

EDO STATE GOVERNMENT

EDO STATE HEALTH SECTOR

ANNUAL OPERATIONAL PLAN  
2025

MINISTRY OF HEALTH  
FEDERAL MINISTRY OF HEALTH  
UNICEF  
NOVEMBER 2024



**HIS EXCELLENCY, SEN. MONDAY OKPEBHOLO**  
EXECUTIVE GOVERNOR,  
EDO STATE



**DR CYRIL ADAMS-OSHIOMHOLE**  
HONOURABLE COMMISSIONER FOR HEALTH

## **PRELUDE**

The 2025 AOP serves as a vital guide for achieving Edo State's healthcare goals. This plan tackles pressing healthcare challenges, capitalizes on opportunities, and presents a comprehensive strategy to enhance service delivery, governance, and health outcomes.

The ultimate goal of this plan is to advance universal health coverage and establish a resilient, inclusive healthcare system for all Edo State residents.

**Dr Cyril Adams-Oshiomhole**

Honourable Commissioner for Health

## FOREWORD

I am pleased to present the 2025 Edo State Health Sector Annual Operational Plan (AOP), a plan that embodies our deep commitment to advancing healthcare in our State. Edo State has achieved remarkable progress in healthcare delivery in recent times, and this 2025 AOP further underscores our dedication to continue in that direction. This plan was developed in the spirit of the Sector Wide Approach (SWAp) and with rigorous research, extensive consultations, and data-driven analysis. It aligns closely with the mandate of the health sector and addresses the healthcare needs of Edo people.

This plan prioritizes interventions that are focused on strengthening healthcare regulations, enhancing our primary healthcare systems, improving service delivery in our secondary facilities and increasing access to quality healthcare, especially to the poor and vulnerable, in line with the goals of Universal Health Coverage (UHC).

In implementing this plan, I want to stress the critical role of accountability, transparency, and citizen engagement and to emphasize the need for efficient resource management and utilization.

My heartfelt appreciation goes to the dedicated teams within the Ministry of Health (MOH), the Hospitals Management Agency (HMA), the Edo State Health Insurance Commission (EDHIC), the Edo State Primary Health Development Agency (EDSPHCDA), and the Traditional Medicine Board, along with our invaluable development partners. Their contributions have been instrumental in developing this plan.

I encourage all stakeholders, including healthcare professionals, government bodies, development partners, civil society organizations, and the private sector, to collaborate with us in bringing the objectives of this plan to life. Together, we can create a healthier Edo State.

Finally, I want to reaffirm our commitment to the health and well-being of Edo residents. This 2025 AOP represents our drive to fulfill Edo people's right to highest attainable standard of health.

Thank you for your support, and I look forward to working collectively as a team to make Edo State a leader in healthcare excellence.

**Dr. Stanley Ehiarhimwian**

Permanent Secretary, Ministry of Health,  
Edo State.

November 2024

## **ACKNOWLEDGEMENT**

Edo State Ministry of Health extends its sincere gratitude to the many individuals within the Ministry, its agencies, and development partners who worked tirelessly to develop the 2025 Annual Operational Plan (AOP).

I want to specially thank the Permanent Secretary, Ministry of Health, Dr. Stanley Ehiarhimwian as well as the heads of MDAs in the Health ecosystem for their invaluable support and guidance, without which this document would not have been possible. My appreciation also goes to the Directors in the Ministry of Health, Edo State Hospitals Management Agency (HMA), Edo State Health Insurance Commission (EDHIC), Edo State Primary Healthcare Development Agency (EDSPHCDA), and the secretary, Traditional Medicine Board as well as their dedicated Program Officers who played a key role in the development of this plan.

My sincere appreciation goes to the Ministry of Budget, Information communication Technology Agency, Procurement Agency and Edo DIDA for their participation.

I also want to thank the UNICEF sponsored TA, Dr. Eric Obikeze, for his robust technical input and his commitment which made the entire process seamless.

We deeply appreciate the commitment and financial support from UNICEF, the technical support provided by FMOH and NCDC as well as the valuable contributions of our other development partners, including W.H.O., USAID/M-RITE, T.C.I, Heartland Alliance/GTE, GHSC-PSM, and DATA-FI, ARFH. Your dedication is truly appreciated.

Lastly, I commend the staff of the Division of Policy, Planning, Research, and Statistics of the State Ministry of Health for their unwavering dedication to ensuring the successful completion of this project.

**Lauretta Iruobe**

Director, Policy Planning, Research, and Statistics,

Ministry of Health,

Edo State.

November 2024

## EXECUTIVE SUMMARY

The development of the 2025 Annual Operational Plan (AOP) represents an opportunity to build on successes recorded in the implementation of the 2024 AOP while also mindful of the challenges faced in pursuing our mandate of improving the health outcomes of Edo residents. This summary offers a succinct outline of the process and the key objective we seek to accomplish.

The 2025 AOP development roadmap began with the development of the Edo State Health Sector Agenda (2023 – 2027) which is the successor to the Edo State Strategic Health Development Plan II (2018 - 2022). After the validation of the Edo State Health Sector Agenda, 3-day workshop to build the capacity of planning cell heads and key programme officers from MDAs in the health sector as well as development partners was held at Limoh Suites, Boundary Road, GRA, Benin City, Edo State from October 7 to October 9, 2024. The planning cell workshop was immediately followed by a 5-day AOP development workshop also at Limoh Suites, from October 14 to October 18, 2024, with participants drawn from all health MDAs, and with representatives from Ministry of Budget, Information communication Technology Agency, Procurement Agency and Edo DIDA as well as development partners operating in the State health sector also participating.

The Edo State Health Sector Agenda (EDSHSA) which is an adoption of the Health Sector Strategic Blueprint (HSSB) of the Federal Government is made up of 4 pillars and 3 enablers, 18 strategic objectives, 27 priority initiatives and 262 interventions. Out of the 27 priority initiatives, there are 13 SWAp - focused initiatives or core priorities initiatives which are first in line to benefit from the Hope Project, which is being rolled out by the Federal Government in partnership with World Bank.

The Edo State Health Sector Agenda (EDSHSA) is comprised of 2 sections: HSSB sheet and non-HSSB sheet. While the interventions in the HSSB sheet were derived from the National document (Health Sector Strategic Blueprint-HSSB), the interventions in the non-HSSB sheet were develop at the State level are to address the areas that are not covered by the National document.

These are the Pillars and Enablers as outlined in EDSHSA:

Pillar 1: Effective Governance

Pillar 2: Efficient, Equitable and Quality Health system

Pillar 3: Unlocking Value Chains

Pillar 4: Health Security

Enabler 1: Data Digitization

Enabler 2: Financing

Enabler 3: Culture and Talent

Each Pillar/Enabler in EDSHSA contains strategic objectives, priority initiatives and interventions. The 2025 AOP tool like the EDSHSA is comprised of 2 sections: HSSB section and non-HSSB section and it contains the activities for implementation in addition to the strategic objectives, priority initiatives and interventions that were derived from the EDSHSA.

During the AOP development workshop, directors, programme officers, unit heads, planning officers across the health MDAs meticulously populated and developed their respective AOP template, SWOT analysis table and Narrative. Participants, including Directors and Programme Officers from the across the health MDAs, the UNICEF sponsored TA, State Planning officer, development partners and representative of invited MDAs outside the health ecosystem, collaboratively provided the needed leadership as well as specialized technical and sector expertise. Presentations were made by each planning cell, corrections were effected and the documents were submitted for collation.

A 2-day validation meeting was subsequently held at Limoh suites, from November 11 to November 12, 2024 to review and adopt the draft 2025 AOP document.

Following the workshop, a 2-day validation meeting was held with key stakeholders to review the draft AOP document before its finalization, printing, and dissemination. These processes were all coordinated by the Ministry of Health.

The main purpose of the 2025 AOP development is to produce a concise and implementable plan for Edo State health sector as well as to set the priorities and prudently allocate resources; human and financial, to address the State's most pressing healthcare needs.

The costing component of plan were calculated based on the current approved rates and Financial Regulations of the State Public Service, while also factoring in inflation. The total cost of implementing the 2025 AOP is estimated at Forty-Six Billion, Seven Hundred and Fifty-Six Million, Eight Hundred and Sixty-Nine Thousand, Four Hundred and Fifty-Three Naira (₦ 46,756,869,453) only.

In conclusion, the development of the 2025 Annual Operational Plan is a critical step forward in our shared mission to improve healthcare in Edo State. As we implement this plan, we anticipate the impact it will bring to the health and well-being of Edo residents.



## TABLE OF CONTENTS

Foreword	i
Acknowledgment	ii
Executive Summary	iii
Table of Contents	v
List of Tables	vi
Abbreviations	vii
1.0 Introduction	1
1.1 Background of the Locality	1
1.2 Situation Analysis	4
2.0 Summary of the SWOT Analysis per Pillar/Enabler	6
3.0 Development of the 2025 Annual Operational Plan (AOP)	45
3.1 Overview of the AOP Development Process	45
3.2 Situational Analysis	45
3.3 Costing of 2025 Annual Operational Plan	45
3.4 Identified Advantages and Challenges of the AOP Development Process	45
4.0 Overview of Pillars/Enablers, Strategic Objectives and Priority Initiatives	46
4.1 Pillars/Enablers, Strategic Objectives and Priority Initiatives of 2025 AOP	46
4.2 Breakdown of 2025 AOP by Pillars/Enablers	48
5.0 Summary of the 2025 AOP Costs	49
5.1 Funding requirements, sources of funding & funding gaps	49
5.2 Management & Coordination arrangements for 2025 AOP	49
5.3 Performance Monitory Matrix (PMM)	49
6.0 Edo State Health Sector Annual Operational Plan for Year 2025	50
7.0 Edo State Health Sector Mock Budget for Year 2025	238
8.0 References	304
9.0 Annexures: 2025 AOP Contributors	305

## **LIST OF TABLES**

Table 1: Pillar 1 - Effective Governance SWOT Analysis	6
Table 2: Pillar 2 - Efficient, Equitable and Quality Health system SWOT Analysis	10
Table 3: Pillar 3 - Unlocking Value Chains SWOT Analysis	30
Table 4: Pillar 4 - Health Security SWOT Analysis	32
Table 5: Enabler 1: Data Digitization SWOT Analysis	36
Table 6: Enabler 2: Financing SWOT Analysis	40
Table 7: Enabler 3: Culture and Talent SWOT Analysis	42
Table 8: List of strategic objectives and priority initiatives per pillar/enabler	46
Table 9: Showing planned activities and costs based on the pillar/enabler	48
Table 10: Annual Operational Plan for 2025	50
Table 11: Mock Budget for 2025	238

## **ABBREVIATIONS**

ACT – Artemisinin-based combination therapy  
AEFI - Adverse Events Following Immunization  
AI – Artificial Intelligence  
AIDS - Acquired Immune Deficiency Syndrome  
AMC/AMU – Antimicrobial Consumption/Antimicrobial Use  
AMR – Antimicrobial Resistance  
AMRIS – Antimicrobial Resistance Information System  
ANC – Antenatal Care  
AOP - Annual Operational Plan  
ARFH - Association for Reproductive and Family Health  
ART - Anti-Retroviral Therapy  
AST – Antimicrobial Susceptibility Testing  
BEmONC – Basic Emergency Obstetric and Newborn Care  
BFI – Breast Feeding Initiative/Baby Friendly Initiative  
BHCPF - Basic Health Care Provision Fund  
BMGF - Bill and Melinda Gates Foundation  
BVN – Bank Verification Number  
CEmONC – Comprehensive Emergency Obstetric and Newborn Care  
CHEWs – Community Health Extension Workers  
CHW – Community Health Workers  
C&Ts - Counsellors and Testers  
CMS - Central Medical Store  
CPs - Community Pharmacists  
CPAP - Continuous Positive Airway Pressure  
CRVS - Civil Registration and Vital Statistics  
CSO – Civil Society Organisation  
DATA-FI – DATA FOR IMPLEMENTATION

DaYTA - Data for Yesterday, Today, and Tomorrow in Action  
DHIS-2 - District Health Information System 2  
DNS – Department/Director of Nursing Services  
DPH – Division/Director of Public Health  
DPPRS - Department/Director, Policy Planning, Research, and Statistics  
DPT 3 – Diphtheria Pertussis Tetanus  
DRM - Division/Director, Regulation and Monitoring  
DSA – Daily Subsistence Allowance  
DTA – Duty Tour Allowance  
EDO DiDA - Edo State Digital Governance and Data Management Agency  
EDHIC - Edo State Health Insurance Commission  
EDOHIS - Edo State Health Insurance Scheme  
EDSPHCDA - Edo State Primary Health Development Agency  
E-GOV - Electronic Governance  
EMS - Emergency Medical Services  
EmOnC – Emergency Obstetric and Newborn Care  
ENC - Essential Newborn Care  
ENCC - Essential Newborn Care Course  
ESH - Edo Specialist Hospital  
EDSHSA - Edo State Health Sector Agenda  
ESSHDP II - Edo State Strategic Health Development Plan II  
FMOH – FEDERAL MINISTRY OF HEALTH  
FMOHSW – Federal Ministry of Health and Social Welfare  
FCT – Federal Capital Territory  
FP – Family Planning  
GANC – Group Antenatal Care  
GC-7 grant – Global Fund Cycle-7 Grant  
GF - Global Fund

GHSCM – Global Health Supply Chain Management  
GHSC- PSM - Global Health Supply Chain Procurement Supply Management  
GMP - Growth Monitoring and Promotion  
HALTG - Heartland Alliance Limited  
HCWs - Health Care Workers  
HF – Health Facility  
HIE - Health Information exchange  
HIS – Health Information System  
HIV – Human Immunodeficiency Virus  
HIVST – Human Immunodeficiency Virus Self Testing  
HMA - Hospitals Management Agency  
HMIS - Health Management Information Systems  
HRH – Human Resource for Health  
HSPC - Health Sector Planning Cell  
HSSB – Health Sector Strategic Blueprint  
HWs – Health Workers  
ICCM - Integrated Community Case Management  
ICT - Information and Communication Technology  
IEV – Identification, Enumeration and Vaccination  
IFA/MMS – Iron Folic Acid/Multiple Micro-Nutrient Supplement  
IMAM - Integrated Management of Acute Malnutrition  
IMCI - Integrated Management of Childhood Illness  
IMPACT – Innovative Approach to Malaria Prevention, Control and Treatment/Immunization Plus Malaria Progress by Accelerating Coverage and Transforming Service.  
IMSV - Integrated Monthly Supervisory Visit  
IP - Implementing Partner  
ISS – Integrated Supportive Supervision  
ISTH - Irrua Specialist Teaching Hospital

IT - Information Technology  
ITN – Insecticide Treated Nets  
JAR – Joint Annual Review  
JCHEWS – Junior Community Health Extension Workers  
KC - Key Components  
KMC - Kangaroo Mother Care  
KP - Key Populations  
LGA - Local Government Area  
LGHA – Local Government Health Authority  
LMCU – Logistics Management and Coordinating Unit  
LMD - Last Mile Distribution  
LMIS – Logistics/Laboratory Management Information System  
MDAs - Ministries, Departments, and Agencies  
M&E - Monitoring and Evaluation  
MICS – Multiple Indicator Cluster Survey  
MMR – Maternal Mortality Rate  
MNCH – Maternal Newborn Child Health  
MNCHW – Maternal Newborn Child Health Week  
MNP/SQ-LNS – Micro Nutrient Powder/Small Quantity Lipid-Based Nutrient supplement  
MNSD – Mental, Neurological and Substance Abuse Disorder  
MOH - Ministry of Health  
MPCDSR - Maternal, Perinatal and Child Death Surveillance and Response  
M-RITE - Momentum Routine Immunization Transformation and Equity  
NACs - National AIDS Control Councils  
NACS - Nutrition assessment, counselling and support  
NCD – Non Communicable Diseases  
NCDC - National Center for Disease Control and Prevention  
NCH – National Council on Health

NDHS - National Demographic and Health Survey  
NGOs - Non-Governmental Organizations  
NHIA - National Health Insurance Authority  
NHMIS – National Health Management Information System  
NIPRD - National Institute for Pharmaceutical Research and Development  
NMCN – Nursing and Midwifery Council of Nigeria  
NNMDA - Nigeria Natural Medicine Development Agency  
NPC – National Population Commission  
NPHCDA - National Primary Health Care Development Agency  
NTDs - Neglected Tropical Diseases  
OIC – Officer in charge  
OSS - One Stop Shop  
OTP Services - Out-patient Therapeutic Services  
PAC - Post Abortion Care  
PAPA – Performance Assessment for Program Management  
PAFP - Post-Abortion Family Planning  
PHEOC - Public Health Emergency Operations Center  
PHC - Primary Healthcare Centre  
PHCUOR - Primary Health Care Under One Roof  
PLHIV – People Leaving with Human Immunodeficiency Virus  
PMM - Performance Monitoring Matrix  
PMTCT – Prevention of Mother to Child Transmission  
PMVs - Private Medical Vendors  
PNC – Postnatal Care  
PPFP - Postpartum Family Planning  
PPH - Post-partum Hemorrhage  
PPP - Public-Private Partnership  
QTR - Quarter

RCCE – Risk Communication and Community Engagement

RBM - Results-Back Malaria

R&D - Research and Development

RH - Reproductive Health

RI – Routine Immunization

RMNCEAH+N – Reproductive Maternal Newborn Child Elderly Adolescent Health + Nutrition

RTKs - Rapid Testing Kits

RUSF – Ready to Use Supplementary Food

RUTF – Ready to Use Therapeutic Food

SASCP - State AIDS and STI Control Program

SBA – Skill Birth Attendant

SBC – Social Behavioural Change

SDGs - Sustainable Development Goals

SDPs - Service Delivery Points

SERVI-COM – Service Communication

SHIS - State Health Information System

SHPO – State Health Promotion Officer

SMOH - State Ministry of Health

SOC – State Oversight Committee

SOPs – Standard Operating Procedures

SSHIA – State Social Health Insurance Agency

SWs – Social Workers

SWAp - Sector Wide Approach

SWOT - Strengths, Weaknesses, Opportunities, and Threats

TA - Technical Assistant

TB - Tuberculosis

TBA - Traditional Birth Attendant

TCAM Council - Traditional, Complementary and Alternative Medicine



TCI - The Challenge Initiative  
TMB - TRADITIONAL MEDICINE BOARD  
TMPs - Traditional Medicine Practitioners  
TPT - Tuberculosis Preventive Therapy  
TSTS - Task Sharing and task shifting  
TV – Television  
TWG – Technical Working Group  
UBTH - University of Benin Teaching Hospital  
UHC - Universal Health Coverage  
UNICEF - United Nations Children's Fund  
USAID - United States Agency for International Development  
VDC – Village Development Committee  
WASH - Water, Sanitation, and Hygiene  
WDC - Ward Development Committee  
WHO - World Health Organization  
Wi-Fi – Wireless Fidelity  
WRD - WHO recommended molecular diagnostics  
ZD – Zero-Dose  
Z-DROP - Zero -Dose Reduction Plan

## **INTRODUCTION**

### **1.1 Background of the Locality**

Edo State was created from Bendel State on August 27, 1991. Geographically, the State is positioned between longitudes 5°E and 6°45'E, and latitudes 6°1'N and 7°30'N, with a total land area of 19,281.93square kilometers. Edo State shares borders with Delta State to the south, Kogi State to the north, Ondo State to the west, and the River Niger to the east. Edo State is rich in natural resources, with notable towns including Benin City (the capital), Ekpoma, Uromi, and Auchi. Major languages spoken are Bini, Esan, Yekhe or Etsako, Ora, Etuno, and Okpameri.

Edo State have estimated population of 5,198,749 million people. The state boasts one of the country's highest enrollment rates across primary, secondary, and tertiary education. It is estimated that infants (0-1 year) represent 4% of the population, children under five comprise 20%, and women of reproductive age (15-49 years) account for 22%. Approximately 48% of the population is under 15 years (NPC, 2006).

Known for its rich artistic and cultural heritage, Edo State, particularly Benin City, is globally recognized for its art treasures. Economic activities include wood carving, sawmilling, rubber processing, cement and textile production, brewing, agriculture, and agro-based industries. Despite being an oil-producing state, agriculture remains the dominant economic sector, making Edo a major food supplier for Nigeria's South-South region.

The healthcare landscape in Edo State, comprises of public and private providers across primary to tertiary care levels, alongside Traditional Medicine Practitioners. The Ministry of Health oversees the healthcare system, supported by the Hospitals Management Agency, Edo State Primary Healthcare Development Agency, Health Insurance Commission, and the Traditional Medicines Board.

### **Hospitals Management Agency**

Edo State Hospitals Management Agency plays a pivotal role in the healthcare system of Edo State. Its responsibilities are multifaceted, aiming to ensure the effective functioning and provision of quality healthcare services in State-funded Hospitals. Here's a breakdown of its key responsibilities:

1. Overseeing and Regulating Purchases;
2. Providing Quality Healthcare for all;
3. Continuous Quality Improvement;
4. Infrastructure Maintenance;

Edo State Hospitals Management Agency operates a Senatorial Zonal System which are classified into Edo South, Edo Central and Edo North. All hospitals in these three

Senatorial Zones, report to the Permanent Secretary, Hospitals Management Agency, Benin City.

In line with the new innovative strategy of the Edo State Government, revenue generated was increased from an average of 44 million per month as at 2016 to over 100 million per month in 2024.

### **Edo State Primary Healthcare Development Agency**

Edo State Primary Health Care Development Agency (EDSPHCDA) was established in 2019 by the Edo State Government as part of its efforts to improve the health outcomes of its citizens and ensure universal access to health care services. The EDSPHCDA is responsible for coordinating, managing, and supervising all primary healthcare services in the state, including preventive, promotive, and curative services. The Agency's primary focus is on delivering essential healthcare services to populations, such as women, children, and the elderly, who are most at risk of developing health problems. The primary health care space in times past was marred with a myriad of challenges especially primary healthcare due to the erroneous misconception of the care provided as rural care for poor people as opposed to the provision of quality promotive, preventive, curative and rehabilitative health care services and referrals to secondary care when the condition requires specialist care. The primary healthcare system was not seen as the foundation or entry portal into the healthcare system which acts as a repository for all individuals medical or health history. In other schools of thought, it was referred to as immunization or vaccination centres, which originally is just one of the many services rendered at the PHC level. Primary Health Care Under One Roof (PHCUOR) was introduced as a National policy to bring the management of primary health care services under a state primary health care development agency with a central management that has monitoring and supervisory functions over all its components. This was eventually implemented in the year 2021 by Edo State who began the migration of primary health care programs and their subsequent implementation from the State Ministry of Health to the Edo State Primary Health Care Development Agency. This policy adoption and implementation has enabled the dispensing of quality primary health care services across the state with the continuous orientation and reorientation of health care workers on the need to provide excellent health care services at all times, regardless of the prevailing circumstances.

### **Basic Health Care Provision Fund (BHCPF):**

The introduction of the BHCPF component in primary health care has completely revolutionized the delivery of PHC services through the provision of direct facility funding to some selected facilities (presently Edo State has 146 BHCPF facilities across the 18 LGAs) which receive quarterly funding to carry out minimal renovations and provide the equipment and tools required to deliver the best quality of care to residents of the various communities where they are located. These funds are made available through the NPHCDA and NHIA gateways respectively and the monies paid into an

account that is accessed only by the approval of the Ward Development Committee (WDC) Chairman and Secretary who are selected from the communities (192 WDCs in the state with 172 actively reporting to the Agency) and the facility manager or officer-in-charge (OIC) of the facility. These funds are accessed through the development of an annual quality improvement plan detailing the activities and proposed projects for the year and a quarterly business plan which further breaks down the yearly deliverables into the four quarters of the year.

### **Health Insurance Commission**

The Edo State Health Insurance Commission (EDHIC) established in May 30, 2019 aims to provide equitable, accessible, and affordable healthcare to all residents of Edo State. With a mission to alleviate the financial burden of healthcare, EDHIC operates a health insurance scheme that pools resources to ensure that both formal and informal sector workers, especially the poor and vulnerable, have access to quality healthcare services. The Commission's efforts are aligned with the goals of Universal Health Coverage (UHC) and Nigeria's National Health Insurance policy, focusing on reducing catastrophic health expenditures and improving health outcomes across the State. Key initiatives such as the Basic Health Care Provision Fund (BHCPF), Bill & Melinda Gates Foundation Intervention Fund and Edo State Equity Intervention Programme support primary, secondary and tertiary healthcare delivery to marginalized populations, ensuring a wide network of accredited providers to serve residents in all Local Government Areas (LGAs).

EDHIC is committed to innovation and efficiency in healthcare delivery through the adoption of digital tools for enrollment, monitoring service utilization, and enhancing accountability among providers. Collaborative efforts with stakeholders, including the Edo State Primary Health Care Development Agency (EDSPHCDA) and other partners, further strengthen service delivery and access to preventive healthcare. By fostering public-private partnerships (PPP) and expanding coverage, especially among vulnerable groups, EDHIC plays a central role in achieving UHC for Edo State, working towards sustainable healthcare financing.

Some of the key achievements recorded in the year, 2024, includes; the Basic Health Care Provision Fund (BHCPF) enrollment of 65, 552 Edo residents, the Bill and Melinda Gates Foundation Intervention Fund enrollment of 2,500 individuals as well as the establishment of ambulance services in Ikpoba-Okha, Egor and Oredo LGAs with four ambulances. As at October 31, 2024, EDHIC has a total of 266,866 enrollees.

Looking ahead, EDHIC aims to solidify its role as a pivotal institution in achieving UHC in Edo State by increasing healthcare coverage, promoting public-private partnerships (PPP), and ensuring sustainable financing mechanisms. With a forward-thinking leadership and a commitment to health equity, the Commission continues to champion healthcare reforms that leaves no one behind.

### **Traditional Medicines Board**

Edo State Traditional Medicine Board (formerly Bendel State Traditional Medicine Board) Edict 1985 came into force on March 4, 1985.

The Board is saddled with the following responsibilities:

1. Overall supervision of traditional medicine practitioners, traditional medicine hospitals, traditional clinics, traditional healing institutions and traditional medicine training institutions.
2. Registration of traditional medicine practitioners.
3. Registration of traditional health facilities.
4. Formulate plans for the development of standards in traditional health centres and clinics.
5. Promote research into herbs.
6. Promote training in the art of traditional medicine.

### **Mission, Vision, and Core Values of the Health Sector**

#### **Vision:**

To establish Edo State as a regional leader in effective healthcare regulation, quality care, and a hub for innovation, education, and research in health.

#### **Mission:**

To improve health outcomes by working in motivated, goal-driven teams in partnership with government sectors, the private sector, non-governmental organizations, and other partners.

#### **Core Values:**

- Collaboration
- Integrity
- Efficiency
- Sustainability

### **1.2 Situation Analysis**

Edo State has 552 public health facilities which include 4 tertiary hospitals - 3 Federal owned and 1 state owned, 34 secondary hospitals with 32 functional as well as 515 primary healthcare centres with 483 functional. In addition, the State has 3,676 registered private health facilities in the following categories: 1 tertiary hospital, 566 secondary hospitals, 110 clinics, 3 specialist clinics, 30 dental clinics, 55 eye clinics, 61 optometry clinics, 41 diagnostics centers, 102 medical laboratories, 11 physiotherapy centers, 750 pharmacies, 2,006 patent medicine stores as well as 197 nursing and maternity homes. The State also has 107 registered traditional birth attendants (TBA) as well as 2 registered mortuary and embalment facilities.

In the last few years, institutions like the College of Nursing Sciences and the School of Health Technology have been transformed into world-class training centers and the

State is currently home to four medical schools and several residency programs, contributing significantly to healthcare workforce development in the region.

The health sector in the State has benefited from a steady increase in budgetary allocation in the last few years which was 7% in 2020, 6% in 2021, 8% in 2022, 9% in 2023 and 13% in 2024. While hoping that the health budgetary allocation in 2025 will surpass the Abuja Declaration recommended 15%, the major problem has been in the area of percentage of allocated funds released which was 17.81% in 2020, 10.23% in 2021, 10.7% in 2022 and 66% in 2023.

From January - September, 2024, the state recorded a maternal mortality ratio of 231.9 per 100,000 live births, an infant mortality rate of 22.6 per 1,000 live births, and an under-five mortality rate of 29 per 1,000 live births (DHIS-2). Despite efforts, there remains a need to reduce these rates further.

According to the Nigeria Demographic and Health Survey (NDHS 2023), Neonatal mortality per 1000 decreased to 7 from 52, Infant mortality decreased to 13 from 63, Under-5 mortality decreased to 19 from 81, Child mortality rate decreased to 6 from 19, Post neonatal mortality decreased to 6 from 12, Contraceptive prevalence rate decreased to 27.5 from 32.1 fully immunized - basic antigen decreased to 58.4 from 62.7 while fully immunized - all antigen decreased to 33.5 from 48.7 (MICS 2021).

Challenges facing the health sector include limited release of budgeted funds, severe human resource shortages, gaps in governance and oversight, a lack of strategic direction in vertical programs, and heavy reliance on a small number of development partners for healthcare programs. To address these issues, the State developed the Edo State Health Sector Agenda (2023 – 2027) which was aligned with the programmes of development partners operating in the State. The interventions being implemented in this 2025 AOP, were teased out from the Health Sector Agenda.

Recognizing the need for systemic reform to achieve the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC), stakeholders have come together to develop the 2025 AOP. The effective implementation of the strategic actions outlined in this AOP will require a collaborative, multi-sectoral effort.

## SUMMARY OF SWOT ANALYSIS PER PILLAR/ENABLER

### Operational Planning (AOP) SWOT Analysis Table

Table 1: Pillar 1 - Effective Governance

Pillar 1: Effective Governance ▪ Strategic Interventions	SWOT		Decision (Strategic Interventions for financial planning)	Remarks
	Strengths	Weakness		
<ul style="list-style-type: none"> <li>▪ Preparation and public disclosure/dissemination of health sector performance result e.g Annual state of health report to all relevant stakeholders</li> </ul>			<ul style="list-style-type: none"> <li>▪ Preparation and public disclosure/dissemination of health sector performance result e.g Annual state of health report to all relevant stakeholders</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Strengthen a functional health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adequate man power</li> <li>▪ Availability of Edo State health sector policy documents</li> <li>▪ Availability of working tools</li> <li>▪ Availability of ICT tool e.g., E-Gov.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Technical Skill gap</li> <li>▪ Inadequate skilled man power</li> <li>▪ No well establish communication mechanism.</li> <li>▪ Limited funds to facilitate communication mechanisms</li> <li>▪ Inadequate personnel trained for the use of ICT tool</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strengthen a functional health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Harmonize frameworks for health professional regulatory bodies along different cadres.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Capacity to set up communication platform</li> </ul>	<ul style="list-style-type: none"> <li>▪ Poor infrastructure in the Secondary Facility</li> </ul>	<ul style="list-style-type: none"> <li>▪ Harmonize frameworks for health professional regulatory bodies along different cadres.</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Strengthen a functional</li> </ul>	<ul style="list-style-type: none"> <li>▪ Availability of Health Educators and</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of check list to monitor and evaluate the implementation of the plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strengthen a functional</li> </ul>	

<b>Pillar 1: Effective Governance</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.</p> <ul style="list-style-type: none"> <li>▪ Develop AOP and ensure alignment of partners' plans to national/state health sector AOP</li> <li>▪ Conduct Joint missions to Federal/states/ sites in line with Joint Annual Review (JAR) calendar</li> <li>▪ Conduct Inspection, registration, monitoring, auditing and supervision of all categories of health facilities as well as traditional medicine establishments</li> <li>▪ Improve regulatory activities</li> </ul>	<p>Mobilizers.</p> <ul style="list-style-type: none"> <li>▪ Availability of official email</li> <li>▪ Availability of skilled personnel to work with partners</li> <li>▪ Availability of a conducive working environment for health development partner</li> <li>▪ Effective collaboration of work plans between program officers and partners</li> <li>▪ Centralized Oversight on HF regulation and Monitoring</li> <li>▪ Availability of skilled Data Managers</li> <li>▪ Enhanced Collaboration with other stakeholders</li> <li>▪ Introduction of registration Portal and presence of experienced Staff.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ineffective collaboration of work plan between program of officers and partners.</li> <li>▪ Lack of effective communication between partners and program officers</li> <li>▪ Low Budgetary release for activities</li> <li>▪ Limited IT gadgets</li> <li>▪ Inadequate vehicles for regulatory activities</li> <li>▪ Lack of “motivation” for those at the field</li> <li>▪ Lack of DRM Zonal Offices at Edo North and Central</li> </ul>	<p>health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.</p> <ul style="list-style-type: none"> <li>▪ Develop AOP and ensure alignment of partners' plans to national/state health sector AOP</li> <li>▪ Conduct Joint missions to Federal/states/ sites in line with Joint Annual Review (JAR) calendar</li> <li>▪ Conduct Inspection, registration, monitoring, auditing and supervision of all categories of health facilities as well as traditional medicine establishments</li> <li>▪ Improve regulatory activities</li> </ul>	



<b>Pillar 1: Effective Governance</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>by decentralization of operations of the Regulation and Monitoring Division of the ministry of health</li> <li>▪ Implement quality Management system framework</li> <li>▪ Mark International days and weeks</li> <li>▪ Setup and operationalize advisory groups, TWGs, committees and advocacy groups as necessary</li> <li>▪ Develop, adopt and roll out laws, policies, guidelines, code of conduct and standard operating procedures necessary for the optimum functioning of the health sector</li> </ul>	<ul style="list-style-type: none"> <li>▪ Presence of a coordinating Office (Division) for all the health regulatory departments in the Ministry</li> <li>▪ Established Frameworks</li> <li>▪ Interagency Collaborations</li> </ul>		<ul style="list-style-type: none"> <li>by decentralization of operations of the Regulation and Monitoring Division of the ministry of health</li> <li>▪ Implement quality Management system framework</li> <li>▪ Mark International days and weeks</li> <li>▪ Setup and operationalize advisory groups, TWGs, committees and advocacy groups as necessary</li> <li>▪ Develop, adopt and roll out laws, policies, guidelines, code of conduct and standard operating procedures necessary for the optimum functioning of the health sector</li> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Availability and support of Development partners</li> <li>▪ Availability of National policy document</li> <li>▪ Support from FMOH</li> <li>▪ Availability of social media communication and Electronic Media</li> <li>▪ Patients feedback</li> <li>▪ Technological Advancements</li> <li>▪ International Collaboration</li> <li>▪ Public Health Initiatives</li> <li>▪ Policy Reforms</li> </ul>	<ul style="list-style-type: none"> <li>▪ Delay in fund release</li> <li>▪ Inadequate fund release</li> <li>▪ Inadequate budgetary allocation</li> <li>▪ High personnel attrition rate</li> <li>▪ Poor internet services</li> <li>▪ TV/Radio houses high tariff.</li> <li>▪ Cyber security risk</li> <li>▪ Language Barrier.</li> <li>▪ Misinformation and fake news</li> <li>▪ Poor network signal within the Agency</li> <li>▪ Non alignment of strategic plan. Noninvolvement of HMA at the</li> </ul>		

<b>Pillar 1: Effective Governance</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Identify, engage, establish and maintain necessary partnerships with all categories of stakeholders in the health sector as well as engage with citizens to engender increased community participation</li> <li>▪ Quarterly data review meeting for RMNCEAH+N</li> </ul>	<ul style="list-style-type: none"> <li>▪ Capacity Building</li> </ul>	<ul style="list-style-type: none"> <li>initial training for HSSB</li> <li>▪ Resistance to Standardization by the Public</li> <li>▪ Political and Economic Instability</li> <li>▪ Legal Issues</li> <li>▪ Public Perception</li> <li>▪ Resistance from Stakeholders (internal and external)</li> <li>▪ Evolving Health Threats</li> <li>▪ Legislative Changes</li> <li>▪ Delayed Tax clearance for HFs owners</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify, engage, establish and maintain necessary partnerships with all categories of stakeholders in the health sector as well as engage with citizens to engender increased community participation</li> <li>▪ Quarterly data review meeting for RMNCEAH+N</li> </ul>	

## RECOMMENDATION

- Advocacy Visit to the State House of Assembly House Committee on Health, Ministry of Budget, Office of the Accountant General on the importance of increased budgetary allocation to at least 15% of total budget and timely releases to the health sector
- Creation of Regulation and Monitoring zonal offices in Edo North and Central to improve regulation of healthcare facilities in these zones
- Capacity Building of all cadres of health workers across the state
- Improved reporting rate from partners
- Improved infrastructure in the Secondary Facility
- Development of check list for supportive supervision of HMA facilities

Table 2: Pillar 2 - Efficient, Equitable and Quality Health system

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
	<b>Strengths</b>	<b>Weakness</b>		
<ul style="list-style-type: none"> <li>▪ Strengthen Governance and Stewardship for Health promotion Multi-sectoral Coordination</li> <li>▪ Promote Advocacy for Mullti-sectoral coordination at all Levels of health and across the sectors that are proactive health promotion</li> <li>▪ Build Capacity of FMOH/SMOH/LGA program managers to provide leadership and co-ordination for Multi-sectoral Partnership including CSOs for effective collaboration.</li> <li>▪ Monitor Trends and Determinants of Health and evaluate progress of coordination</li> <li>▪ Strengthen accountability mechanism and community engagement to accelerate community participation and improve service delivery</li> <li>▪ Foster and integrate effective Multisectoral Health Promotion strategy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Active WDC &amp; VDC participation.</li> <li>▪ Cordial relationship with traditional and religious institutions</li> <li>▪ Partner relationship</li> <li>▪ Ongoing Renovation and Revitalization by the State and supporting partners of healthcare facilities across the State to achieve one</li> </ul>	<ul style="list-style-type: none"> <li>▪ Skewed distribution of Health education officers</li> <li>▪ Inadequate working tools especially for program officers and facility managers (OICs) at the LGHA</li> <li>▪ Uneven distribution of healthcare facilities with the absence of level three PHCs in some political wards</li> <li>▪ Challenges with digitalization of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strengthen Governance and Stewardship for Health promotion Multi-sectoral Coordination</li> <li>▪ Promote Advocacy for Mullti-sectoral coordination at all Levels of health and across the sectors that are proactive health promotion</li> <li>▪ Build Capacity of FMOH/SMOH/LGA program managers to provide leadership and co-ordination for Multi-sectoral Partnership including CSOs for effective collaboration.</li> <li>▪ Monitor Trends and Determinants of Health and evaluate progress of coordination</li> <li>▪ Strengthen accountability mechanism and community engagement to accelerate community participation and improve service delivery</li> <li>▪ Foster and integrate effective Multisectoral Health Promotion strategy</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes</li> <li>▪ Strengthen SBC (RCCE) multisectoral coordination mechanism to facilitate the implementation of routine and Emergency interventions.</li> <li>▪ Increase Demand Generation to improve health service uptake including RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning and other health services</li> <li>▪ Accelerate the Integration of awareness programs/health campaigns to improve health outcomes including primary health interventions</li> <li>▪ Leverage formal education system to improve healthy behaviors</li> <li>▪ Data Sharing and Collaboration</li> <li>▪ Implementation of Zero-Dose Reduction Operational Plan (Z-DROP) in prioritised LGAs</li> </ul>	<p>functional level three PHC in each of the 192 political wards</p> <ul style="list-style-type: none"> <li>▪ Availability of Tele-medicine in some of our facilities</li> <li>▪ Eagerness of Frontline workers to improve skills</li> <li>▪ Government new policies prioritize newborn care</li> <li>▪ High patients turn over in our facilities</li> <li>▪ Availability of some clinical protocols</li> <li>▪ Credibility with local</li> </ul>	<p>primary health records due to infrastructure inadequacy and training gaps</p> <ul style="list-style-type: none"> <li>▪ Manpower shortage due to talent migration and brain drain</li> <li>▪ Inadequate ambulance service in the State to enhance proper referrals.</li> <li>▪ Internet connectivity still unstable in some communities restricting the practice of telemedicine</li> <li>▪ Sub-optimal healthcare waste</li> </ul>	<ul style="list-style-type: none"> <li>▪ Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes</li> <li>▪ Strengthen SBC (RCCE) multisectoral coordination mechanism to facilitate the implementation of routine and Emergency interventions.</li> <li>▪ Increase Demand Generation to improve health service uptake including RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning and other health services</li> <li>▪ Accelerate the Integration of awareness programs/health campaigns to improve health outcomes including primary health interventions</li> <li>▪ Leverage formal education system to improve healthy behaviors</li> <li>▪ Data Sharing and Collaboration</li> <li>▪ Implementation of Zero-Dose Reduction Operational Plan (Z-DROP) in prioritised LGAs</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Conduct Identification, Enumeration and vaccination (IEV) under immunized and zero dose children strategies in prioritised LGAs and Mapping of Zero Dose Communities</li> <li>▪ Conduct of Big-Catch Up Campaign in prioritised LGAs</li> <li>▪ Conduct of Performance Assessment for Program Management and Action (PAPA) 2.0 in prioritised ZD LGAs</li> <li>▪ Expand access to immunization Services.</li> <li>▪ Mapping of Zero Dose Communities</li> <li>▪ Strengthening Communities to demand immunization services and reduce vaccine hesitancy.</li> <li>▪ Strengthening immunization data system for effective decision making and assessment of vaccine safety and impact.</li> <li>▪ Enhance the deployment of effective immunization vaccine management system to reduce stock out of vaccines such as DPT3, Polio,</li> </ul>	<ul style="list-style-type: none"> <li>communities</li> <li>▪ Presence of health facilities in many communities as a platform for engagement</li> <li>▪ Adequate land for expansion</li> <li>▪ Clear and accountable financial management</li> <li>▪ Availability of skilled personnel</li> <li>▪ Training and development of staff</li> <li>▪ Regular promotion of staff and prompt payment of salaries</li> <li>▪ Rewards and</li> </ul>	<ul style="list-style-type: none"> <li>management practices and equipment</li> <li>▪ Sub-optimal Cold Chain Management system</li> <li>▪ Challenges in the distribution of vaccines to the last mile (funding, transportation etc)</li> <li>▪ Lack of quality management systems in our clinical and non-clinical processes</li> <li>▪ Knowledge and skills gaps of HCWs in primary health care service delivery</li> <li>▪ Inadequate</li> </ul>	<ul style="list-style-type: none"> <li>▪ Conduct Identification, Enumeration and vaccination (IEV) under immunized and zero dose children strategies in prioritised LGAs and Mapping of Zero Dose Communities</li> <li>▪ Conduct of Big-Catch Up Campaign in prioritised LGAs</li> <li>▪ Conduct of Performance Assessment for Program Management and Action (PAPA) 2.0 in prioritised ZD LGAs</li> <li>▪ Expand access to immunization Services.</li> <li>▪ Mapping of Zero Dose Communities</li> <li>▪ Strengthening Communities to demand immunization services and reduce vaccine hesitancy.</li> <li>▪ Strengthening immunization data system for effective decision making and assessment of vaccine safety and impact.</li> <li>▪ Enhance the deployment of effective immunization vaccine management system to reduce stock out of vaccines such as DPT3, Polio,</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>Measles, Yellow Fever, etc.</p> <ul style="list-style-type: none"> <li>▪ An NCD prevention task force with a focus on high priority illnesses ( Strengthen governance, coordination, collaboration and leadership)</li> <li>▪ Strengthening and supporting regulatory authorities to promote healthy diets, by policy formulations, and awareness creation at the community and schools</li> <li>▪ Raise public awareness on pre-marital/pre-conception screening for sickle cell disease including genetic counseling</li> <li>▪ Strengthen health systems to address Prevention and Control of Non-Communicable Diseases at all levels of care and contribute to reducing risk factors</li> <li>▪ Strengthen prevention of mental, neurological, and substance abuse disorders (MNSD)</li> <li>▪ Strengthen Communicable disease prevention task forces focused on</li> </ul>	<p>sanction system in place</p> <ul style="list-style-type: none"> <li>▪ Centralized Oversight on HF regulation and Monitoring</li> <li>▪ Availability of skilled Data Managers</li> <li>▪ Enhanced Collaboration with other stakeholders</li> <li>▪ Introduction of registration Portal and presence of experienced Staff.</li> <li>▪ Presence of a coordinating Office (Division) for all the health regulatory departments in the Ministry</li> <li>▪ Established</li> </ul>	<p>technological infrastructure to carry out Community Home-Based Care</p> <ul style="list-style-type: none"> <li>▪ Inadequate logistics for monitoring and evaluation activities</li> <li>▪ Uncoordinated Transfer of trained staff without consideration for matching skills and roles</li> <li>▪ Inadequate training materials and trainers</li> <li>▪ Insufficient equipment for new born care</li> <li>▪ Inadequate</li> </ul>	<p>Measles, Yellow Fever, etc.</p> <ul style="list-style-type: none"> <li>▪ An NCD prevention task force with a focus on high priority illnesses ( Strengthen governance, coordination, collaboration and leadership)</li> <li>▪ Strengthening and supporting regulatory authorities to promote healthy diets, by policy formulations, and awareness creation at the community and schools</li> <li>▪ Raise public awareness on pre-marital/pre-conception screening for sickle cell disease including genetic counseling</li> <li>▪ Strengthen health systems to address Prevention and Control of Non-Communicable Diseases at all levels of care and contribute to reducing risk factors</li> <li>▪ Strengthen prevention of mental, neurological, and substance abuse disorders (MNSD)</li> <li>▪ Strengthen Communicable disease prevention task forces focused on</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>HIV, TB, Malaria and NTDs at the national and sub-national level</p> <ul style="list-style-type: none"> <li>▪ Scale up integrated HIV prevention services</li> <li>▪ Increase uptake and access to HIV services (testing, treatment, care, viral suppression, including procurement of HIV rapid test kits)</li> <li>▪ Reach, treat and sustain Vertical HIV transmission and Paediatrics interventions</li> <li>▪ Improve access and utilisation of integrated vector control interventions (ITNs, Targeted IRS, targeted LSM, vector surveillance and insecticide resistance monitoring)</li> <li>▪ Improve generation of evidence for decision-making and impact through reporting of quality malaria data and information from at least 80% of health facilities.</li> <li>▪ Increase access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination</li> </ul>	<p>Frameworks</p> <ul style="list-style-type: none"> <li>▪ Interagency Collaborations</li> <li>▪ Existence of State Control Programmes (HIV, TB, Malaria, NTDs etc)</li> <li>▪ Well trained State Programme staff.</li> <li>▪ Availability of WHO rapid molecular diagnostic centres</li> <li>▪ Availability of policy documents such as the RH/FP document</li> <li>▪ One Health Approach</li> <li>▪ Availability of LGA RH</li> </ul>	<p>tracking of Breastfeeding Initiative (BFI) implementation.</p> <ul style="list-style-type: none"> <li>▪ Inadequate involvement of the community in BFI</li> <li>▪ Resistance to behavioural change in BFI</li> <li>▪ Insufficient Training and noncompliance with protocols</li> <li>▪ Lack of standardization in care processes</li> <li>▪ Poor stakeholder engagement</li> <li>▪ Insufficient information on stakeholders needs</li> <li>▪ Aging</li> </ul>	<p>HIV, TB, Malaria and NTDs at the national and sub-national level</p> <ul style="list-style-type: none"> <li>▪ Scale up integrated HIV prevention services</li> <li>▪ Increase uptake and access to HIV services (testing , treatment, care, viral suppression , including procurement of HIV rapid test kits)</li> <li>▪ Reach, treat and sustain Vertical HIV transmission and Paediatrics interventions</li> <li>▪ Improve access and utilisation of integrated vector control interventions (ITNs, Targeted IRS, targeted LSM, vector surveillance and insecticide resistance monitoring)</li> <li>▪ Improve generation of evidence for decision-making and impact through reporting of quality malaria data and information from at least 80% of health facilities.</li> <li>▪ Increase access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>therapy (ACTs) and malaria vaccine</li> <li>▪ Increase access and uptake of Tuberculosis Preventive Therapy (TPT)</li> <li>▪ Improve access to Tuberculosis care - case finding and treatment</li> <li>▪ Sustain and Improve Treatment Success Rate</li> <li>▪ Improve access to WHO Recommended Molecular diagnostics (WRD)</li> <li>▪ Improve early diagnosis and treatment of Leprosy and Buruli Ulcer</li> <li>▪ A network of Quaternary Care facilities to enable resource pooling and improving access to highly specialized care</li> <li>▪ Policy and guideline development to set standards</li> <li>▪ Build capacity of health workers to improve access and quality to specialize care using available Resources including engagement of Nigerian Health care Personnel in the</li> </ul>	<ul style="list-style-type: none"> <li>supervisor</li> <li>▪ Availability of Health Educators and Mobilizers.</li> <li>▪ Good RH activities.</li> <li>▪ Availability of a Central Medical Store.</li> <li>▪ Functional State Malaria technical working group</li> <li>▪ Availability of malaria commodities for IMPACT project.</li> <li>▪ Collaboration with the relevant stakeholders including IPs and private practitioners. (28 facilities have private and faith base)</li> <li>▪ Availability of warehouse/store</li> </ul>	<ul style="list-style-type: none"> <li>infrastructure</li> <li>▪ Sub-optimal referral system for all programmes</li> <li>▪ Inadequate equipment</li> <li>▪ Manpower gaps in public healthcare facilities</li> <li>▪ Lack of designated vehicle for regulatory activities</li> <li>▪ Inadequate office space for the Traditional Medicine Board (TMB)</li> <li>▪ Reappropriation of allocated budget in the 2024 Supplementary Budget</li> </ul>	<ul style="list-style-type: none"> <li>therapy (ACTs) and malaria vaccine</li> <li>▪ Increase access and uptake of Tuberculosis Preventive Therapy (TPT)</li> <li>▪ Improve access to Tuberculosis care - case finding and treatment</li> <li>▪ Sustain and Improve Treatment Success Rate</li> <li>▪ Improve access to WHO Recommended Molecular diagnostics (WRD)</li> <li>▪ Improve early diagnosis and treatment of Leprosy and Buruli Ulcer</li> <li>▪ A network of Quaternary Care facilities to enable resource pooling and improving access to highly specialized care</li> <li>▪ Policy and guideline development to set standards</li> <li>▪ Build capacity of health workers to improve access and quality to specialize care using available Resources including engagement of Nigerian Health care Personnel in the</li> </ul>	



