State levels 2. Availability of updated HIS policy at National and State (domesticated)									
		1.16.22.1.a	Conduct 1 day quarterly NPfCDSR review meeting with 65 persons (10 State data team, 32 SHF's HIESOs and 23 LGA PH coordinators) to review NPfCDSR data quality and reporting	Tea break, Lunch, Transport	State & FCT level	New Project/Activity	SMOH/DPHS/SHMSO	Program Management and Administration	Other Programme Management/ Administration					Review meeting to improve NPfCDSR data quality and reporting with 65 persons conducted



Kaduna State Government



			1.16.22.10.b	Conduct 3 days residential capacity building on DHIS2 version 4.1 and data management for 76 persons with 6 facilitators (32 SHFs/HMBOs, 23 LGA MBOs and 23 LGAs/HMBOs)	large hall, projector, PAS, 2Teabreak, Lunch, Accommodation, Honorarium, stationaries	State & FCT level	On-going Project/Activity	SNCHD/PPRS/SHMSO	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 LGAs MBOs, 20 LGAs/HMBOs, 32 SHFs/HMBOs and 10 State data team with 2 consultant) on digitalization of NMHS monthly summary for direct Health facilities reporting to DHIS2 National Instance	Accommodation, Large hall, Projector, PAS, Transport, 2tea break, lunch, consultant fee, Stationaries	State & FCT level	New-Project/Activity	SNCHD/PPRS/SHMSO	Program Management and Administration	Policy and Capacity Building	▲					60 MBOs trained on digitalization of NMHS monthly summary for direct health facilities reporting to DHIS2 National Instance
			1.16.22.10.d	Conduct 1-day residential capacity building of 23 HMBOs across the 23 LGAs and 6 State officials/partners for quality acting and reporting self-assessment indicators	Accommodation, Large hall, Projector, PAS, Transport, 2tea break, lunch, consultant fee, Stationaries	State & FCT level	New-Project/Activity	SNCHD/PPRS/SHMSO	Human Resource and Health	Health Worker Training - In-service training	▲					23 HMBOs and 6 State officials trained on quality tracking and reporting self-assessment
			1.16.22.10.e	Conduct quarterly 1-day non-residential review meeting with 23 HMBOs across the 23 LGAs and 6 State officials/partners to ensure DMPA-SCPS data quality across	teabreak, lunch, State Consultant	State & FCT level	New-Project/Activity	SNCHD/PPRS/SHMSO	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 LGAs MBOs and HMBOs on data analysis, interpretation and presentation for informed decision making by 2 facilitators	Tea break, Lunch, accommodation, hall, transport, DSA, Stationary, PAS.	State & FCT level	On-going Project/Activity	SNCHD/PPRS/MBEO	Program Management and Administration	Monitoring and Evaluation				▲		70 LGAs MBOs 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 RoP by 46 persons by 2 facilitators	Tea break, Lunch, accommodation, hall, transport, DSA, Stationary, PAS.	State & FCT level	On-going Project/Activity	SNCHD/PPRS/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 (Tea break, Lunch, DTA, Transport, A4 paper), Monthly SS (Teabreak, Lunch, DTA, Transport, A4 paper)	State & FCT level	On-going Project/Activity	SNCHD/PPRS/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&EOs 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	SNCHD/PPRS/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&EOs TWG meeting for 30 persons and 2 facilitators	Lunch.	State & FCT level	On-going Project/Activity	SNCHD/PPRS/MBEO	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	▲	M&E TWG meeting conducted

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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 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 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.												
1.16.22.2	Review, update, and adapt strategic documents on HIE to support monitoring and evaluation of health sector plans and interventions			To improve data availability and use, the HIE for the country should have 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 HIE 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 HIE Policy 2. Review and update the National HIE Strategy 3. Review and update relevant SOP, Guidelines, Manuals and technical documents on HIE												
			1.16.22.2.a	Coordinate 2 days monthly State Data Validation Meeting with 1000 health (public & private) DCR in 23 LGAs supported by 10 LGAs officials and 23 state DCR FPs	Two break, Lunch, Transport, accommodation for state experts, DSA	State & FCT level	On-going Project/Activity	SPHCB/PPRS/MBEO	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	Organize 5 days monthly State DCR Meeting with state DCR team members/partners (35 persons) and 2 days live visit to identified health facilities with an overall objective by the 22 DCR focal persons (at least 2 HF per LGA), supported by 10 state officials	Two break, Lunch, Transport, accommodation for field visit, DSA	State & FCT level	On-going Project/Activity	SPHCB/PPRS/MBEO	Human Resources and Health	Technical Supportive Supervision	▲	▲	▲	▲	▲	HF data on DHIS2 updated with errors and allocations received
			1.16.22.2.4	Conduct 5 days quarterly DSA, DCR/DCR in 23 RHCs across 23 LGAs (10 health per LGA) by 46 state officials, 5 days monthly 2 HF per day by LGA M&E and HIE Officers (40 per) both supported by 10 state officials	Transport, accommodation for state officials, DTA for state officials	State & FCT level	On-going Project/Activity	SPHCB/PPRS/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				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)									
1.16.23 Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate				Outcome: The governance for digital health has been established at the national level but most of the time used or not the intention. This for the most part of the country has not been approached in a systematic and comprehensive manner including in investments, legislation and regulation, infrastructure, human resources, training, standards development, cybersecurity and interoperability, and in the development of solutions for healthcare. Priority: This 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 blend of all health system use cases, in addition to accelerating the progress toward UPO by 2027. A heterogeneous 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, establishment of a connected people-centred health system and a single source of truth data system.									
1.16.23.3	Develop an enterprise architecture to facilitate interoperability of data systems and applications within the health sector and beyond to facilitate RIE	1. Adopt enterprise architecture for digital health applications and a variety of single enterprise health care and data management tool sets 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 higher-level nationally supported digital health components 4. Define enterprise digital governance, data collection infrastructure, and reporting indicators that meet the needs of the national health system		Output goal: SMART Output Indicator(s): 1. Nigeria Health Information Exchange maturity index 2. KADHMA Supply Chain Dashboard interoperable with downstream data systems									
		1.16.23.3.1	Conduct a one-day, one-residential meeting with 20 Supply Chain Management (SCM) stakeholders to review and validate the SCM Dashboard	Full, Two break, Lunch, Workshop materials, Transport	State & FCT level	New-Project/Activity	EACDHMA/SCM	Program Management and Administration	Planning, Policy and Capacity Building Workshop	A		SCM Dashboard reviewed	
		1.16.23.3.2	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	Full, Two break, Lunch, Workshop materials, Transport	State & FCT level	New-Project/Activity	EACDHMA/SCM	Program Management and Administration	Planning, Policy and Capacity Building Workshop	A		SCM Dashboard Adopted	

