KOGI STATE MINISTRY OF HEALTH

SUPPORTED BY:

World Health Organization | unicef

2025 KOGI HEALTH SECTOR ANNUAL OPERATIONAL PLAN

KOGI STATE
HEALTH SECTOR

ANNUAL OPERATIONAL PLAN 2025

KOGI STATE MINISTRY OF HEALTH

FOREWORD

I am pleased to introduce the 2025 Health Sector Annual Operational Plan for Kogi State. It is a comprehensive roadmap that embodies our commitment to delivering high-quality healthcare services to all residents of the state. This plan is a derivative of Nigeria Health Sector Strategic Blueprint (HSSB) that aims to achieve comprehensive, equitable, and high-quality healthcare for Nigerians.

The objective of the 2023-2027 HSSB is to enhance good health outcomes for all residents of the state. The HSSB is built on four pillars and three enablers as below:

Four Pillars: Effective Governance, Efficient, Equitable and Quality Health System, Unlocking Value Chains, Health Security

Three enablers: Data and Digitization, Financing, Culture and Talent.

The Plan is developed in line with the Sector Wide Approach (SWAp), where one Plan, One Budget, One Conversation, One Report and One Voice is enhanced.

Our Vision

The 2025 Annual Operational Plan is designed to address the healthcare challenges facing our state and improve the overall health and well-being of our residents. Our vision is to create a healthcare system that is equitable, efficient, and world-class, and we are committed to working with all stakeholders to achieve this goal.

Key Strategic Imperatives:

Our plan focuses on several key strategic imperatives, including:

Universal Health Coverage: Providing comprehensive coverage for all residents, eliminating geographical, economic, and social barriers to healthcare.

Infrastructure Transformation: Modernizing healthcare facilities, adopting digital health technologies, and establishing a resilient healthcare ecosystem.

Human Capital Development: Enhancing medical training programs, establishing competitive compensation structures, and implementing continuous professional development initiatives.

Preventive and Integrated Healthcare: Emphasizing preventive healthcare, community health education, and holistic wellness approaches.

Technological Integration: Integrating advanced digital health solutions, including telemedicine platforms, electronic health records, and mobile health applications.

Sustainable Financing: Introducing innovative financing mechanisms, including enhanced health insurance models.

Pandemic and Emergency Preparedness: Designing robust emergency response frameworks, ensuring our healthcare system remains agile and responsive.

Collaborative Approach

The success of this plan depends on collaborative efforts across governmental bodies, private sector entities, NGOs, healthcare professionals, and communities. I invite all stakeholders to participate, contribute, and share in the vision of a healthcare system that is equitable, efficient, and world-class.

Conclusion

I believe that this 2025 Annual Operational Plan represents a significant step towards achieving our vision of a healthier, more prosperous Kogi State. I look forward to working with all health stakeholders to implement this plan and build a brighter future Kogi State.

Dr. Abdulazeez Adams Adeiza
Honourable Commissioner for Health

ACKNOWLEDGMENT

The Kogi State Ministry of Health expresses its sincere gratitude to all health stakeholders who contributed to the development of the 2025 Annual Operational Plan of the health sector. This collaborative effort involved all the state health MDAs, Ministry of Finance, Budget and Economic Planning, The Federal Ministry of Health and Social Welfare, National Primary Health Care Development Agency (NPHCDA) and Implementing Partners (WHO, UNICEF, Sight Savers, AHF, CIHP and MSI) along with Civil Society Organizations.

We greatly appreciate UNICEF for their continual support (Financial and technical) that ensured the development of a high-quality Annual Operational Plan for Kogi State Health Sector.

The good leadership and support provided by the Honourable Commissioner for Health, Dr. Abdulazeez Adams Adeiza throughout the process of the development of the 2025 Annual Operational Plan for the State health sector and his commitment to the delivery of improved health outcome is greatly appreciated.

Mrs. Enehe Dorcas Omeneke
Permanent Secretary
Ministry of Health

Table of Contents

ABBREVIATIONS AND ACRONYMS

1	**Abbreviation/Acronym**	**Meaning**
2	**ACSM**	Advocacy, Communication and Social Mobilization
3	**ACT**	Artemisinin-based Combination Therapy
4	**AFENET**	African Field Epidemiology Network
5	**AHF**	AIDS Healthcare Foundation
6	**AMR**	Antimicrobial Resistance
7	**ANC**	Ante-natal Clinic (Care)
8	**ANRIN**	Accelerating Nutrition Results in Nigeria
9	**AOP**	Annual Operational Plan
10	**BCC**	Behavioural Change Communication
11	**BEmONC**	Basic Emergency Obstetric & Newborn Care
12	**BFHI**	Baby-Friendly Hospital initiative
13	**BHCPF**	Basic Healthcare Provision Fund
14	**BHSS**	Basic Health Service Scheme
15	**BI**	Bamako Initiative
16	**CBOs**	Community Based Organizations
17	**CCT**	Conditional Cash Transfer
18	**CEmONC**	Comprehensive Emergency Obstetric & Newborn Care
19	**CHAI**	Clinton Health Access Initiative
20	**CHEWs**	Community Health Extension Workers
21	**CHIPS**	Community Health Influencers, Promoters and Services
22	**CHOs**	Community Health Officers
23	**CHPRBN**	Community Health Practitioners' Registration Board of Nigeria
24	**CIDA**	Canadian International Development Agency
25	**CIHP**	Centre for Integrated Health Programs
26	**CIMCI**	Community Integrated Management of Childhood Illness
27	**CLTs**	Community- Led Total Sanitation
28	**CM**	Case Management
29	**CMAM**	Community-based Management of Acute Malnutrition
30	**CMS**	Central Medical Stores
31	**CORPS**	Community Oriented Resource Persons
32	**CRS**	Catholic Relief Society
33	**CSO**	Civil Society Organization
34	**CUSTECH**	Confluence University of Science and Technology
35	**CUSTECH-TH**	Confluence University of Science and Technology Teaching Hospital.
36	**DFB**	Damien Foundation Belgium
37	**DFF**	Direct Facility Financing
38	**DFID**	Department of International Development
39	**DHIS**	District Health Information Software
40	**DHPRS**	Department of Health Planning, Research and Statistics
41	**DHS**	Demographic and Health Survey
42	**DMA**	Drug Management Agency
43	**DP**	Development Partner

44	**DPRS**	Director Planning Research and Statistics
45	**DQA**	Data Quality Assurance
46	**DRM**	Domestic Resource Mobilization
47	**DSA**	Daily Subsistence Allowance
48	**DSNO**	Disease Surveillance and Notification Officer
49	**EBF**	Exclusive Breast Feeding
50	**ECEWS**	Excellent Community Education Welfare Scheme
51	**EDL**	Essential drug List
52	**EDP**	Essential Drug Program
53	**EDRFS**	Essential Drug Revolving Fund Scheme
54	**EIB**	Early Initiation to Breastfeeding
55	**EML**	Essential Medicines List
56	**EMOC**	Emergency Obstetrics Care
57	**EOC**	Emergency Operation Centre
58	**FANC**	Focused Ante-natal Care
59	**FCT**	Federal Capital Territory
60	**FEFO**	First Expire First Out
61	**FIFO**	First In First Out
62	**FMoH**	Federal Ministry of Health
63	**FP**	Family Planning
64	**GDP**	Gross Domestic Product
65	**GF**	Global Fund
66	**GHSC-PSM**	Global Health Supply Chain-Procurement Supply chain Management
67	**GIS**	Geographic Information System
68	**GLASS**	Global Antimicrobial Surveillance System
69	**GLRA**	German Leprosy and TB Relief Association
70	**GPS**	Global Positioning System
71	**GPZ**	Geo-political Zone
72	**HC3**	Health Community, Capacity and Collaboration
73	**HCH**	Honourable Commissioner for Health
74	**HDCC**	Health Data Consultative Committee
75	**HFs**	Health Facilities
76	**HIS**	Health Information System
77	**HIV/AIDS**	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome
78	**HLM**	High Level Ministerial Meeting on Health Research
79	**HMB**	Hospitals Management Board
80	**HMIS**	Health Management Information System
81	**HOD**	Head of Department
82	**HPCC**	Health Partners' Coordinating Committee
83	**HRH**	Human Resource for Health
84	**HSS**	Health Salary Structure
85	**HSSB**	Health Sector Strategic Blueprint
86	**HTS**	HIV Testing Services
87	**HW**	Health Worker
88	**ICCM**	Integrated Community Case Management

89	**ICT**	Information and Communication Technology
90	**IDA**	International Development Association
91	**IDSR**	Integrated Disease Surveillance and Response
92	**IEC**	Information Education and Communication
93	**IGR**	Internally Generated Revenue
94	**IHVN**	Institute of Human Virology of Nigeria
95	**IM**	Incident Manager
96	**IMCI**	Integrated Management of Childhood Illnesses
97	**IMNCH**	Integrated Maternal, New-born and Child Health
98	**IMPACT**	Immunization Plus and Malaria Progress by Accelerating Coverage and Transforming Services
99	**IMR**	Infant Mortality Rate
100	**IMSV**	Integrated Monitoring and Supportive Supervisory Visit
101	**IOM**	International Organization for Migration
102	**IPC**	Interpersonal Communication
103	**IPs**	Implementing Partners
104	**IPT**	Intermittent Preventive Treatment
105	**IPTp**	Intermittent Preventive Therapy in pregnancy
106	**IRS**	Indoor Residual Spraying
107	**ISS**	Integrated Supportive Supervision
108	**IT**	Information Technology
109	**ITN**	Insecticide Treated Net
110	**IVM**	Integrated Vector Management
111	**KONGONET**	Kogi NGO Network
112	**KOSACA**	Kogi State Agency for Control of AIDS
113	**KSHIA**	Kogi State Health Insurance Agency
114	**KSPHCDA**	Kogi State Primary Health Care Development Agency
115	**KSSH**	Kogi State Specialist Hospital
116	**KSUTH**	Kogi State University Teaching Hospital
117	**LGAs**	Local Government Areas
118	**LLINs**	Long Lasting Insecticidal Treated Nets
119	**LMCU**	Logistics Management Coordinating Unit
120	**LMIS**	Logistics Management Information System
121	**LOC**	Local Organizing Committee
122	**LSS**	Life Saving Skills
123	**M&E**	Monitoring & Evaluation
124	**M&E**	Monitoring & Evaluation
125	**M&EOR**	Monitoring & Evaluation & Operational Research
126	**MAM**	Moderate Acute Malnutrition
127	**MC**	Malaria Consortium
128	**MCH**	Maternal and Child Health
129	**MDA**	Ministry, Department and Agency
130	**MDGs**	Millennium Development Goals
131	**MEP**	Malaria Elimination Program
132	**MEPB**	Ministry of Economic Planning, Budget and Development
133	**MICS**	Multiple Indicator Cluster Survey
134	**MIS**	Malaria Indicator Survey

135	**MIYCN**	Maternal Infant and Young Child Nutrition
136	**MOH**	Ministry of Health
137	**MPCDSR**	Maternal Perinatal Child Death Surveillance and Response
138	**mRDT**	Malaria Rapid Diagnostic Test
139	**MSH**	Management Sciences for Health
140	**MSION**	Marie Stopes International Organization Nigeria
141	**mTWG**	Malaria Technical Working Group
142	**NAFDAC**	National Agency for Food, Drug Administration and Control
143	**NBTS**	National Blood Transfusion Services
144	**NCD**	Non-Communicable Diseases
145	**NCDC**	Nigeria Centre for Disease Control and Prevention
146	**NCH**	National Council on Health
147	**NDHS**	National Demography and Health Survey
148	**NDLEA**	National Drug Law Enforcement Agency
149	**NDP**	National Drug Policy
150	**NEDL**	National Essential Drug List
151	**NGO**	Nong Governmental Organization
152	**NHA**	National Health Act
153	**NHIA**	National Health Insurance Authority
154	**NHMIS**	National Health Management Information System
155	**NHREC**	National Health Research Committee
156	**NHRIS**	National Human Resource for Health Information
157	**NHSRII**	Nigeria Health Sector Renewal Investment Initiative
158	**NIMR**	National Institute for Medical Research
159	**NIPRD**	National Institute for Pharmaceutical Research and Development
160	**NMEP**	National Malaria Elimination Program
161	**NMLSP**	National Medical Laboratory Strategic Plan
162	**NMSP**	National Malaria Strategic Plan
163	**NNHS**	National Nutrition Household Survey
164	**NPHCDA**	National Primary Health Care Development Agency
165	**NSA**	Non-State Actors
166	**NSHDP**	National Strategic Health Development Plan
167	**NSTDA**	National Science and Technology Development Agency
168	**NTD**	Neglected Tropical disease
169	**OCA**	Organizational Capacity Assessment
170	**OiC**	Officer in Charge
171	**OOPE**	Out-of-Pocket Expenditure
172	**OPS**	Organized Private Sector
173	**P4R**	Programme for Result
174	**PAC**	Post-Abortion Care
175	**PEPFAR**	President's Emergency Plan for AIDS Relief
176	**PFM**	Public Finance Management
177	**PHC(s)**	Primary Health Care (Centres)
178	**PHCMIS**	Primary Health Care/Centre Management Information System
179	**PHCUOR**	Primary Health Care Under One Roof
180	**PHEOC**	Public Health Emergency Operation Centre

181	**PM**	Program Management
182	**PMC**	Perennial Malaria Chemoprevention
183	**PMG-MAN.**	Pharmaceutical Manufacturing Group of Manufacturers' Association of Nigeria
184	**PMI**	President's Malaria Initiative
185	**PMTCT**	Prevention of Mother-to-Child Transmission
186	**PPFN**	Planned Parenthood Federation of Nigeria
187	**PPMVs**	Patent and Proprietary Medicine Vendors
188	**PPP**	Public Private Partnership
189	**PS**	Private Sector
190	**PSM**	Procurement and Supply Management
191	**QA/QC**	Quality Assurance/Quality Control
192	**RDT**	Rapid Diagnostic Test
193	**RMCGs**	Role Model Caregivers
194	**RMNCAH+N**	Reproductive, Maternal, Newborn child, Adolescent Health plus Nutrition
195	**SACA**	State Agency for Control of AIDS
196	**SACP**	State HIV/AIDS Control Programme
197	**SASCP**	State AIDS and STI Control Programme
198	**SBCC**	Social and Behavioural Change Communication
199	**SDD**	Solar Direct Drive
200	**SFH**	Society for Family Health
201	**SMEP**	State Malaria Elimination Programme
202	**SMoH**	State Ministry of Health
203	**SOML**	Saving One Million Lives
204	**SOP**	Standard Operating Procedure
205	**SORMAS**	Surveillance Outbreak Response Management Analysis System
206	**SP**	Sulphadoxine/Pyrimethamine
207	**SPHCDA**	State Primary Health care Development Agency
208	**SPHCDB**	State Primary Health care Development Board
209	**SRH**	Sexual and Reproductive Health
210	**SSHIS**	State Social Health insurance Scheme
211	**STG**	Standard Treatment Guideline
212	**SWAp**	Sector Wide Approach
213	**TA**	Technical Assistant/Adviser
214	**TB**	Tuberculosis
215	**TBA**	Traditional Birth Attendant
216	**TCAM**	Traditional and Complimentary Alternative Medicine
217	**TISHIP**	Tertiary Institutions Social Health Insurance Programme
218	**TSTS**	Task Shifting and Task Sharing
219	**TWG**	Technical Working group
220	**U5**	Under 5 years
221	**UHC**	Universal Health Coverage
222	**UN**	United Nations
223	**UNICEF**	United Nations Children's Fund
225	**USAID**	United States Agency for International Development
226	**VAT**	Value Added Tax

227	**VDC**	Village Development Committee
228	**VHW**	Village Health Worker
229	**WASH**	Water Sanitation and Hygiene
230	**WDCs**	Ward Development Committees
231	**WFP**	Ward Focal Person
232	**WHO**	World Health Organization

EXECUTIVE SUMMARY

Introduction

Kogi State has embarked on a transformative journey to reimagine its health sector, aligning with the national Health Sector Strategic Blueprint (HSSB) 2023-2027 and the Nigeria Health Sector Renewal Investment Initiative (NHSRII). The HSSB, approved by the President on December 12, 2023, adopts a Sector-Wide Approach (SWAp) to enhance coherence and complementarity in health interventions. This approach fosters collaboration and coherence, eliminating fragmentation and ensuring unified efforts towards common goals.

Kogi State's Approach

The Kogi State Ministry of Health has developed its first Health Sector Strategic Blueprint (HSSB) Annual Operational Plan (AOP) for 2025, building on the national framework. This plan aims to strengthen the health system, delivering required healthcare services to the state's inhabitants. The development of the AOP involved all state health entities, ensuring a comprehensive and inclusive approach.

Key Objectives

- The Kogi State HSSB AOP 2025 seeks to:
- Improve health outcomes through unified efforts
- Enhance coordination and integration of health interventions
- Track performance and harness resources efficiently
- Reduce duplication and fragmentation in health services

Governance and Leadership

Effective governance is crucial to the success of the health system. The Kogi State Ministry of Health is committed to strong leadership and stewardship, ensuring the health sector thrives and delivers quality healthcare services to the state's population.

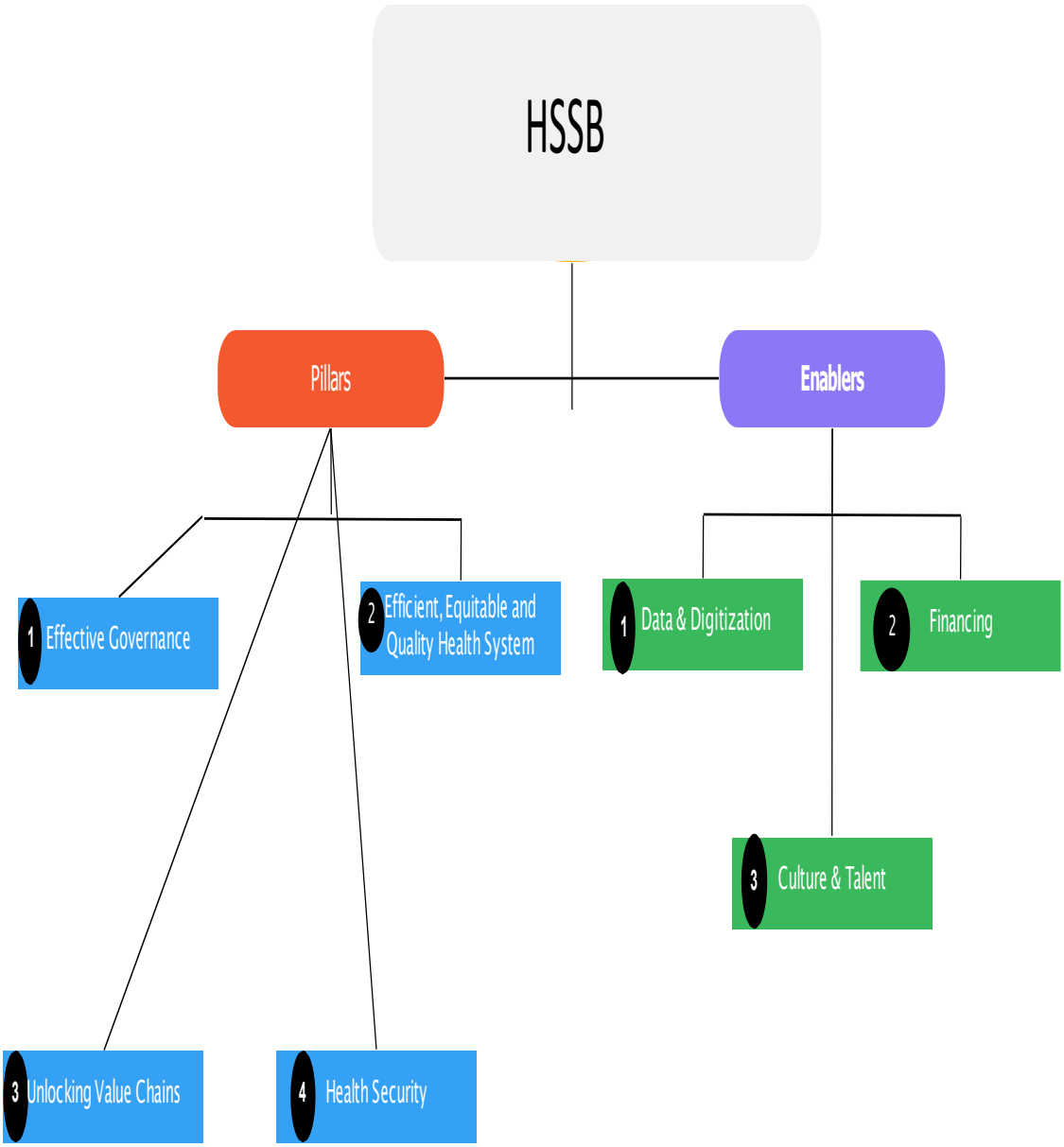
Implementation and Tracking

The AOP will enable the Kogi State Ministry of Health to track performance, improve coordination, and integrate partners' activities. This will ensure efficient use of resources and effective delivery of healthcare services, ultimately improving the health and well-being of Kogi State residents.

The HSSB - 262 Priority Interventions comprising of

- 4 Pillars,

- 3 Enablers,
- 18 Strategic Objectives,
- 27 Priority Initiatives
- 262 Interventions.



- **Objectives:**

  The introduction of the HSSB AOP planning approach was to address the following gaps witnessed in the implementation of the NSHDP II across the country.

Some of the critical gaps that informed the design of the Blueprint

- Fragmented coordination across the healthcare system
- Inefficient health care spend
- Poor cross sectoral coordination
- Overlap in mandates
- Ineffective regulation
- Much lower life expectancy and higher age-standardized mortality rate compared to most LMICs
- Vaccine preventable diseases make up 40-45% of the total disease burden
- Insufficient HRH
- Majority of medical products in Nigeria are imported
- High stock-out rates for essential medication
- Existence of outbreaks and public health risks

Method/Approach:

The Kogi State Ministry of Health's Department of Health Planning, Research, and Statistics spearheaded the development of the 2025 Annual Operational Plan (AOP) to operationalize the Health Sector Strategic Blueprint (HSSB) AOP 2023-2027. This effort was a collaborative endeavour involving various ministries, departments, agencies (MDAs), parastatals, and development partners, ensuring a comprehensive and inclusive approach to healthcare planning in Kogi State.

The development of the AOP used a participatory approach in segments as follows –

THE ROADMAP TO 2025 KOGI HEALTH SECTOR AOP DEVELOPMENT.

S/NO	ACTIVITY	OBJECTIVE	TIMELINE	VENUE
1.	Held a 1-day meeting of Top Management Committee *(HCH, PSH, Directors, Heads of Agencies)* to Identify priorities from the HSSB, key state-specific priorities, and their level of implementation (MDA, facility, or community) at the state level	• Generated 2025 Health Sector Priorities/agenda • Validated health sector priorities with health leadership as the 2025 health agenda for the state	27/08/2024	EOC conference room MOH,LOKOJA, Kogi State
2	Conducted a 1-day engagement meeting with the Development Partners on the Sector Wide Approach (SWAp), to onboard them into the state Heath Agenda.	• Aim was to get them onboarded them into the state Health Agenda. • To attract commitment from them for partnership with the State Health Agenda and Harmonizing same with the HSSBP. • To Discuss SWAp as a whole, and the roles of key stakeholders in the implantation of the approach.	28/08/2024	Virtual
3	Ensured MDAs (Departments and Agencies) engaged their program officers and Development Partners to study the identified priorities and harmonize same.	• The Heads of Departments and Agencies did engage with program officers and partners to ensure one focus.	29-30/08/2024	Done (Various) MDA's Kogi State
4	Held a 5-Day Training of Technical Assistants to States and Federal Ministries of Health, Department and Agencies in the Development of 2025 Annual Operational Plans.	• The training helped in building the capacity of technical team members on the AOP tools for effective planning, proper cascaded and implementation.	2nd – 6th September, 2024	Chida Hotel, Utako District Abuja
5	Conducted a one-day orientation and engagement meeting with the LGA Health administrator leads on SWAp and alignment of facility/LGA base	• Heads of Health administrative leads in the 21 LGAs of Kogi State were engaged on SWAp and the alignment of the Health Facility/LGA base priorities for the 2025 AOP.	3/09/2024	Virtual

	priorities for the 2025 AOP.			
6.	Held a 1-day Strategic meeting with TWG'S, DP'S, Program officers, steering committee meeting to discuss the State health agenda/priorities, in line with SWAp.	• Participants were engaged on the need to support and align with state health agenda, in line with SWAp.	5/09/2024	Idrinana Hotel, Lokoja, Kogi State.
7	A 1-day technical session held to harmonize and finalize state priorities.	• The finalized state priorities for the development of AOP was achieved.	6/09/2024	EOC conference room MOH, Lokoja, Kogi State
8.	The MDAs (Departments and Agencies) engaged Development Partners on key priorities	• IPs define the scope of implementation of their work and key state responsibilities.	9-10/09/2024	Held at Various MDAs
9.	A 2-days training of planning cells on Budget process was conducted.	• This helped in the capacity building of MDAs planning cells on the standard budget process.	12-13/09/2024	EOC conference room MOHKogi State
10.	Held a 2 days training of PHC planning officers on the AOP process and LGA-facility level planning	• Their capacity was built around AOP process and LGA-facility level planning.	24-25/09/2024	Lokoja
11.	Conducted a 2-days workshop to develop Health Sector MDAs AOP	• Draft MDAs 2025 AOPs were generated for further action.	2-3/10/2024	EOC conference room MOH, Lokoja, Kogi State
12	Held a 1-day situational analysis at health facility level	• This was done to determine facility needs, and develop annual business/improvement plan linked to AOP priorities • The Health Facility plans were also incorporate into their AOP	8/10/2024	Held at Various facilities and LGAs.
14.	Conducted a 5-day residential AOP harmonization/finalization workshop *(involving all key stakeholders)*	• To align sector priorities, minimize duplication, improve efficiency in resource utilization and maximize results	13-17/10/2024	Barcelona Hotel Abuja
15.	Held 1-day meeting of TWGs to validate the 2025 Health Sector AOP	• This was done to ensure alignment with Health sector agenda, programs integration	4/11/2024	EOC Conference room, MOH LOKOJA.

		and prudence in resource management		
16.	A 1-days meeting of Top Management and key stakeholders was held to review, finalize and approve the 2025 Health Sector AOP	• To approve the validated AOP for implementation	5/12/2024	EOC Conference room, MOH LOKOJA.

Key Learnings/Findings:

Effective AOP Development: A comprehensive Annual Operational Plan (AOP) relies heavily on a well-conducted Sector-Wide Approach (SWAp) and SWOT analysis, which provides essential information for filling out the AOP template.

Participatory Approach: The participatory method used in developing the AOP facilitated cross-cutting learning and valuable feedback among participants, enhancing the plan's effectiveness.

Leadership Commitment: The presence of top government officials, such as the Commissioner for Health, Permanent Secretary, and Head of Department, throughout the workshop boosted morale and ensured collective effort towards achieving the workshop's goals.

Venue Selection: Choosing a venue outside the Ministry of Health environment in Lokoja ensured participants' commitment and minimized distractions from other ministry duties.

Implementing Partners' Involvement: The presence of implementing partners like WHO, UNICEF, and ECEWS at the workshop facilitated accurate budget forecasting and estimation for proposed activities.

AOP as a Decision-Making Tool: The AOP serves as a platform to present research findings and recommendations, informing decision-making and policy development for program implementation.

Recommendations:

Enhanced Lobbying Efforts: Kogi State should intensify its lobbying efforts to secure more funds from Government to support the various components of the plan for effective implementation.

Domestic Resource Mobilization: The state should develop and implement a Domestic Resource Mobilization (DRM) plan to reduce funding gaps in the State Health Sector Plan.

Development Partner Engagement: Kogi State should engage development partners to secure more resource allocation in support of state health programs.

Private Sector Involvement: The state should involve the private sector to expand the funding landscape for health initiatives.

Community Participation: Increased community participation and involvement are crucial for the success of health programs and should be prioritized.

PROFILE OF KOGI STATE:

Overview

Kogi State, nicknamed the "Confluence State," is located in Nigeria's North Central region. It's uniquely positioned where the Niger and Benue rivers meet in Lokoja, the state capital. Created on August 27, 1991, the state spans approximately 29,833 square kilometres**, it has 21 Local Government Area and 239 wards.**

KOGI STATE POPULATION (DHPRS 2025)

Population Breakdown	
Total Population	**5,644,921**
Under 1 (20%)	1,128,984
Under 5 (4%)	225,797
Pregnant Women (5%)	282,246
Women of Child-Bearing Age (22%)	1,241,883

Population by Settlement	
Urban	**2,534,570**
Rural	**3,110,351**
Total	**5,644,921**

Population by Gender	
Male	2,878,904
Female	2,766,017
Total	**5,644,921**

Geography and Climate

Kogi State has a tropical climate with a rainy season from April to October and a dry season from November to March. The average maximum temperature is around 34.5°C, while the average minimum temperature is about 22.8°C. The state experiences significant flooding, particularly along the Niger and Benue rivers.

Economy

The state's economy is primarily driven by:

Agriculture: Main crops include coffee, cocoa, palm oil, cashews, groundnuts, maize, cassava, yam, rice, and melon.

Mining: The state is rich in coal, limestone, iron, petroleum, and tin.

Industry: Notable industries include the Ajaokuta Steel Company Limited and the Obajana Cement Factory.

Culture and Demographics

Kogi State is a melting pot of cultures, with major ethnic groups including: Igala, Yoruba (Okun), Ebira, Other groups like Nupe, Kakanda, Kupa, Bassa, and Idoma

Governance

The state is led by a democratically elected governor working closely with the Kogi State House of Assembly. The current governor is Usman Ododo.

Education

Some notable educational institutions in Kogi State include:

- Federal University Lokoja
- Prince Abubakar Audu University Anyigba
- Confluence University of Science and Technology Osara
- Kogi State University Kabba.
- Federal Polytechnic Idah
- Kogi State Polytechnic

Tourism

Tourist attractions in Kogi State include:

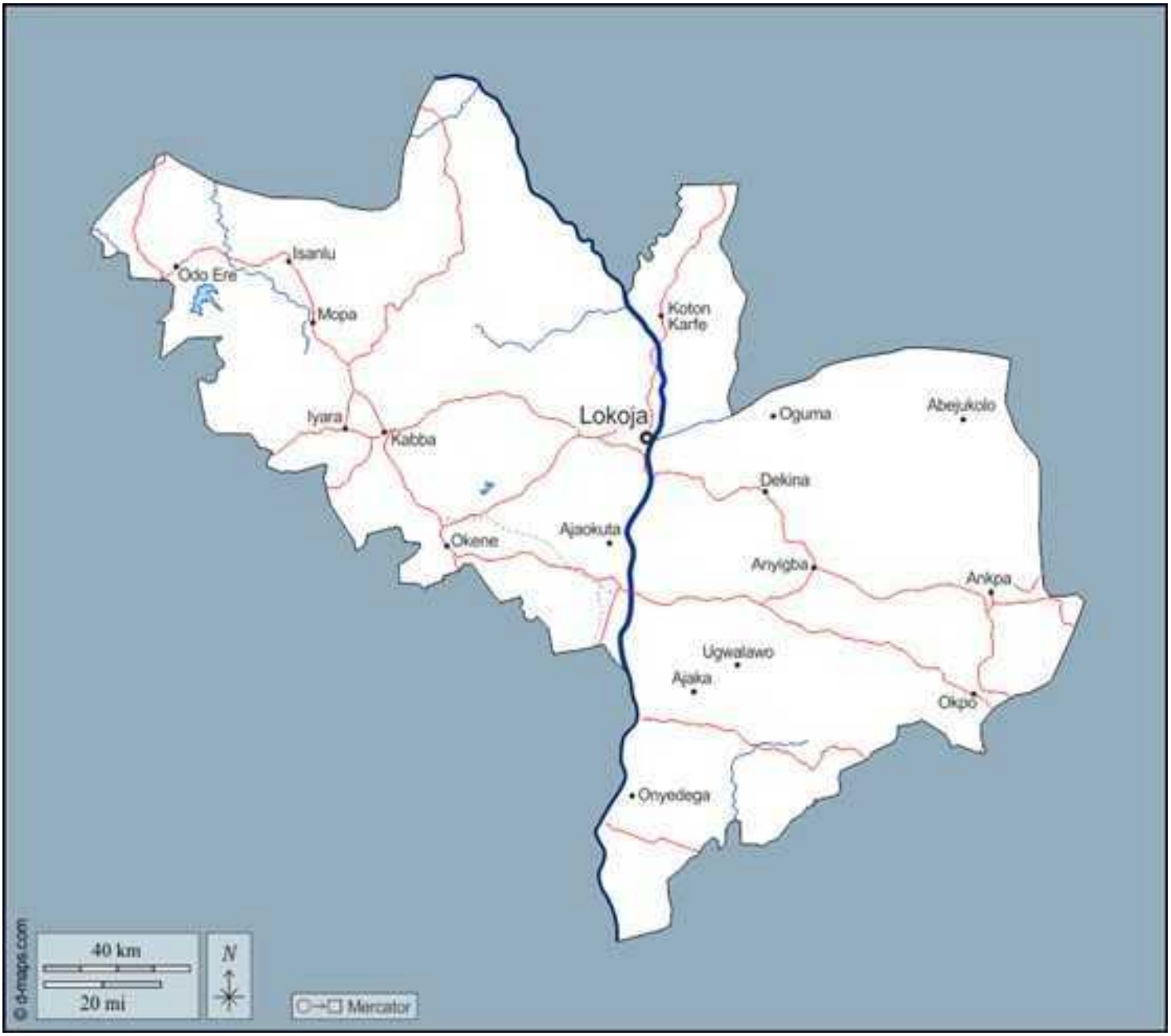
The Confluence of Rivers Niger and Benue

Mount Patti

Lord Lugard House

World War Cenotaph

Ogidi town with its unique igneous rock formations



Healthcare Infrastructure:

Kogi state has 1080 Primary Health Facilities, 66 secondary health facilities and 4 tertiary health institutions. There are 218 registered Private Health Facilities within the state. *(DHPRS 2025)*.

KOGI STATE HEALTH FACILITIES BY LEVEL OF CARE (DHPRS 2025)

Health Facilities by Level of Care			
Level	**Private**	**Public**	**Total**
Primary	133	947	**1,080**
Secondary	85	66	**151**
Tertiary	-	4	**4**
Total	**218**	**1,017**	**1,235**

HEALTH TRAINING INSTITUTION IN KOGI STATE (DHPRS 2025)

Health Training Institutions	Private	Public	Total
Colleges of Medicine	-	2	**2**
Schools of Nursing & Midwifery	5	4	**9**
Schools of Health Technology	10	1	**11**
Schools of Pharmacy	-	-	**-**
Total	**15**	**7**	**22**

Key Initiatives:

Training for Frontline Healthcare Workers: The state government has commenced a training program for frontline healthcare workers, aimed at enhancing their skills and knowledge in areas like maternal and child health, infectious disease control, and health promotion.

Health Insurance Scheme: Over 220,000 Kogi residents are now benefiting from the state's Health Insurance Scheme, which aims to make healthcare more accessible and affordable. The scheme has enrolled civil servants, students, and other vulnerable groups, with plans to expand coverage further.

Free Emergency Obstetrics Care: The state is set to implement free emergency obstetrics care in seven health facilities, including the Kogi State Specialist Hospital and General Hospitals in Ankpa, Okengwe, Kabba, and Koton-karfe. This initiative aims to reduce maternal mortality rates and improve healthcare outcomes for pregnant women.

Partnerships and Collaborations:

Development Partners: The state government has been working with development partners like WHO, UNICEF, AHF, MSI, World Bank, CIHP, Sight Savers, Global Fund, Malaria Consortium e.t.c to support healthcare initiatives, including maternal and child health programs and HIV services.

FLAGSHIP HEALTH PROGRAMS (DHPRS 2025)

Bello Care	Provision of free Healthcare services for Indigent and Vulnerable People
Kogi State Government Massive Intervention on Primary Health Care Center program.	Revitalization of PHCs
Ododo Health Train (Medical Outreach)	Provision of free Healthcare services for Indigent and Vulnerable People

Health Manpower Resources

The state of health manpower resources in Kogi State is a reflection of what is obtained in similar settings in Nigeria and most developing countries due to work force migration (Japa), amongst other reasons. However, the Kogi State Government has set up modalities to bridge the gap to improve the HRH in the state .

Table Health Manpower Composition (DHPRS, 2025)

Human Resource for Health	
Total Health Workforce	**7,305**

HRH Breakdown	Number
Doctors	168
Nurses/Midwives	803
Community Health Extension Workers	993
Junior Community Health Extension Workers	701
Pharmacists	56
Physiotherapists	6
Pharmacy Technicians	87
Medical Lab Scientists	107
Medical Lab Technicians	339
Medical Record Officers/HMIS	446
Other Health Professionals	3599
Total	**7,305**

Health Partners:

Partners Mapping DHPRS 2025			
**S/n **	**Implementing Partner**	**Key Intervention Area**	**Coverage Area**
1	WHO	Immunization, Disease Surveillance, M&E, Data Validation, Technical Support.	21 LGAs
2	UNICEF	Immunization, Nutrition and Child Health, Social Mobilization.	21 LGAs
3	MSI	Family Planning	21 LGAs
4	Global Fund	HIV, TB,	21 LGAs
5	World Bank (IMPACT, ANRIN)	Immunization, Nutrition, Data validation, M&E	21 LGAs
6	CIHP	HIV	21 LGAs
7	AHF	ATM	7 LGAs
8	Sight Savers	Neglected tropical Diseases	21 LGAs
9	Malaria Consortium	Malaria	21 LGAs
9	GHSC - PSM	Logistics and Supply Chain	21 LGAs
11	E-Health	Immunization & Child Health	21 LGAs
12	Afomdabo Foundation	Health System Strengthening	12 LGAs

MDAs within the Kogi State Health Sector		
S/n	**MDAs**	**MDA's Mandates**
1	Kogi State Ministry of Health (SMoH)	▪ The State Ministry of Health is responsible for overseeing the entire policy direction of the Health Sector with a view to align with the State Government Policy Thrust on Health Care Delivery to the residents of the State.
2	Kogi State Hospitals Management Board (HMB)	▪ Maintaining and managing all Secondary Hospitals within the state. ▪ Regulating, coordinating and supervising the activities of all Zonal Hospital Management Committees in the State.
3	Kogi State Primary Health Care Development Agency.	▪ To provide technical directions for the development of primary health care in the State ▪ Control preventable diseases through an improved access to Basic Health Services and a strengthened institution ▪ Improve quality of care through partnerships and community engagement. ▪ Offering support for planning, management, and implementation of primary healthcare programs. ▪ Training and developing healthcare professionals to work in primary healthcare settings.
4	Kogi State Agency for the Control of Aids (KOSACA)	▪ Facilitate the engagement of all tiers of government and all sectors on issues of HIV/AIDS prevention, care and support; ▪ Mobilize resources (local and foreign) and coordinate equitable application for HIV/AIDS activities; ▪ Monitor and evaluate all HIV/AIDS activities in the State;
5	Kogi State Drug Management Agency (KSDMA)	▪ Procurement and managing the supply chain of essential medicines and health commodities. ▪ Ensuring proper storage facilities and efficient distribution networks to deliver medicines to healthcare facilities across the state. ▪ Implementing measures to ensure that the medicines and health commodities procured and distributed are of good quality and meet established standards. ▪ Tracking drug utilization, identifying gaps in supply, and assessing the overall effectiveness of the drug management system.