<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <b>Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Diaspora</li> <li>▪ Establish/revitalize MNCAH+N task force and new accountability mechanism to crash MMR &amp; under-5 mortality at the sub-national (State and LGA) level</li> <li>▪ Develop &amp; Implement a mechanism for tracking RMNCAEH+N resources and its use.</li> <li>▪ Institutionalize maternal, perinatal and child death surveillance and response (MPCDSR) at all facilities/communities for quality improvement and monitor response.</li> <li>▪ 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</li> <li>▪ Provide adequate WASH infrastructure and services in healthcare facilities and Monitoring indicators to ensure quality of care and IPC</li> </ul>	<ul style="list-style-type: none"> <li>for storage</li> <li>▪ Presence of LMCU to help in distribution to SDPs</li> <li>▪ State procurement Agency in place</li> <li>▪ Leverage on the EDOHIS program to capture HIV/AIDS</li> <li>▪ Well-coordinated stakeholders and response SASCP team</li> <li>▪ Viable OSS for all typology of KP population</li> <li>▪ 28 Comprehensive facilities across 13 LGAs already providing ART services</li> <li>▪ Availability of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of database (mapping) for Traditional Medicine Practitioners (TMPs)</li> <li>▪ Unavailability of HRH forum</li> <li>▪ Lack of adequate systems for data collection and evidence generation</li> <li>▪ Poor attitude of some staff to work in healthcare facilities</li> <li>▪ Poor knowledge about TB among many Health workers and the general populace</li> <li>▪ Low demand</li> </ul>	<ul style="list-style-type: none"> <li>Diaspora</li> <li>▪ Establish/revitalize MNCAH+N task force and new accountability mechanism to crash MMR &amp; under-5 mortality at the sub-national (State and LGA) level</li> <li>▪ Develop &amp; Implement a mechanism for tracking RMNCAEH+N resources and its use.</li> <li>▪ Institutionalize maternal, perinatal and child death surveillance and response (MPCDSR) at all facilities/communities for quality improvement and monitor response.</li> <li>▪ 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</li> <li>▪ Provide adequate WASH infrastructure and services in healthcare facilities and Monitoring indicators to ensure quality of care and IPC</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <b>Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Roll out of Post-partum care PRE/PEE and Post Abortal Care (PAC) interventions in high volume delivery primary, secondary and tertiary health facilities in all the 36 states plus FCT.</li> <li>▪ 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</li> <li>▪ Roll out Post-partum Hemorrhage(PPH) management at the health facilities using E-motive bundle, active management of 3rd stage of labour etc</li> <li>▪ Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level</li> <li>▪ Deploy Doctors midwives+CHEWS/JCHEWS to high need areas, using relocation incentives and flexible arrangements for RMNCAH</li> </ul>	<p>numerous Health facilities in the State.</p> <ul style="list-style-type: none"> <li>▪ Availability of HCWs in the numerous Health facilities in the State</li> <li>▪ HIV Situation Room weekly meeting</li> <li>▪ NACs document available</li> <li>▪ Strong collaboration with relevant MDAs and LMCU on Nutrition activities.</li> <li>▪ High reporting rate of Nutrition activities from facilities</li> <li>▪ Well-skilled manpower at the Tertiary facilities already working</li> </ul>	<p>creation for TB services</p> <ul style="list-style-type: none"> <li>▪ Suboptimal TB contact investigation and management</li> <li>▪ Suboptimal supervision and mentorship to health facilities on implementation of health programmes</li> <li>▪ Periodic stock out of Family Planning (FP) commodities in the facilities</li> <li>▪ No provision for the last-mile distribution of FP commodities</li> <li>▪ Poor synergy between health</li> </ul>	<ul style="list-style-type: none"> <li>▪ Roll out of Post-partum care PRE/PEE and Post Abortal Care (PAC) interventions in high volume delivery primary, secondary and tertiary health facilities in all the 36 states plus FCT.</li> <li>▪ 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</li> <li>▪ Roll out Post-partum Hemorrhage(PPH) management at the health facilities using E-motive bundle, active management of 3rd stage of labour etc</li> <li>▪ Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level</li> <li>▪ Deploy Doctors midwives+CHEWS/JCHEWS to high need areas, using relocation incentives and flexible arrangements for RMNCAH</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Activate additional CHEWs and JCHEWs by leveraging unemployed available stock for RMNCAH+N</li> <li>▪ Upskill midwives on supervision, innovations and refresher courses for deployed midwives</li> <li>▪ Upskill CHEWs to carry out some MNCH services, with focus on ANC and PNC for uncomplicated pregnancies, Family Planning, newborn and child health services</li> <li>▪ Domesticate the Task Sharing and task shifting (TSTS) implementation SOPs tailored to the state's specific context.</li> <li>▪ Develop and maintain an updated inventory of health facilities lacking trained RMNCAH providers to facilitate strategic staff allocation and transfers</li> <li>▪ Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.</li> </ul>	<p>collaboratively in area of NCDs</p> <ul style="list-style-type: none"> <li>▪ Strong coordination of NCDs team at the SMoH and other institutions like UBTH</li> <li>▪ Availability of Health Educators and Mobilizers</li> </ul>	<p>MDAs</p> <ul style="list-style-type: none"> <li>▪ Data disparity between facilities, ESPHCDA and DHIS 2 due different reporting platforms</li> <li>▪ Unavailability of data reporting tools</li> <li>▪ Non-implementation of task shifting and task sharing policy.</li> <li>▪ No RH/FP budget line.</li> <li>▪ No airtime for Roll Back Malaria (RBM) focal persons to report bi-monthly.</li> <li>▪ Uncooperative attitude of facility</li> </ul>	<ul style="list-style-type: none"> <li>▪ Activate additional CHEWs and JCHEWs by leveraging unemployed available stock for RMNCAH+N</li> <li>▪ Upskill midwives on supervision, innovations and refresher courses for deployed midwives</li> <li>▪ Upskill CHEWs to carry out some MNCH services, with focus on ANC and PNC for uncomplicated pregnancies, Family Planning, newborn and child health services</li> <li>▪ Domesticate the Task Sharing and task shifting (TSTS) implementation SOPs tailored to the state's specific context.</li> <li>▪ Develop and maintain an updated inventory of health facilities lacking trained RMNCAH providers to facilitate strategic staff allocation and transfers</li> <li>▪ Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Domesticate the national policy and guidelines for Postpartum Family Planning (PPFP) and Post-Abortion Family Planning (PAFP), and adapt them for community deployment</li> <li>▪ Adapt and Implement the National FP Communication Strategy to raise demand and reduce Unmet Need for FP at the state level</li> <li>▪ Strengthen prevention, treatment and rehabilitation services for quality obstetrics Fistula care</li> <li>▪ Accelerate implementation of Essential Newborn Care (ENC) at the Primary health facilities</li> <li>▪ Adapt and review the National Essential Newborn Care Course (ENCC) to align to the global second</li> </ul>		<p>healthcare workers towards documentation and reporting of malaria elimination programme data.</p> <ul style="list-style-type: none"> <li>▪ High Procurement cost of Rapid Test Kits (RTKs)</li> <li>▪ Stigmatization and discrimination against people living with AIDS</li> <li>▪ Frequent stock out of RTKs for general population</li> <li>▪ Poor funding release from the State</li> <li>▪ Over-dependence on implementing partners</li> <li>▪ Poor sensitization</li> </ul>	<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Domesticate the national policy and guidelines for Postpartum Family Planning (PPFP) and Post-Abortion Family Planning (PAFP), and adapt them for community deployment</li> <li>▪ Adapt and Implement the National FP Communication Strategy to raise demand and reduce Unmet Need for FP at the state level</li> <li>▪ Strengthen prevention, treatment and rehabilitation services for quality obstetrics Fistula care</li> <li>▪ Accelerate implementation of Essential Newborn Care (ENC) at the Primary health facilities</li> <li>▪ Adapt and review the National Essential Newborn Care Course (ENCC) to align to the global second</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ edition of ENCC for quality improvement</li> <li>▪ Promote home visits on community-based newborn through empowering communities, Outreaches and Mobile Clinics</li> <li>▪ 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</li> <li>▪ Strengthen neonatal intensive care unit at level-3 (Tertiary) health facilities</li> <li>▪ Improve Capacity of frontline health workers on Comprehensive new born at Secondary and tertiary Health facilities</li> <li>▪ Assess health facility readiness to improve integrated management of childhood illness services with linkage to community</li> <li>▪ Improve capacity skills of doctors,</li> </ul>		<ul style="list-style-type: none"> <li>▪ on NCDs related risk factors</li> <li>▪ Non-domestication of NCD policies</li> <li>▪ Poor sensitization on NTDs related risk factors</li> <li>▪ Weak coordination of health promotion interventions</li> <li>▪ Lack of funding to promote social media content to reach target audience</li> <li>▪ Inadequate building for health educators and social mobilizers</li> <li>▪ Suboptimal funding by the State Government</li> </ul>	<ul style="list-style-type: none"> <li>▪ edition of ENCC for quality improvement</li> <li>▪ Promote home visits on community-based newborn through empowering communities, Outreaches and Mobile Clinics</li> <li>▪ 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</li> <li>▪ Strengthen neonatal intensive care unit at level-3 (Tertiary) health facilities</li> <li>▪ Improve Capacity of frontline health workers on Comprehensive new born at Secondary and tertiary Health facilities</li> <li>▪ Assess health facility readiness to improve integrated management of childhood illness services with linkage to community</li> <li>▪ Improve capacity skills of doctors,</li> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Effective</li> </ul>	<ul style="list-style-type: none"> <li>▪ Insecurity</li> </ul>		

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>nurses, CHEWs at PHC for Integrated Management of Childhood Illness (IMCI) and community Health workers on Integrated Community Case Management (ICCM)</li> <li>▪ Develop and implement a multisectoral actions for integrated childhood development in rolling out the child Survival Action Plan at state level</li> <li>▪ Scale-up capacity of Doctors, Nurses, Wives, CHEWs to deliver adolescent plus youth-friendly services</li> <li>▪ Collaborate with Ministry of Education to Review the school health Policy, adopt and domesticate school health services standards at state level.</li> <li>▪ Empower community to support adolescent program at the community level (peer to peer support, parents guardian etc)</li> <li>▪ Revitalize of baby friendly initiative (BFI) at all levels of care</li> <li>▪ Conduct Nutrition assessment,</li> </ul>	<ul style="list-style-type: none"> <li>Collaboration with relevant MDAs.</li> <li>▪ Social media utilization</li> <li>▪ Development of a digital (online) facility data reporting platform</li> <li>▪ Availability of social media communication and Electronic Media</li> <li>▪ Collaboration with Nigeria Natural Medicine Development Agency (NNMDA) and National Institute for Pharmaceutical Research and Development (NI PRD)</li> <li>▪ Collaboration</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate infrastructure</li> <li>▪ Delay in release of approved funds</li> <li>▪ Poor community buy-in of health programmes</li> <li>▪ Closure of training facility</li> <li>▪ Disease outbreaks</li> <li>▪ Competing priorities</li> <li>▪ Sociocultural barriers</li> <li>▪ National policy changes</li> <li>▪ Regulatory changes</li> <li>▪ Security Risks.</li> <li>▪ Limited Qualified Agents</li> <li>▪ Delay in the Traditional, Complementary and Alternative Medicine Council</li> </ul>	<ul style="list-style-type: none"> <li>nurses, CHEWs at PHC for Integrated Management of Childhood Illness (IMCI) and community Health workers on Integrated Community Case Management (ICCM)</li> <li>▪ Develop and implement a multisectoral actions for integrated childhood development in rolling out the child Survival Action Plan at state level</li> <li>▪ Scale-up capacity of Doctors, Nurses, Wives, CHEWs to deliver adolescent plus youth-friendly services</li> <li>▪ Collaborate with Ministry of Education to Review the school health Policy, adopt and domesticate school health services standards at state level.</li> <li>▪ Empower community to support adolescent program at the community level (peer to peer support, parents guardian etc)</li> <li>▪ Revitalize of baby friendly initiative (BFI) at all levels of care</li> <li>▪ Conduct Nutrition assessment,</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ counselling and support (NACS)</li> <li>▪ Provision of growth monitoring and promotion (GMP) services at all level of care</li> <li>▪ Accelerate the scale up of integrated management of acute malnutrition (IMAM) at all level of care</li> <li>▪ Improve out-patient therapeutic (OTP) services in at least 2 PHC per ward across 36 states and FCT</li> <li>▪ Scaling up community Nutrition best practices</li> <li>▪ Strengthen commodity security and reduce the high rates of stock-outs at service delivery points through improved logistics data quality and resource mobilization for RMNCAH (FP, and Nutrition)</li> <li>▪ Expand the scope of Logistics Management Information System (LMIS) data quality for accurate forecasting of national MNCAH commodities requirements including FP</li> <li>▪ Procure and utilize RMNCAH</li> </ul>	<ul style="list-style-type: none"> <li>▪ with tertiary institutions for training and research</li> <li>▪ Collaboration with media agencies and other government parastatals (outside health) such as Ministry of Agriculture, Ministry of Business, Trades &amp; Co-operatives.</li> <li>▪ Budgetary appropriation for HRH</li> <li>▪ Technology integration (Google Sheet)</li> <li>▪ Presence of National Health Workforce Registry</li> <li>▪ Political will</li> </ul>	<ul style="list-style-type: none"> <li>▪ (TCAM) Bill passage into law.</li> <li>▪ Lack of traditional medicine training institutions</li> <li>▪ Inadequate traditional medicine laboratory and clinical research facilities</li> <li>▪ Non regulation of the activities of herbal medicine hawkers</li> <li>▪ Non regulation of activities of unregistered TBAs</li> <li>▪ Lack of an umbrella association of TMPs</li> <li>▪ Economic Instability</li> <li>▪ Legal Issues</li> <li>▪ Public Perception</li> </ul>	<ul style="list-style-type: none"> <li>▪ counselling and support (NACS)</li> <li>▪ Provision of growth monitoring and promotion (GMP) services at all level of care</li> <li>▪ Accelerate the scale up of integrated management of acute malnutrition (IMAM) at all level of care</li> <li>▪ Improve out-patient therapeutic (OTP) services in at least 2 PHC per ward across 36 states and FCT</li> <li>▪ Scaling up community Nutrition best practices</li> <li>▪ Strengthen commodity security and reduce the high rates of stock-outs at service delivery points through improved logistics data quality and resource mobilization for RMNCAH (FP, and Nutrition)</li> <li>▪ Expand the scope of Logistics Management Information System (LMIS) data quality for accurate forecasting of national MNCAH commodities requirements including FP</li> <li>▪ Procure and utilize RMNCAH</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>commodities, including oxytocin, family planning supplies, and essential devices (e.g., CPAP, monitors, pulse oximetry, oxygen, KMC devices, phototherapy, radiant warmers, ventilators, caffeine citrate, bag and mask, suctioning, etc), in line with National guidelines and SOPs</li> <li>▪ Procure and Utilize nutrition commodities for nutritionally vulnerable groups (Pregnant women - IFA/MMS, Children U-5 (6-59 months) (Vitamin A, MNP/SQ-LNS, Ready to use therapeutic food - RUTF, RUSF and essential routine medication (amoxicilin, albendazole),Conduct Nutrition assessment, counselling and support (NACS)</li> <li>▪ Adapt and implement the National RMNCAH/Immunization Integration policy, creating a comprehensive action plan for RMNCAH/Immunization/Nutrition integration at PHC level.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Support from FMOH</li> <li>▪ Support from NCDC</li> <li>▪ Technological Advancements</li> <li>▪ International Collaboration</li> <li>▪ Public Health Initiatives</li> <li>▪ Policy Reforms</li> <li>▪ Numerous private health facilities, CPs, PMVs, TBAs</li> <li>▪ Support from the National TB Programme</li> <li>▪ Availability and support of partners</li> <li>▪ Collaboration with local government environmental health officers on vector control.</li> <li>▪ Leveraging on</li> </ul>	<ul style="list-style-type: none"> <li>▪ Resistance from Stakeholders (internal and external)</li> <li>▪ Evolving Health Threats</li> <li>▪ Delayed Tax clearance for HFs owners</li> <li>▪ Unwillingness of numerous private health sector stakeholders to join the TB Network</li> <li>▪ Inadequate budgetary allocation for TB Control activities</li> <li>▪ Insecurity</li> <li>▪ Poor Road network in the State</li> <li>▪ Poor community participation</li> <li>▪ Inadequate funding</li> </ul>	<ul style="list-style-type: none"> <li>commodities, including oxytocin, family planning supplies, and essential devices (e.g., CPAP, monitors, pulse oximetry, oxygen, KMC devices, phototherapy, radiant warmers, ventilators, caffeine citrate, bag and mask, suctioning, etc), in line with National guidelines and SOPs</li> <li>▪ Procure and Utilize nutrition commodities for nutritionally vulnerable groups (Pregnant women - IFA/MMS, Children U-5 (6-59 months) (Vitamin A, MNP/SQ-LNS, Ready to use therapeutic food - RUTF, RUSF and essential routine medication (amoxicilin, albendazole),Conduct Nutrition assessment, counselling and support (NACS)</li> <li>▪ Adapt and implement the National RMNCAH/Immunization Integration policy, creating a comprehensive action plan for RMNCAH/Immunization/Nutrition integration at PHC level.</li> </ul>	



<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Review the 2 ways referral forms for RMNCAH+Nutrition and provide orientation to all Community Health Workers (CHWs) to Primary Health Centers (PHCs) and other healthcare facilities</li> <li>▪ Configure and utilize electronic integrated supportive supervision (ISS) tools for RMNCAH+Nutrition services</li> <li>▪ Support evidence generated for new interventions and knowledge exchange to improve maternal, Newborn, child and Adolescent Health outcomes</li> <li>▪ Strengthen the linkage between community health structure and health system to sustain RMNCAEH+N services to targetted Vulnerable &amp; marginalized groups and other communities</li> <li>▪ Targeted advocacy to Improve financial, geographic and cultural access to RMNCAEH+N services for these vulnerable groups.</li> </ul>	<p>Other public health programs for drug supply.</p> <ul style="list-style-type: none"> <li>▪ Impact project provides an opportunity for adequate funding for Programme implementation</li> <li>▪ FMoH with support from GF is currently implementing GC-7 grant for HIV/TB Case finding and community PMTCT intervention.</li> <li>▪ PMTCT and HIV scale up program support and coordination to end AIDS by 2030</li> <li>▪ Budgeting appropriation bill and AOP</li> <li>▪ Leveraging on IPs</li> </ul>	<p>by the State government</p> <ul style="list-style-type: none"> <li>▪ Economic downturn on budgetary allocation</li> <li>▪ Hostile behaviour on the part of some communities</li> <li>▪ Stigma and discrimination of PLHIV</li> <li>▪ Religious belief that keeps positive clients in denial State</li> <li>▪ High cost of transportation to provide services around communities</li> <li>▪ Hostile behaviour on the part of some communities when charting a</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review the 2 ways referral forms for RMNCAH+Nutrition and provide orientation to all Community Health Workers (CHWs) to Primary Health Centers (PHCs) and other healthcare facilities</li> <li>▪ Configure and utilize electronic integrated supportive supervision (ISS) tools for RMNCAH+Nutrition services</li> <li>▪ Support evidence generated for new interventions and knowledge exchange to improve maternal, Newborn, child and Adolescent Health outcomes</li> <li>▪ Strengthen the linkage between community health structure and health system to sustain RMNCAEH+N services to targetted Vulnerable &amp; marginalized groups and other communities</li> <li>▪ Targeted advocacy to Improve financial, geographic and cultural access to RMNCAEH+N services for these vulnerable groups.</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Integrate trained, equipped, and supported community health workers (CHWs) into the health system</li> <li>▪ Adapt and review standardized RMNCAH+N Job aids for community health workers to conduct community-based services within the community, including referrals to health facilities</li> <li>▪ Establish an inventory of hard-to-reach villages and settlements lacking RMNCAH services, and develop a plan to conduct mobile outreach services to provide RMNCAH services including family planning options in these areas</li> <li>▪ Increase demand and uptake of RMNCAH services</li> <li>▪ Conduct joint planning, review meetings and implementation of RMNCAEH services through the WDC/VWC/ to Foster community ownership and partnership.</li> <li>▪ Use of accounting software to</li> </ul>	<p>(WHO,(GHSCM) HALTG, DataFI, ARFH)supporting HIV/AIDS and other programs,</p> <ul style="list-style-type: none"> <li>▪ State and national clinical mentorship program</li> <li>▪ Budgetary allocation available for HIV/AIDS Programme</li> <li>▪ The availability of HIVST makes it possible for wider reach and access to SWs</li> <li>▪ Presence of a pool of trained C&amp;Ts</li> <li>▪ Availability of recency testing</li> <li>▪ Availability of a well-structured sickle cell facility</li> </ul>	<p>way out for risk factors (Smoke and alcohol use)</p> <ul style="list-style-type: none"> <li>▪ Unhealthy policies that permit certain risky behaviour around NCDs like tobacco/alcoholic use such as adverts, etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Integrate trained, equipped, and supported community health workers (CHWs) into the health system</li> <li>▪ Adapt and review standardized RMNCAH+N Job aids for community health workers to conduct community-based services within the community, including referrals to health facilities</li> <li>▪ Establish an inventory of hard-to-reach villages and settlements lacking RMNCAH services, and develop a plan to conduct mobile outreach services to provide RMNCAH services including family planning options in these areas</li> <li>▪ Increase demand and uptake of RMNCAH services</li> <li>▪ Conduct joint planning, review meetings and implementation of RMNCAEH services through the WDC/VWC/ to Foster community ownership and partnership.</li> <li>▪ Use of accounting software to</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>monitor end-to-end disbursement funds including transactions at PHCs</li> <li>▪ Revise tariffs to encourage private sector involvement</li> <li>▪ Deliver BHCPF as One Package at the last mile.</li> <li>▪ Expand health insurance coverage and other pre-pooling mechanism for health</li> <li>▪ Improve equity of coverage through</li> <li>▪ effective implementation of public subsidies</li> <li>▪ Utilize strategic purchasing mechanism for high impact interventions</li> <li>▪ Increase production of health workers</li> <li>▪ Support public private partnership guideline for private sector to be able to contribute to the production of qualified health workers</li> <li>▪ Strengthen HRH regulatory bodies to improve the quality of the HRH pre-service and in-service training</li> <li>▪ Undertake data-driven recruitment,</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sourcing for an IP to provide support for some NCDs-related intervention like we are talking to (W.H.O)</li> <li>▪ We are currently expecting the dissemination of the outcomes from the Steps-Survey for NCDs risk factors, and DaYTA data collection in the State.</li> </ul>		<ul style="list-style-type: none"> <li>monitor end-to-end disbursement funds including transactions at PHCs</li> <li>▪ Revise tariffs to encourage private sector involvement</li> <li>▪ Deliver BHCPF as One Package at the last mile.</li> <li>▪ Expand health insurance coverage and other pre-pooling mechanism for health</li> <li>▪ Improve equity of coverage through</li> <li>▪ effective implementation of public subsidies</li> <li>▪ Utilize strategic purchasing mechanism for high impact interventions</li> <li>▪ Increase production of health workers</li> <li>▪ Support public private partnership guideline for private sector to be able to contribute to the production of qualified health workers</li> <li>▪ Strengthen HRH regulatory bodies to improve the quality of the HRH pre-service and in-service training</li> <li>▪ Undertake data-driven recruitment,</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>deployment, and management of HRH including biometric capture &amp; BVN data collection for atleast 80% of basic education teachers and primary health workers to ensure proper payroll integration and removal of ghost workers</p> <ul style="list-style-type: none"> <li>▪ Create incentives and enabling environment that improves retention of HRH within Nigeria</li> <li>▪ Implement comprehensive workforce capacity development plan</li> <li>▪ Enhance sustainability by implementing better risk management practices, counterpart funding and reinsurance</li> <li>▪ Quarterly SOC and Gateway Forum meetings on the BHCPF’s performance.</li> <li>▪ To encourage and increase up-take of the Edo State Health Insurance Scheme</li> <li>▪ Implement artificial intelligence (AI) and machine learning algorithms for</li> </ul>			<p>deployment, and management of HRH including biometric capture &amp; BVN data collection for atleast 80% of basic education teachers and primary health workers to ensure proper payroll integration and removal of ghost workers</p> <ul style="list-style-type: none"> <li>▪ Create incentives and enabling environment that improves retention of HRH within Nigeria</li> <li>▪ Implement comprehensive workforce capacity development plan</li> <li>▪ Enhance sustainability by implementing better risk management practices, counterpart funding and reinsurance</li> <li>▪ Quarterly SOC and Gateway Forum meetings on the BHCPF’s performance.</li> <li>▪ To encourage and increase up-take of the Edo State Health Insurance Scheme</li> <li>▪ Implement artificial intelligence (AI) and machine learning algorithms for</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>call centres, system upgrades, data management and improve the overall efficiency of the insurance system</p> <ul style="list-style-type: none"> <li>▪ Improve the quality of healthcare services and ensure efficient utilization of resources by regularly monitoring and evaluating 25% of healthcare facilities in the state each quarter.</li> <li>▪ 20 percent increase from the previous year in the number of eligible population (poor and vulnerables enrolled in the NHIA gateway of the BHCPF by the SSHIAs</li> <li>▪ conduct quackery awareness survey and campaign as well as establish and roll-out of an anti-quackery surveillance network</li> <li>▪ Non-Communicable Disease (NCD) prevention</li> <li>▪ Proper management of AEFI cases</li> <li>▪ Proper waste management</li> <li>▪ Decentralization as well as planned preventive maintenance of the State</li> </ul>			<p>call centres, system upgrades, data management and improve the overall efficiency of the insurance system</p> <ul style="list-style-type: none"> <li>▪ Improve the quality of healthcare services and ensure efficient utilization of resources by regularly monitoring and evaluating 25% of healthcare facilities in the state each quarter.</li> <li>▪ 20 percent increase from the previous year in the number of eligible population (poor and vulnerables enrolled in the NHIA gateway of the BHCPF by the SSHIAs</li> <li>▪ conduct quackery awareness survey and campaign as well as establish and roll-out of an anti-quackery surveillance network</li> <li>▪ Non-Communicable Disease (NCD) prevention</li> <li>▪ Proper management of AEFI cases</li> <li>▪ Proper waste management</li> <li>▪ Decentralization as well as planned preventive maintenance of the State</li> </ul>	

<b>Pillar 2: Efficient, Equitable and Quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
cold store ▪ Tracking of RI defaulters			cold store ▪ Tracking of RI defaulters	

### RECOMMENDATION

- Provision of needed working tools at facility level
- Redistribution of Health education officers
- Construction of zonal cold stores in Edo North and Central
- Training and retraining of HWs
- Improved data management system
- Domestication of relevant national healthcare policies

Table 3: Pillar 3 - Unlocking Value Chains

<b>Pillar 3: Unlocking Value Chains</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
▪ Provide state-of-the-art equipment and Leverage on Electronic Management System to enhance regulatory processes within the R&D space to improve, quality, transparency and reduce	<b>Strengths</b> ▪ Availability of health research ethics committee ▪ LMCU collaborative work culture	<b>Weakness</b> ▪ Lack of synergy among MDAs in the health sector ▪ Lack of working tools ▪ Inadequate skilled man power	▪ Provide state-of-the-art equipment and Leverage on Electronic Management System to enhance regulatory processes within the R&D space to improve, quality, transparency and reduce	▪

<b>Pillar 3: Unlocking Value Chains</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ bureaucracy</li> <li>▪ Strengthen National and Sub-national R&amp;D coordination framework through the National Health Research Committee and National Health Research Ethics Committee</li> <li>▪ Encourage the standardization, local production, and commercialization of traditional medicines and services</li> <li>▪ 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)</li> <li>▪ Ensure establishment of sustainable funding mechanisms for drugs, vaccine and other health commodities at all levels of health services in</li> </ul>	<ul style="list-style-type: none"> <li>▪ Upgraded warehouse facility at CMS</li> <li>▪ Existing electronic LMIS dashboard</li> <li>▪ Improved visibility into public health program logistics at State level.</li> <li>▪ Available infrastructure such as internet, power supply and furniture within State secretariat</li> <li>▪ Knowledgeable and dedicated State LMCU team</li> <li>▪ Capacity building interventions in Logistics management for State logistics Officers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of Health Research Steering Committee</li> <li>▪ Lack of Technical working group for research</li> <li>▪ Unavailability of operational vehicle for logistics activities such as distribution and LMD monitoring.</li> <li>▪ Low funding for procurement of medical commodities for public health intervention.</li> <li>▪ High dependence on external stakeholder for program implementation</li> </ul>	<ul style="list-style-type: none"> <li>▪ bureaucracy</li> <li>▪ Strengthen National and Sub-national R&amp;D coordination framework through the National Health Research Committee and National Health Research Ethics Committee</li> <li>▪ Encourage the standardization, local production, and commercialization of traditional medicines and services</li> <li>▪ 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)</li> <li>▪ Ensure establishment of sustainable funding mechanisms for drugs, vaccine and other health commodities</li> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Availability of budgetary allocation</li> <li>▪ Availability of national</li> </ul>	<ul style="list-style-type: none"> <li>▪ Slow release of funds from the government.</li> </ul>		

<b>Pillar 3: Unlocking Value Chains</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>the country</p> <ul style="list-style-type: none"> <li>▪ Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels)</li> <li>▪ Monitoring and Supportive supervisory Visit</li> </ul>	<p>health research document (guideline)</p> <ul style="list-style-type: none"> <li>▪ External funding from NGOs and development partners</li> <li>▪ Social media platforms</li> <li>▪ Public Private Partnership</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of development partners.</li> <li>▪ Insecurity</li> <li>▪ Bad roads</li> <li>▪ Inflation</li> <li>▪ Low morale of workforce</li> <li>▪ Slow adoption and implementation of sustainability road map for supply chain management</li> </ul>	<p>at all levels of health services in the country</p> <ul style="list-style-type: none"> <li>▪ Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels)</li> <li>▪ Monitoring and Supportive supervisory Visit</li> </ul>	

### RECOMMENDATION

- Capacity building
- Provision of working tools
- Establishment of Health Research Steering Committee



Table 4: Pillar 4 - Health Security

<b>Pillar 4: Health Security</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Improve public awareness and behaviour on prevention, detection and control of public health threats through coordinated health promotion including campaigns, use of media, risk communication, in line with health promotion policy and framework including AMR messages</li> <li>▪ Workforce Capacity Building - Enhances capabilities to achieve health security</li> <li>▪ 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</li> <li>▪ Strengthen and improve public health emergency surveillance system for timely detection and reporting of seasonal and priority</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Improve public awareness and behaviour on prevention, detection and control of public health threats through coordinated health promotion including campaigns, use of media, risk communication, in line with health promotion policy and framework including AMR messages</li> <li>▪ Workforce Capacity Building - Enhances capabilities to achieve health security</li> <li>▪ 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</li> <li>▪ Strengthen and improve public health emergency surveillance system for timely detection and reporting of seasonal and priority diseases and conditions including cross-border</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ The State Health Sector Governance Team meeting</li> <li>▪ The Public Health Operation Emergency Operations Centre, and meetings</li> <li>▪ Availability of policy documents such as the PHEOC document</li> <li>▪ LMCU collaborative work culture</li> <li>▪ Upgraded warehouse facility at CMS</li> <li>▪ Existing electronic LMIS dashboard</li> <li>▪ Improved visibility into public health program logistics at State level.</li> <li>▪ Available infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>▪ Non availability of dedicated operational vehicle for surveillance activities and emergency response.</li> <li>▪ Poor or no funding for surveillance, and public health emergency operations</li> <li>▪ Weak event-based surveillance with non-availability of staff for a 24/7 operation</li> <li>▪ Lack of funding from state for the treatment of</li> </ul>		

<b>Pillar 4: Health Security</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>diseases and conditions including cross-border collaboration to reduce mortality and morbidity</p> <ul style="list-style-type: none"> <li>▪ Strengthen unified Tiered (National, Zonal &amp; 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.</li> <li>▪ Strengthen behavioural change and control of misuse, abuse and inappropriate utilization of antimicrobials in all sectors through strengthening 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</li> <li>▪ Strengthen evidence-based policy/decision making through</li> </ul>	<p>such as internet, power supply and furniture within State secretariat</p> <ul style="list-style-type: none"> <li>▪ Knowledgeable and dedicated State LMCU team</li> <li>▪ Capacity building interventions in Logistics management for State logistics Officers</li> <li>▪ Weekly meeting to strengthening activities of the unit for better productivity.</li> <li>▪ Collaboration with local government environmental health officers on environmental health issues and climate change matters</li> </ul>	<p>Serious AEFI cases</p> <ul style="list-style-type: none"> <li>▪ Non availability of State-owned Isolation centre</li> <li>▪ Lack of designed health care workers in the State for infectious disease management</li> <li>▪ Unavailability of operational vehicle for logistics activities such as distribution and LMD monitoring.</li> <li>▪ Low funding for procurement of medical commodities for public health intervention.</li> <li>▪ High dependence on external</li> </ul>	<p>collaboration to reduce mortality and morbidity</p> <ul style="list-style-type: none"> <li>▪ Strengthen unified Tiered (National, Zonal &amp; 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.</li> <li>▪ Strengthen behavioural change and control of misuse, abuse and inappropriate utilization of antimicrobials in all sectors through strengthening 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</li> <li>▪ Strengthen evidence-based policy/decision making through strengthening integrated public</li> </ul>	

<b>Pillar 4: Health Security</b> <ul style="list-style-type: none"> <li><b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>strengthening integrated public health research registries/management system and coordinated consortium for reducing mortality, morbidity and disabilities related to health security threats</p> <ul style="list-style-type: none"> <li>Improve coordinated and harmonized response interventions including resource coordination, rapid deployment, enhancing surge capacity, contact tracing, isolation &amp; quarantine, infection prevention and control, emergency response, and the use of personal protective equipment etc. to manage public health threats</li> <li>Create a clear accountability mechanism to track the implementation of Climate Health resolutions and commitments.</li> <li>Establish and resource the Nigeria Climate Health Coordination Committee (domiciled in the Climate Change Division -DPH-FMOHSW) and TWG to ensure the effective</li> </ul>		<p>stakeholder for program implementation</p> <ul style="list-style-type: none"> <li>Inadequate skilled man power</li> <li>Lack of operational vehicle</li> <li>Lack of working stationaries.</li> <li>Lack of data on food vendors/handlers</li> <li>Inadequate enforcement of the Public Health Laws.</li> </ul>	<p>health research registries/management system and coordinated consortium for reducing mortality, morbidity and disabilities related to health security threats</p> <ul style="list-style-type: none"> <li>Improve coordinated and harmonized response interventions including resource coordination, rapid deployment, enhancing surge capacity, contact tracing, isolation &amp; quarantine, infection prevention and control, emergency response, and the use of personal protective equipment etc. to manage public health threats</li> <li>Create a clear accountability mechanism to track the implementation of Climate Health resolutions and commitments.</li> <li>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</li> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>One Health approach</li> <li>NCDC, FMOH support</li> <li>Availability of laboratories (Molecular Virology lab, ISTH, Molecular lab, UBTH, Molecular lab, ESH)</li> <li>Availability of support</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate budgetary allocation</li> <li>Minimal commitment by communities</li> <li>Insecurity</li> </ul>		

<b>Pillar 4: Health Security</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
implementation of climate initiatives across health programmes ▪ Revitalize 16 Secondary Health facilities to improve access to specialized care ▪ Deployment of third-party fiduciary agents to manage funds at the Secondary Health care level. ▪ Support to Project Implementation ▪ Intergrated Monthly Supervisory Visit (IMSV)	from NGOs and development partners ▪ Social media platforms ▪ Public Private Partnership ▪ Synergy with the inter-ministerial committee on Climate Change in Edo State under the coordination of Edo State Ministry of Environment	▪ Bad roads ▪ Inflation ▪ Low morale of workforce ▪ Slow adoption and implementation of sustainability road map for supply chain management ▪ Inability to prosecute sanitary offenders ▪ Lack of funding	▪ Revitalize 16 Secondary Health facilities to improve access to specialized care ▪ Deployment of third-party fiduciary agents to manage funds at the Secondary Health care level. ▪ Support to Project Implementation ▪ Intergrated Monthly Supervisory Visit (IMSV)	

### RECOMMENDATION

- Provision of dedicated operational vehicle for disease surveillance
- Construction/Creation of State-owned infectious disease isolation centre
- Capacity building
- Enforcement of public health laws