Kaduna State Contributory Health Management Authority

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 information governance, access and use) Baseline: 1.333 (2023 RIE Assessment score) Target: 9 (2027) Outcome: 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	Strengthen health data collection, reporting and usage – starting with the core indicators											
1.16.22.3	Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data	<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 digitally under-performs in its ability to generate complete and timely data reporting due to the quality of the paper and its utilization in decision making. Actions to make the NHMIS more responsive include:</p> <p>1. Review and update the existing 2019 NHMIS tool for primary health care 2. Finalize the development of the secondary and tertiary NHMIS tools for aggregate data management for HSC and specialized services at these levels 3. Develop the DHIS2 reporting to the facility level and for sub-national indicators' reporting 4. Finalize development of Community Health Management Information System tools 5. Conduct regular data quality assessment and provide feedback for improvement</p>	<p>SMART Output Indicator(s):</p> <p>1. Availability of integrated data management (IDP) that is responsive to the sector wide approach 2. Availability of updated National Indicator Dictionary (data dictionary) Baseline: Target:</p>									
1.16.22.3.1	Develop KADHMA Electronic Data Management System by 3 developers for 30 days	Developer fee	State & FCT level	New-Project/Activity	KADHMA/ADMIN & FIN/IT/VIEW	Program Management and Administration	Planning, Policy and Capacity Building Workshop	A			KADHMA-HFMS develop	
1.16.22.3.2	Conduct 1 day one residential validation of KADHMA Human Resources Management Information System with 25 personnel and 2 facilitators	Meeting room, tea break, lunch, transport	State & FCT level	New-Project/Activity	KADHMA/ADMIN & FIN/IT/VIEW	Program Management and Administration	Planning, Policy and Capacity Building Workshop	A			KADHMA-HFMS develop	
1.16.22.7	Strengthen data analysis tool 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 platform for integrated health sector quarterly performance review with action plans and follow up system and level for improvement and is aligned with the NHMIS and the DHIS2 3. Monitor use of health data and information in key decisions</p>	SMART Output Indicator(s): 1. Availability of integrated data management (IDP) that is responsive to the sector wide approach 2. Availability of updated National Indicator Dictionary (data dictionary)									
1.16.22.7.1	Conduct forum day (1-day) Residential training on advanced data analysis for 5 KADHMA staff to enhance their capacity on the DHIS2 software report output for decision making by two facilitators	Full fee, accommodation, Tea break, lunch, training materials DSA, and facilitator fee	State & FCT level	New-Project/Activity	KADHMA/ADMIN & FIN/IT/VIEW	Program Management and Administration	Personnel - salaries, allowances, social contribution	A				

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Kaduna State Health Supplies Management Agency