MDAs within the Kogi State Health Sector		
S/n	**MDAs**	**MDA's Mandates**
6	Kogi State Specialist Hospital	▪ A key focus is on delivering high-quality healthcare services, with a commitment to prioritizing patient care and effective communication. ▪ Ensuring a reliable and accessible point of care for quality Tertiary Health care services, ensuring patients can receive the necessary medical attention when needed. ▪ It operates under the principle that no patient should be denied attention due to financial limitations or other issues. ▪ A centre for excellence and collaborating with other agencies to ensure top notch quantity of health care delivery to the populace.
7	Kogi State Health Insurance Agency (KSHIA)	• The Agency responsible for the provision of universal health coverage through enrolment in the Health Insurance Scheme of the State Government • The deploy various strategies to provide access to qualitative and affordable health care delivery for all citizens. • The scheme is also to minimize out of pocket expenditure and to regulate the quality of health care facilities in the State whether public or private.
8	Confluence University of Science and Technology Teaching Hospital (CUSTECH-TH)	• CUSTECH-TH provides comprehensive medical services to the public, including diagnostics, treatment, and specialized care. • It serves as a teaching hospital for the Faculty of Medicine at CUSTECH, offering hands-on training to medical students, interns, and other healthcare professionals. • The hospital fosters research activities related to medical sciences, contributing to advancements in healthcare and medical knowledge. • The hospital's role in medical education helps to develop a skilled workforce and enhance the overall capacity for healthcare delivery in the state
9	Prince Abubakar Audu University Teaching Hospital (PAAUTH)	• PAAUTH provides specialized medical care and treatment to patients, acting as a referral centre for more complex cases from within Kogi State and neighbouring area. • The hospital is also involved in public health campaigns and initiatives, such as those aimed at raising awareness about neglected tropical diseases. • PAAUTH serves as a teaching hospital for Prince Abubakar Audu University (PAAU), providing practical

MDAs within the Kogi State Health Sector		
S/n	**MDAs**	**MDA's Mandates**
		training for medical students, as well as students in allied health sciences. •

S/N	Intervention Code	Activity Codes	Sub/Operational Plan Activities	Total Annual Cost	Total Government Fund	Other Sources Of Funds (Partners e.t.c)	Funding Gap
			STRENGTHEN NCH/SCH AND ALIGNMENT OF PLANS				
	1.1	1.1.1	Strengthen NCH as a coordinating and accountability mechanism across the health system	₦ 196,942,000	₦ 196,942,000	₦ -	₦ -
		1.1.1.1	Tailor NCH Meeting and memos guidelines to ensure meetings focus on the "National Health Act", "National Health Policy" , and "National Health Development Plan" including a conversation on the state of the Health of the Nation report to inform policy decisions	₦ 184,805,000	184805000	0	0
		1.1.1.1.a	Conduct 1-day meeting with 10-SCH planning committee members to align memos and guidelines to "state 32-year development plan " and "State Health Sector Strategic Blueprint" and expansion of the committee to include the 7-DPs and 10-CSOs	₦ 435,000	435000	0	0
		1.1.1.1.b	Conduct a 1-day advocacy visit to the forum of chairman/ chairperson on state health sector blue print and alignment with National HSSB and the role of SCH by 10 SMOH officer.	₦ 400,000	400000	0	0
		1.1.1.1.c	Hold 5-days residential SCH meeting targeting 200 participants from 21 LGAs in Lokoja	₦ 175,050,000	175050000	0	0
		1.1.1.1.d	Hold one-day quarterly health sector review meetings of 40 participants for periodic sharing of the progress of implementation of the SCH resolution including using online means (telegram, state website, etc)	₦ 8,920,000	8920000	0	0
		1.1.1.2	Scale up the capacity of NCH Secretariat members both at federal and State level to ensure their effectiveness in supporting the Technical Committee.	₦ 5,277,000	5277000	0	0
		1.1.1.2.a	Conduct 2-day non-residential training for 25 SCH Secretariat members at the state level to ensure their effectiveness in supporting the Technical Committee in the vetting of memos and conduct of technical review of the performance of the State Healthcare	₦ 3,052,000	3052000	0	0

		1.1.1.2.b	Purchase working tools (1 Hp Laptop, printers, stationaries etc) for the SCH secretariat to match it function	₦ 2,225,000	2225000	0	0
		1.1.1.3	Digitize the mechanism to track implementation of NCH resolutions	₦ 6,860,000	6860000	0	0
		1.1.1.3.a	Conduct 1-day quarterly meeting of the 30 state planning cell members to review and Fastrack AOP implementation to ensure alignment with State priorities in 2025 and SCH resolutions	₦ 3,560,000	3560000	0	0
		1.1.1.3.b	Conduct 1-day Breakfast meeting for 50 participants to Advocate/Comprehensive communication strategy with private investors, DPs, to align the plans with the National Health priorities and contribute to the HSSB and implementation of SCH resolutions	₦ 2,700,000	2700000	0	0
		1.1.1.3.c	Conduct 1-day meeting of the 10-DPRS staff to update the existing Health Sector scorecard to include additional SWAp DLI indicators for online tracking the implementation of the SCH resolutions	₦ 600,000	600000	0	0
		1.2.2	Comprehensive and intentional communication strategy for stakeholder engagement and advocacy	₦ 51,075,000	₦ 51,075,000	₦ -	₦ -
		1.2.2.1	Preparation and public disclosure/dissemination of health sector performance result e.g Annual state of health report to all relevant stakeholders	₦ 31,282,000	31282000	0	0
		1.2.2.1.a	Conduct 1-day meeting for the 20-health sector stakeholders to develop draft annual health sector report/scorecard	₦ 1,200,000	1200000	0	0
		1.2.2.1.b	Hold 1- day dissemination meeting of the 50-key stakeholders (Head of line ministries, Lead of DPs, Program officers, CSO etc) for the final annual health sector report	₦ 2,850,000	2850000	0	0
		1.2.2.1.c	Production of 1000 copies (inforgarphics) of the Kogi state annual health report (500 Booklets, 300 posters and 200 fliers)	₦ 2,032,000	2032000	0	0
		1.2.2.1.d	Conduct 1-day community dialogue session in 21 LGAs to disseminate health report targeting 20 participants each	₦ 25,200,000	25200000	0	0
		1.2.2.2	Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs, Servicom for feedback and functional grievance redress	₦ 19,793,000	19793000	0	0
		1.2.2.2.a	Conduct 1-Day Health sector Award Ceremony for 100 participants in Lokoja	₦ 3,850,000	3850000	0	0
		1.2.2.2.b	Organize 1-Day Capacity building meeting for 10-member	₦ 887,000	887000	0	0

			SERVICOM committee in Ministry of Health with 5-stakeholders from other MDAs to develop Guidelines and strengthening platforms for service delivery feedback mechanism				
		1.2.2.2.c	Conduct 3-day biannual client exit survey in 260 selected HFs (1-seconday healthcare facilities per LGA and 239-BHCFP facilities) by 21 supervisors	₦ 15,056,000	15056000	0	0
			REGULATORY FUNCTION				
		1.3.3	Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products	₦ 9,490,000	₦ 9,490,000	₦ -	₦ -
		1.3.3.1	Harmonize frameworks for health professional regulatory bodies along different cadres.	₦ 7,430,000	7430000	0	0
		1.3.3.1.a	Conduct 2-day engagement meeting for 15-professional bodies to adapt minimum standard for all cadres of common service delivery in the state with 20 participants in attendance	₦ 1,670,000	1670000	0	0
		1.3.3.1. b	Conduct 1-day quarterly inspection by 20-members committee to enforce of the minimum standard in selected HFs (Public & private) in the state	₦ 5,760,000	5760000	0	0
		1.3.3.3	Simplify the mandate and frameworks of supply chain regulatory bodies e.g National Agency for Food, Drug Administration and Control (NAFDAC) and Department of Food Drug Services (DFDS)	₦ 2,060,000	2060000	0	0
		1.3.3.3.a	Conduct 1-day annual coordination meeting for 30-health care drug management stakeholders in Kogi state (DMMA, NAFDAC, SON, PSN)	₦ 1,110,000	1110000	0	0
		1.3.3.3. b	Conduct 1-day annual sensitization meeting with 23-secondary health care facilities in strengthen the drug revolving scheme	₦ 950,000	950000	0	0
			SECTOR WIDE APPROACH (SWAP)				
		1.4.4	A Sector Wide Action Plan (SWAp) to defragment health system programming and funding	₦ 174,052,000	₦ 84,052,000	₦ 65,730,000	₦ 24,270,000
		1.4.4.1	Strengthen a functional health sector planning cell (HSPC) for	₦ 40,450,000	18400000	0	22050000

			integrated planning, implementation, monitoring, and evaluation of the performance of the health system.				
		1.4.4.1.a	Conduct 1-day monthly meeting for the 40-HSPC (Health Sector Planning Cell) for sharing progress, experience and harmonization and integration of the planning, implementation, monitoring, and evaluation of the performance of the health system in line with the HSSBP using the SWAp Approach	₦ 17,160,000	5000000	0	12160000
		1.4.4.1. b	Organize 2-day SWAp focused residential capacity building meeting with LGA DPHC from 21 LGA on health sector component of 32 year Kogi state development plan and the role of AOP with 25 participants in attendance	₦ 1,850,000	0	0	1850000
		1.4.4.1.c	Organize 2-day residential AOP development meeting for the 30 LGA planning cell to aling with the state HSSB priority inline with the SWAp	₦ 4,020,000	0	0	4020000
		1.4.4.1. d	Organize 2-day state level SWAp oriented capacity building for 21 LGA treasurers and selected CSO on health sector budget tracking at LGA level with 30 participants in attendance to sustain a one conversation on the HSSBP	₦ 4,020,000	0	0	4020000
		1.4.4.1.e	Conduct 1-day quarterly meeting with 100 stakeholders on the SWAp conversation	₦ 13,400,000	13400000	0	0
		1.4.4.2	Develop AOP and ensure alignment of partners' plans to national/state health sector AOP	₦ 65,462,000	8012000	57450000	0
		1.4.4.2.a	Conduct 1-day quarterly conversation meeting with 16 Development Partners to discuss their activities with state HSSB priorities with 25 participants in attendance using the SWAp Approach	₦ 2,392,000	2392000	0	0
		1.4.4.2. b	Hold a 2 day Biannual SWAp engagement meeting to develop business case studies and advocacy briefs for engagement with partners, possible investors , and new partners into the health sector space in the state for 25 participants	₦ 5,620,000	5620000	0	0
		1.4.4.2.c	Conduct a 5 Day state HSSB focused AOP development with	₦ 42,010,000	0	42010000	0

			90 participants in Abuja, in iline with the SWAp templates and approaches				
		1.4.4.2. d	Conduct a 3 Day state HSSB focused AOP Mid-year review with 50 participants in Abuja, in iline with the SWAp templates and approaches	₦ 15,440,000	0	15440000	0
		1.4.4.3	Support to HMB, SPHCDA/B, and LGA Health Authorities on the development and consolidation of health facilities AOP (One Plan) focussing on SWAp priorities.	₦ 9,420,000	1140000	8280000	0
		1.4.4.3.a	Hold a one day refresher training on SWAp and AOP for 23 state supervisors to provide TA for LGA team on Facility Business plan for 30 participants	₦ 1,140,000	1140000	0	0
		1.4.4.3. b	Deployment of 23 State supervisors to support development of business plan across 239 BHCPF Facilities for harmonisation into the State AOP for 5 days using the SWAp approach	₦ 8,280,000	0	8280000	0
			RESOURCE MAPPING				
		1.4.4.4	Strengthen the Resource Mapping and Expenditure Tracking (RMET) processes to track funds	₦ 10,440,000	10440000	0	0
		1.4.4.4.a	Organise a 2-day state level capacity building workshop for 21 LGA treasurers and selected CSO on health sector budget tracking at LGA level with 40 participants	₦ 2,040,000	2040000	0	0
		1.4.4.4. b	Engagement of 1-consultant for 40 days to develop a state health sector resource mobilization plan to institutionalize and strengthen a platform for coordination of pooled and non-pooled (Aligned) funds through a sector wide approach	₦ 4,800,000	4800000	0	0
		1.4.4.4.c	Engage the services of an auditor for 30 days to audit the state account and produce state audited account report	₦ 3,600,000	3600000	0	0
		1.4.4.5	Coordinate pooled and non-pooled (Aligned) funds for efficient resource allocation including TA pooling arrangement.	₦ 11,800,000	11800000	0	0
		1.4.4.5.a	Conduct a 2-day non-residential resource mapping meeting with 50 participants to identify and align the pooled of resource for the support the state AOP	₦ 3,400,000	3400000	0	0

			developed for adequate utilization of resources				
		1.4.4.5. b	Hold a 3-day stakeholders meeting to develop institutionalisation strategies for coordination of pooled resources in the state health sector for 50 participants	₦ 8,400,000	8400000	0	0
			JOINT ANNUAL REVIEW (JAR)				
		1.4.4.7	Conduct Joint missions to Federal/states/ sites in line with Joint Annual Review (JAR) calendar	₦ 34,080,000	31860000	0	2220000
		1.4.4.7.a	Conduct a 2-day technical/planning meeting with 30 line listed stakeholder to review the state program through joint review committee annual report	₦ 2,220,000	0	0	2220000
		1.4.4.7. b	Conduct a 3 days State Joint Annual Review (JAR) for 150 participants to review the state HSSBP, achievements, key indicators among others using the SWAp .	₦ 31,860,000	31860000	0	0
			ANNUAL OPERATION PLAN/HSSBP				
		1.4.4.8	Conduct regular sub-national Strategic engagement to ensure successful implementation of Sector Wide Approach (SWAp)	₦ 2,400,000	2400000	0	0
		1.4.4.8.a	Organise quarterly dialogue conversation meeting virtually with state and LGA SWAp planning cell for update on the successful implementation of the AOP planned activities	₦ 2,400,000	2400000	0	0
		1.4.5	Increase collaboration with internal and external stakeholders for better delivery and performance management	₦ 9,385,000	₦ 3,500,000	₦ -	₦ 5,885,000
		1.4.5.1	Conduct strategic engagement to orientate all Federal and subnational stakeholders on Sector Wide Approach (SWAp)	₦ 3,500,000	3500000	0	0
		1.4.5.1.a	Conduct 1-day orientation of 100-state planning cells annual on SWAp through strategic state engagement dialogues to the compact signed off at the end of the engagement as endorsement for the Honourable Commissioners of Health.	₦ 3,500,000	3500000	0	0
		1.4.5.2	Strengthen capacity of relevant Federal, State and LGA stakeholders to coordinate,	₦ 5,885,000	0	0	5885000

			monitor and manage delivery and performance in the health sector.				
		1.4.5.2.a	Conduct a 1 day meeting to inaugurate three man committee to support the SWAp office in the conduct of joint Annual performance review and align activities with the AOP with 20 participants in attendance	₦ 1,240,000	0	0	1240000
		1.4.5.2. b	Conduct a one day, quarterly meeting with 80 key stakeholders to review program performance, tracking implementation, and challenges	₦ 4,375,000	0	0	4375000
		1.4.5.2.c	Development and publishing of the State of health report	₦ 270,000	0	0	270000
			HEALTH PROMOTION				
	2.5	**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)	₦ 423,333,000	₦ 224,640,900	₦ 11,060,000	₦ 187,632,100
		2.5.6.1	Strengthen Governance and Stewardship for Health promotion Multi-sectoral Coordination	₦ 32,440,000	19620000	11060000	1760000
		2.5.6.1.a	1 day Training of 25 members of state technical working groups on health promotions with 30 participants in attendance	₦ 2,310,000	2310000	0	0
		2.5.6.1. b	1 Day Inaugural meeting with 21 LGA health educators on health promotion coordination with 30 participants in attendance	₦ 1,650,000	1650000	0	0
		2.5.6.1.c	Hold 1 day monthly review meetings of 25 members of ACSM technical working groups	₦ 17,400,000	4580000	11060000	1760000
		2.5.6.1. d	1 day quarterly Multisectoral coordination meetings for provision of essential Health Promotion services including WASH, Environment and Nutrition with 50 participants in attendance	₦ 11,080,000	11080000	0	0
		2.5.6.2	Promote Advocacy for Mullti-sectoral coordination at all Levels of health and across the sectors that are proactive health promotion	₦ 35,600,000	35600000	0	0
		2.5.6.2.a	Hold 14 days Advocacy visit to 25 first class TLs and 50RLs in the three senatorial districts in the state, by 10 members of ACSM team on health promotion	₦ 10,040,000	10040000	0	0
		2.5.6.2. b	Carry out 5 days Advocacy visit to 5 ministry and department in	₦ 1,160,000	1160000	0	0

			the state that are proactive health promotion by 10 persons				
		2.5.6.2.c	Hold a 5 - day advocacy visit to 5 media station in the state on health promotion by 10 members	₦ 4,840,000	4840000	0	0
		2.5.6.2.d	Carry out 21 days advocacy visit to 21 LGA Chairmen on health promotion by 10 members of ACSM team	₦ 19,560,000	19560000	0	0
		2.5.6.3	Build Capacity of FMoH/SMOH/LGA program managers to provide leadership and co-ordination for Multi-sectoral Partnership including CSOs for effective collaboration.	₦ 8,480,000	8480000	0	0
		2.5.6.3.a	1 day 0rientation of 30 program managers including selected CSOs at the state level on leadership and coordination for health promotion	₦ 1,650,000	1650000	0	0
		2.5.6.3.b	1 day Training of 84 LGA staffs on interpersonal communication, leadership and coordination with 90 participants in attendance	₦ 5,304,000	5304000	0	0
		2.5.6.3.c	1 Days Orientation of 21 head of CSOs on leadership and coordination with 25 participants in attendance	₦ 1,526,000	1526000	0	0
		2.5.6.4	Establish Partnerships with Global and Regional Alliance for Multi-sectoral Coordination	₦ 31,950,000	31950000	0	0
		2.5.6.4.a	Carry out 1 day inaugural meeting of 30 members of resource mobilization committee with 40 participants in attendance	₦ 2,150,000	2150000	0	0
		2.5.6.4.b	1 day quarterly stakeholders committee meetings with 45 coordination partners for resource mobilization with 60 participants in attendance	₦ 12,600,000	12600000	0	0
		2.5.6.4.c	1 day Quarterly outreach for resource mobilization by 25 members committee with 80 participants in attendance	₦ 17,200,000	17200000	0	0
		2.5.6.5	Monitor Trends and Determinants of Health and evaluate progress of coordination	₦ 9,825,000	9825000	0	0
		2.5.6.5.a	Carry out 1 day capacity building of 21 M&E and LGA SMOs on health promotion tools and reporting with 25 participants in attendance	₦ 1,965,000	1965000	0	0
		2.5.6.5.b	1 day Quarterly Review meetings with 21 M&E and LGA HE	₦ 7,860,000	7860000	0	0

			officers on data validation with 25 participants in attendance				
		2.5.6.6	Strengthen accountability mechanism and community engagement to accelerate community participation and improve service delivery	₦ 64,110,000	18747900	0	45362100
		2.5.6.6.a	1 day engagement meeting with 239 WDC Chairmen on community engagement and participation with 260 participants in attendance	₦ 26,220,000	10237900	0	15982100
		2.5.6.6. b	1 day engagement meeting with 478 VDC Chairmen on community engagement and participation with participants attendance	₦ 35,580,000	6200000	0	29380000
		2.5.6.6.c	2 days training on reporting and feedback mechanism of LGA Health educators and WDC for health service improvement with 30 participants in attendance	₦ 2,310,000	2310000	0	0
		2.5.6.7	Foster and integrate effective Multisectoral Health Promotion strategy	₦ 18,300,000	5400000	0	12900000
		2.5.6.7.a	1 day Refresher training of 239 PHC Officer in charge (OIC) on health promotion strategy and Inter personal communication Skills (IPC Skills) with 250 participants in attendance	₦ 18,300,000	5400000	0	12900000
		2.5.6.8	Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes	₦ 108,488,000	30868000	0	77620000
		2.5.6.8.a	1 day Orientation meetings with 956 health workers across 239 PHC in the state by 10 members of state team organized in Six clusters (161/cluster)	₦ 50,540,000	0	0	50540000
		2.5.6.8. b	Hold Round table discussion with 20 journalist on SBCC activities with 30 participants in attendance	₦ 2,310,000	2310000	0	0
		2.5.6.8.c	Hold a 2 days Focus Group Discussion (FGD) with community leaders across the 21 LGAs, one group per LGA (One group of ten members each including resource person, per LGA) on SBCC Activities	₦ 47,460,000	20380000	0	27080000
		2.5.6.8. d	Production of radio jingles in six local languages on RI and other diseases intervention.	₦ 2,520,000	2520000	0	0
		2.5.6.8.e	Airing of radio jingles in six languages in 2 radio station on	₦ 1,008,000	1008000	0	0

			RI and other disease intervention				
		2.5.6.8.f	Production of 50 banners, 10,000 posters, 1500 FAQs, 15000 fliers, on health promotion.	₦ 4,650,000	4650000	0	0
		2.5.6.9	Strengthen SBC (RCCE)multisectoral coordination mechanism to facilitate the implementation of routine and Emergency interventions.	₦ 47,665,000	0	0	47665000
		2.5.6.9.a	1 day capacity building of 239 front line traditional leaders on routine immunization and other SIAs with 250 participants in attendance	₦ 12,850,000	0	0	12850000
		2.5.6.9.b	1 day orientation of 25 media teams on routine immunization and other SIAs with 30 participants in attendance	₦ 2,360,000	0	0	2360000
		2.5.6.9.c	Hold a 1 day quarterly training workshop of 15 members rapid respond teams for routine immunization and other SIAs at state level.	₦ 5,120,000	0	0	5120000
		2.5.6.9.d	2 day training workshop for 30 infodemic management team	₦ 4,660,000	0	0	4660000
		2.5.6.9.e	2 day training workshop for 4 members infodemic management team each in 21 LGAs	₦ 9,940,000	0	0	9940000
		2.5.6.9.f	Hold a 1 day engagement meeting with 20 social movement groups of 100 participants in attendance	₦ 5,695,000	0	0	5695000
		2.5.6.9.g	1 Day street Rallies/road show with 20 social groups.	₦ 2,720,000	0	0	2720000
		2.5.6.9.h	1 day Training workshop of 15 members rapid respond teams for routine immunization and other SIAs at LGA level with 25 participants in attendance	₦ 1,600,000	0	0	1600000
		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	₦ 66,475,000	64150000	0	2325000
		2.5.6.10.a	Hold 1 day training of 239 OIC on demand generation	₦ 19,460,000	19460000	0	0
		2.5.6.10.b	Carry out quarterly one day orientation of 3TL, 6RLs 1HE From each LGAs on demand generation.	₦ 43,480,000	43480000	0	0
		2.5.6.10.c	Hold a one day advocacy and sensitization meeting with 120 market women in the three (3) senatorial district in the state on	₦ 2,325,000	0	0	2325000

			demand generation by 6 state team members (42 persons per senatorial district including the resource persons).				
		2.5.6.10 .d	Carry out a one day orientation and engagement workshop of 20 media teams for demand generation	₦ 1,210,000	1210000	0	0
			NON-COMMUNICABLE DISEASE (NCD)				
		2.6.9	Slow down the growth rate of NCD Prevalence	₦ 480,188,000	₦ 480,188,000	₦ -	₦ -
		2.6.9.1	An NCD prevention task force with a focus on high priority illnesses (Strengthen governance, coordination, collaboration and leadership)	₦ 40,093,000	40093000	0	0
		2.6.9.1.a	Conduct a meeting to establish the 25-member multisectoral coordination mechanism for NCDs in 1 day meeting.	₦ 1,570,000	1570000	0	0
		2.6.9.1. b	I day meeting to inaugurate a 30 member NCD Expert Technical Working Group (TWG) and the 5 member NCD desk officers in Law enforcement agencies including line ministries.	₦ 1,130,000	1130000	0	0
		2.6.9.1.c	Conduct a 5 days meeting of 25 subject matter experts to domesticate (Adapt/adopt) the national policy documents on NCDs control in the state.	₦ 19,655,000	19655000	0	0
		2.6.9.1. d	Conduct 1-day biannual meetings of the 25 member Multi sectoral Coordinating Committee	₦ 1,420,000	1420000	0	0
		2.6.9.1.e	Conduct 1 day quarterly meetings of the 35 member TWG and NCDs desk officers	₦ 4,188,000	4188000	0	0
		2.6.9.1.f	Conduct 3-days quarterly supportive supervision to LGAs and review NCDs data by 5 State Technical officers.	₦ 4,000,000	4000000	0	0
		2.6.9.1.g	Provide and maintain a database for NCDs in the state.	₦ 5,200,000	5200000	0	0
		2.6.9.1. h	Provide a dedicated office for the Non communicable Diseases Programme in the state	₦ 2,930,000	2930000	0	0
		2.6.9.2	Implement the MPOWER strategy to reduce tobacco use and adapt the Protocol to Eliminate Illicit Trade to reduce supply.	₦ 62,351,000	62351000	0	0
		2.6.9.2.a	Conduct a I day stakeholders engagement/sensitisation of 30 persons at the State level and 15 persons in each of the 21 LGAs	₦ 5,349,000	5349000	0	0
		2.6.9.2. b	Mapping of public places for smoke free areas in the 21 LGAs	₦ 8,232,000	8232000	0	0

			by 5 State Facilitators for 3 days in each of the LGAs.				
		2.6.9.2.c	Commemoration of World No Tobacco Day (Sensitisation in public areas such as : motor parks, schools, hospitality industries)	₦ 1,634,000	1634000	0	0
		2.6.9.2.d	Establish and support Tobacco Free Clubs in 12 tertiary institutions and 5 schools in each of the 21 LGAs.	₦ 5,691,000	5691000	0	0
		2.6.9.2.e	Designate 10 NCD desk officers in Law enforcement agencies including line ministries. Conduct a 1 day training for them and provide support for enforcement of tobacco control laws in public places.	₦ 605,000	605000	0	0
		2.6.9.2.f	Conduct a 3 days State TOT training for 12 health workers on tobacco control in the State and 2 days LGA levels training for 538 health workers in 4 clusters.	₦ 37,920,000	37920000	0	0
		2.6.9.2.g	Conduct 4 Health talks on Radio to health educate the populace on risk factors to NCDS	₦ 320,000	320000	0	0
		2.6.9.2.h	Constitute and conduct quarterly meetings of the 10 member social mobilisation committee.	₦ 1,280,000	1280000	0	0
		2.6.9.4	Strengthening and supporting regulatory authorities to promote healthy diets, by policy formulations, and awareness creation at the community and schools	₦ 21,773,500	21773500	0	0
		2.6.9.4.a	Conduct a 5 days meeting of 15 technical experts to domesticate the National Sodium Reduction Guideline and print 500 copies of the developed State guideline.	₦ 8,345,000	8345000	0	0
		2.6.9.4.b	Sensitise the public on the health consequences in consumption of excess salt and industrial trans-fatty acids in the diet.	₦ 762,500	762500	0	0
		2.6.9.4.c	Conduct quarterly advocacy visits to heads of educational institution regulatory bodies on strengthening nutritional education in primary and secondary school curriculum by 5teams.	₦ 1,960,000	1960000	0	0
		2.6.9.4.d	Develop and implement a policy on marketing sweetened foods and non-alcoholic beverages to children in a 3 day meeting by 20 members of critical stakeholders.	₦ 4,920,000	4920000	0	0

		2.6.9.4.e	Conduct 12 sensitisation meetings for food vendors, bakeries etc on healthy diets in each of the 3 senatorial zones of the state by 3 state officers.	₦ 2,421,000	2421000	0	0
		2.6.9.4.f	Conduct a 2 days meeting to design, produce and distribute healthy diet plans from locally available food materials for the various segments of the community (10 subject matter experts).	₦ 1,220,000	1220000	0	0
		2.6.9.4.g	Conduct quarterly routine inspections/surveillance on risk factors of NCDs (Sale of industrial oil/fat, tobacco smoking and sales in public areas etc) by 3 state officers.	₦ 2,145,000	2145000	0	0
		2.6.9.5	Adapt and implement the Global Action Plan on Physical Activity.	₦ 16,330,000	16330000	0	0
		2.6.9.5.a	Conduct a 2 days meeting of 20 state technical officers to domesticate the Global Action Plan on Physical Activity.	₦ 2,590,000	2590000	0	0
		2.6.9.5.b	Organise/facilitate monthly Walk for Health in the 21 LGAs	₦ 13,740,000	13740000	0	0
		2.6.9.7	Raise public awareness on pre-marital/pre-conception screening for sickle cell disease including genetic counselling	₦ 36,270,500	36270500	0	0
		2.6.9.7.a	Conduct monthly public awareness for pre-marital/pre-conceptions screening to scale up universal sickle cell anaemia screening for all babies by 3 state officers.	₦ 1,776,000	1776000	0	0
		2.6.9.7.b	Conduct a 5 days meeting of 15 technical experts to domesticate the universal newborn sickle cell screening policy and print 500 copies of the developed State guideline.	₦ 4,430,000	4430000	0	0
		2.6.9.7.c	Promote Engagement with FBO/CSO, religious and traditional leaders, social influencers. Conduct quarterly sensitization meeting for 20 FBO/CSO, 120 religious leaders, 21 traditional leaders and 10 social influencers in each quarter respectively.	₦ 1,964,000	1964000	0	0
		2.6.9.7.d	Review Frontline health workers training package and build capacity of 239 health workers from BPHCF-supported facilities and 60 health workers from secondary health facilities in a 3	₦ 28,100,500	28100500	0	0

			days training to improve sickle cell management.				
		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.	₦ 273,556,000	273556000	0	0
		2.6.9.8.a	Conduct a 2 day meeting to develop integrated guidelines and simple treatment protocols for the management of simple, uncomplicated NCDs and Mental Health at PHCs by a committee of 10 health professionals.	₦ 750,000	750000	0	0
		2.6.9.8. b	Conduct training of 382 health workers (239 PHC + 60 SHF + 8 THF + 60 Private Hospitals + 15 State Officers) on prevention, screening and management of NCDs.	₦ 12,189,000	12189000	0	0
		2.6.9.8.c	Provide 239 PHCs with basic technologies and essential medicines (2000 packs of amlodipin 5mg, 2000 packs of metformin, 239 digital BP apparatus, 239 glucometers) to screen, diagnose and treat uncomplicated NCDs and Mental Health Disorders.	₦ 52,605,000	52605000	0	0
		2.6.9.8. d	Commemorate the world NCDs days to create awareness among members of the public (World No Tobacco Day, World Hypertension Day, World Diabetes Day, World Sickle Cell Day, World Haemophilia Day, World Cancer Day and World Stroke Day).	₦ 6,522,000	6522000	0	0
		2.6.9.8.e	Print and deploy 10,000 pieces of IEC on tobacco myths & misconceptions and other NCD risk factors.	₦ 600,000	600000	0	0
		2.6.9.8.f	Print and distribute 2,000 booklets of 50 leaves NCD data tools and 1000 copies of NCD screening SOPs to HFs	₦ 24,000,000	24000000	0	0
		2.6.9.8.g	Conduct One week community-based activity to screen 420,000 adults for NCDs (hypertension, type 2 Diabetes mellitus) in the 21 LGAs annually. (Activity involves 956 PHC health workers training, 21 LGAs community sensitisation, 5 planning meetings, 3 days supervisions by 21 state officers, drugs supply	₦ 172,390,000	172390000	0	0

			for 1000 cases of type 2 DM amd hypertension).				
		2.6.9.8.h	Produce and air radio jingles on NCDs once daily.	₦ 4,500,000	4500000	0	0
		2.6.9.9	Strengthen prevention of mental, neurological, and substance abuse disorders (MNSD)	₦ 29,814,000	29814000	0	0
		2.6.9.9.a	Conduct quarterly sensitisation and advocacy for the decriminalisation of attempted Suicide at the State level.	₦ 1,224,000	1224000	0	0
		2.6.9.9.b	Create 2 mental health crisis hotlines.	₦ 26,280,000	26280000	0	0
		2.6.9.9.c	Conduct a 2 day meeting of 10 health professionals to domesticate the National Mental Health Policy 2023 in the state.	₦ 1,770,000	1770000	0	0
		2.6.9.9.d	Conduct advocacy towards promoting and integrating mental health services into other health interventions.	₦ 540,000	540000	0	0
			Human Immunodeficiency Virus (HIV)				
		2.6.10	Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)	₦ 10,781,093,000	₦ 1,832,656,000	₦ 8,745,733,500	₦ 202,703,500
		2.6.10.1	Strengthen Communicable disease prevention task forces focused on HIV, TB, Malaria and NTDs at the national and sub-national level	₦ 45,924,000	45924000	0	0
		2.6.10.1.a	Conduct a one-day non-residential quarterly HIV/AIDS Partners forum coordination meeting for 51 persons	₦ 10,392,000	10392000	0	0
		2.6.10.1.b	Conduct quarterly one day non-residential TWG meeting for Paediatric & Adolescent for 16 persons	₦ 1,152,000	1152000	0	0
		2.6.10.1.c	Conduct Quarterly 1-day non-residential ART - TWG meeting for 16 persons	₦ 1,152,000	1152000	0	0
		2.6.10.1.d	Conduct Quarterly 1-day non-residential PMTCT - TWG meeting for 16 persons	₦ 1,152,000	1152000	0	0
		2.6.10.1.e	Conduct Quarterly 1-day non residential HTS - TWG meeting for 16 persons	₦ 1,152,000	1152000	0	0
		2.6.10.1.f	Conduct Quarterly 1-day non residential M&E - TWG meeting for 16 persons	₦ 1,152,000	1152000	0	0
		2.6.10.1.g	Conduct Monthly 4-days Joint supportive supervisory visits to Health & community facilities for 5 persons	₦ 16,080,000	16080000	0	0

		2.6.10.1.h	Conduct quarterly DPH Coordination non residential Meeting for 21 persons	₦ 13,692,000	13692000	0	0
		2.6.10.2	Scale up integrated HIV prevention services	₦ 10,101,292,000	1500000000	8500000000	101292000
		2.6.10.2.a	Conduct a 2 day non-residential training on PrEP for 100 health care workers	₦ 69,000,000	0	0	69000000
		2.6.10.2.b	Conduct a 2 day non residential training on PrEP for 25 CBOs	₦ 2,550,000	0	0	2550000
		2.6.10.2.c	Conduct mapping of public and private health facilities on provision of desired HIV prophylaxis to key and vulnerable population	₦ 9,648,000	0	0	9648000
		2.6.10.2.d	Conduct a 3 day non-residential training on the HTS, referrals and linkages of Key and vulnerable population to have access to desired HIV prophylaxis	₦ 7,950,000	0	0	7950000
		2.6.10.2.e	Conduct a biannual review meeting with private and public health facilities that provide desired HIV prophylaxis to key and vulnerable population (100 persons)	₦ 10,000,000	0	0	10000000
		2.6.10.2.f	Conduct 2 day quarterly DQA for the community facilities for 4 persons	₦ 30,290,000	1910000	28380000	0
		2.6.10.2.g	Procurement and provision of 1,000,000 condoms and 1,000,000 lubricants for KPs and other vulnerable groups	₦ 7,500,000	0	7500000	0
		2.6.10.3	Increase uptake and access to HIV services (testing , treatment, care, viral suppression , including procurement of HIV rapid test kits)	₦ 2,880,000	0	2880000	0
		2.6.10.3.a	Conduct 3 days non residential Training of 50 health workers on Interpersonal Communication (IPC) to ensure proper dissemination of HIV prevention messages at the health facilities	₦ -	0	0	0
		2.6.10.3.b	Conduct a one day monthly sensitization visits to targeted communities and Most at Risk Populations (MARPS) to create demand for HTS for 6 persons	₦ 12,000,000	0	12000000	0
		2.6.10.3.c	Integrate HTS into family planning, Immunization, under 5 clinic, nutrition and AIDS, Tuberculosis and Malaria (ATM) services across the health facilities in 21 LGA of Kogi State	₦ 6,000,000	0	6000000	0

		2.6.10.3.d	Conduct a one day quarterly non-residential mobilization meeting with 60 community gatekeepers to created demand on the use of HIV self testing	₦ 1,500,000	1500000	0	0
		2.6.10.3.e	Conduct a 2 days non-residential training for 60 (20 per zone) HTS providers on provision of high-quality gender and human right responsive HTS	₦ 410,000	410000	0	0
		2.6.10.3.f	Identify and collaborate with Patent Medicine Vendors (PMV), Community Pharmacy (CPs) and private laboratories for increase uptake of HTS and link to ART sites as well as enhance retentions to treatment	₦ 30,290,000	1910000	28380000	0
		2.6.10.3.g	Conduct Couple non-residential counselling training, on PNS/ Index testing , Positive Health Dignity and Prevention (PHDP), for 20 IPs staff, CBO partners and Health Care Workers (HCW)	₦ 7,500,000	0	7500000	0
		2.6.10.4	Reach, treat and sustain Vertical HIV transmission and Paediatrics interventions	₦ 14,400,000	14400000	0	0
		2.6.10.4.a	Conduct one day dissemination of national SOP for PCR lab workflow and LIMS	₦ -	0	0	0
		2.6.10.4.b	Conduct 1-day training for 80 mentor mothers on mentoring and tracking of newly enrolled Positive pregnant women	₦ 3,600,000	3600000	0	0
		2.6.10.4.c	Provide monthly routine linkage of identified positive Paediatrics/Adolescents to OVC Services	₦ 1,200,000	1200000	0	0
		2.6.10.4.d	Provide monthly accompanied referral to clients on treatment for VL sample collection and follow up HEI for final outcome	₦ 9,600,000	9600000	0	0
		2.6.10.4.e	Advocate for the procurement of point of care PCR machine in 8 high volume facilities in the state to improve access and reduce turnaround time	₦ 14,400,000	14400000	0	0
		2.6.10.5	Improve access and utilisation of integrated vector control interventions (ITNs, Targeted IRS, targeted LSM, vector surveillance and insecticide resistance monitoring)	₦ 207,533,000	41847000	129476000	36210000
			NEGLETED TROPICAL DISEASE (NTD)				
		2.6.10.5.a	1 day Advocacy visits and community mobilization to239	₦ 7,644,000	2500000	5000000	144000

			wards head and 239 Ward Focas and 84 LGA Team				
		2.6.10.5.b	Jingles 4 Slots in 4-Laduages	₦ 1,300,000	0	1300000	0
		2.6.10.5.c	Engage the media towards NTDs prevention and control health information, Airing of Radio jingles 40 slots and 956 Town announcers	₦ 3,824,000	3824000	0	0
		2.6.10.5.d	1-day Community/ 18 LGA Microplanning to 1116 LGA personnel and 36 State Team	₦ 9,146,000	9146000	0	0
		2.6.10.5.e	3-days non-residential State Level Planning for Schisto and STH, 90 LGA Team, 10 Stakeholders and 17 state/ TOT	₦ 8,520,000	8520000	0	0
		2.6.10.5.f	1-day LGA Training of 162 LGA ,542 Health workers, 6500 Teachers, 1435 CDDs and Town Announcers	₦ 123,176,000	0	123176000	0
		2.6.10.5.g	10-days Monitoring and Supervision of MAM by (20 State Team, 9 LGA Team, 15 Independent Monitors)	₦ 13,040,000	13040000	0	0
		2.6.10.5.h	Requisition of Medicine (Mecizan, Praziquantel, Albendazole and Mebendazole Tablets) transportation of MedicineCSM to State Medical Store	₦ 1,160,000	1160000	0	0
		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.	₦ 79,075,000	79075000	0	0
		2.6.10.6.a	conduct a a day training 0f trainers w0rkshop for person per LGA on quality of data reporting into the DHIS for 25 participants	₦ 1,725,000	1725000	0	0
		2.6.10.6.b	A 2 days refreshers training for 5 state officers, and 21 LGA officers by one facilitator on data entry into DHIS	₦ 3,481,000	3481000	0	0
		2.6.10.6.c	BIANNUAL LGA LEVEL DATA VALIDATION MEETING FOR 239 HEALTH FACILITIES 1 PER WARD ACCROSS THE 21 LGA	₦ 19,560,000	19560000	0	0
		2.6.10.6.d	BIANNUAL DQA IN 114 [10%] OF ALL THE HEALTH FACILITIES FOR 2DAYs, by 63 Persons (three per LGA)	₦ 19,404,000	19404000	0	0
			MALARIA				
		2.6.10.6.e	CELEBRATE WORLD MALARIA DAYs with 100 key participants	₦ 139,000	139000	0	0

			(partners ,stakeholders, youths and women e.t.c)				
		2.6.10.6.f	Carry out Bimonthly IMSSV to both public and private HFs	₦ 29,106,000	29106000	0	0
		2.6.10.6.g	CONDUCT 1 DAY QUARTERLY MALARIA FOCAL PERSONs meetings FOR 21 PARTICIPANTS	₦ 5,660,000	5660000	0	0
			TUBERCULOSIS (TB) AND LEPROSY				
		2.6.10.8	Increase access and uptake of Tuberculosis Preventive Therapy (TPT)	₦ 115,435,000	115435000	0	0
		2.6.10.8.a	• Train 210 DOT officers, CSO, CVs, on TPT use at a 5-Day Workshop in Lokoja	₦ 89,093,000	89093000	0	0
		2.6.10.8.b	• Purchase of 50,000 TPT Drugs and register	₦ 9,600,000	9600000	0	0
		2.6.10.8.c	Train 50 Community leaders on importance of TPT for 2 days	₦ 5,733,500	5733500	0	0
		2.6.10.8.d	• Train 100 Health workers on Paediatric TPT for 2 days	₦ 11,008,500	11008500	0	0
		2.6.10.9	Improve access to Tuberculosis care - case finding and treatment	₦ 15,805,500	15805500	0	0
		2.6.10.9.a	• Train 42 laboratory staff (2 per LGAs) on TB diagnosis at Lokoja	₦ 6,427,500	6427500	0	0
		2.6.10.9.b	• Purchase of 50 Microscope and laboratory consumables for all secondary health facilities	₦ -	0	0	0
		2.6.10.9.c	Organize 1-Day sensitization on TB at Community level to raise public awareness in the 21 LGAs	₦ 1,835,000	1835000	0	0
		2.6.10.9.d	• Produce of 5000 IEC materials in the three major languages of the state	₦ 300,000	300000	0	0
		2.6.10.9.e	• Observe World TB day every 24th March	₦ 683,000	683000	0	0
		2.6.10.9.f	• Airing of radio jingles in 6 languages for 365 days (Once daily X 365 days)	₦ 4,380,000	4380000	0	0
		2.6.10.9.g	1-Day Commemoration of 2025 Annual childhood testing week	₦ 1,209,000	1209000	0	0
		2.6.10.9.h	Commemoration of National testing week once a year	₦ 971,000	971000	0	0
		2.6.10.10	Sustain and Improve Treatment Success Rate	₦ 79,798,500	15019500	50817500	13961500
		2.6.10.10.a	Training of 21 TBLS and 21 ATBLS on proper cancelling of patients	₦ 10,108,000	10108000	0	0
		2.6.10.10.b	Train 42 LAB microscopist to do AFB for follow up	₦ 6,427,500	0	6427500	0
		2.6.10.10.c	Train 2 Doctors and 4 Nurses in all the secondary and Tertiary facilities for 5 days on DST/DR-TB	₦ 26,272,000	0	26272000	0