Table 5: Enabler 1 - Data Digitization

<b>Enabler 1: Data Digitization</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs</li> <li>▪ Review, update, and adapt strategic documents on HIS to support monitoring and evaluation of health sector plans and interventions</li> <li>▪ Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data</li> <li>▪ Strengthen Civil Registration and Vital Statistics (CRVS) system to generate vital statistics of births &amp; deaths including reporting of deaths with the causes</li> <li>▪ Establish standards for Health Information Exchange</li> <li>▪ Strengthen data analysis and use for decision making</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs</li> <li>▪ Review, update, and adapt strategic documents on HIS to support monitoring and evaluation of health sector plans and interventions</li> <li>▪ Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data</li> <li>▪ Strengthen Civil Registration and Vital Statistics (CRVS) system to generate vital statistics of births &amp; deaths including reporting of deaths with the causes</li> <li>▪ Establish standards for Health Information Exchange</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Available but inadequate skilled personnel (16) with a strong willingness to learn and grow</li> <li>▪ Efficient implementation of BHCPF activities</li> <li>▪ Effective partner support IPHEOC data review meetings that enhances health information system capabilities</li> <li>▪ Oxygen coordination forum</li> </ul>	<ul style="list-style-type: none"> <li>▪ Challenges with complete digitalization of enrolment process.</li> <li>▪ Poor synergy among the MDAs in the health sector</li> <li>▪ Poor Data dissemination to decision makers</li> <li>▪ Poor synergy among program managers and M&amp;E officers in Ministry of Health</li> <li>▪ Inadequate integration of M&amp;E into program planning</li> <li>▪ Physical separation of program manager and M&amp;E officers Offices.</li> <li>▪ Lack of designated vehicle for regulatory</li> </ul>		

<b>Enabler 1: Data Digitization</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Data sharing and dissemination of health information</li> <li>▪ Optimized DHIS2 and Strengthen infrastructure capacity to support the health information system</li> <li>▪ Strengthen human resources for health capacity for data management and health information system support</li> <li>▪ Support the monitoring, evaluation, research and learning of the HIS and broader health system</li> <li>▪ Establish/strengthen digital health governance structure and coordination at all levels</li> <li>▪ Regulate deployment and implementation of digital health interventions to ensure alignment to established national standards</li> <li>▪ Develop an enterprise architecture to facilitate interoperability of data systems and applications within the health sector and beyond to facilitate HIE</li> </ul>		activities <ul style="list-style-type: none"> <li>▪ Poor data quality</li> <li>▪ Weak data management system</li> <li>▪ Inadequate office space</li> <li>▪ Lack of budget for 2024</li> <li>▪ Lack of proper mapping of Traditional Medicine Practitioners (TMPs)</li> <li>▪ Non availability of operational vehicle for oxygen related activities</li> <li>▪ Non-inclusion of oxygen data in the SHIS</li> <li>▪ Very few trained personnel skilled in hypoxaemia management</li> <li>▪ Very few oxygen production plants in the State</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strengthen data analysis and use for decision making</li> <li>▪ Data sharing and dissemination of health information</li> <li>▪ Optimized DHIS2 and Strengthen infrastructure capacity to support the health information system</li> <li>▪ Strengthen human resources for health capacity for data management and health information system support</li> <li>▪ Support the monitoring, evaluation, research and learning of the HIS and broader health system</li> <li>▪ Establish/strengthen digital health governance structure and coordination at all levels</li> <li>▪ Regulate deployment and implementation of digital health interventions to ensure alignment to established national standards</li> <li>▪ Develop an enterprise architecture to facilitate</li> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Available</li> </ul>	<ul style="list-style-type: none"> <li>▪ Non alignment of</li> </ul>		

<b>Enabler 1: Data Digitization</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Implement interoperable digital health systems that facilitates health information exchange (HIE)</li> <li>▪ Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness</li> <li>▪ Procure and expand Infrastructure for digitizing the health system</li> <li>▪ Support innovation platform development and culture</li> <li>▪ Institute monitoring and evaluation of the implementation of the National Digital Health Strategy, the data and digitization priorities of the HSSB and other initiatives</li> <li>▪ Strengthen the development and implementation of the Edo State research agenda as well as conduct clinical as well as operations research</li> <li>▪ Strengthen disease surveillance</li> <li>▪ Food Hygiene and Safety</li> <li>▪ Scale up oxygen availability,</li> </ul>	<ul style="list-style-type: none"> <li>Development partners</li> <li>▪ Support from FMOH</li> <li>▪ Availability of DHIS2</li> <li>▪ Availability of free Wi-fi</li> <li>▪ Development of cloud-based IT infrastructure that is more flexible and cost-effective</li> <li>▪ Collaboration with Nigeria Natural Medicine Development Agency (NNMDA) and National Institute for Pharmaceutical Research and Development (NIPRD)</li> <li>▪ Collaboration with tertiary institutions for training and research</li> <li>▪ Collaboration with media agencies and other government</li> </ul>	<ul style="list-style-type: none"> <li>partners' support</li> <li>▪ Ineffective Data Use for decision making</li> <li>▪ Inadequate funding from State Government</li> <li>▪ Non availability of NHMIS 2019 data tools</li> <li>▪ The cost of IT infrastructure is increasing</li> <li>▪ Delay in the TCAM Council Bill passage into law.</li> <li>▪ Lack of traditional medicine training institutions</li> <li>▪ Lack of traditional medicine laboratory and clinical research facilities</li> <li>▪ Activities of Agbo sellers</li> <li>▪ Activities of unregistered TBAs</li> <li>▪ Lack of an umbrella association of TMPs</li> </ul>	<ul style="list-style-type: none"> <li>interoperability of data systems and applications within the health sector and beyond to facilitate HIE</li> <li>▪ Implement interoperable digital health systems that facilitates health information exchange (HIE)</li> <li>▪ Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness</li> <li>▪ Procure and expand Infrastructure for digitizing the health system</li> <li>▪ Support innovation platform development and culture</li> <li>▪ Institute monitoring and evaluation of the implementation of the National Digital Health Strategy, the data and digitization priorities of the HSSB and other initiatives</li> <li>▪ Strengthen the development and implementation of the Edo State</li> </ul>	

<b>Enabler 1: Data Digitization</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
quality, administration and management across the State	parastatals (outside health) such as Ministry of Agriculture, Ministry of Business, Trades & Co-operatives. ▪ Availability of oxygen plants in some parts of the State (UBTH, ISTH)	▪ Most TMPs do not use smart devices and are not technologically compliant	research agenda as well as conduct clinical as well as operations research ▪ Strengthen disease surveillance ▪ Food Hygiene and Safety ▪ Scale up oxygen availability, quality, administration and management across the State	

## RECOMMENDATION

- Complete the digitization of enrolment process
- Improved data dissemination to decision makers
- Mapping of TMPs
- Inclusion of oxygen data in the SHIS
- Training of HWs in the management of hypoxaemia
- Increase the number of oxygen production plant in the State



Table 6: Enabler 2 - Financing

<b>Enabler 2: Financing</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Adopt lumpsum approval approach for aggregate activities based on annual workplan in line with approve budget.</li> <li>▪ Strengthen oversight for monitoring and reporting of health sector budget utilization including quarterly AOP reports.</li> <li>▪ Engage relevant stakeholders to ensure timely cash backing of the health sector budget. E</li> <li>▪ Strengthen health financing evidence generation and use</li> <li>▪ Develop a sector wide health system investment case.</li> <li>▪ Increase resource mobilization for the health sector</li> <li>▪ Support the translation of policy priorities into the health budget at the national and sub-national levels and in consonance with the consolidated workplans</li> <li>▪ Develop a predefined plan and shipping routes and schedules for</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Adopt lumpsum approval approach for aggregate activities based on annual workplan in line with approve budget.</li> <li>▪ Strengthen oversight for monitoring and reporting of health sector budget utilization including quarterly AOP reports.</li> <li>▪ Engage relevant stakeholders to ensure timely cash backing of the health sector budget. E</li> <li>▪ Strengthen health financing evidence generation and use</li> <li>▪ Develop a sector wide health system investment case.</li> <li>▪ Increase resource mobilization for the health sector</li> <li>▪ Support the translation of policy priorities into the health budget at the national and sub-national levels and in consonance with the consolidated workplans</li> <li>▪ Develop a predefined plan and shipping routes and schedules for</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Improved accountability and transparency in budget utilization</li> <li>▪ Increases timely availability of funds for health projects</li> <li>▪ Data-driven decision-making improves resource allocation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Potential resistance from health agencies to provide timely and accurate reports</li> <li>▪ Bureaucratic delays in disbursing funds</li> <li>▪ Lack of adequate systems for data collection and evidence generation</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Better tracking of fund allocation and enhanced stakeholder trust</li> <li>▪ Accelerates project implementation, reducing delays in healthcare service delivery</li> </ul>	<ul style="list-style-type: none"> <li>▪ Risk of non-compliance or inaccurate reporting from relevant departments</li> <li>▪ Inconsistent cash flows or changes in government</li> </ul>		

<b>Enabler 2: Financing</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
shipment of specimens from peripheral collection sites to the Hub that aligns with the existing networks <ul style="list-style-type: none"> <li>▪ Procure sample shipment infrastructures and commodities</li> <li>▪ Develop essential Laboratory management Information system (LMIS) tools as well as develop supervision schedules and SOPs for the LMIS process</li> </ul>	<ul style="list-style-type: none"> <li>▪ Informed policy decisions that enhance resource allocation and improve overall health outcomes</li> </ul>	priorities <ul style="list-style-type: none"> <li>▪ Poor data quality or reluctance to use evidence in decision-making processes</li> </ul>	shipment of specimens from peripheral collection sites to the Hub that aligns with the existing networks <ul style="list-style-type: none"> <li>▪ Procure sample shipment infrastructures and commodities</li> <li>▪ Develop essential Laboratory management Information system (LMIS) tools as well as develop supervision schedules and SOPs for the LMIS process</li> </ul>	

## RECOMMENDATION

- Advocacy visits to relevant MDAs optimum healthcare financing reporting

Table 7: Enabler 3 - Culture and Talent

<b>Enabler 3: Culture and Talent</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
	<b>Strengths</b>	<b>Weakness</b>		
<ul style="list-style-type: none"> <li>▪ Promote career advancement opportunities to reinforce the value of high performance by linking performance to rewards and promotions</li> <li>▪ Strengthen routine health data collation and reporting to 100%.</li> <li>▪ Develop training schedule and conduct capacity building of personnel at all levels of healthcare delivery</li> <li>▪ Promote collaborative</li> </ul>	<ul style="list-style-type: none"> <li>▪ Quarterly review meetings with external stakeholders</li> <li>▪ Provision of adequate technical and financial support for facility infrastructural upgrade</li> <li>▪ Skilled, youthful, energetic and motivated workforce</li> <li>▪ A strong network of public and private healthcare facilities</li> <li>▪ Impactful training resources.</li> <li>▪ Robust research team.</li> <li>▪ Fully functional Emergency Medical Services (EMS) and ambulance services in line with industrial best practices.</li> <li>▪ End to end automation of our major</li> </ul>	<ul style="list-style-type: none"> <li>▪ Manpower deficit.</li> <li>▪ Lack of adequate office space.</li> <li>▪ Challenges with complete digitalization of enrolment process.</li> <li>▪ Network instability</li> <li>▪ Poor attitude of staff towards work</li> <li>▪ No dedicated Vehicle for project. monitoring/management</li> <li>▪ Long timeline for implementation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Promote career advancement opportunities to reinforce the value of high performance by linking performance to rewards and promotions</li> <li>▪ Strengthen routine health data collation and reporting to 100%.</li> <li>▪ Develop training schedule and conduct capacity building of personnel at all levels of healthcare delivery</li> <li>▪ Promote</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>

<b>Enabler 3: Culture and Talent</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>working environment where personnel can engage with each other to build a strong team spirit</p> <ul style="list-style-type: none"> <li>▪ Procurement/repair of office equipment and operational vehicles as well as infrastructural developments</li> </ul>	<p>processes.</p> <ul style="list-style-type: none"> <li>▪ Training and development of staff.</li> <li>▪ Regular promotion of staff and prompt payment of salaries</li> <li>▪ Availability of a well constituted Procurement planning committee.</li> <li>▪ Collaboration with relevant MDAs.</li> </ul>		<p>collaborative working environment where personnel can engage with each other to build a strong team spirit Procurement/ repair of office equipment and operational vehicles as well as infrastructural developments</p>	
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Recruitment of an energetic, innovative and dynamic workforce to drive processes</li> <li>▪ Revitalization of health institutions within the State to serve as source of supply of skilled manpower.</li> <li>▪ Political will</li> <li>▪ E-governance in the health sector</li> <li>▪ Partnership with private healthcare providers to expand access to services.</li> <li>▪ Integration of training models.</li> <li>▪ Supportive partners and programs such as BMGF, BHCPF and private donors</li> <li>▪ Increased commitment towards implementation of research and data-driven evidence-based decision making.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Undefined reporting channels for efficient data sharing</li> <li>▪ Brain-drain</li> <li>▪ Economic instability</li> <li>▪ Uneven distribution of healthcare facilities.</li> <li>▪ Political instability and change in leadership</li> <li>▪ The risk of an outbreak of infectious diseases.</li> <li>▪ Redeployment and under-utilization of trained stakeholders.</li> <li>▪ Lack of trust in Government policies</li> <li>▪ The rising cost of conducting, reporting</li> </ul>		

<b>Enabler 3: Culture and Talent</b> <ul style="list-style-type: none"> <li>▪ <b>Strategic Interventions</b></li> </ul>	<b>SWOT</b>		<b>Decision</b>  <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
	<ul style="list-style-type: none"> <li>▪ Availability of international funding opportunities.</li> <li>▪ Increased national and international awareness of the need for public health surveillance.</li> <li>▪ Development of cloud-based IT infrastructure that is more flexible and cost-effective</li> <li>▪ Expansion into new markets and under-served communities.</li> <li>▪ Increased drive for sensitization, awareness creation and more collaborative activities with other stakeholders in the healthcare ecosystem.</li> <li>▪ Availability of budgetary allocation for capital projects</li> </ul>	<p>and publishing research.</p> <ul style="list-style-type: none"> <li>▪ Challenges with transportation / logistics due to unavailability of vehicles from the central pool.</li> <li>▪ The cost of IT infrastructure is increasing</li> <li>▪ Public aversion due to sociocultural misconceptions about health insurance</li> <li>▪ Insecurity challenge</li> <li>▪ Budget Overruns- unforeseen costs which could significantly inflate the projects budget.</li> <li>▪ Regulatory Hurdles- Delays in securing permits.</li> <li>▪ Pandemics or Health Crises- unforeseen Health crisis could disrupt the project timeline or strain resource allocated to the hospital construction</li> </ul>		

## RECOMMENDATION

- Improved working condition
- Increased awareness creation on health insurance

## **DEVELOPMENT OF THE 2025 ANNUAL OPERATIONAL PLAN (AOP)**

### **3.1 Overview of the AOP Development Process**

The development of the 2025 Edo State Health Sector Annual Operation Plan was organized by the State Ministry of Health in partnership with UNICEF and FMoH. The process started shortly after the development of the Edo State Health Sector Agenda (EDSHSA) which is expected to run from 2025 to 2027 and will serve as the State health strategic plan from which interventions for implementation will be derived.

A 3-day planning cell workshop was held at Limoh Suites, Boundary Road, GRA, Benin City, involving some directors and key programme officers from all MDAs in the health sector as well as development partners.

A 5-day AOP development workshop was also held at Limoh Suites, which had directors, programme officers, some desk officers and planning officers from health MDAs in attendance. Representatives from Ministry of Budget, Information communication Technology Agency, Procurement Agency and Edo DIDA as well as development partners were also in attendance.

A 2-day validation meeting was held at Limoh Suites with management team and some key programme officers in attendance. During the validation meeting, the document was vetted and adopted.

### **3.2 Situational Analysis**

SWOT analysis was developed for each pillar/enabler to examine each intervention for its' strengths, weaknesses, opportunities and threats.

### **3.3 Costing of 2025 Annual Operational Work Plan**

The activities were costed after considering the overwhelming inflation, the current approved rates and the financial regulations of the State.

### **3.4 Identified Advantages and Challenges of the AOP Development Process**

#### **ADVANTAGES**

1. AOP was developed in the spirit of the Sector Wide Approach (SWAp).
2. All health MDAs participated throughout the entire process
3. Key insights were provided by representatives of the Ministry of Budget, Information communication Technology Agency, Procurement Agency and Edo DIDA
4. Enthusiastic participation on the part of development partners in the State.
5. Availability of a newer and more concise strategic plan (EDSHSA)

#### **CHALLENGES**

1. Short time frame for development
2. Overlapping activities because of the transition to another State government

## OVERVIEW OF PILLARS/ENABLERS, STRATEGIC OBJECTIVES AND PRIORITY INITIATIVES

### 4.1 Pillars/enablers, strategic objectives and priority initiatives of the 2025 AOP

The activities developed in the 2025 AOP are meant to implement the interventions in the Edo State Health Sector Agenda (EDSHSA). The HSSB component of the EDSHSA is comprised of:

- 4 Pillars
- 3 Enablers
- 18 Strategic Objectives
- 27 Priority Initiatives
- 262 Interventions

The pillars/enablers, strategic objectives and priority initiatives are summarized in the table below:

Table 8: List of strategic objectives and priority initiatives per pillar/enabler in the HSSB

S/N	Pillar/Enabler	Strategic Objective	Priority Initiative
1	Effective governance	Strengthen oversight and effective implementation of the National Health Act	Strengthen NCH as a coordinating and accountability mechanism across the health system
		Increase accountability to and participation of relevant stakeholders and Nigerian citizens	Comprehensive and intentional communication strategy for stakeholder engagement and advocacy
		Strengthen regulatory capacity to foster the highest standards of service provision	Improve regulation and regulatory process
		Improve cross-functional coordination & effective partnerships to drive delivery	A sector-wide action Plan (SWAp) to defragment health system programming and funding
Increase collaboration with internal and external stakeholders for better delivery and performance management			
2	Efficient, equitable and quality health system	Drive health promotion in a multi-sectoral way (incl. intersectionality with	Drive multi-sectoral coordination to put in place appropriate policies that drive health promotion behaviours (e.g., to

S/N	Pillar/Enabler	Strategic Objective	Priority Initiative
		education, environment, WASH and Nutrition)	disincentivize unhealthy behaviours)
			Accelerate inter-sectorial social welfare through coordination of efforts of the social action fund
		Strengthen prevention through primary health care and community health care	Accelerate immunization programs for priority antigens (e.g., DPT3, Polio, Measles, Yellow Fever) with a focus on decreasing zero dose children
			Slow down the growth rate of NCD Prevalence
			Reduce the incidence of HIV, tuberculosis, and malaria
		Improve quality of care and service delivery across public (secondary, tertiary and quaternary) and private health care providers	Revitalize tertiary and quaternary care hospitals to improve access to specialized care
		Improve equity and affordability of quality care for patients, expand insurance	Improve Reproductive, Maternal, Newborn, Child health and Nutrition
			Revitalize BHCPF to drive SWAP to increase access to quality healthcare for all citizens and to increase enrolment in health insurance
		Revitalize the end-to-end (Production to retention) Healthcare workers' pipeline	Expand financial protection to all citizens through health insurance expansion and their innovative financing mechanisms Increase availability and quality of HRH
		3	Unlocking value chains
Stimulate local production of health products	Stimulate local production of health products (e.g., drug substance, fill and finish for vaccines, malaria bed-nets, and		



S/N	Pillar/Enabler	Strategic Objective	Priority Initiative
			therapeutic foods)
		Shape markets to ensure sustainable local demand	Build sustain offtake agreement with development partners for locally produced products required in Nigeria
		Strengthen supply chains	Streamline existing supply chains to remove complexity
4	Health security	Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Lassa)	Improve pandemic prevention, detection, preparedness and response
		Build climate resiliency for the health system in collaboration with all other sectors	Establish a One Health approach for threat detection and response, incorporating climate-linked threats
5	Data & Digitization	Digitize the health system & have data-backed decision making	Strengthen health data collection, reporting and usage – starting with the core indicators
			Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate
6	Financing	Increase effectiveness of healthcare spending	Improve oversight and monitoring of budgeting process to increase budget utilization
			Regular and effective skills and performance appraisal of top leadership
7	Culture and talent	Strengthen skills, capabilities & values and drive a performance-based culture within the FMoH	Transformation within FMoH – towards a value and performance driven culture
			Top-talent learning program to develop well-rounded for public health leaders

## 4.2 Breakdown of 2025 AOP Costing by Pillars/Enablers

Table 9: Showing planned activities and costs based on the pillar/enabler

S/N	Pillar/Enabler	Activities Planned	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1	Pillar One: Effective Governance	59	931,141,500	793,092,500	110,019,000	28,030,000
2	Pillar Two: Efficient, Equitable and Quality Health system	412	18,242,496,800	13,415,706,180	4,644,603,120	182,187,500
3	Pillar Three: Unlocking Value Chains	41	5,931,360,500	5,931,360,500	-	-
4	Pillar Four: Health Security	45	2,421,432,500	2,421,432,500	-	-
5	Enabler One: Data Digitization	89	3,474,842,000	3,462,252,000	12,590,000	-
6	Enabler Two: Financing	16	108,595,000	108,595,000	-	-
7	Enabler Three: Culture and Talent	29	15,647,001,153	15,647,001,153	-	-
	<b>Total</b>	<b>691</b>	<b>46,756,869,453</b>	<b>41,779,439,833</b>	<b>4,767,212,120</b>	<b>210,217,500</b>

### SUMMARY OF THE 2025 AOP COSTS

The total cost of implementing the 2025 AOP is estimated at Forty-Six Billion, Seven Hundred and Fifty-Six Million, Eight Hundred and Sixty-Nine Thousand, Four Hundred and Fifty-Three Naira (₦ 46,756,869,453) only.

Out of the total cost, Forty-One Billion, Seven Hundred and Seventy-Nine Million, Four Hundred and Thirty-Nine Thousand, Eight Hundred and Thirty-Three Naira (₦ 41,779,439,833) is planned to be funded through the State budget line, while Donors

and Development Partners are to provide Four Billion, Seven Hundred and Sixty-Seven Million, Two Hundred and Twelve Thousand, One Hundred and Twenty Naira (₦ 4,767,212,120). The 2025 AOP has a funding gap of Two Hundred and Ten Million, Two Hundred and Seventeen Thousand, Five Hundred Naira (₦ 210,217,500).

### **5.1 Funding requirements, sources of funding & funding gaps**

The funding for the Health Sector will be mainly from the revenue receipts of the State Government. In addition, Development Partners shall fund their specific areas of interest. Also, the Hope project of the Federal Government as well as the Basic Health Care Provision Fund (BHCPF) will also serve as a source of funds for eligible interventions.

### **5.2 Management & Coordination arrangements for 2025 AOP**

Edo State Ministry of Health will oversee and regulate the execution of the Annual Operational Plan (AOP) to ensure its effective implementation. Directors of various departments across the health MDAs will supervise and coordinate the interventions at all levels, while Program Officers will be responsible for executing activities within each thematic area according to the set timelines. Monitoring and Evaluation (M&E) teams, and the Health Management Information Systems (HMIS), will provide data-driven insights for decision-making by assessing performance metrics.

Regular meetings with partners and stakeholders will be conducted to foster resource mobilization, integration, and alignment.

### **5.3 Performance Monitory Matrix (PMM)**

SMART Indicators were developed based on the annual target which will aid in tracking implementation and performance. Each of the selected interventions had indicators developed from existing indicators.

## EDO STATE HEALTH SECTOR ANNUAL OPERATIONAL PLAN FOR YEAR 2025

Table 10: Annual Operational Plan for 2025

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
<b>Strategic Pillar One: Effective Governance (HSSB)</b>												
<b>1.2.2.1</b>	Preparation and public disclosure/dissemination of health sector performance result e.g Annual state of health report to all relevant stakeholders											
<b>1.2.2.1.a</b>	5-Day residential 2024 Annual state of health report development, harmonization and validation workshop	DSA, Transportation, Banner, Stationery, Communication, Hall, Accommodation, Lunch, Tea break, Media coverage	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	DPRS/SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				2024 Annual state of health report developed, harmonized and validated
<b>1.2.2.1.b</b>	Printing of 2024 Annual state of health report	Printing	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	DPRS/SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				2024 Annual state of health report printed and disseminated
<b>1.2.2.2</b>	Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs, Servicom for feedback and functional grievance redress											
<b>1.2.2.2.a</b>	Conduct quarterly sensitization meetings in 33 facilities (by 3 facility staff each) to increase community stakeholders to improve services	tea (3-star), local transport	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	HMA	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	4 local government sensitized.
<b>1.2.2.2.b</b>	Quarterly production and dissemination of HMA newsletter.	Printing large, local transport	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	HMA	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	news letter produced and disseminated

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.2.2.2.c	Establish an X-account (formerly twitter) handle to show case the activities of HMA and get feedback.		State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Feedback received
1.2.2.2.d	Establish 3 SERVICOM Unit in 3 Senatoria Zone in all secondary hospitals for feedback		State & FCT level	New-Project/Activity	HMA	Program Management and Administration	Furniture and Fittings		▲			List of complains received
1.2.2.2.e	Organise training for 100 personnel on the application of E-GOV for 2 days per quarters.	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, stationary	State & FCT level	New-Project/Activity	HMA	Human Resource for Health	Health Worker Training - In-service	▲	▲	▲	▲	List of trained officers
1.3.3.1	Harmonize frameworks for health professional regulatory bodies along different cadres.											
1.3.3.1.a	Conduct a 6-day accreditation visits every quarter by the DNS in collaboration with NMCN to Nursing training institutions for the purpose of accreditation	Transportation DTA Security Lunch, local transport	State & FCT level	On-going Project/Activity	DNS SMOH	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	10 institutions visited and assessed for accreditation
1.3.3.1.b	Conduct a 5-day engagement meeting for 12 Regulation and Monitoring Division Policy Review committee members by 1st Quarter to harmonize and review regulatory framework and guidelines for Regulation and Monitoring Division	Tea break lunch stationeries printing of draft copies, sitting allowance	State & FCT level	New-Project/Activity	DRM SMOH	Program Management and Administration	Monitoring and Evaluation	▲				Regulatory framework and guidelines in place

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	State Ministry of Health											
<b>1.4.4.1</b>	Strengthen a functional health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.											
<b>1.4.4.1.a</b>	Conduct quarterly Performance reviews of activities in the 2025 Health Sector AOP	Transportation, Banner, Stationery, Hall, Lunch, Tea break	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	DPRS/SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Performance review meetings held at the end of each quarter
<b>1.4.4.1.b</b>	Advocacy to the House of Assembly on needs to support health plans.		<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	SMOH/HMA /EDSPHCD A/EDHIC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				minute of meeting
<b>1.4.4.1.c</b>	Conduct a 3 Day residential capacity building on Work Plan Development and monitoring for 70 staff across the 33 hospitals	Federal/State Consultant, medium Hall, Projector, Tea (3-star), Lunch (3-star), Local Transport, DTA, Stationary, Accommodation (3-star)	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Developed work plan
<b>1.4.4.1.d</b>	Quarterly Performance review meetings of the hospitals (45 Participants)	Fuel, Tea (3-star), lunch (3-star), Projector, Local Transport, Stationary,	<b>State &amp; FCT level</b>	<b>Completed- Project/Activity</b>	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Check list developed

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
<b>1.4.4.2</b>	Develop AOP and ensure alignment of partners' plans to national/state health sector AOP											
<b>1.4.4.2.a</b>	Conduct a 3-Day residential workshop to build capacity of planning cell heads and key programme officers	DSA, Transportation, Banner, Stationery, Hall, Accommodation, Lunch, Tea break	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	DPRS/SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		3-Day planning cell workshop held
<b>1.4.4.2.b</b>	conduct a 5-Day residential 2026 AOP development and harmonization workshop	DSA, Honorarium, Flight, Transportation, Banner, Stationery, Communication, Hall, Accommodation, Lunch, Tea break	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	DPRS/SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		5-Day AOP development workshop held
<b>1.4.4.2.c</b>	conduct a 2-day non-residential 2026 AOP Validation meeting	Transportation, Banner, Stationery, Hall, Lunch, Tea break	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	DPRS/SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		AOP Validation meeting held
<b>1.4.4.2.d</b>	Print 2026 AOP document	Printing	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	DPRS/SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		AOP document printed
<b>1.4.4.7</b>	Conduct Joint missions to Federal/states/ sites in line with Joint Annual Review (JAR) calendar											
<b>1.4.4.7.a</b>	Conduct a 2-Day residential State Joint Annual Review (Jar) mission involving 50 participants from across all health MDAs	DSA, Transportation, Banner, Stationery, Communication, Hall, Accommodation, Lunch, Tea break	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	DPRS/SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		State joint annual review held
<b>Strategic Pillar Two: Efficient, Equitable and Quality Health system (HSSB)</b>												
<b>2.5.6.1</b>	Strengthen Governance and Stewardship for Health promotion Multi-sectoral Coordination											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.5.6.1.a	Quartely meeting for Social Behavioural Change forum with 45 multi-sectoral stakeholders in the State	tea break, lunch, Banner,	State & FCT level	New-Project/Activity	SHPO	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	4 meetings held in a year
2.5.6.1.b	3-day residential capacity building workshop on multi-sectoral approach to addressing the various social determinants of health in Edo State for 45 State SBC Members	Tea break, lunch, Banner, Accomodation, DSA, Small Hall, projector, stationery, communication allowance	State & FCT level	New-Project/Activity	SHPO	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			45 Stakeholder participation and documented commitment secured for suitable social determinants of health
2.5.6.1.c	3-days capacity building workshop on evidence-based risk communication interventions and reporting before, during and after a disease outbreak for 18 LGA HPOs and 8 State ACSM program OFFICERS + 6 Partners	DSA, Accommodation, Lunch, Tea break, projector, stationery	State & FCT level	New-Project/Activity	SHPO/ SHE	Human Resource for Health	Health Worker Training - In-service		▲			18 LGA HPOs trained with reporting template
2.5.6.1.d	3-days capacity health promoting schools policy development workshop among 45 educational stakeholders in the State	Tea Break, Lunch, Banner, small Hall, projector, stationery, local transport, communication allowance	State & FCT level	New-Project/Activity	SHPO/SHO	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		45 stakeholders attendance and commitment secured



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.5.6.1.e	2-days workplace health and safety promotion guideline review among 45 workplace representatives in the State - breweries, banks, filling stations, queries, etc	Tea break, Lunch, small hall, projector, stationery, banner, local transport, communication allowance	State & FCT level	New-Project/Activity	SHPO/EHOS	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		45 workplace representatives in the State in attendance.
2.5.6.2	Promote Advocacy for Multi-sectoral coordination at all Levels of health and across the sectors that are proactive health promotion											
2.5.6.2.a	Organize a 1 day stakeholder meeting with 63 relevant government officials in health and line MDAs e.g Agriculture, Education, Media, LGA chairpersons e.t.c to promote MSAP	Hall, refreshment, DSA, stationery,	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Enhanced collaboration and commitment among government officials and industry leaders, resulting in a unified strategy to achieve the targets outlined in the MSAP
2.5.6.2.b	Conduct 45 advocacy visit to Media Executives on implementation of 15 minutes free slot per week in line with the 2019 national health promotion strategy recommendation and strengthening of the Edo State Health reporters forum	Local Transport, Policy brief document	State & FCT level	New-Project/Activity	SHPO	Program Management and Administration		▲	▲	▲	▲	free air slot secured from at least 10 media outlets, data base of all media outlet executive and health reporters developed
2.5.6.2.c	One day capacity building of 45 Edo	Tea break, lunch, small hall, projector, stationery,	State & FCT level	New-Project/Activity	SHPO	Program Management and Administration		▲				45 health reporters trained, at least 20

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	Health Reporters on prevailing health conditions + 3 SBC executives + 5 State HPOs	communication allowance, local transport		ctivity		dAdministration					links of report of the training activities	
<b>2.5.6.2.d</b>	Conduct 25 advocacy visit to 25 critical MDAs and Agencies on quarterly health promotion interventions reporting and enabling the HPD to carry out its oversight functions on its ACSM/SBC interventions - EDPHCDA, HMA, EDO Specialist, EDHIC, Agric, & others (3 officers per visit)	Local transport, Policy brief document	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SHPO	Program Management and Administration		▲			45 MDAs visited, and commitment secured from at least 20	
<b>2.5.6.2.e</b>	Conduct 45 advocacy visit to developmental partners and philanthropists/ private body to mobilize support in key intervention areas in the State - Malaria campaign, TB, HIV, Cancer,	Local transport, Policy brief document	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SHPO	Program Management and Administration		▲	▲	▲	▲	secured funding from at least 20 partners and 10 philanthropist
<b>2.5.6.3</b>	Build Capacity of FMOH/SMOH/LGA program managers to provide leadership and co-ordination for Multi-sectoral Partnership including CSOs for effective collaboration.											
<b>2.5.6.3.a</b>	2-Day capacity building exercise for 90 program managers to provide leadership and co-ordination for Multi-	Hall, lunch, DSA	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	SMOH, EDS PHCDA, PA RTNERS	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Built capacity to provide leadership and co-ordination for Multi-sectoral Partnership

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	sectoral Partnership including CSOs for effective collaboration.										including CSOs for effective collaboration.	
<b>2.5.6.3.b</b>	2 days engagement meeting with 45 relevant government stakeholder on PRESEAH Accountability	lunch, local transport, communication allowances, stationaries, banner	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	PRESEAH DESK OFFICER/S HPO/WHO/PHEOC	HumanResourceforHealth	Health Worker Training - In-service	▲	▲	▲	▲	45 stakeholders commitment for PRESEAH in Edo State
<b>2.5.6.3.c</b>	Conduct 2 days mapping, identify, and strengthen community-based complaints mechanisms (CBCM) in 4 LGAs per quarter	Lunch, local transport, communication allowances, stationaries, banner, DTAs	<b>Local Government level</b>	<b>New-Project/Activity</b>	PRESEAH DESK/SHP/O/EDPHCD	HumanResourceforHealth	Health Worker Training - In-service	▲	▲	▲	▲	18 LGA PRESEAH reporting mechanism capacity built
<b>2.5.6.5</b>	Monitor Trends and Determinants of Health and evaluate progress of coordination											
<b>2.5.6.5.a</b>	3-days residential health promotion indicators and tools review for multi-sectoral coordination for 13 State ACSM OFFICERS 18 HPOs+ 6 Partners + 2 SBC executives + 2 State M&Es	Tea Break, Lunch, accommodation, small hall, projector, DSA, communication allowance, stationary	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SHPO/Program ACSMs	HumanResourceforHealth	Technical Supportive Supervision		▲			health promotion indicators produced, reporting templates based on generated indicators for multi-sectoral health promotion intervention data collection in the State
<b>2.5.6.5.b</b>	Development of a digital platform for reporting multisectoral ACSM activities based on health promotion indicators and visualization of report for State level and LGA	Website development, web hosting	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SHPO/Program ACSMs	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop		▲			Development of a digital platform for reporting multisectoral ACSM activities based on health promotion indicators created

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	level decision making, infodemic data collection and also serves as data bank State and LGA SBC Materials in the State											
<b>2.5.6.5.c</b>	Conduct a study on the social determinants of outbreak prone diseases (Lassa fever, cholera, diphtheria) in Edo State (9 LGAs)	inception meeting and debriefing meetings tea breaks, lunch, and transport stipends for 45 stakeholders, 3 weeks DSA for 1-persons state data supervisor per LGA, 3 weeks transportation stipends for 5 LGA level data collectors team per LGA, Local transportation for LGA Team, State to LGA transportation of 27 State team members, Data analysis cost, result policy brief cost, 5 publications (1 local, 2 international publication, one national newspaper and one state news paper), one national conference presentation)	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SHPO/Research Unit DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲		1 Policy brief of complemented work recommendation to targeted stakeholders, 3 article publications, 1 conference presentation
<b>2.5.6.6</b>	Strengthen accountability mechanism and community engagement to accelerate community participation and improve service delivery											
<b>2.5.6.6.a</b>	Facilitate one-day workshop for 346 WDCs, VDCs, and	Refreshment, stationeries, logistics	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity		▲			WDCs, VDCs, and community leaders are better equipped

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	community leaders to explore their roles in promoting accountability for enhanced service delivery.					ion	Building Workshop					to advocate and be accountable for improved service delivery.
<b>2.5.6.6.b</b>	Establish/strengthen the reporting and feedback mechanisms (National Media hub) for health service improvement e.g a dedicated hotline and SMS for those without internet, online platform,	Desk phone, Data bundles,	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	feedback mechanism is developed.
<b>2.5.6.6.c</b>	Conduct a community members' health seeking behaviours, perception to health service uptake and barriers survey around 27 health facilities with low OPD in 3 LGAs per senatorial district in collaboration with EDSPHCDA	1 week data collection stipends for 1 LGA data collectors per health facility, DSA for 1 state supervisors per LGA, local transports for supervisors and data collectors, state-LGA Transport for state supervisors, meals for state supervisors and data collector, data analysis cost, inception and debriefing meeting cost, policy brief cost	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SHPO/EDSPHCDA/DPRS Research	Program Management and Administration		▲				policy brief on completed research recommendations to targeted stakeholders, 1 publication
<b>2.5.6.6.d</b>	10 community sensitization meetings (35 participants) on prevailing disease/health hazards per LGAs for 4 host spot LGAs per quarter	DTA , lunch, communication allowance, transport	<b>Community/Ward level</b>	<b>New-Project/Activity</b>	SHPO/EDPHCDA	Program Management and Administration		▲	▲	▲	▲	10 Communities reached in 4 LGAs per quarter, community commitment secured for outbreak prone

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	across all four quarters of the year (3 state HPO officers + 2 LGA HPOs)										disease prevention	
<b>2.5.6.7</b>	Foster and integrate effective Multisectoral Health Promotion strategy											
<b>2.5.6.7.a</b>	Organize 1 day interactive workshop to train 45 health care workers on the newly developed curriculum for health promotion integration.	Hall, Transport, Tea Break and Lunch, Stationeries, Projector, DSA, Accommodation, PAS	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service			▲		Workshop is held
<b>2.5.6.7.b</b>	Design and create health promotion training manuals tailored to the needs of Health Promotion Officers and HCWs.	Printing/ Dissemination, Training Manual development, Logistics, Lead consultant	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	EDSPHCDA	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop		▲	▲		Training manual for health Promotion is developed
<b>2.5.6.7.c</b>	Conduct a 2 - day pilot training session using the draft training manuals with a small group of 66 Health Promotion Officers and HCWs to gather feedback	Hall , DTAs, Stationeries, Tea Break, and Lunch, Stationeries, Flip charts	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service				▲	Training Session is carried out for HCW's
<b>2.5.6.7.d</b>	5 -day residential health promotion policy domestication and Edo State health promotion strategy development workshop for 55 state health promotion stakeholders + one	Tea, Break, Lunch, small Hall, Accommodation, DSA, Air Ticket(To & Fro), Banner, communication allowance, stationary, Honourarium	State & FCT level	New-Project/Activity		ProgramManagementandAdministration				▲		Policy domestication document developed

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	national consultant+ 2 nationals											
<b>2.5.6.8</b>	Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes											
<b>2.5.6.8.a</b>	A 1 day collaborative workshop with 54 healthcare workers, LHEOs, and community leaders to create evidence-based content that addresses key health topics to improve SBC materials and dissemination of SBC materials in all parts of the state	Hall, Printing, stationeries, Refreshments, Transportation ,SBC materials dissemination logistics	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	Developed a detailed dissemination plan ensuring maximum reach and accessibility of SBC materials.
<b>2.5.6.8.b</b>	Collaborative engagement with LHEOs during LGA programs using the SBC materials to create awareness	Printing, posters, flyers, banners	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	An Enhanced capacity to effectively implement the SBC strategy within communities
<b>2.5.6.8.c</b>	Organize a 2 days meeting with 62 key stakeholders (healthcare workers, community leaders, Education leaders, NGOs) to gather input and insights on the SBC strategy.	Hall, Transport logistics ,refreshments , Stationeries, Printing	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			fostered buy-in from stakeholders
<b>2.5.6.8.d</b>	Conduct a 3 days Social Behavioural change communication	Hall, DTAs , stationeries, Tea Break and Lunch, Flip charts, printing	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	Human Resource for Health	Health Worker Training - In-service		▲	▲		SBC training is held

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	training for 82 Clinicians and HEs in the State											
2.5.6.8.e	Procurement of sound system for public health awareness (LG DJ system speaker 2800 W, 5 kva generator)	L.G 2800W Sound System, 5KVA Generator	State & FCT level	On-going Project/Activity	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service		▲	▲		Procured sound system for public health awareness
2.5.6.8.f	Production of video jingles in 6 major language in 8 prevailing health issues for social media promotion per quarter	Video Jingle	State & FCT level	On-going Project/Activity	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service		▲	▲		Produced video jingles in 6 major languages
2.5.6.8.g	Production and Distribution of SBC Materials for Lassa fever diseases (12,000 fliers, 10,000 calenders)	Calendars and fliers	State & FCT level	On-going Project/Activity	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service		▲	▲		Produced and distributed SBC Materials
2.5.6.8.h	Production and Distribution of 10,000 calender on illustrative modern contraceptive options	Calendars	State & FCT level	On-going Project/Activity	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service		▲	▲		Produced and distributed 10000 calendar on illustrative modern contraceptive options
2.5.6.8.i	Production and Distribution of Malaria SBC Materials (24,000 fliers; 18,000 calenders) malaria health care seeking behaviour)	Fliers and Calendars	State & FCT level	On-going Project/Activity	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service		▲	▲		Produced and distributed Malaria SBC Materials
2.5.6.8.j	Production and distribution of Cholera SBC Material (5,000 fliers; 2,000 calender	fliers and Calendars	State & FCT level	On-going Project/Activity	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service		▲	▲		Produced and distributed Cholera SBC Materials



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.5.6.8.k	Production and distribution of mpox SBC Materials (10,000 flyers; 5,000 calendars)	flyers and Calendars	State & FCT level	On-going Project/Activity	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service		▲	▲		Produced and distributed Mpox SBC Material
2.5.6.8.l	Production of distribution of Diphtheria SBC materials (10,000 flyers; 5,000 calendars)	flyers and Calendars	State & FCT level	On-going Project/Activity	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service		▲	▲		Produced and distributed Diphtheria SBC materials
2.5.6.8.m	Production of audio jingles in 3 prevailing health issues per quarter	Radio Jingle production	State & FCT level	On-going Project/Activity	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service		▲	▲		Produced audio jingles in 3 prevailing health issues
2.5.6.8.n	Produced 4 months radio jingle airing campaigns in 4 radio stations per health issues per quarter (4 health issues), 6 times per week per media campaigns	Radio Jingle production	State & FCT level	On-going Project/Activity	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service		▲	▲		Produced radio jingle for 4 months for 4 radio stations
2.5.6.8.o	Public health literacy survey on outbreak prone diseases in the State ( 3 LGA per senatorial district) (Inception meeting, 3 week data collection, debriefing meeting, 3 publication)		State & FCT level	On-going Project/Activity	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service		▲	▲		Public Health Literacy survey done
2.5.6.8.p	social media promotion of 6 prevailing health issue messages in 3 high traffic social media platform (e.g facebook) depending on the target audience		State & FCT level	On-going Project/Activity	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service		▲	▲		Promoted social media of 6 prevailing health issue messages

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	per quarter											
<b>2.5.6.9</b>	Strengthen SBC (RCCE) multisectoral coordination mechanism to facilitate the implementation of routine and Emergency interventions.											
<b>2.5.6.9.a</b>	Quarterly development of communication materials (SBC) that reflect the integrated RCCE approach and address key health promotion messages.	Brochures, posters, flyers, digital contents, printing, banner	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	SBC communication materials produced.
<b>2.5.6.9.b</b>	Conduct a 3 days training for 63 responsible stakeholders (Health Care workers) on RCCE principles, effective communication strategies, and community engagement techniques.	Hall, DTAs , stationeries, Tea Break and Lunch, Flip charts, printing	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	Human Resource for Health	Health Worker Training - In-service			▲		Training session held
<b>2.5.6.9.c</b>	Organize one day workshop to engage relevant 77 MDA's stakeholders (Education, Community Leaders, and Religious Leaders, and LHEOs, e.t.c) to explore collaboration opportunities on RCCE.	Hall, Printing, stationeries, refreshments, Transportation	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Stakeholders workshop held
<b>2.5.6.10</b>	Increase Demand Generation to improve health service uptake including RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning and other health services											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.5.6.10.a	A 3-Day Stakeholders engagement to develop multi-sectoral demand generation for 120 RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning and other health services at the State, Zonal and LGHA levels	Hall, Tea Break, Lunch, Printing, Stationaries, Banner, DSA, Transport Logistics, Projector, PAS	State & FCT level	On-going Project/Activity	DDCI, DCFHS, MOHs' EDSPHCDA	Program Management and Administration	Information Education and Communication (IEC)				▲	Development of implementable strategies to help drive demand generation for these services
2.5.6.10.b	3-Day Training of 45 HEs and HCWs on Demand Generation for PHC services	Hall, Tea Break, Lunch, Printing, Stationaries, Banner, DSA, Transport Logistics, Projector, PAS	State & FCT level	On-going Project/Activity	EDSPHCDA, LGHA Team	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	HCW Trained on Demand Generation for these health services
2.5.6.10.c	Quarterly Community Outreaches and Sensitization to create awareness of primary health care services	Transport Logistics, fliers, banners, PAS, motorised announcement, megaphones, batteries, flyers	Community/Ward level	On-going Project/Activity	MOHs, LGHA Health Educators	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Community ownership and increased demand for primary health services
2.5.6.10.d	A 3-day residential State multi-sectoral demand generation capacity building workshop with 13 state ACSM officer and 18 LGA HPOs + 6 partners+ one national consultant	Tea Break, Lunch, small Hall, accommodation, air ticket(To & Fro), DSA, projector, Banner, communication allowance	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Capacity building workshop held

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.5.6.10.e	Engagement of 2 social mobilizers per health facility in 9 health facilities with low essential service uptake per LGA for 3 months per quarter @ N10,000 month	Social mobilizer, DTA	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Engaged 2 social mobilizers per health facility
2.5.6.10.f	3 days supportive supervision of social mobilizers to 4 LGAs per quarter	DTA, Local transportation	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Supportive supervision of social mobilizers conducted to 4 LGAs per quarter
2.5.6.11	Accelerate the Integration of awareness programs/health campaigns to improve health outcomes including primary health interventions											
2.5.6.11.a	Conduct a 2 day stakeholder meeting with the 77 Community Leaders, Educational Stakeholders and Religious leaders to gain support in creating awareness for health campaigns	Hall, printing, Refreshment, stationeries, Transportation	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Stakeholder meeting held
2.5.6.11.b	Quarterly Production and airing of Jingles in English, pidgin and indigenous languages on RI,FP,ANC,Nutrition, covid 19 , HPV and other PHC services	Production of jingles script in English, Pidgin, Bini. Esan, Etsako	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	jingles for radio station created and aired

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.5.6.11.c	Conduct a 3 days training session for 27 Health Educators in the State and LGA on using new technologies (e.g., social media platforms ,mobile apps) for health promotion	DTA, Hall, Printing, Stationeries, Tea break and Lunch	State & FCT level	New-Project/Activity	EDSPHCDA	HumanResourceforHealth	Health Worker Training - In-service			▲		training session held
2.5.6.11.d	Provision of tablets for the 18 LHEOs and three state HEs for field work	Survey tablets	State & FCT level	New-Project/Activity	EDSPHCDA	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop		▲			Laptops and branded jackets are provided
2.5.6.11.e	5 day residential capacity building of 18 LGAs HPOs training on social media promotion and digital rumour reporting system (infodemics) + 4 State HPOs + 4 partners	Tea Break, small Hall, Lunch, accommodation, projector, DSA, Banner, communication allowance and stationary	State & FCT level	New-Project/Activity	EDSPHCDA	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop		▲			Capacity building of 18 LGAs HPOs held
2.5.6.11.f	Procurement of tablets for 4 state HPOs and 18 LGA HPOs for infordemic management of all health programs in the State	procument of Tablets	State & FCT level	New-Project/Activity	EDSPHCDA	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop		▲			Procured tablets for 4 HPOs
2.5.6.12	Leverage formal education system to improve healthy behaviors											
2.5.6.12.a	One day capacity building of 50 school heads per LGA on implementing health promoting schools policy in their schools +	Tea Break, Lunch, small Hall, Local transport, projector, stationary, communication allowance and Banner.										