Enabler 2: Financing													
2.17	Increase effectiveness and efficiency of healthcare spending			SMART Outcome Indicator(s): I. 9% reduction in ODOPE II. 9% GGHE per capita III. 1.5% of increase in effectiveness of healthcare spending as a share of total health budget (Budget performance) 2.5% of increase in efficiency of healthcare spending as a share of total health budget (Budget performance)									
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.	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. what we want to be doing forward: Prepare annual workplan consisting of activities to be implemented quarterly/bi-annually and secure quarterly/bi-annual approval for lumpsum of aggregated.	SMART Output Indicator(s): - 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										
2.17.24.1.a	Conduct a 3 Day Workshop for the preparation of KADHSM 2025-2027 Multi-Year Budget and Annual Performance Review for 15 persons	Hall, Tea break, Lunch, P&S, Workshop material	State & FCT level	On-going Project/Activity	KADHSM-DOPE	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 outligger gaps in requisition and shipment by 20 persons	DTA, Stationery	State & FCT level	On-going Project/Activity	KADHSM-DOPE	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	KADHSM-DOFA	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	KADHSM-DOCHS	Program Management and Administration	Other Programme Management & Administration n.e.c		▲	▲	▲	Printing of Prescription Booklets done	
2.17.24.2	Develop a sector wide health system investment case.	The process will include conduct of studies, workshops, documentations, packaging and targeted dissemination of health system investment case to various stakeholders.	SMART Output Indicator(s): - Investment case for health system developed and disseminated for use										
2.17.24.2.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	KADHSM-DOLO	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		Study tour on peer review conducted	
2.17.24.2.b	Conduct 2 days meeting to develop an investment opportunities plan with 25 person	Tea break, Lunch	State & FCT level	New-Project/Activity	KADHSM-DOLO	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.	Align the appraisal system with organization's strategic objectives and value.	SMART Output Indicator(s): - Availability of performance assessment procedure										
2.17.25.1.a	Conduct 2 Day Suppliers Conference with 100 participants	Hall, Tea break, Lunch, P&S, Workshop material	State & FCT level	On-going Project/Activity	KADHSM-DOHS	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	Hall, Tea break, Lunch, P&S, Workshop material	State & FCT level	New-Project/Activity	KADHSM-DOHS	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 for KADHSM by 16 persons	Tea break, Lunch	State & FCT level	New-Project/Activity	KADHSM-DOLO	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.	ESTABLISH A 'KADHSM TOP QUARTERLY LEADERS' BI-ANNUAL PERFORMANCE REVIEW, TO ENSURE REGULAR AND CONSISTENT ASSESSMENTS. Include the leaders in the appraisal process, encouraging self-reflection and discussion on their performance. Identify the essential leadership skills needed for successful performance in an organization.	SMART Output Indicator(s): - Availability of leadership performance assessment report										
2.17.25.2.a	Conduct 10 day Quarterly Performance review with Health facility in-charges for 50 Participants	Hall, Tea break, Lunch, P&S, Workshop material	State & FCT level	On-going Project/Activity	KADHSM-DOLO	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. Annually 3. Annually	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>



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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	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 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	3. 0 4. 0 5. 0 6. 0 7. 0 8. 0	3. 35 4. 610 5. 900 6. 1960 7. 1 8. 1068	3. Training report 4. Training report 5. Visit report 6. Training Report 7. Validation report 8. Assessment report	3. Administrative 4. Administrative 5. Administrative 6. Administrative 7. Administrative 8. Administrative	3. Quarterly 4. Bi-Annual 5. Annually 6. Bi-Annual 7. Bi-Annual 8. Bi-Annual	3. SMOH/DPS/LMCU 4. SMOH/DPS/LMCU 5. SMOH/DPS/LMCU 6. SMOH/DPS/LMCU 7. SMOH/DPS/LMCU 8. SMOH/DPS/LMCU
2.5. Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH and Nutrition)							
2.5.6.1	SMART Output Indicator(s): 1. Number of states and LGAs with an established health promotion multi-sectoral platform comprising of relevant MDAs, CSO/development partners, and private sector (Source- ToR) 2. No of states with joint multi-sectorial health promotion coordination workplan. (Joint Workplan) 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.	3.0 4.0 5.0	3. 1 4. 50 5. 40	3. Report 4. Report 5. Report	3. Desk review 4. Desk review 5. Desk review	3. Annually 4. Annually 5. Annually	3. SMOH/DPH/HPO 4. SMOH/DHPRS/HRH 5. SMOH/DPH/HPO



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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 and 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/Emails.	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/Ema ils.	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/Ema ils.	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 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 \leq 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	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. Annually	
	5. No. of HCWs in SHFs trained on the management of diabetes mellitus and hypertension	5. 0	5. 60	5. Report	5. Desk review	6. Bi-Annual	5. SMOH/DPH/NCD
	6. No. of Children and Adult benefited on cataract surgeries conducted	6. 0	6. 1,500	6. Report	6. Desk review	7. Annually	6. SMOH/DPH/NCD
	7. No. of children benefited on vision screening conducted.	7. 0	7. 200,00	7. Report	7. Desk review	8. Annually	7. SMOH/DPH/NCD
	8. No. of children benefited on refraction screening exercise to dispense spectacles.	8. 0	8. 500	8. Report	8. Desk review	9. Annually	8. SMOH/DPH/NCD
	9. Monitoring and supervision of health facilities providing child eye health services.	9. 0	9. 31	9. Report	9. Desk review	10. Annually	9. SMOH/DPH/NCD
	10. No of ophthalmic nurses from SHFs on Paediatrics refraction at the National Eye Centre	10. 0	10. 30	10. Report	10. Desk review	11. Annually	10. SMOH/DPH/NCD
	11. No. of person benefited from NCD screening exercise.	11. 0	11. 50,000	11. Report	11. Desk review	12. Annually	11. SMOH/DPH/NCD
	12. Availability of dialysis consumables for management of patients with renal failure	12. 0	12. 31	12. Report	12. Desk review	13. Annually	12. SMOH/DPH/NCD
	13. Availability "AHS" Phototherapy Machines, Neo-natal Equipment in Secondary Health Facilities	13. 0	13. 31	13. Report	13. Desk review	14. Annually	13. SMOH/DMS/DDMS (C)
		14. 0	14. 31	14. Report	14. Desk review	Annually	14. SMOH/DMS/DDMS (C)