		2.6.10.10.d	Scale up DR-TB OPD sites in all secondary health facility and 1 day onsite training	₦ 179,000	179000	0	0
		2.6.10.10.e	Train CBOs for 1 day to do proper tracing of lost to follow up patients	₦ 4,732,500	4732500	0	0
		2.6.10.10.f	Conduct 3 days quarterly review meeting and report between the state and other relevant bodies on TB	₦ 18,118,000	0	18118000	0
		2.6.10.10.g	• Train Health workers on Paediatric TB diagnosis and treatment	₦ 13,961,500	0	0	13961500
		2.6.10.11	Improve access to WHO Recommended Molecular diagnostics (WRD)	₦ 56,800,000	3240000	37060000	16500000
		2.6.10.11.a	Provide I sample rider with motorcycle in the 21 LGAs of the state	₦ 21,000,000	0	21000000	0
		2.6.10.11.b	5 day workshop for Training of 15 laboratory staff to handle the Gene-Expert machine	₦ 6,060,000	0	6060000	0
		2.6.10.11.c	Equip three (3) secondary health facilities with one TB LAMP Illuminator each.	₦ 16,500,000	0	0	16500000
		2.6.10.11.d	Print 10,000 copies of sputum request form	₦ 10,000,000	0	10000000	0
		2.6.10.11.e	Conduct a two (2) day workshop to Train 30 community TB workers on active case finding	₦ 3,240,000	3240000	0	0
		2.6.10.12	Improve early diagnosis and treatment of Leprosy and Buruli Ulcer	₦ 34,740,000	0	0	34740000
		2.6.10.12.a	Conduct a one day sensitization and dissemination of IEC materials to increase access to information on leprosy to patients, their family and community by 100 participants	₦ 4,340,000	0	0	4340000
		2.6.10.12.b	Provide 250 quality and adequate stock of MDT commodities for Leprosy treatment	₦ 6,250,000	0	0	6250000
		2.6.10.12.c	Conduct a one day training of 20 participants (Traditional Healers, CV, CP GHCW) each in 21 LGA to identify and refer leprosy cases	₦ 24,150,000	0	0	24150000
		2.7.11	Revitalize tertiary and quaternary care hospitals to improve access to specialized care	₦ 750,000,000	₦ 750,000,000	₦ -	₦ -
		2.7.11.1	A network of Quaternary Care facilities to enable resource pooling and improving access to highly specialized care	₦ 750,000,000	750000000	0	0
		2.7.11.1.a	Construction of a Health Complex to accommodate key health MDAs for easy	₦ 750,000,000	750000000	0	0

			coordination of health activities in the state.				
			RMNCAEH+N				
		2.8.12	Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition	₦ 1,002,373,900	₦ 93,351,400	₦ -	₦ 909,022,500
		2.8.12.1	Establish/revitalize MNCAH+N task force and new accountability mechanism to crash MMR & under-5 mortality at the sub-national(State and LGA) level	₦ 39,915,000	39915000	0	0
		2.8.12.1.a	To conduct one day non-residential meeting to inaugurate of 100 members of MSPCP for RMNCAEH at the state Level	₦ 4,800,000	4800000	0	0
		2.8.12.1.b	To conduct one day non-residential meeting to inaugurate 105 members MSPCP on RMNCAEH for the 21 LGAs Level	₦ 5,025,000	5025000	0	0
		2.8.12.1.c	To conduct One day non-residential meeting to Train 100 members MSPCP on RMNCAEH at the state level	₦ 7,520,000	7520000	0	0
		2.8.12.1.d	To conduct One day non-residential meeting to Train 105 members MSPCP on RMNCAEH for the 21 LGAS level	₦ 7,530,000	7530000	0	0
		2.8.12.1.e	To conduct One day non-residential Quarterly review meeting of RMNCAEH activity by the100 members MSPCP at the state level	₦ 7,520,000	7520000	0	0
		2.8.12.1.f	To conduct One day non-residential Quarterly review meeting on RMNCAEH activity by 100 members MSPCP for all the 21 LGAs level	₦ 7,520,000	7520000	0	0
		2.8.12.2	Develop & Implement a mechanism for tracking RMNCAEH+N resources and its use.	₦ 11,802,000	11802000	0	0
		2.8.12.2.a	To conduct One day non-residential data review meeting of RMNCAEH Program for 42 participants for all the 21 LGAs	₦ 3,194,000	3194000	0	0
		2.8.12.2.b	To conduct One day non-residential state level data review meeting of RMNCAEH	₦ 2,220,000	2220000	0	0
		2.8.12.2.c	To conduct One day non-residential meeting to train 42 participants from the 21 LGAs on RMNCAEH score card evaluation	₦ 3,194,000	3194000	0	0
		2.8.12.2.d	To conduct One day non-residential meeting to train 42	₦ 3,194,000	3194000	0	0

			state level participants on RMNCAEH score card evaluation				
		2.8.12.3	Institutionalize maternal, perinatal and child death surveillance and response (MPCDSR) at all facilities/communities for quality improvement and monitor response.	₦ 83,518,000	12680000	0	70838000
		2.8.12.3 .a	To reactivate Quality Improvement Teams / MPDSR teams(Desk officer & Chairman/ Coordinator at the primary, secondary and tertiary health facilities	₦ -	0	0	0
		2.8.12.3 .b	To conduct a Two days Non-residential workshop to Train 559 participants / MPDSR teams (Two each from the 239 BHCPF PHCs, 57 from secondary facilities , 4 from Tertiary health facilities and 20 state MDA on MPDSR audit	₦ 80,018,000	12680000	0	67338000
		2.8.12.3 .c	Printing of 1000 copies of MPDSR Tools	₦ 3,500,000	0	0	3500000
		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	₦ 214,692,000	2230000	0	212462000
		2.8.12.4 .a	To conduct 1 day inaugural meeting on Quality Improvement Team at all facilities on RMNCAEH service delivery for 20 participants	₦ 270,000	0	0	270000
		2.8.12.4 .b	To conduct One day non-residential meeting to train 620 participants on Quality of Improvement of RMNCAEH program at 239 BHCPF PHCS, 57 secondary health facilities , 4 Tertiary Health Facilities and 20 from state MDA	₦ 44,960,000	0	0	44960000
		2.8.12.4 .c	To conduct One day health facility based review meeting on QOC of RMNCAEH Program at all facilities	₦ 2,230,000	2230000	0	0
		2.8.12.4 .d	To conduct Three days supportive supervision visits of 12 health facilities in each senatorial zones on QOC and progress implementation of RMNCAEH program in all health facilities	₦ 167,232,000	0	0	167232000
			WASH+ENVIROMENTAL				
		2.8.12.5	Develop the National Quality Policy and Strategy (NQPS) and	₦ 17,800,000	0	0	17800000

			adapt guideline to align to state context				
		2.8.12.5 .a	To conduct Five day non-residential Kogi state stakeholders' engagement meeting of 50 participants to develop the National Quality Policy and strategy and adapt the guideline to align to Kogi State context	₦ 14,300,000	0	0	14300000
		2.8.12.5 .b	To product and distribute 1000 copies of the National Quality Policy and Strategy (NQPS) Guideline	₦ 3,500,000	0	0	3500000
		2.8.12.6	Provide adequate WASH infrastructure and services in healthcare facilities and Monitoring indicators to ensure quality of care and IPC	₦ 23,089,400	23089400	0	0
		2.8.12.6 .a	A day meeting to collaborate and sensitize 18 key stakeholders on hand washing to promote good health. (2 from RUWASSA, 4 from SMOH, 2 from SMOE, 2 from motor pack, I from Kogi State polytechnic, 1 from FUL, 4 from fast food vendors, 2 from market association)	₦ 652,400	652400	0	0
		2.8.12.6 .b	Quarterly meeting to sensitize and pay advocacy campaign visit to the market (LGA HQ) on food protection by the state team.	₦ 851,000	851000	0	0
		2.8.12.6 .c	Conduct 2 days Training for food handlers, hotelier in the 21 LGAs on food safety (30 participants per LGA)	₦ 1,764,000	1764000	0	0
		2.8.12.6 .d	Conduct 2 Days non- residential training for table waters producers on water safety in the 3 senatorial districts.	₦ 2,158,000	2158000	0	0
		2.8.12.6 .e	A 2 Days meeting to Map out of 5 health facilities per LGA for provision of WASH infrastructure and capacity building to boost productivity.	₦ 10,164,000	10164000	0	0
		2.8.12.6 .f	A 2-Day Training for industrial workers in Lokoja on accident prevention, hazards, and danger associated with occupation.	₦ 7,500,000	7500000	0	0
			FAMILY PLANNING				
		2.8.12.2 2	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.	₦ 31,244,000	0	0	31244000

		2.8.12.22.a	One day Quarterly meeting to review and Resupply FP commodities to 21 LGA FPCs with 20 state officers in attendance	₦ 7,878,000	0	0	7878000
		2.8.12.22.b	Conduct 3 days quarterly Family Planning outreach across the 21 LGAs with State Officers to hard to reach and undeserved communities.	₦ 15,936,000	0	0	15936000
		2.8.12.22.c	Conduct 75 in-reach activities on a monthly basis for 104 MSI-supported facilities by 50 participants.	₦ 7,000,000	0	0	7000000
		2.8.12.22.d	Send State RIRF to FMOH and Offloading commodities from Oshodi warehouse to DMA store	₦ 430,000	0	0	430000
		2.8.12.23	Domesticate the national policy and guidelines for Postpartum Family Planning (PPFP) and Post-Abortion Family Planning (PAFP), and adapt them for community deployment	₦ 372,740,000	0	0	372740000
		2.8.12.23.a	Procurement of 360,000 pieces of Male condom,20,000 cycles of Microgynon, 20,000 amples of Noristerat, 20,000pieces of Implanon to be procured according to National guidelines to augment FMOH supplies	₦ 357,040,000	0	0	357040000
		2.8.12.23.b	Purchase of 500 packs of Family planning consumables biannually	₦ 15,700,000	0	0	15700000
		2.8.12.24	Adapt and Implement the National FP Communication Strategy to raise demand and reduce Unmet Need for FP at the state level	₦ 9,939,000	₦ 1,075,000	0	8864000
		2.8.12.24.a	One day Sensitization of 100 youths, youth groups, Corp members and various groups on RH/FP in 2 tertiary institutions in phases	₦ 1,075,000	1075000	0	0
		2.8.12.24.b	1 DAY QUARTERLY STAKEHOLDER'S ENGAGEMENT MEETING FOR 20 PARTICIPANTS	₦ 3,600,000	0	0	3600000
		2.8.12.24.c	MSI Advocacy visit to State, LGA, and dialogue with community stakeholders as well as compound meeting for women and men of reproductive age, 24 times with at least 20 people quarterly	₦ -	0	0	0
		2.8.12.24.d	Production and Airing of radio jingles on family planning/child spacing in 4 languages jingles twice weekly	₦ 5,264,000	0	0	5264000

		2.8.12.24.e	PRINTING OF CLINICAL GOVERNANCE DOCUMENTS FOR 104 MSI supported SITES	₦ 9,939,000	₦ 1,075,000	0	8864000
		2.8.12.24.f	Printing and distribution of 500 IEC materials on FP/Child Spacing and 500 new FP logo/	₦ 1,075,000	1075000	0	0
			NEW BORN AND CHILD HEALTH/IMCI				
		2.8.12.29	Set-up small and sick newborn unit with Continuous Positive Airway Pressure (CPAP), Kangaroo Mother Care-KMC (immediate and Routine) in level-2 (Secondary) health facilities to scale up comprehensive Newborn Care	₦ 3,760,000	2560000	0	1200000
		2.8.12.29.a	Set up a 15 man state team to evaluate 58 secondary health care facility in the state in 2days	₦ 1,860,000	1860000	0	0
		2.8.12.29.b	Develop assessment tools	₦ -	0	0	0
		2.8.12.29.c	select 5 man group to assess and identify gaps and recommend areas for improvement in NICU care(equipment, supplies and staffing)	₦ 310,000	310000	0	0
		2.8.12.29.d	Procure/ repair equipment(CPAP machine, KMC equipment, monitoring devices), oxygen concentrators	₦ -	0	0	0
		2.8.12.29.e	conduct on the job training to build capacity of 60 neonatal intensive care unit health workers	₦ 390,000	390000	0	0
		2.8.12.29.f	provide on-site mentoring and coaching	₦ -	0	0	0
		2.8.12.29.g	monthly tracking of key performance indicator (mortality and morbidity) by 5 state M&E officers	₦ 1,200,000	0	0	1200000
		2.8.12.30	Strengthen neonatal intensive care unit at level-3 (Tertiary) health facilities	₦ 1,732,000	0	0	1732000
		2.8.12.30.a	Set up a 6 man committee to conduct a one day baseline assessment of the current state of NICUs at the tertiary health facilities(equipment, staffing and service delivery)	₦ 372,000	0	0	372000
		2.8.12.30.b	Harvest the report of the assessment to identify gaps and areas for improvement in NICU care(equipment, supplies and	₦ 60,000	0	0	60000

			staffing) with a breakfast debriefing for 20 participants				
		2.8.12.30.c	procure equipment for NICU (oxygen, medications, incubators, phototherapy machine, radiant warmer, consumables) for the three tertiary health institution.	₦ -	0	0	0
		2.8.12.30.d	procure equipment for newborn corners(incubators, radiant warmers, oxygenic machine, ambubags, phototherapy machine, oxygen concentrator)	₦ -	0	0	0
		2.8.12.30.e	establish a mentorship program to support junior or new HRH	₦ 100,000	0	0	100000
		2.8.12.30.f	periodic training and retraining of NICU officers	₦ 1,200,000	0	0	1200000
		2.8.12.35	Assess health facility readiness to improve integrated management of childhood illness services with linkage to community	₦ 1,120,000	0	0	1120000
		2.8.12.35.a	organise a one-day workshops of training session for 10 stakeholders to review and discuss training checklist and provide feedback on the effectiveness of the training	₦ 450,000	0	0	450000
		2.8.12.35.b	Develop and disseminate newsletters to keep stakeholders informed about IMCI start up	₦ 40,000	0	0	40000
		2.8.12.35.c	establish a stakeholder advisory committee to provide guidance and support for the implementation of IMCI and ICCM	₦ 100,000	0	0	100000
		2.8.12.35.d	Establish a 10 man committee to conduct a one day meeting to develop standardized assessment tools to evaluate the quality of IMCI services	₦ 530,000	0	0	530000
		2.8.12.36	Improve capacity skills of doctors, nurses, CHEWs at PHC for Integrated Management of Childhood Illness (IMCI) and community Health workers on Integrated Community Case Management (ICCM)	₦ 168,372,500		0	168372500
		2.8.12.36.a	conduct a 7 day residential capacity building for 70 health workers on STOT for IMCI at the 3 levels of health care	₦ 26,670,000	0	0	26670000
		2.8.12.36.b	Cascade a 6 day training of 1 health worker per ward in 239 wards in 5 batches	₦ 119,634,000	0	0	119634000
		2.8.12.36.c	purchase commodities for treatment of identified cases(amoxicillin, antimalaria	₦ -	0	0	0

			drugs, zinc, ORS, paracetamol, Vitamin A, Iron)				
		2.8.12.36.d	printing of 500 imci guidelines/ Manual	₦ 1,750,000	0	0	1750000
		2.8.12.36.e	print the 11 training modules for IMCI	₦ 280,000	0	0	280000
		2.8.12.36.f	10 officers to conduct a two day monthly follow up visit to HF on implementation of IMCI	₦ 14,880,000	0	0	14880000
		2.8.12.36.g	conduct a quarterly M&E through zoom	₦ 4,800,000	0	0	4800000
		2.8.12.36.h	procure 239 workshop materials	₦ 358,500	0	0	358500
		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	₦ 1,350,000	0	0	1350000
		2.8.12.37.a	Conduct a multi - sectoral stakeholders mapping to include 15 members from each sector	₦ -	0	0	0
		2.8.12.37.b	conduct a one-day inaugural meeting of the 15 member stakeholders	₦ 675,000	0	0	675000
		2.8.12.37.c	organise a bimonthly meeting for 15-member committee to facilitate discussion and consensus building among stakeholders	₦ 675,000	0	0	675000
		2.8.12.38	Set up a Clinical mentorship (face to face and online) system for Newborn and case management for childhood illness.	₦ 21,300,000	0	0	21300000
			BASIC HEALTH CARE PROVISION FUND (BHCPF).				
		2.8.12.38.a	create network of care and link PHCs to BHCPF facilities in each political ward	₦ 14,100,000	0	0	14100000
		2.8.12.38.b	create clinical mentorship and link with all clinical mentors available within the state and zone them for proper coordination	₦ 7,200,000	0	0	7200000
		2.8.13	Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance	₦ 1,012,826,000	₦ -	₦ -	₦ 1,012,826,000
		2.8.13.1	Propose reforms of the NPHCDA BHCPF gateway, to enhance accountability and quality of services, to the MOC through joint memo with NHIA	₦ 23,280,000	0	0	23280000
		2.8.13.1.a	Conduct a five-day process with 90 stakeholders (3 Clusters of Policy Makers, House of Assembly and LGA Chairmen) to Support the development and the passage of the State health	₦ 23,280,000	0	0	23280000

			Act or Health Security Law through the engagement of a consultant				
		2.8.13.2	Revise and domesticate the BHCPF 2.0 guidelines to operationalize the proposed BHCPF NPHCDA Gateway reforms (in collaboration with the states and donors) including a performance and accountability framework	₦ 967,880,000	0	0	967880000
		2.8.13.2 .a	Conduct a Eight-Day process to build the capacity of 2,500 HRH at State, LGHA level on BHCPF 2.0 guidelines	₦ 967,880,000	0	0	967880000
		2.8.13.4	Update nationwide PHC assessments to establish baseline, and create a sustainable system for real time visibility into PHC functionality status	₦ 4,250,000	0	0	4250000
			WASH CTD…				
		2.8.13.4 .a	2 days Supportive training of trainers for 40 participants on WASH FIT methodology for State and LGA level Health and WASH staff to facilitate comprehensive assessment and improvement planning for each health care facility to provide the baseline to be aggregated to Ward, LGA and State levels and inform effective planning.	₦ 4,250,000	0	0	4250000
		2.8.13.6	Develop and implement a holistic Advocacy, Communication and Community Engagement strategy	₦ 9,890,000	0	0	9890000
		2.8.13.6 .a	5 days residential workshop of 20 participants to develop a factsheet on indicators, including the JMP indicators for WASH for a functional PHC centre aimed at state and LGA level reviewers of budget proposals.	₦ 9,890,000	0	0	9890000
		2.8.13.7	Enforce quarterly disbursement of funds in line with BHCPF guidelines	₦ 2,576,000	0	0	2576000
		2.8.13.7 .a	Conduct a One Day Quarterly Review Committee Meeting for 10 SOC panellists with BHCPF Focal Person from NPHCDA and NHIA Gateways to ensure timely disbursement of funds to 239 HF supported by BHCPF	₦ 2,576,000	0	0	2576000
		2.8.13.8	Enforce a dedicated BHCPF TSA sub-account for SPHCDAs	₦ 2,650,000	0	0	2650000
		2.8.13.8 .a	Retraining of BHCPF Sub-accountant for all SPHCDAs Supported PHCs	₦ 2,650,000	0	0	2650000

		2.8.13.9	Update financial management and reporting guidelines and processes for SSHIAs (where necessary)	₦ 650,000	0	0	650000
		2.8.13.9 .a	Retraining of BHCPF Sub-accountant for KGSHIA	₦ 650,000	0	0	650000
		2.8.13.10	Deployment of third-party fiduciary agents to manage funds at the PHC level.	₦ 1,650,000	0	0	1650000
		2.8.13.10.a	Retraining of BHCPF Sub-accountant for LGHA	₦ 1,650,000	0	0	1650000
			RESEARCH AND DEVELOPMENT				
	3.10	**3.10.16**	Re-Position Nigeria at the forefront of emerging R&D innovation, starting with local clinical trials and translational science	₦ 90,916,000	₦ -	₦ -	₦ 90,916,000
		3.10.16.2	Strengthen National and Sub-national R&D coordination framework through the National Health Research Committee and National Health Research Ethics Committee	₦ 25,426,000	0	0	25426000
		3.10.16.2.a	Appoint a a 15 - man Health Research Committee (HRC) and State Ethics Committee (SEM) to prepare SOP within a 5 - day residential workshop	₦ 4,705,000	0	0	4705000
		3.10.16.2.b	Hold a 2 - day meeting of 20 participants to adapt Health Research Policies / Priorities, produce 50 copies of manual of state level research priorities and disseminate across relevant health care facilities.	₦ 2,265,000	0	0	2265000
		3.10.16.2.c	Conduct a 1 - day quarterly meetings and workshops for the 15 - man committee	₦ 3,260,000	0	0	3260000
		3.10.16.2.d	Appoint a 3 -man committee with support of a Consultant to develop a centralized database for health sector research projects	₦ 3,600,000	0	0	3600000
		3.10.16.2.e	Hold virtual and physical meeting of 10 participants to enhance collaboration between national and sub-national levels for promotion of health research	₦ 330,000	0	0	330000
		3.10.16.2.f	Appoint a three man committee to develop and implement a monitoring and evaluation system for R&D Projects in the SMOH I a three day workshop	₦ 831,000	0	0	831000
		3.10.16.2.g	Hold a 3 day orientation and inauguration meeting of 20 man State Health Research Committee(SHRC) and 10 State Ethics Committee (SEM) to adapt National guidelines	₦ 5,590,000	0	0	5590000

		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 for the control, treatment and prevention of infectious diseases	₦ 12,644,000	0	0	12644000
		3.10.16.3.a	Appoint a 5 man committee to develop guidelines for award of research grants and disseminate the calls for grant proposals during a 2 day workshop for 20 participants	₦ 2,690,000	0	0	2690000
		3.10.16.3.b	Hold 3 day meeting of 3 man Committee to review and award R and D grants to successful applicants	₦ 588,000	0	0	588000
		3.10.16.3.c	Monitor and support funded R and D projects and compile the findings	₦ 3,600,000	0	0	3600000
		3.10.16.3.d	Hold 2 days workshop of 15 participants to develop guidelines for use the research findings for decision making	₦ 1,810,000	0	0	1810000
		3.10.16.3.e	Hold a 3 three day meeting of 20 participants to disseminate research findings ,advocate and engage stakeholders for increase government budget allocation for R&D	₦ 3,430,000	0	0	3430000
		3.10.16.3.f	Hold two days meeting of 10 participants to develop implementation strategies for funding mobilization , allocation and disbursement processes	₦ 526,000	0	0	526000
		3.10.16.4	Identify, access (assess) and upgrade at least one clinical trial centre per geo political zone and two at the national level as R&D networks across the six geo political zones to improve knowledge transfer and clinical research.	₦ 18,971,000	0	0	18971000
		3.10.16.4.a	Appoint a three man committee to hold a one day meeting with the Presidential team on unlocking the value chain in Abuja towards collaboration for the benefit of the state	₦ 210,000	0	0	210000
		3.10.16.4.b	Present the report of the advocacy visit to the HCH with recommendations	₦ -	0	0	0
		3.10.16.4.c	Appoint a 5- man committee to develop and implement guidelines for establishment of	₦ 2,100,000	0	0	2100000

			one clinical trial centre in the state in collaboration with the national coordinating office of the presidential team for unlocking the health value chain initiative				
		3.10.16. 4.d	Hold a three man committee meeting for 2 days to develop a comprehensive mapping framework	₦ 283,000	0	0	283000
		3.10.16. 4.e	Identify and recruit experts (2) for the mapping process for 5 days residential workshop for 20 participants	₦ 10,490,000	0	0	10490000
		3.10.16. 4.f	Hold a 4 - man committee for 5 days to conduct mapping of clinical trial centres, analyse the data and identify gaps	₦ 2,138,000	0	0	2138000
		3.10.16. 4.g	Hold a 1- day meeting to disseminate findings to 20 stakeholders	₦ 1,490,000	0	0	1490000
		3.10.16. 4.h	Hold a 2 day meeting of 15 participants to develop strategies for resource mobilization for upgrading 1 centre	₦ 2,260,000	0	0	2260000
		3.10.16. 5	Increase (Support) local manufacturing of Active Pharmaceutical Ingredients (APIs) for the production of medicines to ensure medicine security in the country with the possibility (towards) of reducing cost of production of medicines.	₦ 7,885,000	0	0	7885000
		3.10.16. 5.a	Hold a one day inauguration meeting of 10 man committee to prioritize health products needs and develop roadmaps for the development and manufacture of APIs for these prioritized products.	₦ 770,000	0	0	770000
		3.10.16. 5.b	Hold a one day inauguration meeting of 10 man committee to prioritize health products needs and develop roadmaps for the development and manufacture of APIs for these prioritized products.	₦ 770,000	0	0	770000
		3.10.16. 5.c	Hold a 2 - day meeting with 10 Development Partners to promote local production of medicines, vaccines, and technologies that comply with global standards.	₦ 1,920,000	0	0	1920000
		3.10.16. 5.d	Appoint a three-man committee to recommend steps to support local production of drugs and	₦ -	0	0	0

			vaccines at a lower cost through evidence upgrading of PQCL				
		3.10.16.5.e	1 day meeting of the 10 stakeholders to Collaborate with regulatory agencies (PCN, NAFDAC, and NDLEA) in performing statutory mandates.	₦ 750,000	0	0	750000
		3.10.16.5.f	1 day awareness campaign to promote robust QA mechanism for locally produced medicines and QC for all medicines for 70 participants	₦ 3,675,000	0	0	3675000
			TRADITIONAL MEDICINE				
		3.10.16.6	Encourage the standardization, local production, and commercialization of traditional medicines and services	₦ 25,990,000	0	0	25990000
		3.10.16.6.a	Write and submit a memo justifying the establishment of a State Herbal and Traditional Medicine Management Board in the state	₦ -	0	0	0
		3.10.16.6.b	Appoint a desk officer for promotion of research and development (R&D) of traditional medicines	₦ -	0	0	0
		3.10.16.6.c	Hold a 3 -day workshop with 15 participants to adopt the national Traditional Medicine policy and prepare the state SOP and other guidelines on Herbal and traditional medicines use.	₦ 3,230,000	0	0	3230000
		3.10.16.6.d	Hold a 1 - day annual meeting to approve the adapted national policy on traditional medicines and state guidelines with 50 stakeholders present	₦ 3,900,000	0	0	3900000
		3.10.16.6.e	Hold a 3 - day workshop to train Traditional Medicine Practitioners towards promoting the industry for 50 participants	₦ 10,500,000	0	0	10500000
		3.10.16.6.f	Hold a 3 - day residential meeting of 10-man committee to establish standards of safety, efficacy and quality for traditional medicine practice through PQCL in the state	₦ 2,270,000	0	0	2270000
		3.10.16.6.g	1 day workshop to Collate the names and addresses of recognised TMPs towards creation of a database for 10 participants	₦ 500,000	0	0	500000
		3.10.16.6.h	Carry out 3- day meeting with consultants, traditional medicine practitioners and 10 man committee on Phased and	₦ 5,590,000	0	0	5590000

			modular training of recognized TMPs on identified gap(20 participants)				
	3.11	**3.11.17**	Stimulate local production of health products (e.g., drug substance, fill and finish for vaccines, malaria bed-nets, and therapeutical foods)	₦ 724,270,000	₦ -	₦ -	₦ 724,270,000
		3.11.17.1	Develop, synchronize and implement the National Roadmap for Local production of health products (Pharmaceutical, vaccines and other health related products)	₦ 710,290,000	0	0	710290000
		3.11.17.1.a	Obtain the national road maps, documents plans and policies for local production of health products	₦ -	0	0	0
			PHARMACEUTICALS				
		3.11.17.1.b	Appoint and conduct a 1 day meeting of 10- man committee to identify areas of Pharmaceutical, medicine, vaccines and other health related products to be produce locally in the state	₦ 770,000	0	0	770000
		3.11.17.1.c	Conduct 2 days meetings to harmonise items to be produced, the APIs and excipients, equipment, expertise needed and cost implication.	₦ 1,520,000	0	0	1520000
		3.11.17.1.d	Hold a two 2 - day residential meeting of a 10 - member committee to review and adapt the national guidelines on local vaccine, drugs and diagnostics productions	₦ 1,920,000	0	0	1920000
		3.11.17.1.e	Provide equipment to support the Pharmaceutical Quality Control Laboratory	₦ 700,000,000	0	0	700000000
		3.11.17.1.f	Conduct a 2 - day quarterly meetings by the 10 man committee to deliberate on production activities and make recommendations	₦ 6,080,000	0	0	6080000
		3.11.17.2	Identify capacity gaps/regulatory issues in terms of technical expertise in local manufacturing	₦ 12,120,000	0	0	12120000
		3.11.17.2.a	Hold a 5- day mapping workshop of the relevant capacity gaps required in the state for the local manufacture of health products (R&D, formulation studies, packaging pharmacovigilance etc) for 5 days by LP Committee(10 members)	₦ 3,770,000	0	0	3770000

		3.11.17.2.b	Hold a 1- day meeting on collaborating with PCN, NAFDAC on guidelines required for product regulation and approval of LP Pharmaceuticals, vaccine and other related health products for 20 participants	₦ 1,490,000	0	0	1490000
		3.11.17.2.c	Conduct a 2 days needs assessment work to identify capacity gaps for 15 participants	₦ 2,230,000	0	0	2230000
		3.11.17.2.d	3 days residential workshop to develop training programs tailored to identified needs for 10 participants	₦ 2,315,000	0	0	2315000
		3.11.17.2.e	Hold 3 days non-residential workshops and training sessions for the 10 stakeholders on regulatory and technical issues in local manufacturing	₦ 2,315,000	0	0	2315000
		3.11.17.4	Ensure implementation of government initiatives on waivers, subsidies and tax breaks for pharmaceuticals and other health related products	₦ 765,000	0	0	765000
		3.11.17.4.a	Hold a one-day meeting of 10 participants to study President's executive order on importation of pharmaceutical inputs, equipment, machinery, subsidies and tax breaks and make recommendations on how the state can benefit from its implementation	₦ 765,000	0	0	765000
		3.11.17.6	Increase Public Private Partnership for local production of health products	₦ 1,095,000	0	0	1095000
		3.11.17.6.a	Hold a 3 day meeting of 20 participants to adapt national PPP guidelines towards production , supply and use of Pharmaceutical or health products in the state.	₦ 1,095,000	0	0	1095000
	3.13	**3.13.19**	Streamline existing supply chains to remove complexity	₦ 1,001,271,000	₦ -	₦ -	₦ 1,001,271,000
		3.13.19.1	Setting up of the National Medicines, Vaccines and Health Commodities Management Agency at the Federal Level to harmonize and coordinate all health supply chain activities (including emergency response supply chain system)	₦ 714,230,000	0	0	714230000
		3.13.19.1.a	Appoint and hold a one day inauguration meeting of 20 KSDMSMA Board members.	₦ 1,090,000	0	0	1090000
		3.13.19.1.b	Procure PQCL equipment	₦ 700,000,000	0	0	700000000

		3.13.19.1.c	Hold 0ne day quarterly meeting of the agency Board for 10 participants	₦ 3,080,000	0	0	3080000
		3.13.19.1.d	Recruit staff for the agency	₦ 2,400,000	0	0	2400000
		3.13.19.1.e	Printing 400 copies of inventory tools	₦ 3,200,000	0	0	3200000
		3.13.19.1.f	Appoint a 5 man committee to review the activities of the agency and align them with the national supply chain strategy identifying gaps and making recommendations for improvement for 5 days	₦ 4,460,000	0	0	4460000
		3.13.19.2	Strengthen the functionality and operations of the State Medicines, Vaccines and Health Management Agencies to harmonize and coordinate all health supply chain activities (including emergency response supply chain system)	₦ 32,351,000	0	0	32351000
		3.13.19.2.a	Hold a day meeting with 8 participants to map agencies that are involved in supply chain of health commodities	₦ 600,000	0	0	600000
		3.13.19.2.b	Hold one day Quarterly coordination meeting among identified head of agencies (10 participants)	₦ 3,000,000	0	0	3000000
		3.13.19.2.c	Carry out the inauguration and one day quarterly meeting of steering committees on supply chain (13 participants)	₦ 3,900,000	0	0	3900000
		3.13.19.2.d	Hold 10 days sensitization and awareness meeting of relevant stakeholders on single supply chain system(10 participants)	₦ 6,200,000	0	0	6200000
		3.13.19.2.e	Carry out supervision of inaugurated of DRF Committee across 50 HF in the state and local government by the E.S and one other staff	₦ 800,000	0	0	800000
		3.13.19.2.f	5 days Quarterly meeting of the Audit team on the assessment of internal control system(8)	₦ 1,120,000	0	0	1120000
		3.13.19.2.g	Annual 2 days Training and capacity building of relevant stakeholders on supply chain activities (70)	₦ 7,670,000	0	0	7670000
		3.13.19.2.h	Conduct a 5 days meeting on Adoption and dissemination of supply chain tools(SOP, OGL, SEML) for 18	₦ 9,061,000	0	0	9061000
			LMCU				
		3.13.19.3	Strengthen the Nigeria Health Logistics Management Information System (NHLMIS) to integrate all	₦ 247,706,000	0	0	247706000

			health programmes data management including vaccines, Essential Medicines and other supply chain functionalities				
		3.13.19.3.a	Hold 5 days meeting with 5 staff to onboarding all health facilities on the NHLMIS platform	₦ 1,125,000	0	0	1125000
		3.13.19.3.b	Conduct of 2 days Training of 1800 HF workers on the use of NHLMIS Platform in 5 clusters.	₦ 178,250,000	0	0	178250000
		3.13.19.3.c	Carry out quarterly PSM-TWG meeting with 50 stakeholders to address supply chain issues	₦ 10,680,000	0	0	10680000
		3.13.19.3.d	Hold monthly Integrated meeting with 40 program officers and partners on logistic	₦ 26,040,000	0	0	26040000
		3.13.19.3.e	Hold bimonthly review and validation meetings with 35 LMCU focal persons from State and LGA on data entry into NHLMIS platform	₦ 11,520,000	0	0	11520000
		3.13.19.3.f	Hold bi annual refresher training for state and 35 LGA LMCU officers on good inventory management	₦ 3,870,000	0	0	3870000
		3.13.19.3.g	Hold quarterly integrated monitoring and supportive supervisory visit by 42 supervisors from the State and LGAs to facilities on good inventory practice	₦ 13,776,000	0	0	13776000
		3.13.19.3.h	Hold 3 days training of 15 State officers on inventory management of public health commodities	₦ 2,445,000	0	0	2445000
		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	₦ 2,814,000	0	0	2814000
		3.13.19.4.a	Write a memo for provision of Take off capital for KSDMSMA for procurement of drugs and medical consumables along with advocacy visits of 10 persons to 5 places	₦ 710,000	0	0	710000
		3.13.19.4.b	Conduct 2 days vendor prequalification and registration to obtain a reliable pool of vendors bi annually and review of existing vendors by 8 prequalification team	₦ 954,000	0	0	954000
		3.13.19.4.c	Hold a 2 - day sensitization and harmonisation meeting of 10 participants with KSHIA facilities leads on monthly	₦ 1,150,000	0	0	1150000

			release of capitation benefits to KSDMSMA for supply quarterly				
		3.13.19.6	Strengthen Pharmacovigilance and Post-market surveillance of health product through out the supply chain pipeline including Monitoring of substandard and falsified health products (medicines, vaccines and other health-related products)	₦ 4,170,000	0	0	4170000
		3.13.19.6.a	Hold 3 days meeting of 18 participants to adopt and disseminate pharmacovigilance Standard Operating Procedure manual	₦ 2,910,000	0	0	2910000
		3.13.19.6.b	Carry out bi-annual coordination and collaboration meeting of 10 participants with SMoH, KSDMSMA and NAFDAC on Pharmacovilant activities	₦ 1,260,000	0	0	1260000
			EMERGENCY PREPAREDNESS, RESPONSE AND CONTROL				
	4.14	**4.14.20**	Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security	₦ 10,317,747,000	₦ 6,495,433,000	₦ 3,812,925,000	₦ 9,389,000
		4.14.20.1	Establish Presidential Task Force/ Cabinet Committee for effective coordination, oversight and funding involving all relevant sectors to address public health threats under health security aligned with the new health sector agenda of the current administration at all levels as aligned with Renewed Hope Agenda of Mr President	₦ 9,760,000	6255000	3505000	0
		4.14.20.1.a	Map out and appoint members into the advocacy team	₦ -	0	0	0
		4.14.20.1.b	Hold a 1-day meeting for 20 participants to develop advocacy tool for approval by HCH	₦ 1,070,000	1070000	0	0
		4.14.20.1.c	Hold a one day high level advocacy to the state Executive council to support preparedness and emergency response by 12 state team	₦ 1,680,000	1680000	0	0
		4.14.20.1.d	Hold a one day meeting to Constitute and inaugurate a 20 man state task force on epidemic preparedness and response (60 Participants)	₦ 3,170,000	1585000	1585000	0
		4.14.20.1.e	Conduct one day biannual meeting of task force on epidemic preparedness and response (35 participants)	₦ 3,840,000	1920000	1920000	0
		4.14.20.2	Improve public awareness and behaviour on prevention, detection and control of public health threats through coordinated health	₦ 6,270,007,000	3136247000	3133760000	0

			promotion including campaigns, use of media, risk communication, in line with health promotion policy and framework including AMR messages				
		4.14.20.2.a	Produce and air jingles on epidemic prone diseases on radio in 6 languages (Ebira, Igala, yoruba, English, Hausa, Nupe) @ 480 slots per month for 12 months.	₦ 1,576,920,000	788460000	78846000 0	0
		4.14.20.2.b	Print and distribute 105000 IEC materials on epidemic prone diseases to each of the 21 LGAs	₦ 4,674,600,000	2337300000	23373000 00	0
		4.14.20.2.c	Develop and disseminate public health emergency information on social media platforms (whatsApp, podcast).	₦ 420,000	420000	0	0
		4.14.20.2.d	Conduct a 1-day residential sensitization meeting of 239 community mobilizers and 21 LGA Health Educators on epidemic prone diseases in 3 clusters.	₦ 18,067,000	10067000	8000000	0
		4.14.20.3	Workforce Capacity Building - Enhances capabilities to achieve health security	₦ 116,029,000	52442000	63587000	0
		4.14.20.3.a	Hold a 2-day refresher residential training for LGA Rapid Response Team. (5 per LGA, DPHC,DSNO, ADSNO, LIO, HE)	₦ 23,540,000	10000000	13540000	0
		4.14.20.3.b	Hold a 2-day refresher residential training on sample management for 21 LGA DSNOs and 25 Lab Focal persons from Secondary and tertiary health institutions in the state.	₦ 9,287,000	5000000	4287000	0
		4.14.20.3.c	Carry out a one-day clinicians sensitization meeting for 40 health workers in each of the 4 tertiary health institutions (FTHL, KSSH, PAUTH, RHO) in the state	₦ 3,844,000	1922000	1922000	0
		4.14.20.3.d	Carry out a one-day clinicians sensitization meeting for 20 health workers in each of the 4 zonal hospitals (Ankpa, Dekina,Idah, Kabba) in the state	₦ 2,884,000	1624000	1260000	0
		4.14.20.3.e	Hold a 2-day residential training of 15 state IPC team and 21 LGA IPC focal persons.	₦ 7,660,000	3030000	4630000	0
		4.14.20.3.f	Conduct a 1-day non residential refresher training of 239 community informant supervisors on community based surveillance in 7 clusters.	₦ 17,605,000	10605000	7000000	0