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	2 HPOs + 3 partners											
<b>2.5.7.2</b>	Data Sharing and Collaboration											
<b>2.5.7.2.a</b>	Continuous engagement with CBOs, NGOs, private facilities, secondary and tertiary facilities to encourage and promote data sharing	Hall, Tea Break, Lunch, Printing, Stationaries, Banner, DSA, Transport Logistics, Projector, PAS	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	DPRS, EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		Improved data sharing and collaboration across and amongst these organizations
<b>2.5.7.2.b</b>	Establishment and creation of data sharing and collaboration platforms		<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	DPRS, EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		Improved data sharing and collaboration across and amongst these organizations
<b>2.5.7.2.c</b>	Establish data-sharing agreements with 20 institutions (NGOs, school institutions and MDAs) by end of Q4 2025.	Refreshments, data subscription, fuelling per litre, sitting allowance	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDHIC	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	20 formal data-sharing agreements established with NGOs, schools, and MDAs.
<b>2.5.7.2.d</b>	Conduct quarterly data analysis and reporting to identify trends in service utilization, gaps in healthcare access.	Data, airtime, printing, fuelling per litre, refreshment, training materials, DTA	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDHIC	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	Quarterly data analysis reports highlighting trends and healthcare access gaps delivered on schedule.
<b>2.6.8.1</b>	Implementation of Zero-Dose Reduction Operational Plan (Z-DROP) in prioritised LGAs.											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.8.1.a	A 5-day house-to-house enumeration of zero dose/defaulters in 192 wards to identify missed children.	Logistics support to 96 enumerators per LGA (3,456 settlements/1 enumerator per 2 settlements per day@5days)	Community/Ward level	New-Project/Activity	EDSPHCDA /Partners	DirectInterventionCost	Outreach/Events	▲	▲	▲	▲	Zero dose children enumerated, tracked and reconciled with the health facility for vaccination
2.6.8.1.b	Deploy 1 vaccination team ( 1 vaccinator, 1 recorder and 1 mobilizer) per ward to conduct mass vaccination in the communities housing the identified zero dose children	Logistics support for the activated vaccination teams (192 teams @ 3-man team per 192 wards)	Community/Ward level	New-Project/Activity	EDSPHCDA	DirectInterventionCost	Outreach/Events	▲	▲	▲	▲	Zero dose children vaccinated during the targeted mass vaccination
2.6.8.1.c	Conduct targeted quarterly supportive supervision campaign in 192 wards in 18 LGAs.	Logistics for 9 State supervisors to cover 18 LGAs	State & FCT level	New-Project/Activity	EDSPHCDA	DirectInterventionCost	Outreach/Events	▲	▲	▲	▲	Number of ODK supervisory check list administered by the State team during supportive supervision in the LGAs
2.6.8.2	Conduct Identification, Enumeration and vaccination (IEV) under immunized and zero dose children strategies in prioritised LGAs and Mapping of Zero Dose Communities											
2.6.8.2.a	Conduct health-facility based assessment using the immunization cards to provide baseline data for the prioritization of settlements and LGAs with Zero dose children		Community/Ward level	On-going Project/Activity	DDCI/ EDSPHCDA /PARTNERS	DirectInterventionCost	Logistics/Supply Chain Management			▲		Total Number of Zero Dose Identified and Immunized

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.8.2.b	Prioritization of settlements with the highest zero dose children, using "40% as a bench mark"		Local Government level	On-going Project/Activity	DDCI/EDSPHCDA/PARTNERS	Direct Intervention Cost	Logistics/Supply Chain Management			▲		Actualize the 40% Bench Mark
2.6.8.2.c	Community survey or household enumeration within prioritized settlements to identify and enumerate the zero dose children using immunization cards and the developed electronic app.	Stipend for the identified enumerators	Local Government level	On-going Project/Activity	DDCI/EDSPHCDA/PARTNERS	Direct Intervention Cost	Logistics/Supply Chain Management			▲		Community surveyed and household enumerated
2.6.8.2.d	Print and distribute immunization registers to health facilities without data capture tools to ensure the children are properly captured.	Fund for printing, logistics support for distribution of data tools	State & FCT level	On-going Project/Activity	DDCI/EDSPHCDA/PARTNERS	Direct Intervention Cost	Living Support - Monetary/Material Support for Affected Populations		▲	▲		Data Tools Distributed
2.6.8.2.e	Conduct supportive supervisory visits at the LGA level during the mobile and outreach sessions.	Logistics support for 9 State level team to conduct supportive supervision at the LGA level.	State & FCT level	On-going Project/Activity	DDCI/EDSPHCDA/PARTNERS	Direct Intervention Cost	Living Support - Monetary/Material Support for Affected Populations	▲	▲	▲	▲	Supportive Supervision Conducted to Identify Gaps
2.6.8.3	Conduct of Big-Catch Up Campaign in prioritised LGAs											
2.6.8.3.a	Conduct 1-day orientation exercise for the 18 LIOs & 18 M&Es on the scope of the Big Catch Campaign	Data subscription	Local Government level	New-Project/Activity	EDSPHCDA/State/Partners	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				Missed children 12-59 will be fully immunized



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.8.3.b	Conduct a 3-day house-to-house enumeration exercise to identify children 12-59 months within all settlements across the 18 LGAs	1,728 enumerators will enumerate 3,456 settlements (1 enumerator per 2 settlements. Logistics support for all enumerators.	Local Government level	New-Project/Activity	EDSPHCDA /State/ Partners	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				Enumerated children will be fully immunized
2.6.8.3.c	Conduct mass vaccination of identified children 12-59 months across the 18 LGAs	Stipends for a 3-man per team vaccination team	State & FCT level	New-Project/Activity	EDSPHCDA /State / WHO/MRIT E	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Enumerators deployed and missed children identified
2.6.8.3.d	Conduct supportive supervision during mass vaccination of enumerated missed children 12-59 months	DSA	State & FCT level	New-Project/Activity	EDSPHCDA /State / WHO/MRIT E	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Missed children tracked and immunized
2.6.8.3.e	3-Day Training of the RIFPs in the 640 facilities on the Big Catch Campaign	Hall, Tea Break, Lunch, Printing, Stationaries, Banner, DSA, Transport Logistics, Projector, PAS	State & FCT level	New-Project/Activity	EDSPHCDA /State / WHO/MRIT E	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			RIFPs trained and equipped effectively
2.6.8.4	Conduct of Performance Assessment for Program Management and Action (PAPA) 2.0 in prioritised ZD LGAs											
2.6.8.4.a	Conduct a 2-day training of the identified PAPA LQAS assessors	Renting of small hall, projector, Tea break and lunch, Transportation, stipend and stationaries	Federal level	New-Project/Activity	EDSPHCDA /NPHCDA/ Partners	Human Resource for Health	Technical Supportive Supervision		▲		▲	To ascertain the level
2.6.8.4.b	Conduct field-level performance exercise to determine the post vaccination coverage across the 18 LGAs using ODK	DSA										
2.6.8.4.c	Conduct field monitoring of the PAPA	DSA										

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	LQAS exercise by the identified supervisors											
<b>2.6.8.4.d</b>	Follow up on data analysis, and feed back											
<b>2.6.8.5</b>	Expand access to immunization Services.											
<b>2.6.8.5.a</b>	Conduct planning meeting with the State, LGA and health facility workers on the prototype implementation	Transport, Consumables, Data subscription	<b>Primary Health Facilities</b>	<b>On-going Project/Activity</b>	Facility Managers/Nurses & Midwives/CHO/CHEWS	Program Management and Administration	Outreach/Events	▲	▲	▲	▲	Routine immunization conducted in health facilities
<b>2.6.8.5.b</b>	Identified health facilities to adjust roster to suit the newly determined RI service days to include extra hours/days to help increase RI access and uptake of available RI services, and increase coverage	Transport, renting of boat, pluses	<b>Primary Health Facilities</b>	<b>On-going Project/Activity</b>	SIO/LIOs	Program Management and Administration	Outreach/Events	▲	▲	▲	▲	2 outreach sessions conducted by the health facilities
<b>2.6.8.5.c</b>	Conduct community sensitization through the Ward Development Committee and/or Village Development Committees	Transport, Consumables, Data subscription	<b>Primary Health Facilities</b>	<b>On-going Project/Activity</b>	Facility Managers/Nurses & Midwives/CHO/CHEWS	Program Management and Administration	Outreach/Events	▲	▲	▲	▲	Routine immunization conducted in health facilities
<b>2.6.8.5.d</b>	Monitor vaccine logistics to ensure availability of vaccines during the weekends and public holidays	Accommodation, Transport, DSA, Lunch	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	STATE /PARTNERS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Monitoring and supervision conducted with documented action steps

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.8.5.e	Conduct supportive supervision by the State level team to provide technical support, guidance and compliance across the identified health facilities		Primary Health Facilities	On-going Project/Activity	WHO/UNICEF/MRIT/SATE	Direct Intervention Cost	Outreach/Events	▲	▲	▲	▲	Conducted supportive supervision
2.6.8.5.f	Provide banners and fliers to disseminate the new RI schedule days to the community members	Design and Printing of banners and fliers	State & FCT level	On-going Project/Activity	EDSPHCDA /PARTNERS	Program Management and Administration	Planning, Policy and Capacity Building Workshop					Provided and disseminated banners and fliers
2.6.8.5.g	Conduct at least 2 outreach sessions per month health facility	DSA	State & FCT level	On-going Project/Activity	EDSPHCDA /PARTNERS	Program Management and Administration	Planning, Policy and Capacity Building Workshop					At least two outreaches conducted per month
2.6.8.6	Mapping of Zero Dose Communities											
2.6.8.6.a	Develop an electronic app. for the capturing of mobile and outreach session vaccination data	Hall rental, Projector, Tea break and Lunch	Local Government level	New-Project/Activity	EDSPHCDA / Partners	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Developed an electronic app
2.6.8.6.b	Train State level teams on the use and deployment of the electronic app developed for the capturing of mobile and outreach session vaccination data	Hall rental, Projector, Tea break and Lunch	State & FCT level	New-Project/Activity	EDSPHCDA / Partners	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Trained State level teams

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.8.6.c	Monthly comparative data analysis of vaccination data from mobile and outreach sessions conducted across the 18 LGAs	Monthly data bundle @ 18 LGA M&E officers and 1 State M&E officer	Local Government level	New-Project/Activity	EDSPHCDA/LGA/Partners	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Reviewed data analysis of vaccination from mobile and outreach sessions
2.6.8.6.d	Develop a dashboard for the visualization of vaccination data in real time to inform timely and evidence-based decision making.		State & FCT level	New-Project/Activity	EDSPHCDA/LGA/Partners	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Developed a dashboard for the visualisation of vaccination data
2.6.8.6.e	Quarterly Data Quality Assurance activity by the State level teams and partners.	DSA	State & FCT level	New-Project/Activity	EDSPHCDA/LGA/Partners	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Quarterly Data Quality Assurance activity held
2.6.8.7	Strengthening Communities to demand immunization services and reduce vaccine hesitancy.											
2.6.8.7.a	Use of town announcers, jingles, stakeholders meeting, road show and community dialogue to identified non compliant communities so as to create awareness and demand generation	Transport logistics, fund airing of jingles, refreshment, motorised announcement	Local Government level	On-going Project/Activity	EDSPHCDA/Partners	Direct Intervention Cost	Health services	▲	▲	▲	▲	To reduce hesitancy and increase the immunization coverage
2.6.8.8	Strengthening immunization data system for effective decision making and assessment of vaccine safety and impact.											
2.6.8.8.a	Monthly monitoring and tracking AEFI cases by the 192 ward focals	Transport										

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
<b>2.6.8.9</b>	Enhance the deployment of effective immunization vaccine management system to reduce stock out of vaccines such as DPT3, Polio, Measles, Yellow Fever, etc.											
<b>2.6.8.9.a</b>	A 2-day residential Annual zonal refresher training of 267 personnel (cold chain officers, LGA healthcare waste managers and health care workers) on vaccine management	Hall, DSA, Transport, Lunch, Tea break, Stationaries, Accomodation, Banner	<b>Local Governme nt level</b>	<b>New-Project/A ctivity</b>	DDCI	HumanReso urceforHealt h	Health Worker Training - In-service		▲			At the end of training the participants will be abreast with the new trend in routine immunisation
<b>2.6.8.9.b</b>	Quarterly maintenance of State Cold chain equipment to ensure availability of potent vaccines in the state.	Servicing of Cold Chain Equipment	<b>State &amp; FCT level</b>	<b>On-going Project/A ctivity</b>	DDCI	Infrastructur eAndEquipm ent	Other Machinery and Equipment	▲	▲	▲	▲	the potency of the vaccines will be ascertained.
<b>2.6.8.9.c</b>	Fast track the provision of zonal cold stores in the state to enable equitable distribution of vaccines across the state.	Infrastrure and cold chain equipments	<b>State &amp; FCT level</b>	<b>On-going Project/A ctivity</b>	ES	DirectInterve ntionCost	Other	▲	▲			To prevent the stock out of vaccines
<b>2.6.8.9.d</b>	A day Stateholder engagement meeting for 70 persons to discuss last mile vaccine delivery to health facilities to ensure availability of vaccines at service points	Hall, Transport logistics, Lunch, Tea break	<b>State &amp; FCT level</b>	<b>New-Project/A ctivity</b>	<b>ES/DDCI</b>	ProgramMa nagementan dAdministrat ion	Planning, Policy and Capacity Building Workshop	▲	▲			This will enhance transportation of vaccines to the last mile.
<b>2.6.8.9.e</b>	Conduct last mile vaccine delivery to health facility on a monthly basis in 175 HFs in Edo North	Transportation, hurring third party logistician (3PL)	<b>State &amp; FCT level</b>	<b>New-Project/A ctivity</b>	<b>EDSPHCDA</b>	ProgramMa nagementan dAdministrat ion	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	This will enhance transportation of vaccines to the last mile.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.8.9.f	Conduct last mile vaccine delivery to health facility on a monthly basis in 212 HF's in Edo South	Transportation	State & FCT level	New-Project/Activity	EDSPHCDA	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	To reduce stock out
2.6.8.9.g	Conduct last mile delivery in 110 HF's in Edo central	Transportation	State & FCT level	New-Project/Activity	EDSPHCDA	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	To reduce stock out
2.6.8.9.h	Monthly review meeting with the Cold chain Officers in the state.	Transportation	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	To enhance accurate and quality reporting of Vaccines levels in LGA and State cold store
2.6.9.1	An NCD prevention task force with a focus on high priority illnesses ( Strengthen governance, coordination, collaboration and leadership)											
2.6.9.1.b	Bi-annual 40-member Expanded NCD stakeholder Coordination meeting	Transportation, Lunch, stationery	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	Reduce NCDs related mortality and disability
2.6.9.1.c	Engagement of 18 LGA desk offices for NCDs across the 18 LGAs	Airtime, stationery, transport	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	18 LGA Focal persons for NCDs engaged
2.6.9.1.e	Assessment and dissemination of report on KEY NCDs services in 42 facilities in the state (Tertiary, secondary, Primary,	Consultant, Transport, data collectors, printing, lunch, DSA (LGA)	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				Assessment and dissemination of Desk NCDs in selected facilities done

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	Private)											
2.6.9.1.f	Quarterly TWG meeting	lunch, stationery	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	TWG meeting done
2.6.9.4	Strengthening and supporting regulatory authorities to promote healthy diets, by policy formulations, and awareness creation at the community and schools											
2.6.9.4.a	A day Stakeholders meeting to Adopt the NCDs multisectoral Action Plan 2019-2025	Tea break, lunch, Stationary, transport, Airtime,	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Adoption of NCDs Multisectoral Action Plan done
2.6.9.4.b	Conduct 5-day workshop on the development of sodium, fat and oils, sweetened and non-alcohol beverages and other NCDs regulation guidelines,	Engagement of a Consultant, accommodation, tea break, Lunch, stationary, DSA, Projector, Hall	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		development of guidelines NCDs achieved
2.6.9.4.c	Awareness creation of a healthy diet, harmful uses of alcohol, Tobacco products and other NCDs etc in 10 communities and 10 schools across the 18 LGAs of the state	Vehicle hire, banners, flyers, Flex banners, BP machines, Glucometers & strips, Standimeter, medications ( antihypertensives, hypoglycemic drugs) stationery, cotton wool, hand gloves, methylated spirit, disposable lab coat	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	Increase in number of people having knowledge on NCDs risk factors achieved.

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
<b>2.6.9.7</b>	Raise public awareness on pre-marital/pre-conception screening for sickle cell disease including genetic counseling											
<b>2.6.9.7.a</b>	Quarterly Radio Live show	Radio Live show, Intra City Transport	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	DPH/NCD/Health Promotion	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Quarterly live show held
<b>2.6.9.8</b>	Strengthen health systems to address Prevention and Control of Non-Communicable Diseases at all levels of care and contribute to reducing risk factors.											
<b>2.6.9.8.a</b>	Conduct 3 -day residential workshop on the Development of guidelines, and SOPs for screening and management of uncomplicated priority NCDs at the PHC level	Accommodation, hall, tea break, lunch, DSA, Stationary, consultant, flight fare, transport, projector	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Data tools, screening and SOPs on NCD developed and distributed at the PHCs across the state
<b>2.6.9.8.b</b>	Conduct a day non residential meeting to validate developed guidelines on NCDs	Hall, Stationary, tea break, lunch, projector, transport	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Validation of developed guideline on NCDs achieved.
<b>2.6.9.8.c</b>	Printing and Dissemination of guidelines, and SOPs on NCDs to Health facilities across the 18 LGA in the State	Printing, transport	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Guidelines printed and disseminated
<b>2.6.9.8.d</b>	Conduct a 3-day residential Training of 300 health care workers on management of NCDs ( hypertension, Diabetes, Asthma, Oral Health, Eye health) across the 18 LGAs	Accommodation, hall, tea break, lunch, DSA, Stationary, consultant, , banner, projector	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		300 healthcare workers trained in the management of NCDs conducted



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.9.8.e	Conduct Quarterly mentorship of health workers on NCD services across the state for 5 days	DTA, Transport (Riverine & Land), Printing of checklist (Toner and rim of A4 paper)	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Health workers mentored on NCD services
2.6.9.8.f	Conduct mass media campaigns on NCDs	Radio talk, flyers, TV	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Mass media campaign on NCDs to the public achieved
2.6.9.8.h	Commemoration of World Hypertension Day	Press brief, Radio Talk, T-shirt, Caps, refreshments, banner, band hire, flyers, vehicle hire, 3 Megaphone (for 3 school outreaches and 3 major markets), Road walk, production and airing of jingles	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		World Hypertension Day Commemorated
2.6.9.8.i	Commemoration of World Diabetes Day	Press brief, Radio Talk, T-shirt, Caps, refreshments, banner, band hire, flyers, vehicle hire, outreach to 3 schools and 3 major markets), Road walk, production and airing of jingles	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		World Diabetes Day Commemorated

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.9.8.j	Commemoration of World Oral Health Day	Press brief, Radio Talk, T-shirt, Caps, refreshments, banner, band hire, flyers, vehicle hire, outreach to 3 schools and 3 major markets), Road walk, production and airing of jingles	State & FCT level	New-Project/Activity	NCDs Coordinator/ Department of Dental Services	Program Management and Administration	Other Programme Management & Administration n.e.c				▲	World Oral Health Day Commemorated
2.6.9.8.k	Commemoration of World Cancer Day	Press brief, Radio Talk, T-shirt, Caps, refreshments, banner, band hire, flyers, vehicle hire, outreach to 3 schools and 3 major markets), Road walk, production and airing of jingles	State & FCT level	New-Project/Activity	NCDs Coordinator/ Partners	Program Management and Administration	Other Programme Management & Administration n.e.c				▲	World Cancer Day Commemorated
2.6.9.8.l	Commemoration of World Sight Day	Press brief, Radio Talk, T-shirt, Caps, refreshments, banner, band hire, flyers, vehicle hire, outreach to 3 schools and 3 major markets), Road walk, production and airing of jingles	State & FCT level	New-Project/Activity	NCDs Coordinator/ Partners	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		World Sight Day Commemorated
2.6.9.8.m	Commemoration of World No Tobacco Day	Press brief, Radio Talk, T-shirt, Caps, refreshments, banner, band hire, flyers, vehicle hire, outreach to 3 schools and 3 major markets), Road walk, production and airing of jingles	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		World No Tobacco Day Commemorated

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.9.8.n	Implement Project 10m: Know your number, Control your number Campaign for the screening and referral for management of hypertension and diabetes in Edo State	TV, Radio and Print Ads, social media adverts, billboards and public displays, t-shirts, caps, transportation, office supply	State & FCT level	New-Project/Activity	NCD Coordinator/SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Project 10m completed
2.6.9.8.o	Institutionalise cancer screening in 9 healthcare facilities across the state	Pap smear, mammogram, Ultrasound scan, PSA	State & FCT level	New-Project/Activity	NCD Coordinator/SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Cancer screening commenced in 9 healthcare facilities
2.6.9.8.p	Conduct monthly Monitoring and Evaluation of NCD programmes and initiatives	DSA, airtime, data collection tools, laptops	State & FCT level	New-Project/Activity	NCD Coordinator/SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Monthly M&E report
2.6.9.8.q	Capacity building of State and LGA NCD team	Online course fee, Data	State & FCT level	New-Project/Activity	NCD Coordinator/SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Number of courses completed
2.6.9.9	Strengthen prevention of mental, neurological, and substance abuse disorders (MNSD)											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.9.9.a	A day stakeholders meeting to adopt the National Mental Health Policy	Tea break, lunch, Stationary,, transport,	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		Guidelines on Mental Health Services developed
2.6.9.9.b	Commemoration of World Mental Health Day	Press brief, Radio Talk, T-shirt, Caps, refreshment, banner, band hire, flyers, car hire, Megaphone (for school outreaches),	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c				▲	World Mental Day commemorated
2.6.9.9.c	Conduct mass media campaigns on MNSD	Radio talk, , flyers,, TV	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	The public sensitized on mental health in the state
2.6.9.9.d	Advocacy visit to State house committee on health to domesticate the National Mental Health Act 2021	Airtime, transport	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Advocacy to State house Committee to domestication achieved
2.6.9.9.e	A day engagement with EDHIC to include mental health minimum package	Tea break, lunch, Stationary, transport,	State & FCT level	New-Project/Activity	NCDs Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Engagement with EDHIS stakeholders to include mental health minimal package achieved
2.6.10.1	Strengthen Communicable disease prevention task forces focused on HIV, TB, Malaria and NTDs at the national and sub-national level											
2.6.10.1.a	Quarterly Task force meeting to track and reduce disease burden.	Hall, refreshment, transportation, stationery	State & FCT level	New-Project/Activity	SMOH/DPH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Meeting held.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.10.1.b	Quarterly 40 man TWG Meeting to resolve all identified gaps	Transportation, lunch, meeting hall, data for hybrid	State & FCT level	On-going Project/Activity	SAPC	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Quarterly meeting to resolve gaps
2.6.10.1.c	Quarterly data collection in 18 LGAs by the 6 man SASCP Data Team (Spokes site)	Transportation, DSA, Airtime	State & FCT level	On-going Project/Activity	SASCP M&E	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Critical issues discussed
2.6.10.1.d	Bi-annual supervision and monitoring to sites in the 18 LGAs by the SASCP Team	Transportation, DSA, Accommodation	State & FCT level	On-going Project/Activity	SAPC	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Improved service delivery
2.6.10.2	Scale up integrated HIV prevention services											
2.6.10.2.a	Support service integration at the facilities in the 18 LGAs (30 Secondary, 36 PHCs)	Transportation, Airtime	State & FCT level	New-Project/Activity	SASCP	Program Management and Administration	Monitoring and Evaluation	▲				Service integration fully put in place
2.6.10.2.b	Conduct Bi-annual Data Quality Assessment in the 18 LGAs for Spokes Site	Transportation, DSA, Accommodation	State & FCT level	New-Project/Activity	SASCP	Human Resource for Health	Technical Supportive Supervision	▲			▲	Availability of quality data for decision making
2.6.10.2.c	Conduct weekly HIV Situation Room Meeting to engage stakeholders to deliberate on key indicators on HIV care and treatment	Transportation, lunch	State & FCT level	On-going Project/Activity	SASCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Resolving issues around HIV programming

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.10.2.d	Set up 40 man TWG for HIV and PMTCT to achieve stronger collaboration among stakeholders	Transportation, lunch	State & FCT level	On-going Project/Activity	SAPC	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				Well structured TWG in place to chat the way
2.6.10.2.e	Quarterly 40 man TWG Meeting to resolve all identified gaps	Transportation, lunch, meeting hall, data for hybrid	State & FCT level	On-going Project/Activity	SAPC	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Quarterly meeting to resolve gaps
2.6.10.2.f	Quarterly data collection in 18 LGAs by the 6 man SASCP Data Team (Comprehensive site)	Transportation, DSA, Airtime	State & FCT level	On-going Project/Activity	SASCP M&E	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Critical issues discussed
2.6.10.2.g	Bi-annual supervision and monitoring to sites in the 18 LGAs by the SASCP Team	Transportation, DSA, Accommodation	State & FCT level	On-going Project/Activity	SAPC	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Improved service delivery
<b>2.6.10.2.h</b>	Procure 900,000 SPs doses for pregnant women attending ANC clinics in all health facilities	purchase of 900, 000 SPs doses	<b>Primary Health Facilities</b>	<b>New-Project/Activity</b>	EDSPHCDA MFP	Direct Intervention Cost	Medicines, Commodities, and Supplies	▲				Reduction in mortal and child morbidity and mortality
<b>2.6.10.2.i</b>	Distribute 900,000 SPs doses to all health facilities for Intermittent Preventive Treatment in pregnancy	DSA, Transport	<b>Primary Health Facilities</b>	<b>New-Project/Activity</b>	EDSPHCDA MFP	Direct Intervention Cost	Logistics/Supply Chain Management	▲	▲	▲	▲	Reduction in mortal and child morbidity and mortality

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.10.2.j	Training of CHIPS agents for demand creation on the utilization of parasitological confirmation of malaria	DSA, Accommodation, Lunch, Tea break, projector, stationery	Primary Health Facilities	New-Project/Activity	EDSPHCDA MFP and SHEO	Human Resource for Health	Health Worker Training - In-service		▲			increased in the number of parasitological confirmation of uncomplicated malaria cases.
2.6.10.2.k	Monthly Data Review / Harmonisation meeting	Data subscription, Airtime for calls	Local Government level	On-going Project/Activity	EDSPHCDA MFP	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	improved reporting rate, 95% timeliness and completeness
2.6.10.2.l	Supportive Supervision to PHCs	Transport and DSA	Primary Health Facilities	On-going Project/Activity	EDSPHCDA MFP and M&E	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	Improved reporting and record keeping
2.6.10.3	Increase uptake and access to HIV services (testing , treatment, care, viral suppression , including procurement of HIV rapid test kits)											
2.6.10.3.a	Assessment and selection of 5 Sites in unsupported 5 LGAs for HIV AIDS Activation	Accommodation, transport, DSA, Assessment materials	State & FCT level	New-Project/Activity	SAPC	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				Taking comprehensive cases from 72% LGAs to 100%
2.6.10.3.b	Procurement of Test Kits EID kits, Viral Hepatitis kits, and consumables for activation of 5 sites	Determine, unigold, statpack, test kits, EID kits, Viral hepatitis kits, consumables	State & FCT level	New-Project/Activity	SAPC	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				Availability of commodities for activation services
2.6.10.3.c	Training of HCWs for Site Activation,(selected 8 persons from 5 facilities) 40 total	Accommodation, transportation, DSA, Training materials, Hall, Projector, Tea break, lunch	State & FCT level	New-Project/Activity	SAPC	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Skilled manpower availability to provide comprehensive services

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.10.3.d	Sites Activation for comprehensive ART services (5 facilities in 5 LGAs) and demand creation	Transportation, Accommodation, lunch, canopies, chairs, water snacks	State & FCT level	New-Project/Activity	SAPC	Human Resource for Health	Health Worker Training - In-service		▲			Taken comprehensive facilities from 28 to 33 rep, 18% increase
2.6.10.3.e	Data collection and validation in the 5 Activated facilities in 5 LGAs	Transportation, accommodation, DSA	State & FCT level	New-Project/Activity	SAPC	Program Management and Administration	Monitoring and Evaluation		▲			Evaluation of the progress
2.6.10.3.f	supportive supervision in the 5 Activated facilities in 5 LGAs	Transportation, accommodation, DSA	State & FCT level	New-Project/Activity	SAPC	Program Management and Administration	Monitoring and Evaluation			▲		Data availability for programming
2.6.10.4	Reach, treat and sustain Vertical HIV transmission and Paediatrics interventions											
2.6.10.4.a	PMTCT Scale up case finding , counselor testing, escort services	Transportation, testers, allowances, lunch, consumables	State & FCT level	On-going Project/Activity	SASCP	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	Increase in case finding for PMTCT and gen pop
2.6.10.4.b	Referral linkages Escort System for identified HIV Positive Clients (2 per LGAs)	Transportation, Allowances, Recharge card	State & FCT level	On-going Project/Activity	SASCP	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	Increase in referral linkages
2.6.10.4.c	PMTCT Quarterly data validation meetings for the 18 LGAs	Transportation, accommodation, Hall, Tea break, lunch, projector	State & FCT level	On-going Project/Activity	SASCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Availability of quality data for programming



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.10.4.d	PMTCT Service Monitoring Supervision across spoke site in the 18 LGAs	Transportation, DSA, Accommodation	State & FCT level	On-going Project/Activity	SASCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲		▲		Mentorship and program support
2.6.10.4.e	WAD World AIDS Day Celebration commemoration	Banners, flyers, gingles, testing and counselling, test kits, canopies and chairs	State & FCT level	On-going Project/Activity	SASCP	Program Management and Administration	Other Programme Management & Administration n.e.c				▲	Awareness and sensitization on risk factor and reduction in stigma
2.6.10.4.f	Set up implementation 24 man Team to reduce the burden of morbidity, mortality and disability due to NTDs	Transportation, lunch, airtime	State & FCT level	New-Project/Activity	NTD Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				
2.6.10.4.g	World NTD Day Celebration and Commemoration	Banner, flyer, gingles, testing and conseling test kits, canopies and chairs	State & FCT level	New-Project/Activity	NTD Coordinator	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Sensitization and awareness creation
2.6.10.5	Improve access and utilisation of integrated vector control interventions (ITNs, Targeted IRS, targeted LSM, vector surveillance and insecticide resistance monitoring)											
2.6.10.5.a	Planning and implementation meeting of vector density targeted areas across the 18 LGAs with 5 IVM officers and 10 Environmental Health Officers (EHO) per LGA.	DSA , Lunch, transport, Accommodation	State & FCT level	New-Project/Activity	SMEP/DPH	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Vector control strategies were developed and implemented across 18 LGAs through collaborative planning with 90 EHOs and 90 IVM officers, focusing on targeted

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
												interventions.
<b>2.6.10.5.b</b>	Mapping of 150 vector density targeted areas across the 18 LGAs with 5 IVM officers and 10 Environmental Health Officers per LGA	DSA, Transport, Accommodation	<b>Local Government level</b>	<b>New-Project/Activity</b>	SMEP/DPH	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		18 LGAs had 150 vector-prone areas mapped, enabling data-driven interventions and effective resource allocation for malaria control.
<b>2.6.10.5.c</b>	Quarterly supervision for compliances.	DSA, Transport, Accommodation	<b>Local Government level</b>	<b>New-Project/Activity</b>	SMEP/DPH	Program Management and Administration	Other Programme Management & Administration n.e.c			▲	▲	Quarterly supervision visits ensured at least 85% compliance with program standards, guidelines, and protocols across all intervention areas.
<b>2.6.10.5.d</b>	Quarterly Awareness creation in collaboration with the ACSM core group in the vector density targeted areas across the 18 LGAs With 9 supervisors and 1 EHO per LGA	DSA, Transport, Accommodation	<b>Local Government level</b>	<b>New-Project/Activity</b>	SMEP/SHP O/DPH	Program Management and Administration	Other Programme Management & Administration n.e.c			▲	▲	Malaria awareness was heightened across 18 LGAs through quarterly community engagements, leveraging ACSM core groups, supervisors, and EHOs, covering households and individuals.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.10.5.e	World Malaria Day Celebration	Transportation, Lunch, printing, Honorarium, Printing of T-shirt, Printing of Face-cap, posters/flyers, Production of flex Banners, Airing, Renting of Van, Public address system (DJ), Calling Recharge	State & FCT level	New-Project/Activity	SMEP/DPH/SHPO	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Heightened awareness, mobilized action, and strengthened partnerships in the fight against malaria.
2.6.10.5.f	One day meeting to Identify Eligible Vendors/Suppliers with 7 stakeholders.	lunch and tea-break	State & FCT level	New-Project/Activity	SMEP/DPH	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Eligible vendors/suppliers were identified and verified through a collaborative one-day stakeholder engagement, involving 7 experts, to facilitate efficient procurement.
2.6.10.5.g	A day Meeting for the Evaluation of quotation(s) submitted with 7 stakeholders	hall, Lunch, tea break, Transportation	State & FCT level	New-Project/Activity	SMEP/DPH	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		Quotations from prospective vendors/suppliers were comprehensively evaluated and ranked by 7 stakeholders during a one-day meeting, paving the way for contract award.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.10.5.h	Purchase of One Vehicle Hilux 2022/2023 model auto/fuel	Hilux	State & FCT level	New-Project/Activity	SMEP/DPH	Program Management and Administration	Other Programme Management & Administration n.e.c				▲	Purchase One (1) 2022/2023 Toyota Hilux vehicle, expanding the organizational fleet and facilitating seamless field operations.
2.6.10.5.i	Distribute 225,000 ITNs to Pregnant women during ANC and 900,000 ITNs to under 5 yrs who have completed immunization and distribution of RDTs to PHCs	DSA for supervisors, truck hiring, off-loading and loading, Transportation	Primary Health Facilities	New-Project/Activity	EDSPHCDA MFP	Direct Intervention Cost	Logistics/Supply Chain Management	▲	▲	▲	▲	80% Number of pregnant women and under 5 years sleeping inside LLINs
2.6.10.5.j	Conduct 'Hang-up, Keep-up' campaign in 90 communities in 18 LGAs	Transport and DSA	Local Government level	New-Project/Activity	EDSPHCDA MFP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	70% increase in the handling and use of ITNs
2.6.10.5.k	Procure RDTs to all Primary Healthcare facilities	purchase of 2,000 packs of RDTs Kits	Primary Health Facilities	New-Project/Activity	EDSPHCDA MFP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				90% Number of treated confirmed cases of uncomplicated malaria tested with RDTs
2.6.10.5.L	Conduct 2 days Refresher for the OICs of 180 health facilities on testing using RDTs.	DSA, Transport, refreshment and training materials	Primary Health Facilities	New-Project/Activity	EDSPHCDA MFP	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲			increased in the number of parasitological confirmation of uncomplicated malaria cases.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.10.5.m	Training of OICs on management of uncomplicated malaria & malaria in Pregnancy using national treatment guideline	DSA, Transport, refreshment and training materials	Primary Health Facilities	New-Project/Activity	EDSPHCDA MFP	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲			Increase treatment of confirmed cases of uncomplicated malaria according to national treatment guidelines
2.6.10.6	Improve generation of evidence for decision-making and impact through reporting of quality malaria data and information from at least 80% of health facilities.											
2.6.10.6.a	Integrated monthly supervisory visit (IMSV) with 2 supervisors in the 18 LGAs	DSA, Local transport, Accommodation, Checklist, Stipend	Local Government level	New-Project/Activity	SMEP/DPH/DPPRS	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Enhanced quality of healthcare services and improved facility performance through the implementation of Integrated Monthly Supervisory Visits (IMSV) to health facilities.
2.6.10.6.b	Data Quality Assurance (DQA) at Health Facilities with 2 supervisors in the 18 LGAs	DSA, Local transport, Accommodation, Checklist, Stipend	Local Government level	New-Project/Activity	SMEP/DPH/DPPRS	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	improved data quality in health facilities (both public and private) through the conduct of Quarterly Data Quality Assessments (DQA).
2.6.10.6.c	Bi-annual Supportive Supervision with 2 supervisors in the 18 LGA	DSA, Local transport, Accommodation, Checklist, Stipend	Local Government level	New-Project/Activity	SMEP/DPH/DPPRS	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	Enhanced coordination and effectiveness of malaria control efforts.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.10.6.d	Monthly data for 9 PMU, 18 RBM and 18 LGA M&E, Monthly Calls for feedback at the LGA.	Data subscription, Airtime for calls	State & FCT level	New-Project/Activity	SMEP/DPH/DPPRS	Program Management and Administration	Other Programme Management & Administration n.e.c					availability of accurate and timely information on malaria consumable usage and Data.
2.6.10.6.e	Development and mid year review of Annual Operational Plans for National and Support to State Malaria Programs.	Transportation, Honararium, Lunch, Tea break, Venue/Hall, Stationaries	State & FCT level	New-Project/Activity	SMEP/DPH/DPPRS	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			updated Annual Operational Plans outlining prioritized interventions, targets, and budgets for National and State Malaria Programs.
2.6.10.6.f	Capacity building for all the pillar heads and their team, Daily debriefing from all pillar head to the Program Manager, Holding update meeting for malaria program implementation.	Tea break, lunch	State & FCT level	New-Project/Activity	SMEP/DPH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	The capacity-building initiative enhanced the malaria program's implementation effectiveness through trained pillar heads and teams, streamlined daily reporting, and regular update meetings.
2.6.10.6.g	Quarterly Meetings with PIU unit members.	Lunch	State & FCT level	New-Project/Activity	SMEP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	The Quarterly Meetings with PIU unit members ensured synchronized progress, addressed challenges, and aligned project activities with strategic objectives.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.10.6.h	office stationary mentainace and repairs	printing, fueling, paper	State & FCT level	New-Project/Activity	SMEP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲		▲	▲	Office stationery and equipment were replenished and repaired, ensuring uninterrupted workflow and productivity.
2.6.10.6.i	Set up a 6-man situation room team for bimonthly data entry on NHLMIS platform	Recharge card	State & FCT level	On-going Project/Activity	SMEP/LMC U	Direct Intervention Cost	Logistics/Supply Chain Management	▲	▲	▲	▲	Reporting rate above 80% on NHLMIS platform
2.6.10.7	Increase access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination therapy (ACTs) and malaria vaccine											
2.6.10.7.a	Last Mile Delivery of Malaria commodities Distribution to 18 Local Government Area (LGA) Health Facilities of the State	3PL from CMS to Facilities, pick and pack	Local Government level	New-Project/Activity	SMEP/DPH/DPS/DPPRS	Program Management and Administration	Other Programme Management & Administration n.e.c		▲	▲	▲	18 LGA health facilities received complete malaria commodity packages, strengthening the state's healthcare system and enhancing malaria treatment capacity.
2.6.10.7.b	Capacity building (training of trainers PMU staff and support staff)	DSA, Honorarium, Lunch, Tea break, Projector and sound, Stationaries, Transportation, report writing	State & FCT level	New-Project/Activity	SMEP/DPH/DPS/DPPRS	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Improvement in the quality of malaria care delivery and the reduction of malaria-related morbidity and mortality.
2.6.10.7.c	Capacity building ( Cascading to LGAs RBM focal persons, M&E, Health Educators, Logistic Officers and	DSA, Accommodation, Honorarium, Lunch, Tea break, Hall, Projector and sound, Stationaries, Miscellaneous, Report	Local Government level	New-Project/Activity	SMEP/DPH/DPS/DPPRS	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Improvement in the quality of malaria care delivery and the reduction of malaria-related