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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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2.6.9.9	<p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 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>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>
2.6.10.1	<p>SMART Output Indicator(s):</p> <p>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>	1.95%	1.95%	1.Program Data	1.Activity report	1.Annually	1.MOH/DPH/SASCP
		2.92%	2.95%	2.Program Data	2.Activity report	2.Annually	2.MOH/DPH/SASCP
		3.0	3.4	3.Program Data	3.Activity report	3.Quarterly	3.MOH/DPH/SASCP
		4.0	4.56	4.Program Data	4.Activity report	4.Annually	4.MOH/DPH/SASCP
		5.0	5.4	5.Program Data	5.Activity report	5.Quarterly	5.MOH/DPH/SASCP
		6.0	6.12	6.Program Data	6.Activity report	6.Monthly	6.MOH/DPH/SASCP



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2.6.10.5	<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>
2.6.10.6	<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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2.6.10.7	<p>SMART Output Indicator(s):</p> <p>1. % of women who received 3 or more doses of IPTp for malaria during their last pregnancy Baseline: 31% (MIS 2021) Target: 76% (2025)</p> <p>2. % of targeted children that have received all SMC cycles Baseline: xx% (Coverage Survey) Target: 90%</p> <p>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%</p> <p>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%</p> <p>5. % of eligible children under 2 years receiving at least 3 doses of malaria vaccine. Baseline: xx% Target: 80% (2025)</p> <p>6. Number of QA/QC conducted</p> <p>7. Number of PHCs trained on malaria to handle people with disability and impaired hearing</p> <p>8. Number of outreaches conducted in high burden LGAs</p>	<p>1. 30.6% (DHIS 2.4)</p> <p>2. 81% (Cohort data)</p> <p>3. 20% (NDHIS)</p> <p>4. 57% took ACTs</p> <p>5. 0%</p> <p>6. 12</p> <p>7. 0</p> <p>8. 2</p>	<p>1. 60% IPTp</p> <p>2. 96%</p> <p>3. 30%</p> <p>4. 80%</p> <p>5. 30%</p> <p>6. 24</p> <p>7. 255</p> <p>8. 6 LGAs</p>	<p>1. DHIS 2</p> <p>2. NMEP ONE APP</p> <p>3. SURVEY</p>	<p>1. NHMIS TOOLS</p> <p>2. ICT4D</p> <p>3. checklist</p>	<p>1. MONTHLY</p> <p>2. annually</p> <p>Quarterly</p>	SMO/DPH/SMEP
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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 	<ol style="list-style-type: none"> 1. 0 2. 0 3. 0 	<ol style="list-style-type: none"> 1. 8000 2. 50 3. 52 	<ol style="list-style-type: none"> 1. TB case note 2. attendnace/rep ort 3. jingles produce 	1. desk review	<ol style="list-style-type: none"> 1. quarterly 2. annually 3. weekly 	SMOH/DPH/TBL
2.6.10.9	<p>MART Output Indicator(s): No of people in contact with TB patients who began preventive therapy.</p> <p>Baseline: 296,441 (2023)</p> <p>Target: 588,218 NSP 2025</p> <ul style="list-style-type: none"> - # of TPT procured - # &% under 5 and above 5 contacts on TPT 2. # number of HCWs involved in the TB weeks 	2. 0	2. 253	2. TBL report	2. desk review	weekly	SMOH/DPH/TBL



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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</p> <p>2. No. of Health workers trained on DRTB diagnosis and management</p> <p>3. No. of health care workers trained on TB/DRTB/TB-HIV services</p> <p>4. No. of CX23 olympus microscopes procured and deployed</p> <p>5. No. of lab persons trained on AFB Microscopy and culture</p> <p>6. No. of HCWs trained on strategy paedatric TB diagnosis and management</p>	<p>1. 0</p> <p>2. 0</p> <p>3. 0</p> <p>4. 0</p> <p>5. 0</p> <p>6. 0</p>	<p>1. 442,873</p> <p>2. 24</p> <p>3. 50</p> <p>4. 8</p> <p>5. 16</p> <p>6. 40</p>	TB report /attendance	1. desk review	annually	SMOH/DPH/TBL
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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</p> <p>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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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 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. Report 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>
2.7.11.3	<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. Report</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. OSMoH/ DPH/ RMNCAEH 7. SMoH/ DPH/ RMNCAEH