		4.14.20.3.g	Hold a 1-day non residential training on epidemic prone diseases for 246 health facility surveillance focal persons in 7 clusters	₦ 17,863,000	8931500	8931500	0
		4.14.20.3.h	Carry out a 1-day non residential training on environmental sample collection, packaging and transportation for environmental sample collectors and supervisors (15)	₦ 1,285,000	642500	642500	0
		4.14.20.4	Strengthen coordination with currently existing FMOH Supply Chain management system on medical countermeasures, pre-positioning of medical commodities, laboratory supplies for preparedness and response to epidemics and pandemics	₦ 3,369,250,000	3018375000	350875000	0
		4.14.20.4.a	Conduct 50 coordination meetings with 30 participants per meeting	₦ 29,750,000	14875000	14875000	0
		4.14.20.4.b	Prepositioning of medical supplies for 5 responses to 3000 persons at 50000 naira per person	₦ 1,065,000,000	1065000000	0	0
		4.14.20.4.c	Prepositioning of laboratory supplies for 5 responses to 3000 person at 20000 naira per person	₦ 1,602,500,000	1602500000	0	0
		4.14.20.4.d	Provide stipends for 400 health workers to respond to emergencies for 10 days	₦ 672,000,000	336000000	336000000	0
			SURVELLANCE				
		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.	₦ 522,396,000	282114000	261198000	-20916000
		4.14.20.5.a	Carry out training of community surveillance officers and incentivise them to carry emerge	₦ 90,000,000	45000000	45000000	0
		4.14.20.5.b	Procure and distribute 500 tablets and power banks for the ADSNOs/HF surveillance focal persons in the state for real time reporting of priority diseases and events.	₦ 320,000,000	160000000	160000000	0
		4.14.20.5.c	Subscribe for 1 Terabytes data bundle for PHEOC for one year	₦ 480,000	240000	240000	0
		4.14.20.5.d	Print and distribute 1000 booklets of surveillance data tools to complement the electronic reporting platform (IDSR 001A, IDSR 001B,IDSR 001C etc)	₦ 14,000,000	7000000	7000000	0

		4.14.20.5.e	Conduct a 3-day monthly supportive supervision/active case search to 21 LGAs (One officer to a local government area).	₦ 41,832,000	20916000	20916000	0
		4.14.20.5.f	Conduct one day monthly surveillance review meeting of 21 LGA DSNOs and 10 state officer for surveillance data harmonization/submission	₦ 17,508,000	8754000	8754000	0
		4.14.20.5.g	Conduct monthly RRT Committee meeting of 15 State officers/10 partners at PHEOC.	₦ 2,424,000	1212000	1212000	0
		4.14.20.5.h	Conduct a two day quarterly Surveillance review meeting for 68 participants (DSNOs, ADSNOs, Environmental sample collectors, state team and partners)	₦ 36,152,000	18076000	18076000	0
		4.14.20.6	Strengthen unified Tiered (National, Zonal & State) Laboratory Structure/network to ensure expanded diagnostic capacity including AST for common priority pathogens to support under collaborative surveillance to address epidemics and pandemics using one health approach.	₦ 10,275,000	0	0	10275000
		4.14.20.6.a	Construct and equip a Public Health Laboratory to strengthen disease Surveillance	₦ 10,275,000	0	0	10275000
		4.14.20.7	Strengthen behavioural change and control of misuse, abuse and inappropriate utilization of antimicrobials in all sectors through strengthen the current AMR surveillance system (AMRIS), prevalence surveys and other components of AMR surveillance (AMC/AMU) to address it as a silent health security threat	₦ 480,000	0	0	480000
		4.14.20.7.a	Appoint and support 4 tertiary health facilities for AMR surveillance with equipment and reagent in the state.	₦ -	0	0	0
		4.14.20.7.b	Appoint a focal person to coordinate AMR surveillance in the state and provide monthly transport for data collection,	₦ 480,000	0	0	480000
		4.14.20.8	Strengthen evidence-based policy/decision making through strengthening integrated public health research registries/management system and coordinated consortium for reducing mortality, morbidity and disabilities related to health security threats	₦ 17,350,000	0	0	17350000

		4.14.20.8.a	Conduct a study to determine the prevalence and drivers of Lassa fever in Kogi state.(10 days data collection, 5 days data/analysis and report writing) for 10 participants	₦ 15,750,000	0	0	15750000
		4.14.20.8.b	Publish quarterly health bulletin (200 copies)	₦ 1,600,000	0	0	1600000
		4.14.20.9	Improve coordinated and harmonised 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	₦ 2,200,000	0	0	2200000
		4.14.20.9.a	Conduct 1-day bi-annual coordination meeting for 15 MDAs/DPs on harmonization and update of the state multisectoral plan for diseases/events for effective coordination of the PHECO activities	₦ 2,200,000	0	0	2200000
			CLIMATE CHANGE				
	4.15	**4.15.21**	Establish a One Health approach for threat detection and response, incorporating climate-linked threats	₦ 70,540,000	₦ -	₦ -	₦ 70,540,000
		4.15.21.1	Create a clear accountability mechanism to track the implementation of Climate Health resolutions and commitments.	₦ 20,090,000	0	0	20090000
		4.15.21.1.a	Hold a three day residential stakeholders meeting of 70 participants for sensitization on the implementation of climate resolution and commitments	₦ 20,090,000	0	0	20090000
		4.15.21.2	Establish and resource the Nigeria Climate Health Coordination Committee (domiciled in the Climate Change Division -DPH-FMOHSW) and TWG to ensure the effective implementation of climate initiatives across health programmes	₦ 7,500,000	0	0	7500000
		4.15.21.2.a	Hold a one-day meeting to constitute and inaugurate Climate Health TWG through multisectoral one-health approach in the state for 30 participants.	₦ 1,700,000	0	0	1700000
		4.15.21.2.b	Conduct a quarterly meeting of climate health TWG for 25 participants	₦ 5,800,000	0	0	5800000
		4.15.21.3	Develop and implement health national adaptation plan (HNAP) to address climate risks to health,	₦ 9,750,000	0	0	9750000

			and building resilience in health programmes, services and infrastructure in line with COP26 health commitment				
		4.15.21. 3.a	Hold a two day stakeholders meeting for 60 participants to Adapt/Adopt a costed Health National Adaptation Plan for Nigeria	₦ 5,870,000	0	0	5870000
		4.15.21. 3.b	Conduct a one day climate health advocacy visits to each of the 21 LGAs for sensitization of critical stakeholders on HNAP development and adaptation at LGA level. (40 participants)	₦ 3,880,000	0	0	3880000
			ONE HEALTH				
		4.15.21. 4	Strengthen early warning system for detection and response to climate-linked health emergencies (flooding, heat waves, air & water pollution, fire) using One Health Approach	₦ 25,150,000	₦ -	₦ -	₦ 25,150,000
		4.15.21. 4.a	Conduct a one day quarterly coordination meeting for 30 participants from relevant MDAs (MOH,MOE, MOA) to strengthen coordination of one health approach in responding to disease outbreaks and threats.	₦ 6,800,000	0	0	6800000
		4.15.21. 4.b	Conduct a one day Sensitization and awareness creation meeting among community leaders, women and youths on food insecurity, droughts, chemical/metal poisoning, climate linked AMR outbreaks for 120 participants in each of the three senatorial zone	₦ 18,350,000	0	0	18350000
		4.15.21. 5	Coordinate rapid response to zoonotic, vector borne, climate-sensitive diseases and emergencies, AMR pathogens of pandemic potential, epidemic prone bacterial and fungal infections through One Health Approach	₦ 8,050,000	0	0	8050000
		4.15.21. 5.a	Conduct a one day quarterly coordination meeting for 30 participants from relevant MDAs (MOH,MOE, MOA) to strengthen coordination of one health approach in responding to disease outbreaks and threats.	₦ 1,700,000	0	0	1700000
		4.15.21. 5.b	Conduct a one-day Sensitization and awareness creation meeting among community leaders, women and youths on food	₦ 6,350,000	0	0	6350000

			insecurity, droughts, chemical/metal poisoning, climate linked AMR outbreaks for 120 participants in each of the three senatorial zone				
			DATA AND DIGITALIZATION				
1.16		**1.16.22**	Strengthen health data collection, reporting and usage – starting with the core indicators	₦ 242,503,000	₦ -	₦ -	₦ 242,503,000
		1.16.22.1	Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs	₦ 33,875,000	0	0	33875000
		1.16.22.1.a	Conduct 1 day Inaugural meeting of the Health Data Consultative Committee (HDCC) and Health Data Governance Committee (HDGC) at all policy levels for 75participants	₦ 4,065,000	0	0	4065000
		1.16.22.1.b	Conduct a 1-Day biannual meetings of the Health Data Governance Committee (HDGC) at all policy levels for 25 participants	₦ 2,800,000	0	0	2800000
		1.16.22.1.c	Conduct a 1-Day Quarterly meetings of the Health Data Consultative Committee (HDCC) at all policy levels for 45 participants	₦ 9,600,000	0	0	9600000
		1.16.22.1.d	Conduct a 1-Day Quarterly M&E TWG meeting for 30 Stakeholders aligned with the SWAp	₦ 6,600,000	0	0	6600000
		1.16.22.1.e	Conduct a 5 day residential meeting with a consultant to domesticate the National HIS to adapt to State peculiarities (Printing of 200 Copies) with 30 stakeholders inclusive of partners and CSOs	₦ 10,810,000	0	0	10810000
		1.16.22.2	Review, update, and adapt strategic documents on HIS to support monitoring and evaluation of health sector plans and interventions	₦ 7,700,000	0	0	7700000
		1.16.22.2.a	Conduct a 1 day Review and update meeting for 10 officers on the National HIS Policy for improve equitable production and use of data at state level (HCH, SMoH, DHPRS, DPH, HMB, EDKSPHCDA, KSPHCDA DHPRS, HMIS SMoH)	₦ 550,000	0	0	550000
		1.16.22.2.b	Conduct 1 day Review and update meeting of the National Health information Strategy for	₦ 550,000	0	0	550000

			domestication for 10 participants				
		1.16.22.2.c	Conduct a 1 -Day Quarterly M&E TWG meeting with a SWAp focus for 30 Stakeholders (SMoH, KSPHCDA, KGSHIA, HMB, Tertiary HCF, KSSH, GH, SMoFBEP, KSHoA, WHO, UNICEF, CHEGERI FOUNDATION, AHF and CIHP).	₦ 6,600,000	0	0	6600000
		1.16.22.3	Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data	₦ 34,228,000	0	0	34228000
		1.16.22.3.a	Conduct 1 days sensitization meeting on the Revised and updated National Finalization of the development of the secondary and tertiary NHMIS tools for aggregate data management for PHCs and specialized services at those levels for 50 participants	₦ 2,650,000	0	0	2650000
		1.16.22.3.b	Conduct a 5 days meeting on the Decentralization of DHIS2 reporting to the facility level for 24 participants	₦ 6,558,000	0	0	6558000
		1.16.22.3.c	Conduct a 2 days training on the Finalization of developed Community Health Management Information System tools for 40 participants	₦ 4,220,000	0	0	4220000
		1.16.22.3.d	Conduct a 2-day Quarterly data quality assessments by 50 SMoH, SMoFBEP, SMoWASD, SMoE, CSO and partners to provide feedback for improvement	₦ 20,800,000	0	0	20800000
		1.16.22.4	Strengthen Civil Registration and Vital Statistics (CRVS) system to generate vital statistics of births & deaths including reporting of deaths with the causes	₦ 41,110,000	0	0	41110000
		1.16.22.4.a	Appoint and inaugurate the Civil Registration and Vital Statistics (CRVS) Systems Committee of 10 Stakeholders to Strengthen the birth and death certification in Kogi State.	₦ 550,000	0	0	550000
		1.16.22.4.b	Conduct 1 -Day Quarterly Review Meetings to Recommend measures to improve service for 10 officers	₦ 2,200,000	0	0	2200000
		1.16.22.4.c	Engage a Consultant and conduct a 5 day workshop to adopt the International Classification of Diseases (ICD-11) standards for disease monitoring and cause of	₦ 8,710,000	0	0	8710000

			death reporting facilitating comparability of morbidity and mortality data with other countries and print 200 copies				
		1.16.22.4.d	1 day inaugural meeting of a Committee to ensure the establishment of a standard-based reporting of the causes of deaths using the ICD-11 and provide report for the DPH at SMoH with 30 stakeholders in attendance	₦ 1,650,000	0	0	1650000
		1.16.22.4.e	Conduct a five-day capacity building of 50 HRH on the use of the ICD-II	₦ 12,850,000	0	0	12850000
		1.16.22.4.f	Inaugurate a core team of 30 coders and certifiers to support state level supply of technical capacity on ICD-11	₦ 1,650,000	0	0	1650000
		1.16.22.4.g	Attend the integration of the eCRVS and DHIS2 workshops organised by the FMoH and partners	₦ 13,500,000	0	0	13500000
		1.16.22.5	Support coordination, design and implementation of health surveys	₦ 24,640,000	0	0	24640000
		1.16.22.5.a	Inaugurate the health survey coordination and collaboration committee through a One-Day Meeting for 30 multi-sectoral stakeholders	₦ 1,650,000	0	0	1650000
		1.16.22.5.b	5 day technical workshop for the finalization of the development of state Guideline for Survey for 20 participants	₦ 9,790,000	0	0	9790000
		1.16.22.5.c	Engage a consultant to archive health survey data at the SMoH	₦ 7,200,000	0	0	7200000
		1.16.22.5.d	Procure 10 Core i5 16GB 1TB HDD Laptops and Cloud Access, AI and Computing Accessories/system for routinely collecting data for facility assessments (service availability, readiness and quality of services including patient experience)	₦ 6,000,000	0	0	6000000
		1.16.22.6	Establish standards for Health Information Exchange	₦ 25,830,000	0	0	25830000
		1.16.22.6.a	Engage a consultant to conduct a 5 -Day process to review and adopt the developed National Indicator/Data Dictionary for 30 Stakeholders by 2025	₦ 8,610,000	0	0	8610000
		1.16.22.6.b	Conduct a Five-Day process by engaged consultant to adopt the FMoH Digitization of HMIS data tools and Align data elements in NHMIS tools for PHC, secondary	₦ 8,610,000	0	0	8610000

			and tertiary health facilities and the community and other data sources with the standard nomenclature in the Data Dictionary by 2025				
		1.16.22.6.c	Engage a consultant to conduct a 5 day workshop to build capacity of 30 Stakeholders on the Integration and support the interoperability of existing health data systems (including SORMAS, NOQA, eCRVS, eTB, NHWR, & Survey data etc) with the National instance (DHIS2) for one source of truth by 2025	₦ 8,610,000	0	0	8610000
		1.16.22.7	Strengthen data analysis and use for decision making	₦ 10,110,000	0	0	10110000
		1.16.22.7.a	Conduct a five-day Capacity building of 30 on advanced data analysis including on big data, predictive analytics, Artificial Intelligence and Machine Learning by 2025	₦ 8,010,000	0	0	8010000
		1.16.22.7.b	Conduct a One-day Process for 30 stakeholders Quarterly towards strengthening the integrated health sector quarterly performance review with action plan and follow up system instituted for improvements and in alignment with the NHSRII and the SWAp by 2025	₦ 1,550,000	0	0	1550000
		1.16.22.7.c	Conduct a One Day Quarterly Committee process for 10 persons to Monitor the use of health data and information in key decisions by 2025	₦ 550,000	0	0	550000
		1.16.22.8	Data sharing and dissemination of health information	₦ 15,570,000	0	0	15570000
		1.16.22.8.a	1. Conduct a One-Day Quarterly process for 30 persons to validated data, generate quarterly information products such as policy briefs, analytical reports, statistical bulletins, and factsheets for dissemination.	₦ 1,650,000	0	0	1650000
		1.16.22.8.b	2. Engage consultant to conduct a One-Day Annual process for 30 persons to Develop communication plan for data and information	₦ 1,770,000	0	0	1770000
		1.16.22.8.c	3. Engage consultant to conduct a Five-Day process for 30 stakeholders to Develop/strengthen integrated programme dashboards and	₦ 8,610,000	0	0	8610000

			scorecards for analytics display and data dissemination such as the MSDAT				
		1.16.22.8.d	Engage consultant to conduct a One-Day process for 30 persons to Implement open-access strategic intelligence platforms such as the National Health Observatory to enhance access to data and analytics at for UHC, SDG3, health systems strengthening, PHC, Programmes and specific priority datasets	₦ 1,770,000	0	0	1770000
		1.16.22.8.e	4. Engage consultant to conduct a One-Day process for 30 persons to Implement open-access strategic intelligence platforms such as the National Health Observatory to enhance access to data and analytics at for UHC, SDG3, health systems strengthening, PHC, Programmes and specific priority datasets	₦ 1,770,000	0	0	1770000
		1.16.22.9	Optimized DHIS2 and Strengthen infrastructure capacity to support the health information system	₦ 9,510,000	0	0	9510000
		1.16.22.9.a	Collaborate with the FMoH on the expansion of the bandwidth of DHIS2 to 98GB by 2028 for a team of 10 member team for 5 days	₦ 4,500,000	0	0	4500000
		1.16.22.9.b	Engage a consultant to conduct a one-day process to identify, source and deploy the minimum required infrastructure for HIS at all levels with report	₦ 1,770,000	0	0	1770000
		1.16.22.9.c	Conduct a one-day Inaugural process for a Five-Member Committee to establish mechanism for planned preventive maintenance of IT infrastructure for HIS with 30 participants in attendance	₦ 3,240,000	0	0	3240000
		1.16.22.10	Strengthen human resources for health capacity for data management and health information system support	₦ 17,400,000	0	0	17400000
		1.16.22.10.a	1. Engage a consultant to conduct a two-day rapid HIS human resource and training needs assessment process for 30 persons to determine available skillsets for HIS with report by	₦ 3,480,000	0	0	3480000
		1.16.22.10.b	2. Engage a consultant to conduct a two-day process for 30 persons to develop, resource and	₦ 3,480,000	0	0	3480000

			implement a roadmap for HIS training by 2025				
		1.16.22.10.c	3. Conduct a Five-Day process to build the capacity of 30 HRH on innovating and deployment cost-effective mechanisms for continuous capacity building of M&E officers at all levels by 2025	₦ 3,480,000	0	0	3480000
		1.16.22.10.d	4. Engage a consultant to conduct a two-day process for 30 participants to develop and institutionalize a training database to support workforce deployment by 2025	₦ 3,480,000	0	0	3480000
		1.16.22.10.e	5. Engage a consultant to conduct a two-day process for 30 participants to develop online HMIS Modules for self paced training and re-training at all levels by 2025	₦ 3,480,000	0	0	3480000
		1.16.22.11	Support the monitoring, evaluation, research and learning of the HIS and broader health system	₦ 22,530,000	0	0	22530000
		1.16.22.11.a	1. Engage a consultant to conduct a two-day rapid HIS human resource and training needs assessment process for 30 persons to determine available skillsets for HIS with report by	₦ 3,480,000	0	0	3480000
		1.16.22.11.b	2. Engage a consultant to conduct a two-day process for 30 persons to develop, resource and implement a roadmap for HIS training by 2025	₦ 3,480,000	0	0	3480000
		1.16.22.11.c	3. Conduct a Five-Day process to build the capacity of 30 HRH on innovating and deployment cost-effective mechanisms for continuous capacity building of M&E officers at all levels by 2025	₦ 8,610,000	0	0	8610000
		1.16.22.11.d	4. Engage a consultant to conduct a two-day process for 30 participants to develop and institutionalize a training database to support workforce deployment by 2025	₦ 3,480,000	0	0	3480000
		1.16.22.11.e	5. Engage a consultant to conduct a two-day process for 30 participants to develop online HMIS Modules for self-paced training and re-training at all levels by 2025	₦ 3,480,000	0	0	3480000
		1.16.23	Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate	₦ 1,363,287,000	₦ -	₦ -	₦ 1,363,287,000

		1.16.23.1	Establish/strengthen digital health governance structure and coordination at all levels	₦ 15,990,000	0	0	15990000
		1.16.23.1.a	Conduct a Five-Day study tour by 10 Stakeholders and partners to FMoH for guidance and support to Kogi States in the establishment of digital health unit and designation of desk officer at the SMoH and all allied MDAs and LGHAs	₦ 4,500,000	0	0	4500000
		1.16.23.1.b	Conduct a One-Day Annual multisectoral, multidisciplinary stakeholders panel on digital health across MDAs, development partners, and the private sector and CSO for 30 stakeholders	₦ 1,650,000	0	0	1650000
		1.16.23.1.c	Conduct a One-Day Quarterly multisectoral, multidisciplinary stakeholders on meeting for collaboration and alignment of digital health investments and activities with health sector priorities for 30 participants	₦ 6,600,000	0	0	6600000
		1.16.23.1.d	Conduct a 2 day workshop for the Development of an annual workplans for the implementation of the digital health activities aligned to the National Digital Health Policy and Strategy for 30 participants	₦ 3,240,000	0	0	3240000
		1.16.23.2	Regulate deployment and implementation of digital health interventions to ensure alignment to established national standards	₦ 1,088,022,000	0	0	1088022000
		1.16.23.2.a	Inaugurate a 30 Team Committee to conduct a One-day quarterly process to Adopt and advice on the implementation of the FMoH established regulations and compliance mechanism for the implementation of digital health interventions such as the Electronic Medical Records (EMR) system to ensure adherence to standards for data security, patient confidentiality, and system functionality by 2025	₦ 6,600,000	0	0	6600000
		1.16.23.2.b	Engage a consultant to conduct a five-day residential process for 30 persons to adopt the National Developed Guidelines and SOPs for the implementation of key digital health interventions	₦ 14,610,000	0	0	14610000

			including EMR, telehealth, etc by 2025				
		1.16.23. 2.c	Print and distribute 16 Assorted harmonised NHMIS version 2019 tools (1500 of each Registers)	₦ 193,000,000	0	0	193000000
		1.16.23. 2.d	Print and distribute 1500 copies of NHMIS version 2019 MSF	₦ 13,000,000	0	0	13000000
		1.16.23. 2.e	Printing and distribute 1500 copies of Standard Operating Procedure for data management to Health facilities	₦ 7,000,000	0	0	7000000
		1.16.23. 2.f	Conduct 1 Day monthly LGA Health data validation meetings for 1393 participants in the 21 LGAs (168 programme officers at LGA level, 21 State Officers and 1213 Records officers)	₦ 839,400,000	0	0	839400000
		1.16.23. 2.g	1 - Day Quarterly meetings with 30 State Programme officers and M&E of implementing partners in the State	₦ 6,600,000	0	0	6600000
		1.16.23. 2.h	Conduct a 3 - Day DQA to 10%(1213) for health facilities in the state by 42 participants (21States officers, 21LGA M&E officers)	₦ 7,812,000	0	0	7812000
		1.16.23. 3	Develop an enterprise architecture to facilitate interoperability of data systems and applications within the health sector and beyond to facilitate HIE	₦ 41,020,000	0	0	41020000
		1.16.23. 3.a	A consultant engaged to conduct a five-day residential process to adopt the National standards for digital health applications used in a variety of ways to improve health care and data management and use with 200 copies of printed reports by 2025	₦ 9,310,000	0	0	9310000
		1.16.23. 3.b	A consultant engaged to conduct a Five-Day Mapping of the digital health applications and relevant data systems in use in the country for prioritization in the architectural blueprint by 30 Stakeholders from SMoH, KSPHCDA, KSHIA, Tertiary, Secondary and Primary Health Care Facility by 2025	₦ 8,610,000	0	0	8610000
		1.16.23. 3.c	A consultant engaged to conduct a five-day process by an engaged a consultant to conduct a Five-Day process for the adoption of the National digital Health Platform Architecture based on the adopted national standards that define high-level nationally supported digital health components by 2025	₦ 8,610,000	0	0	8610000
		1.16.23. 3.d	A Five-Day process conducted by Consultant to define/harmonize digital registries, data collection	₦ 8,610,000	0	0	8610000

			instruments, and reporting indicators that meet the needs of the national health system by 2025				
		1.16.23.3.e	A consultant engaged to conduct a Two-day residential process to adopt the National designed checklist to evaluate the implementation of recommendations of the National HIE Maturity Assessment by 2025	₦ 5,880,000	0	0	5880000
		1.16.23.4	Implement interoperable digital health systems that facilitates health information exchange (HIE)	₦ 71,080,000	0	0	71080000
		1.16.23.4.a	Participate (20 Persons) at policy making level (SMoH HCH, ED KSPHCDA, ES KGSHIA, WHO, UNICEF, GH, HA in the development of the national information infrastructure for the national data centre with report by 2025	₦ 5,590,000	0	0	5590000
		1.16.23.4.b	Engage a consultant to conduct a five-day residential process to adopt the National standards for digital health applications used in a variety of ways to improve health care and data management and use with 200 copies of printed reports by 2025	₦ 8,610,000	0	0	8610000
		1.16.23.4.c	Conduct a Five-Day Mapping of the digital health applications and relevant data systems in use in the country for prioritization in the architectural blueprint by 30 Stakeholders from SMoH, KSPHCDA, KSHIA, Tertiary, Secondary and Primary Health Care Facility by 2025	₦ 8,610,000	0	0	8610000
		1.16.23.4.d	Conduct a five-day process by an engaged a consultant to conduct a Five-Day process for the adoption of the National digital Health Platform Architecture based on the adopted national standards that define high-level nationally supported digital health components	₦ 8,610,000	0	0	8610000
		1.16.23.4.e	Conduct a Five-Day process by Consultant to define/harmonize digital registries, data collection instruments, and reporting indicators that meet the needs of the national health system by 2025	₦ 8,610,000	0	0	8610000
		1.16.23.4.f	Engage a consultant to conduct a Two-day residential process foe 30 persons to adopt the National	₦ 5,880,000	0	0	5880000

			defined minimum functional requirements and interoperability standards that allow for the consistent and accurate collection and exchange of health information across platforms by 2025				
		1.16.23. 4.g	Conduct a One-Day Dissemination process for 30 Stakeholders on nationally adopted standards for health information and digital health to relevant stakeholders by 2025	₦ 1,650,000	0	0	1650000
		1.16.23. 4.h	Engage a consultant to conduct a Two-day residential process foe 30 persons to Identify and discuss the socio-ecological determinants of what data to be shared and activate seamless exchange and generation of robust health information by 2025	₦ 23,520,000	0	0	23520000
		1.16.23. 5	Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness	₦ 117,663,000	0	0	117663000
		1.16.23. 5.a	Engage a consultant to conduct a Quarterly three-day assessment by 42 Assessors on ODK to 30 Technical Institutions of Learning, Policy Makers, HRH in Primary Secondary and Tertiary HCFs to understand practices, attitudes and behaviour of HCW on skills, competencies and readiness for adoption and implementation of interventions	₦ 47,928,000	0	0	47928000
		1.16.23. 5.b	Engage a consultant to conduct a two-day process for 30 persons to Develop a curriculum for health workforce digital literacy programme including for pre-service and in-service staff by 2025	₦ 3,480,000	0	0	3480000
		1.16.23. 5.c	Engage a consultant to conduct a two-day process for 30 persons to Develop and implement an innovative strategy for the training and upskilling of HCWs to engage appropriately with digital health interventions by 2025	₦ 3,480,000	0	0	3480000
		1.16.23. 5.d	Conduct a One-Day Advocacy by HCH and 9 Allied MDAs and partners for the prioritization and recruitment of health information professionals cadre	₦ 555,000	0	0	555000

			into government positions to design, implement and maintain digital health systems by 2025				
		1.16.23.5.e	Establish and Equipped State Data control room for monthly data analysis and Feedback	₦ 3,460,000	0	0	3460000
		1.16.23.5.f	Developed, Print and Disseminate 50 copies of Quarterly Factsheet by 7 state M&E officers	₦ 960,000	0	0	960000
		1.16.23.5.g	2 Day Non Residential Training of 25% (400) Records officers on Direct Reporting using Bring Your Own Device (BYOD)	₦ 56,000,000	0	0	56000000
		1.16.23.5.h	Implement Direct reporting using BYOD	₦ 1,800,000	0	0	1800000
		1.16.23.6	Procure and expand Infrastructure for digitizing the health system	₦ 5,310,000	0	0	5310000
		1.16.23.6.a	1. Engage a consultant to conduct a one-day process for 30 persons to Define minimum infrastructure and computing requirements for each level of the health system and health facility type by 2025	₦ 1,770,000	0	0	1770000
		1.16.23.6.b	2. Engage a consultant to conduct a one-day process for 30 persons to Develop and introduce a minimum digital health intervention and related equipment	₦ 1,770,000	0	0	1770000
		1.16.23.6.c	3. Engage a consultant to conduct a one-day process for 30 persons for Panel Discussion with 5 Discussants on Strengthening partnerships and collaboration with the ICT ministry, the telecommunication companies and private sector actors, the NGOs to mobilize resources to support digitization of the health system by 2025	₦ 1,770,000	0	0	1770000
		1.16.23.7	Support innovation platform development and culture	₦ 9,610,000	0	0	9610000
		1.16.23.7.a	Inaugurate a 10 Person Committee to promote Innovation Challenge/Shows for the curation of ideas to solve health systems challenges by conducting One-Day Award to the Best Quarterly Presentations for Technical Institutions of Learning and HCFs by 2025	₦ 4,600,000	0	0	4600000
		1.16.23.7.b	Engage a consultant to conduct a one-day process for 30 persons to Adopt the developed national innovation platform to	₦ 1,770,000	0	0	1770000

			disseminate potentially valuable innovations for the health sector by 2025				
		1.16.23.7.c	Conduct a One-Day Quarterly advocacy to 10 Stakeholders by the HCH and other 9 Stakeholders from Allied MDA, Partners, CSOs and HCFs for the adoption and scale up of tested valuable innovations to support the health system and improve health outcome by 2025	₦ 3,240,000	0	0	3240000
		1.16.23.8	Institute monitoring and evaluation of the implementation of the National Digital Health Strategy, the data and digitization priorities of the HSSB and other initiatives	₦ 14,592,000	0	0	14592000
		1.16.23.8.a	Engage a consultant to conduct a Three-day annual, midterm, and end-term reviews through structured and semi-structured surveys on ODK by 42 Assessors on the adopted National Digital Health Strategy to Sate peculiarity by 2025	₦ 12,132,000	0	0	12132000
		1.16.23.8.b	Participate in the National update and use of a national digital health registry (such as the Digital health atlas) to track growth, status and document key information on digital health interventions by 2025	₦ 2,460,000	0	0	2460000
			FINANCING				
		2.17.24	Improve oversight and monitoring of budgeting process to increase budget utilization	₦ 134,211,000	₦ -	₦ -	₦ 134,211,000
		2.17.24.1	Adopt lumpsum approval approach for aggregate activities based on annual workplan in line with approve budget.	₦ 13,200,000	0	0	13200000
		2.17.24.1.a	Conduct a 1 -Day Non Residential Quarterly Budget/AOP Harmonization meeting process to Generate a quarterly AOP and budget execution and utilization report for 30 stakeholders	₦ 6,600,000	0	0	6600000
		2.17.24.1.b	Conduct a 1 -Day Non Residential Quarterly Budget/AOP Harmonization Advocacy meeting for 30 stakeholders to support the State Health Act/Health Security Law and State Health Policy development and passage into law.	₦ 6,600,000	0	0	6600000

		2.17.24.2	Strengthen oversight for monitoring and reporting of health sector budget utilization including quarterly AOP reports.	₦ 11,996,000	0	0	11996000
		2.17.24.2.a	Conduct a 1-Day Non residential Quarterly Finance TWG meeting process for 30 Stakeholders to Generate a quarterly AOP and budget execution and utilization report.	₦ 6,600,000	0	0	6600000
		2.17.24.2.b	Conduct a 2 -Day Finance ISS to at least 20 Health related MDA with an approved Checklist for MDAs (inclusive of 10 LGAs, 30PHCs and 12 Secondary HCFs) by 52 stakeholders	₦ 5,396,000	0	0	5396000
		2.17.24.3	Engage relevant stakeholders to ensure timely cash backing of the health sector budget. e	₦ 14,520,000	0	0	14520000
		2.17.24.3.a	Conduct an Bi-Annual 5days advocacy and or Finance ISS process on ODK by 30 stakeholders to engage policy makers and partners towards improvement of the sustainability of funding for public health interventions.	₦ 14,520,000	0	0	14520000
		2.17.24.4	Strengthen health financing evidence generation and use	₦ 51,495,000	0	0	51495000
		2.17.24.4.a	1-day Non-residential planning Meeting for 60 Participants for Health Accounts Study 21 LGAs,10 MDAs 5 CSO, 10 KSHoA, 10 Partners, 4 FBO	₦ 5,100,000	0	0	5100000
		2.17.24.4.b	5 -days residential training workshop with 40 stakeholders on data collection, entry and mapping of the conduct of state Health Account	₦ 11,840,000	0	0	11840000
		2.17.24.4.c	1 -Day sensitization workshop for 80 participants in the use and application of RM	₦ 4,825,000	0	0	4825000
		2.17.24.4.d	5- Days Technical workshop for 25 participants to domesticate and define RM Tool use age for Kogi state	₦ 9,300,000	0	0	9300000
		2.17.24.4.e	DH	₦ 9,550,000	0	0	9550000
		2.17.24.4.f	5- Days Technical Workshop for 15 Participants to analysis and write report on the outcomes of the RM tool	₦ 6,880,000	0	0	6880000
		2.17.24.4.g	1-Day Non-resident Validation Meeting for 60 Participants to validate the Draft RM study Report.	₦ 3,300,000	0	0	3300000
		2.17.24.4.h	Printing of 200 copies of RM Tool	₦ 700,000	0	0	700000

		2.17.24.7	Support the translation of policy priorities into the health budget at the national and sub-national levels and in consonance with the consolidated workplans	₦ 43,000,000	0	0	43000000
		2.17.24.7.a	Conduct a Quarterly 5-day advocacy and or Finance ISS process on ODK by 30 CSOs to engage policy makers and partners towards improvement of the sustainability of funding for public health interventions	₦ 43,000,000	0	0	43000000
		2.17.25	Regular and effective skills and performance appraisal of top leadership	₦ 43,190,000	₦ -	₦ -	₦ 43,190,000
		2.17.25.1	Develop a structured performance assessment procedure that includes well-defined metrics, skills, and goals for top-level leaders.	₦ 6,810,000	0	0	6810000
		2.17.25.1.a	Conduct a 1-Day Orientation meeting on emergency preparedness and health security survey among stakeholders by CSOs through ODK with report from consultant for 40 participants	₦ 2,270,000	0	0	2270000
		2.17.25.1.b	Conduct a 2 -Day ISS meeting on emergency preparedness and health security survey among stakeholders by CSOs through ODK with report from consultant for 40 participants	₦ 4,540,000	0	0	4540000
		2.17.25.2	Conduct leadership performance assessment through both quantitative and qualitative measures.	₦ 15,320,000	0	0	15320000
		2.17.25.2.a	Conduct a 2-Day Bi-Annual residential 21 LGA Chairmen meeting with partners and relevant MDA to improve collaboration in sustainable financing of the Health Sector	₦ 15,320,000	0	0	15320000
		2.17.25.3	Provide clear and actionable feedback along with resources or development opportunities to address identified gaps from the evaluation process.	₦ 6,450,000	0	0	6450000
		2.17.25.3.a	Conduct a 3-Day meeting for the development of ODK with report from consultant to track Quarterly Financial data for 40 participants on Health Sector MDA flows to the Health Sector	₦ 6,450,000	0	0	6450000
		2.17.25.4	Enhance the skills and capabilities of top-level leaders by offering continuing leadership development programs.	₦ 8,010,000	0	0	8010000

		2.17.25.4.a	Conduct a 5-day Capacity Building of 30 Top level Health Management Teams for all Health MDAs and Partners with consultant for certification on leadership skills building/strategic thinking/people-centric leadership towards the strengthening of opportunities for professional development, skill training and cross-functional collaboration to enhance employee capabilities.	₦ 8,010,000	0	0	8010000
		2.17.25.5	Integrate human resources (HR) processes like talent development and succession planning with the performance management system.	₦ 6,600,000	0	0	6600000
		2.17.25.5.a	Conduct a 1-Day Quarterly HRH TWG process for 30 stakeholders from all Health MDAs and Partners	₦ 6,600,000	0	0	6600000
			CULTURE AND TALENT				
		3.18.26	Transformation within F/SMoH – towards a values and performance driven culture	₦ 155,067,000	₦ -	₦ -	₦ 155,067,000
		3.18.26.1	Strengthen F/SMOH Collaboration with stakeholders and development partners to reach a consensus on long term pursuits of defined transformation/change management actions towards a value-driven and performance-oriented culture.	₦ 74,450,000	0	0	74450000
		3.18.26.1.a	Conduct a One-Day Quarterly Partners Forum/programmes Optimization/Performance Management process/Zonal Coordination Meeting for 100 Stakeholders to ensure coherence in Policy, Plans, and Legislative and Regulatory Framework for the Health Sector	₦ 22,060,000	0	0	22060000
		3.18.26.1.b	Conduct a One-Day Inaugural meeting of a 30 Member multi-sectoral coordinating body an HRH TWG which includes Health MDAs and allied organizations (NMA, NANM etc) to meet quarterly and report to the HCH.	₦ 6,900,000	0	0	6900000
		3.18.26.1.c	Strengthen HRH units at state level	₦ 4,980,000	0	0	4980000
		3.18.26.1.d	Engage a consultant to Adopt the National HRH Policy to State peculiarities during a Five-Day Capacity Building Process for 50 Stakeholders form SMoH,	₦ 16,925,000	0	0	16925000

			KSPHCDA, SMoWASD, SSG's Office, NMA, NNAM, HoS, Specialist Hospital, Kogi State Reference Hospital Okene, Kogi State University and others				
		3.18.26. 1.e	Engage a consultant to Adopt the National Task Shifting and Task Sharing (TSTS) Policy to State peculiarities during a Five-Day Capacity Building Process for 50 Stakeholders form SMoH, KSPHCDA, SMoWASD, SSG's Office, NMA, NNAM, HoS, Specialist Hospital, Kogi State Reference Hospital Okene, Kogi State University and others	₦ 16,925,000	0	0	16925000
		3.18.26. 1.f	Conduct a One-Day Quarterly Orientation meetings for different health workforce associations (NMA, NNAM, NUHWN) for 30 persons to ensure compliance and standardization of regulatory mechanisms for service delivery	₦ 6,660,000	0	0	6660000
		3.18.26. 2	Implement change management actions that align goals with F/SMOH strategic objectives.	₦ 6,660,000	0	0	6660000
		3.18.26. 2.a	Conduct a One-Day Quarterly PHC/Routine Immunization task force/MSP TWG meetings for 30 stakeholders inclusive of partners	₦ 6,660,000	0	0	6660000
		3.18.26. 3	Develop communication resources and networks infrastructure on the mission and values of the Ministry and ensure that they are embedded throughout the F/SMOH operations.	₦ 13,615,000	0	0	13615000
		3.18.26. 3.a	Conduct a five-day capacity building for fifty (50) HRH stakeholders on the Adopted National Policy on HRH	₦ 13,615,000	0	0	13615000
		3.18.26. 4	Develop a comprehensive performance management and feedback system that sets clear, measurable, and achievable goals for F/SMOH Staff and teams.	₦ 27,552,000	0	0	27552000
		3.18.26. 4.a	Conduct a Two-Day Monthly or Quarterly Two-Day Electronic Medical Records survey (Leverage on ISS) at selected MDAs, LGAs and Health facilities levels using ODK/Check list by engaging 42 CSO/State/Partner Teams stakeholders	₦ 27,552,000	0	0	27552000
		3.18.26. 5	Promote career advancement opportunities to reinforce the value	₦ 5,465,000	0	0	5465000

			of high performance by linking performance to rewards and promotions.				
		3.18.26.5.a	Conduct a Five-Day Capacity Building for HRH Plan development process for 2025 to 2028 for 30 stakeholders inclusive of partners	₦ 5,465,000	0	0	5465000
		3.18.26.6	Establish thinktank innovative hubs and promote idea generation platforms at F/SMOH.	₦ 27,325,000	0	0	27325000
		3.18.26.6.a	Conduct a one-day Safe Mother-Hood DAY Celebration on the 12th of April, 2025 for 100 stakeholders	**₦ 5,465,000**	**0**	**0**	**5465000**
		3.18.26.6.b	Conduct a one-day Universal Health Coverage DAY Celebration on the 12th of December, 2025 for 100 stakeholders	**₦ 5,465,000**	**0**	**0**	**5465000**
		3.18.26.6.c	Conduct a one-day World Malaria DAY Celebration for 100 stakeholders	**₦ 5,465,000**	**0**	**0**	**5465000**
		3.18.26.6.d	Conduct a one-day Commemoration of World Midwives Day for 100 stakeholders	**₦ 5,465,000**	**0**	**0**	**5465000**
		3.18.26.6.e	Conduct a one-day Commemoration of World Contraception Day for 100 stakeholders	**₦ 5,465,000**	**0**	**0**	**5465000**
		3.18.27	Top-talent learning program to develop well-rounded for public health leaders	₦ 48,455,000	₦ -	₦ -	₦ 48,455,000
		3.18.27.1	Design/improve on a comprehensive learning and development curriculum that covers a wide range of competencies such as strategic thinking, decision-making, policy development, stakeholder management and effective communication required for effective public health leaders.	₦ 400,000	0	0	400000
		3.18.27.1.a	Enrol all public health leaders and facilitate a conducive learning environment for WHO Academy (on-line) capacity building course on strengthening primary health care leadership and World Bank flagship course on Health Systems Strengthening	₦ 400,000	0	0	400000
		3.18.27.2	Strengthen industry partnerships by collaborating with public health organizations, government agencies, academic and research institutions for practical real-world experience, mentorship, and networking opportunities.	₦ 13,615,000	0	0	13615000