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	PHC Co-ordinators )	writing										morbidity and mortality.
<b>2.6.10.7.d</b>	Capacity building (Cascading of training to OICs)	DSA, Accommodation, Honorarium, Lunch, Tea break, Hall, Projector and sound, Stationaries, Report writing	<b>Local Government level</b>	<b>New-Project/Activity</b>	SMEP	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		Improvement in the quality of malaria care delivery and the reduction of malaria-related morbidity and mortality.
<b>2.6.10.7.e</b>	Quarterly Coordination meeting at State level/ In Training/TWG for 45 participants	Transport, Lunch, Tea break, Projector	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SMEP	Program Management and Administration	Other Programme Management & Administration n.e.c			▲	▲	Enhanced coordination and effectiveness of malaria control efforts.
<b>2.6.10.7.f</b>	Bimonthly ACSM Core Group meeting for 8 participants.	Transport, Lunch, Tea break, Production of advocacy kits (printing)	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	SMEP	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	Increased adoption of preventive measures, more timely diagnosis and treatment of malaria cases, and ultimately a reduction in the prevalence and impact of malaria within the state.
<b>2.6.10.7.g</b>	RBM Focal persons Bi-monthly meeting/M&E Meeting for 36 LGA personnels and 14 state personnels.	DSA, Lunch, Transportation, Accommodation, Tea break, Hall, Projector, Stationaries	<b>Local Government level</b>	<b>New-Project/Activity</b>	SMEP	Program Management and Administration	Other Programme Management & Administration n.e.c		▲	▲	▲	enhanced coordination, monitoring, and evaluation of malaria control efforts.
<b>2.6.10.7.h</b>	Monthly Data Validation Meeting for 18	DSA, Accommodation, Transport	<b>Local Government</b>	<b>New-Project/Activity</b>	SMEP	Program Management and Administration	Other Programme		▲	▲	▲	Improved quality and reliability of



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	participants.		nt level	ctivity		dAdministration	Management & Administration n.e.c					health data at the local government level.
2.6.10.7.i	Maintenance of social media handles, Media visitation, itininery visitation	Transportation, airing, fueling	Local Government level	New-Project/Activity	SMEP/DPH	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	Enhancement of Program visibility and stakeholder engagement through maintained social media handles, strategic media visits, and successful itinerary visits to key stakeholders and officials.
2.6.10.7.j	2-day Training of trainers on new antimalaria commodities and reporting line for 15 participants	Printing, Tea break, Lunch, Local transport	State & FCT level	New-Project/Activity	SMEP/LMC U	Direct Intervention Cost	Other Programme Management & Administration n.e.c	▲				ToT held with 90% of expected participants present
2.6.10.7.k	2-day step down training for 200 participants from the 18 LGA level	Printing, Tea break, Lunch, Local transport, DSA	State & FCT level	New-Project/Activity	SMEP/LMC U	Direct Intervention Cost	Other Programme Management & Administration n.e.c	▲				Step down training held with over 90% of participants present
2.6.10.7.l	Printing of LMIS tools for 478 health facilities	ICC, DCR, BFSR, RT form	State & FCT level	On-going Project/Activity	SMEP/LMC U	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				Malaria LMIS tools available at CMS for LMD
2.6.10.7.m	Bimonthly last mile distribution of malaria health products and LMIS tools to selected 478 HFs	LMD, Pick and Pack	State & FCT level	On-going Project/Activity	SMEP/DPH/DPS	Direct Intervention Cost	Medicines, Commodities, and Supplies	▲	▲	▲	▲	Complete supplies to at least 99% of facilities on distribution matrix

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.10.7.o	3-day Biannual integrated supportive supervision to 24 selected health facilities by a State 4-man team	DSA, Transport	State & FCT level	On-going Project/Activity	SMEP/LMC U	Direct Intervention Cost	Other Programme Management & Administration n.e.c		▲		▲	Trip report of ISS used for decision making to improve program performance
2.6.10.8	Increase access and uptake of Tuberculosis Preventive Therapy (TPT)											
2.6.10.8.a	Conduct a 2-day residential training of 3 General Healthcare workers per Local Government Area and 5 State team members on TB contact management	Hall rental (3-star), Projector, Public address system, Stationery, Tea-break (3-star), Lunch (3-star), Honorarium (SME), DSA, Air ticket, accommodation (3-star), Honorarium (Basic), Printing large	State & FCT level	On-going Project/Activity	STBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲		▲		Training done
2.6.10.9	Improve access to Tuberculosis care - case finding and treatment											
2.6.10.9.a	Creation of TB radio jingles in pidgin, Benin, Esan and Afemai languages	State Consultant	State & FCT level	On-going Project/Activity	STBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				Jingles produced
2.6.10.9.b	Bi-weekly airing of TB jingles in 5 major radio stations in the State for 52 weeks	Media coverage	State & FCT level	On-going Project/Activity	STBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Jingles aired
2.6.10.9.c	Conduct a one-day TB sensitization and screening exercise in one community per Local Government Area	Hiring of canopy, hiring of plastic chairs, community mobilizers, PAS, local Transportation, refreshment	Community/Ward level	On-going Project/Activity	STBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Outreaches done

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	in the State by 5 member LGA TB team per month for 12 months											
<b>2.6.10.9.d</b>	Monitoring and supervision of the one-day TB sensitization and screening in one community per Local Government Area per month for 12 months by 4 member State team	DTA, intercity transport, local transport, refreshment	<b>Community/Ward level</b>	<b>On-going Project/Activity</b>	STBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Monitoring reports submitted
<b>2.6.10.9.e</b>	Press brief by Honourable Commissioner for Health during World TB Day celebration	Media coverage	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	STBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				Press brief done
<b>2.6.10.9.f</b>	Bi-monthly engagement of the public via electronic media by the State TB team	Media coverage	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	STBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Media engagement done
<b>2.6.10.10</b>	<b>Sustain and Improve Treatment Success Rate</b>											
<b>2.6.10.10.a</b>	Conduct a 3-day residential training of 2 clinicians per Local Government Area and 4 State team members on management of TB according to the National guideline	Hall rental (3-star), Projector, Public address system, Stationery, Tea-break (3-star), Lunch (3-star), Honorarium (SME), DSA, Air ticket, accommodation (3-star), Honorarium (Basic)	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	STBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲		▲		Training done

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.10.10. b	Conduct a 2-day residential training of 3 General Healthcare workers per Local Government Area and 5 State team members on management of TB according to the National guideline	Hall rental (3-star), Projector, Public address system, Stationery, Tea-break (3-star), Lunch (3-star), Honorarium (SME), DSA, Air ticket, accommodation (3-star), Honorarium (Basic)	State & FCT level	On-going Project/Activity	STBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲		▲		Training done
2.6.10.10. c	Conduct a 2-day residential training of 3 Laboratory scientists and technicians per Local Government Area and 5 State team members on diagnosis of TB according to the National guideline	Hall rental (3-star), Projector, Public address system, Stationery, Tea-break (3-star), Lunch (3-star), Honorarium (SME), DSA, Air ticket, accommodation (3-star), Honorarium (Basic)	State & FCT level	New-Project/Activity	STBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲		▲		Training done
2.6.10.10. d	Supportive Supervisory visits covering DOTS, TB/HIV, Laboratory, Drug-resistant TB and Logistics to 6 LGAs per quarter by 5-Member State TB team	Stationery, fuelling, refreshment, DTA	State & FCT level	On-going Project/Activity	STBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Supervisions carried out
2.6.10.10. e	Conduct Bi-annual 2-day residential External quality assurance meeting for Laboratory Scientists/technicians carrying out AFB tests	Accommodation, transport, DSA, Hall, projector, lunch, tea-break	State & FCT level	On-going Project/Activity	STBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲		▲		EQA meeting done
2.6.10.11	Improve access to WHO Recommended Molecular diagnostics (WRD)											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.10.11.a	Procurement and installation of 5 TB Lamp machine in 5 Health facilities in the State	95% of Presumptive TB cases tested using a WHO molecular diagnostics	State & FCT level	On-going Project/Activity	NTBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			5 TB Lamps machine procured and installed
2.6.10.11.b	Sensitization of 10 DOTS facility staff close to the location of each TB Lamp machine on the importance of TB Lamp machine in the diagnosis of TB	Projector Hire, transport intracity, Refreshment	Local Government level	On-going Project/Activity	STBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			50 DOTS facilities staff sensitized on TB Lamp importance in the diagnosis of TB
2.6.10.12	Improve early diagnosis and treatment of Leprosy and Buruli Ulcer											
2.6.10.12.a	Conduct of a one-day skin camp for Leprosy and Buruli ulcer in 18 communities in 18 LGAs per quarter by 4 State team members	PAS, local Transportation, refreshment, community mobilizers,	Community/Ward level	On-going Project/Activity	STBLCP	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	No of skin camps carried out
2.7.11.1	A network of Quaternary Care facilities to enable resource pooling and improving access to highly specialized care											
2.7.11.1.a	Conduct a 5-day meeting for 35 Participants on the review and domestication of national policy on Public Private Partnership and Health Mission	Tea break Lunch, writing materials transport printing Dissemination Fueling Airtickets consultancy Fee	State & FCT level	New-Project/Activity	DRM	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲		Availability of state policies on PPP and conduct of medical missions
2.7.11.2	Policy and guideline development to set standards											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.7.11.2.a	Conduct a 4-day residential training on standards for tertiary and quaternary care for 30 health workers in Public and Private facilities in the State	Tea Break Lunch writing materials per diem fueling Hall Accommodation	State & FCT level	On-going Project/Activity	DRM	Human Resource for Health	Health Worker Training - In-service			▲		Availability of Specialize skills in tertiary level of health care in the State
2.7.11.3	Build capacity of health workers to improve access and quality to specialize care using available Resources including engagement of Nigerian Health care Personnel in the Diaspora											
2.7.11.3.a	Conduct a 3-day hybrid refresher training for 45 Participants in collaboration with Nigerian Health professionals in the Diaspora by 3rd Quarter	tea break, lunch, transport, Honourarium	State & FCT level	New-Project/Activity	DMS/DRM	Human Resource for Health	Health Worker Training - In-service			▲		Diaspora health resource harnessed
2.7.11.3.b	5 days training and retraining of 30 Nurses on the area of anaesthesia, Accident & Emergency, Ophthalmic and paediatric for 2 quarter (15 nurses per quarter).	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal?State Consultant, DTA, Stationary,	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		
2.7.11.3.c	3 days residential training and retraining of 36 pharmacists on the area of pharmacy practice for 2 quarters (18 Pharmacist per quarter)	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal&State Consultant, DTA, Stationary, Accommodation, Air transport	State & FCT level	On-going Project/Activity	HMA	Human Resource for Health	Health Worker Training - In-service	▲		▲		Attendant list

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.7.11.3.d	Training and retraining of 10 IPC Officers on the area of environmental management and disease control for 3 Days across the 1st and 2nd quarter (5 officers per quarter)	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal&State Consultant, DTA, Stationary,	State & FCT level	On-going Project/Activity	HMA	Human Resource for Health	Health Worker Training - In-service	▲	▲			Attendant list
2.7.11.3.e	Training and retraining of 10 M&E Officers on data analysis and presentation for 3 Days.	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal&State Consultant, DTA, Stationary,	State & FCT level	On-going Project/Activity	HMA	Human Resource for Health	Health Worker Training - In-service	▲				Attendant list
2.7.11.3.f	2 day training and retraining of 5 doctors on the area of osteric emergency.	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal?State Consultant, DTA, Stationary,	State & FCT level	On-going Project/Activity	HMA	Human Resource for Health	Health Worker Training - In-service	▲				Attendant list
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											
2.8.12.1.a	Conduct A 1-day Stakeholders meeting	Hall, Refreshment, Printing,	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Stakeholders Meeting Held
2.8.12.1.b	5-day Capacity-building workshop for task force members, focusing on maternal and child health priorities, essential nutrition interventions, and the implementation of accountability frameworks to improve	Hall, Tea Break, Lunch, Printing, Stationaries, Banner	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Training Conducted

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	health outcomes											
2.8.12.1.c	1-Day Quarterly Review Meetings to review the accountability framework and ascertain the progress made	Meeting Room, Refreshment, Printing	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Quarterly review meeting held and progress made ascertained
2.8.12.1.d	2 -day Training and inauguration of 25 man Taskforce team for RMNCAEH+N activities.	Projector, Lunch, Local Transport.	State & FCT level	New-Project/Activity	RHD, DPH, MOH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				Tack force team innogurated
2.8.12.1.e	1 day Quarterly review of 25 man Taskforce meeting for RMNCAEH +N activities	Projector, tea, Lunch, Local Transport, stationary, printing, communication.	State & FCT level	New-Project/Activity	RHD,DPH,MOH	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Capacity of team built.
2.8.12.1.f	2 day Supportive supervision of facilities on RMNCAEH +N activities by 22 officers.	data subscription, transport for monitoring officers	State & FCT level	New-Project/Activity	RHD,DPH,MOH	Program Management and Administration	Other Programme Management & Administration n.e.c			▲	▲	Meeting held.
2.8.12.2	Develop & Implement a mechanism for tracking RMNCAEH+N resources and its use.											
2.8.12.2.a	Conduct a 5-day training for HCWs on EPMM, ENAP and CSAP	Hall, Lead Consultant, State Consultant, Stationaries, DTA, Printing, Tea Break, Lunch, Flipchart, Vehicle	State & FCT level	New-Project/Activity	SMOH/EDS PHCDA/PARTNERS	Human Resource for Health	Health Worker Training - In-service		▲		▲	Training Conducted
2.8.12.2.b	5-Day Supportive Supervisoy visit to monitor the utilization of	Transport, DTA	State & FCT level	New-Project/Activity	SMOH/EDS PHCDA/PARTNERS	Program Management and Administration	Other Programme Management &			▲	▲	Supportive Supervisits done with documentation



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	RMNCAEH+N resources					ion	Administration n.e.c					of key learns and actionable steps taken
<b>2.8.12.2.c</b>	3 day meeting of 30 expert for the development of Data collection tools for tracking mechanism of RMNCAEH+N resources with 3 facilitator	projector, Lunch, Local, DSA, DTA Transport., stationary, printing, communication, Honourarium	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>		HumanResourceforHealth	Health Worker Training - Pre-service		▲			Data tool developed
<b>2.8.12.2.d</b>	1 Day Quaterly Data analysis, interpretation, and adjustment meeting by 25 member on tracking RMNCAEH+N resources with 3 lead officer.	projector, Lunch, Local transport, stationary, communication,	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>		HumanResourceforHealth	Health Worker Training - Pre-service		▲			Data analyzed
<b>2.8.12.3</b>	Institutionalize maternal, perinatal and child death surveillance and response (MPCDSR) at all facilities/communities for quality improvement and monitor response.											
<b>2.8.12.3.a</b>	2 day Stakeholders review meeting of 25 man team for review, adoption and dissemination of RMNCAEH+N QOC operational plan	tea, lunch, training materials, public address system, trasporation of facilitators										
<b>2.8.12.4</b>	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											
<b>2.8.12.4.a</b>	2- day retraining of 25 TWG members on RMNCAEH+N QoC standards with 3 facilitator.	hall, tea, lunch, training materials, public address system, trasporation of facilitators	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	SMOH	HumanResourceforHealth	Health Worker Training - In-service		▲			2 days retraining of team members on RMNCAEH+N QoC standards

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.4.b	2 -day training of 25 taskforce team in QI process and Implementation of RMNCAEH +N QOC For State, LGA and Focal persons with 3 facilitator.	hall, tea, lunch, training materials, public address system, trasporation of facilitators, stationaery	State & FCT level	On-going Project/Activity	SMOH	HumanResourceforHealth	Health Worker Training - In-service			▲		Monitoring and Evaluation of training
2.8.12.4.c	2 -day quarterly supportive supervision by 25 State team for the development and scoring of QOC dashboards for reporting and analysis of performance inline with QI Improvements and indicators.	data subscription, transport for monitoring officers										
2.8.12.6	Provide adequate WASH infrastructure and services in healthcare facilities and Monitoring indicators to ensure quality of care and IPC											
2.8.12.6.a	One-off mapping of WASH infrastructures in 497 facilities by 12 accessors in the three senatorial zones	DSA	State & FCT level	New-Project/Activity	SMOH,EDS PHCDA, SFH, MOE, Edo State Water Management Board	ProgramManagementandAdministration	Other Programme Management & Administration n.e.c		▲			Mapping of WASH infrastructure carried out in the 497 PHCs
2.8.12.6.b	2-Day capacity building exercise for 192 HCW on WASH	Hall, Tea Break, Lunch, Printing, Stationaries, DSA	State & FCT level	New-Project/Activity	SMOH,EDS PHCDA, SFH, MOE, Edo State Water Management Board	HumanResourceforHealth	Health Worker Training - In-service			▲		Capacity of 192 HCW built on WASH

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.6.c	Procurement and provision of WASH infrastructure at 192 facilities	WASH infrastructure	State & FCT level	New-Project/Activity	SMOH,EDS PHCDA, SFH, MOH, Edo State Water Management Board					▲	Availability and utilization of WASH infrastructure at the PHCs	
2.8.12.6.d	Conduct a 2-day Advocacy visit by 3 IPC Focal Persons to the key stakeholders in state structures by 2nd Quarter	Local Transport, Lunch,advocacy kit	State & FCT level	On-going Project/Activity	DNS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		Alignment of key stakeholders	
2.8.12.6.e	Conduct a 1-day engagement visit by the IPC focal persons to management team of HMA and EDSPHCDA by 4th Quarter	Local Transport, Lunch,	State & FCT level	On-going Project/Activity	DNS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲	Alignment of key stakeholders	
2.8.12.6.f	3 IPC Inspectors to conduct a 5-day monitoring visit to 4 health facilities at the 3 senatorial districts using the IPC score card by 2nd Quarter	Transport, DTA, Data, Stationeries, lunch	State & FCT level	On-going Project/Activity	DNS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲	Imbibe Culture of Disease Prevention	
2.8.12.6.g	Conduct quarterly review meetings with 20 state IPC Focal Persons in the 3 senatorial district.	Transport, Lunch, Data,	State & FCT level	On-going Project/Activity	DNS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Alignment of key stakeholders
2.8.12.6.h	Develop 1800 IEC materials in collaboration with partners and distribute to 40 facilities in the 3 senatorial districts,	Lunch, DTA, Transport, printing	State & FCT level	On-going Project/Activity	DNS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		Imbibe Culture of Disease Prevention	

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.6.i	Commemoration of World Hygiene Day for awareness creation	Refreshment, Posters, DJ, vehicle, PAS, T-Shirts, WASH infrastructure and banner	State & FCT level	New-Project/Activity	DNS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop					
2.8.12.6.j	A-4 Day development of strategic plan for IPC Programme in the State	Accommodation, Teabreak, lunch, printing, Stationery, hall,, Transportation, projector, facilitator, IT support staff	State & FCT level	New-Project/Activity	DNS SMOH	Program Management and Administration	Program Management and Administration		▲			
2.8.12.6.k	Production and distribution of State IPC strategic plan to stakeholder	Printing, logistics , distribution	State & FCT level	New-Project/Activity	DNS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			
2.8.12.7	Roll out of Post-partum care PRE/PEE and Post Abortal Care (PAC) interventions in high volume delivery primary, secondary and tertiary health facilities in all the 36 states plus FCT.											
2.8.12.7.a	5 day residential capacity building of 54 health care workers on Post-partum care PRE/PEE and Post Abortal Care (PAC) interventions (Primary, secondary and Tertiary) across the 18 LGAs by 4 Facilitators and 2 support staff	Hall, Tea Break, Luch Break, Accommodation, Training materias, Public address system, transporation of facilitators and participants,	State & FCT level	New-Project/Activity	SMOH And EDSPHDA and Partners	Human Resource for Health	Health Worker Training - Pre-service		▲			Conducted stakeholders engagement
2.8.12.7.b	Quarterly 4 day supportive supervision to assess facilities implementation of Pre-eclampsia/eclampsia management and post-abortion care by 1 RH Supervisors and 3 state	Transportation to the LGAs for supervision, Accommodation, Data Subscription,	State & FCT level	New-Project/Activity	SMOH And EDSPHDA and Partners	Human Resource for Health	Health Worker Training - In-service			▲		conducted 5 days training for health workers

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	officers in 14 selected health facilities.											
<b>2.8.12.8</b>	Increase Antenatal Care (Individual and GANC) coverage and HF delivery in the primary, secondary and tertiary health facilities in all the 36 states plus FCT											
<b>2.8.12.8.a</b>	Community mobilization, outreaches and campaigns to the 192 wards to drive demand for Antenatal care	Banner, fliers, social media ads, car hire, DJ hire	<b>Local Government level</b>	<b>New-Project/Activity</b>	MOHs, HEs, OICs, DCFH, EDSPHCDA, SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Community outreaches and campaigns conducted to increase demand for ANC services in the PHCs
<b>2.8.12.8.b</b>	Incentivize pregnant mothers by the provision of starter care packs to 100 pregnant women upon delivery at the PHCs	Starter care packs	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	EDSPHCDA, DCFH, Procurement	Program Management and Administration	Other Programme Management & Administration n.e.c		▲	▲	▲	Starter care packs procured and distributed to 100 pregnant women with deliveries in the health facilities
<b>2.8.12.8.c</b>	3 -day capacity building of 54 health care workers across the 18 LGAs on ANC guidelines, management of complications and newborn care with 4 facilitators and 2 supports staff.	Hall, Tea Break, Lunch Break, Accommodation, Training materials, Public address system, transportation of facilitators and participants,	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SMOH And EDSPHDA and Partners	Human Resource for Health	Health Worker Training - Pre-service	▲				3 days training conducted
<b>2.8.12.8.d</b>	Conduct Quarterly one day Community Engagement meeting to 3 LGAs across the senatorial districts to 50 community stakeholder.	Refreshment, transport of officers, transport of participants, public address systems, payment of mobilisers.	<b>Local Government level</b>	<b>On-going Project/Activity</b>	SMOH And EDSPHDA and Partners	Human Resource for Health	Health Worker Training - In-service		▲			Community engagement and mobilisation done
<b>2.8.12.8.e</b>	Conduct monthly one day supportive supervision and On The	Transportation to the LGAs for supervision, Data Subscription	<b>Local Government level</b>	<b>New-Project/Activity</b>	SMOH And EDSPHDA and Partners	Human Resource for Health	Technical Supportive Supervision		▲			program was monitored and evaluated.

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	Job training to 2 facilities on ANC services by 4 State officers.											
<b>2.8.12.9</b>	Roll out Post-partum Hemorrhage(PPH) management at the health facilities using E-motive bundle, active management of 3rd stage of labour etc											
<b>2.8.12.9.a</b>	5 -day capacity building of 54 health care workers across the 18 LGAs on post partum heamorage management and family planning by 4 faciliators and 2 supports staff.	Hall, Tea Break, Luch Break, Accommodation, Training materias, Public address system, transporation of faciliators and participants,	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SMOH And EDSPHDA and Partners	HumanResourceforHealth	Health Worker Training - Pre-service	▲				3 days training conducted
<b>2.8.12.11</b>	Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level											
<b>2.8.12.11.a</b>	Hold 2 days meeting with relevant stakeholders to adapt referral policy	Tea break, lunch, printing, stationeries	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	MOH	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲				Policy adapted
<b>2.8.12.11.b</b>	Conduct comprehensive Mapping of TBAs in the State in collaboration with EDSPHCDA in the first quarter	Transport local, spend for adhoc staff, ODK , DSA	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	EDSPHCDA	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲				TBAs mapped out
<b>2.8.12.11.c</b>	Organize training on referral process for 1730 TBAs across the 18 LGAs of the state in the second quarter	Hall, refreshment, stationery, radio jingle, local transport, DTA, certificate, banner	<b>Local Government level</b>	<b>New-Project/Activity</b>	EDSPHCDA	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop		▲			18 Trainings held
<b>2.8.12.11.d</b>	Conduct 1 day non residential consultative meeting with 200	Hall, refreshment, local transport	<b>Primary Health Facilities</b>	<b>New-Project/Activity</b>	MOH	HumanResourceforHealth	Health Worker Training - In-service		▲			Stakeholder meeting held

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	stakeholders from both public and private health sector with respect with to TBAs involvement in referral											
2.8.12.11.e	Conduct quarterly monitoring and evaluation in 6 LGAs by 4 personnel of the Board to track implementation progress of the referral system	Transport local, stationery, data subscription	Primary Health Facilities	New-Project/Activity	TMB	Program Management and Administration	Monitoring and Evaluation		▲	▲	▲	Monthly supervisory visits
2.8.12.11.f	Logistics support to 1730 trained TBAs	Logistics support	Primary Health Facilities	New-Project/Activity	Partner	Program Management and Administration	Other Programme Management & Administration n.e.c		▲	▲	▲	Logistics support provided
2.8.12.11.g	Annual review meeting with 600 TBAs to get feedback on progress made and challenges	refreshment, hall, transport local	State & FCT level	New-Project/Activity	TMB	Program Management and Administration	Planning, Policy and Capacity Building Workshop				▲	Annual review meeting conducted
2.8.12.11.h	Carry out a 90 day publicity (radio jingle) campaign across four (4) quarters	Radio jingle	State & FCT level	New-Project/Activity	TMB	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Media publicity carried out across four quarters
2.8.12.12	Deploy Doctors midwives+CHEWS/JCHEWS to high need areas, using relocation incentives and flexible arrangements for RMNCAH											
2.8.12.12.a	Recruit 18 doctors, 120 midwives, and 200 CHEWs/JCHEWs by the end of Q3 2025, and deploy them across all 18 LGAs to	Honorarium for Pannelist and CBT supervisors, Refreshment	State & FCT level	On-going Project/Activity	EDSPHCDA	Human Resource for Health	Health Worker Training - Pre-service			▲		HCWs recruited

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	strengthen healthcare service delivery.											
<b>2.8.12.12. b</b>	5-day Onboarding of New Recruits	Hall, Tea break, Lunch, Stationary, facilitator fee	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	Human Resource for Health	Health Worker Training - In-service				▲	New Hires Onboarded
<b>2.8.12.13</b>	Activate additional CHEWs and JCHEWs by leveraging unemployed available stock for RMNCAH+N											
<b>2.8.12.13. a</b>	Additional 300 Chews and 100 Jchews across 18 LGAs to be trained for RMNCAH+N services.	Hall, Facilitators, Stationaries, Tea break, Lunch, Banner, Printing, Public Address System, Transport.	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	Human Resource for Health	Health Worker Training - In-service		▲		▲	Training Conducted
<b>2.8.12.13. b</b>	Supportive Supervision	DTA, Local Transport	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	Direct Intervention Cost	Logistics/Supply Chain Management			▲		Supervision done
<b>2.8.12.14</b>	Upskill midwives on supervision, innovations and refresher courses for deployed midwives											
<b>2.8.12.14. a</b>	Conduct a 3-day training for 120 midwives across the 18 LGAs on supervision, innovation and refresher courses.	Hall, Projector, Stationaries, Facilitator fee, Teabreak, Lunch, Printing, Banner, Public Address System, Transport.	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA /SMOH.	Human Resource for Health	Health Worker Training - In-service		▲		▲	HCWs Trained
<b>2.8.12.14. b</b>	Supportive supervision at the state and LGA level	Transport, Accommodation, DTA.	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA /SMOH	Human Resource for Health	Technical Supportive Supervision		▲	▲	▲	Supportive supervision conducted
<b>2.8.12.15</b>	Upskill CHEWs to carry out some MNCH services, with focus on ANC and PNC for uncomplicated pregnancies, Family Planning, newborn and child health services											



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.15.a	Conduct a 5-day Training for 400 CHEWs across the 18 LGAs on MNCH services, with focus on ANC and PNC for uncomplicated pregnancies and Family Planning	Hall, Tea break, Lunch, Stationary, facilitator fee, Projector, Banner, Printing, Public Address System, Transport.	State & FCT level	New-Project/Activity	EDSPHCDA, SMOH /PARTNERS	Human Resource for Health	Health Worker Training - In-service		▲		▲	Training conducted
2.8.12.19	Domesticate the Task Sharing and task shifting (TSTS) implementation SOPs tailored to the state's specific context.											
2.8.12.19.a	A 2-day 25 key state stakeholders meeting on the implementation of Task Sharing and task shifting (TSTS) SOPs	Tea Break, Lunch Break, transportation of participants,	State & FCT level	On-going Project/Activity	SMOH	Human Resource for Health	Health Worker Training - In-service	▲				2 days stakeholders meeting on Task Sharing and task shifting (TSTS) implementation SOPs was conducted
2.8.12.20	Develop and maintain an updated inventory of health facilities lacking trained RMNCAH providers to facilitate strategic staff allocation and transfers											
2.8.12.20.a	Conduct 5-day 20 man comprehensive Assessment of health care facilities across the 18 LGAs.	DSA, data subscription, Local transport.	State & FCT level	New-Project/Activity	SMOH/DPH/RH	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Assessment conducted
2.8.12.20.b	Two day development of robust Data Collection system for health facilities lacking trained RMNCAH providers by 10 officers	projector, Teabreak, Lunch, Local Transport, stationary, communication, Honourarium	State & FCT level	New-Project/Activity	SMOH/DPH/HMA/EDSPHCDA	Human Resource for Health	Technical Supportive Supervision			▲		Data tool developed
2.8.12.21	Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.21. a	Skill up training of 994 midwives across the 18 LGAs. 2 midwives per facilities in 4 batches.	Hall, Tea break,Lunch, Transport, Projector, Facilitator,Printing of training materials, Banner, Stationaries, Public address system	State & FCT level	On-going Project/Activity	EDSPHCDA /SMOH	HumanResourceforHealth	Health Worker Training - In-service		▲		▲	Training conducted
2.8.12.21. b	5 days capacity building of 40 health care workers (Nurses / Widwives /CHEWs) on Basic and comprehensive Emergency Obstetrics and newborn care.	Hall, Tea Break, Luch Break, Accommodation,Training materias, Public address system, transporation of facilitators and participants,	State & FCT level	New-Project/Activity	SMOH And EDSPHDA and Partners	HumanResourceforHealth	Health Worker Training - Pre-service		▲			Capacity bulding held
2.8.12.21. c	Conduct quarterly one day supportive supervision to 4 facilities on Basic and comprehensive Emergency Obestrics and newborn care by 4 State officers and 1 RH Supervisor	Data subscription, transport of officers to the LGAs and RH supervisor	State & FCT level	New-Project/Activity	SMOH And EDSPHDA and Partners	HumanResourceforHealth	Health Worker Training - In-service			▲		Conducted quarterly one-day supportive supervision
2.8.12.21. d	2 days training and retraining of Health professionals( 10 Doctors and 30 nurses) on the area of helping babys breath, and Neonatal resurcitaion	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal?State Consultant, DTA, Stationary,	State & FCT level	On-going Project/Activity	HMA	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Training of 40 Doctors and nurses

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.21.e	5 Days training and retraining of 30 Laboratory scientist on the use of spectrophotometer, automatic pipette and PCR. For 2 quarter (15 lab. Sci. per quarter).	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal?State Consultant, Stationary,	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		Training of 30 medical laboratory scientist
2.8.12.21.f	Daily sensitization of pregnant women on need to be delivered by SBAs	Small Hall, Projector, Federal?State Consultant, Stationary,	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		Daily sensitization of pregnant women
2.8.12.21.g	3 -day training of 50 nurses/midwives (50 per Quarter) on how to carry out the required skill for effective service delivery.	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal?State Consultant, DTA, Stationary,	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	Training of 100 nurses
2.8.12.21.h	Provision of delievery kits	Delievery kits	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Delievery kits provided
2.8.12.22	Expand access to a full range of modern contraceptives including immediate postpartum, post-abortion FP, through mobile outreach sevice delivery in providing a wide range of congraceptives.											
2.8.12.22.a	Conduct and monitor 54 quarterly inreaches 3 per LGA across health facilities in the state ( 116 Nurses and 116 mobilisers will be recruited) and monitor by 3 state officer	Payment of Mobilisers and service providers, consumables,data,monitors	State & FCT level	On-going Project/Activity	DPH/RHC/S PHCDA/PARTNERS	Direct Intervention Cost	Outreach/Events	▲	▲	▲	▲	Inreaches conducted

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.22. b	Conduct and monitor 54 quarterly outreaches 3 per LGA across health facilities in the state ( 116 Nurses and 116 mobilisers will be recruited) and monitor by 3 state officer	Payment of Mobilisers and service providers, consumables,data,monitors	State & FCT level	On-going Project/Activity	DPH/RHC/S PHCDA/PARTNERS	Direct InterventionCost	Outreach/Events	▲	▲	▲	▲	Outreach conducted
2.8.12.22. c	Quarterly Supportive supervision of health care facility data (10 primary, 5 secondary and 2 tertiary) on reproductive health\ family planning by 3 state team and 1 LGA representative and 1 monitor	Data subscription, transport, accomodation	State & FCT level	On-going Project/Activity	DPH/RHC/S PHCDA/PARTNERS	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	supportive supervision conducted
2.8.12.22. d	Quarterly data review meeting of 18 LGAs Reproductive health supervisors, 10 partners, 6 LGAs M\$E and 14 from MDAs.	Hall, Tea Break, Lunch Break, Public address system, transport,	State & FCT level	On-going Project/Activity	DPH/RHC/S PHCDA/PARTNERS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	State Reproductive Health Supervisors meeting conducted.
2.8.12.22. e	Celebration of International Days on Reproductive health ( Global Menstrual Hygiene day, World Contraception day, International Youth Day and World adolescent health Day, International Womens day, international Day for sexual and reproductive Health	Media, Public address system, Contraception commodities, consumables, refreshments, banner, t-shirts,	State & FCT level	On-going Project/Activity	DPH/RHC/S PHCDA/PARTNERS	Human Resource for Health	Technical Supportive Supervision	▲	▲	▲	▲	International Day Celebration conducted

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	Awareness )											
2.8.12.22.f	scaleup of 5day capacity building of 40 Health Care Workers drawn from primary, secondary, and tertiary Health Facilities with low numbers of trained Health Care Workers on Long-Acting Reversible Contraceptives (LARC) and Adolescent Youth Friendly Health Services (AYFHS)	Hall, Tea Break, Lunch, Accommodation, Training materias, Public address , consumable, system, transport and Honourarium	State & FCT level	On-going Project/Activity	MOH/DPH/RH/PARTNERS	Human ResourceforHealth	Health Worker Training - In-service		▲			Capacity building of HCW on IARC conducted
2.8.12.23	Domesticate the national policy and guidelines for Postpartum Family Planning (PPFP) and Post-Abortion Family Planning (PAFP), and adapt them for community deployment											
2.8.12.23.a	Conduct a one day 25 persons Stakeholders meeting to adopt the national policy and guidelines for Postpartum Family Planning (PPFP) and Post-Abortion Family Planning (PAFP)for the state	Projector, Lunch, Trasportaion of stakeholders, Printing of attendance register	State & FCT level	On-going Project/Activity	SMOH/DPH/RHC	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲				national policy and guidelines for Postpartum Family Planning (PPFP) and Post-Abortion Family Planning (PAFP) adopted
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											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.24. a	Conduct a one day 25 person Stakeholders meeting to adopt FP Communication Strategy to raise demand and reduce Unmet Need for FP in the state	Lunch, Transportation of stakeholders, Printing of attendance register	State & FCT level	New-Project/Activity	SMOH,DPH/RH	Human Resource for Health	Health Worker Training - In-service	▲				meeting of Stakeholders to adopt FP Communication Strategy to raise demand and reduce Unmet Need for FP conducted
2.8.12.25	Strengthen prevention, treatment and rehabilitation services for quality obstetrics Fistula care											
2.8.12.25. a	scaleup of 5day capacity building of 54 Health Care Workers on the prevention, treatment and rehabilitation services for quality obstetrics Fistula care	Hall, projector,Tea,Lunch,Accommodation, Honourarium,Stationary,Consumable,DSA,public address system,training material,communication, support staff	State & FCT level	New-Project/Activity	SMOH/DPH/RH	Human Resource for Health	Health Worker Training - In-service		▲			Capacity of health care worker built on obstetrics Fistula care
2.8.12.25. b	Quarterly monitoring and evaluation of 3 health facilities on obstetrics Fistula care.	Data subscription, transport of officers to the facilities	State & FCT level	New-Project/Activity	SMOH/DPH/RH	Human Resource for Health	Technical Supportive Supervision			▲		supportive supervision conducted
2.8.12.25. c	Conduct 2 day situational analysis of existing fistula services in the first quarter.(done by 3 officers)	tea (3-star), fuel, lunch (3-star), local transport, projector,stationery, federal/state consultant	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				conduct situation analysis
2.8.12.25. d	3 day Development of national fistula strategy and guidelines in the first quarter	Tea(3-star),lunch (3-star), fuel, local transport, projector,stationery	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	Development of fistula strategy

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.25.e	5 day training of 20 health care providers on fistula prevention and identification.	tea (3-star), federal/state consultant, lunch (3-star), local transport, projector,stationery, small hall	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Training of 20 health care
2.8.12.25.f	upgrade fistula treatment facilities in the second quarter.	federal/state consultant, local transport, renovation,equipment installation	State & FCT level	New-Project/Activity	HMA	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			upgrade fistula treatment facilities
2.8.12.25.g	conduct a 3 day training on fistula repair techniques in the second quarter for 20 health care providers	tea (3-star), federal/state consultant, lunch (3-star), local transport, projector,stationery, small hall	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			training of 20 health care on fistula technique
2.8.12.25.h	monitor and evaluate fistula program progress.	local transport, stationery, lunch (3star)	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	monitoring and evaluation
2.8.12.26	Accelerate implementation of Essential Newborn Care (ENC) at the Primary health facilities											
2.8.12.26.a	scaleup of 5day capacity building of 54 Health Care Workers on the implementation of Essential Newborn Care (ENC) in health care facilities	Hall, projector,Tea,Lunch,Accommodation, Hunourarium,Stationary,Consumable,DSA,public address system,training material,communication, support staff	State & FCT level	On-going Project/Activity	SMOH/ESP HCDA/DPH/SRH	Human ResourceforHealth	Health Worker Training - In-service	▲				capacity of HCW built on ENC
2.8.12.26.b	5 -day monitoring and evaluation of 54 health facilities on obstetrics Fistula care.	Data subscription, transport of officers to the facilities	State & FCT level	New-Project/Activity	SMOH/ESP HCDA/DPH/SRH	Program Management and Administration	Monitoring and Evaluation	▲				Supervision conducted

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.26.c	Inauguration of 5 man committee to Accelerate implementation of Essential Newborn Care (ENC) at the Secondary Health Facilities	Small Hall, Tea (3-star), Stationery, meeting room	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Accelerate the implementation of essential newborn care
2.8.12.26.d	4 quarterly training and retraining of 200 health care professionals (Midwife, Nurses, Medical Officer, Pediatrician, Obstetrician and other) by consultant on essential newborn care(3 day training)	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal/State Consultant, Stationary,	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		Training of 200 health care workers
2.8.12.26.e	Printing of 10,000 fliers per month to be share across 32 Secondary Facilities to newborn mother on Standard precaution and cleanliness	Local transport, printing of fliers	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		standard precaution and cleanliness
2.8.12.26.f	Weekly sensitization of 200 Mother and Newborn on Breast feeding, hand wash and standard precussion of care( done by 10 health care workers)	tea (3-star), Local transport, stationery, small hall	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Sensitization of 200 mothers
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											



Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
2.8.12.27. a	Conduct a one day 25 person Stakeholders meeting to Adapt and review the National Essential Newborn Care Course (ENCC) in the state.	Lunch, Transportation of stakeholders, Printing of attendance register	State & FCT level	New-Project/Activity	SMOH/DPH/RH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Meeting to Adapt and review the National Essential Newborn Care Course (ENCC) conducted,
2.8.12.27. b	2 stakeholders meeting by consultant and 20 participant to review the National Essential Newborn Care Course (ENCC) to align to the global training curriculum for essential newborn care	Small Hall, Lunch (3-star), Projector, Local Transport, Federal/State Consultant, Stationary,	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Stakeholders engagement
2.8.12.28	Promote home visits on community- based newborn through empowering communities, Outreaches and Mobile Clinics											
2.8.12.28. a	2 chews per ward to conduct home visit on community based newborn outreaches, through health talk, outreaches and mobile clinics across the 192 wards.	Transport	Local Government level	New-Project/Activity	EDSPHCDA	Human Resource for Health	Technical Supportive Supervision		▲			Health talk and mobile outreaches conducted.
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											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.29.a	Procure and utilize RMNCAH commodities, including oxytocin, family planning supplies, and essential devices (e.g., CPAP, monitors, pulse oximetry, oxygen, KMC devices, phototherapy, radiant warmers, ventilators, caffeine citrate, bag and mask, suctioning, etc), in line with National guidelines and SOPs.		State & FCT level	New-Project/Activity	SMOH/DPH/RH	Infrastructure And Equipment	Medical/Lab Equipment - Purchase		▲			Procurement done
2.8.12.29.b	Procurement of family planning commodities		State & FCT level	On-going Project/Activity	SMOH/DPH/RH	Direct Intervention Cost	Medicines, Commodities, and Supplies	▲		▲		Family planning Procured
2.8.12.29.c	scaleup of 5 day capacity building of 54 physician, Nurses, Midwife on CPAP Management, KMC, Newborn resuscitation, infection control, Breastfeeding support in health care facilities	Hall, projector, Tea, Lunch, Accommodation, Honourarium, Stationary, Consumable, DSA, public address system, training material, communication, support staff	State & FCT level	New-Project/Activity	SMOH/DPH/RH	Human Resource for Health	Health Worker Training - In-service		▲			Training conducted
2.8.12.29.d	Conduct on-site mentoring and evaluation	Transport, refreshment, call	State & FCT level	New-Project/Activity	SMOH/DPH/RH	Human Resource for Health	Technical Supportive Supervision		▲			Evaluation conducted
2.8.12.29.e	Inauguration of 5 man committee establishing Newborn Care Corner in the 32 Secondary Health Facilities to	Small Hall, Tea (3-star), stationery, fuel	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Establishing new born care in 32 facilities