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2.8.12.4	<p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 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>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>
2.8.12.5	<p>SMART Output Indicator(s): Baseline:</p> <ol style="list-style-type: none"> 1. 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>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):</p> <p>% of health care facilities with basic WASH services</p> <p>2. Availability of WASH infrastructure in SHFs</p> <p>3. Availability of IPC advocacy kits</p> <p>4. No. of IPC focal persons trained on multimodal strategies for implementation of IPC plans, behavioral change, and interpersonal communication.</p> <p>5. No. of IPC members trained on data management, analysis and use.</p> <p>6. No. of IPC focal persons trained on Infection Prevention and Control.</p> <p>7. No. of IPC members trained on hand hygiene audit and IPC score cards.</p> <p>8. No. of SHFs and Tertiary that hand hygiene audit conducted</p> <p>9. No. of HCWs screened and vaccinated (HBV)</p>	<p>2. 0</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>2. 32</p> <p>3. 1</p> <p>4. 40</p> <p>5. 20</p> <p>6. 45</p> <p>7. 20</p> <p>8. 12</p> <p>9. 500,000</p>	<p>2. Report</p> <p>3. Report</p> <p>4. report</p> <p>5. report</p> <p>6. report</p> <p>7. report</p> <p>8. report</p> <p>9. report</p>	<p>2. desk riview</p> <p>3. desk riview</p> <p>4. desk riview</p> <p>5. desk riview</p> <p>6. desk riview</p> <p>7. desk riview</p> <p>8. desk riview</p> <p>9. desk riview</p>	<p>2. Annually</p> <p>3. Annually</p> <p>4. Annually</p> <p>5. Annually</p> <p>6. Annually</p> <p>7. Annually</p> <p>8. Annually</p> <p>9. Quarterly</p>	<p>2. KDCDC/HEPR</p> <p>3. KDCDC/HEPR</p> <p>4. KDCDC/HEPR</p> <p>5. KDCDC/HEPR</p> <p>6. KDCDC/HEPR</p> <p>7. KDCDC/HEPR</p> <p>8. KDCDC/HEPR</p> <p>9. KDCDC/HEPR</p>
2.8.12.7	<p>SMART Output Indicator(s):</p> <p>% of health facilities providing comprehensive post-partum care and post-abortion care (PAC) services</p> <p>2. No. of capacity building for nurses/midwives on post abortion care for SHFs and BDTH conducted</p> <p>3. No. of PAC national policy and guidelines to adapt</p>	<p>2. 0</p> <p>3. 0</p>	<p>2. 60</p> <p>3. 1</p>	<p>2. MPCDSR program</p> <p>3. MPCDSR program</p>	<p>2. Repot/Desk review</p> <p>3. Repot/Desk review</p>	<p>2. Annually</p> <p>3. Annually</p>	<p>2. SMoH/ DPH/ RMNCAEH</p> <p>3. SMoH/ DPH/ RMNCAEH</p>
2.8.12.8	<p>SMART Output Indicator(s):</p> <p>1. Proportion of pregnant women who made at least 4 + antenatal contacts</p> <p>2. Proportion of pregnant women who made 8 antenatal contacts</p> <p>3. Availability of SBCC/Health promotion strategy to include gender transformative SBCC approaches employed in the delivery of GANC/PNC,MNH information and services.</p> <p>4. No. of General Hospitals Upgraded to provide Comprehensive Emergency Obsthetric and Neonatal Care (CEmONC) services across the State</p>	<p>3. 0</p> <p>4. 0</p>	<p>3. 1</p> <p>4. 26</p>	<p>3. report</p> <p>4. report</p>	<p>3. Desk reviews</p> <p>4. Desk review</p>	<p>3. Annually</p> <p>4. Quarterly</p>	<p>3. SMOH/DHPRS/SP</p> <p>4. SMOH/DHPRS/PM</p>



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2.8.12.9	SMART Outpur 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 training manual					2. Annually	2. SMoH/ DPH/ RMNCAEH
	3. No. of updated PPH guidelines Printed and distributed.					3. Annually	3. SMoH/ DPH/ RMNCAEH
	4. No. of master trainers trained on PPH management skills.	2. 0	2. 1	2. Repot	2. Desk review	4. Annually	4. SMoH/ DPH/ RMNCAEH
	5. No. of HCWs trained on E-motive bundle.	3.0	3. 1,500	3. Repot	3. Desk review	5. Annually	5. SMoH/ DPH/ RMNCAEH
	6. No. of HCWs coaching and mentorship on comprehensive PPH management.	4.0	4. 20	4. Report	4. Desk review	6. Bi-Annual	6. SMoH/DPH/ RMNCAEH
	7. No. of Master trainers trained on GANC/MNH Innovation.	5. 0	5. 60	5. Report	5. Desk review	7. Quarterly	7. SMoH/DPH/ RMNCAEH
	8. No. of HCWs in SHFs trained on GANC.	6. 0	6. 60	6. Report	6. Desk review	8. Quarterly	8. SMoH/DPH/ RMNCAEH
	9. No. of doctors in SHFs trained based on nutritional manuals.	7. 0	7. 23	7. Report	7. Desk review	9. Bi-Annual	9. SMoH/DPH/ RMNCAEH
	10. No. of SHFs MPDCSR FPs trained on MPDCSR manual.	8. 0	8. 30	8. Report	8. Desk review	10. Bi-Annual	10. SMoH/DPH/ RMNCAEH
	11. No. of existing state mentors trained on updated RMNCAH Mentoring tools.	9. 0	9. 31	9. Report	9. Desk review	11. Annually	11. SMoH/DPH/ RMNCAEH
	12. No. of Nurses/Midwives from SHFs and BDTH trained on Interpersonal Communication.	10. 0	10. 31	10. Report	10. Desk review	12. Annually	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 CEmONC. 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	SMART Output Indicator(s): Numbers of facilities offering growth monitoring and promotion (GMP) services 2. No. of nutrition officers trained on growth monitoring and promotion services 3. Monitoring visit of growth monitoring and promotion services in secondary and tertiary health facilities. 4. Availability growth monitoring and promotion equipments secondary and tertiary health facilities	2. 0 3. 0 4. 0	2. 80 3. 31 4. 31	2. Report 3. Report 4. Report	2. Desk review 3. Desk review 4. Desk review	2. Annually 3. Quarterly 4. Annually	2. SMOH/DPH/NO 3. SMOH/DPH/NO 4. SMOH/DPH/NO
2.8.12.49	SMART Output Indicator(s): proportion of facilities providing IMAM services SMART Output Indicator(s): Proportion of LGAs with secondary/tertiary facility providing IMAM srvcies 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. 3.No. of nutrition officers trained on production of complementary food using local available food sources.	2. 0 3. 0	2. 80 3. 80	2. Report 3. Report	2. Desk review 3. Desk review	2. Annually 3. Annually	2. SMOH/DPH/NO 3. SMOH/DPH/NO
2.8.12.53	SMART Output Indicator(s): % of facilities stockedout by method offered on the day of assessment. 2. Number of staff trained on the use and adoption of integrated centralized SCM dashboard	2. 0	2. 20	2. Training report	2. Desk review	2. Annually	2. SMOH/DPS/LMCU
2.9 Revitalize the end-to-end (production to retention) healthcare workers' pipeline							