		3.18.27.2.a	Conduct a Five-Day Capacity Building on strengthening primary health care leadership and Health Systems for 50 stakeholders inclusive of partners to enhance guidance, support, leadership skills, and career advice for staff by pairing them with experienced public health leaders.	₦ 13,615,000	0	0	13615000
		3.18.27.4	Promote culture of Continuously monitoring and evaluating program's effectiveness, seeking feedback from participants, mentors, and key stakeholders	₦ 34,440,000	0	0	34440000
		3.18.27.4.a	Conduct a Fourteen-Day Annual CQI Report for 500 HCFs (239 PHCs, 52 Secondary and 3 Tertiary HCFs inclusive of CSOs/partners/State Teams on ODK by 30 participants	₦ 34,440,000	0	0	34440000
	TOTAL			**₦ 29,082,214,900**	**₦ 10,221,328,300**	**₦ 12,635,448,500**	**₦ 6,225,438,100**

HOSPITAL MANAGEMENT BOARD 2025 AOP

S/N	Intervention Code	Activity Codes	Sub/Operational Plan Activities	Total Annual Cost	Total Government Fund	Other Sources Of Funds (Partners e.t.c)	Funding Gap
1	**2.6**	**2.6.10**	Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)	₦ 78,233,000	₦ 250,785,000	₦	₦172,562,000
		2.6.10.7	Increase access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination therapy (ACTs) and malaria vaccine	₦ 78,233,000	₦250,785,000	₦	₦ 172,562,000
		2.6.10.7.a	Development of ODK checklist for supportive supervision on QoC, quality assurance and quality control on malaria diagnosis and treatment by a consultant and 20 stakeholders	₦3,855,000	₦6855000	₦	₦ 3,000,000
		2.6.10.7.b	Printing of 10000 SOPs on parasitological-based diagnosis of malaria, job aid and treatment guidelines on malaria for	₦ 35,000,000	₦ 230750000	₦	₦ - 195750000
		2.6.10.7.c	Quarterly Sensitization of 120 secondary HCWs on the national malaria treatment guideline and QoC guideline on malaria case management by 3 facilitators	₦ 25,460,000	₦ 2424000	₦	₦ 23036000
		2.6.10.7.d	3 days quarterly Supportive supervision to 57 secondary HFs by 19 HMB personnel's	₦ 13,908,000	₦ 10756000	₦	₦ 3152000
2	**2.7**	**2.7.11**	Revitalize tertiary and quaternary care hospitals to improve access to specialized care	₦ 2,520,000,000	₦ 410,000,000	₦168,000,000	₦ 430,000,000

		2.7.11.1	A network of Quaternary Care facilities to enable resource pooling and improving access to highly specialized care	₦ 2,520,000,000	₦ 410,000,000	₦168,000,000	₦ 430,000,000
		2.7.11.1.a	Revitalization of seven (21) secondary Health Facility to ensure a climate resilient standard CEMONC facilities	₦ 2,520,000,000	₦ 410,000,000	₦168,000,000	₦ 430,000,000
		2.8.12	Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition	₦153,254,500	₦222,444,500	₦	₦ 69,210,000
		2.8.12.3	Institutionalize maternal, perinatal and child death surveillance and response (MPCDSR) at all facilities/communities for quality improvement and monitor response.	₦ 54,502,300	₦94,906,500	₦	₦ -40,404,000
		2.8.12.3.a	Establish/Inaugurate MPCDSR /QI team at HMB for 10 stakeholders and 5 state team	₦1,662,500	₦1,662,500	₦	₦
		2.8.12.3.b	Hold 1 day quarterly meeting to review facility MPCDSR activities 67 members involved.	₦ 14,080,000	₦ 54,484,000	₦	₦ -40404000
		2.8.12.3.c	Provide data for 57 MROs to strengthen reporting on the NOQA platform	₦ 4,560,000	₦ 4,560,000	₦	₦
		2.8.12.3.d	Provide laptops for 57 HF MROs to aid effective data submission	₦ 34,200,000	₦ 34,200,000	₦	₦
3	**2.8**	**2.8.12.21**	Improve access to Basic and Comprehensive emergency obstetric and new born care	₦ 83,022,000	₦ 119,933,000	₦	₦ -36,911,000

			(EMOnC) services through skill birth attendant.				
		2.8.12.21a	Mapping of secondary HFs for upgrading to CEmONC HFs by 20 personnel for 10 days	₦ 11,760,000	₦ 11,760,000	₦	₦
		2.8.12.21b	A 5 days residential training of 21MROs and 10 state personnel's on report to CEmONC dashboard and two secretariats.	₦ 8,458,500	₦ 32,430,000	₦	₦ -23971500
		2.8.12.21c	Quarterly supportive supervision of 21 state supervisors to the CEmONC centers on QoC	₦ 16,968,000	₦ 16,968,000	₦	₦
		2.8.12.21d	Monthly support with data to MROs in the 21 CEmONC centres for timely report submission Officers on quality training of staff by consultants.	₦ 20,160,000	₦ 20,160,000	₦	₦
		2.8.12.21e	Conduct a 3 days non-residential training and establishment of two way-referral system for 65 secondary HF managers across the state	₦ 4,675,500	₦ 17,615,000	₦	₦ - 12,939,500
		2.8.12.21f	Establishment of a toll free line in all the 21 CEmONC centres for easy referral	₦ 8,400,000	₦ 8,400,000	₦	₦
		2.8.12.21g	Provision of laptops to 21 CEmONC HF MRO	₦ 12,600,000	₦ 12,600,000	₦	₦
		2.8.12.30	Improve Capacity of frontline health workers on Comprehensive new born at Secondary and tertiary Health facilities	₦ 15,710,000	₦ 7,605,000	₦	₦ 8,105,000
		2.8.12.30a	Conduct a 5 days residential capacity building for 30 participants (Frontline Health Worker) on comprehensive newborn care.	₦ 11,480,000	₦ 7,605,000	₦	₦ 3,875,000
		2.8.12.30b	5 days stakeholders meeting to develop checklist to monitor	₦ 4,230,000	₦	₦	₦ 4,230,000

			capacity skill while on integrated supportive supervision by 15 state officers				
4	**2.9**	**2.9.15**	Increase availability and quality of HRH	₦ 575,726,000	₦ 575,726,000	₦	₦
		2.9.15.1	Increase production of health workers	₦ 41,612,000	₦ 41,612,000	₦	₦
		2.9.15.1a	Conduct a 7 days capacity building of 100 technical officers on quality training of staff by consultants.	₦ 41,612,000	₦ 41,612,000	₦	₦
		2.9.15.6	Implement comprehensive workforce capacity development plan	₦ 534,114,000	₦ 534,114,000	₦	₦
		2.9.15.6a	Carry out advert placement for recruitment of HCW	₦ 450,000	₦ 450,000	₦	₦
		2.9.15.6b	Conduct an annually recruitment Process of HCW by 20 panellist	₦ 2,064,000	₦ 2,064,000	₦	₦
		2.9.15.6c	Recruit and payment of salaries of one hundred (100) HCW (15 medical consultant, 25 Medical Officers, 10 senior Nursing Officers, 30 Junior Nursing Officer, 10 Pharmacist, 10 Laboratory scientist).	₦ 531,600,000	₦ 531,600,000	₦	₦
5	**1.16**	**1.16.22.3**	Strengthen human resources for health capacity for data management and health information system support	₦ 52,640,000	₦ 52,640,000	₦	₦
		1.16.22.3a	Printing of 14 assorted Data Collection tools for the 70 Secondary Health Facilities	₦ 6,600,000	₦ 6,600,000	₦	₦
		1.16.22.3b	Quarterly Data Review Meetings with 65 SHF Record Officers and 5 State M&E Officers	₦ 14,180,000	₦ 14,180,000	₦	₦
		1.16.22.3c	Procurement of Android Phones for 65 Secondary Health Facility Record Officer for data collection and	₦ 28,000,000	₦28,000,000	₦	₦

			reporting into DHIS2 and 5 M&EOs				
		1.16.22.3d	Procurement of 6 Computers to the HMB M&E for data analysis from DHIS2	₦ 3,600,000	₦ 3,600,000	₦	₦
		1.16.22.3e	Procurement of Wi-Fi to the HMB M&E for data Download analysis from DHIS2	₦ 20,000	₦ 20,000	₦	₦
		1.16.22.3f	Data bundle to the HMB M&E for data Download analysis from DHIS2	₦ 240,000	₦ 240,000	₦	₦
		1.16.23	Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate	₦ 658,048,000	₦ 84,000,000	₦	₦574, 048,000
		1.16.23.6	Procure and expand Infrastructure for digitizing the health system	₦ 658,048,000	₦ 84,000,000	₦	₦574, 048,000
		1.16.23.6a	Procure health system digitalizing infrastructure for 21 secondary health facilities	₦ 649, 950, 000	₦ 81,500,000	₦	₦ 568,450,000
		1.16.23.6b	Conduct a 3 days capacity building of 100 staff on the use of the EMR platform	₦ 8,098,000	₦ 2,500,000	₦	₦ 5,598,000
		2.17.25.3	Provide clear and actionable feedback along with resources or development opportunities to address identified gaps from the evaluation process.	₦ 25,936,000	₦ 25,936,000	₦	₦
		2.17.25.3a	Conduct a 3-Day meeting feedback engagement meeting to appraise leadership activities and gaps also reviewing other activities from the secondary Health Facilities by 70 participants.	₦ 20,720,000	₦ 20,720,000	₦	₦
		2.17.25.3b	Carry out Quarterly leadership over site function to 65 Secondary Heath Facility across the 21 LGA s of the state, to enrich feedback.	₦ 5,216,000	₦ 5,216,000	₦	₦
	TOTAL			**4,063,807,500**	**1,621,531,500**	**1,680,000,000**	**762,276,000**

KOGI STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY 2025 AOP

S/N	Intervention Code	Activity Codes	Sub/Operational Plan Activities	Total Annual Cost	Total Government Fund	Other Sources Of Funds (Partners e.t.c)	Funding Gap
			AOP/SWAP				
1.	**1.4**	**1.4.4**	A Sector Wide Action Plan (SWAp) to defragment health system programming and funding	₦ 149,390,000	₦134,612,000	₦ 780,000	₦ 13,998,000
		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.	₦ 131,932,000	₦ 131,932,000	₦	₦
		1.4.4.1a	Conduct a Three-Day Residential engagement meeting for 250 Stakeholder (239 BHCPF OICs with 11 state team members) to carry out workplan and Business plan development in accordance with the SWAp guidelines in 3 clusters.	₦ 54,065,000	₦ 54,065,000	₦	₦
		1.4.4.1b	Conduct a Three-Day Quarterly Supportive Supervisory Visit and Mentoring by 5 relevant multi-sectoral team to selected designated 239 ward level PHCs providing Basic Obstetric Care	₦ 5,820,000	₦ 5,820,000	₦	₦
		1.4.4.1c	Conduct a 3 days meeting for 70 participants to align and harmonize the MDA AOP with budget in accordance with the HSSBP	₦ 11,120,000	₦ 11,120,000	₦	₦
		1.4.4.1d	Conduct a One-Day dissemination meeting for 100 persons to share the Agency itemized items for the SWAp.	₦ 5,177,000	₦ 5,177,000	₦	₦
		1.4.4.1e	Conduct 3 evaluative research for publication in international journals of repute in collaboration with technical	₦ 750,000	₦ 750,000	₦	₦

			organization to showcase SWAp.				
		1.4.4.1f	Procurement of one SUV for coordinated program operationalization and coordination's in achieving the SWAp goals.	₦ 55,000,000	₦ 55,000,000	₦ -	₦
		1.4.4.2	Develop AOP and ensure alignment of partners' plans to national/state health sector AOP	₦ 930,000	₦ 150000	₦ 780000	₦
		1.4.4.2a	One-Day Annual Operational Plan Development/Budget Preparation Meeting at KSPHCDA office for 35 stakeholders	₦ 930,000	₦ 150000	₦ 780000	₦
		1.4.4.3	Support to HMB, SPHCDA/B, and LGA Health Authorities on the development and consolidation of health facilities AOP (One Plan) focusing on SWAp priorities.	₦ 5,910,000	₦ 1050000	₦	₦ 4860000
		1.4.4.3a	Conduct 5 days stakeholders meeting for 30 individuals on the development of the AOP	₦ 5,910,000	₦ 1050000	₦	₦ 4860000
		1.4.4.4	Strengthen the Resource Mapping and Expenditure Tracking (RMET) processes to track funds	₦ 230,000	₦ 230,000	₦	₦
		1.4.4.4a	A One-day advocacy meeting by 10-stakeholders to the state ministry of finance, budget and economic planning to establish cordial relationship for programmatic integration and understanding.	₦ 230,000	₦ 230,000	₦	₦
		1.4.4.10	Inauguration of thematic advisory groups for coordination, harmonization and alignment of priorities.	₦ 10,388,000	₦ 1250000	₦	₦ 9138000
		1.4.4.10 a	Conduct a One-Day MSP TWG/Dissemination Quarterly Meeting for 50 participants	₦ 10,388,000	₦ 1250000	₦	₦ 9138000
		1.4.5	Increase collaboration with internal and external	₦ 81,220,000	₦ 14,696,000	₦ 21,150,500	₦ 45,373,500

			stakeholders for better delivery and performance management				
		1.4.5.1	Conduct strategic engagement to orientate all Federal and subnational stakeholders on Sector Wide Approach (SWAp)	₦ 19,664,000	₦ 3446000	₦ 3950000	₦ 12268000
		1.4.5.1.a	Conduct a One-Day Partners Quarterly Coordination Meeting for 30 Stakeholders	₦ 7,588,000	₦ 506000	₦ 1200000	₦ 5882000
		1.4.5.1.b	Conduct a One-Day Monthly/Quarterly M&E Coordination Meeting for 30 Stakeholders	₦ 6,068,000	₦ 2520000	₦ 1500000	₦ 2048000
			IMMUNIZATION/SOCIAL MOBILIZATION				
		1.4.5.1.c	Conduct a One-Day Quarterly PHC/Routine Immunization task force meeting for 30 Stakeholders	₦ 6,008,000	₦ 420000	₦ 1250000	₦ 4338000
		1.4.5.2	Strengthen capacity of relevant Federal, State and LGA stakeholders to coordinate, monitor and manage delivery and performance in the health sector.	₦ 61,556,000	₦ 11250000	₦17200500	₦ 33105500
		1.4.5.2a	Conduct a One-Day Quarterly Orientation Meeting/Planning, by 42 persons for the integrated accountability survey (ISS)	₦ 12,668,000	₦ 5200000	₦	₦ 7468000
		1.4.5.2b	Conduct a Quarterly Three-Day integrated accountability survey (Leverage on ISS) at selected LGAs and Health facilities levels using ODK/Check list by 42 Assessors and 8 State Supervisors	₦ 48,888,000	₦ 6050000	₦	₦ 25637500
2	**2.6**	**2.6.8**	Accelerate immunization programs for priority antigens (e.g., DPT3, Polio, Measles, Yellow Fever) with a focus on decreasing zero dose children	₦ 6,207,656,700	₦ 308,416,750	₦288,369,500	₦5,610,870,450
		2.6.8.1	Implementation of Zero-Dose Reduction Operational Plan (Z-DROP) in prioritized LGAs.	₦105,333,000	₦ 15,686,000	₦ 42,274,500	₦ 47,372,500

		2.6.8.1.a	Conduct bi-weekly outreach session in 110 wards of the 11 priorities zero dose LGA by 330 team (3 persons per team) to be supervise and monitor by 7-LGA (77) and 11 State Supervisors (15,840 sessions/ year).	₦ 87,648,000	₦ 8500000	₦35000000	₦ 44148000
		2.6.8.1.b	Conduct a 1-Day quarterly data validation across the eleven LGAs in the 110 Wards.(11 State supervisors and 7 LGA team)	₦ 2,456,000	₦ 420000	₦1200000	₦ 836000
		2.6.8.1.c	Provide Bi-Monthly logistics for vaccine movement 11 LCCOs from State to LGA and 110 Ward Focal persons from LGAs to Health Facility	₦ 396,000	₦ 396000	₦	₦
		2.6.8.1.d	Conduct a Quarterly maintenance of 4 CCEs 2 Generating Set, 1 Solar Power at State level.	₦ 3,200,000	₦ 1620000	₦	₦ 1580000
		2.6.8.1.e	Conduct a 1-Day Training of77 LGA teams of 11 LGAs in identifying ZD children at the State level to be coordinate and facilitate by 10 state team.	₦ 1,469,000	₦ 1345000	₦	₦ 124000
		2.6.8.1.f	Conduct the collation and collection of reverse logistics to be returned to the State (waste management) 11 LCCOs	₦ 10,164,000	₦ 3405000	₦ 6074500	₦ 684500
		2.6.8.2	Conduct Identification, Enumeration and vaccination (IEV) under immunized and zero dose children's strategies in prioritized LGAs and Mapping of Zero Dose Communities	₦ 149,988,200	₦ 32,400,000	₦ 43,090,000	₦ 74,498,200
		2.6.8.2a	Conduct a 2-Day Micro planning Development Training of 147 Participants for 21 LGAs in the implementation of the IEV 3 rounds in the State.	₦ 69,688,000	₦ 12320000	₦12000000	₦ 45368000

		2.6.8.2b	Conduct a 2-Day Implementation training of IEV at State, for 21 State Supervisors, 25 Partners, 6 NPHCDA and 149 LGA team	₦ 26,932,000	₦ 3100000	₦10200000	₦ 13632000
		2.6.8.2c	Conduct a 4-Day Quarterly (Monitoring and supervision of the IEV exercise using ODK and GTS tracker (21 State Supervisors and 147 LGA teams in 21 LGA)	₦ 5,796,000	₦ 560000	₦ 2340000	₦ 2896000
		2.6.8.2d	Conduct a 1800 Bi-Annual House to House teams to enumerate, track and vaccinate children during the SIAs Vaccination of the ZD children in ZD settlements (2 persons per team per ward for 4 days)	₦ 19,120,000	₦ 3400000	₦ 8050000	₦ 7670000
		2.6.8.2e	Conduct Quarterly deployed of 147 LGA Team for continuous Surveillance and Routine Immunization	₦ 23,520,000	₦ 12350000	₦10500000	₦ 670000
		2.6.8.2f	Conduct a 77 Bi-Annual team evening vaccination apart from House-to-House Vaccination, (1 person per team)	₦ 3,080,000	₦ 420000	₦	₦ 2660000
		2.6.8.2g	Conduct of Quarterly Supervision by 21 State Team to Prepare and submit the Final Report.	₦ 1,852,200	₦ 250000	₦	₦ 1602200
		2.6.8.3	Conduct of Big-Catch Up Campaign in prioritized LGAs	₦ 59,023,200	₦ 9,852,200	₦ 18,530,000	₦ 30,641,000
		2.6.8.3a	Conduct a 2-Day Micro plan training and development (21	₦ 5,760,000	₦ 1025000	₦	₦ 4735000

			State Supervisors and 105 LGA team plus 10 Partners)				
		2.6.8.3b	Conduct a 1-Day LGA Micro plan training and development. (21 State Supervisors and 105 LGA team plus 10 Partners and 239 Ward Focal Person)	₦ 18,403,000	₦ 3020000	₦10230000	₦ 5153000
		2.6.8.3c	Conduct a 2-Day Implementation training at State for 21 State Supervisors and 105 LGA team plus 10-Partners	₦ 22,204,000	₦ 3200000	₦ 6500000	₦ 12504000
		2.6.8.3d	Conduct a 1 Day LGA Implementation training for 105 LGA Team, 21 State Team and 239 ward focal persons	₦ 4,695,000	₦ 1020000	₦	₦ 3675000
		2.6.8.3e	Provide 11 LCCOs logistics for waste management at all levels	₦ 13,200	₦ 13200	₦	₦
		2.6.8.3f	Conduct a-days review meeting for 71 participant and stakeholders comprises of (7 State Supervisors, 15 Partners and 49 LGA team) quarterly	₦ 4,348,000	₦ 324000	₦ 1800000	₦ 2224000
		2.6.8.3g	Provide monthly fuelling of generating set (200 liter's) at the State Cold Store	₦ 3,600,000	₦ 1250000	₦	₦ 2350000
		2.6.8.4	Conduct of Performance Assessment for Program Management and Action (PAPA) 2.0 in prioritized ZD LGAs	₦ 20,632,000	₦ 10,707,000	₦	₦ 9,925,000
		2.6.8.4a	Conduct a 2-Day Quarterly Training on PAPA LQAS for 50 Independent Surveyors by 10 facilitators (state, NBS,WHO)	₦ 8,920,000	₦ 4034000	₦	₦ 4886000
		2.6.8.4b	Conduct the Quarterly payment of Stipends for 47 surveyors for 2 Days LQAs assessment in 21 LGAs	₦ 10,152,000	₦ 5823000	₦	₦ 4329000

		2.6.8.4c	Conduct a 1-Day Quarterly State Debriefing and submission of report for 30 stakeholders	₦ 1,560,000	₦ 850000	₦	₦ 710000
		2.6.8.5	Expand access to immunization Services.	₦ 636,964,000	₦58,915,000	₦119,880,000	₦ 458,169,000
		2.6.8.5a	Conduct a day monthly State Immunization Technical Working Group meeting of with for 58 stakeholders (42-State team, 10-partners and 6-NPHCDA Staff) to discuss progress and issues to be address.	₦ 111,360,000	₦ 10500000	₦43600000	₦57260000
		2.6.8.5b	Conduct Two-Day Quarterly Distribution of Vaccine and commodity to the last mile at all levels with the use of 2 Vehicles, 5 CCO	₦ 1,760,000	₦ 340000	₦	₦ 1420000
		2.6.8.5c	Conduct weekly (4 days) of RI outreach by 825 RI health facilities per month	₦ 471,900,000	₦ 36040000	₦52500000	₦ 383360000
		2.6.8.5d	Conduct a 3-Day Monthly Supportive supervision by 21 State Supervisors at 21 LGAs and 825 HFs	₦ 46,872,000	₦ 10350000	₦23780000	₦12742000
		2.6.8.5e	Conduct Quarterly retrieval and disposal of immunization waste by the 21 LCCOs at all levels	₦ 4,032,000	₦ 645000	₦	₦ 3387000
		2.6.8.5f	Conduct the Quarterly Crushing /Boiling and Burying of Immunization waste	₦ 1,040,000	₦ 1,040,000	₦	₦
		2.6.8.6	Mapping of Zero Dose Communities	₦ 79,338,000	₦ 11,150,200	₦ 24,810,000	₦ 43,377,800
		2.6.8.6a	Conduct a 3-Day Advocacy visit to 3 Senatorial Districts traditional leaders by a 10-Member team (ED-KGSPHCDA, DDC & I-KGSPHCDA, DCHSSD-KSPHCDA, Media and others)	₦ 8,490,000	₦ 950200	₦ 4360000	₦ 3179800

			for the Identification and mapping of zero dose settlements.				
		2.6.8.6b	Conduct a 3-Day Identification and mapping of zero dose settlement by 239 Ward Focal persons, 21 State Supervisors, 1800 Community mobilizer and Community leaders	₦ 70,848,000	₦ 10200000	₦20450000	₦ 40198000
		2.6.8.7	Strengthening Communities to demand immunization services and reduce vaccine hesitancy.	₦ 4,964,175,500	₦ 129,764,000	₦	₦ 4,834,411,500
		2.6.8.7a	Conduct a One-Day Advocacy visit to key stakeholders (21 LGA chairmen, 21 Traditional Leaders 42 Religious leaders, KSHoA and 21 NOAs) by 10 State team and partners	₦ 6,760,000	₦ 6760000	₦	₦
		2.6.8.7b	Conduct a 5-Day Quarterly Sensitization meeting with Political, Traditional and Religious leaders (239 Wards Head, 42 Religious leaders) by 10 State team and partners	₦ 77,145,000	₦ 18500000	₦	₦ 58645000
		2.6.8.7c	Conduct a 1-Day Capacity building of 825 Health Workers on immunization by 28 stakeholders (14-State Team and 14-LGA LGF) in clusters of 7	₦ 15,235,500	₦ 6200000	₦	₦ 9035500
		2.6.8.7d	Conduct a 2-Day IPC skills training of 478 Town Announcers by 21 LGA SMO	₦ 11,492,000	₦ 5644000	₦	₦ 5848000
		2.6.8.7e	Conduct a 2-Day IPC skills training of 478 Community Mobilizers by 21 SMO	₦ 11,492,000	₦ 5460000	₦	₦ 6032000
		2.6.8.7f	Conduct the Production of SBC/IEC Materials (42 publicity Banners,239 Vaccination post Banners, 10,500 Posters, 478,000 FAQs and 478,000 Leaflets)	₦ 4,801,995,000	₦ 82000000	₦	₦ 4719995000
		2.6.8.7g	Conduct the Production and airing of jingles weekly in 6	₦ 40,056,000	₦ 5200000	₦	₦ 34856000

			languages 4 slots per day for 2 Radio stations				
		2.6.8.8	Strengthening immunization data system for effective decision making and assessment of vaccine safety and impact.	₦ 72,600,000	₦ 19,656,000	₦ 16,240,000	₦ 36,704,000
		2.6.8.8a	Conduct a One-Day Monthly data validation meeting of 42 State supervisors and 189 LGA team	₦ 4,872,000	₦ 4872000	₦	₦
		2.6.8.8b	Conduct a Three-Day Monthly Supportive supervision for 42 State Supervisors and 189 LGAs team	₦ 5,607,000	₦ 230000	₦	₦ 5377000
		2.6.8.8c	Conduct the Printing of 2000 Booklet of AEFI data tools each	₦ 8,000,000	₦ 2300000	₦ 2000000	₦ 3700000
		2.6.8.8d	Procure and distribute AEFI kits for 825 RI Health Facilities	₦ 4,125,000	₦ 520000	₦	₦ 3605000
		2.6.8.8e	Conduct a One-Day Monthly Meeting of AEFI committee at State level for 14 state team and 149 LGA Team	₦ 33,996,000	₦ 7234000	₦12000000	₦ 14762000
		2.6.8.8f	Conduct the printing of 2000 Immunization data tools (LGA Summary form, Health Facility Tally sheet, HFs Monthly summary form, HCFs NHMIS Summary form, HFs Vaccine Utilization summary form)	₦ 16,000,000	₦ 4500000	₦ 2240000	₦ 9260000
		2.6.8.9	Enhance the deployment of effective immunization vaccine management system to reduce stock out of vaccines such as DPT3, Polio, Measles, Yellow Fever, etc.	₦ 119,602,800	₦ 20,286,350	₦ 23,545,000	₦ 75,771,450
		2.6.8.9a	Conduct a 1-Day effective vaccine management training for 105 LGA team, 21 state team, 6 NPHCDA, 25 Partners at the State level	₦ 5,941,000	₦ 403000	₦	₦ 5538000
		2.6.8.9b	Conduct 1-Day LGA level training of effective vaccine	₦ 33,385,000	₦ 6340000	₦	₦ 27045000

			management of 1650 HRH, 21 State team, 105 LGA team 6 NPHCDA, and 25 Partners				
		2.6.8.9c	Conduct RI Vaccine delivery to the last mile for 21 LCCOs	₦ 4,200,000	₦ 430550	₦	₦ 3769450
		2.6.8.9d	Conduct a One-Day Monthly State review meeting of 42 cold chain Officers with 15 state team at the State level	₦ 2,646,000	₦ 670000	₦	₦ 1976000
		2.6.8.9e	Procurement of the of Protective Equipment's for 10 Officers at state the cold room	₦ 100,800	₦ 100800	₦	₦
		2.6.8.9f	Conduct Monthly RI outreach services in 1080 PHCs	₦ 64,800,000	₦ 12000000	₦21500000	₦ 31300000
		2.6.8.9g	Conduct a Two-Day African Vaccination Week commemoration for 100 stakeholders	₦ 8,530,000	₦ 342000	₦ 2045000	₦ 6143000
			NON-COMMUNICABLE DISEASE(NCD)				
		2.6.9	Slow down the growth rate of NCD Prevalence	₦ 68,614,000	₦ 19,948,000	₦ 8,200,000	₦ 40,466,000
		2.6.9.1	An NCD prevention task force with a focus on high priority illnesses (Strengthen governance, coordination, collaboration and leadership)	₦ 68,614,000	₦ 19,948,000	₦ 8,200,000	₦ 40,466,000
		2.6.9.1a	Conduct a One-Day Inaugural process for 50 Stakeholders including 21 LGA NCD FP and others	₦ 3,750,000	₦ 123000	₦	₦ 3627000
		2.6.9.1b	Conduct a One-Day quarterly review meeting for 30 Stakeholders inclusive of KSPHCDA, SMoH, HMB 21 NCD FP partners and others	₦ 3,780,000	₦ 570000	₦	₦ 3210000
		2.6.9.1c	Conduct a Five-Day capacity building process for 314 (239 BHCPF HRH, 60 Private Hospital, 15 State officer on Prevention, Screening and management of NCDs	₦ 30,075,000	₦ 5245000	₦ 8200000	₦ 16630000

		2.6.9.1d	Conduct a one-day process for the development, printing and distribution of 500 guidelines, 1,000 SOPs, and 1000 protocols for scale-up of emergency obstetric, newborn, and childcare at all levels	₦ 10,000,000	₦ 2430000	₦	₦ 7570000
		2.6.9.1e	Conduct a One-Week Community Based activity in 239 wards to screen for NCDs	₦ 15,745,000	₦ 8380000	₦	₦ 7365000
		2.6.9.1f	Production of NCDs jingles in 4 languages Conduct the airing of Monthly radio jingle on NCDs on three Radio Stations	₦ 5,264,000	₦ 3200000	₦	₦ 2064000
			RMNCAEH+N				
3	**2.8**	**2.8.12**	Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition	₦ 1,443,917,220	₦ 429,346,600	₦184,247,000	₦ 830,323,620
		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	₦ 192,534,000	₦ 37,070,000	₦	₦ 155,464,000
		2.8.12.4a	Conduct a Five-day training on quality of care during ANC, Labor, and puerperium for of HRH across the 239 wards, with a total of 300 expected participants (239 HRH, 21-MCH coordinators, 11-KSPHCDA, 10-HMB, 3-SMOH, 3-NPHCDA, 3 National facilitators, 10-DPs)	₦ 33,550,000	₦ 6200000	₦	₦ 27350000
		2.8.12.4b	Conduct a Five-day training of 108 skilled birth attendants on life saving skills (LSS and MLSS for CHEWs) to be coordinated by 3-National facilitator, 6-state facilitators, 3-NPHCDA, 3-SMOH, 7-DPs (130 participant)	₦ 21,495,000	₦ 6250000	₦	₦ 15245000
		2.8.12.4c	Conduct a Three-Day ENCC Capacity Building cascade to the MCH coordinators and OICs across the 239 wards (300 expected participants: -239	₦ 56,583,000	₦ 12800000	₦	₦ 43783000

			OICs, 21-MCH coordinators, 11-KSPHCDA, 10-HMB, 3-SMOH, 3-NPHCDA, 3 National facilitators, 10-DPs)				
		2.8.12.4 d	Conduct a three-day Helping Baby Breath (HBB) capacity building cascade to the MCH coordinators and OICs across the 239 ward (300 expected participants:-239 OICs, 21-MCH coordinators, 11-KSPHCDA, 10-HMB, 3-SMOH, 3-NPHCDA, 3 National facilitators, 10-DPs)	₦ 46,518,000	₦ 6400000	₦	₦ 40118000
		2.8.12.4 e	Conduct a Five-Day Expanded LSS Capacity Building cascade to 30 participants from MCH Coordinators State Team,	₦ 18,320,000	₦ 2346000	₦	₦ 15974000
		2.8.12.4 f	Conduct a Five-Day Modified LSS Capacity Building cascade to 30 participants from MCH Coordinators State Team by a National Facilitators	₦ 12,375,000	₦ 2654000	₦	₦ 9721000
		2.8.12.4 g	Conduct a One-Day Build capacity of 42-healthcare workers on provision of emergency obstetric, newborn, and childcare at all levels to be coordinated by 8-facilitators (3-State, 1-NPHCDA, 4-DPs)	₦ 3,693,000	₦ 420000	₦	₦ 3273000
		2.8.12.8	Increase Antenatal Care (Individual and GANC) coverage and HFs delivery in the primary, secondary and tertiary health facilities in all the 36 states plus FCT	₦ 157,154,000	₦ 55,288,000	₦	₦ 101,866,000
		2.8.12.8 a	Development and printing of 500 guidelines, 1,000 SOPs, and 1000 protocols for scale-up of emergency obstetric, newborn, and childcare at all levels	₦ 10,000,000	₦ 10000000	₦	₦
		2.8.12.8 b	Conduct a Three-Day capacity of community-based workers 300 (CHIPS etc), TBAs and other stakeholders on community risk	₦ 73,650,000	₦ 16000000	₦	₦ 57650000

			detection for neonatal and child health issues				
		2.8.12.8 c	Conduct a 5 days development and implement communication strategic meeting by 30 participants.	₦ 9,510,000	₦ 860000	₦	₦ 8650000
		2.8.12.8 d	Conduct one day advocacy visits to the First Lady, Women leaders, CSOs, Market women, religious leaders, Wives of LG Chairmen and other stakeholders on safe motherhood service by 30 persons (Focal persons across the LGA and the state).	₦ 1,800,000	₦ 1800000	₦	₦
		2.8.12.8 e	Conduct a one-day biannual mobilization by 30 participants, and support to CBOs, community structures (WDC, CHIPS etc.) in safe motherhood initiatives at all levels - Community sensitization on safe motherhood practices (Family Planning, ANC, Hospital deliveries) by older women and male champions	₦ 2,296,000	₦ 2960000	₦	₦ -664000
		2.8.12.8 f	Conduct a one-day stakeholders meeting for the development and implementation of BCC interventions at all levels. - Radio jingles for sensitization of pregnant women, WCBA, community leaders on focused ANC and postnatal care by 60 participants.	₦ 3,882,000	₦ 3,882,000	₦	₦
		2.8.12.8 g	Conduct the Production and distribution of posters, 21 LGA level billboards, and other IEC/BCC materials on safe motherhood (1000-Poster, 21-Billboard, 152 -T-shirt, -Face cap)	₦ 1,326,000	₦ 1296000	₦	₦ 30000
		2.8.12.8 h	Conduct a Five-Day Production and the development of a framework for engagement of media in safe motherhood initiatives for 30 Stakeholders	₦ 45,575,000	₦ 10000000	₦	₦ 35575000

		2.8.12.12	Deploy Doctors midwives+CHEWS/JCHEWS to high need areas, using relocation incentives and flexible arrangements for RMNCAH	₦ 38,400,000	₦ 12,820,000	₦	₦ 25,580,000
		2.8.12.12a	Conduct a three-day process for 600 persons (50 participants per 10 clusters) to engage (Doctors, BHCPF OICs, Midwives, CHEWs/JCHEWs) to improve the optimization of uptake of BMPHS at 239 BHCPF sites in Kogi State.	₦ 38,400,000	₦ 12,820,000	₦	₦ 25,580,000
		2.8.12.13	Activate additional CHEWs and JCHEWs by leveraging unemployed available stock for RMNCAH+N	₦ 1,825,000	₦ 1,825,000	₦	₦
		2.8.12.13a	Conduct a One-Day HRH TWG meeting for 30 stakeholders (SMoH, KSPHCDA, KGSHIA, with an agenda to revise the engagement of HRH towards improving the Doctor and Nurse/Midwife - Client Ratio	₦ 1,825,000	₦ 1,825,000	₦	₦
		2.8.12.14	Up skill midwives on supervision, innovations and refresher courses for deployed midwives	₦ 38,935,000	₦ 12,600,000	₦ 10,935,000	₦ 15,400,000
		2.8.12.14a	Conduct a Five-Day process to build the capacity of 240 SBA, 25 Facilitators/Supervisors, (12 KSPHCDA, 6 SMoH, 2HMB 5 NPHCDA) on BEmONC to improve the QoC through the QIT (4 Clusters)	₦ 38,935,000	₦ 12,600,000	₦ 10,935,000	₦ 15,400,000
		2.8.12.21	Improve access to Basic and Comprehensive emergency obstetric and new born care (CEMOnC) services through skill birth attendant.	₦ 11,160,000	₦ 3,400,000	₦	₦ 7,760,000
		2.8.12.21a	Conduct a Five-Day training of 42 skilled birth attendants (e.g., Doctors, Nurses, Midwives, CHEWs) in Emergency Obstetric and Newborn Care (EmONC) and ELSS	₦ 11,160,000	₦ 3,400,000		₦ 7,760,000

			FAMILY PLANNING				
		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.	₦ 26,165,000	₦ 5,543,000	₦ 6,000,000	₦ 14,622,000
		2.8.12.22.a	One day Quarterly meeting to review and Resupply FP commodities to 21 LGA FPCs with 20 state officers and3-4 supporting partners in attendance, including hiring of 21-vehicle for pick up and distribution by LGA FPs	₦ 16,049,000	2300000	6000000	7749000
		2.8.12.22.b	Conduct 3 days quarterly Family Planning outreach across the 21 LGAs with 1-State Officers, 4-LGA officers, 2 community volunteers to hard to reach and undeserved communities and Integrated outreach/In reach for family planning/cervical screening by 9 team members of Planned Parenthood Federation of Nigeria	₦ 2,268,000	540000	0	1728000
		2.8.12.22.c	Conduct one day in-reach activities on a monthly basis for 104 MSI- supported facilities.	₦ 7,752,000	2607000	0	5145000
		2.8.12.22.d	Send State RIRF to FMOH on quarterly basis for Offloading commodities from Oshodi warehouse to DMA store by 4 personals for uploading to	₦ 96,000	96000	0	0
		2.8.12.23	Domesticate the national policy and guidelines for Postpartum Family Planning (PPFP) and Post-Abortion Family Planning (PAFP), and adapt them for community deployment	₦ 405,480,000	₦ 102,000,000	₦ 136,080,000	₦ 167,400,000
		2.8.12.23.a	Procurement of 360,000 pieces of Male condom,20,000 cycles of Microgynon, 20,000 amples of Noristerat, 20,000pieces of	₦ 388,580,000	102000000	128000000	158580000

			Implanon to be procured according to National guidelines to augment FMOH supplies				
		2.8.12.23.b	Provision of consumables (1000 pks of Pt strips,1000 Normal saline1litre, 1000, hand sanitizer, 2000 Water for injection, 1000 pks Disposable glove, 4000 pieces Surgical glove, 1000pks of 2ml syringe and needle, 1000 pks 21G needles,1000 Adhesive plater,1000pks Elastoplast, 1000 Jik b/s,1% Non adrenaline Xylocaine,500 10%Povidone, 500 Methylated spirit, Cottonwool,)to service delivery points in a phased approach	₦ 16,900,000	0	8080000	8820000
		2.8.12.24	Adapt and Implement the National FP Communication Strategy to raise demand and reduce Unmet Need for FP at the state level	₦ 2,562,000	0	1562000	1000000
		2.8.12.24.a	One day Sensitization of 100 youths (youth groups, Corp members and various groups) with 2 facilitators on RH/FP in 4 tertiary institutions yearly in phases	₦ 5,440,000	0	3476000	1964000
		2.8.12.24.b	QUARTERLY STAKEHOLDER'S ENGAGEMENT MEETING of 20 participants for performance review	₦ 34,920,000	3200000	25000000	6720000
		2.8.12.24.c	MSI Advocacy visit to State, LGA, and dialogue with community stakeholders as well as compound meeting for women and men of reproductive age, 24 times with at least 20 people quarterly	₦ 1,328,000	1328000	0	0
		2.8.12.24.d	Production and Airing of radio jingles on family planning/child spacing in 4 languages jingles twice weekly	₦ 364,000	0	364000	0