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.29.f	Provision of equipment to set up Newborn Care corner	radiant, fixed height, with trolley, drawers, 02-bottles, Bag and Mask, neonate, 250-500ml, preterm masks, Hanging Spring Scale, Room Thermometer and Sterile Gloves	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Provision of equipments for new born care
2.8.12.30	Strengthen neonatal intensive care unit at level-3 (Tertiary) health facilities											
2.8.12.30.a	scaleup of 5 day capacity building of 40 physician,Nurses,Midwife on neonatal intensive care at level-3 (Tertiary) health facilities in health care facilities	Hall, projector,Tea,Lunch,Accommodation, Honourarium, Stationary, Consumable, DSA,public address system,training material,communication, support staff	State & FCT level	New-Project/Activity	SMOH/DPH/RH	Human Resource for Health	Health Worker Training - In-service			▲		neonatal intensive care at level-3 (Tertiary) health facilities training conducted
2.8.12.30.b	Conduct a 2 day needs assessment of existing NICUs ( work done by 3 personnel)	small hall, lunch (3-star), fuel, stationery, local transport	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Assessment of NICUs
2.8.12.30.c	Develop NICU strengthening plan and budget(done by 5 personnel in 2 days)	meeting room, tea(3-star), lunch(3-star), stationery, DTA, Federal/state consultant.	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲			strengthening NICU plans

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.30.d	5 -day training of 60 health care providers on neonatal care guidelines (10 doctors and 50 nurses). 30 per quarter.	tea(3-star),lunch (3-star), fuel, local transport, projector,stationery, federal/state consultant	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		Training of 60 health care workers
2.8.12.30.e	Renovate/upgrade NICU infrastructure	procurement of medical/non-medical equipments	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				upgrade NICU infrastructure
2.8.12.30.f	monitor neonatal outcomes and mortality rates by 3 M&E officers	local transport, stationery, lunch (3star), tea(3-star)	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	monitor and evaluate the process
2.8.12.31	Improve Capacity of frontline health workers on Comprehensive new born at Secondary and tertiary Health facilities											
2.8.12.31.a	5 day capacity building of 50 health care workers (Doctors, Midwives, Nurses and biomedical Technicians at secondary and tertiary health Facilities) on Comprehensive newborn care and employ by a consultant and 3 facilitators.	Hall, Projector, Tea break, Lunch, Transportation of stakeholders, Printing of attendance register	State & FCT level	On-going Project/Activity	SMOH	Human Resource for Health	Health Worker Training - In-service		▲			5 days training of 50 health care workers (Doctors, Midwives, Nurses and biomedical Technicians at secondary and tertiary health Facilities) on Comprehensive newborn care and employ by a consultant and 3 facilitators was conducted.
2.8.12.31.b	One day supportive supervision of 50 facilities on	Data subscription, transport of officers to the facilities	State & FCT level	On-going Project/Activity	SMOH	Human Resource for Health	Technical Supportive Supervision			▲		Monitoring and Evaluation of training was

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	comprehensive newborn care by 4 State officers.											conducted
2.8.12.31.c	2 Days training and retraining of 15 Doctors on comprehensive newborn care services for 2 quarter (15 doctors per quarter)	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal?State Consultant, DTA, Stationary,	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Training of doctors
2.8.12.31.d	2 Days training and retraining of 30 Nurses and Midwife on comprehensive newborn care services for 2 quarter (30 nurses and midwife per quarter)	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal?State Consultant, DTA, Stationary,	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Training of nurses and midwife
2.8.12.31.e	1 Day training and retraining of 5 Pharmacist and 3 medical Laboratory officer on comprehensive newborn care services for 1 quarter.	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal?State Consultant, DTA, Stationary,	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Training of Pharmacist and medical laboratory scientist
2.8.12.31.f	1 day training and retraining of 30 health care workers IPC and hospital ward assistant) on comprehensive newborn care services for 2 quarter. 30 per quarter	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal?State Consultant, DTA, Stationary,	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		Training of 30 healthcare workers and care assistant

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.31.g	1 day training and retraining of 10 Biomedical Technician on plan, preventive maintenance.	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal?State Consultant, DTA, Stationary,	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Training of 10 Biomedical personnel
2.8.12.35	Assess health facility readiness to improve integrated management of childhood illness services with linkage to community											
2.8.12.35.a	1 day meeting for 30 task force team for the development of Data collection tools for assessing HF readiness for IMCI services and ICCM	projector,tea, Lunch, Local Transport, stationary, printing										
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)											
2.8.12.36.a	A 5-Day capacity building of 300 health care workers from Primary, Tertiary and secondary ( doctors, nurses, chews and school institutions) on IMCI and ICCM and will be done in 4 batches(75 participants per batch) making a total of 300 participants.	Hall, Facilitators, Stationaries, Projector, Teabreak.lunch, Banner, Printing,Public Addresss System, Transport, DSA, accommodation, Honorarium, lead consultant	State & FCT level	On-going Project/Activity	EDSPHCDA/SMOH	HumanResourceforHealth	Health Worker Training - In-service	▲	▲	▲	▲	Training conducted.
2.8.12.36.b	4 Person Supporting Supervision to primary institutions.	Transport, Acommodation, DTA.	State & FCT level	On-going Project/Activity	EDSPHCDA/SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	Supported Supervision done.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.36.c	5 day capacity building of 50 health care workers (Midwives, Nurses and CHEWS) at PHCs on ICCM by 1 facilitator and 3 support staff	Hall, Projector, Tea break, Lunch, Transportation of participants, Printing of attendance register	State & FCT level	On-going Project/Activity	EDSPHCDA/SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	Capacity building held
2.8.12.36.d	One day supportive supervision of 50 HFs on ICCM by 4 State officers.	Data subscription, transport of officers to the facilities	State & FCT level	On-going Project/Activity	EDSPHCDA/SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	supportive supervision held
2.8.12.37	Develop and implement a multisectoral actions for integrated childhood development in rolling out the child Survival Action Plan at state level											
2.8.12.37.a	Establish a state Intergrated Childhood Development (ICP) Steering committee	lunch, transport, stationary	State & FCT level	New-Project/Activity	SMOH/DPH/RH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				State steering committee for Intergrated Childhood Development established.
2.8.12.37.b	Conduct one day Steering committee situation analysis meeting	lunch, transport, stationary	State & FCT level	New-Project/Activity	SMOH/DPH/RH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Situation analysis for Intergrated Childhood Development conducted
2.8.12.37.c	conduct a two day steering committee meeting for the development of state ICD strategic plan	hall, tea, lunch, training materials, public address system, transport ,stationary	State & FCT level	New-Project/Activity	SMOH/DPH/RH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			State plan conducted
2.8.12.39	Scale-up capacity of Doctors, Nurses, Wives, CHEWS to deliver adolescent plus youth-friendly services											
2.8.12.39.a	2 day capacity building of 54 health workers (Doctors, Nurses,	Small Hall. Tea, lunch, Transport and Honourarium,	State & FCT level	On-going Project/Activity	SMOH	Human Resource for Health	Health Worker Training - In-service			▲		At the end of the training, 54 health workers from the 3

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	Wives, CHEWS) on skills for Adolescent - Youth friendly services										senatorial districts will be knowledgeable on adolescent youth friendly services.	
<b>2.8.12.40</b>	Collaborate with Ministry of Education to Review the school health Policy, adopt and domesticate school health services standards at state level.											
<b>2.8.12.40.a</b>	1 day workshop on the Adoption and Domestication on the School Health Policy with the state ministry of education.	Tea, Lunch, Transport, Printing, Distribution of policy documents, Small Hall	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	SMOH, DPPRS, HPO	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Distribute policy documents on school health to 20% of HFs and schools
<b>2.8.12.41</b>	Empower community to support adolescent program at the community level (peer to peer support, parents guardian etc)											
<b>2.8.12.41.a</b>	A two day workshop to train 25 persons on adolescent health programs (peer to peers, parents guardian supports.	Tea, Lunch, Transport, stationaries and Small Hall	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	SMOH,DPPRS,HPO	Program Management and Administration			▲			At the end of the training ,25 persons were trained on the adolscent health program,peer to peers,parents guardian support
<b>2.8.12.44</b>	Revitalize of baby friendly initiative (BFI) at all levels of care											
<b>2.8.12.44.a</b>	2 Days Training and retraining of 3 Nutritionis, and 10 social welfare officers, on MIYCN	Small Hall, Tea (3-star), Lunch (3-star), Projector, Local Transport, Federal?State Consultant, DTA, Stationary,	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Lists of trained officers
<b>2.8.12.44.b</b>	2 days Health campaign on MIYCN in the 3 Senatorial Zones	Printing of fliers, local transport, lunch(3-star), public address system, accommodation and DTA	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Lists of attendance



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.44.c	Establish BFI across the 33 Secondary facilities		State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	6 per quarter
2.8.12.44.d	Conduct sensitization of front line workers on the principles of BFI		State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				List of staff sensitised
2.8.12.44.e	Purchase of 1 No 18 seater Toyota Bus to support monitoring and supervision MIYCN	Toyota Bus	State & FCT level	New-Project/Activity	HMA	Infrastructure and Equipment	Other Machinery and Equipment		▲			Registration plate NO
2.8.12.44.f	Procure 2 Toyota Hilux 4 by 4	Hilux	State & FCT level	New-Project/Activity	HMA	Infrastructure and Equipment	Other Machinery and Equipment			▲		Registration plate NO
2.8.12.45	Conduct Nutrition assessment, counselling and support (NACS)											
2.8.12.45.a	Adoption and dissemination of NAC report to 100 Government owned facilities in the State	Printing, tea, lunch	State & FCT level	New-Project/Activity	SMoH, EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			There would e dissemination of NACs
2.8.12.45.b	Joint assessment and counselling at the 100 facilities.	DTA, tea, luch, hall, projector, statinery.	State & FCT level	New-Project/Activity	SMoH, EDSPHCDA	Human Resource for Health	Health Worker Training - In-service		▲			Assessed and counselled 100 facilities
2.8.12.45.c	Conduct World Nutrition Day celebration	Hall, Workshop Materials, Banner, Jingles, Talk Show, Motorised Campaign, T-shirt & Cap, Refreshment, Honarium	State & FCT level	New-Project/Activity	SMoH, EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Conducted World Nutrition Day
2.8.12.45.d	Conduct World Breastfeeding Week celebration	Hall, Workshop Materials, Banner, Jingles, Talk Show, Motorised Campaign, T-shirt & Cap, Refreshment,	State & FCT level	New-Project/Activity	SMoH, EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building			▲		Conducted World Breastfeeding Week celebration

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
		Honarium, Gifts for Mothers and children					Workshop					
2.8.12.45.e	Conduct Biannual Maternal Newborn and Child Health Week (MNCHW)	Hall, Tea break, Lunch, DSA, Projector, Flipchart, Bannner, Stationaries, MUAC Tape, Tally sheet, Data bundle, Local Transport, Stipends, Honararium, Pen Marker, Ziploc Bag, LGA Summary, Logistics, Live TV show, Media show, Weighing scale, Height board	State & FCT level	New-Project/Activity	SMoH, EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	Conducted Biannual Maternal Newborn and Child Week MNCH Week
<b>2.8.12.46</b>	Provision of growth monitoring and promotion (GMP) services at all level of care											
<b>2.8.12.46.a</b>	3 day capacity building of 400 HCWs on growth monitoring and promotion services	Hall, Tea Break, Lunch, DSA, Projector, Flipchart, Banner, Stationaries	State & FCT level	On-going Project/Activity	EDSPHCDA /SMOH	Human Resource for Health	Health Worker Training - In-service		▲		▲	HCWs trained on GMP
<b>2.8.12.46.b</b>	Supportive Supervision to health facilities to ensure proper implementation of GMP services	Local transport, DTA	State & FCT level	On-going Project/Activity	EDSPHCDA /SMOH	Direct Intervention Cost	Logistics/Supply Chain Management			▲		Supportive supervision conducted
<b>2.8.12.47</b>	Accelerate the scale up of integrated management of acute malnutrition (IMAM) at all level of care											
<b>2.8.12.47.a</b>	Conduct a 5 day training of 300 HCWs on Integrated Management of Acute Malnutrition	Hall, DSA, Projector, Banner, Flipchart, Tea Break, Lunch, Stationary	State & FCT level	On-going Project/Activity	EDSPHCDA /SMOH	Human Resource for Health	Health Worker Training - In-service			▲		Training Conducted
<b>2.-8.12.47.b</b>	Conduct regular supportive supervision and mentoring visits to facilities providing	Transport Logistics, DTA	State & FCT level	On-going Project/Activity	EDSPHCDA /SMOH	Direct Intervention Cost	Logistics/Supply Chain Management		▲		▲	Supported Supervision done

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	IMAM services											
<b>2.8.12.48</b>	Improve out-patient therapeutic (OTP) services in atleast 2 PHC per ward across 36 states and FCT.											
<b>2.8.12.48. a</b>	Organize a 3 day Training of 400 HCWs on managing severe acute manutrition using the OTP approach	Hall, Tea Break, Lunch, Printing, Stationary, Banner	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	EDSPHCDA /SMOH	HumanResourceforHealth	Health Worker Training - In-service		▲			Training Held
<b>2.8.12.48. b</b>	Equip the selected PHCs with necessary tools and equipment for effective service delivery	MUAC tape, Weighing Scale, Height Board, RUTF	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	DirectInterventionCost	Medicines, Commodities, and Supplies			▲		Equipment delivered to Each facilities
<b>2.8.12.48. c</b>	Supportive supervision visits to the PHCs to ensure compliance with OTP guidelines.	DSA, Transport Logistics	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	DirectInterventionCost	Logistics/Supply Chain Management			▲		Supervision conducted
<b>2.8.12.50</b>	Scaling up community Nutrition best practices											
<b>2.8.12.50. a</b>	Conduct a 5-day training for 600 health workers on community nutrition best practices, including nutrition assessment and counselling.	Hall, Tea break, Lunch, Stationary, Printing, Banner, Flipchart, Facilitator honorarium,	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	EDSPHCDA /SMOH	HumanResourceforHealth	Health Worker Training - In-service	▲		▲		600 HCWs trained on best nutrition practises
<b>2.8.12.50. b</b>	Monitoring and evaluating health facilities to assess compliance.	Transport Logistics, DTA	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA	DirectInterventionCost	Logistics/Supply Chain Management		▲		▲	M and E conducted
<b>2.8.12.52</b>	Strengthen commodity security and reduce the high rates of stock-outs at service delivery points through improved logistics data quality and resource mobilization for RMNCAH (FP, and Nutrition)											
<b>2.8.12.52. a</b>	Training of State quantification team	Printing, local transport, lunch, consultancy	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	LMCU RH UNIT PROCURE	DirectInterventionCost	Logistics/Supply Chain Management	▲				

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
					MENT UNIT							
2.8.12.52. b	Develop a one-year costed family planning commodities quantification document.	Printing, local transport, lunch	State & FCT level	New-Project/Activity	LMCU RH UNIT PROCUREMENT UNIT	Direct Intervention Cost	Logistics/Supply Chain Management	▲				Trained quantification team member
2.8.12.53	Expand the scope of Logistics Management Information System (LMIS) data quality for accurate forecasting of national MNCAH commodities requirements including FP											
2.8.12.53. a	Set up a 6-man State situation room for tracking bimonthly data entry on NHLMIS platform	Recharge card, data subscription	State & FCT level	On-going Project/Activity	LMCU, RH UNIT	Direct Intervention Cost	Logistics/Supply Chain Management	▲	▲	▲	▲	Timely and complete LMIS data reporting
2.8.12.53. b	Quarterly Zonal Data review meeting with 18 LGA RH supervisor	Local Transport, DTA, Lunch,	Local Government level	On-going Project/Activity	LMCU, RH UNIT	Direct Intervention Cost	Logistics/Supply Chain Management	▲	▲	▲	▲	Quality LMIS data reporting
2.8.12.54	Procure and utilize RMNCAH commodities, including oxytocin, family planning supplies, and essential devices (e.g., CPAP, monitors, pulse oximetry, oxygen, KMC devices, phototherapy, radiant warmers, ventilators, caffeine citrate, bag and mask, suctioning, etc), in line with National guidelines and SOPs											
2.8.12.54. a	Quarterly procurement of full range of family planning commodities.	Male condom, Noristerat, depo provera, implanon, jabelle, IUCD	State & FCT level	On-going Project/Activity	LMCU RH UNIT PROCUREMENT UNIT	Direct Intervention Cost	Medicines, Commodities, and Supplies	▲	▲	▲	▲	FP commodities procured and delivered to State CMS
2.8.12.54. b	Procurement of 5000 units of Mama Kit	Mama kit	State & FCT level	New-Project/Activity	LMCU, RH UNIT, EDPHCDA	Direct Intervention Cost	Logistics/Supply Chain Management	▲				Mama kit procured and delivered to State CMS
2.8.12.54. c	Conduct quarterly last mile distribution of FP commodities and mama kit to 528HFs on a quarterly basis	Local Transport, Recharge card, DTA	State & FCT level	On-going Project/Activity	LMCU, RH UNIT, EDPHCDA			▲	▲	▲	▲	Successful completion of LMD to all selected HFs
2.8.12.55	Procure and Utilize nutrition commodities for nutritionally vulnerable groups (Pregnant women - IFA/MMS, Children U-5 (6-59 months) (Vitamin A, MNP/SQ-LNS, Ready to use therapeutic food - RUTF, RUSF and essential routine medication (amoxycilin, albendazole), Conduct Nutrition assessment, counselling and support (NACS)											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.55.a	Conduct a 5-day training for 400 health workers and 200 community volunteers on the proper utilization of nutrition commodities for nutritionally vulnerable groups	Hall, Tea Break, Lunch, DSA, Projector, Flipchart, Banner, Stationaries, Facilitator Honourarium	State & FCT level	New-Project/Activity	EDSPHCDA	Human Resource for Health	Health Worker Training - In-service		▲		▲	Increased capacity of HCWs and Community Volunteers
2.8.12.55.b	Supportive Supervision to health facilities and communities	DTA, Local Transport	State & FCT level	New-Project/Activity	EDSPHCDA	Direct Intervention Cost	Logistics/Supply Chain Management		▲		▲	Supportive Supervision Conducted
2.8.12.55.c	procurement of RUTF, Vitamin A, Iron folic acid, albenadazole, amoxycilin for vulnerable persons and children under 5 year.	Procurement of nutrition commodities	State & FCT level	On-going Project/Activity	SMoH, EDSPHCDA	Direct Intervention Cost	Medicines, Commodities, and Supplies	▲	▲	▲	▲	To procure these commodities to save the vulnerable population in the State from SAM, MAM, Wasting and death.
2.8.12.56	Adapt and implement the National RMNCAH/Immunization Integration policy, creating a comprehensive action plan for RMNCAH/Immunization/Nutrition integration at PHC level.											
2.8.12.56.a	Engage key stakeholders on a 1-day discussion to ensure the adapted National RMNCAH/Immunization Integration policy aligns with local needs	Meeting room, Printing, refreshment	State & FCT level	New-Project/Activity	EDSPHCDA /SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Stakeholder meeting conducted
2.8.12.56.b	Conduct a 3-day training session to equip 300 health workers with the knowledge and skills to integrate RMNCAH, immunization, and nutrition services.	Hall, Tea Break, Lunch, Printing, Stationary, Banner, Projector, PAS	State & FCT level	New-Project/Activity	EDSPHCDA	Human Resource for Health	Health Worker Training - In-service				▲	Training Completed

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
2.8.12.56.c	Develop a KPI framework to monitor the implementation of the integrated services and conduct regular assessments to evaluate its effectiveness	Transport Logistics, DTA	State & FCT level	New-Project/Activity	EDSPHCDA	Direct Intervention Cost	Logistics/Supply Chain Management				▲	KPI developed and Assessment Conducted
2.8.12.59	Review the 2 ways referral forms for RMNCAH+Nutrition and provide orientation to all Community Health Workers (CHWs) to Primary Health Centers (PHCs) and other healthcare facilities											
2.8.12.59.a	Conduct 2 Day training and demonstration on the use of 2 ways referral forms to CHEWs	Hall, Tea Break, Lunch, Printing, Stationaries, Banner, State/Federal Consultants	State & FCT level	New-Project/Activity	CFH/EDSPHCDA/SMOH	Human Resource for Health	Health Worker Training - In-service		▲			CHEWs Trained on use of 2-way Referral Form
2.8.12.59.b	Quarterly distribution of 2 way referral Forms	Transport Logistics, Printing of 2-way referral form	State & FCT level	New-Project/Activity	CFH/EDSPHCDA/SMOH	Direct Intervention Cost	Logistics/Supply Chain Management		▲		▲	
2.8.12.60	Configure and utilize electronic integrated supportive supervision (ISS) tools for RMNCAH+Nutrition services											
2.8.12.60.a	Monitoring and Evaluation using the Electronic ISS checklist	Transport Logistics	Local Government level	New-Project/Activity	EDSPHCDA/SMOH	Direct Intervention Cost	Logistics/Supply Chain Management	▲	▲	▲	▲	Deployment of ISS checklist
2.8.12.61	Support evidence generated for new interventions and knowledge exchange to improve maternal, Newborn, child and Adolescent Health outcomes											
2.8.12.61.a	Conduct routine Adolescent friendly health services (AYHS) at all level of health care		Local Government level	On-going Project/Activity	SMOH/EDSPHCDA/RH/PARTNERS	Direct Intervention Cost	Health services	▲	▲	▲	▲	Routine AYHS conducted
2.8.12.61.b	Conduct routine encouragement of mother by health care provider to engage in Kangaroo mother care		Local Government level	On-going Project/Activity	SMOH/EDSPHCDA/RH/PARTNERS	Direct Intervention Cost	Health services	▲	▲	▲	▲	Routine KMC conducted

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	for preterm and low birth weight infant											
2.8.12.61.c	scale up community base newborn care program by health workers		Community/Ward level	On-going Project/Activity	SMOH/EDS PHCDA/RH/PARTNERS	Direct Intervention/Cost	Health services	▲	▲	▲	▲	community base newborn care program
2.8.12.62	Strengthen the linkage between community health structure and health system to sustain RMNCAEH+N services to targeted Vulnerable & marginalized groups and other communities											
2.8.12.62.a	Quarterly develop an updated list of community health structures (WDC/VDC) to evaluate their current functionality and identify gaps.	Data bundles, transport logistics, data tools	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Developed a list of community health structures
2.8.12.62.b	Follow up on WDCs and VDCs to ensure active participation in RMNCAEH + Nutrition services through LHEO's outreaches.	Data bundles, transport logistics, data tools	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲		followed up WDCs and VDCs for active participation in RMNCAEH
2.8.12.62.c	Design and implement community mobilization campaigns to raise awareness about available RMNCAEH and Nutrition services, emphasizing their importance for health and well-being by State and LHEO'S.	Megaphones and batteries, Logistics, flyers	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲		Designed and implemented community mobilization campaigns
2.8.12.63	Targeted advocacy to Improve financial, geographic and cultural access to RMNCAEH+N services for these vulnerable groups.											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.63.a	Conduct a 2 days key stakeholders meeting, 46 including SHIA officials, LHEO's, community leaders, to build support for community-based health insurance initiatives.	Hall, stationeries, Refreshments, Transport logistics	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲		Key stakeholders meeting held.
2.8.12.63.b	Develop advocacy materials, including presentations, and infographics, highlighting the importance and benefits of community-based health insurance.	Printings, flyers, banners, posters,	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲			Advocacy materials are developed
2.8.12.63.c	Develop KPI's to track and monitor progress on community based health insurance	Data bundles	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲		A well developed detailed KPI
2.8.12.64	Integrate trained, equipped, and supported community health workers (CHWs) into the health system											
2.8.12.64.a	5-day Training of 180 CHEWS on RMNCAEH services	Hall, Tea Break, Lunch, Printing, Stationaries, Banner, State Consultant	State & FCT level	New-Project/Activity	EDSPHCDA /SMOH	Human Resource for Health	Health Worker Training - In-service		▲		▲	CHEWs upkilled on RMNCAEH services
2.8.12.64.b	Monitoring and Evaluation	Transport Logistics, DTA	Local Government level	New-Project/Activity	EDSPHCDA /SMOH	Direct Intervention Cost	Logistics/Supply Chain Management	▲	▲	▲	▲	Monitored and Evaluated
2.8.12.65	Adapt and review standardized RMNCAH+N Job aids for community health workers to conduct community-based services within the community, including referrals to health facilities											



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.12.65. a	Engage key stakeholders on a 1-day discussion to adapt and review standardized RMNCAH+N Job aids for community health workers.	Lunch, transport, stationary, projector	State & FCT level	New-Project/Activity	SMOH/DPH/RH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Standardized RMNCAH+N Job aids for community health workers adopted
2.8.12.66	Establish an inventory of hard-to-reach villages and settlements lacking RMNCAH services, and develop a plan to conduct mobile outreach services to provide RMNCAH services including family planning options in these areas											
2.8.12.66. a	30 man Stakeholder meeting on mapping of hard to reach area.	hall, Printing, Lunch, Projector, transport	State & FCT level	New-Project/Activity	EDSPHCDA /SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Stakeholder meeting held.
2.8.12.66. b	scale up of monitoring and conduct of 12 mobile RMNCAH+N service to hard to reach areas.(2 bimonthly)	Transport, consumable,	State & FCT level	New-Project/Activity	EDSPHCDA /SMOH	Human Resource for Health	Logistics/Supply Chain Management		▲		▲	Establishment of an inventory of hard to reach villages and settlements
2.8.12.67	Increase demand and uptake of RMNCAH services											
2.8.12.67. a	conduct outreaches and community engagement by LHEOs to promote demand uptake for RMNCAH	Megaphones and batteries, logistics flyers PAS posters	Local Government level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲		Increased demand for RMNCAH
2.8.12.68	Conduct joint planning, review meetings and implementation of RMNCAEH services through the WDC/VWC/ to Foster community ownership and partnership.											
2.8.12.68. b	Development of meeting materials, minutes, agendas, SBC materials and handouts to be shared at WDC/VDC meetings	Data bundles, SBC materials, posters and banners	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Developed meeting materials are shared at the WDCs and VDCs meetings

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
<b>2.8.13.11</b>	Use of accounting software to monitor end-to-end disbursement funds including transactions at PHCs											
<b>2.8.13.11.a</b>	Evaluate various accounting software options (e.g., QuickBooks, Sage, Xero) for features like real-time tracking, multi-user access, and PHC-specific reporting capabilities in Q1 2025	Accounting Software license and installation fee, State Consultant, Refreshment,	<b>Primary Health Facilities</b>	<b>New-Project/Activity</b>	EDHIC	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				Selection of the most suitable accounting software tailored for PHC fund tracking and reporting based on features and cost-effectiveness.
<b>2.8.13.11.b</b>	Train 50 finance officers PHCs on the software's functionality, including fund entry, expense tracking, and report generation.	Training materials, Honorarium, small hall, refreshments, logistics	<b>Primary Health Facilities</b>	<b>New-Project/Activity</b>	EDHIC	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	192 PHC finance officers trained on the use of the software for fund management, expense tracking, and report generation, ensuring proper usage across all PHCs.
<b>2.8.13.11.c</b>	Schedule bi-annual audits using the audit trail feature to track every transaction and flag any discrepancies or non-compliance	Auditor fees, administrative cost, Refreshment	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	EDHIC	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	Bi-annual audits completed using the audit trail feature, ensuring transparency and accountability in fund disbursement and identifying any discrepancies or non-compliance.
<b>2.8.13.16</b>	Revise tariffs to encourage private sector involvement											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.13.16.a	Co-opt an actuarial firm to conduct a detailed assessment of current tariff structures and their impact on private sector involvement.	Fees for actuarial firm services, including data collection, analysis, and reporting. Consultation meetings and workshops with key stakeholders for information gathering and validation.	State & FCT level	New-Project/Activity	EDHIC	Direct Intervention Cost	Health services	▲				Detailed assessment report on current tariff structures completed.
2.8.13.16.b	Engage stakeholders, including 50 private sector providers, CSOs, NGOs and government representatives, to discuss the proposed tariffs.	Venue rental for stakeholder meetings and discussions. Refreshments and transportation costs for attendees. Materials and documentation costs for presentations and feedback sessions.	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲			Stakeholder feedback on tariff proposals collected and integrated.
2.8.13.16.c	Develop key performance indicators (KPIs) to assess changes in private sector participation, service availability, and patient outcomes.	Printing	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation	▲				KPIs developed and tracking system implemented.
2.8.13.22	Deliver BHCPF as One Package at the last mile.											
2.8.13.22.a	Conduct community engagement programs to raise awareness in the 18 LGAs about the BHCPF services available to them on a quarterly basis.	Publicity materials Media coverage Small hall, logistics Honorarium, local transport Transportation and allowances for field workers and facilitators engaging with communities.	Primary Health Facilities	On-going Project/Activity	SMoH/EDHIC/EDSPHC DA/Partners	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Executed community engagement programs that reached at least 5,000 individuals, significantly increasing awareness of

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
											BHCPF services and enrollment opportunities.	
<b>2.8.13.22. b</b>	Collaborate with 15 local NGOs, community health workers, other stakeholders to enhance, monitor service delivery and adherence of stakeholders to implementation guidelines	Small hall, refreshments, fuelling per litre, honorarium, printing, field work stipend, DTA	<b>Primary Health Facilities</b>	<b>On-going Project/Activity</b>	EDHIC/EDS PHCDA/NGOs/CSOs	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Established collaborative partnerships with 10 local NGOs and community health workers, ensuring improved service delivery and compliance with implementation guidelines through regular monitoring.
<b>2.8.13.22. c</b>	Develop and implement anonymous feedback mechanism to elicit real-time experiences of beneficiaries in health facilities to achieve at least 75% positive enrollee experience by the end of Q4	ICT tools, Printing, administrative costs	<b>Primary Health Facilities</b>	<b>On-going Project/Activity</b>	SMoH/SOC/EDHIC, EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Implemented an anonymous feedback mechanism that successfully collects real-time experiences from beneficiaries, enabling timely adjustments to improve service delivery quality.
<b>2.8.14.1</b>	Expand health insurance coverage and other pre-pooling mechanism for health											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.14.1.a	Conduct targeted campaigns across 18 LGAs to educate the public on health insurance and pre-pooling benefits throughout the year.	Fuelling per litre, printing of fliers, refreshment, DTA, field stipend, training fee	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Information Education and Communication (IEC)	▲	▲	▲	▲	Public education campaigns successfully conducted across all 18 LGAs by Q4 2025, with measurable awareness improvements on health insurance and pre-pooling benefits.
2.8.14.1.b	Enroll 500,000 residents in to EDOHS in rural and urban areas by end of Q4 2025.	Field work stipend, fuelling per litre, data subscription, laptops, phones	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	50% increase in health insurance enrollment achieved across rural and urban areas by the end of Q4 2025.
2.8.14.1.c	Boost pre-pooling participation by 15% through partnerships with local and international groups through the adoption model by the end of Q4, 2025	Fuelling per litre, DTA, data subscription, small hall, printing,	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Pre-pooling participation increased by 15% through formal partnerships with local and international groups by the end of Q4 2025.
2.8.14.1.d	Reach 10,000 individuals through quarterly sensitization targeting SMEs and market associations by Q4 2025.	Fuelling per litre, DTA, data subscription, small hall, printing,	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	10,000 individuals sensitized through targeted quarterly campaigns for SMEs and market associations by the end of Q4 2025.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.14.1.e	Scale up market aggregator scheme to 1 major market per LGA in the three senatorial districts by the end of Q4 2025.	Fuelling per litre, DTA, data subscription, small hall, printing, field work stipend	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Market aggregator scheme successfully scaled up to 1 major market per LGA across the three senatorial districts by the end of Q4 2025.
2.8.14.2	Improve equity of coverage through effective implementation of public subsidies											
2.8.14.2.a	Engage at least 5 stakeholders every quarter to adopt and donate to the equity fund to increase coverage of vulnerable persons.	Fuelling per litre, printing of fliers, refreshment, DTA, field stipend	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Information Education and Communication (IEC)	▲	▲	▲	▲	Increased contributions to the equity fund from stakeholders, leading to expanded health insurance coverage for vulnerable populations.
2.8.14.3	Utilize strategic purchasing mechanism for high impact interventions											
2.8.14.3.a	1 day Planning meeting (5 participant) on preventive maintenance and repair of laboratory equipment in 33 facilities.	Meeting Room and local transport	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Preventive maintenance document produced

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.8.14.3.b	Procurement of laboratory consumable	laboratory consumables	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Availability of laboratory consumables in the hospitals
2.8.14.3.c	procurement of drugs	Drugs	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Availability of drugs in the hospitals
2.8.14.3.d	2 day training in two batches of 80 laboratory personnel (both scientist and technician) on daily, and weekly handling of laboratory equipment .	tea (3-star), fuel, lunch (3-star), local transport, projector, stationery	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲		
2.9.15.1	Increase production of health workers											
2.9.15.1.a	5 Day data collection on health training institution stock	Transport, consultant, Questionnaire, stationery	Health Training Institutions	New-Project/Activity	HRH/DPRS/SMOH	Human Resource for Health	Technical Supportive Supervision		▲			HTI Data collected
2.9.15.2	Support public private partnership guideline for private sector to be able to contribute to the production of qualified health workers											
2.9.15.2.a	Inaugurate 15 man TWG and a steering committee members for State HRH	Refreshment,	State & FCT level	New-Project/Activity	HRH/DPRS/SMOH	Human Resource for Health	Technical Supportive Supervision		▲			Edo State Human Resources for Health TW
2.9.15.2.b	Conduct quarterly HRH TWG meeting	Lunch, stationaries, local transport	State & FCT level	New-Project/Activity	HRH/DPRS/SMOH	Human Resource for Health	Technical Supportive Supervision		▲	▲	▲	3 TWG quarterly meetings held
2.9.15.3	Strengthen HRH regulatory bodies to improve the quality of the HRH pre-service and in-service training											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.9.15.3.a	Conduct one-day meeting between SMOH and regulatory bodies and health workforce associations	Hall, Refreshment	State & FCT level	New-Project/Activity	HRH/DPRS/SMOH	HumanResourceforHealth	Health Worker Training - In-service		▲			Meeting held with Health professionals and critical 1ssues with regards to Human Resources for Health discussed
2.9.15.4	Undertake data-driven recruitment, deployment, and management of HRH including biometric capture & BVN data collection for atleast 80% of basic education teachers and primary health workers to ensure proper payroll integration and removal of ghost workers											
2.9.15.4.a	Review template and conduct quarterly updateUpdate of HRH data base	Transport, HRH data collection template,	State & FCT level	On-going Project/Activity	HRH/DPRS/SMOH	HumanResourceforHealth	Technical Supportive Supervision		▲	▲	▲	HRH registry updated and analysed
2.9.15.4.b	3 day non residential meeting involving stakeholders in Health and adaptation of National HRH policy for the State	Hall, Refreshment, consultant	State & FCT level	New-Project/Activity	HRH/DPRS/SMOH	HumanResourceforHealth	Technical Supportive Supervision			▲		HRH policy successfully developed
2.9.15.5	Create incentives and enabling environment that improves retention of HRH within Nigeria											
2.9.15.5.a	Data collection , Analysis and reporting of HRH inflow and outflow trend	vehicle,	State & FCT level	New-Project/Activity	HRH/DPRS/SMOH	HumanResourceforHealth	Technical Supportive Supervision			▲		HRH inflow and outflow trend data collected and analysed
2.9.15.6	Implement comprehensive workforce capacity development plan											
2.9.15.6.a	Conduct annual healthworkforce need assessment survey and data collection	Transport, study tool, consultant, facilitators	State & FCT level	New-Project/Activity	HRH/DPRS/SMOH	HumanResourceforHealth	Technical Supportive Supervision				▲	Data collected on healthworkforce need assessment and analysed
<b>Strategic Pillar Three: Unlocking Value Chains (HSSB)</b>												



Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
<b>3.10.16.1</b>	Provide state-of-the-art equipment and Leverage on Electronic Management System to enhance regulatory processes within the R&D space to improve, quality, transparency and reduce bureaucracy											
<b>3.10.16.1.a</b>	Procurement of 1 MTN router, 1 Database enabled-Desktops (Server Dell PowerEdge R740 32GB Intel Xeon SSHD+SSD 1T.) & 7 Samsung Tablets,1 Network Attached storage system(24TB My Cloud PR4100 Pro Series Media Server External),1 Network Printer,HYCU Backups and Security cloud system,1 Photocopier, 1-8 Channels CCTV,2 UPS to optimize healthcare regulatory activities of DRM of the ministry of Health.,	Router, Database enabled-Desktops & Tablets, Network Attached storage system,HP Network Printer, HYCU Backups and Security cloud system, Photocopier, CCTV,UPS, Network cables,	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	DRM/SMOH	InfrastructureAndEquipment	Other Machinery and Equipment		▲			EMS equipment purchased fto support regulatory processes
<b>3.10.16.1.b</b>	Development and installation of the Health facilities-based Electronic Management Database System and Cybersecurity softwares	Consultancy/workstation installation Fees, CCTV installation	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	DRM/SMOH	InfrastructureAndEquipment	Other Machinery and Equipment			▲		EMS regulatory Database workstation in place
<b>3.10.16.1.c</b>	A 2-day Training of 30 DRM Staff on the use and management of the EMS database for HF data storage, regulation and management	Tea Break, Lunch,Transport, Consultancy Fee	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	DRM/SMOH	HumanResourceforHealth	Health Worker Training - In-service			▲		DRM Staff trained on use and management of EMS regulatory Database

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
<b>3.10.16.2</b>	Strengthen National and Sub-national R&D coordination framework through the National Health Research Committee and National Health Research Ethics Committee											
<b>3.10.16.2.a</b>	Hold quarterly Health research ethics committee meetings for 15 members of the research ethics committee	Lunch, stationeries, sitting allowance for committee members and transportation	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	Ethics/ DPPRS/ SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Ethical standards reviewed
<b>3.10.16.2.b</b>	Hold a 1 day bi annual refresher Training for 15 members of health research ethics committee.	Consultant, facilitator, hall, tea break, lunch, stationaries, printing of certificates, transport	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	Ethics/ DPPRS/ SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	Committee members trained
<b>3.10.16.2.c</b>	Hold monthly health research ethics committee meetings for review of research proposals	Lunch, stationeries, sitting allowance for committee members, communication allowance, printing of ethical approval certificate and transportation	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	Ethics/ DPPRS/ SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Ethical clearance certificates prepared
<b>3.10.16.2.d</b>	Hold the inauguration of the health research steering committee of 15 members	Transport, lunch, stationary	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	Research/ DPPRS/ SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Health research steering committee inaugurated
<b>3.10.16.2.e</b>	Hold the inauguration of the health research technical working group of 15 members	Transport, lunch, stationary	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	Research/ DPPRS/ SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Health research technical working group

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
3.10.16.2.f	Hold the health research technical working group quarterly meetings of 15 members.	Transport, lunch, stationary	State & FCT level	New-Project/Activity	Research/DPPRS/SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Technical working group meetings conducted
3.10.16.2.g	Hold a 1 day annual meeting of the health research policy forum of 50 participants	hall, transport, stationary, tea break, lunch,	State & FCT level	New-Project/Activity	Research/DPPRS/SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		Health research policy forum annual meeting conducted
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											
3.10.16.3.a	Set up a dedicated funding account focused on specific areas like R and D, and utilization of research findings for new drug molecules redesign, repurposing or revalidation of existing drug molecules, phytomedicine, vaccines, diagnostics and other health commodities for the control, treatment of infectious diseases.	money to open the account, auditor, stationery, local transport	State & FCT level	On-going Project/Activity	SMOH/HMA	Program Management and Administration	Operation/utilities (overheads)	▲				
3.10.16.3.b	Set up institute for pharmaceutical Research and Development.		State & FCT level	On-going Project/Activity	SMOH/HMA	Program Management and Administration	Information Education and Communication (IEC)	▲	▲			
3.10.16.3.c	Set up facility for API development and production.		State & FCT level	On-going Project/Activity	SMOH/HMA	Program Management and Administration	Information Education and Communication (IEC)	▲	▲			

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
3.10.16.3.d	Establish local pharmaceutical manufacturing industries, attract foreign investors to sight their industries here or establish partnership with foreign drug makers in other to utilize the research and development services of the research institute. ( done through PPP)		State & FCT level	On-going Project/Activity	SMOH/HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	
3.10.16.3.e	Develop regulatory framework in Support of research and development , drug manufacturing, API development, manufacturing and funding of R and D.	meeting room, stationery, tea(3-star), lunch(3-star), DTA, local transport	State & FCT level	On-going Project/Activity	SMOH/HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		
3.10.16.3.f	Develop a policy framework to support R and D in development of drugs, vaccines, diagnostics, and other health commodities for control, treatment and prevention .	meeting room, stationery, tea(3-star), lunch(3-star), DTA, local transport	State & FCT level	On-going Project/Activity	SMOH/HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		
3.10.16.3.g	Build a centralized data base for R and D that will integrate the research institute, academia, NAFDAC, API industries, hospitals and the pharmaceutical industries for		State & FCT level	On-going Project/Activity	SMOH/HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲		

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	knowledge sharing and acquisition.											
<b>3.10.16.3.h</b>	Organise 1 month workshop/ training on R and D funding, skills needed in R and D such as high-throughput screening, drug/vaccines development protocols, clinical trials, drug re-purposing, drug redesign and drug validation.	tea(3-star), lunch(3-star), small hall, stationery, local transport, DTA, federal/state consultant	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	SMOH/HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		
<b>3.10.16.5</b>	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.											
<b>3.10.16.5.a</b>	Conduct feasibility studies to identify suitable locations for APIs manufacturing Zones.	stationery, DTA, local transport	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SMOH/HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				conduct feasibility studies
<b>3.10.16.5.b</b>	Secure land and basic infrastructure like electricity, and water supply for APIs manufacturing facilities.	Electricity system, Generator, bore hole	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	SMOH/HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲			construction/equipment
<b>3.10.16.5.c</b>	Identify drugs that have comparative cost advantage( this can be done through research or survey) in other to manufacture API drugs locally.		<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	SMOH/HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			identify drugs that have comparative test

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
3.10.16.5.d	Partner with private developers to build API industrial facilities.		State & FCT level	On-going Project/Activity	SMOH/HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		partnership with private bodies
3.10.16.5.e	Construct and equip Research and development(R&D) laboratory with in the manufacturing zones.	laborator equipment, electrical system, local transportation,	State & FCT level	On-going Project/Activity	SMOH/HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲		construct/equipping
3.10.16.5.f	Form task force of regulatory experts and industry representatives to draft API manufacturing guidelines.	DTA, stationery,small room,, local transport	State & FCT level	On-going Project/Activity	SMOH/HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Establish a task force
3.10.16.5.g	Collaborate with technical institute like NIPRD, universities to create specialised training programs in API production, knowledge transfer and joint research.	local transport, phone airtime, data	State & FCT level	On-going Project/Activity	SMOH/HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		collaboration with institutional bodies
3.10.16.5.h	Set up a digital API knowledge exchange platform for knowledge sharing between industry, academia and government.	fedral/state consultant, stationery,local transport, tea(3-star), lunch (3-star)	State & FCT level	On-going Project/Activity	SMOH/HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Establish a digital exchange platform
3.10.16.6	Encourage the standardization, local production, and commercialization of traditional medicines and services											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
3.10.16.6.a	5 rounds of meeting in the first quarter to establish MOU with University of Benin for research and training for traditional medicine practice in the state	Legal Fees, Expert Consultation, Refreshment, transport local, Documentation Costs, Filing/Registration Fees	State & FCT level	New-Project/Activity	MOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				MOU signed
3.10.16.6.b	Organise quarterly trainings for 150 TMPs on herbal medicines processing and storage in collaboration with the University of Benin	Large hall, Honorarium, transport local, Tea break, Lunch, Stationeries for registration, Certificates	State & FCT level	New-Project/Activity	TMB	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲	▲	Trainings for TMPs on herbal medicines processing and storage held
3.10.16.6.c	Locate, assess, perimeter fence, cultivate, and maintain the State-owned herbal/botanical garden at Obayantor	Land assessment, Land preparation, Herbal plant seedlings/ stems, Consultant, Labour (planting), Perimeter fencing, Transportation, Lunch, Honorarium, weekly supervisory visit, farm maintenance, media coverage	State & FCT level	New-Project/Activity	TMB	Infrastructure and Equipment	Other Fixed Assets (non-moveable)	▲	▲	▲	▲	State-owned herbal/botanical garden located, assessed, and redeveloped
3.10.16.6.d	Visit and understudy two (2) top performing State Traditional Medicine Boards (TMBs) in Nigeria and conduct 2 traditional medicine based research studies	DTA, Air ticket, Transport Local, Refreshment	State & FCT level	New-Project/Activity	TMB	Program Management and Administration	Other Programme Management & Administration n.e.c	▲		▲		State TMBs visited
3.10.16.6.e	1 day Annual review meeting with 600 TMPs on the board activities by the last quarter of	Refreshment, hall, transport local	State & FCT level	New-Project/Activity	TMB	Program Management and Administration	Planning, Policy and Capacity Building				▲	Review meeting held