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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. 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>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>
2.9.15.3	<p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 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 management staff trained on status books, job description, administrative process and procedures, state public service law 	<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. Percentatge 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 trasnmission assesment Survary 4. Number of persons trained 5. Number of Persons trained on Lymphatic filariasis trasnmision assesment survey 6. Number of of persons Trained 	<p>3.4.LGAs 4.3.LGAs 5.0 6.0</p>	<p>3.7.LGAs 4.6.LGAs 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. Annually 4. Annually 5. Annually 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	Pharmaceutical Services Department	Desk Review	Annually	DPS



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3.11.17.5	SMART Output Indicator(s): 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	SMART Output Indicator(s): National Medicines, Vaccines and Health Commodities Management Agency fully established and operational to carry out its mandate	80	0.95	SMOH LMCU/KADHS MA	Desk Review	Annually	LMCUC/ES KADHSMA
3.13.19.2	SMART Output Indicator(s): 1. All health programmes data mangement including vaccines, Essential Medicines and other supply chain functionalities integrated into NHLMIS 2. NHLMIS enhanced with additionalities such as warehouse management, electronic proof of delivery (ePOD) etc 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



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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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4.14.20.2	<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>
4.14.20.3	<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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	5. Number/proportion of WEHOs,community informants/volunteers,veternary officers trained on case detection and reporting of emergency diseases. 6., Number/proportion of enforcement officers trained on new public health laws						
4.14.20.4	<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 staff 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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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 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-emerginging 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	3. 0 4. 0 5. 0 6. 0 7. 0 8. 0	3. 6 4. 10 5. 30 6. 10 7. 5 8. 6	3. Operational data 4. Operational data 5. Operational data 6. Operational data 7. Operational data 8. Operational data	3. Report 4. Report 5. Report 6. Report 7. Report 8. Report	3. Quarterly 4. Bi-Annual 5. Quarterly 6. Annual 7. Bi-Annual 8. Quarterly	3. SMOH/DPH/PHO 4. SMOH/DPH/PHO 5. SMOH/DPH/PHO 6. SMOH/DPH/PHO 7. SMOH/DPH/PHO 8. SMOH/DPH/PHO
4.15 Build climate resiliency for the health system in collaboration with all other sectors							



4.15.21.1	<p>SMART Output Indicator(s):</p> <p>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</p> <p>3. Number of healthcare waste management procured</p> <p>4. Availability of guidelines for health care waste generation Collection, Management and disposal</p>	<p>3. 0</p> <p>4. 0</p> <p>5. 0</p>	<p>3. 32</p> <p>4. 34</p> <p>5. 1</p>	<p>3. procurement report</p> <p>4. procurement report</p> <p>5. activity report</p>	<p>3. desk review</p> <p>4. desk review</p> <p>5. desk review</p>	<p>3. Annual</p> <p>4. Annual</p> <p>5. Annual</p>	<p>3. SMOH/DPS/LMCU</p> <p>4. SMOH/DPS/LMCU</p> <p>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)</p> <p>3. No. of NHMIS data tools printed and distributed</p> <p>4. No. of quarterly eDQA conducted</p> <p>Baseline:</p> <p>Baseline:</p> <p>Target:</p>	<p>1. 0 NHMIS data tools distributed</p> <p>2. 0 quarterly eDQA conducted</p>	<p>1. 2,000 NHMIS data tools distributed</p> <p>2. quarterly eDQA conducted</p>	<p>1. Activity report</p> <p>2. Activity report</p>	<p>1. Desk review</p> <p>2. Desk review</p>	<p>1. Quarterly</p> <p>2. Quarterly</p>	<p>1. SMOH/DPRS/SHMISO</p> <p>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)</p> <p>3. No. of HMIS and OICs trained on Data demand and use for action</p> <p>4. Availability of template for reporting disability inclusive data</p> <p>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</p> <p>2. 0 copy of template for reporting disability inclusive data</p> <p>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</p> <p>2. Developed template for reporting disability inclusive data</p> <p>3. 35 M&EOs and program Officers on qualitative and quantitative research methodology, analysis and report writing</p>	<p>1. Activity report</p> <p>2. Copies of template for reporting disability inclusive data</p> <p>3. Activity report</p>	<p>1. Desk Review</p> <p>'2. Desk Review</p> <p>'2. Desk Review</p>	<p>1. Annually</p> <p>'2. Annually</p> <p>'3. Annually</p>	<p>1. SMOH/DHPRS/HMIS O</p> <p>2. SMOH/DHPRS/HMIS O</p> <p>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>
E2.17 Increase effectiveness and efficiency of healthcare spending							