		2.8.12.24.e	PRINTING OF CLINICAL GOVERNANCE DOCUMENTS FOR 104 MSI supported SITES	₦ 1,500,000	150000	230000	1120000
		2.8.12.24.f	Printing and distribution of 500 IEC materials on FP/Child Spacing and 500 new FP logo/	₦ 2,170,000	200000	600000	1370000
		2.8.12.24.g	One day commemoration of' WORLD CONTRACEPTION DAY" (Printing of 100 Shirts with face caps, Road show, printing of facts sheets, Lunch, communication, Banner, 3-Media engagement (NTA,Radio,Graphic)	₦ 2,562,000	0	1562000	1000000
			INTEGRATED MANAGEMENT OF CHILDHOOD ILNESS (IMCI) + NEW BORN CARE				
		2.8.12.27	Adapt and review the National Essential Newborn Care Course (ENCC) to align to the global second edition of ENCC for quality improvement	₦ 11,086,000	₦ 11,086,000	₦ -	₦ -
		2.8.12.27.a	Conduct a Five-Day Process for 50 stakeholders to Adapt and review the National Essential Newborn Care Course (ENCC) to Kogi State peculiarities	₦ 5,150,000	5150000	0	0
		2.8.12.27.b	Conduct a One-Day Validation Process for 50 stakeholders on the National Essential Newborn Care Course (ENCC) adapted to Kogi State peculiarities	₦ 2,968,000	2968000	0	0
		2.8.12.27.c	Conduct a One-Day Dissemination Process for 50 stakeholders on the National Essential Newborn Care Course (ENCC) adapted to Kogi State peculiarities	₦ 2,968,000	2968000	0	0
		2.8.12.28	Promote home visits on community- based newborn through empowering communities, Outreaches and Mobile Clinics	₦ 62,381,500	₦ 19,210,000	₦ -	₦ 43,171,500
		2.8.12.28.a	Conduct a Five-Day capacity building process for 126(SToT)	₦ 37,530,000	10200000	0	27330000

			HRH to provide focused ANC and PNC services at all levels				
		2.8.12.28.b	Conduct a Three-Day capacity of community-based workers 300 (CHIPS etc), TBAs and other stakeholders on community risk detection for neonatal and child health issues	₦ 18,641,500	2800000	0	15841500
		2.8.12.28.c	Conduct the Payment of stipends for Transport and communication to CHIPS personnels in 8 pilot LGAs with 196 CHIPS Agents 34 CEFPs	₦ 6,210,000	6210000	0	0
		2.8.12.36	Improve capacity skills of doctors, nurses, CHEWs at PHC for Integrated Management of Childhood Illness (IMCI) and community Health workers on Integrated Community Case Management (ICCM)	₦ 87,284,000	₦ 16,570,000	₦ -	₦ 70,714,000
		2.8.12.36.a	Conduct a Three-Day IMCI, Capacity Building cascade to 300 participants from MCH Coordinators, 239 OICs State Team, Partners	₦ 87,284,000	16570000	0	70714000
		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	₦ 5,420,000	₦ 5,420,000	₦ -	₦ -
			WASH				
		2.8.12.37.a	Conduct a one-day multi - sectoral stakeholders mapping to include 60 members from each sector on WASH	₦ 3,180,000	3180000	0	0
		2.8.12.37.b	conduct a one-day inaugural meeting of the 15 member stakeholders	₦ 320,000	320000	0	0
		2.8.12.37.c	organize a bimonthly meeting for 15-member committee to facilitate discussion and consensus building among stakeholders	₦ 1,920,000	1920000	0	0
			SCHOOL HEALTH SERVICES				

		2.8.12.40	Collaborate with Ministry of Education to Review the school health Policy, adopt and domesticate school health services standards at state level.	₦ 23,356,720	₦ 13,012,100	₦ -	₦ 10,344,620
		2.8.12.40.a	Formation of Health Club in 3 Selected Schools, (1) each across the 3 Senatorial District of the State. 12 persons (KSPHCDA) / SMOH, 1CBO, WHO, UNICEF.	₦ 5,743,080	2546000	0	3197080
		2.8.12.40.b	Conduct a one-day Inauguration/Sensitization of school health committee of 50 Members, 4 State Team 2 Support staff , WHO, UNICEF (Total of 56 Persons)	₦ 1,335,000	1335000	0	0
		2.8.12.40.c	Conduct a one day Inauguration /Sensitization of 21 School Health Desk Officers on their Specific Role , 12 KSPHCDA/ SMOH Members , 2 Support staff, WHO, UNICEF (Total of 37 Persons)	₦ 895,000	895000	0	0
		2.8.12.40.d	Conduct Periodic (Quarterly)sensitization of Female students on the Importance of Routine Immunization across the 21 LGA of the state. 150 Target Students, 11 Members of the State Team (KSPHCDA) 10 (SMOH) WHO	₦ 4,749,680	1640000	0	3109680
		2.8.12.40.e	conduct a one-day sensitization meeting of Key stakeholders of school health services 21 education Secs, (E. Ss) 21 Area Evaluators of Education (A.E. Es) 21Nigeria Association of Proprietors of Private Schools (NAPPS) on their Specific Role in School Health Program, 63 Stakeholders,10 KSPHCDA/SMOH, WHO,UNICEF. Total of 79 Members.	₦ 2,439,160	1700000	0	739160

		2.8.12.40.f	Periodic (Quarterly) Sensitization Campaign of In-School Youth on Drug Abuse. 200 Tertiary Students Targeted in each Senatorial District of the State. 15 Members of the State Team across KSPHCDA,SMOH,SOME,NDLEA, WHO, UNICEF Total of 215 persons.	₦ 4,573,600	1274900	0	3298700
		2.8.12.40.g	Conduct (periodic) sensitization meeting of Parents Teachers Association (PTA) in 6 selected schools in each senatorial district of the state on the Important of Immunization, 80 parents per school, 6 KSPHCDA/SMOH, Total of 86.	₦ 1,650,000	1650000	0	0
		2.8.12.40.h	Conduct a 4-day (Quarterly) Sensitization of Parents Teachers Association (PTA) of Caregiver on Case Definition of disease preventable in 84 selected Schools across the 21 LGAs of the State. 21 State Team KSPHCDA/SMOH, WHO, CBO. (3 Facilitators for Capacity building of the percipients, 2 Support staff) Total of 112 participants.	₦ 1,971,200	1971200	0	0
			NUTRITION				
		2.8.12.44	Revitalize of baby friendly initiative (BFI) at all levels of care	₦ 34,003,500	₦ 11,436,000	₦ -	₦ 22,567,500
		2.8.12.44.a	Conduct the set-up of 239 nutrition units in the PHC	₦ 9,900,000	2760000	0	7140000
		2.8.12.44.b	conduct a 5-day residential training of 239 HWs (one from each Ward) on MIYCN and Health campaign (training to be conducted in 4 batches) 8 facilitators.	₦ 16,763,500	4200000	0	12563500
		2.8.12.44.c	Conduct a 3 days Quarterly supervision of nutrition facilities by 6 nutrition Officers	₦ 4,464,000	1600000	0	2864000

		2.8.12.44.d	Conduct the supply of nutrition equipment, MUAC, weighing Scales, two to each facility, food Demonstration equipment (2 pots, 1 gas cooker, 2 buckets, 2 drains,4 bowls, 6 table spoons,4 cups of different sizes, 1 chopping board, 1 knife, serving 12 plates, 2dishing spoons, 1 manual greater to each, nutrition unit.	₦ 2,876,000	2876000	0	0
		2.8.12.45	Conduct Nutrition assessment, counselling and support (NACS)	₦ 36,559,500	₦ 36,559,500	₦ -	₦ -
		2.8.12.45.a	Conduct a One-Day Planning meeting of about 42-member state team on Nutrition interventions.	₦ 696,000	696000	0	0
		2.8.12.45.b	Conduct a two days inauguration meeting for 239 Women support group across the wards	₦ 10,110,000	10110000	0	0
		2.8.12.45.c	Conduct a 2 days Capacity building of 478HWs (2per HF) and 239 Community Volunteers on NACS	₦ 25,753,500	25753500	0	0
		2.8.12.46	Provision of growth monitoring and promotion (GMP) services at all level of care	₦ 112,878,000	₦ 33,123,000	₦ -	₦ 79,755,000
		2.8.12.46.a	Conduct a One-Day Advocacy visit to the Heads of Primary, Secondary & tertiary health institutions and community Leader on growth monitoring & promotion (GMP) services at all level of care.	₦ 860,000	860000	0	0
		2.8.12.46.b	Conduct a One-Day Refresher Training for 42 LGA Nutrition Coordinators, 31 Nurses/Midwifes(21 from secondary HFs& 10 from Tertiary HFs).	₦ 7,327,000	7327000	0	0
		2.8.12.46.c	Conduct the procurement and distribution of 5,000 MUAC TAPE,1,500 Children weighing scale & 1,000 Adult weighing scales and GMP REGISTERS.	₦ 100,155,000	20400000	0	79755000

		2.8.12.46.d	Conduct a One-Day Quarterly supervision of HCFs and during health campaign Implementations (Bi-Annual MNCHW) by 42 Nutrition officers	₦ 4,536,000	4536000	0	0
		2.8.12.47	Accelerate the scale up of integrated management of acute malnutrition (IMAM) at all level of care	₦ 95,898,000	₦ 27,073,000	₦ -	₦ 68,825,000
		2.8.12.47.a	Conduct a day Planning meeting of 31 stakeholders (10 state officers & 21 LGA NFPs: Microplan for all resources.	₦ 5,943,000	2920000	0	3023000
		2.8.12.47.b	Conduct a 3-Day Sites selection of HCFs and Assessment by 12 assessors	₦ 1,164,000	1164000	0	0
		2.8.12.47.c	Community Sensitization for awareness, ownership & sustainability in the establishment of IMAM Services. 239 persons and 21 State Facilitators	₦ 3,398,000	3398000	0	0
		2.8.12.47.d	3 days Residential Training of personnel: 1 Nutritionist, 4 HWs, 10 CVs/OTP Site, 1 store officer and 1 M&E = 17 HRH per IMAM Site (21 site *17=357) and 5 Facilitators, 3 support.	₦ 34,313,500	6200000	0	28113500
		2.8.12.47.e	3 days Training of personnel: 1 Nutritionist, 4 HWs, 10 CVs/OTP Site, 1 store officer and 1 M&E = 17 HRH per IMAM Site (21 site *17=357)	₦ 34,343,500	7300000	0	27043500
		2.8.12.47.f	Supply/Distribution of RUTF & Other Supplies-Antimalarial, Amoxillin	₦ 13,145,000	2500000	0	10645000
		2.8.12.47.g	3 Days Follow-up- Mentoring, Coaching and follow-up-Training and Data management by 21 Nutrition Officers & LGA NFP	₦ 3,591,000	3591000	0	0
		2.8.12.48	Improve out-patient therapeutic (OTP) services in at least 2 PHC per ward across 36 states and FCT.	₦ 9,303,000	9303000	0	0

		2.8.12.48.a	A day Planning meeting of 31 stakeholders (10 state officers & 21 LGA NFPs: Microplan for all resources.	₦ 1,443,000	1443000	0	0
		2.8.12.48.b	3 Days Sites selection of HFs and Assessment by 12 assessors on Nutrition Interventions.	₦ 2,700,000	2700000	0	0
		2.8.12.48.c	Conduct a One-Day community Sensitization for awareness, ownership & sustainability in the establishment of IMAM Services. 239 persons and 21 State Facilitators	₦ 5,160,000	5160000	0	0
		2.8.12.51	Develop guideline on establishment of Community Nutrition Centre and large-scale food fortification	₦ 45,810,000	₦ 11,130,000	₦ -	₦ 34,680,000
		2.8.12.51.a	Engage a consultant to conduct a Five-Day Development process for 50 persons on the guideline on establishment of Community Nutrition Centre and large-scale food fortification	₦ 25,450,000	2000000	0	23450000
		2.8.12.51.b	Conduct a 1-Day Validation meeting of stakeholders 50 participant	₦ 2,850,000	2850000	0	0
		2.8.12.51.c	Conduct a 1-Day Dissemination of guideline on the establishment of community nutrition center and large scale food fortification	₦ 17,510,000	6280000	0	11230000
			BASIC HEALTH CARE PROVISSION FUND (BHCPF)				
		2.8.13	Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance	₦ 16,149,225,500	₦ 2,274,057,500	₦ 10,480,285,000	₦ 3,394,883,000
		2.8.13.1	Propose reforms of the NPHCDA BHCPF gateway, to enhance accountability and quality of services, to the MOC through joint memo with NHIA	₦ 112,144,000	₦ 30,115,000	₦ 8,000,000	₦ 74,029,000

		2.8.13.1 .a	Hold a five-day workshop with 90 stakeholders (3 Clusters of Policy Makers, House of Assembly and LGA Chairmen) for development and the passage of the State health Act or Health Security Law through the engagement of a consultant	₦ 79,770,000	14780000	0	64990000
		2.8.13.1 .b	Sponsor three Top state BHCPF Officials to a 7 - day international conference, to enhance capacities of the staff on the operationalization and proper implementation of the 2014 National Health Act.	₦ 17,952,000	10000000	0	7952000
		2.8.13.1 .c	Hold a one-day workshop with 30 stakeholders to validate the development of State health Act or Health Security Law for passage	₦ 1,835,000	1835000	0	0
		2.8.13.1 .d	Hold a one-day workshop with 30 stakeholders to disseminate State health Act or Health Security Law for passage	₦ 1,835,000	1700000	0	135000
		2.8.13.1 .e	Sponsor four top state BHCPF Officials to a 7 - day national workshop, to enhance capacities of the staff on the operationalization and proper implementation of the 2014 National Health Act.	₦ 10,752,000	1800000	8000000	952000
		2.8.13.2	Revise and domesticate the BHCPF 2.0 guidelines to operationalize the proposed BHCPF NPHCDA Gateway reforms (in collaboration with the states and donors) including a performance and accountability framework	₦ 286,044,500	₦ 25,044,500	₦ 261,000,000	₦ -
		2.8.13.2 .a	Hold a eight-Day (SToT) to process to build the capacity of 80 HRH at State, LGHA level on BHCPF 2.0 guidelines	₦ 69,440,000	9440000	60000000	0
		2.8.13.2 .b	Conduct a Three-Day workshop, to build the capacity of 780 HRH at State, LGHA level	₦ 216,604,500	15604500	201000000	0

			(cascade)on BHCPF 2.0 guidelines (4 Clusters)				
		2.8.13.3	Establish standards for PHC functionality and stratify existing PHCs accordingly	₦ 55,560,000	₦ 21,200,000	₦ -	₦ 34,360,000
		2.8.13.3 .a	Hold a one-day Inaugural meeting for a 30 Stakeholder Team to meet quarterly to ensure health specific standards, include the WHO/UNICEF JMP WASH standard indicators as measures of functionality of PHC centers.	₦ 55,560,000	21200000	0	34360000
		2.8.13.4	Update nationwide PHC assessments to establish baseline, and create a sustainable system for real time visibility into PHC functionality status	₦ 298,344,000	₦ 12,400,000	₦ 40,824,000	₦ 245,120,000
		2.8.13.4 .a	Hold a five-day training of trainers on WASH FIT methodology for n=100 State and LGA level Health and WASH staff to facilitate comprehensive assessment and improvement planning for each health care facility to provide the baseline to be aggregated to Ward, LGA and State levels and inform effective planning.	₦ 257,520,000	12400000	0	245120000
		2.8.13.4 .b	Hold a three-Day HCF Assessment/Quarterly Quality assurance meeting by 42 assessors to cover n=239 BHCPF HCFs	₦ 40,824,000	0	40824000	0
		2.8.13.5	Galvanize all government and partner resources for phased needs-based upgrades of prioritized PHCs to achieve full functionality (infrastructure, equipment, workforce, commodities etc)	₦ 14,139,101,000	₦ 1,969,649,000	₦ 9,340,800,000	₦ 2,828,652,000
		2.8.13.5 .a	Hold a two-day Advocacy visit by ED KSPHCDA, ES KGSHIA, BHCPF FP/SWAp FP, Partners, Media to the His Excellency the	₦ 329,000	329000	0	0

			Governor of Kogi State, Speaker of the House of Assembly and HCH to sensitize on the UHC linkage to BHCPF				
		2.8.13.5 .b	Construction of a permanent building for KSPHCDA for effective/central organization and coordination of BHCPF and other PHC activities in the state in line with PHCUOR.	₦ 450,000,000	450000000	0	0
		2.8.13.5 .c	Carry out a Two- day Quarterly meeting for 30 persons to develop BHCPF Quarterly Business Plans for n=239 for the Decentralized Facility Financing from BHCPF	₦ 117,040,000	4200000	8400000	104440000
		2.8.13.5 .d	Carry out revitalization of 180 BHCPF Facilities by Various intervention (STATE, BHCPF, IMPACT-World Bank, BMG etc) to a minimum of Level 2	₦ 13,500,000,000	1500000000	9300000000	2700000000
		2.8.13.5 .e	Hold a one-day Quarterly Inter-gate way Forum / stakeholders meeting for 30 participants	₦ 15,720,000	6500000	2400000	6820000
		2.8.13.5 .f	Hold a two-day Bi-annual residential meeting for 50 Stakeholders (LGA Chairmen meeting with partners and relevant MDA) to improve collaboration on BHCPF Implementation.	₦ 7,700,000	2700000	5000000	0
		2.8.13.5 .g	Hold a one-Day Quarterly MOC/SOC meeting with 30 participants	₦ 15,720,000	720000	15000000	0
		2.8.13.5 .h	Hold two-day Quarterly MOC/SOC ISS of at least 30 BHCPF ward focal HCFs by 42 stakeholders	₦ 32,592,000	5200000	10000000	17392000
		2.8.13.6	Develop and implement a holistic Advocacy, Communication and Community Engagement strategy	₦ 60,048,000	₦ 60,048,000	₦ -	₦ -
		2.8.13.6 .a	Engage a consultant to conduct a Three-Day Non-Residential Process for 50 stakeholders to	₦ 60,048,000	60048000	0	0

			review state level Advocacy, Communication and Community Engagement strategy for BHCPF (Day 1), Validate (Day 2) and Disseminate (Day 3) and print 200 copies				
		2.8.13.7	Enforce quarterly disbursement of funds in line with BHCPF guidelines	₦ 4,480,000	₦ 4,480,000	₦ -	₦ -
		2.8.13.7 .a	Hold a one Day Quarterly Review Committee Meeting for 10 SOC panelists with BHCPF Focal Person from NPHCDA and NHIA Gateways to ensure timely disbursement of funds to 239 HF supported by BHCPF	₦ 4,480,000	4480000	0	0
		2.8.13.8	Enforce a dedicated BHCPF TSA sub-account for SPHCDAs	₦ 8,120,000	₦ 1,000,000	₦ 7,120,000	₦ -
		2.8.13.8 .a	Carry out a one-Day Retraining of BHCPF Sub-accountant for all 10 SPHCDAs Supported PHCs	₦ 4,480,000	1000000	3480000	0
		2.8.13.8 .b	Carry out a one-Day Quarterly meeting review 239 HCFs Accounts/Retirement for 30 (LGHA, KSPHCDA)	₦ 2,640,000	0	2640000	0
		2.8.13.8 .c	Procure airtime for 50 BHCPF Team	₦ 1,000,000	0	1000000	0
		2.8.13.1 4	Ensure an annual statutory audit is done across all levels and external audit performed on total funds	₦ 1,810,000	10240000	0	-8430000
		2.8.13.1 4.a	Carry out a one-day annual statutory audit Desk Review Meeting for 30 stakeholders	₦ 1,810,000	10240000	0	-8430000
		2.8.13.1 5	Establish independent monitoring and verification system	₦ 32,592,000	10240000	0	22352000
		2.8.13.1 5.a	Hold a two-day Quarterly ISS by 42 assessors inclusive of CSOs to administer a descriptive survey to ascertain the level of ownership and conformity with	₦ 32,592,000	10240000	0	22352000

			best practices by the leadership and governance of the LGHA				
		2.8.13.19	Programmatic funds (Public Health Emergency Response Fund) pooled and disbursed to public health emergency outbreak	₦ 7,700,000	7700000	0	0
		2.8.13.19.a	Hold Quarterly one-day meeting on emergency preparedness and health security meeting for 30 Stakeholders inclusive of stakeholders by CSOs	₦ 7,700,000	7700000	0	0
		2.8.13.22	Deliver BHCPF as One Package at the last mile.	₦ 979,370,000	78370000	763200000	137800000
		2.8.13.22.a	Procure delivery packs for 25000 pregnant women in 239 wards to support uptake of BMPHS	₦ 625,000,000	12000000	475200000	137800000
		2.8.13.22.b	Pay transportation fares for pregnant women in Labor transported to BHCPF Sites	₦ 40,000,000	40000000	0	0
		2.8.13.22.c	Pay monthly allowance to 320 to SBAs engaged at BHCPF sites	₦ 307,200,000	19200000	288000000	0
		2.8.13.22.d	Pay night shift allowance to 239 HCFs in wards to Midwives/Nurses	₦ 7,170,000	7170000	0	0
		2.8.13.23	Strengthen the oversight role of the MOC and SOC as central governance bodies.	₦ 38,533,000	12400000	20133000	6000000
		2.8.13.23.a	Carry out a one-day orientation NPHCDA Gateway National Health Care Facility Assessment for 50 persons	₦ 2,920,000	2920000	0	0
		2.8.13.23.b	Hold a three-day Annual NPHCDA Gateway National Health Care Facility Assessment by 63 team of assessors	₦ 18,333,000	6200000	12133000	0
		2.8.13.23.c	Hold a one-day Quarterly MSP TWG meeting for 30 Stakeholders	₦ 7,280,000	1280000	0	6000000

		2.8.13.23.d	Procure 10 HP LAPTOP COMPUTER CORE i5, 1TERABITE HDD, 8GB RAM HDMI, LCD and 10 Android for the SOC, FINANCE AND HPRS UNITS LINKED TO BHCPF	₦ 10,000,000	2000000	8000000	0
		2.8.13.24	Digitize the process steps to access funds to improve efficiency	₦ 35,205,000	25205000	0	10000000
		2.8.13.24.a	Hold 1-Day Orientation on DLI survey on ODK to track performance through SWAp for 30 participants	₦ 1,905,000	1905000	0	0
		2.8.13.24.b	Hold a 3-Day monthly survey on DLIs on ODK to track performance through SWAp by 5 Assessor Team	₦ 33,300,000	23300000	0	10000000
		2.8.13.26	Launch a national framework to guide data management and governance with an API integrative national platform	₦ 10,552,000	2106000	4526000	3920000
		2.8.13.26.a	Hold a One-Day State-level training of 30 trainers on data management using the EMID/DHIS2/NHMIS data tools	₦ 2,106,000	0	2106000	0
		2.8.13.26.b	Hold a One-Day Training of 30 LGA HMIS officers and others on RI/ANRiN/BHCPF/Family Planning data harmonization	₦ 2,106,000	2106000	0	0
		2.8.13.26.c	Hold a Five-Day Data Quality Assurance Process for 105 PHCs to harmonize RI/ANRiN/BHCPF/Family Planning/other public health data	₦ 6,340,000	0	2420000	3920000
		2.8.13.27	Drive private sector involvement in PHC service delivery	₦ 5,780,000	3860000	1920000	0
		2.8.13.27.a	Hold a One-day non-residential meeting of 30 participants (SMoH, KSPHCDA, KGSHIA, Private Practitioners, NMA, NNAM, Partners, Media) to deepen private sector involvement in PHC service delivery	₦ 2,420,000	2420000	0	0

		2.8.13.27.b	Hold a Monthly Media Conference to improve BHCPF advocacy to several stake holders on Internet, TV and Radio	₦ 1,920,000	0	1920000	0
		2.8.13.27.c	Procure and Air; Radio and Television Jingles on BHCPF and BMPHS uptake to promote reduced morbidity due to exposure in the community	₦ 1,440,000	1440000	0	0
		2.8.13.30	Conduct a rapid facility functionality assessment of CEmONC facilities for service readiness, climate resilience, and energy efficiency	₦ 18,562,000	0	18562000	0
		2.8.13.30.a	Hold a one-day orientation process to build the capacity of 52 CEmONC facilities assessors	₦ 3,430,000	0	3430000	0
		2.8.13.30.b	Hold a three-Day process to access 52 CEmONC facilities for service readiness, climate resilience, and energy efficiency on ODK	₦ 15,132,000	0	15132000	0
		2.8.13.32	Quarterly MOC meetings on the BHCPF's performance.	₦ 55,280,000	0	14200000	41080000
		2.8.13.32.a	Conduct a One Day SOC Quarterly Review Committee Meeting for 30 stakeholders (10 SOC panelists), BHCPF Focal Person from NPHCDA and NHIA Gateways to ensure timely disbursement of funds to 239 HF supported by BHCPF	₦ 55,280,000	0	14200000	41080000
			NHLMIS				
		3.13.19	Streamline existing supply chains to remove complexity	₦ 29,702,000	₦ 29,702,000	₦ -	₦ -
		3.13.19.3	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	₦ 16,252,000	16252000	0	0

		3.13.19.3.a	Conduct a three (3) Days training and Orientation of 42 HMISO and Others on LMIS for PHC	₦ 10,152,000	10152000	0	0
		3.13.19.3.b	Conduct the Procurement process for Printing and Distribution of 1000 Clinical Data Management Tools	₦ 4,000,000	4000000	0	0
		3.13.19.3.c	Development of LMIS for PHC on Open Data Kit (ODK) for estimation of commodities and consumables across 239 wards, provide feedback to 30-plenary stakeholders	₦ 2,100,000	2100000	0	0
			ESSENTIAL DRUGS				
		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	₦ 13,450,000	13450000	0	0
		3.13.19.4.a	Procurement of RMNCEAH+N Commodities (5000 mIsoprostol, 2000 Chlohexidin gel, 1000 cotton wool, 1000 Hand Sanitiza, 2000 Face Mask) for distribution to Selected BHCPF Facilities.	₦ 5,050,000	5050000	0	0
		3.13.19.4.b	Procurement and distribution of 2,000 LLIN, 6,000 Malaria RTKs, 6,000 HIV RTKs and 5,000 Amodiaquine, 4.000 ACT, prophylaxis for infants 0-59months old	₦ 8,400,000	8400000	0	0
			SURVEILLANCE/EPR				
		4.14.20	Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security	₦ 20,380,000	₦ 17,020,000	₦ 3,360,000	₦ -
		4.14.20.3	Workforce Capacity Building - Enhances capabilities to achieve health security	₦ 4,420,000	₦ 4,420,000	₦ -	₦ -

		4.14.20.3.a	Conduct a One-Day Training of 50 LGA DSNO & ADSNO on E Surveillance	₦ 4,420,000	4420000	0	0
		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.	₦ 15,960,000	₦ 12,600,000	₦ 3,360,000	₦ -
		4.14.20.5.a	Conduct the Printing of surveillance 240 forms (IDSR001A CLIENT DATA FORM IDSR001B LABORATORY FORM (Sample Collection and Test Results) IDSR001B LABORATORY FORM (Sample Collection and Test Results) IDSR001C LABORATORY FORM (Line List From) IDSR002 Weakly Epidemic Prone Morbidity IDSR003 Monthly Epidemic Prone Morbidity	₦ 3,360,000	0	3360000	0
		4.14.20.5.b	Procurement of Android phone to the 21 DSNO and 9 state officers for collection of surveillance data	₦ 12,600,000	12600000	0	0
			Data and Digitalization				
		1.16.22	Strengthen health data collection, reporting and usage – starting with the core indicators	₦ 131,491,000	₦ 60,036,000	₦ -	₦ 71,455,000
		1.16.22.1	Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs	₦ 14,120,000	14120000	0	0
		1.16.22.1.a	1. Establish and Conduct a One-Day Quarterly meetings of the Health Data Consultative Committee (HDCC)-30 and Health Data Governance	₦ 9,480,000	9480000	0	0

			Committee (HDGC)-10 at all policy levels				
		1.16.22.1.b	2. Conduct a One-Day Quarterly M&E TWG meeting for 30 Stakeholders aligned with the SWAp	₦ 3,080,000	3080000	0	0
		1.16.22.1.c	3. Conduct a five-day residential process by consultant to domesticate the National HIS to adapt to State peculiarities (Printing of 200 Copies) with 30 stakeholders inclusive of partners and CSOs	₦ 1,560,000	1560000	0	0
		1.16.22.2	Review, update, and adapt strategic documents on HIS to support monitoring and evaluation of health sector plans and interventions	₦ 1,350,000	1350000	0	0
		1.16.22.2.a	4. Conduct a One-Day Quarterly M&E TWG meeting with a SWAp focus for 30 Stakeholders (SMoH, KSPHCDA, KGSHIA, HMB, Tertiary HCF, KSSH, GH, SMoFBEP, KSHoA, WHO, UNICEF, CHEGERI FOUNDATION, AHF and CIHP).	₦ 1,350,000	1350000	0	0
		1.16.22.3	Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data	₦ 38,800,000	5000000	0	33800000
		1.16.22.3.a	5. Conduct a Two-day Quarterly data quality assessments by 50 SMoH, SMoFBEP, SMoWASD, SMoE, CSO and partners to provide feedback for improvement	₦ 38,800,000	5000000	0	33800000
		1.16.22.4	Strengthen Civil Registration and Vital Statistics (CRVS) system to generate vital statistics of births & deaths including reporting of deaths with the causes	₦ 13,963,000	6963000	0	7000000
		1.16.22.4.a	Inaugurate the Civil Registration and Vital Statistics (CRVS) Systems Committee of 10	₦ 235,000	235000	0	0

			Stakeholers to Strengthen the count of births and birth certification and Strengthen death certification adapting the global standard death certificate by Conducting a One-Day Quarterly Review Meetings to Recommend measures to improve services				
		1.16.22.4.b	Engage a Consultant to Adopt the International Classification of Diseases (ICD-11) standards for disease monitoring and cause of death reporting facilitating comparability of morbidity and mortality data with other countries and print 200 copies	₦ 1,910,000	1910000	0	0
		1.16.22.4.c	Conduct a one day Inauguration of a 15 man Committee to ensure the establishment of a standard-based reporting of the causes of deaths using the ICD-11 and provide report for the DPH at SMoH	₦ 1,128,000	1128000	0	0
		1.16.22.4.d	Conduct a five-day capacity building of 50 HRH on the use of the ICD-II	₦ 5,345,000	1345000	0	4000000
		1.16.22.4.e	Carry out a one day Inauguration of a core team of 30 coders and certifiers to support in-country supply of technical capacity on ICD-11	₦ 5,345,000	2345000	0	3000000
		1.16.22.5	Support coordination, design and implementation of health surveys	₦ 8,380,000	2880000	0	5500000
		1.16.22.5.a	Inaugurate the health survey coordination and collaboration committee through a One-Day Meeting for 30 multi-sectoral stakeholders	₦ 875,000	875000	0	0
		1.16.22.5.b	Participate in the finalization of the development of national Guideline for Survey by 10 technical team members	₦ 655,000	655000	0	0

		1.16.22.5.c	Engage a consultant to archive health survey data at the SMoH	₦ 850,000	850000	0	0
		1.16.22.5.d	Procure 10 Core i5 16GB 1TB HDD Laptops and Cloud Access, AI and Computing accessories/system for routinely collecting data for facility assessments (service availability, readiness and quality of services including patient experience)	₦ 6,000,000	500000	0	5500000
		1.16.22.6	Establish standards for Health Information Exchange	₦ 13,146,000	4146000	0	9000000
		1.16.22.6.a	1.Engage a consultant to conduct a Five-Day process to review and adopt the developed National Indicator/Data Dictionary for 30 Stakeholders by 2025	₦ 6,148,000	2148000	0	4000000
		1.16.22.6.b	2. Conduct a Five-Day process by engaged consultant to adopt the FMoH Digitization of HMIS data tools and Align data elements in NHMIS tools for PHC, secondary and tertiary health facilities and the community and other data sources with the standard nomenclature in the Data Dictionary by 2025	₦ 850,000	850000	0	0
		1.16.22.6.c	3.Engage a consultant to conduct the building of the capacity of 30 Stakeholders on the Integration and support the interoperability of existing health data systems (including SORMAS, NOQA, eCRVS, eTB, NHWR, & Survey data etc) with the National instance (DHIS2) for one source of truth by 2025	₦ 6,148,000	1148000	0	5000000
		1.16.22.7	Strengthen data analysis and use for decision making	₦ 9,825,000	3825000	0	6000000
		1.16.22.7.a	1. Conduct a five-day Capacity building of 30 on advanced data analysis including on big data, predictive analytics, Artificial	₦ 3,545,000	1545000	0	2000000

			Intelligence and Machine Learning by 2025				
		1.16.22.7.b	2. Conduct a One-day Process for 30 stakeholders Quarterly towards strengthening the integrated health sector quarterly performance review with action plan and follow up system instituted for improvements and in alignment with the NHSRII and the SWAp by 2025	₦ 3,140,000	140000	0	3000000
		1.16.22.7.c	3. Conduct a One Day Quarterly Committee process for 10 persons to Monitor the use of health data and information in key decisions by 2025	₦ 3,140,000	2140000	0	1000000
		1.16.22.8	Data sharing and dissemination of health information	₦ 5,495,000	4495000	0	1000000
		1.16.22.8.a	1. Conduct a One-Day Quarterly process for 30 persons to validated data, generate quarterly information products such as policy briefs, analytical reports, statistical bulletins, and factsheets for dissemination.	₦ 3,140,000	2140000	0	1000000
		1.16.22.8.b	2. Engage consultant to conduct a One-Day Annual process for 30 persons to Develop communication plan for data and information	₦ 785,000	785000	0	0
		1.16.22.8.c	3. Engage consultant to conduct a Five-Day process for 30 stakeholders to Develop/strengthen integrated programme dashboards and scorecards for analytics display and data dissemination such as the MSDAT	₦ 785,000	785000	0	0
		1.16.22.8.d	4. Engage consultant to conduct a One-Day process for 30 persons to Implement open-access strategic intelligence platforms such as the National Health Observatory to enhance access to data and analytics at for UHC, SDG3, health systems	₦ 785,000	785000	0	0

			strengthening, PHC, Programmes and specific priority datasets				
		1.16.22.10	Strengthen human resources for health capacity for data management and health information system support	₦ 15,557,000	8557000	0	7000000
		1.16.22.10.a	1. Engage a consultant to conduct a two-day rapid HIS human resource and training needs assessment process for 30 persons to determine available skillsets for HIS with report by	₦ 3,886,000	3886000	0	0
		1.16.22.10.b	2. Engage a consultant to conduct a two-day process for 30 persons to develop, resource and implement a roadmap for HIS training by 2025	₦ 3,886,000	886000	0	3000000
		1.16.22.10.c	3. Conduct a Five-Day process to build the capacity of 30 HRH on innovating and deployment cost-effective mechanisms for continuous capacity building of M&E officers at all levels by 2025	₦ 3,995,000	995000	0	3000000
		1.16.22.10.d	4. Engage a consultant to conduct a two-day process for 30 participants to develop and institutionalize a training database to support workforce deployment by 2025	₦ 1,895,000	1895000	0	0
		1.16.22.10.e	5. Engage a consultant to conduct a two-day process for 30 participants to develop online HMIS Modules for self paced training and re-training at all levels by 2025	₦ 1,895,000	895000	0	1000000
		1.16.22.11	Support the monitoring, evaluation, research and learning of the HIS and broader health system	₦ 10,855,000	8700000	0	2155000
		1.16.22.11.a	1. Engage a consultant to conduct a two-day rapid HIS human resource and training needs assessment process for 30 persons to determine	₦ 1,895,000	1895000	0	0

			available skillsets for HIS with report by				
		1.16.22.11.b	2. Engage a consultant to conduct a two-day process for 30 persons to develop, resource and implement a roadmap for HIS training by 2025	₦ 1,895,000	1895000	0	0
		1.16.22.11.c	3. Conduct a Five-Day process to build the capacity of 30 HRH on innovating and deployment cost-effective mechanisms for continuous capacity building of M&E officers at all levels by 2025	₦ 3,605,000	1450000	0	2155000
		1.16.22.11.d	4. Engage a consultant to conduct a two-day process for 30 participants to develop and institutionalize a training database to support workforce deployment by 2025	₦ 1,730,000	1730000	0	0
		1.16.22.11.e	5. Engage a consultant to conduct a two-day process for 30 participants to develop online HMIS Modules for self paced training and re-training at all levels by 2025	₦ 1,730,000	1730000	0	0
		1.16.23	Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate	₦ 54,417,000	₦ 54,417,000	₦ -	₦ -
		1.16.23.1	Establish/strengthen digital health governance structure and coordination at all levels	₦ 1,515,000	1515000	0	0
		1.16.23.1.a	1. Conduct a Five-Day study tour by 10 Stakeholders and partners to FMoH for guidance and support to Kogi States in the establishment of digital health unit and designation of desk officer at the SMoH and all allied MDAs and LGHAs	₦ 730,000	730000	0	0
		1.16.23.1.b	2.Conduct a One-Day Annual multisectoral, multidisciplinary stakeholders panel on digital health across MDAs, development partners, and the	₦ 785,000	785000	0	0

			private sector and CSO for 30 stakeholders				
		1.16.23.2	Regulate deployment and implementation of digital health interventions to ensure alignment to established national standards	₦ 12,085,000	12085000	0	0
		1.16.23.2.a	1. Inaugurate a 30 Team Committee to conduct a One-day quarterly process to Adopt and advice on the implementation of the FMoH established regulations and compliance mechanism for the implementation of digital health interventions such as the Electronic Medical Records (EMR) system to ensure adherence to standards for data security, patient confidentiality, and system functionality by 2025	₦ 3,140,000	3140000	0	0
		1.16.23.2.b	2. Engage a consultant to conduct a five-day residential process for 30 persons to adopt the National Developed Guidelines and SOPs for the implementation of key digital health interventions including EMR, telehealth, etc by 2025	₦ 8,945,000	8945000	0	0
		1.16.23.3	Develop an enterprise architecture to facilitate interoperability of data systems and applications within the health sector and beyond to facilitate HIE	₦ 9,745,000	9745000	0	0
		1.16.23.3.a	1. A consultant engaged to conduct a five-day residential process to adopt the National standards for digital health applications used in a variety of ways to improve health care and data management and use with 200 copies of printed reports by 2025	₦ 2,645,000	2645000	0	0
		1.16.23.3.b	2. A consultant engaged to conduct a Five-Day Mapping of the digital health applications	₦ 2,345,000	2345000	0	0

			and relevant data systems in use in the country for prioritization in the architectural blueprint by 30 Stakeholders from SMoH, KSPHCDA, KSHIA, Tertiary, Secondary and Primary Health Care Facility by 2025				
		1.16.23. 3.c	3. A consultant engaged to conduct a five-day process by an engaged a consultant to conduct a Five-Day process for the adoption of the National digital Health Platform Architecture based on the adopted national standards that define high-level nationally supported digital health components by 2025	₦ 2,345,000	2345000	0	0
		1.16.23. 3.d	4. A Five-Day process conducted by consultant to define/harmonize digital registries, data collection instruments, and reporting indicators that meet the needs of the national health system by 2025	₦ 1,385,000	1385000	0	0
		1.16.23. 3.e	5. A consultant engaged to conduct a Two-day residential process to adopt the National designed checklist to evaluate the implementation of recommendations of the National HIE Maturity Assessment by 2025	₦ 1,025,000	1025000	0	0
		1.16.23. 4	Implement interoperable digital health systems that facilitates health information exchange (HIE)	₦ 8,405,000	8405000	0	0
		1.16.23. 4.a	Participate (20 Persons) at policy making level (SMoH HCH, ED KSPHCDA, ES KGSHIA, WHO, UNICEF, GH, HA in the development of the national information infrastructure for the national data centre with report by 2025	₦ 705,000	705000	0	0
		1.16.23. 4.b	Engage a consultant to conduct a five-day residential process to	₦ 1,605,000	1605000	0	0

			adopt the National standards for digital health applications used in a variety of ways to improve health care and data management and use with 200 copies of printed reports by 2025				
		1.16.23.4.c	Conduct a Five-Day Mapping of the digital health applications and relevant data systems in use in the country for prioritization in the architectural blueprint by 30 Stakeholders from SMoH, KSPHCDA, KSHIA, Tertiary, Secondary and Primary Health Care Facility by 2025	₦ 905,000	905000	0	0
		1.16.23.4.d	Conduct a five-day process by an engaged a consultant to conduct a Five-Day process for the adoption of the National digital Health Platform Architecture based on the adopted national standards that define high-level nationally supported digital health components	₦ 905,000	905000	0	0
		1.16.23.4.e	5. Conduct a Five-Day process by Consultant to define/harmonize digital registries, data collection instruments, and reporting indicators that meet the needs of the national health system by 2025	₦ 905,000	905000	0	0
		1.16.23.4.f	Engage a consultant to conduct a Two-day residential process foe 30 persons to adopt the National defined minimum functional requirements and interoperability standards that allow for the consistent and accurate collection and exchange of health information across platforms by 2025	₦ 905,000	905000	0	0
		1.16.23.4.g	Conduct a One-Day Dissemination process for 30 Stakeholders on nationally adopted standards for health	₦ 785,000	785000	0	0

			information and digital health to relevant stakeholders by 2025				
		1.16.23.4.h	Engage a consultant to conduct a Two-day residential process foe 30 persons to Identify and discuss the socio-ecological determinants of what data to be shared and activate seamless exchange and generation of robust health information by 2025	₦ 905,000	905000	0	0
		1.16.23.5	Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness	₦ 7,055,000	7055000	0	0
		1.16.23.5.a	1. Engage a consultant to conduct a Quarterly three-day assessment by 42 Assessors on ODK to 30 Technical Institutions of Learning, Policy Makers, HRH in Primary Secondary and Tertiary HCFs to understand practices, attitudes and behaviour of HCW on skills, competencies and readiness for adoption and implementation of interventions	₦ 4,520,000	4520000	0	0
		1.16.23.5.b	2. Engage a consultant to conduct a two-day process for 30 persons to Develop a curriculum for health workforce digital literacy programme including for pre-service and in-service staff by 2025	₦ 905,000	905000	0	0
		1.16.23.5.c	3. Engage a consultant to conduct a two-day process for 30 persons to Develop and implement an innovative strategy for the training and upskilling of HCWs to engage appropriately with digital health interventions by 2025	₦ 905,000	905000	0	0
		1.16.23.5.d	4. Conduct a One-Day Advocacy by HCH and 9 Allied MDAs and partners for the prioritization and recruitment of health information	₦ 725,000	725000	0	0

			professionals cadre into government positions to design, implement and maintain digital health systems by 2025				
		1.16.23.6	Procure and expand Infrastructure for digitizing the health system	₦ 2,745,000	2745000	0	0
		1.16.23.6.a	1. Engage a consultant to conduct a one-day process for 30 persons to Define minimum infrastructure and computing requirements for each level of the health system and health facility type by 2025	₦ 905,000	905000	0	0
		1.16.23.6.b	2. Engage a consultant to conduct a one-day process for 30 persons to Develop and introduce a minimum digital health intervention and related equipment	₦ 905,000	905000	0	0
		1.16.23.6.c	3. Engage a consultant to conduct a one-day process for 30 persons for Panel Discussion with 5 Discussants on Strengthening partnerships and collaboration with the ICT ministry, the telecommunication companies and private sector actors, the NGOs to mobilize resources to support digitization of the health system by 2025	₦ 935,000	935000	0	0
		1.16.23.7	Support innovation platform development and culture	₦ 5,325,000	5325000	0	0
		1.16.23.7.a	Inaugurate a 10 Person Committee to promote Innovation Challenge/Shows for the curation of ideas to solve health systems challenges by conducting One-Day Award to the Best Quarterly Presentations for Technical Institutions of Learning and HCFs by 2025	₦ 755,000	755000	0	0
		1.16.23.7.b	Engage a consultant to conduct a one-day process for 30 persons to Adopt the developed national innovation platform to	₦ 2,010,000	2010000	0	0

			disseminate potentially valuable innovations for the health sector by 2025				
		1.16.23.7.c	Conduct a One-Day Quarterly advocacy to 10 Stakeholders by the HCH and other 9 Stakeholders from Allied MDA, Partners, CSOs and HCFs for the adoption and scale up of tested valuable innovations to support the health system and improve health outcome by 2025	₦ 2,560,000	2560000	0	0
		1.16.23.8	Institute monitoring and evaluation of the implementation of the National Digital Health Strategy, the data and digitization priorities of the HSSB and other initiatives	₦ 7,542,000	7542000	0	0
		1.16.23.8.a	Engage a consultant to conduct a Three-day annual, midterm, and end-term reviews through structured and semi-structured surveys on ODK by 42 Assessors on the adopted National Digital Health Strategy to Sate peculiarity by 2025	₦ 7,542,000	7542000	0	0
	TOTAL			**₦ 24,336,013,420**	**₦ 3,342,251,850**	**₦ 10,986,392,000**	**₦ 10,007,369,570**