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
								Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	the year						Workshop						
3.10.16.6.f	Purchase of 60 reference books for Traditional medicine board library	Reference books, Computer - Laptop, photocopy machine	State & FCT level	New-Project/Activity	TMB	Infrastructure and Equipment	Research and Development		▲			Books purchased	
3.10.16.6.g	Attend a 7-day annual/international conference on traditional/natural medicine for 2 staff of the Board	Air ticket, Transport local, DTA	State & FCT level	New-Project/Activity	TMB	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	National and International Conferences attended	
3.10.16.6.h	Conduct 3-day quarterly capacity building for 18 staff of the Board	Honourarium, tea break, small hall, training materials, lunch. Accommodation	State & FCT level	New-Project/Activity	TMB	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Quarterly capacity building of staff carried out	
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)												
3.13.19.2.a	Annual review of State supply chain maturity level through focused Group Discussion with 25 persons drawn from the State PSM-TWG stakeholders	Transport, Lunch	State & FCT level	New-Project/Activity	PSM-TWG members	Direct Intervention Cost	Logistics/Supply Chain Management		▲			▲	State supply chain maturity report
3.13.19.2.b	Hold quarterly Procurement and Supply Chain Technical Working Group coordination meeting with 40 participants	Lunch	State & FCT level	On-going Project/Activity	□	Direct Intervention Cost	Logistics/Supply Chain Management	▲	▲	▲	▲	PSM-TWG minutes of meeting	



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
3.13.19.2.c	Conduct a 5-day learning exchange program to State with operational DMA by a 3-man Change Management Team to provide insight on the operationaliation of DMA.	DSA, Local transport	State & FCT level	New-Project/Activity	Change Management Team	DirectInterventionCost	Logistics/Supply Chain Management		▲			Report of exchange program
3.13.19.2.d	Conduct Warehouse / NHLMIS data triangulation with	Recharge card	State & FCT level	New-Project/Activity	LMCU members	DirectInterventionCost	Logistics/Supply Chain Management	▲	▲	▲	▲	Follow up measures to address identified gaps
3.13.19.3	Strengthen the Nigeria Health Logistics Management Information System (NHLMIS) to integrate all health programmes data mangement including vaccines, Essential Medicines and other supply chain functionalities											
3.13.19.3.a	Set up a D.M.A (Drug Management Agency) that will procure, stock and distribute on a large-scale essential medicine, H.I.V drugs, vaccines and RMNCAH commodities.	small hall, tea(3-star), lunch (3-star), local transport	State & FCT level	On-going Project/Activity	SMOH/HMA	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲				Set up a D.M.A (Drug Management Agency)
3.13.19.3.b	Setup a 10-man committe to Develop regulatory frameworks for proper functioning and development the D.M.A	meeting room, stationery, tea(3-star), lunch(3-star), DTA, local transport, printing, fedral/state consultant, data, stationery.	State & FCT level	On-going Project/Activity	SMOH/HMA	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲				Develop regulatory frameworks
3.13.19.3.c	set up 8 man committe to Develop policy frameworks for proper functioning and development of the D.M.A	meeting room, stationery, tea(3-star), lunch(3-star), DTA, local transport	State & FCT level	On-going Project/Activity	SMOH/HMA	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲	▲			Develop policy framework
3.13.19.3.	Build standard		State &	On-going	SMOH/HMA	ProgramMa	Planning,		▲			Build standard

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
d	warehouse where the drugs will be kept		FCT level	Project/Activity		Management and Administration	Policy and Capacity Building Workshop					warehouse
3.13.19.3.e	Employ and train 30 personnels to manage the warehouse	small hall, tea(3-star), lunch (3-star), local transport, stationery, projector hire,	State & FCT level	On-going Project/Activity	SMOH/HMA	Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		Employ and train 30 personnels
3.13.19.3.f	Setup NHLMIS platform to integrate essential medicine, H.I.V drugs, RMNCAH machine, primary healthcare centres, secondary healthcare facilities, tertiary healthcare facilities for effective inventory management. Also, instal and train 5 personnel on how to use ePOD .		State & FCT level	On-going Project/Activity	SMOH/HMA	Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	Setup NHLMIS platform
3.13.19.3.g	Organise a 5-day training of 30 healthcare professionals on the developed NHLMIS	small hall, tea(3-star), lunch (3-star), local transport, stationery, projector hire,	State & FCT level	On-going Project/Activity	SMOH/HMA	Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		training of 30 healthcare professionals
3.13.19.3.h	Appoint an executive secretary to oversee the day-to-day running of the agency (DMA) and setup a board to be headed by the honourable commissioner of health as the chairman.		State & FCT level	On-going Project/Activity	SMOH/HMA	Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	Appoint an executive secretary

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
<b>3.13.19.4</b>	Ensure establishment of sustainable funding mechanisms for drugs, vaccine and other health commodities at all levels of health services in the country											
<b>3.13.19.4.a</b>	Dissemination meeting of change management team findings to key stakeholders to advocate sustainable medicines, vaccine and health commodity financing	Printing, banner, lunch	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	DPS, LMCU, HMA, EDPHCDA	Direct Intervention Cost	Logistics/Supply Chain Management		▲			Adoption of State DMA operationalization
<b>3.13.19.5</b>	Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels)											
<b>3.13.19.5.a</b>	Engagement of casual worker for routine warehouse activities	Stipense	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	DPS, LMCU	Direct Intervention Cost	Logistics/Supply Chain Management					
<b>Strategic Pillar Four: Health Security (HSSB)</b>												
<b>4.14.20.2</b>	Improve public awareness and behaviour on prevention, detection and control of public health threats through coordinated health promotion including campaigns, use of media, risk communication, in line with health promotion policy and framework including AMR messages											
<b>4.14.20.2.a</b>	Quarterly airing of Audio and Tv jingles in English, pidgin and other indigenous languages on public awareness and behaviour on prevention, detection, control of public health threat and campaigns.	production and airing of Radio and Tv Jingles , Live Radio show, fliers, calendars, banner, communication allowance, hiring of D.J, transport	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SHPO/DPH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Awarenes created through airing of Radio and Tv Jingles and enlightenment of public health threat and campaigns.
<b>4.14.20.3</b>	Workforce Capacity Building - Enhances capabilities to achieve health security											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
4.14.20.3.a	Conduct 2-day Training for 20 IPC state Focal Person on multimodal strategies for implementation of IPC plans, behavioral change, and interpersonal communication by the 2nd Quarter	Tea break, lunch, transport data	State & FCT level	New-Project/Activity	DNS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Trained Personnels
4.14.20.3.b	Organize and conduct a 2-day training for 25 Participants of state team and committee on HAI surveillance and build capacity for the conduct of catheter-associated UTI and surgical site infection surveillance by 3rd Quarter	Tea break, lunch, transport data	State & FCT level	New-Project/Activity	DNS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		Trained Personnels
4.14.20.3.c	3-days non-residential workshop for 50 Health sector stakeholders on the Domestication of multi-hazard preparedness and response plan	Medium hall, tea (3 star), lunch (3 star), projector, transport, banner, Generator, Public Address system, Printing, Honorarium, Accommodation, Air ticket, Airport taxi	State & FCT level	On-going Project/Activity	Epidemiology Department	Human Resource for Health	Health Worker Training - In-service	▲				Multi-hazard preparedness and response plan domesticated
4.14.20.3.d	3-days residential state level TOT of 75 state rapid response team (RRT) on Public health Emergency Management and response	Large hall, stationaries, tea (3 star), lunch (3 star), projector, transport, banner, Generator, Public Address system, Honorarium, Accomodation, Air ticket, Airport taxi, Car hire	State & FCT level	On-going Project/Activity	Epidemiology Department	uman Resource for Health	Health Worker Training - In-service	▲				trained 75 State RRT

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
4.14.20.3.e	3 days Step down Training of 300 Healthcare worker/ Multisectoral personnel (LGA RRT, Security Agencies, CBOs) in six (6) clusters on public health Emergency Management	Medium hall, stationaries, tea (3 star), lunch (3 star), projector, transport, banner, Generator, Public Address system, Honorarium, Accomodation, Car hire	Local Government level	On-going Project/Activity	Epidemiology Department	umanResourceforHealth	Health Worker Training - In-service	▲				300 multi-sectoral LGA RRT Trained
4.14.20.3.f	2-days Zonal Training of Trainers 192 Community Informants (TBAs, PMVs, BS, TH) in four (4) clusters on Community Surveillance for priority diseasesa and Contact tracing	Medium hall, stationaries, tea (3 star), lunch (3 star), projector, transport, banner, Generator, Public Address system, Honourarium, Accomodation	Community/Ward level	On-going Project/Activity	Epidemiology Department	umanResourceforHealth	Health Worker Training - In-service	▲				Trained 192 community informants
4.14.20.3.g	1-day ward level step down training of 1728 community informants (TBAs, PMVs, BS, TH) on Community Surveillance for priority diseases	Transport local,honourarium facilitators, printing (IEC & Data tools)	Community/Ward level	On-going Project/Activity	Epidemiology Department	HumanResourceforHealth	Health Worker Training - In-service	▲				1728 Community informant trained at ward level
4.14.20.3.h	Engagement of Adhoc Staff (10 per LGA) to conduct community Active Case Search and contact tracing	Stipend for Adhoc contact tracer	Local Government level	On-going Project/Activity	Epidemiology Department			▲	▲	▲	▲	180 Adhoc Staff engaged for contact tracing and CACS
4.14.20.3.i	Deployment of 4 teams of 5-man RRTs for outbreak Response for six(6) days	Transport, Accomodation, DTA	State & FCT level	On-going Project/Activity	Epidemiology Department	DirectInterventionCost	Outreach/Events	▲	▲	▲	▲	Contingency Fund available and accessible
4.14.20.3.j	Conduct training for 90 HCW on HIV Site activation and services	Halls, Training materials, Lunch, Tea break, Transportation,	State & FCT level	New-Project/Activity	SASCP/SMOH	HumanResourceforHealth	Health Worker Training - In-service		▲	▲		Number of Additional Sites Activated with Skill

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	Accommodation										HCW	
4.14.20.3.k	Conduct Activation of selected Sites for HIV Services at comprehensive scale	Transportation, Site activation kits, Onsite mentorship	State & FCT level	New-Project/Activity	SASCP/SMOH	Human Resource for Health	Health Worker Training - In-service		▲	▲		Number of Additional Sites Activated with Skill HCW
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											
4.14.20.4.a	Organize a 3-day meeting to develop a comprehensive supply chain incidence plan and medical countermeasure SOP document for preparedness and response to epidemics and pandemics by a 3-man expert team	Honarium	State & FCT level	On-going Project/Activity	LMCU/EPID	Direct Intervention Cost	Logistics/Supply Chain Management	▲				
4.14.20.4.b	Conduct annual evaluation of stock level of medical commodities, laboratory supplies for preparedness and response to epidemics and pandemics at referral sites, Local Health Authority and State Store.	Recharge card	State & FCT level	New-Project/Activity	LMCU/EPID	Direct Intervention Cost	Logistics/Supply Chain Management	▲				
4.14.20.4.c	Execute quarterly redistribution to pre-position commodities at appropriate locations for first line response to epidemics and pandemic	Pick and Pack, Last mile distribution	State & FCT level	On-going Project/Activity	LMCU/EPID	Direct Intervention Cost	Medicines, Commodities, and Supplies	▲		▲		

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
4.14.20.4.d	Procurement of - PDs/other priority disease medical lab consumables	Cotton wool, Methylated spirit, swab stick, Ames Transport Medium (ATM), Cary Blair Medium, Ziplock bag (medium and large), lancets, EDTA, plain, syringes (2 and 5mls), Falcon tubes, Cryovials, Oxidase strips, Alkaline peptone water, Thiosulphate citrate bile salt sucrose agar, triple sugar from agar, sodium deoxycholate, Hartmann suit, Face shield, Google, Surgical cap, Apron, Face mask, Hand gloves, Boot	State & FCT level	New-Project/Activity	DLMS/DPRS/DPH/SMOH	Infrastructure and Equipment	Medical/Lab Equipment - Purchase					
4.14.20.4.e	Procurement and distribution of Lassa Fever deratization commodities	bait, sardine, Indomie	State & FCT level	On-going Project/Activity	Procurement /LMCU Epid			▲				
4.14.20.4.f	Organize a 3-day meeting to develop a comprehensive supply chain incidence Plan and medical countermeasure SOP document for preparedness and response to epidemics and pandemics by a 3-man expert team	Honorarium	State & FCT level	On-going Project/Activity	LMCU/Epid Unit	Direct Intervention Cost		▲				

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
4.14.20.4.g	conduct annual evaluation of stock level of medical commodities, laboratory supplies for preparedness and response to epidemics and pandemics at referral sites, Local Health Authority	Recharge card	State & FCT level	New-Project/Activity	LMCU/Epid Unit	Direct Intervention	Cost	▲				
4.14.20.4.h	Execute quarterly redistribution to pre-position commodities at appropriate locations for first line response to epidemics and pandemics	Pick and pack, last mile distribution	State & FCT level	On-going Project/Activity	LMCU/Epid Unit	Direct Intervention	Cost	▲		▲		
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.											
4.14.20.5.a	2-days refresher training of LGA Disease Surveillance officers and assistant on Priority diseases and SORMAS	Teabreak, Lunch, accommodation, Medium hall, projector, transport, stationery	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Human Resource for Health	Health Worker Training - In-service	▲				62 LGA Surveillance officers and assistant trained on Priority diseases and SORMAS
4.14.20.5.b	Provide Logistics movement accessible to 18 LGA DSNOs for movement of Samples of priority Diseases from Health facility or point of collection to the closest pick up point	Sample collection transport Logistics	Community/Ward level	On-going Project/Activity	Epidemiology Unit, Public Health Department	Program Management and Administration	Operation/utilities (overheads)	▲	▲	▲	▲	18 LGA DSNOs Supported with Logistic for sample Movement



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
4.14.20.5.c	Conduct Quarterly border engagement meetings with stakeholders in neighbouring state, Delta, Ondo and Kogi	Transport, lunch, DSA	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Program Management and Administration	Operation/utilities (overheads)	▲	▲	▲	▲	4 Cross-border engagement meeting conducted
4.14.20.5.d	Conduct monthly Integrated Disease surveillance review meetings	Teabreak, Lunch, accommodation, Medium hall, projector, transport, stationery	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Human Resource for Health	Health Worker Training - In-service	▲	▲	▲	▲	12 Monthly Disease Surveillance review meeting conducted
4.14.20.5.e	Train 3487 persons (clinicians, State team, LGA team, SFP at focal and non-focal site, CI) on VPD surveillance of all cadre of persons in the surveillance network	Lunch, Medium hall, transport, DSA stationery	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Human Resource for Health	Health Worker Training - In-service	▲				62 LGA Surveillance officers and assistant trained on priority Diseases
4.14.20.5.f	Recruit 500 teams of 2-man team to conduct 3-days Retroactive and community active case search in silent or selected poor performing LGAs	Retroactive and Community case search stipend	Local Government level	On-going Project/Activity	Epid Unit, DPH	Program Management and Administration	Personnel - salaries, allowances, social contributions	▲		▲		achieving at least 90% identification of unreported cases in targeted LGAs.
4.14.20.5.g	Provide logistics support for AFP and ES Samples Collection, and Transport to the Reference Laboratory and Support 6 Officers to participate in annual ES Review meeting	AFP Samples, ES samples, Air Ticket, Terminal, Accommodation, DSA.	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Direct Intervention Cost	Outreach/Events	▲	▲	▲	▲	Ensure 95% of collected samples reach the Reference Lab within expected timeframe

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
4.14.20.5.h	Print Surveillance data tools (IDSR and AFP) and Provide 212 Surveillance boxes,	IDSR 001a, 001b, 001c, IDSR 002, IDSR 003, Rumour Log, AFP F001, F002, F003, LG001, LG002, LG003, S001, S002, S003, S004, Epid Register, Surveillance Guideline	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				3100 IDSR data tool printed, %00 AFP data tool printed and 212 Surveillance boxes provided
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.											
4.14.20.6.a	Build and Equip one Public health Laboratory in EDSUTH Auchi and optimize/expand the capacities of two Existing Lab (UBTH/ISTH) to for test more priority Diseases	Build and Equip public Health Laboratory EDSUTH, Optimize 2 existing labs	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Infrastructure and Equipment	Facility Infrastructure - Construction	▲				increase testing capacity in state labs.
4.14.20.6.b	Engagement of Laboratorians to man the Public Health Laboratory	Recruit Laboratorians	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Human Resource for Health		▲				Establish a new lab; increase testing capacity in expanded labs
4.14.20.6.c	2-day non-residential Capacity building for 36 public health laboratorians and DSNOs on sample collecting, Packaging, Shipment, testing, and result reporting	Teabreak, Lunch, accommodation, Medium hall, projector, transport, stationery	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Human Resource for Health		▲				Staff all positions in the new lab for continuous operations
4.14.20.6.d	Develop and print 50 copies of Public Health bulletins	Printing and dissemination of quarterly public health bulletin	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Ensure sample handling, reporting, and shipment.

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
<b>4.14.20.7</b>	Strengthen behavioural change and control of misuse, abuse and inappropriate utilization of antimicrobials in all sectors through strengthening 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											
<b>4.14.20.7.a</b>	Conduct awareness campaigns (Road show) targeting prescribers, pharmacists and the public on the risk associated with misuse of antibiotics (50 participants)	T-shirt, Caps, DJ, Lunch	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	Epid Unit, DPH	Direct Intervention Cost	Outreach/Events	▲				Distribute bulletins to stakeholders and facilities.
<b>4.14.20.7.b</b>	Conduct Periodic AMR prevalence surveys across Health facilities and community	Data Collectors	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	Epid Unit, DPH	Direct Intervention Cost	Other	▲				Complete surveys across selected facilities.
<b>4.14.20.7.c</b>	Conduct a 3-day residential workshop Develop and implement guidelines for antimicrobial prescribing and dispensing in healthcare settings. (50 Participants)	Medium hall, tea (3 star), lunch (3 star), Lead Consultant projector, transport, banner, Generator, Public Address system, Printing, Honorarium, Accommodation, Air ticket, Airport taxi	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	Epid Unit, DPH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				Develop and share guidelines on prescribing/dispensing
<b>4.14.20.7.d</b>	Development of kobo collect tool for AMR Uses survey	Lunch,	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	Epid Unit, DPH	Program Management and Administration	Monitoring and Evaluation	▲				Develop and share guidelines on prescribing/dispensing
<b>4.14.20.8</b>	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											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
4.14.20.8.a	Collaborate with health institutions and Academicians on Public health research and Publication in reputable National and International Journals on a yearly basis	Sitting Allowance, data Collector, data Analysis, and Journal fees	State & FCT level	New-Project/Activity	Epid Unit, DPH/Research & Ethic unit PPPRS		Monitoring and Evaluation	▲	▲	▲	▲	Distribute the findings in the research conducted to stakeholders and facilities
4.14.20.9	Improve coordinated and harmonized response interventions including resource coordination, rapid deployment, enhancing surge capacity, contact tracing, isolation & quarantine, infection prevention and control, emergency response, and the use of personal protective equipment etc. to manage public health threats											
4.14.20.9.a	Weekly EOC Coordination meetings involving 30 participants	Lunch	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	95% solution to all public health matters that may arise with actionable items per meeting.
4.14.20.9.b	Quarterly of Surveillance TWG meeting	Lunch	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	Hold quarterly meetings to address surveillance tasks.
4.14.20.9.c	Bi-annual Harmonization Meeting of Public Health interventions	Lunch	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Program Management and Administration	Monitoring and Evaluation	▲		▲		Align interventions in bi-annual coordination meetings.
4.14.20.9.d	1-day Zonal refresher training of 85 Surveillance Officers on Active Case Search, Contact tracing and Outbreak response	Teabreak, Lunch, accommodation, projector, transport, stationery, Generator	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Human Resource for Health	Health Worker Training - In-service	▲				Complete refresher training on case search and response.
4.14.20.9.e	Optimize Stella Obasanjo and Auchi Isolation centre	optimize isolation centre	State & FCT level	On-going Project/Activity	State Ministry of Health	Infrastructure and Equipment	Facility Infrastructure - Construction	▲				Three isolation centres built and equipped

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
4.14.20.9.f	Engagement/Recruitment of 8 personnel for public health event-based Surveillance Call Centre	Personnel cost	State & FCT Level	On-going Project/Activity	State Ministry of Health	Program Management and Administration	Operation/utilities (overheads)	▲	▲	▲	▲	Operation fund for PHEOC provided
4.14.20.9.g	Operational fund to support PHEOC activity	Operational fund to support PHEOC activity	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Program Management and Administration	Operation/utilities (overheads)	▲	▲	▲	▲	Operstion fund for PHEOC provided
4.14.20.9.h	Procurement of Personal protective equipments and dessimination of IPC protocol/guidelines											Distribute PPE and display IPC protocols at facilities.
4.15.21.1	Create a clear accountability mechanism to track the implementation of Climate Health resolutions and commitments.											
4.15.21.1.a	Collaborate with Ministry of Environment to conduct one day residential training/workshop on climate change for 18 LGA, 2 State Climate change Desk officers and 10 Environmental Health Officers	hall,teabreak,lunch,projector hire,stationaries, transportation, honorarium, DSA, Accommodation	State & FCT level	New-Project/Activity	EH/DPH/SM OH/MOE	HumanResourceforHealth	Health Worker Training - In-service		▲			increase capacity
4.15.21.1.b	A 2-day supportive supervisory visit of 5 officers to 360 (20 per LGA) selected private and public health facilities across the 18 LGAs.	Transportation ,DSA, Accommodation, stationery	State & FCT level	New-Project/Activity	EH/DPH/SM OH/ESPHC DA/HMA	HumanResourceforHealth	Technical Supportive Supervision		▲		▲	improvement in waste management

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
4.15.21.1.c	Collaboration with HMA and EDSPHCDA to conduct one day training of 200 health care workers in Edo South on proper health care waste management	hall , facilitators, tea break ,lunch, projector hire,public address system ,stationaries,transportation,	State & FCT level	New-Project/Activity	EH/DPH/SMOH/ESPHCDA/HMA	HumanResourceforHealth	Health Worker Training - In-service			▲		capacity building on waste management
4.15.21.2	Establish and resource the Nigeria Climate Health Coordination Committee (domiciled in the Climate Change Division -DPH-FMOHSW) and TWG to ensure the effective implementation of climate initiatives across health programmes											
4.15.21.2.a	Quarterly meeting of 18 LGA, 2 State climate change desk officers and 10 Environmental Health Officers	hall, transportation, DSA,	State & FCT level	New-Project/Activity	EH/LGA/DPH/SMOH/MOE	HumanResourceforHealth	Health Worker Training - In-service	▲	▲	▲	▲	
<b>Strategic Enabler One: Data Digitization (HSSB)</b>												
1.16.22.1	Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs											
1.16.22.1.a	Bi-annual Health Data Governance Committee Meeting of 50 members	Hall,Tea break, Lunch,DSA, projector, Barner,Printing of Agenda, transportation	State & FCT level	On-going Project/Activity	SM&E Officer/ Programme M&Es	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop		▲		▲	Schedule and conduct two meetings within the year, achieving a 90% attendance rate of 50 members at each.
1.16.22.1.b	2-Days Quaterly Health Data Consultative Commette Meeting of 100 members	Hall,Tea break, Lunch,DSA, projector, Barner,Printing of Agenda, transportation	State & FCT level	On-going Project/Activity	SM&E Officer/ Programme M&Es	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Successfully hold four quarterly meetings throughout the year, engaging at least 75% of the 100 members in each.
1.16.22.2	Review, update, and adapt strategic documents on HIS to support monitoring and evaluation of health sector plans and interventions											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.22.2.a	Inauguration of 30 members Monitoring and Evaluation Technical Working Group to review, update and adapt strategic document on HIS to support monitoring and evaluation of health sector plans and interventions.	Transportation, Tea break, Lunch, Hall, Projector, Printing agenda	State & FCT level	New-Project/Activity	SM&E Officer/ Programme M&Es	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Conduct the inauguration ceremony for the 30-member group within the first month of the year.
1.16.22.2.b	Monthly 30 members Monitoring and Evaluation Technical Working Group Review Meeting	Transportation, Tea break, Lunch, Hall, Projector, Printing agenda	State & FCT level	New-Project/Activity	SM&E Officer/ Programme M&Es	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Hold 12 review meetings throughout the year, achieving at least 80% member participation in each.
1.16.22.3	Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data											
1.16.22.3.a	3-Day monthly identification of facilities and LGHAs with data quality issues based on data from the DHIS2 platform		State & FCT level	On-going Project/Activity	EDSPHCDA, DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Complete identification of all target facilities and LGHAs with significant data quality issues.
1.16.22.3.b	One-off development of integrated assessment checklist to be deployed to 18 LGHA M & E officers and 497 facility managers (OICs)		State & FCT level	On-going Project/Activity	EDSPHCDA, DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Finalized draft of the integrated assessment checklist.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.22.3.c	1-Day training of accessors on the use of the integrated assessment checklist to be administered to 18 LGHA M & E Officers and 497 facility managers	Hall, Transport, Projector, Tea break, Lunch, PAS, DSA	State & FCT level	On-going Project/Activity	EDSPHCDA, DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Successfully conducted the training for all accessors on the use of the checklist.
1.16.22.3.d	10-Day Integrated assessment in the identified facilities and LGHAs across the 18 LGAs and the 192 wards with technical support provided to the M & E officers and facility managers on the proper entry of data on the DHIS2 platform	Transport, DSA	State & FCT level	On-going Project/Activity	EDSPHCDA, DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲	▲	Complete integrated assessment in all identified facilities and LGHAs.
1.16.22.3.e	Production of the 15 different 2019 NHMIS Data Tools for 1528 health facilities	printing of NHMIS 2019 data tools, loading and offloading, truck hire	State & FCT level	On-going Project/Activity	SM&E/ Programme M&Es	Infrastructure and Equipment	Research and Development	▲	▲	▲	▲	Acquire and distribute 15 different NHMIS data tools to 1528 health facilities by the end of the first quarter.
1.16.22.3.f	2-Day Training of 20 State and 180 LGA personnel on DHIS2 Navigation and use for Improved data accessibility	Hall, Tea break, Lunch, Transportation, DSA, internet	Local Government level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Technical Assistance/Consulting/Professional Services			▲		Conduct training for 200 personnel within the first half of the year, ensuring at least 90% attendance.
1.16.22.3.g	2-Day Training of 1528 Facility staff on National Health Management Information System	Hall, Tea break, Lunch, Transportation, DSA	State & FCT level	On-going Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲			Complete training for 1528 health facility staff by the end of the year, achieving at least



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	(NHMIS) forms by 36 state and 18 lga M&Es											80% participation.
1.16.22.3.h	5-day Quarterly Data Validation by 3 supervisors across the 18LGA	transportation, DSA ,local transportation	Local Government level	On-going Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	Complete four data validation exercises across 18 LGAs by the end of the year.
1.16.22.3.i	5-Day Bi-annual Integrated Supportive Supervision to Health Facilities by 12 supervisors across the 18LGA	DSA, local transportation	Local Government level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Monitoring and Evaluation		▲		▲	Conduct two supportive supervision visits within the year, covering at least 50% of health facilities in each visit.
1.16.22.3.j	Monthly Data Quality Assesment by 3 supervisors across the 18LGA	DSA, local transportation	Local Government level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	Implement and complete 12 monthly assessments throughout the year, achieving assessments in at least 80% of targeted facilities.
1.16.22.3.k	procurement of vehicle for routine supportive supervision	H+ilux	State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Infrastructure and Equipment	Other Machinery and Equipment	▲				Operational vehicle procured for easy of movement in monitoring health intervention
1.16.22.3.l	1 Stakeholders meeting by 10 Officers to introduce the use of ICD-11 for classification and coding of disease.	Small Hall, Stationery, and Tea(3-star)	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				ICD-11 reviewed for hospitals use

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.22.3.m	Purchase of ICD-11 software and Hard copy	Printing of ICD11	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Number of persons trained
1.16.22.3.n	5 day training and retraining of 20 Medical Records/Health Information Management and other Medical officers on the use of ICD-11	Tea(3-star), Stationery, lunch(3-star), Local Transport, Projector Hire, Federal/State consultant, large Hall	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Number of persons trained
1.16.22.3.o	5 day training and retraining of 20 Medical Records/Health Information Management on the use of DHIS2	Tea(3-star), Stationery, lunch(3-star), Local Transport, Projector Hire, Federal/State consultant, large Hall	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Number of persons trained
1.16.22.3.p	Monitoring and evaluation of the use of ICD-11 and DHIS2 tool	Local Transport, DTA, Stationery	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Training
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											
1.16.22.4.a	5-day Bi-annual Training of the 70 health records personnel on the manual application of ICD 11 to classify disease for research	Hall, Tea break, Lunch, Transportation, DSA	State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		Complete four training sessions, with all 70 health records personnel participating by the end of the year.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.22.4. b	5-day Bi-annual Training of the 70 health records personnel on the electronic application of ICD 11 to classify disease for research	Hall, Tea break, Lunch, Transportation, DSA, internet subscription	State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		Successfully conduct four training sessions for the electronic application of ICD-11 by the end of the year.
1.16.22.4. c	Procurement of the paperbased ICD-11 manual for use in HMA	paperbased ICD-11 manual	State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Infrastructure and Equipment	Research and Development		▲			Finalize procurement of 100 copies of the paper-based ICD-11 manual by the end of the first quarter.
1.16.22.4. d	Procurement of the electronic copies of ICD-11 manual for use in Secondary and Tertiary Health facilities	electronic copies of ICD-11 manual	State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Infrastructure and Equipment	Research and Development			▲		Purchase and distribute electronic copies to all secondary and tertiary health facilities by the end of the year.
1.16.22.4. e	Procurement of 40 computers and router (35 secondary facilities and 5 M&E officers in the state) for Medical record keeping in HMA and secondary health facilities for implementation of HIE and ICD-11	desktop computer, laptop, router	State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Infrastructure and Equipment	Other Machinery and Equipment		▲			Complete procurement and installation of 40 computers and routers by the end of the year.
1.16.22.6	Establish standards for Health Information Exchange											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.22.6.a	2-Day Training of 1528 all Health Facility(private and public) staff on DHIS2 digitalization reporting by 36 state and 18 lga M&Es	Hall,Tea break, Lunch, Transportation ,DSA, internet subscription	Local Government level	New-Project/Activity	SM&E/ Programme M&Es	InfrastructureAndEquipment	Research and Development				▲	Conduct the training for 1528 facility staff by the end of the year, ensuring at least 80% participation.
1.16.22.6.b	Provision of Monthly internet data subscription for all 1528 Health facility(private and public)	internet subscription	Local Government level	New-Project/Activity	SM&E/ Programme M&Es	InfrastructureAndEquipment	Research and Development	▲	▲	▲	▲	Timely reporting of health Data
1.16.22.7	Strengthen data analysis and use for decision making											
1.16.22.7.a	Perform monthly data extraction from DHIS2 to capture updated facility and LGHA data by the M & E officers within the Department of Planning, Research and Statistics, EDSPHCDA		State & FCT level	On-going Project/Activity	EDSPHCDA , DPRS	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲				Complete the data extraction for the period in view.
1.16.22.7.b	Carry out monthly routine data cleaning to validate the collected data reflecting LGHA and facility data		State & FCT level	On-going Project/Activity	EDSPHCDA , LGHA M & E Officers/DPRS	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Finalize the data validation for each reporting period and submit a data quality report.
1.16.22.7.c	Conduct quarterly trend analysis of specific key health indicators using the DHIS2 platform and the EdoDiDa platform		State & FCT level	On-going Project/Activity	EDSPHCDA , DPRS	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Complete the trend analysis for the quarter and present findings for informed decision making

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.22.7.d	Organize a 1-day review meeting to discuss analysis and accompanying action plans with program officers, M & E officers and facility managers to be done every quarter	Transport, tea break, projector, lunch, PAS, Hall	State & FCT level	On-going Project/Activity	EDSPHCDA, DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Hold at least, one data review meeting with stakeholders with actionable recommendations.
1.16.22.7.e	3-Day monthly supportive supervisory visits and follow up action plans with the 18 LGHA M & E Officers	Transport, DSA	State & FCT level	On-going Project/Activity	EDSPHCDA, DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Successfully conduct the supportive supervision of facility and LGHA compliance with action plans developed
1.16.22.7.f	1-Day LGHA Monthly statistics meeting with all program officers, MoHs', LIOs, DSNOs, M & E officers and all other program officers within the LGHAs	Transport, lunch, stipend, data subscription	Local Government level	On-going Project/Activity	EDSPHCDA, MOH, Partners	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Data validation completed and data errors identified immediately corrected
1.16.22.7.g	Periodic development of Data Use Cases		State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲	▲	▲	▲	Develop and publish six data use cases by the end of the year (one every two months).
1.16.22.7.h	2-Days Training on data analysis and Visualization for 36 M&Es from SMoH, PHCDA, HMA AND EDHIC	Hall, Transportation, Tea break, Lunch, DSA, Softwares, Projector	State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲			Conduct the training for 36 M&Es within the year, with at least 80% participation in each session.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.22.7.i	2-Days Training on Introduction of Data use learning network for 36 M&Es from SMoH, PHCDA, HMA AND EDHIC	Hall, Transportation, Tea break,Lunch,DSA, Softwares, Projector	State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Technical Assistance/Consulting/Professional Services			▲		Hold the training for 36 M&Es by the end of the year, ensuring at least 80% participation.
1.16.22.7.j	1 day meeting with 10 participant to design internal data collection tool to capture secondary healthcare data	Federal/state consultant, meeting room, lunch (3-star), stationary.	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Minutes of engagement
1.16.22.7.k	2 day residential capacity building on advanced data analysis and presentation for 32 staff across the 3 senatorial zone for 2 quarter (16 per quarter).	federal/state consultant, stationary, local transport, tea (3-star) and lunch(3-star), projector, public address system and small hall.	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	Attendance of those who attended the training
1.16.22.7.l	3 officers TO carry out DQA to Monitor and evaluate Data quality and entry across 3 Senatorial Zone( 1 officer per zone)	local Transport, DTA, Stationery, lunch (3-star)	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	3 hospitals per zone monitored
1.16.22.7.m	1 day quarterly review meeting by 20 officers on policy formulation.	meeting room, lunch (3-star), stationary	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	number of policy formulated
1.16.22.8	Data sharing and dissemination of health information											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.22.8.a	5-Day collection and validation of monthly data from both public and private health facilities (500+) in the LGHAs	Data bundle	State & FCT level	On-going Project/Activity	EDSPHCDA, DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Data validation completed and gaps identified and plugged
1.16.22.8.b	2-Day Stakeholders meeting to identify key communication channels, develop, approve and implement a communication strategy for information dissemination for 40 persons	Hall, Transport, Projector, Tea break, Lunch, PAS, DSA, Lead consultant, Printing and dissemination of strategy	State & FCT level	On-going Project/Activity	EDSPHCDA, DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Communication strategy document finalized and approved.
1.16.22.8.c	2-Day collaborative workshop with IT and data teams to design dashboard and scorecard templates for the collection and visualization of data of the facilities and LGHAs for 60 persons	Hall, Transport, Projector, Tea break, Lunch, PAS, DSA, Lead consultant, Data bundle	State & FCT level	On-going Project/Activity	EDSPHCDA, DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Program dashboard and scorecard templates finalized and ready for deployment.
1.16.22.8.d	3-Day Integration of priority health data sets into health platform by the M & E officers in the State and LGHAs	Hall, Transport, Projector, Tea break, Lunch, PAS, DSA, Lead consultant, Data bundle	State & FCT level	On-going Project/Activity	EDSPHCDA, DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Integration of priority data sets completed.
1.16.22.8.f	Production of 100 copies each quarterly Health Bulletins	Development and Printing of Bulletin	State & FCT level	New-Project/Activity	SM&E Officer/ Programme M&Es	Infrastructure and Equipment	Research and Development	▲	▲	▲	▲	Complete and distribute 320 copies of Health Bulletins (80 copies quarterly) by the end of the year.

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
<b>1.16.22.9</b>	Optimized DHIS2 and Strengthen infrastructure capacity to support the health information system											
<b>1.16.22.9.a</b>	Planned biquarterly routine maintenance of IT infrastructure, laptops, desktops and tablets in the 18 LGHAs	IT support staff, computer technician	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	EDSPHCDA, ICTA,	Infrastructure And Equipment	Other Machinery and Equipment	▲	▲	▲	▲	IT infrastructure maintained and fully functional
<b>1.16.22.9.b</b>	One-off procurement of IT infrastructure for 192 facility managers across the 18 LGHAs in the state	Laptops, tablets, data subscription	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA, ICTA, Partners	Infrastructure And Equipment	Other Machinery and Equipment		▲			IT infrastructure successfully procured
<b>1.16.22.10</b>	Strengthen human resources for health capacity for data management and health information system support											
<b>1.16.22.10.a</b>	3-Day training of 10 Agency M & E Officers and 18 LGHA M & E Officers on HIS skillsets	Hall, tea break, lunch, stationeries, transport, DSA, data subscription, projector, PAS	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA, SMoH, ICTA	Human Resource for Health	Health Worker Training - In-service		▲		▲	M & E Officers effectively trained on HIS skillsets
<b>1.16.22.10.b</b>	1-Day monthly supportive supervision and on the job training for agency and LGHA M & E Officers with the provision of technical support	Transport, DSA, data subscription	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	EDSPHCDA, SMoH, ICTA	Human Resource for Health	Technical Supportive Supervision	▲	▲	▲	▲	Technical support provided for the M & E officers
<b>1.16.22.10.c</b>	A day meeting of the 10 Programme M&Es to Define the scope and objectives of the assessment of human resources for data management (e.g., skills in data collection, analysis, and reporting).	lunch, stationery	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SM&E Officer/ Programme M&Es	Human Resource for Health	Health Worker Training - In-service	▲				Assessment Tool identified



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.22.10.d	Develop/update and deploy assessment tools (e.g., surveys, interviews) to capture skillsets and gaps in data management, analytics, and reporting. For 10 days	DSA	State & FCT level	New-Project/Activity	SM&E Officer/ Programme M&Es	HumanResourceforHealth	Health Worker Training - In-service	▲				Skill Gaps identified
1.16.22.10.e	Analyze findings and produce a report with recommendations for addressing skill gaps.	Stationery	State & FCT level	New-Project/Activity	SM&E Officer/ Programme M&Es	HumanResourceforHealth	Health Worker Training - In-service	▲				Draft training roadmap, aligned with identified needs and HIS priorities.
1.16.22.10.f	Design/update database of customized self learning HIS contents based on requirement		State & FCT level	New-Project/Activity	SM&E Officer/ Programme M&Es	HumanResourceforHealth	Health Worker Training - In-service		▲			Certificatified and upskilled data management and HIS support staff.
1.16.22.10.g	Partner with local and international agencies for open-source materials and customized and integrate blended learning options.		State & FCT level	New-Project/Activity	SM&E Officer/ Programme M&Es	HumanResourceforHealth	Health Worker Training - In-service		▲			Certificatified and upskilled data management and HIS support staff.
1.16.22.10.h	Ensure integration with existing HIS/HR systems and set protocols for regular updates		State & FCT level	New-Project/Activity	SM&E Officer/ Programme M&Es	HumanResourceforHealth	Health Worker Training - In-service			▲		Centralized database of training and self-learning resources.
1.16.22.10.i	Select and prepare an accessible platform for hosting interactive self-paced modules.	software linsense	State & FCT level	New-Project/Activity	SM&E Officer/ Programme M&Es	HumanResourceforHealth	Health Worker Training - In-service			▲		Established online interective hub created
1.16.22.11	Support the monitoring, evaluation, research and learning of the HIS and broader health system											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.22.11.a	Aggregate data from multiple sources such as routine health reports, surveys, and administrative records to provide a holistic view of the state's health.		State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Monitoring and Evaluation	▲				Quick access to Health Data
1.16.22.11.b	Review standardized reporting formats, ensuring the data is submitted at appropriate intervals (daily, weekly, monthly, quarterly, annually)		State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Monitoring and Evaluation		▲			Daily data reporting roadmap
1.16.22.11.c	Gather data from health programs and facilities to analyze performance and identify gaps in HSSB implementation and prepare comprehensive reports from the reviews to inform stakeholders about the progress and areas needing improvement.	leverage on TWG	State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Monitoring and Evaluation	▲				Proper tracking of the implementation of the HSSB
1.16.22.11.d	Engage external Health assessment expert to conduct an unbiased and thorough evaluation of the strategy's implementation and impact based on defined metrics to measure outcomes	Consultant	State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Monitoring and Evaluation	▲				Proper tracking of the implementation of the HSSB

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	expected from the strategic blueprint to guide the end-term evaluation..											
1.16.22.11.e	Evaluate the performance of the HIS/M&E system against international benchmarks (e.g., completeness, timeliness, and accuracy of data) ensuring adherence to best practices and identifying gaps and create improvement plans.		State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Monitoring and Evaluation	▲				<ul style="list-style-type: none"> <li>Assess Data Quality and System Functionality.</li> <li>Feedback and Improvement Plan</li> </ul>
1.16.23.1	Establish/strengthen digital health governance structure and coordination at all levels											
1.16.23.1.a	Bi-Annual State wide Health Facility Mapping for 5 days by 54 M&Es	DSA, local transportation	State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Monitoring and Evaluation		▲		▲	data collection and verification of health facility locations and services across the state within the designated 5-day period, ensuring full coverage by the 54 M&E officers.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.23.1. b	Strengthening State own databases and creation of dashboards for visualizing health data	Visualization Expert, Computers, Screen and Softwares	State & FCT level	New-Project/Activity	SM&E/ EdoDiDa	Program Management and Administration	Other Programme Management & Administration n.e.c			▲		Dashboards that visualize health data, offering real-time insights into key performance indicators (KPIs) such as service delivery and facility readiness.
1.16.23.1. c	Develop/update/review standardized framework and toolkit to assist State in establishing digital health units, including role definitions, infrastructure requirements, and operational guidelines.	Stationery	State & FCT level	New-Project/Activity	SM&E/ EDODiDa	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			standardized framework and toolkit to all States, providing clear guidelines on role definitions, infrastructure needs, and operational procedures for establishing digital health units.
1.16.23.1. d	Organize 5 days capacity-building workshops for 18 State health officials and designated desk officers on digital health management, focusing on governance, data security, and system interoperability.	Hall, teabreak, lunch, transport	State & FCT level	New-Project/Activity	SM&E/ EdoDiDa	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			capacity-building workshop, ensuring that participants are trained on governance, data security, and interoperability in digital health management.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.23.1.e	Establish a monitoring and evaluation (M&E) system to track the progress of each State's digital health unit, ensuring compliance with national standards and providing continuous support.	Stationery	State & FCT level	New-Project/Activity	SM&E/EdoDiDa	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Quarterly evaluation, providing feedback on their progress and areas needing improvement to align with national standards.
1.16.23.1.f	Organize Monthly coordination meetings or forums to facilitate collaboration, knowledge sharing, and alignment of priorities among stakeholders.	liverage on TWG metings	State & FCT level	New-Project/Activity	SM&E/EdoDiDa	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Coordination meeting with key stakeholders and documenting outcomes that align health sector goals with digital health priorities.
1.16.23.1.g	Develop a shared digital health roadmap that aligns goals, timelines, and resource commitments across stakeholders to streamline multisectoral cooperation.		State & FCT level	New-Project/Activity	SM&E/EdoDiDa	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			publish the shared digital health roadmap, agreed upon by all stakeholders, with clearly defined goals, timelines, and commitments for multisectoral collaboration.
1.16.23.1.h	Map current digital health investments and activities to key health sector priorities, identifying any gaps or overlaps in funding or initiatives.		State & FCT level	New-Project/Activity	SM&E/EdoDiDa	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				digital health investments mapping to identify key gaps and overlaps in funding, ensuring alignment with health sector priorities