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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						



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	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	SMART Output Indicator(s): 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	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.	1. 100% (255) 2. 3060 meetings (2023)	1. 100% (255) 2. 3060	1. WDC Meeting minutes 2. WCEFPs Reports	1. Meeting minutes (Attendant & Pictures) 2. Meeting reports (attendant & Pictures)	1. Monthly 2. Monthly	1. SPHCB/F&CHS /SHE 2. SPHCB/F&CHS /SCEFP



2.6 Strengthen prevention through primary health care and community health care							
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-abortion care (PAC) services	24%	48%	Activity report for Post-partum and post-abortion care	Report of PAC services in facilities	Monthly	SPHCB/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	SMART Output Indicator(s): % of newborns who initiated breastfeeding within an hour of birth. SMART Output Indicator(s): Proportion of newborn who have postnatal contact with health providers within 24 hours of delivery at health facility. SMART Output Indicator(s): Proportion of newborn who have postnatal contact with health providers within 2 days after delivery.	1.97.1% 2. 117.5% 3.117.5%	1. 97.1% 2. 117.5% 3. 117.5%	RMNCAH+N scorecard	DHIS	Quarterly	SPHCB/DF&CHS/SMHC
2.8.12.28	SMART Output Indicator(s): Number of CHW trained 2. Proportion Number of Home visits Baseline: Target: SMART Output Indicator(s): % of Outreaches conducted	1. 465 2. 120,070 3. 5%	1. 720 2. 624,267 3. 10%	1. ACTIVITY REPORT 2. Know Your Community Data Report 3. ACTIVITY REPORT on Outreaches conducted	Routine Administrative data	Quarterly	SPHCB/F&CHS /RH
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.	1. 0% 2. 25%	1. 35% 2. 50%	IMCI training report ISS Report	Training attendance ISS	Annually Quarterly	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 Breast 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 dietary assessment	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



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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							



Kaduna State Government



1.16.22.6	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	81.4%	90%	DQA Report	Health Facility Data Quality Assessment	Quarterly	
E2.17 Increase effectiveness and efficiency of healthcare spending							
2.17.24.1	SMART Output Indicator(s): - 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	1. 36% 2. 85% 3. 80% 4. 0%	1. 100% 2. 100% 3. 100% 4. 25%	Budget performance review	Monthly expenditure report	Annually	SPHCB/DPRS/BO



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2.17.24.3	SMART Output Indicator(s): - 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	0% 0% 2% 0%	100% 100% 4 1	Release number given M&E framework available M&E exercise report M&E report	Data Triangulation	Bi-annually	SPHCB/DFA
2.17.24.5	SMART Output Indicator(s): -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						



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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



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
3.12 Shape markets to ensure sustainable local demand							



Kaduna State Government



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



Kaduna State Government



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
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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. Developme nt of Department of reform coordination and service improvemen (servicom) annual report 4. Number of Radio jingles aired 5. Proption 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 Enrolment Report	KADCHMA ENROLMENT	Quarterly	KADCHMA/BUSINESS DEVT/TLFS
2.8.14.2	SMART Output Indicator(s): - Number of Nigerians covered under the vulnerable group health insurance programs	78244	472,725	KADCHMA Enrolment Report	KADCHMA ENROLMENT	Quarterly	KADCHMA/BUSINESS DEVT/TLFS



Kaduna State Government



2.8.14.3	SMART Output Indicator(s): - 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 - Proportion of healthcare facilities reaccredited - Proportion of accredited facilities visited for quality assurance - Proportion of accredited facilities visited for Data quality assurance	432 100% 97% 97%	100% 100% 100%	KADCHMA accreditation report KADCHMA reaccreditation report KADCHMA quarterly QA report KADCHMA quarterly DQA report	KADCHMA desk review KADCHMA desk review KADCHMA desk review KADCHMA desk review	Annually Annually Quarterly Quarterly	KADCHMA/OPERATIONS/TL-Accreditation KADCHMA/OPERATIONS/TL-Accreditation KADCHMA/OPERATIONS/TL-Quality Assurance KADCHMA/Planning/M&EO
2.9 Revitalize the end-to-end (production to retention) healthcare workers' pipeline							
2.9.15.6	SMART Output Indicator(s): 1. % of states implementing gap based capacity building.	15	21	KADCHMA Training report	KADCHMA desk review	Annually	KADCHMA/PLANNING/HEAD OF PLANNING