KOGI STATE DRUG MANAGEMENT AGENCY 2025 AOP

S/N	Intervention Code	Activity Codes	Sub/Operational Plan Activities	Total Annual Cost	Total Government Fund	Other Sources Of Funds (Partners e.t.c)	Funding Gap
1.	**3.13**	**3.13.19**	Streamline existing supply chains to remove complexity	₦1,152,503,000	₦675,599,000	₦ -	₦476,904,000
		3.13.19.1	Setting up of the National Medicines, Vaccines and Health Commodities Management Agency at the Federal Level to harmonize and coordinate all health supply chain activities (including emergency response supply chain system)	₦5,550,000	₦5,550, 000	₦ -	₦ -
		3.13.19.1.a	Conduct 1 day inaugural meeting of KSDMSMA Board members (20).	₦1,590,000	₦₦1,590,000	₦ -	₦ -
		3.13.19.1.b	Hold 1 Day Quarterly meeting of 20 board members	₦2,560,000	₦2,560,000	₦ -	₦ -
		3.13.19.1.c	Print 400 copies of inventory tools	₦1,400,000	₦1,400,000	₦ -	₦ -
2.	**3.13**	**3.13.19.2**	Strengthen the functionality and operations of the State Medicines, Vaccines and Health Management Agencies to harmonize and coordinate all health supply chain activities (including emergency response supply chain system)	₦ 45,861,000	₦43,147,000	₦ -	₦2,714,000
		3.13.19.2.a	Conduct mapping of Agencies that deals with health commodities for 1 day with 8 participants	₦ 232,000	₦ 232,000	₦ -	₦ -
		3.13.19.2.b	Conduct one day quarterly coordination meeting among identified head of agencies to encourage demand creation with 10 participants	₦ 1,160,000	₦ 290,000	₦ -	₦ 870,000
		3.13.19.2.c	Host 1 day Inaugural meeting of steering committees on supply	₦ 377,000	₦ 377,000	₦ -	₦

			chain with 13 participants				
		3.13.19.2.d	Conduct 10 days sensitization and awareness meeting of relevant stakeholders on single supply chain system for demand creation (10 PARTICIPANTS) from SMOH, DMA and Partner's	₦ 2,350,000	₦ 2,350,000	₦ -	₦
		3.13.19.2.e	Conduct one day Annual Supervision by (10 members) DRF Committee to 50 HF across the 21 local government Areas in the state.	₦ 6,195,000	₦10,920,000	₦ -	₦ - 4,725,000
		3.13.19.2.f	Hold a 5 - day Quarterly meeting 8 members Audit team on the assessment of internal control system.	₦ 864,000	₦ 864,000	₦ -	₦
		3.13.19.2.g	Conduct 2 days annual Training and capacity building of relevant stakeholders on supply chain activities (70)	₦ 4,660,000	₦ 2,320,000	₦ -	₦ 2,340,000
		3.13.19.2.h	Conduct a 5 days meeting for 18 members on Adoption and dissemination of supply chain tools(SOP, OGL, SEML)	₦ 5,350,000	₦ 5,350,000	₦ -	₦
3.	**3.13**	**3.13.19.3**	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	₦ 108,321,000	₦ 86,351,000	₦ -	₦ 21,970,000
		3.13.19.3.a	Hold a 5 - day meeting with 5 staff to onboarding all health facilities on the NHLMIS platform	₦ 1,675,000	₦ 1,675,000	₦ -	₦
		3.13.19.3.b	Hold a 2 - day non-residential training of 1800 HF workers on the use of NHLMIS Platform in 5 clusters.(1800Health facility workers & 5 \state teams)	₦ 57,600,000	₦ 28,800,000	₦ -	₦ 28,800,000

		3.13.19.3.c	Hold a 1 - day quarterly PSM-TWG meeting with 50 stakeholders to address supply chain issues	₦ 5,800,000	₦ 5,800,000	₦ -	₦
		3.13.19.3.d	Hold a 1 - day monthly Integrated meeting with 40 program officers and partners on logistics	₦ 14,160,000	₦ 14,160,000	₦ -	₦
		3.13.19.3.e	Carry out 1 day bimonthly review and validation meetings with 35 LMCU focal persons from State and LGA on data entry into NHLMIS platform	₦ 10,920,000	₦ 10,920,000	₦	₦
		3.13.19.3.f	Hold 1 day bi annual refresher training for state and 35 LGA LMCU officers on good inventory management	₦ 3,640,000	₦ 10,920,000	₦ -	₦ -7,280,000
		3.13.19.3.g	Conduct I day quarterly Integrated monitoring and supportive supervisory visit by 42 supervisors from the State and LGAs to facilities on good inventory practice	₦ 13,776,000	₦ 13,776,000	₦	₦
		3.13.19.3.h	Hold a 1- day non-residential training of 15 State officers on inventory management of public health commodities	₦ 150,000	₦ 150,000	₦ -	₦
4.	**3.13**	**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	₦ 60,684,000	₦ 22,064,000	₦ -	₦ 38,620,000
		3.13.19.4.a	Hold a 2 - day Biannual vendor prequalification and registration to obtain a reliable pool of vendors and to review existing vendors by a team of 8 members	₦ 1,128,000	₦ 432,000	₦ -	₦ 696,000
		3.13.19.4.b	Conduct a 1 day quarterly sensitization and harmonization with KSHIA Supported 306 facilities on monthly release of capitation benefits to KSDMSMA for supply quarterly	₦ 28,128,000	₦ 21,632,000	₦ -	₦ 6,496,000

		3.13.19.4.c	Carry out a 2 days Quarterly monitoring and evaluation visit to 250 primary health facilities to track progress, identify challenges, by 42 team members	₦ 21,168,000	₦	₦ -	₦ 21,168,000
		3.13.19.4.d	Conduct bi- annual 2 days engagement with private sector entities to explore PPP's for health commodity financing and provision (MOU with pharmaceutical companies) by 10 persons	₦ 1,360,000	₦	₦ -	₦ 1,360,000
		3.13.19.4.e	One day quarterly review meeting of DMA with members of steering committee to evaluate monitoring and evaluation reports on facility payment and other financial activities from the M& E (15 member)	₦ 2,000,000	₦	₦ -	₦ 2,000,000
		3.13.19.4.f	Carry out a 2 days Quarterly monitoring and evaluation visit to 4 Tertiary health facilities to track progress, identify challenges, by 4 team members	₦ 2,272,000	₦	₦ -	₦ 2,272,000
		3.13.19.4.g	Hold a day key engagement meeting with 100 stakeholders (lawmakers, executives etc.) to raise awareness about the importance of sustainable funding for health commodities procurement and distribution	₦ 3,300,000	₦	₦ -	₦ 3,300,000
		3.13.19.4.h	Carry out a 2 days Quarterly monitoring and evaluation visit to 70 secondary health facilities to track progress, identify challenges, by 12 team members	₦ 1,328,000	₦	₦ -	₦1,328,000
5.	**3.13**	**3.13.19.5**	Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels)	₦ 917,277,000	₦ 516,567,000	₦ -	₦400,710,000

		3.13.19.5.a	Carry out installation of security station and CCTV and upgrading the central medical stores to pharm grade in 60days	₦70,000,000	₦	₦ -	₦70,000,000
		3.13.19.5.b	Purchase of 7 medium sized Refrigerators, 10 I core 5 Laptops, 3large size photocopying machine, 5 medium sizes printing machine	₦ 10,050,000	₦ 1,340,000	₦ -	₦ 8,710,000
		3.13.19.5.c	Provision of 6 five step bolted steel shelving rack with adjustable shelves plus installation and 1000 Sturdy construction wood Burr free miniature pallets	₦ 282,000,000	₦ 40,000,000	₦ -	₦242,000,000
		3.13.19.5.d	Procurement and installation of I No incineration facility (1)	₦ 10,000,000	₦ 10,000,000	₦ -	₦
		3.13.19.5.e	Provision of forklift (3), trolley(5) (manual & electronic), wheelbarrow (2)	₦ 90,980,000	₦ ₦ 90,980,000	₦ -	₦
		3.13.19.5.f	3 days training on Warehouse Management software(2 person), purchase of core i5 HP laptops (7)	₦ 4,572,000	₦ 4,572,000	₦	₦
		3.13.19.5.g	Establishment of preventive and maintenance unit for cold chain (1)	₦ 95,000,000	₦ 5,000,000	₦	₦ 90,000,000
		3.13.19.5.h	Procurement of Personal protective equipment's(Helmet 10, Safety Boot 10, protective glasses 10, gloves (100 pairs), Store overall 20, head cap 50, nose mask 200 pairs	₦ 975,000	₦ ₦ 975,000	₦	₦
6.	**3.13**	**3.13.19.6**	Strengthen Pharmacovigilance and Post-market surveillance of health product throughout the supply chain pipeline including Monitoring of substandard and falsified health products (medicines, vaccines and other health-related products)	₦ 14,810,000	₦ 1,920,000	₦	₦ 12,890,000
		3.13.19.6.a	Conduct a 3 day Adoption and dissemination meeting of pharmacovigilance SOP for 18 members	₦ 1,620,000	₦ 1,620,000	₦	₦

		3.13.19.6.b	Hold a one day bi-annual coordination and collaboration meeting SMoH, KSDMSMA and NAFDAC on Pharmaco vigilant activities for 10	₦ 640,000	₦ 300,000	₦	₦ 340,000
		3.13.19.6.c	Create a software for healthcare professionals and patients to report any adverse effects and test running the software by a consultant for 7 days.	₦ 11,050,000	₦	₦	₦ 11,050,000
		3.13.19.6.d	Production of three jingles in three different languages and airing of 30 episodes quarterly on radio to create public awareness campaigns to educate patients and healthcare professionals about the importance of pharmacovigillance	₦ 1,500,000	₦	₦	₦ 1,500,000
	TOTAL			**₦1,152,503,000**	**₦673,599,000**	**₦ -**	**₦476,904,000**

KOGI STATE SPECIALIST HOSPITAL 2025 AOP

S/N	Intervention Code	Activity Codes	Sub/Operational Plan Activities	Total Annual Cost	Total Government Fund	Other Sources Of Funds (Partners e.t.c)	Funding Gap
1.	**1.3**	**1.3.3**	Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products	₦ 14,600,000	₦ 4,600,000	₦ -	₦ 10, 000, 000
		1.3.3.1	Harmonize frameworks for health professional regulatory bodies along different cadres.	₦ 14,600,000	₦ 4,600,000	₦ -	₦ 10, 000, 000
		1.3.3.1.a	Hold a two days regulatory/accreditation session of Four professional bodies by 25 person	₦ 14,600,000	₦ 4,600,000	₦ -	₦ 10, 000, 000
2.	**1.4**	**1.4.4**	A Sector Wide Action Plan (SWAp) to defragment health system programming and funding	₦15,890,000	₦4,890,000	₦ -	₦ 11, 000, 000
		1.4.4.2	Develop AOP and ensure alignment of partners' plans to national/state health sector AOP	₦ 13,140,000	₦ 3,140,000	₦ -	₦ 10,000,000
		1.4.4.2.a	Carry out a 2 days AOP development by top management and key partners to halves and harmonize the AOP of the institution by 30 participants.	₦ 13,140,000	₦ 3,140,000	₦ -	₦ 10,000,000
3.	**1.4.**	**1.4.4.4**	Strengthen the Resource Mapping and Expenditure Tracking (RMET) processes to track funds	₦ 2,750,000	₦ 1,750,000	₦ -	₦ 1,000,000
		1.4.4.4.a	Hold a two days partner engagement meeting for resource mobilization by 25 persons.	₦ 2,750,000	₦ 1,750,000	₦ -	₦ 1,000,000
4	**2.5**	**2.5.6**	Drive multi-sectorial 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)	₦ 8,004,000	₦ 6,004,000	₦ -	₦ 2,000,000

		2.5.6.1	Strengthen Governance and Stewardship for Health promotion Multi-sectoral Coordination	₦ 7,284,000	₦ 5,284,000	₦ -	₦ 2,000,000
		2.5.6.1.a	Conduct 2 days biannual capacity building of 25 HCW on multi-sectorial health promotion coordination.	₦ 7,284,000	₦ 5,284,000	₦ -	₦ 2,000,000
		2.5.6.2	Promote Advocacy for Mullti-sectoral coordination at all Levels of health and across the sectors that are proactive health promotion	₦ 720,000	₦ 720,000	₦ -	₦
		2.5.6.2.a	Carry out an annual advocacy visit to key stakeholder (relevant government within health and non-health sectors and private industries) on public awareness and sensitization by a team of 15 HCW.	₦ 720,000	₦ 720,000	₦ -	₦
5	**2.6**	**2.6.10**	Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)	₦ 4,138,000	₦ 4,138,000	₦ -	₦
		2.6.10.9	Improve access to Tuberculosis care - case finding and treatment	₦ 4,138,000	₦ 4,138,000	₦ -	₦
		2.6.10.9.a	Conduct a three (3) days capacity building on TB treatments modalities for 20 HCW	₦ 4,138,000	₦ 4,138,000	₦ -	₦
6	**2.7**	**2.7.11**	Revitalize tertiary and quaternary care hospitals to improve access to specialized care	₦ 51,960,000	₦ 50,960,000	₦ -	₦1,000,000
		2.7.11.1	A network of Quaternary Care facilities to enable resource pooling and improving access to highly specialized care	₦ 2,660,000	₦ 1,660,000	₦ -	₦1, 000,000
		2.7.11.1.a	Conduct a two (2) days engagement meeting by 20 persons on partner and resource mapping for quality tertiary health care delivery.	₦ 2,660,000	₦ 1,660,000	₦ -	₦1, 000,000
		2.7.11.3	Build capacity of health workers to improve access and quality to specialize care using available Resources including engagement of Nigerian	₦ 30,000,000	₦ 30,000,000	₦	₦

			Health care Personnel in the Diaspora				
		2.7.11.3.a	One Year training and re-training of ten (4) renal specialist (Doctor, Nurses, Biomedical engineer) on specialized renal care.	₦ 30,000,000	₦ 30,000,000	₦	₦
		2.7.11.5	To deepen the Private sector participation in tertiary and quaternary healthcare delivery using various Public Private Partnership (PPP) modules	₦ 19,300,000	₦ 19,300,000	₦	₦ 3,000,000
		2.7.11.5.a	Conduct a two (2) days engagement meeting by 20 persons to map out the modalities for possibilities of PPP on Renal Care Services.	₦ 2,660,000	₦ 2,660,000	₦ -	₦
		2.7.11.5.b	Carry out Software installation on the Five Dialysis machine	₦ 1,850,000	₦1,850,000	₦ -	₦
		2.7.11.5.c	Purchase of Daily Laparoscopic Consumables for 10 persons monthly for a year	₦ 4,800,000	₦ 4,800,000	₦ -	₦
		2.7.11.5.d	Purchase Of One Diathermy for the laparoscopic machine	₦ 3,000,000	₦ 3,000,000	₦	₦
		2.7.11.5.e	Purchase of two (2) Insufflator for the Laparoscopic machine	₦ 3,640,000	₦ 3,640,000		
		2.7.11.5.f	Carry out ne-off servicing of the Laparoscopic Machine	₦ 1,250,000	₦ 1,250,000		
		2.7.11.5.g	Provide for monthly maintenance of Laparoscopic Machine for a year	₦ 600,000	₦ 600,000		
7	**2.8**	**2.8.12**	Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition	₦ 11,253,000	₦ 11,253,000	₦	₦
		2.8.12.30	Strengthen neonatal intensive care unit at level-3 (Tertiary) health facilities	₦ 11,253,000	₦ 11,253,000	₦	₦
		2.8.12.30.a	Set up a 6 man committee to conduct a one day baseline assessment of the current state of NICUs at the tertiary health facilities(equipment, staffing and service delivery)	₦ 270,000	₦ 270,000	₦	₦

		2.8.12.30.b	Harvest the report of the assessment to identify gaps and areas for improvement in NICU care(equipment, supplies and staffing) with a breakfast debriefing	₦ 18,000	₦ 18,000	₦	₦
		2.8.12.30.c	Procure equipment's for NICU (oxygen, medications, incubators, and phototherapy machine, and radiant warmer, consumables) for the three tertiary health institution.	₦ 7,950,000	₦ 7,950,000	₦	₦
		2.8.12.30.d	procure equipment's for newborn corners(incubators, radiant warmers, oxygen,CPAP machine, ambubags, phototherapy machine, oxygen concentrator)	₦ 2,070,000	₦ 2,070,000	₦	₦
		2.8.12.30.e	establish a mentorship program to support junior or new HRH	₦ 600,000	₦ 600,000	₦	₦
		2.8.12.30.f	periodic training and retraining of NICU officers	₦ 345,000	₦ 345,000	₦	₦
8	**2.9**	**2.9.15**	Increase availability and quality of HRH	₦394,048,000	₦391,048,000	₦	₦ 3,000,000
		2.9.15.1	Increase production of health workers	₦ 5,508,000	₦ 2,508,000	₦	₦ 3,000,000
		2.9.15.1.a	Conduct a 7 days capacity building of 40 technical officers on quality training of staff by consultants.	₦ 5,508,000	₦ 2,508,000	₦	₦ 3,000,000
		2.9.15.6	Implement comprehensive workforce capacity development plan	₦ 388,540,000	₦ 388,540,000	₦	₦
		2.9.15.6.a	Carry out advert placement for recruitment of HCW	₦ 460,000	₦₦ 460,000	₦	₦
		2.9.15.6.b	Conduct an annually recruitment Process of HCW by 20 panellists	₦ 1,680,000	₦ 1,680,000	₦	₦
		2.9.15.6.c	Recruit and payment of salaries of seventy HCW (10 medical consultant, 20 Medical Officers, 10 senior Nursing Officers, 20 Junior Nursing Officer, 5 Pharmacist, 5 Laboratory scientist).	₦ 386,400,000	₦ 386,400,000	₦	₦
9	**4.14**	**4.14.20**	Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security	₦ 2,536,000	₦ 2,536,000	₦	₦

		4.14.20.3	Workforce Capacity Building - Enhances capabilities to achieve health security	₦ 2,536,000	₦ 2,536,000	₦	₦
		4.14.20.3.a	Conduct a 3 days capacity building of 30 HCW on IPC and WASH services/ techniques.	₦ 2,536,000	₦ 2,536,000	₦	₦
10	**1.16**	**1.16.22.10**	Strengthen human resources for health capacity for data management and health information system support	₦ 3,590,000	₦ 1,590,000	₦	₦ 1,590,000
		1.16.22.10.a	Conduct a 2 days need assessment of 25 data officers on the HIS available skill set.	₦ 3,590,000	₦ 1,590,000	₦	₦ 1,590,000
		1.16.23	Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate	₦ 57,532,000	₦ 36,682,000	₦	₦20,849,640
		1.16.23.1	Establish/strengthen digital health governance structure and coordination at all levels	₦ 2000	₦ 2000		
		1.16.23.1.a	Identify and nominate designated digital in health officer(s) in the institution	₦ 2000	₦ 2000	₦	₦
		1.16.23.5	Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness	₦13,900,000	₦3,350,000	₦	₦10,550,000
		1.16.23.5.a	Carry out a 4 days Capacity building of 50 HCWs on digital in health	₦13,900,000	₦3,350,000	₦	₦10,550,000
		1.16.23.6	Procure and expand Infrastructure for digitizing the health system	₦ 43,630,000	₦ 33,330,360	₦	₦10,299,640
		1.16.23.6.a	Procure and explanation of infrastructure for digitizing the health systems.	₦ 43,630,000	₦ 33,330,360	₦	₦10,299,640
	TOTAL			**₦563,551,000**	**₦513,701,360**	**₦**	**₦49,849,640**

KOGI STATE HEALTH INSURANCE AGENCY 2025 AOP

S/N	Intervention Code	Activity Codes	Sub/Operational Plan Activities	Total Annual Cost	Total Government Fund	Other Sources Of Funds (Partners e.t.c)	Funding Gap
1.	**2.8**	**2.8.14**	Expand financial protection to all citizens through health insurance expansion and other innovative financing mechanisms	₦1,375,874,600	₦ 1,382,238,600	₦	₦-6,364,000
		2.8.14.1	Expand health insurance coverage and other pre-pooling mechanism for health	₦ 40,356,000	₦ 46720000	₦	₦ -6364000
		2.8.14.1.a	Hold a two day non-residential meeting of 20 participants to develop terms of reference for the mandatory health insurance implementation plan	₦ 2,360,000	₦2,360,000	₦	₦
		2.8.14.1.b	Engage a consultant for 30days to develop mandatory health insurance plan using the developed terms of reference	₦ 3,600,000	₦ 3,600,000	₦	₦
		2.8.14.1.c	Hold a one-day non-residential meeting of 30 participants to validate the developed mandatory health insurance implementation plan	₦ 2,540,000	₦ 2,540,000	₦	₦
		2.8.14.1.d	Hold one-day non-residential meeting of 30 participants to disseminate the developed mandatory health insurance implementation plan	₦ 2,540,000	₦ 2,540,000	₦	₦
		2.8.14.1.e	Printing of 500 copies of mandatory health insurance implementation plan	₦ 1,750,000	₦ 1,750,000	₦	₦
		2.8.14.1.f	Conduct a one-day advocacy visit of 8 persons to the State Ministry of Health to discuss mandatory health insurance	₦ 560,000	₦ 560,000	₦	₦
		2.8.14.1.g	Conduct a one-day non-residential training	₦ 1,760,000	₦ 1,760,000		

			workshop on strategic marketing and communication for 30 participants including 2 facilitators to increase public awareness of health insurance				
		2.8.14.1.h	Quarterly Printing of IEC Materials on health insurance uptake	₦ 1,680,000	₦ 1,680,000		
		2.8.14.2	Improve equity of coverage through effective implementation of public subsidies	₦ 147,900,000	₦ 147,900,000	₦	₦
		2.8.14.2a	Engage the services of a consultant for 20days to conduct fiscal space analysis to identify funding opportunities to complement VGF	₦ 2,400,000	₦ 2,400,000	₦	₦
		2.8.14.2b	Hold a One day non-residential meeting of 30 participants for the dissemination of fiscal space analysis report	₦ 1,700,000	₦ 1,700,000	₦	₦
		2.8.14.2c	Conduct two days non-residential stakeholders meeting of 50 participants on innovative financing of healthcare to complement VGF	₦ 3,420,000	₦ 3,420,000	₦	₦
		2.8.14.2d	Conduct one day non-residential meeting on domestic resource mobilization to complement VGF for 30 participants	₦ 1,760,000	₦ 1,760,000	₦	₦
		22.8.14.2e	Enrol additional 100,000 vulnerable annually by 30 persons for 50days	₦ 136,860,000	₦ 136,860,000	₦	₦
		2.8.14.2f	Conduct one-day advocacy visits to social protection agencies in the State by 8 persons	₦ 560,000	₦ 560,000	₦	₦
		2.8.14.2g	One day non-residential meeting of 20 participants with Heads of Social Protection Agency-like YESSO,KEDA and the State Health Insurance Agency	₦ 1,200,000	₦ 1,200,000		
		2.8.14.3	Utilize strategic purchasing mechanism	₦ 1,052,350,000	₦1,052,350,000	₦	₦

			for high impact interventions				
		2.8.14.3a	Engage the services of a consultant for 180 days to review the benefit package of KGSHIA through actuarial analysis	₦ 21,600,000	₦ 21,600,000	₦	₦
		2.8.14.3b	Hold one-day non-residential meeting of 30 participants to validate the reviewed Benefit package	₦ 1,670,000	₦ 1,670,000	₦	₦
		2.8.14.3c	Hold one-day non-residential meeting of 30 participants to disseminate the reviewed benefit package	₦ 1,670,000	₦ 1,670,000	₦	₦
		2.8.14.3d	Purchase capitated/primary services for 265,000 enrolees	₦ 198,750,000	₦ 198,750,000	₦	₦
		2.8.14.3e	Purchase secondary services/Fee-for-service for 265,000 enrolees	₦ 795,000,000	₦ 795,000,000	₦	₦
		2.8.14.3f	Conduct 15 days residential accreditation/re-accreditation exercise of 80 health care providers in the State by 20 KGSHIA staff	₦ 25,310,000	₦ 25,310,000		
		2.8.14.3g	Hold three-days non-residential meeting of 30 participants to review the operational guideline of the Agency	₦ 5,010,000	₦ 5,010,000	₦	₦
		2.8.14.3h	Hold one-day non-residential meeting of 30 participants to validate the reviewed operational guideline	₦ 1,670,000	₦ 1,670,000	₦	₦
		2.8.14.4	Create more efficient and sustainable health insurance industry	₦ 54,518,600	₦ 54,518,600	₦	₦
		2.8.14.4a	Establish health insurance portability liaison office in State capital to promote accessibility to health services across the	₦ 5,928,000	₦ 5,928,000	₦	₦

			country irrespective of your location				
		2.8.14.4b	Acquire and deploy modern ICT Infrastructure with NIMC Compliance including Health insurance business process automation, health information exchange and enterprise resource planning	₦ 48,590,600	₦ 48,590,600	₦	₦
		2.8.14.5	Improve the health insurance market efficiency	₦ 80,750,000	₦ 80,750,000	₦	₦
		2.8.14.5a	Conduct one day non-residential sensitization meeting on health insurance for 100 private hospital owners in Kogi state.	₦ 5,410,000	₦ 5,410,000	₦	₦
		2.8.14.5b	Accreditation of additional 60 private hospitals for provision of health care services by 15 KGSHIA Staff for 5 days	₦ 6,550,000	₦ 6,550,000	₦	₦
		2.8.14.5c	Conduct 3days residential training of trainers on medical billing /claims management and monitoring and evaluation for 20 participants	₦ 4,740,000	₦ 4,740,000	₦	₦
		2.8.14.5d	2 days residential step - down training on encounter and claims submission, monitoring and evaluation data Conduct 5 days quarterly residential quality assurance/monitoring and evaluation visits to 75 healthcare facilities by 15 persons submission for 250 participants	₦ 16,820,000	₦ 16,820,000	₦	₦
		2.8.14.5e	Conduct 5 days quarterly residential quality assurance/monitoring	₦ 25,000,000	₦ 25,000,000	₦	₦

			and evaluation visits to 75 healthcare facilities by 15 persons				
		2.8.14.5f	Conduct one day bi-annual non -residential dialogue meetings with 100 healthcare providers and 60 enrolees.	₦ 16,820,000	₦ 16,820,000	₦	₦
		2.8.14.5g	Conduct one day non-residential annual health insurance stakeholders meeting for 100 participants	₦ 5,410,000	5,410,000	₦	₦
		2.8.15	Increase availability and quality of HRH	₦ 150,166,000	₦ 22, 446,000		₦ 127,720,000
2	**2.9**	**2.9.15.6**	Implement comprehensive workforce capacity development plan	₦ 150,166,000	₦ 22446000	₦	₦ 127720000
		2.9.15.6a	Carry out advert placement for recruitment of HCW	₦ 450,000	₦ 450,000	₦	₦
		2.9.15.6b	Conduct an annually recruitment Process of HCW by 20 panellists	₦ 1,996,000	₦ 1,996,000	₦	₦
		2.9.15.6c	Recruit and payment of salaries of one hundred (30) HCW (10 Medical Officers, 10 senior Nursing Officers, 5 Junior Nursing Officer, 3 Pharmacist, 2Laboratory scientist).	₦ 147,720,000	₦ 20000000	₦	₦ 127720000
	TOTAL			**₦1,526,040,600**	**₦1,404,684,600**	**₦**	**₦121,356,000**

S/N	Intervention Code	Activity Codes	Sub/Operational Plan Activities	Total Annual Cost	Total Government Fund	Other Sources Of Funds (Partners e.t.c)	Funding Gap
1.	**1.3**	**1.3.3**	Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products	₦ 14,600,000	₦ 14,600,000	₦ -	₦ -
		1.3.3.1	Harmonize frameworks for health professional regulatory bodies along different cadres.	₦ 14,600,000	₦ 14,600,000	₦ -	₦ -
		1.3.3.1.a	Conduct a two days regulatory/accreditation session of Four professional bodies by 25 person	₦1,590,000	₦1,590,000	₦ -	₦ -
2.	**1.4**	**1.4.4**	A Sector Wide Action Plan (SWAp) to defragment health system programming and funding	₦15,890,000	₦15,890,000	₦ -	₦ -
		1.4.4.2	Develop AOP and ensure alignment of partners' plans to national/state health sector AOP	₦ 13,140,000	₦ 13,140,000	₦ -	₦ -
		1.4.4.2.a	Conduct a 2 days AOP development by top management and key partners to halves and harmonize the AOP of the institution by 30 participants.	₦ 13,140,000	₦ 13,140,000	₦ -	₦
3.	**1.4.**	**1.4.4.4**	Strengthen the Resource Mapping and Expenditure Tracking (RMET) processes to track funds	₦ 2,750,000	₦ 2,750,000	₦ -	₦ -
		1.4.4.4.a	Conduct a two days partner engagement meeting for resource mobilization by 25 persons.	₦ 2,750,000	₦ 2,750,000	₦ -	₦
4	**2.5**	**2.5.6**	Drive multi-sectorial coordination to put in place and facilitate the implementation of appropriate policies and Programs that drive health promotion	₦ 8,004,000	₦ 6,004,000	₦ -	₦ 2,000,000

			behaviours (e.g., to disincentivize unhealthy behaviours)				
		2.5.6.1	Strengthen Governance and Stewardship for Health promotion Multi-sectoral Coordination	₦ 7,284,000	₦ 5,284,000	₦ -	₦ 2,000,000
		2.5.6.1.a	Conduct 2 days biannual capacity building of 25 HCW on multi-sectorial health promotion coordination.	₦ 7,284,000	₦ 5,284,000	₦ -	₦ 2,000,000
		2.5.6.2	Promote Advocacy for Mullti-sectoral coordination at all Levels of health and across the sectors that are proactive health promotion	₦ 720,000	₦ 720,000	₦ -	₦
		2.5.6.2.a	Carry out an annual advocacy visit to key stakeholder (relevant government within health and non-health sectors and private industries) on public awareness and sensitization by a team of 15 HCW.	₦ 720,000	₦ 720,000	₦ -	₦
5	**2.6**	**2.6.10**	Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)	₦ 4,138,000	₦ 4,138,000	₦ -	₦
		2.6.10.9	Improve access to Tuberculosis care - case finding and treatment	₦ 4,138,000	₦ 4,138,000	₦ -	₦
		2.6.10.9.a	Conduct a three (3) days capacity building on TB treatments modalities for 20 HCW	₦ 4,138,000	₦ 4,138,000	₦ -	₦
6	**2.7**	**2.7.11**	Revitalize tertiary and quaternary care hospitals to improve access to specialized care	₦ 58,220,000	₦ 27,220,000	₦ -	₦ 31,000,000
		2.7.11.1	A network of Quaternary Care facilities to enable resource pooling and improving access to highly specialized care	₦ 2,660,000	₦ 2,660,000	₦ -	₦
		2.7.11.1.a	Conduct a two (2) days engagement meeting by 20 persons on partner and resource mapping for quality tertiary health care delivery.	₦ 2,660,000	₦ 2,660,000	₦ -	₦
		2.7.11.3	Build capacity of health workers to improve access and quality to	₦ 40,000,000	₦ 12,000,000	₦	₦ 28,000,000

			specialize care using available Resources including engagement of Nigerian Health care Personnel in the Diaspora				
		2.7.11.3.a	One Year training and re-training of ten (4) renal specialist (Doctor, Nurses, Biomedical engineer) on specialized renal care.	₦ 40,000,000	₦ 12,000,000	₦	₦ 28,000,000
		2.7.11.5	To deepen the Private sector participation in tertiary and quaternary healthcare delivery using various Public Private Partnership (PPP) modules	₦ 15,560,000	₦ 12,560,000	₦	₦ 3,000,000
		2.7.11.5.a	Conduct a two (2) days engagement meeting by 20 persons to map out the modalities for possibilities of PPP on Renal Care Services.	₦ 2,660,000	₦ 2,660,000	₦ -	₦
		2.7.11.5.b	Software installation on the Five Dialysis machine	₦ 1,500,000	₦1,500,000	₦ -	₦
		2.7.11.5.c	Purchase of Dialysis Consumables for 20 persons monthly for a year	₦ 8,400,000	₦ 5,400,000	₦ -	₦3,000,000
		2.7.11.5.d	Monthly maintenance of Dialysis machine for a year	₦ 3,000,000	₦ 3,000,000	₦	₦
7	**2.8**	**2.8.12**	Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition	₦ 11,253,000	₦ 11,253,000	₦	₦
		2.8.12.30	Strengthen neonatal intensive care unit at level-3 (Tertiary) health facilities	₦ 11,253,000	₦ 11,253,000	₦	₦
		2.8.12.30.a	Set up a 6 man committee to conduct a one day baseline assessment of the current state of NICUs at the tertiary health facilities(equipment, staffing and service delivery)	₦ 270,000	₦ 270,000	₦	₦
		2.8.12.30.b	Harvest the report of the assessment to identify gaps and areas for improvement in NICU care(equipment, supplies and staffing)	₦ 18,000	₦ 18,000	₦	₦

			with a breakfast debriefing				
		2.8.12.30.c	Procure equipment's for NICU (oxygen, medications, incubators, and phototherapy machine, and radiant warmer, consumables) for the three tertiary health institution.	₦ 7,950,000	₦ 7,950,000	₦	₦
		2.8.12.30.d	procure equipment's for newborn corners(incubators, radiant warmers, oxygen, CPAP machine, ambubags, phototherapy machine, oxygen concentrator)	₦ 2,070,000	₦ 2,070,000	₦	₦
		2.8.12.30.e	establish a mentorship program to support junior or new HRH	₦ 600,000	₦ 600,000	₦	₦
		2.8.12.30.f	periodic training and retraining of NICU officers	₦ 345,000	₦ 345,000	₦	₦
8	**2.9**	**2.9.15**	Increase availability and quality of HRH	₦394,048,000	₦394,048,000	₦	₦ 1,000,000
		2.9.15.1	Increase production of health workers	₦ 5,508,000	₦ 4,508,000	₦	₦ 1,000,000
		2.9.15.1.a	Conduct a 7 days capacity building of 40 technical officers on quality training of staff by consultants.	₦ 5,508,000	₦ 4508000	₦	₦ 1,000,000
		2.9.15.6	Implement comprehensive workforce capacity development plan	₦ 388,540,000	₦ 388,540,000	₦	₦
		2.9.15.6.a	Carry out advert placement for recruitment of HCW	₦ 460,000	₦	₦	₦
		2.9.15.6.b	Conduct an annually recruitment Process of HCW by 20 panellists	₦ 1,680,000	₦ 1,680,000	₦	₦
		2.9.15.6.c	Recruit and payment of salaries of seventy HCW (10 medical consultant, 20 Medical Officers, 10 senior Nursing Officers, 20 Junior Nursing Officer, 5 Pharmacist, 5 Laboratory scientist).	₦ 386,400,000	₦ 386,400,000	₦	₦
9	**4.14**	**4.14.20**	Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security	₦ 2,536,000	₦ 2,536,000	₦	₦
		4.14.20.3	Workforce Capacity Building - Enhances capabilities to achieve health security	₦ 2,536,000	₦ 2,536,000	₦	₦

		4.14.20.3.a	Conduct a 3 days capacity building of 30 HCW on IPC and WASH services/ techniques.	₦ 2,536,000	₦ 2,536,000	₦	₦
10	**1.16**	**1.16.22**	Strengthen health data collection, reporting and usage – starting with the core indicators	₦ 3,590,000	₦ 3,590,000	₦	₦
		1.16.22.10	Strengthen human resources for health capacity for data management and health information system support	₦ 3,590,000	₦ 3,590,000	₦	₦
		1.16.22.10.a	Conduct a 2 days need assessment of 25 data officers on the HIS available skill set.	₦ 3,590,000	₦ 3,590,000	₦	₦
		1.16.23	Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate	₦ 57,532,000	₦ 53,532,000	₦	₦ 4,000,000
		1.16.23.1	Establish/strengthen digital health governance structure and coordination at all levels	₦ 2000	₦ 2000		
		1.16.23.1.a	Identify and nominate designated digital in health officer(s) in the institution	₦ 2000	₦ 2000	₦	₦
		1.16.23.5	Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness	₦ 13,900,000	₦ 9,900,000	₦	₦ 4,000,000
		1.16.23.5.a	Conduct a 4 days Capacity building of 50 HCWs on digital in health	₦ 13,900,000	₦ 9,900,000	₦	₦ 4,000,000
		1.16.23.6	Procure and expand Infrastructure for digitizing the health system	₦ 43,630,000	₦ 43,630,000	₦	₦
		1.16.23.6.a	Procure and explanation of infrastructure for digitizing the health systems.	₦ 43,630,000	₦ 43,630,000	₦	₦
	TOTAL			**₦569,811,000**	**₦531,811,000**	**₦ -**	**₦38,000,000**

S/N	Intervention Code	Activity Codes	Sub/Operational Plan Activities	Total Annual Cost	Total Government Fund	Other Sources Of Funds (Partners e.t.c)	Funding Gap
	1.3	**1.3.3**	Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products	₦15,600,000	₦14,600,000	₦ -	₦ 1,000, 000
		1.3.3.1	Harmonize frameworks for health professional regulatory bodies along different cadres.	₦15,600,000	₦14,600,000	₦ -	₦ 1,000, 000
		1.3.3.1.a	Host a two days regulatory/accreditation sessions by a team of 25 persons to participate in the regulation/Accreditation of four (4) different professional discipline in the Hospital (One professional body per Quarter)	₦15,600,000	₦14,600,000	₦ -	₦ 1,000, 000
	1.4	**1.4.4**	A Sector Wide Action Plan (SWAp) to defragment health system programming and funding	₦15,890,000	₦15,890,000	₦ -	₦
		1.4.4.2	Develop AOP and ensure alignment of partners' plans to national/state health sector AOP	₦ 13,140,000	₦13,140,000	₦ -	₦
		1.4.4.2.a	Carry out a 2 days AOP development by top management and key partners to halves and harmonize the AOP of the institution by 30 participants.	₦ 13,140,000	₦13,140,000	₦ -	₦
	1.4.	**1.4.4.4**	Strengthen the Resource Mapping and Expenditure Tracking (RMET) processes to track funds	₦ 2,750,000	₦2,750,000	₦ -	₦
		1.4.4.4.a	Hold a two days partner engagement meeting for resource mobilization by 25 persons.	₦ 2,750,000	₦2,750,000	₦ -	₦
	2.6	**2.6.10**	Reduce the incidence of HIV, tuberculosis, malaria,	₦ 4,138,000	₦	₦ 1,240,000	₦2,898,000

			and Neglected Tropical Diseases (NTDs)				
		2.6.10.9	Improve access to Tuberculosis care - case finding and treatment	₦ 4,138,000	₦	₦ 1,240,000	₦2,898,000
		2.6.10.9.a	Conduct a three (3) days capacity building on TB treatments modalities for 20 HCW	₦ 4,138,000	₦	₦ 1,240,000	₦2,898,000
	2.8	**2.8.12**	Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition	₦ 10,350,000	₦ 11,253,000	₦	₦903,000
		2.8.12.30	Strengthen neonatal intensive care unit at level-3 (Tertiary) health facilities	₦ 10,350,000	₦ 11,253,000	₦	₦903,000
		2.8.12.30.a	Set up a 6 man committee to conduct a one day baseline assessment of the current state of NICUs at the tertiary health facilities(equipment, staffing and service delivery)	₦ 270,000	₦ 270,000	₦	₦
		2.8.12.30.b	Harvest the report of the assessment to identify gaps and areas for improvement in NICU care(equipment, supplies and staffing) with a breakfast debriefing	₦ 60,000	₦ 18,000	₦	₦42000
		2.8.12.30.c	Procure equipment's for NICU (oxygen, medications, incubators, and phototherapy machine, and radiant warmer, consumables) for the three tertiary health institution.	₦ 7,950,000	₦ 7,950,000	₦	₦
		2.8.12.30.d	procure equipment's for newborn corners(incubators, radiant warmers, oxygen,CPAP machine, ambubags, phototherapy machine, oxygen concentrator)	₦ 2,070,000	₦ 2,070,000	₦	₦
	2.9	**2.9.15**	Increase availability and quality of HRH	₦939,048,000	₦394,048,000	₦	₦ 545,000,000
		2.9.15.1	Increase production of health workers	₦ 550,508,000	₦ 550,508,000	₦	₦ 545,000,000
		2.9.15.1.a	Conduct a 7 days capacity building of 40 technical officers on quality training of staff by consultants.	₦ 5,508,000	₦ 550,508,000	₦	₦
		2.9.15.1.b	Constructions of one lecture theatres and one Hostel accommodation	₦ 500,000,000	0	0	₦ 500000000

			to accommodate more students				
		2.9.15.1.c	Engage additional 15 visiting lecturers on one year contract (Renewable) to augment the existing staff and proposed recruitments.	₦ 45,000,000	0	0	₦ 45000000
		2.9.15.6	Implement comprehensive workforce capacity development plan	₦ 388,540,000	₦ 388,540,000	₦	₦
		2.9.15.6.a	Carry out advert placement for recruitment of HCW	₦ 460,000	₦₦ 460,000	₦	₦
		2.9.15.6.b	Conduct an annually recruitment Process of HCW by 20 panellists	₦ 1,680,000	₦ 1,680,000	₦	₦
		2.9.15.6.c	Recruit and payment of salaries of seventy HCW (10 medical consultant, 20 Medical Officers, 10 senior Nursing Officers, 20 Junior Nursing Officer, 5 Pharmacist, 5 Laboratory scientist).	₦ 386,400,000	₦ 386,400,000	₦	₦
10	**4.14**	**4.14.20**	Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security	₦ 2,536,000	₦ 2,536,000	₦	₦
		4.14.20.3	Workforce Capacity Building - Enhances capabilities to achieve health security	₦ 2,536,000	₦ 2,536,000	₦	₦
		4.14.20.3.a	Conduct a 3 days capacity building of 30 HCW on IPC and WASH services/ techniques.	₦ 2,536,000	₦ 2,536,000	₦	₦
11	**1.16**	**1.16.22**	Strengthen health data collection, reporting and usage – starting with the core indicators	₦ 4,830,000	₦ 4,830,000	₦ -	₦ -
		1.16.22.9	Optimized DHIS2 and Strengthen infrastructure capacity to support the health information system	₦ 1,240,000	1240000	0	0
		1.16.22.9a	Conduct a 2 days capacity building for 20 data officers on DHIS-2 reporting template and techniques	₦ 1,240,000	1240000	0	0
		1.16.22.10	Strengthen human resources for health capacity for data management and health information system support	₦ 3,590,000	₦3,590,000	₦	

		1.16.22.10.a	Conduct a 2 days need assessment of 25 data officers on the HIS available skill set.	₦ 3,590,000	₦ 3,590,000	₦	
		1.16.23	Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate	₦ 57,532,000	₦ 57,532,000	₦	
		1.16.23.1	Establish/strengthen digital health governance structure and coordination at all levels	₦ 2000	₦ 2000		
		1.16.23.1.a	Identify and nominate designated digital in health officer(s) in the institution	₦ 2000	₦ 2000	₦	₦
		1.16.23.5	Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness	₦13,900,000	₦13,900,000	₦	
		1.16.23.5.a	Carry out a 4 days Capacity building of 50 HCWs on digital in health	₦13,900,000	₦13,900,000	₦	
		1.16.23.6	Procure and expand Infrastructure for digitizing the health system	₦ 43,630,000	₦ 43,630,000	₦	
		1.16.23.6.a	Procure and explanation of infrastructure for digitizing the health systems.	₦ 43,630,000	₦ 43,630,000	₦	
	TOTAL			**₦1,049,924,000**	**₦500,689,000**	**₦1,240,000**	**₦547,995,000**

KOGI STATE HEALTH FACILITY (PHC'S) 2025 AOP

. General Information

S/N	Levels of Implementation	General Information	Number
1	**Health Facility**	How many PHCs in the State participated in this annual health facility plan?	239
2		Out of question (1), how many are currently BHCPF-supported PHCs?	239
3		Total number of Public PHCs in the State	947
4	**Ward**	How many wards in the State participated in this annual plan?	239
5		Total number of Wards in the State	239
6	**LGA**	How many LGAs participated in this annual plan?	21
7		Total number of LGAs in the State	21
Annual Plan Year			2025

Total Human Resources Required (including non-health staff)

Staff Cadre	Number available (NA)	Type		Number required (NR) (MSP 2024 - 2028)	Gap (NR-NA)
		Permanent	Temporary		
Nurses/ Midwives	106	60	46	956	850
CHEW	730	696	34	956	226
Medical Records	335	96	239	42	-293
Laboratory tech.	188	140	48	21	-167
Pharmarmacy Technician	10	10	0	421	411
Medical Practitioner	0	0	0	42	42
Hospital Assistants	696	684	12	720	24
Community Health Workers (CHO)	213	203	10	239	26
Secretary	52	32	20	239	187
ICT Infrastructure	239	239	0	478	239
Security	220	82	138	478	258
Environmental Health Technicians	130	126	4	389	259
TOTAL	**2919**	**2368**	**551**	**4981**	**2062**

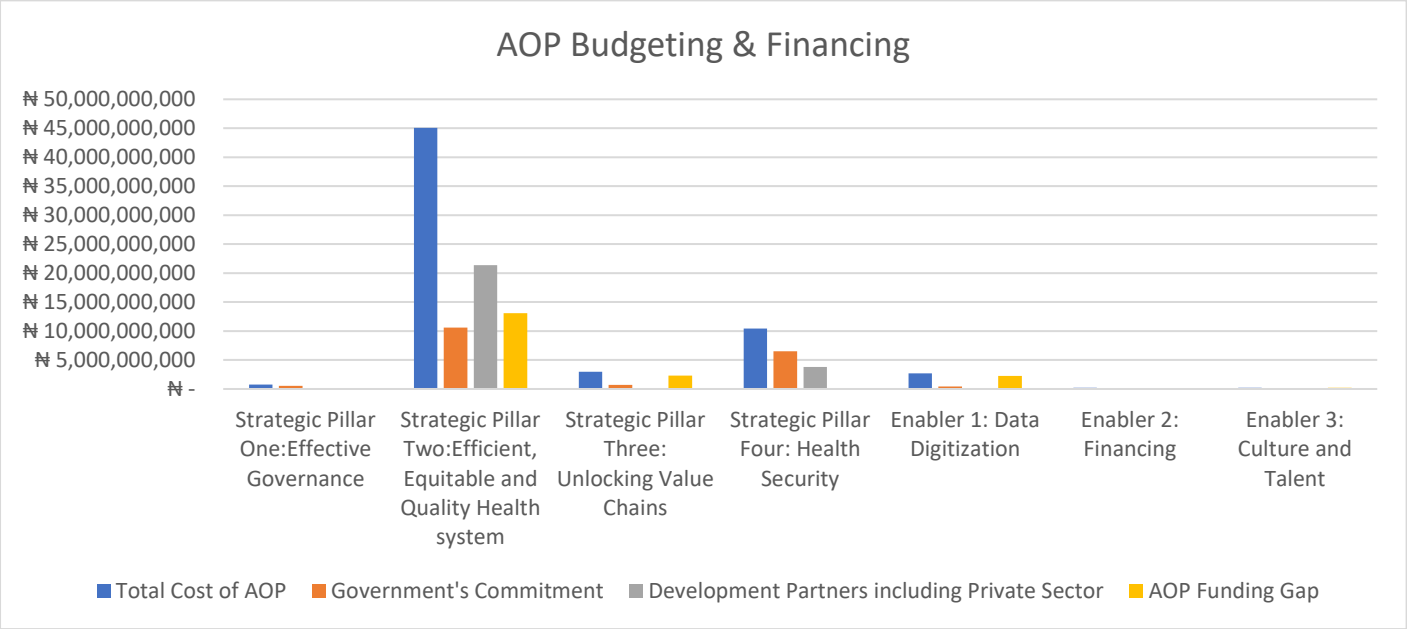
PROJECTED REVENUE 2025 - TOTAL REVENUE(@239 BHCPF FACILITIES)	
Revenues Category	**2025 Projected Revenue**
NPHCDA gateway	287,517,000.00
NHIS gateway (BHCPF Capitation i.e @YYxNo of Enrolee x12months)	430,032,269.00
XSCHS (xxx Capitation @ZZxNoEx12months)	14,083,330.00
User fee (IGR)	13,724,655.00
Voluntary donations	8,067,020.00
Revenue from other sources (LGA Funds, RI fund etc)	14,615,025.00
Others 1 (Specify)	
Others 2 (Specify)	
TOTAL	768,039,299.00

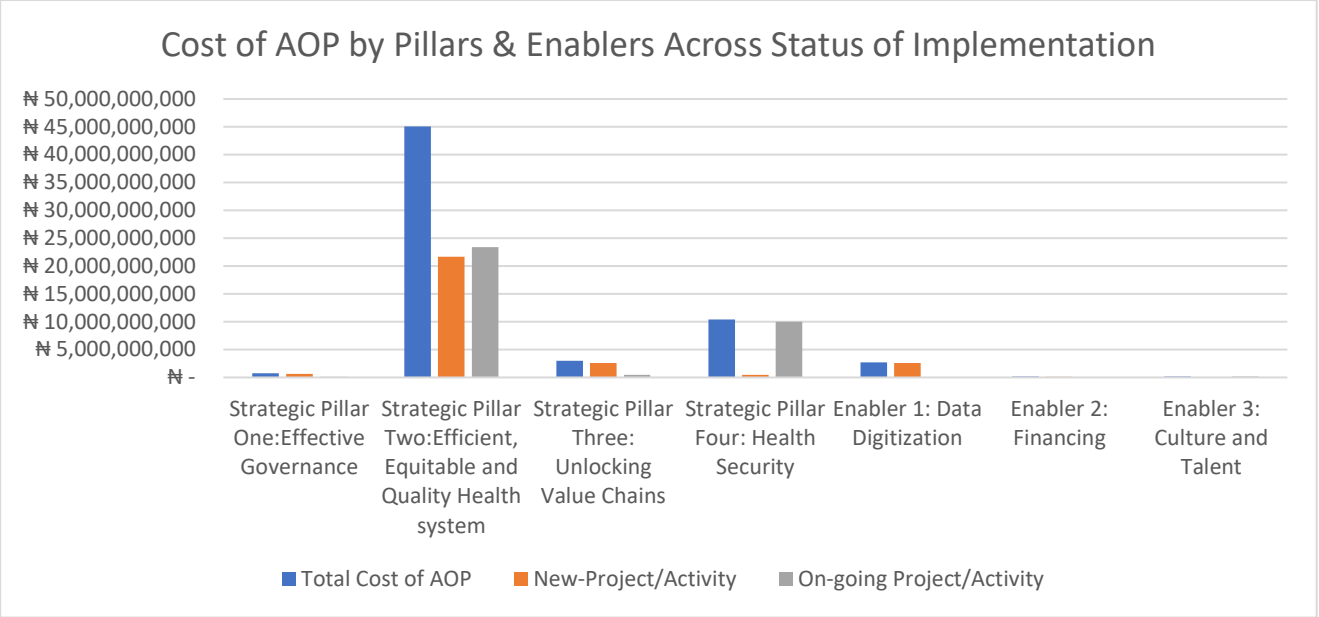
Consolidated (BHCPF) Health Facility Annual Plan Aggregate by Priority Areas - TOTAL COST

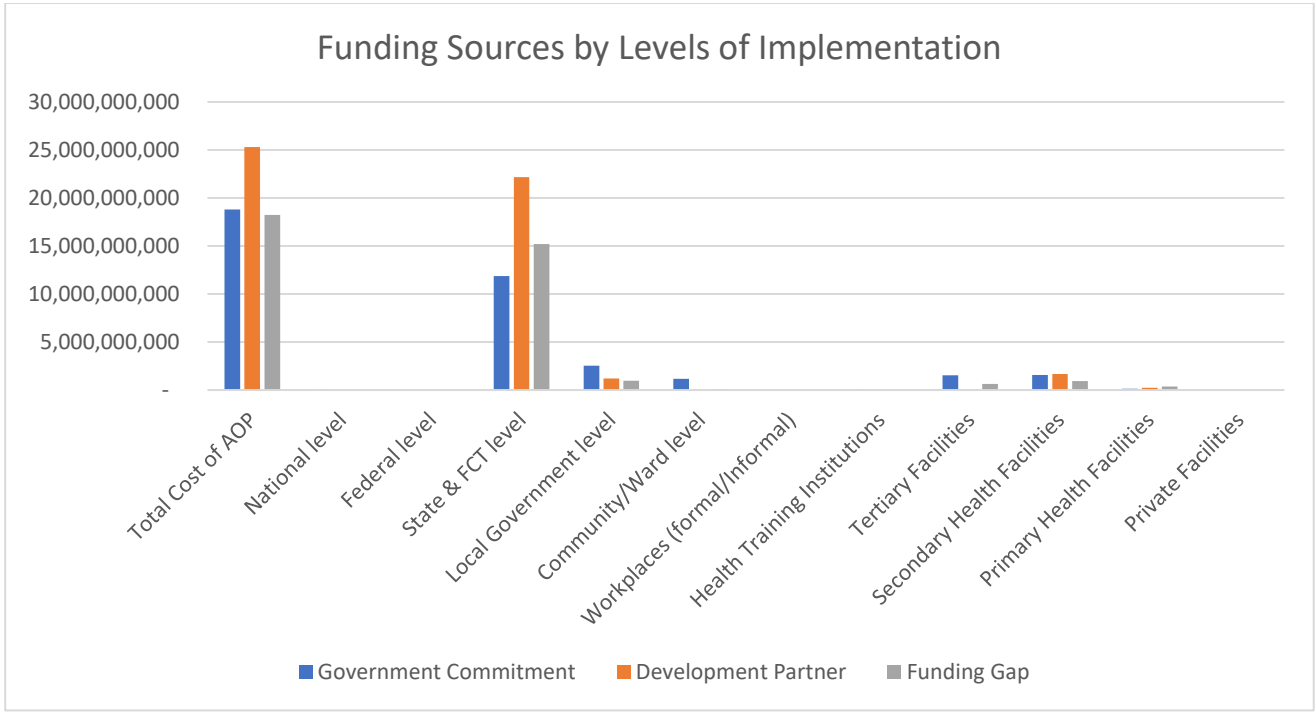
S/N	Name of LGA	Adavi LGA	AJAOKUTA LGA	ANKPA LGA	OKEHI LGA	BASSA LGA	DEKINA LGA	IBAJI LGA	IGALAMELA LGA	IJUMU LGA	KOGI LGA	IDAH LGA	LOKOJA LGA	MOPA MURO LGA	OFU LGA	OGORI LGA	OLAMABORO LGA	OMALA LGA	YAGBA EAST LGA	YAGBA WEST	OKENE LGA	KABBA LGA
	Priority Areas																					
1	Administrative Systems and Infrastructure	₦ 74,249,538	₦ 171,159,592	₦ 121,965,800	₦ 56,220,000	₦ 49,395,400	₦ 258,958,735	₦ 9,467,210	₦ 1,306,641,000	₦ 373,104,500	₦ 232,710,444	₦ 53,966,900	₦ 71,528,000	₦ 61,239,560	₦ 32,507,400	₦ 109,453,580	₦ 45,139,000	₦ 35,584,509	₦ 100,232,000	₦ 200,228,600	₦ 93,047,000	₦ 284,292,000
2	Financial Systems	₦ 2,024,000	₦ 8,376,600	₦ 1,508,000	₦ 2,663,400	₦ 212,100	₦ 1,976,000	₦ 150,000	₦ 2,575,000	₦ 14,040,000	₦ 4,396,000	₦ 3,041,000	₦ 3,964,500	₦ 1,580,000	₦ 11,381,400	₦ 17,721,300	₦ 13,559,300	₦ 400,000	₦ 23,867,240	₦ 12,171,600	₦ 4,400,000	₦ 11,536,000
3	Human Resource Management	₦ 49,340,000	₦ 38,100,000	₦ 65,280,000	₦ 44,348,000	₦ 10,862,000	₦ 10,670,000	₦ 13,363,000	₦ 22,740,000	₦ 49,188,000	₦ 33,860,000	₦ 32,280,000	₦ 12,726,000	₦ 12,000,000	₦ 8,102,000	₦ 16,426,000	₦ 41,993,000	₦ 14,400,000	₦ 11,220,600	₦ 42,120,000	₦ 14,928,000	₦ 45,360,000
4	Maternal and Child Health Services (RMNCH+N)	₦ 27,170,000	₦ 208,369,000	₦ 209,931,000	₦ 67,351,000	₦ 7,335,500	₦ 253,164,000	₦ 2,209,500	₦ 11,680,000	₦ 19,033,100	₦ 41,657,100	₦ 600,000	₦ 159,009,000	₦ 3,047,000	₦ 46,569,600	₦ 28,129,000	₦ 25,558,000	₦ 14,400,000	₦ 21,455,000	₦ 310,679,000	₦ 9,860,300	₦ 12,477,600
a	Antenatal Care Interventions	₦ 4,075,500	₦ 31,255,350	₦ 31,489,650	₦ 10,102,650	₦ 1,100,325	₦ 37,974,600	₦ 331,425	₦ 1,752,000	₦ 2,854,965	₦ 6,248,565	₦ 90,000	₦ 23,851,350	₦ 457,050	₦ 6,985,440	₦ 4,219,350	₦ 3,833,700	₦ 2,160,000	₦ 3,218,250	₦ 46,601,850	₦ 1,479,045	₦ 1,871,640
b	Labour and Delivery Care	₦ 9,509,500	₦ 72,929,150	₦ 73,475,850	₦ 23,572,850	₦ 2,567,425	₦ 88,607,400	₦ 773,325	₦ 4,088,000	₦ 6,661,585	₦ 14,579,985	₦ 210,000	₦ 55,653,150	₦ 1,066,450	₦ 16,299,360	₦ 9,845,150	₦ 8,945,300	₦ 5,040,000	₦ 7,509,250	₦ 108,737,650	₦ 3,451,105	₦ 4,367,160
c	Neo-natal Interventions	₦ 1,358,500	₦ 10,418,450	₦ 10,496,550	₦ 3,367,550	₦ 366,775	₦ 12,658,200	₦ 110,475	₦ 584,000	₦ 951,655	₦ 2,082,855	₦ 30,000	₦ 7,950,450	₦ 152,350	₦ 2,328,480	₦ 1,406,450	₦ 1,277,900	₦ 720,000	₦ 1,072,750	₦ 15,533,950	₦ 493,015	₦ 623,880
d	Under-5 Interventions	₦ 2,717,000	₦ 20,836,900	₦ 20,993,100	₦ 6,735,100	₦ 733,550	₦ 25,316,400	₦ 220,950	₦ 1,168,000	₦ 1,903,310	₦ 4,165,710	₦ 60,000	₦ 15,900,900	₦ 304,700	₦ 4,656,960	₦ 2,812,900	₦ 2,555,800	₦ 1,440,000	₦ 2,145,500	₦ 31,067,900	₦ 986,030	₦ 1,247,760
e	Childhood Vaccinations	₦ 2,717,000	₦ 20,836,900	₦ 20,993,100	₦ 6,735,100	₦ 733,550	₦ 25,316,400	₦ 220,950	₦ 1,168,000	₦ 1,903,310	₦ 4,165,710	₦ 60,000	₦ 15,900,900	₦ 304,700	₦ 4,656,960	₦ 2,812,900	₦ 2,555,800	₦ 1,440,000	₦ 2,145,500	₦ 31,067,900	₦ 986,030	₦ 1,247,760
f	Family Planning	₦ 4,075,500	₦ 31,255,350	₦ 31,489,650	₦ 10,102,650	₦ 1,100,325	₦ 37,974,600	₦ 331,425	₦ 1,752,000	₦ 2,854,965	₦ 6,248,565	₦ 90,000	₦ 23,851,350	₦ 457,050	₦ 6,985,440	₦ 4,219,350	₦ 3,833,700	₦ 2,160,000	₦ 3,218,250	₦ 46,601,850	₦ 1,479,045	₦ 1,871,640

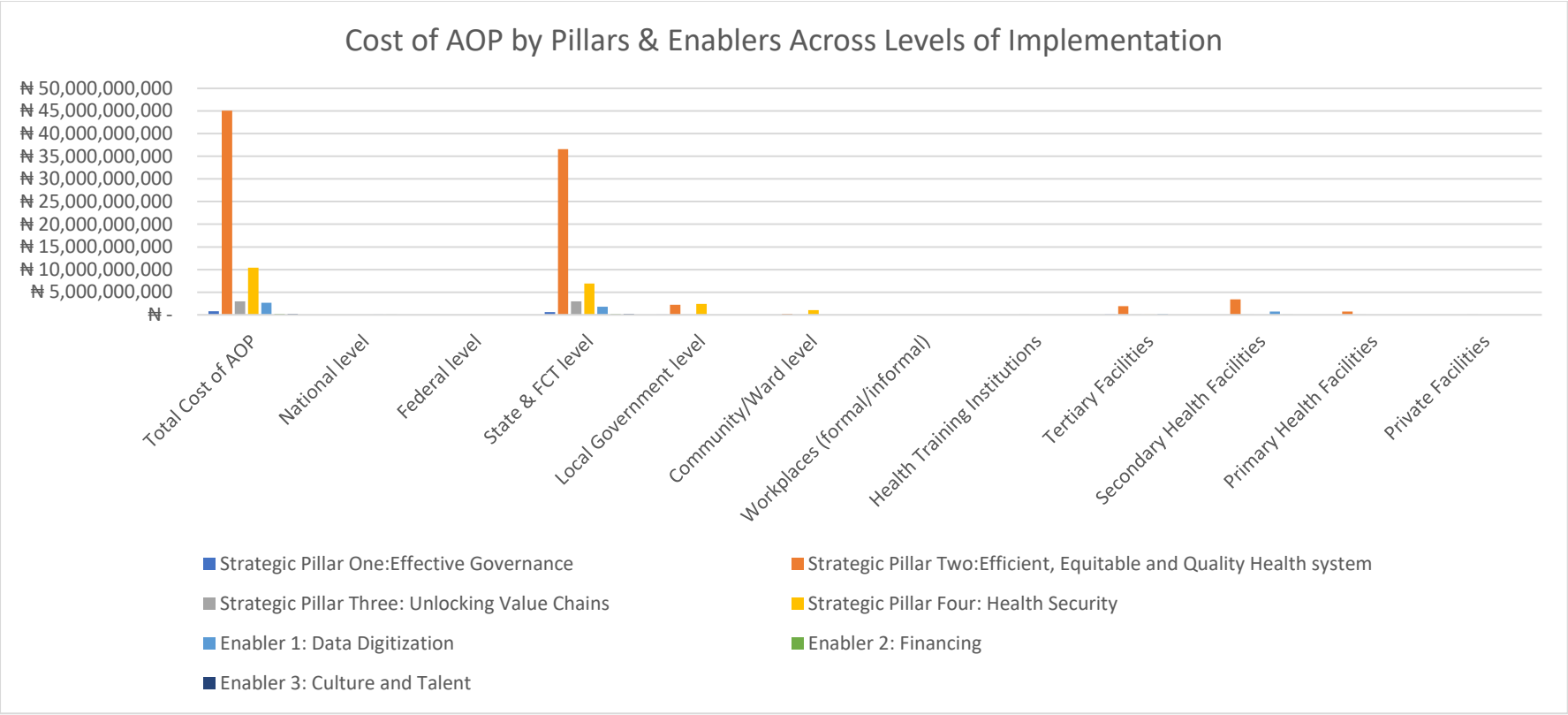
	Community Outreach	₦ 1,358,500	₦ 10,418,450	₦ 10,496,550	₦ 3,367,550	₦ 366,775	₦ 12,658,200	₦ 110,475	₦ 584,000	₦ 951,655	₦ 2,082,855	₦ 30,000	₦ 7,950,450	₦ 152,350	₦ 2,328,480	₦ 1,406,450	₦ 1,277,900	₦ 720,000	₦ 1,072,750	₦ 15,533,950	₦ 493,015	₦ 623,880
g	Malaria and other Non-Communicable Diseases	₦ 1,358,500	₦ 10,418,450	₦ 10,496,550	₦ 3,367,550	₦ 366,775	₦ 12,658,200	₦ 110,475	₦ 584,000	₦ 951,655	₦ 2,082,855	₦ 30,000	₦ 7,950,450	₦ 152,350	₦ 2,328,480	₦ 1,406,450	₦ 1,277,900	₦ 720,000	₦ 1,072,750	₦ 15,533,950	₦ 493,015	₦ 623,880
5	**Patient Care Management**	₦ 4,950,000	₦ 13,752,000	₦ 3,230,000	₦ 12,250,000	₦ 2,945,000	₦ 1,025,500	₦ 10,614,200	₦ 6,800,000	₦ 12,318,300	₦ 14,080,000	₦ 5,898,000	₦ 4,702,000	₦ 4,752,000	₦ 2,986,000	₦ 2,468,800	₦ 9,980,000	₦ 7,500,000	₦ 9,960,000	₦ 19,292,000	₦ 11,716,000	₦ 2,921,500
6	**Essential Drugs and Commodities**	₦ 10,061,256	₦ 29,584,776	₦ 23,540,000	₦ 4,708,000	₦ 2,303,000	₦ 3,360,000	₦ 4,854,430,500	₦ -	₦ 2,895,000	₦ 8,481,000	₦ 5,534,500	₦ 40,358,801	₦ 2,160,000	₦ 22,370,500	₦ 10,998,800	₦ 3,539,000	₦ 4,600,000	₦ 12,800,000	₦ 41,720,000	₦ 3,577,700	₦ 1,332,000
7	**Laboratory**	₦ 3,850,000	₦ 3,312,000	₦ 2,985,000	₦ 1,895,000	₦ 2,827,000	₦ 1,075,000	₦ 409,134,000	₦ -	₦ 1,318,000	₦ 6,188,000	₦ 2,564,000	₦ 1,119,400	₦ 1,161,000	₦ 6,337,400	₦ 2,108,000	₦ 1,695,000	₦ 850,000	₦ 22,765,000	₦ 6,342,000	₦ 2,666,200	₦ 988,000
8	**Health Management Information System**	₦ 1,595,000	₦ 5,763,000	₦ 6,240,000	₦ 3,180,000	₦ 1,172,000	₦ 2,784,000	₦ 36,534,000	₦ 1,360,000	₦ 6,724,000	₦ 826,000	₦ 20,070,000	₦ 7,039,000	₦ 1,512,000	₦ 2,724,000	₦ 1,906,000	₦ 3,120,000	₦ 1,669,000	₦ 4,030,000	₦ 8,288,000	₦ 6,623,000	₦ 4,944,000
9	**Utilization and Clinical Outcomes**	₦ 7,480,000	₦ 2,580,000	₦ 10,767,250	₦ 736,000	₦ 1,753,000	₦ 10,034,500	₦ 33,589,500	₦ -	₦ 1,466,500	₦ 440,000	₦ 1,080,000	₦ 8,326,000	₦ 1,297,500	₦ 276,000	₦ 760,000	₦ 746,000	₦ 8,160,000	₦ 11,075,500	₦ 5,880,000	₦ 1,399,500	₦ 11,049,000
10	**Community Involvement and Participation**	₦ 880,000	₦ 2,400,000	₦ 2,756,000	₦ 7,636,000	₦ 1,768,000	₦ 2,084,000	₦ 79,551,000	₦ 1,240,000	₦ 7,934,400	₦ 5,350,000	₦ -	₦ 4,800,500	₦ 1,188,000	₦ 3,000,000	₦ 5,430,000	₦ 9,700,000	₦ 31,200,000	₦ 4,065,000	₦ 3,360,000	₦ 8,704,100	₦ 6,153,600
Total		₦ 181,599,794	₦ 483,396,968	₦ 448,203,050	₦ 200,987,400	₦ 80,573,000	₦ 545,131,735	₦ 5,449,042,910	₦ 1,353,036,000	₦ 488,021,800	₦ 347,988,544	₦ 125,034,400	₦ 313,573,201	₦ 89,937,060	₦ 136,254,300	₦ 195,401,480	₦ 155,029,300	₦ 118,763,509	₦ 221,470,340	₦ 650,081,200	₦ 156,921,800	₦ 381,053,700

HARMONIZED CHART SUMMARY FOR KOGI STATE 2025 HEALTH SECTOR AOP




Cost of AOP by Pillars & Enablers Across Status of Implementation
₦ 50,000,000,000
₦ 45,000,000,000
₦ 40,000,000,000
₦ 35,000,000,000
₦ 30,000,000,000
₦ 25,000,000,000
₦ 20,000,000,000
₦ 15,000,000,000
₦ 10,000,000,000
₦ 5,000,000,000
₦ -
Strategic Pillar One:Effective Governance
Strategic Pillar Two:Efficient, Equitable and Quality Health system
Strategic Pillar Three: Unlocking Value Chains
Strategic Pillar Four: Health Security
Enabler 1: Data Digitization
Enabler 2: Financing
Enabler 3: Culture and Talent
Total Cost of AOP
New-Project/Activity
On-going Project/Activity


Funding Sources by Levels of Implementation
30,000,000,000
25,000,000,000
20,000,000,000
15,000,000,000
10,000,000,000
5,000,000,000
-
Total Cost of AOP
National level
Federal level
State & FCT level
Local Government level
Community/Ward level
Workplaces (formal/Informal)
Health Training Institutions
Tertiary Facilities
Secondary Health Facilities
Primary Health Facilities
Private Facilities
Government Commitment
Development Partner
Funding Gap



HSSB AOP PILLARS	Total Cost of AOP	Government's Commitment	Development Partners including Private Sector	AOP Funding Gap
Strategic Pillar One: Effective Governance	₦ 764,024,000	₦ 564,837,000	₦ 87,660,500	₦ 111,526,500
Strategic Pillar Two: Efficient, Equitable and Quality Health system	₦ 45,071,053,420	₦ 10,586,612,250	₦ 21,399,135,000	₦ 13,085,306,170
Strategic Pillar Three: Unlocking Value Chains	₦ 2,998,662,000	₦ 705,301,000	₦ -	₦ 2,293,361,000
Strategic Pillar Four: Health Security	₦ 10,416,275,000	₦ 6,520,061,000	₦ 3,816,285,000	₦ 79,929,000
Enabler 1: Data Digitization	₦ 2,686,992,000	₦ 408,849,360	₦ -	₦ 2,278,142,640

Enabler 2: Financing	₦ 203,337,000	₦ 25,936,000	₦ -	₦ 177,401,000
Enabler 3: Culture and Talent	₦ 203,522,000	₦ -	₦ -	₦ 203,522,000
Total	₦ 62,343,865,420	₦ 18,811,596,610	₦ 25,303,080,500	₦ 18,229,188,310
	% Distribution	30.2%	40.6%	29.2%
		100.0%		

HSSB AOP PILLARS & Enablers	Total Cost of AOP	New-Project/Activity	On-going Project/Activity
Strategic Pillar One:Effective Governance	₦ 764,024,000	₦ 635,767,000	₦ 128,257,000
Strategic Pillar Two:Efficient, Equitable and Quality Health system	₦ 45,071,053,420	₦ 21,673,887,860	₦ 23,397,165,560
Strategic Pillar Three: Unlocking Value Chains	₦ 2,998,662,000	₦ 2,563,024,000	₦ 435,638,000
Strategic Pillar Four: Health Security	₦ 10,416,275,000	₦ 438,295,000	₦ 9,977,980,000
Enabler 1: Data Digitization	₦ 2,686,992,000	₦ 2,610,927,000	₦ 76,065,000
Enabler 2: Financing	₦ 203,337,000	₦ 117,147,000	₦ 86,190,000
Enabler 3: Culture and Talent	₦ 203,522,000	₦ -	₦ 203,522,000
Total	₦ 62,343,865,420	₦ 28,039,047,860	₦ 34,304,817,560
	% Distribution	45.0%	55.0%
		100.0%	

AOP Cost by HSSB Priority Initiatives per Implementation Status

PI	HSSB AOP Priority Initiatives	Total Cost of AOP	New-Project/Activity	On-going Project/Activity
1	Strengthen NCH as a coordinating and accountability mechanism across the health system	₦ 196,942,000	₦ 196,942,000	₦ -
2	Comprehensive and intentional communication strategy for stakeholder engagement and advocacy	₦ 51,075,000	₦ 51,075,000	₦ -
3	Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products	₦ 54,290,000	₦ 2,060,000	₦ 52,230,000
4	A Sector Wide Action Plan (SWAp) to defragment health system programming and funding	₦ 371,112,000	₦ 295,085,000	₦ 76,027,000
5	Increase collaboration with internal and external stakeholders for better delivery and performance management	₦ 90,605,000	₦ 90,605,000	₦ -
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)	₦ 439,341,000	₦ 25,948,000	₦ 413,393,000

7	Accelerate inter-sectorial socia welfare through coordination of efforts of the social action fund	₦ -	₦ -	₦ -
8	Accelerate immunization programs for priority antigens (e.g., DPT3, Polio, Measles, Yellow Fever) with a focus on decreasing zero dose children	**₦ 6,207,656,700**	**₦ 337,874,800**	**₦ 5,869,781,900**
9	Slow down the growth rate of NCD Prevalence	**₦ 548,802,000**	**₦ 548,802,000**	₦ -
10	Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)	**₦ 10,871,730,000**	**₦ 10,547,830,000**	**₦ 323,900,000**
11	Revitalize tertiary and quaternary care hospitals to improve access to specialized care	**₦ 3,380,180,000**	**₦ 3,380,180,000**	₦ -
12	Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition	**₦ 2,632,381,620**	**₦ 1,903,754,960**	**₦ 728,626,660**
13	Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance	**₦ 17,162,051,500**	**₦ 2,299,887,500**	**₦ 14,862,164,000**
14	Expand financial protection to all citizens through health insurance expansion and other innovative financing mechanisms	**₦ 1,375,874,600**	**₦ 182,994,600**	**₦ 1,192,880,000**

15	Increase availability and quality of HRH	**₦ 2,453,036,000**	**₦ 2,446,616,000**	**₦ 6,420,000**
16	Re-Position Nigeria at the forefront of emerging R&D innovation, starting with local clinical trials and translational science	**₦ 90,916,000**	**₦ 80,346,000**	**₦ 10,570,000**
17	Stimulate local production of health products (e.g., drug substance, fill and finish for vaccines, malaria bed-nets, and therapeutical foods)	**₦ 724,270,000**	**₦ 720,465,000**	**₦ 3,805,000**
18	Build sustain offtake agreement with development partners for locally produced products required in Nigeria	**₦ -**	**₦ -**	**₦ -**
19	Streamline existing supply chains to remove complexity	**₦ 2,183,476,000**	**₦ 1,762,213,000**	**₦ 421,263,000**
20	Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security	**₦ 10,345,735,000**	**₦ 382,605,000**	**₦ 9,963,130,000**

21	Establish a One Health approach for threat detection and response, incorporating climate-linked threats	**₦ 70,540,000**	**₦ 55,690,000**	**₦ 14,850,000**
22	Strengthen health data collection, reporting and usage – starting with the core indicators	**₦ 438,644,000**	**₦ 362,579,000**	**₦ 76,065,000**
23	Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate	**₦ 2,248,348,000**	**₦ 2,248,348,000**	**₦ -**
24	Improve oversight and monitoring of budgeting process to increase budget utilization	**₦ 134,211,000**	**₦ 91,211,000**	**₦ 43,000,000**
25	Regular and effective skills and performance appraisal of top leadership	**₦ 69,126,000**	**₦ 25,936,000**	**₦ 43,190,000**
26	Transformation within F/SMoH – towards a values and performance driven culture	**₦ 155,067,000**	**₦ -**	**₦ 155,067,000**
27	Top-talent learning program to develop well-rounded for public health leaders	**₦ 48,455,000**	**₦ -**	**₦ 48,455,000**
	Total	**₦ 62,343,865,420**	**₦ 28,039,047,860**	**₦ 34,304,817,560**
		% Distribution	**45.0%**	**55.0%**

AOP Cost by HSSB Pillars per Level of Implementation

HSSB AOP PILLARS & Enablers	Total Cost of AOP (₦)	National level (₦)	Federal level(₦)	State & FCT level(₦)	Local Government level(₦)	Community/Ward level(₦)	Workplaces (formal/informal)(₦)	Health Training Institutions (₦)	Tertiary Facilities(₦)	Secondary Health Facilities(₦)	Primary Health Facilities(₦)	Private Facilities(₦)
Strategic Pillar One: Effective Governance	764,024,000	-	-	632,314,000	39,240,000	-	-	-	92,470,000	-	-	-
Strategic Pillar Two: Efficient, Equitable and Quality Health system	45,071,053,420	-	-	36,557,421,360	2,226,376,860	214,517,000	-	13,200	1,900,334,000	##########	736,184,000	-
Strategic Pillar Three: Unlocking Value Chains	2,998,662,000	-	-	2,968,710,000	954,000	-	-	770,000	2,272,000	1,328,000	21,168,000	1,360,000
Strategic Pillar Four: Health Security	10,416,275,000	-	-	6,933,244,000	2,410,423,000	1,065,000,000	-	-	7,608,000	-	-	-
Enabler 1: Data Digitization	2,686,992,000	655,000	-	1,794,903,000	-	-	-	-	184,606,000	706,828,000	-	-
Enabler 2: Financing	203,337,000	25,196,000	-	152,205,000	-	-	-	-	-	25,936,000	-	-
Enabler 3: Culture and Talent	203,522,000	-	-	203,522,000	-	-	-	-	-	-	-	-
Total	62,343,865,420	25,851,000	-	49,242,319,360	4,676,993,860	1,279,517,000	-	783,200	2,187,290,000	##########	757,352,000	₦ 1,360,000
	% Distribution	0.00%	0.00%	79.00%	7.50%	2.10%	0.00%	0.00%	3.50%	6.70%	1.20%	0.00%