Kaduna State Government

BDTH



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							
1.2.2.2	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 Servicom feed Back Meeting Number of Customer Service Desk Officers trained on c Customer relationship & management of persons with disability	0 0 0 0 0	50 20 66 200 50	Signages Invoices&Receipts Suggestion BoxesInvoices & Receipts Flex Banner Invoices & Receipts Servicom meeting with Clients/relations report Training on Customer Services,Relationship & Management Of persons with Disability report	Desk review Desk review Desk review Desk review Desk review	Annually	BDTH/ADMIN/ Chair SERVICOM
1.4 Improve cross-functional coordination & effective partnerships to drive delivery							
1.4.4.4	SMART Output Indicator(s): 1. Availabilty of Annual RMET Report 2. Annual Audited report published	Not published	published	Published report online	online brousing	Annually	BDTH/ADMIN/CIA



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	Annually	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	Annually	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	Annually	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 Upgrade & Equipping in BDTH	2. 70 %	100%	SCBU Upgrade activity Report	Functional SCBU	2. Annually	2. BDTH/ADMIN/HOD WORKS



Kaduna State Government



2.8.12.47	SMART Output Indicator(s): 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	2.Training on IMAM Report 3.Copies of Invoices & Receipts of IMAM commodities Procured	2. Desk review 3. Desk review	'Annually BDTH/ADMIN/HEAD NUTRITION
2.8.13.17	SMART Output Indicator(s): 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	2. 2 Power System in Life Saving Units Procured in BDTH 3. one 250KVA Generator for Radiological dept. procured	2. COPY OF Power System Invoices & Receipts Procured 3. COPY OF Power System Invoices & Receipts Procured	2. Desk review 3. Desk review	2. Annually 3. Annually BDTH/Admin/Head Procurement
2.9 Revitalize the end-to-end (production to retention) healthcare workers' pipeline						



Kaduna State Government



2.9.15.1	SMART Output Indicator(s): 1. Proportion of health training institutions that meet the mandatory regulatory requirement. 2. Number of annual graduands per state 3. 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	4. 30 % 5. 0 6. 0	4. 100% 5. Dialysis Machines Procured 6. 9 accreditation	5./Assessment report Handing over repor 6. Activity report/invoice 7. Activitites and list of accredited dept./courses	5. Facility assessment report 6. Desk review 7. Desk review	'5. Quarterly 6. Annually 7. Quartelry 5. BDTH/ADM/HOD WORKS 6. BDTH/ADM/Head Procurement 6. BDTH/CMD/CMAC
2.9.15.5	SMART Output Indicator(s): 1. Attrition rate 2. Number of Health Care workers Recruited across all cadres.	0	350	BDTH Recruitment Report	Administrative Data	Annually CMD/ADMIN/Head Establishment

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						



Kaduna State Government



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



2.5.6.12	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 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	2. 0 3. 90 4. 7500 5. 0 6. 0 7. 0 8. 0	2. 30 3. 780 4. 65,000 5. 4 6. 1530 7. 6000 8. 60	Activity report on Unplugged program	Desk review	Quarterly	KADBUSA/PS/TS/M&E
2.6 Strengthen prevention through primary health care and community health care							
2.6.9.1	SMART Output Indicator(s): 1. Proportion of activities implemented in the 2019-2025 NCD multi-sectoral action plan implemented by the relevant MDAs, CSO, implementing partners, and commercial sector. 2. Proportion/Number of LGAs with NCD focal points 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	3. 0 4. 15 5. 0	3. 4 4. 55 5. 1	Activity report on State Task Force. 'Activity report on Law enforcement Officers trained. 'Official report on Task force Secretarial flag off.	Attendance	Quarterly	DG/HT/HP/M&E



Kaduna State Government



2.6.9.3	<p>SMART Output Indicator(s):</p> <ol style="list-style-type: none"> 1. Total alcohol per capita consumption in litres of pure alcohol 2. 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"> 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 	5. 15	'115 DICs established	DICs Report 2023	Desk review	'Quarterly	DG/HT/HP/M&E



Kaduna State Government



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	Activity report on safe-sex practice commodities	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</p> <ol style="list-style-type: none"> 1. Construction 2. Vocational skills trained 3. Training of Health workers 4. Procurement of Test kits 	Desk review	Quarterly	DG/HT/HP/M&E



Kaduna State Government



2.7.11.2	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	0	3	Policy document	Attendance	Quarterly	DG/HT/HP/M&E
2.7.11.3	SMART Output Indicator(s): Establishment of an Interactive Database Dashboard for the operation of the programme No of HWs trained	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	SMART Output Indicator(s): Numbers of CHEWS upskilled	0	1000	Training Activity report on Perinatal Mental Health	Attendance	Quarterly	DG/HT/HP/M&E



Kaduna State Government



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



Kaduna State Government



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 Research 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							



Kaduna State Government



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 maned 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