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.23.1.i	Host bi-monthly stakeholder review sessions to assess how well digital health investments are aligned with evolving health sector needs, making adjustments as necessary.	leverage on HDGC	State & FCT level	New-Project/Activity	SM&E/EdoDiDa	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Coordination meeting with key stakeholders and documenting outcomes that align health sector goals with digital health priorities.
1.16.23.1.j	Coordinate with States and digital health units to gather input and ensure alignment with national strategy priorities when drafting the annual workplans.		State & FCT level	New-Project/Activity	SM&E/EdoDiDa	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			draft of the annual workplans, incorporating input from digital health units to ensure consistency with national digital health strategy goals.
1.16.23.1.k	Set clear objectives, deliverables, and timelines for each digital health activity, ensuring they are measurable and tied to specific outcomes within the national digital health strategy.		State & FCT level	New-Project/Activity	SM&E/EdoDiDa	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			revised digital health activity plan for the year
1.16.23.1.l	Establish a review and approval process for workplans, ensuring they are vetted by relevant stakeholders and are feasible in terms of available resources and timelines.		State & FCT level	New-Project/Activity	SM&E/EdoDiDa	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			review and approval process for annual workplans, ensuring that all workplans are validated by key stakeholders and are realistic based

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
											on available resources.	
<b>1.16.23.2</b>	Regulate deployment and implementation of digital health interventions to ensure alignment to established national standards											
<b>1.16.23.2.a</b>	Conduct a state-wide audit of health facilities using or planning to implement EMR systems and develop a compliance dashboard for real-time monitoring for 5 days	DSA,local transportationortation	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SM&E Officer/ Programme M&Es	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲				Number of private health facilities using EMR mapped out
<b>1.16.23.2.b</b>	Create a standardized reporting tool for facilities to self-report compliance with national digital health regulations.		<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SM&E Officer/ Programme M&Es	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop		▲			Private health prationers adoption of the standard EMR requirement
<b>1.16.23.2.c</b>	2 Day meeting to Develop accreditation process for 10 digital health vendors and solution providers to enable only certified vendors to implement EMR and digital health solutions.	tea break, lunch, local transport	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SM&E Officer/ Programme M&Es	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop		▲			Vendors of EMR alinged to the required standard
<b>1.16.23.2.d</b>	Train desk officers and compliance task forces(18) on monitoring, enforcement, and reporting tools for 2 days	hall,tea break, lunch, local transport	<b>State &amp; FCT level</b>	<b>New-Project/Activity</b>	SM&E Officer/ Programme M&Es	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲				Capacity of desk officers built EMR compliance

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.23.2.e	Conduct monthly spot checks with a 18 task force and provide technical support to address compliance gaps.	DSA,	State & FCT level	New-Project/Activity	SM&E Officer/ Programme M&Es	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Gaps in EMR compliance identified and technical support rendered
1.16.23.2.f	Host quarterly meetings with 5 administrators and 25 stakeholders to review compliance and share best practices.	lunch, stationery	State & FCT level	New-Project/Activity	SM&E Officer/ Programme M&Es	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Best practices shared among stakeholders
1.16.23.2.g	Conduct bi-annual assessments of digital health investments to ensure alignment with state and national priorities.		State & FCT level	New-Project/Activity	SM&E Officer/ Programme M&Es	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	EMR systems aligned with the standard practice
1.16.23.2.h	Use DHIS2 to track the progress of digital health interventions and ensure compliance with national standards.		State & FCT level	New-Project/Activity	SM&E Officer/ Programme M&Es	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Quick access to health event data reported
1.16.23.3	Develop an enterprise architecture to facilitate interoperability of data systems and applications within the health sector and beyond to facilitate HIE											
1.16.23.3.a	Establish a multidisciplinary team to oversee the development and implementation of enterprise architecture aligned with national guidelines.	lunch, honorarium	State & FCT level	New-Project/Activity	SM&E Officer/ DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Quality, relevance, and accessibility assessment of current data assets to determine what needs improvement



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.23.3. b	Map existing digital health applications and data systems in Edo State to identify gaps and opportunities for improving interoperability.		State & FCT level	New-Project/Activity	SM&E Officer/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				architecture blueprint for data standardization, ensuring alignment with global health standards
1.16.23.3. c	Adapt national standards to create specific guidelines for Edo State, ensuring they address local challenges and promote interoperability		State & FCT level	New-Project/Activity	SM&E Officer/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Publish and disseminate the finalized data dictionary
1.16.23.3. d	Design a comprehensive blueprint for the National Digital Health Platform Architecture, detailing key components and data exchange protocols tailored for Edo State.	leverage on TWG	State & FCT level	New-Project/Activity	SM&E Officer/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲	▲	▲	▲	Quality, relevance, and accessibility assessment of current data assets to determine what needs improvement
1.16.23.3. e	Conduct 2 day training sessions for 54 healthcare staff on new standards and pilot selected digital health applications to test interoperability in real-world settings.	Hall, Transportation, Tea break,Lunch,DSA, Softwares, Projector	State & FCT level	New-Project/Activity	SM&E Officer/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲			architecture blueprint for data standardization, ensuring alignment with global health standards

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.23.3.f	Establish metrics for evaluating implementation, while organizing regular forums for stakeholder feedback and alignment with the National HIE recommendations.	leverage on TWG	State & FCT level	New-Project/Activity	SM&E Officer/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				architecture blueprint for data standardization, ensuring alignment with global health standards
1.16.23.3.g	Implement DHIS2 for standardized data collection and reporting across digital health systems.	leverage on HDGC	State & FCT level	New-Project/Activity	SM&E Officer/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲			DHIS2 data platforms adopted
1.16.23.4	Implement interoperable digital health systems that facilitates health information exchange (HIE)											
1.16.23.4.a	Review the enterprise Data Assets		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Collaborate with Digital Agency and partners to design and finalize standard data collection forms that align with HIS platform requirements.
1.16.23.4.b	Develop a Data standization Architecture	leverage on TWG	State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Data centralization in line with state strategic "single source of truth" data governance strategy
1.16.23.4.c	Develop/Update of data dictionary		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Advanced data visualization skills for data collectors and M&E

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.23.4.d	Standardize/update Data Collection by developing standard forms and tools.		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Advanced data visualization skills for data collectors and M&E
1.16.23.4.e	Centralization of all Data Sources with DHIS2 on the EDSG Datacentre in partnership with ICTA and EdoDDA		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Data centralization in line with state strategic "single source of truth" data governance strategy
1.16.23.4.f	Explore Data Analytics support and collaborations with EdoDiDA through scheduled analytics trainings and upskilling for data collectors and M&Es		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Advanced data visualization skills for data collectors and M&E
1.16.23.4.g	Conduct Cybersecurity and Data Protection Assessment with ICTA		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Data security and privacy audit reports
1.16.23.5	Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness											
1.16.23.5.a	5-Day assessment to understand 700 HCW skills and readiness for adoption and implementation of interventions	Transport, DSA	State & FCT level	New-Project/Activity	EDSPHCDA, SMoH, ICTA	Human Resource for Health	Health Worker Training - In-service		▲			Assessment successfully conducted with findings and proposed action plans developed
1.16.23.5.b	Evaluate healthcare workers' current skills and readiness for adopting digital health		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Planning, Policy and Capacity Building	▲				Health care workers upskilled on digital literacy

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	interventions to identify training needs.						Workshop					
1.16.23.5.c	Create a comprehensive curriculum for a health workforce digital literacy program including DHIS2 tailored for both pre-service and in-service staff.		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Health care workers upskilled on digital literacy
1.16.23.5.d	Facilitate interactive workshops and seminars to provide hands-on experience with digital health applications and foster collaboration among healthcare providers.		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Health care workers upskilled on digital literacy
1.16.23.5.e	Promote the prioritization and recruitment of health information professionals in government roles		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Health care workers upskilled on digital literacy
1.16.23.5.f	Encourage ongoing learning by offering certifications or incentives for healthcare providers who complete digital health training programs.		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		Health care workers upskilled on digital literacy

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.23.5.g	Establish metrics to evaluate the impact of training programs on healthcare workers' performance and adjust the curriculum based on feedback and outcomes.		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Health care workers upskilled on digital literacy
1.16.23.6	Procure and expand Infrastructure for digitizing the health system											
1.16.23.6.a	5-Day evaluation and assessment exercise to identify and define minimum infrastructure and computing requirements for the 497 primary health care facilities in the State	Transport, DSA	State & FCT level	New-Project/Activity	SM&E/ ICT	Infrastructure and Equipment	ICT Equipment, Software and Connectivity	▲				Complete provision of data entry resources/equipment for optimized data entry equipment requirements
1.16.23.6.b	Procure and distribute according to computing needs identified	Laptops, tablets, data subscription, transport	State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Infrastructure and Equipment	ICT Equipment, Software and Connectivity	▲				One functioning server collected from ICT
1.16.23.6.c	Procurement of 1500 computers and router	computer, router	Local Government level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Conduct the training for 1500 health facility managers within the year, with at least 80% participation in each session

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.23.6.d	Provision a dedicated server	Server	State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲			Finalize an infrastructure gap analysis report for all health facilities, detailing minimum requirements per facility type.
1.16.23.6.e	3 day digital Literacy training for 1500 facilities manager in the 18LGA's	Hall, Transportation, Tea break,Lunch,DSA, Softwares, Projector	State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲			Publish a set of minimum infrastructure and computing standards for health facilities, aligned with digital health goals.
1.16.23.6.f	Conduct a comprehensive assessment of existing infrastructure across all levels of the health system to identify gaps and establish minimum requirements for each facility type.		State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲			Complete the design of a standardized digital health package, including essential equipment, focusing on sustainability.
1.16.23.6.g	Develop a set of minimum infrastructure and computing standards tailored to the specific needs of various health facility types, ensuring they support the intended digital health interventions.		State & FCT level	New-Project/Activity	SM&E/ ICT	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Establish formal partnerships with ICTA, telecoms, private sector, and NGOs, securing resource commitments for infrastructure.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.23.6.h	Design a standardized digital health intervention package that includes necessary equipment and tools, prioritizing services that enhance local ownership and sustainability		State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Roll out the procurement process, acquiring and distributing digital health tools and software per the defined standards.
1.16.23.6.i	Build and strengthen collaborations with key stakeholders, including the ICTA, telecommunications companies, private sector partners, and NGOs, to mobilize resources and support for infrastructure development.		State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Technical Assistance/Consulting/Professional Services			▲		Create a real-time M&E framework and dashboard to track infrastructure development progress and outcomes using DHIS2
1.16.23.6.j	Implement a clear procurement strategy to acquire the defined digital health equipment and software, ensuring alignment with local needs and compliance with national standards.		State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Create a real-time M&E framework and dashboard to track infrastructure development progress and outcomes using DHIS2
1.16.23.6.k	Create a monitoring and evaluation framework to assess the implementation and impact of the infrastructure expansion, ensuring it		State & FCT level	New-Project/Activity	SM&E/ ICT	Infrastructure and Equipment	ICT Equipment, Software and Connectivity	▲				Complete provision of data entry resources/equipment for optimized data entry equipment requirements

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	effectively supports digitization efforts and improves health service delivery.											
1.16.23.6.I	Leverage DHIS2 to maintain and update the national digital health registry, tracking the status of digital health interventions		State & FCT level	New-Project/Activity	SM&E/ Programme M&Es	Infrastructure and Equipment	ICT Equipment, Software and Connectivity	▲				One functioning server collected from ICT
1.16.23.7	Support innovation platform development and culture											
1.16.23.7.a	Organize regular innovation challenges to gather solutions for health system challenges		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲		▲	Launch bi-annual innovation challenges, resulting in a curated list of solutions for health system issues
1.16.23.7.b	Create a structured process to evaluate and select innovative ideas from submissions		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Establish a formal evaluation process, producing a shortlist of high-potential innovations after each challenge.
1.16.23.7.c	Collaborate to create a platform for sharing successful health sector innovations and best practices.		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Develop and launch an online platform to disseminate successful innovations and best practices in the health sector.



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.23.7.d	Foster collaboration between healthcare professionals, tech agencies such as EdoDiDA, and NGOs for co-development of innovations.		State & FCT level	New-Project/Activity	SM&E/ EdoDiDa	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Formulate collaborative partnerships between healthcare professionals, EdoDiDA, NGOs, and tech agencies, securing co-developed innovation projects.
1.16.23.7.e	Implement campaigns and training sessions to encourage creative problem-solving among healthcare workers.		Local Government level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services			▲		Conduct creative problem-solving campaigns, supported by hands-on workshops that engage healthcare workers across facilities.
1.16.23.7.f	Use DHIS2 to assess the effectiveness of innovation initiatives and gather insights on their impact on health service delivery		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲			Integrate DHIS2 for tracking innovation outcomes, providing real-time insights into the impact on health service delivery.
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											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.16.23.8.a	Perform annual, midterm, and end-term reviews of the National Digital Health Strategy to assess progress and identify areas for improvement		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲		▲	Annual, midterm, and end-term reviews conducted with reports on progress and gaps.
1.16.23.8.b	Support the development and maintenance of a national digital health registry to track the status and growth of digital health interventions.		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services		▲		▲	National digital health registry developed and updated regularly.
1.16.23.8.c	Define and implement KPIs to measure the effectiveness and impact of digital health initiatives		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲	▲	▲	▲	KPIs defined and tracked to measure digital health initiative impact.
1.16.23.8.d	Organize feedback sessions with 30 stakeholders to discuss findings from evaluations and inform strategy adjustments.	Hall, Transportation, Tea break, Lunch, DSA, Projector	State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲	▲	▲	▲	Quarterly stakeholder feedback sessions held to refine strategies.
1.16.23.8.e	Create comprehensive reports on the monitoring and evaluation outcomes to share with relevant stakeholders and inform future planning.		State & FCT level	New-Project/Activity	SM&E/DPRS	Program Management and Administration	Technical Assistance/Consulting/Professional Services				▲	Monitoring and evaluation reports created and shared with stakeholders

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
<b>Strategic Enabler Two: Financing (HSSB)</b>												
2.17.24.1	Adopt lumpsum approval approach for aggregate activities based on annual workplan in line with approved budget.											
2.17.24.1.a	Advocacy Visit to relevant Stakeholders for lumpsum approval for aggregate activities capture in the annual workplan	Lunch, Local Transport, Stationaries	State & FCT level	On-going Project/Activity	DPRS	Direct Intervention Cost	Other	▲				Increased budget Execution rate
2.17.24.2	Strengthen oversight for monitoring and reporting of health sector budget utilization including quarterly AOP reports.											
2.17.24.2.a	Generation of quarterly budget execution and utilization report	Communication, Printing, Stationaries	State & FCT level	New-Project/Activity	DPRS	Direct Intervention Cost	Other		▲			3 Quarterly Reported generated
2.17.24.3	Engage relevant stakeholders to ensure timely cash backing of the health sector budget.											
2.17.24.3.a	One Day Inauguration of 30 Man Health Financing Technical Working Group	Lunch, Local Transport, Stationaries,	State & FCT level	New-Project/Activity	DPRS	Direct Intervention Cost		▲				HCF TWG successfully inaugurated
2.17.24.3.b	Quarterly Health Financing TWG Meeting Involving 30 Members	Lunch, Local Transport, Stationaries,	State & FCT level	On-going Project/Activity	DPRS	Direct Intervention Cost			▲	▲	▲	3 Meetings successfully held
2.17.24.4	Strengthen health financing evidence generation and use											
2.17.24.4.a	Quarterly Conduct of Resource Mapping and Expenditure Tracking Across Health MDAs	Research Assistant, Data Collection Tool, DSA	State & FCT level	New-Project/Activity	DPRS	Direct Intervention Cost	Other	▲	▲	▲	▲	4 QUARTERLY RESOURCE MAPPING CONDUCTED

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
2.17.24.4. b	Annual Conduct and Domestication of State Health Account Study	Consultant, Facilitators, Data Collectors, Accommodation, DTA, Flight	State & FCT level	New-Project/Activity	DPRS	DirectInterventionCost	Other				▲	NHA HEALTH DOMESTICATED
2.17.24.5	Develop a sector wide health system investment case.											
2.17.24.5. a	A One day engagement meeting with relevant stakeholders to develop the Health Sector Investment case	Lunch, Local Transport, Stationaries	State & FCT level	On-going Project/Activity	DPRS/DFA	DirectInterventionCost	Other		▲			Health System Investment Case developed and Disseminated
2.17.24.6	Increase resource mobilization for the health sector											
2.17.24.6. a	Advocacy visit to the SSG on the need to increase resources mobilization for the health sector	Lunch, Local Transport	State & FCT level	On-going Project/Activity	DPRS	DirectInterventionCost	Other	▲				Advocacy visit carried out and the THE was increased as a percentage of GDP
2.17.24.6. b	Engagement meeting with Budget Office for increase in Health Budget	Lunch, Local Transport	State & FCT level	On-going Project/Activity	DPRS	DirectInterventionCost	Other		▲			Engagement meeting held
2.17.24.6. c	Advocacy to companies operating the state to contribute through CSR initiatives that support health programs, such as funding clinics, providing vaccines, or supporting maternal and child health services.	Lunch, Local Transport	State & FCT level	On-going Project/Activity	DPRS	DirectInterventionCost	Other			▲		Advocacy visit to selected companies in Edo State to support health programs & Initiative was successfully held

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
<b>2.17.24.7</b>	Support the translation of policy priorities into the health budget at the national and sub-national levels and in consonance with the consolidated workplans											
<b>2.17.24.7.a</b>	3 Day Capacity Building for Planning Team	Banner, Hall, Tea Break, Lunch, Local Transport, DSA	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	DPRS	Direct Intervention Cost	Other		▲			Capacity of Planning team built
<b>2.17.24.7.b</b>	Health Sector AOP Alignment with the Annual Budget	Lunch, Local Transport	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	DPRS/DFA	Direct Intervention Cost	Other			▲		AOP Aligned with the Annual budget
<b>Strategic Enabler Three: Culture and Talent (HSSB)</b>												
<b>3.18.26.5</b>	Promote career advancement opportunities to reinforce the value of high performance by linking performance to rewards and promotions.											
<b>3.18.26.5.a</b>	Carry out promotion activities, advancement, confirmation/inter-cadre transfer (Prepared briefs for eligible officers and forwarded to the Civil Service Commission and committee sitting for consideration of eligible officers)	Cartridge for printing, A4 paper, pen, refreshment, honorarium	<b>State &amp; FCT level</b>	<b>On-going Project/Activity</b>	DSS	Program Management and Administration	Other Programme Management & Administration n.e.c	▲		▲		Officers due for promotion, advancement, confirmation, and intr cadre transfer are duly promoted and confirmed.
<b>Strategic Pillar One: Effective Governance (Non-HSSB)</b>												
<b>1.1.1</b>	Conduct Inspection, registration, monitoring, auditing and supervision of all categories of health facilities as well as traditional medicine establishments											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.1.1.a	Conduct a 4-day refresher training for 35 Participants to improve efficiency and capacity of RMD Team on regulation and monitoring based on global best practices	Tea break Lunch Transport honourarium writing materials	State & FCT level	New-Project/Activity	DRM	Human ResourceforHealth	Health Worker Training - In-service	▲				DRM Staff trained
1.1.1.b	25 inspectors and 6 securities to conduct 14-days per Quarter inspection to health facilities for the purpose of registration	Transportation DTA Security Lunch	State & FCT level	On-going Project/Activity	DMS/DMLS/DNS/DPS/D MERS/DDS/DRM	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	More health facilities registered
1.1.1.c	15 Enforcers and 6 securities to conduct 6-Days per Quarter enforcement exercise to non-compliant facilities	Transportation, DTA, Security, Lunch	State & FCT level	On-going Project/Activity	DMS/DMLS/DNS/DPS/D MERS/DDS/DRM	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	Reduction in Quackery
1.1.1.d	25 Officers and 6 securities to conduct 66-Days per Quarter monitoring exercises to health facilities for the purpose of compliance	Transportation, DTA, Security, Lunch	State & FCT level	On-going Project/Activity	DMS/DMLS/DNS/DPS/D MERS/DDS/DRM	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	Improved Compliance of health facilities to standards
1.1.1.e	Conduct comprehensive inspections and accreditation of at least 5 new health facilities across the state, biannually	Data subscription, vehicle, DTA, Phone tablets, airtime, refreshment, photography, fuelling per litre, security	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation		▲		▲	Successfully complete inspections and accreditations for 5 new health facilities by the end of each biannual period.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.1.1.f	Ensure the accreditation and reaccreditation process of healthcare facilities is completed with the signage of at least 5 contractual agreements, bi-annually	Data subscription, vehicle, DTA, Phone tablets, airtime, refreshment, photography, fuelling per litre, security	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation		▲		▲	achieve the signing of 5 contractual agreements for accreditation and reaccreditation by the end of each biannual period.
1.1.1.g	Training and re-training of 25 relevant stakeholders to manage inspections, accreditation and monitoring biannually.	Federal/state consultant, medium hall, projector, Tea (4/5 star), accommodation, honorarium, media coverage, public address system, sitting allowance, Data subscription, airtime, refreshment, photography,	State & FCT level	On-going Project/Activity	EDHIC	Human Resource for Health	Technical Supportive Supervision	▲		▲		Complete training and re-training sessions for 25 relevant stakeholders by the end of each training cycle.
1.1.1.h	Implement quarterly quality assessments, monitoring & evaluation, monitoring and enforcement of health facilities to ensure compliance and maintain healthcare standards, targeting 25% of accredited facilities per quarter.	Data subscription, vehicle, DTA, Phone tablets, airtime, refreshment, photography, fuelling per litre, security	State & FCT level	On-going Project/Activity	SMoH, EDHIC, HMA	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	successfully conduct quality assessments and evaluation for at least 25% of accredited facilities each quarter, ensuring compliance with healthcare standards.
1.1.2	Improve regulatory activities by decentralization of operations of the Regulation and Monitoring Division of the ministry of health											
1.1.2.a	Provision of One Regulation and Monitoring zonal offices in Edo North and Central including staffing, furnishing, equipment,	Office renovation for R&M activities stationeries, projector, printer, Chairs, Tables, window blind, Smart Tvs and photocopiers	State & FCT level	New-Project/Activity	DRM	Infrastructure and Equipment	Facility Infrastructure - Renovation			▲		Set up of functional Zonal Offices

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	and all relevant working tools and SOPs											
1.1.2.b	Conduct a 4-day residential Training of 14 newly deployed staff to the zonal offices on effective monitoring and enforcement of standards at health facilities by 4th Quarter	Tea Break,, Lunch, DTA, Transport and writing materials	State & FCT level	On-going Project/Activity	DRM	Human ResourceforHealth	Health Worker Training - In-service				▲	Well trained staff deployed to the ZOs
1.1.2.c	Conduct comprehensive inspections and accreditation of at least 5 new health facilities across the state, biannually	Data subscription, vehicle, DTA, Phone tablets, airtime, refreshment, photography, fuelling per litre, security	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation		▲		▲	Successfully complete inspections and accreditations for 5 new health facilities by the end of each biannual period.
1.1.2.d	Ensure the accreditation and reaccreditation process of healthcare facilities is completed with the signage of at least 5 contractual agreements, bi-annually	Data subscription, vehicle, DTA, Phone tablets, airtime, refreshment, photography, fuelling per litre, security	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation		▲		▲	chieve the signing of 5 contractual agreements for accreditation and reaccreditation by the end of each biannual period.
1.1.2.e	Training and re-training of 25 relevant stakeholders to manage inspections, accreditation and monitoring biannually.	Federal/state consultant, medium hall, projector, Tea (4/5 star), accommodation, honorarium, media coverage, public address system, sitting allowance, Data subscription, , airtime, refreshment, photography,	State & FCT level	On-going Project/Activity	EDHIC	Human ResourceforHealth	Technical Supportive Supervision	▲			▲	Complete training and re-training sessions for 25 relevant stakeholders by the end of each training cycle.



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.1.2.f	Implement quarterly quality assessments, monitoring & evaluation, monitoring and enforcement of health facilities to ensure compliance and maintain healthcare standards, targeting 25% of accredited facilities per quarter.	Data subscription, vehicle, DTA, Phone tablets, airtime, refreshment, photography, fuelling per litre, security	State & FCT level	On-going Project/Activity	SMoH, EDHIC, HMA	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	successfully conduct quality assessments and evaluation for at least 25% of accredited facilities each quarter, ensuring compliance with healthcare standards.
1.1.3	Implement quality Management system framework											
1.1.3.a	Develop quality management system framework for clinical and non-clinical processes		State & FCT level	On-going Project/Activity	EDSPHCDA /SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				SOPs developed
1.1.3.b	Distill QMS framework to the LGHAs and facilities		Local Government level	On-going Project/Activity	EDSPHCDA /MOHs	Program Management and Administration	Other Programme Management & Administration n.e.c		▲	▲		LGHAs and facilities adopted SOPs and frameworks
1.1.3.c	conduct a 5-days residential training for 40 Participants on Quality Management system for medical laboratory scientist in both private and public health facilities	Tea break, lunch, facilitator, accommodation-per diem, stationeries, local transport, hall and transport	State & FCT level	New-Project/Activity	DMLS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		Quality Assurance and Skill sets developed
1.1.3.d	conduct an online survey for 500 medical laboratory scientists on the concept and principles of QMS	Lunch	State & FCT level	New-Project/Activity	DMLS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	Availability of Pool of Lab Scientists with QMS knowledge and practices

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.1.3.e	Organize and conduct a 4-day residential training for 35 DRM Staff and selected Facility personnel meetings on CPR/BLS programme	Tea break, Lunch, Transport, Accommodation, Per Diem, consultant Fees	State & FCT level	On-going Project/Activity	DMS/DMLS/DNS/DPS/D MERS/DDS/DRM	Human Resource for Health	Planning and Capacity Building Workshop			▲		Availability of Pool of trained HF personnel and DRM Staff on life saving skills
1.1.3.f	Conduct 1-day stakeholders meeting on the development of SOPs (20 participants)	Federal/State Consultant, Meeting Room, Local Transport and stationery.	State & FCT level	New-Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				2 Documents
1.1.3.g	Develop SOPs for 16 departments.	Federal/State Consultant, Projector, Stationary, Tea(3-star), Lunch(3-star), Local Transport.	State & FCT level	New-Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Paste the SOP in the 16 department.
1.1.3.h	Set up TQM to monitor compliance in the different hospitals and Board head quarter.		State & FCT level	New-Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				15-man committee set-up to monitor the SOP
1.1.3.i	Perform a comprehensive quality assessment of all current policies, processes and practices in EDOHIS, biannually.	Data Subscription, Airtime, refreshment, photography, sitting allowance	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲			▲	Complete a full quality assessment of current policies, processes, and practices in EDOHIS by the end of Q1 and Q4.
1.1.3.j	Develop at least 2 key policies covering critical areas such as patient care, clinical outcomes, data management, and facility maintenance by the end of Q4, 2025.	State consultant, printing	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	Draft and finalize at least 2 essential policies on patient care, clinical outcomes, data management, and facility maintenance by Q2 and Q4

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.1.3.k	Initiate 5 CQI projects targeting identified areas for improvement from the quality assessment by the end of 2025.	Data subscription, renovation, test kits, consumables, health products, transportation, media coverage	State & FCT level	On-going Project/Activity	EDHIC	Infrastructure and Equipment	Facility Infrastructure - Renovation		▲		▲	Launch Continuous Quality Improvement (CQI) projects addressing key gaps identified in the quality assessment in each senatorial district.
1.1.3.l	Review of quality assessment tools and making necessary adjustments biannually	Federal/state consultant, projector, sitting allowance, Tea, Lunch, Data subscription	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation	▲			▲	Complete the review and necessary adjustments of quality assessment tools by the end of Q1 and Q2
1.2.1	Mark International days and weeks											
1.2.1.a	Develop and implement a detailed schedule to successfully plan and execute at least 10 international health days by the end of the year for 50 Participants	tea break, lunch, banners, TV/Radio jingles, media, T-shirt, stationeries, handbills	State & FCT level	On-going Project/Activity	DMS/DMLS/DNS/DPS/D MERS/DDS/DRM	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Improved Public sensitization and awareness of the various International Health Days
1.2.1.b	Organize and collaborate with relevant stakeholders to conduct 1 community outreach and engagement event for each international health day to raise awareness and promote health messages.	tea break, lunch, banner, TV/Radio jingles, media, DJ/Sound, T-shirt, stationeries, handbills	State & FCT level	On-going Project/Activity	DMS/DMLS/DNS/DPS/D MERS/DDS/DRM	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Improved Public sensitization and awareness of the various International Health Days

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.2.1.c	Produce documentary of 40 years of TMB existence	Documentary production, Media coverage	State & FCT level	On-going Project/Activity	TMB	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		Boards 40 years of existence documentary produced
1.2.1.d	Organise a one day public lecture and symposium	Large hall, Refreshment, Honouraria, Media coverage, ATMD brochure, Tags,	State & FCT level	New-Project/Activity	TMB/MOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		Successful execution of the Boards second ATMD lecture
1.2.1.e	To conduct a one-day health walk with TMPs	Branded T-Shirts and Caps, Herring DJ/Music band, Banner, Media coverage	State & FCT level	New-Project/Activity	TMB/WHO	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		Health walk success
1.2.1.f	Publish a TMB ATM Day Brochure	TMB ATM Day Brochure	State & FCT level	New-Project/Activity	TMB	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		Commemorative book produced
1.2.1.g	Carry out a 7day media/publicity campaign	TV jingle, Radio jingle, Banners, Transport local, fliers, Live Tv Show, Live Radio Show	State & FCT level	New-Project/Activity	TMB	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		campaign carried out
1.2.1.h	Confer award to ten (10) distinguished traditional medicine practitioners/outstanding contributors to traditional medicine practice in the State	Award design and production	State & FCT level	New-Project/Activity	TMB	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		Award Presentations to awardees
1.2.1.i	Organize 5 educational campaigns in conjunction with at least 6 major international	Large hall Media coverage Publicity material Honorarium	State & FCT level	On-going Project/Activity	SMoH, EDHIC	Program Management and Administration	Planning, Policy and Capacity Building	▲	▲	▲	▲	Complete educational campaigns for all 6 international health

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	health days (e.g., World Health Day, World AIDS Day).	Refreshments					Workshop					days by the end of the year.
1.2.1.j	Launch 2 social media campaign highlighting the significance of each international health day.	Media coverage Influencer Fee	State & FCT level	On-going Project/Activity	SMoH, EDHIC	Program Management and Administration	Information Education and Communication (IEC)	▲	▲	▲	▲	Launch targeted social media campaigns highlighting the significance of each health day by 2 weeks prior to each observance.
1.2.2	Setup and operationalize advisory groups, TWGs, committees and advocacy groups as necessary											
1.2.2.a	set up and operationalize 6 committees/TWG made up of 10 members to improve the regulation of health facilities and services	Stationeries, transportation, and lunch	State & FCT level	On-going Project/Activity	DMS/DMLS/DNS/DPS/D MERS/DDS/DRM	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Improved regulatory coordination of Health facilities
1.2.2.b	World Oxygen Day-October 2 celebration		State & FCT level	New-Project/Activity	Oxygen Desk	Program Management and Administration	Planning, Policy and Capacity Building Workshop				▲	
1.2.2.c	Mass Rally	T-Shirt, DJ, Banner, Lunch, Media Coverage, Flyer	State & FCT level	New-Project/Activity	Oxygen Desk	Program Management and Administration	Planning, Policy and Capacity Building Workshop				▲	
1.2.2.d	Mass sensitization/media coverage	Media coverage	State & FCT level	New-Project/Activity	Oxygen Desk	Program Management and Administration	Planning, Policy and Capacity Building Workshop				▲	

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
1.2.3	Develop, adopt and roll out laws, policies, guidelines, code of conduct and standard operating procedures necessary for the optimum functioning of the health sector											
1.2.3.a	Domestication of human resource for health policy	Transport, Tea, Lunch, Consultant, Stationery, Printing	State & FCT level	On-going Project/Activity	DPRS/SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲	▲	Policy document develop
1.2.3.b	Conduct a 5-days training for 35 staffs of RMD on the reviewed and developed approved health sector laws, policies, and SOPs by 1st Quarter	Tea break, consultant, stipends and Lunch	State & FCT level	New-Project/Activity	DMS/DMLS/DNS/DPS/D MERS/DDS/DRM	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				DRM Policies, guidelines, and laws in place and up to-date
1.2.3.c	Conduct a 3-day training to scale up the capacity of 2 dental focal persons, 15 DRM Staff, and 18 selected personnel from HFs on the new state oral health policy and activation of Committee to step down national oral health policy to the 18LGAs	local transport, transport, stipends, and Lunch	State & FCT level	New-Project/Activity	DMS/DMLS/DNS/DPS/D MERS/DDS/DRM	Program Management and Administration	Planning, Policy and Capacity Building Workshop				▲	State Oral health policy in line with current national oral policy in place
1.2.3.d	Organize and conduct a 4-day residential stakeholder training meetings on CPR/BLS programme for 35 Participants	Tea break, Lunch, Transport, Accommodation, Per Diem, consultant Fees	State & FCT level	On-going Project/Activity	DMS/DMLS/DNS/DPS/D MERS/DDS/DRM	Human Resource for Health	Planning and Capacity Building Workshop			▲		Capacity of DRM Staff built on Life Saving Skills
1.3.1	Identify, engage, establish and maintain necessary partnerships with all categories of stakeholders in the health sector as well as engage with citizens to engender increased community participation											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.3.1.a	Conduct quarterly stakeholders' meetings to harmonize plans for improved health practices for 35 Participants From relevant stakeholders in the various department in the Division	Local transport, transport, stipends, Data and Lunch	State & FCT level	On-going Project/Activity	DMS/DMLS/DNS/DPS/D MERS/DDS/DRM	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	An efficient, effective and integrated workforce and HRH
1.3.1.b	Draw up a list of possible 10 stakeholders		State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				list of identified possible stakeholders
1.3.1.c	conduct stakeholders analysis and engage 5 with the highest score	meeting Room, and Tea(3-star)	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Attendance of stakeholders engaged
1.3.1.d	Conduct 2 day free cancer screening for 1000 participants across the 3 senatorial district. (breast, prostate and cervix)	lead consultant, Small Hall, Tea(3-star), Printing of T-shirts, acetic acid bottle, Pack of latex gloves, Pack of Mask, syringes, Biohazard bags, Pack of EDTA container.	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				celebration of world cancer day
1.3.1.e	3 day training and retraining of 20 health care workers on cervical cancer screening with VIA.	lead consultant, small hall, Tea(3-star), Projector, Stationary, local transport, lunch (3-star).	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	Attendance of trained health workers

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.3.1.f	Conduct a comprehensive mapping of relevant stakeholders and collaborators in the health sector, including state and non-state actors biannually	Printing, small hall, refreshments	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	Complete the mapping of all relevant health sector stakeholders, including state and non-state actors, by the end of Q1.
1.3.1.g	Organize at least 4 community forums or workshops to discuss health issues and gather input from citizens, targeting a minimum of 100 participants at each event.	Honorarium, Small hall Publicity materials Refreshments	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Information Education and Communication (IEC)	▲	▲	▲	▲	Successfully organized and conducted 4 community forums or workshops, each engaging a minimum of 100 participants, by the end of the year.
1.3.1.h	Conduct bi-annual evaluations and collect feedback from stakeholders and community members to measure the effectiveness of partnerships and engagement activities.	Printing	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation		▲		▲	Complete bi-annual evaluations and collect feedback from stakeholders and community members by the end of each evaluation cycle.
1.3.2	Quarterly data review meeting for RMNCEAH+N											
1.3.2.a	Quarterly data review meeting for RMNCEAH+N services	Meeting room, Refreshment	State & FCT level	New-Project/Activity	EDSPHCDA /SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Quarterly meeting held



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.3.2.b	conduct quarterly data review meetings with stakeholders with 35 Participants from RMNCEAH+N	local transport, transport, Data and Lunch	State & FCT level	On-going Project/Activity	DMS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Quality and timely regulatory data available
<b>Strategic Pillar Two: Efficient, Equitable and Quality Health system (Non-HSSB)</b>												
2.4.1	Enhance sustainability by implementing better risk management practices, counterpart funding and reinsurance											
2.4.1.a	Organize a 3-day staff training with the 497 facility managers on utilizing the risk management framework and reinsurance policy.	Hall, transport, DSA, PAS, tea-break, lunch, projector hire	State & FCT level	On-going Project/Activity	EDSPHCDA, SMoH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Trained facility managers on risk management framework and reinsurance policy utilization.
2.4.1.b	Conduct a 1-day stakeholders' engagement to establish a counterpart funding mechanism and secure commitments on counterpart funding.	Hall, transport, PAS, tea-break, lunch, projector hire	State & FCT level	On-going Project/Activity	EDSPHCDA, SMoH	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				Stakeholder's engagement conducted.
2.4.2	Quarterly SOC and Gateway Forum meetings on the BHCPF's performance.											
2.4.2.a	Conduct a 1-day quarterly performance review meeting with the 146 facility managers of BHCPF facilities.	Hall, transport, data subscription, projector hire, stipend, PAS	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Quarterly review meeting conducted.
2.4.2.b	Conduct a bi-annual 3-day integrated supervision to monitor the implementation of post-review action	Transport, DSA, data subscription, stationery	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Monitoring and Evaluation		▲		▲	Integrated supervision carried out.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	plans.											
2.4.2.c	Collect, analyze performance data and develop reports related to the BHCPF before each meeting.	Software license fee /Training Printing	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	Comprehensive performance reports are prepared and distributed before each meeting, providing insights into the progress and challenges related to BHCPF implementation.
2.4.2.d	Document the minutes of each meeting and create an action plan based on discussions.	SOC fee, Refreshments	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Detailed meeting minutes and an actionable plan are produced after each meeting, outlining responsibilities and timelines for addressing discussed issues.
2.4.2.e	Evaluate at least 80% of action items completed before the next quarterly meeting.	Field work stipend Communication costs Printing	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	Regular progress reports are generated, showing that at least 80% of action items from previous meetings have been completed or are in progress before the subsequent quarterly meeting.

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
2.4.3	To encourage and increase up-take of the Edo State Health Insurance Scheme											
2.4.3.a	Launch a multi-channel awareness campaign to inform the public about EDOHIS benefits and enrollment procedures.	Media coverage, publicity materials, local transport	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Information Education and Communication (IEC)	▲	▲	▲	▲	By the end of Q4 2025, increase EDOHIS enrollment inquiries by 50% through a targeted awareness campaign across radio, TV, social media, and print channels.
2.4.3.b	Organize quarterly community engagement events to promote EDOHIS and facilitate on-the-spot registrations.	Publicity materials, medium hall, refreshments, DTA, Media coverage	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Information Education and Communication (IEC)	▲	▲	▲	▲	Facilitate the enrollment of at least 200 new EDOHIS members during four community events each quarter in 2025, with a minimum participation rate of 50 attendees per event.
2.4.3.c	Carry out 2 Surveys quarterly to know the current health seeking behaviour of Edo residents across the 3 senatorial districts which will help to form and implement our Marketing strategies at the Commission	Local transport, printing, DTA, field work stipend	State & FCT level	New-Project/Activity	EDHIC	Program Management and Administration	Information Education and Communication (IEC)	▲	▲	▲	▲	Complete three quarterly study tours by Q4 2025, gathering actionable insights on health-seeking behaviors to inform marketing strategies, with findings reported within 30 days of each tour.

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
2.4.4	Implement artificial intelligence (AI) and machine learning algorithms for call centres, system upgrades, data management and improve the overall efficiency of the insurance system											
2.4.4.a	By Q1 2025, implement AI-driven chatbots for customer inquiries to reduce call center workload by 30%.	Software purchase Subscription/license fees Maintenance cost Training materials, training fees	State & FCT level	New-Project/Activity	EDHIC, EDODiDa	InfrastructureAndEquipment	ICT Equipment, Software and Connectivity	▲				Automated customer support system operational, handling 30% of inquiries, reducing call center workload.
2.4.4.b	Integrate AI algorithms by Q2 2025 for efficient call routing in the call center to direct queries to the appropriate agents, reducing call wait time by 20%.	Communication costs Licensing and subscription costs	State & FCT level	New-Project/Activity	EDHIC, EDODiDa	InfrastructureAndEquipment	ICT Equipment, Software and Connectivity	▲	▲			Call routing system in place, directing queries to appropriate agents, reducing call wait time by 20%.
2.4.4.c	Implement machine learning models by Q3 2025 to automate the analysis of enrollment data, identifying trends and predicting service utilization for future periods.	State consultant ICT costs Software licenses subscription	State & FCT level	New-Project/Activity	EDHIC, EDODiDa	InfrastructureAndEquipment	ICT Equipment, Software and Connectivity	▲	▲	▲		Automated data analysis system established, predicting trends in enrollment and service utilization.
2.5.1	Improve the quality of healthcare services and ensure efficient utilization of resources by regularly monitoring and evaluating 25% of healthcare facilities in the state each quarter.											
2.5.1.a	3-Day Zonal training of HCW on quality healthcare service delivery, quality management systems, effective utilization of resources	Transport logistics, DSA, Stationeries, PAS, Hall, Tea Break, Lunch, Projector	State & FCT level	On-going Project/Activity	EDSPHCDA	ProgramManagementandAdministration	Planning, Policy and Capacity Building Workshop	▲		▲		Trained HCW on quality healthcare delivery

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.5.1.b	Set up a monitoring and evaluation framework and KPIs to effectively track these processes	Software	State & FCT level	On-going Project/Activity	EDSPHCDA /SMoH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	Developed M & E framework, KPIs and tool for assessment of quality healthcare delivery
2.5.1.c	Monitoring and Evaluation of 25% of healthcare facilities on a quarterly basis	Transport logistics, stipend for data bundle	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Monitored and evaluated healthcare facilities
2.5.1.d	Identify and select 25% of healthcare facilities in the state for quarterly monitoring, and evaluation calls	Data subscription, airtime, refreshment, photography	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	By the end of each quarter, 25% of healthcare facilities identified and scheduled for monitoring and evaluation calls
2.5.1.e	Analyze the data to produce a comprehensive report per quarter highlighting findings and recommendations.	Data subscription, printing	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	By the end of each quarter, a comprehensive report on findings and recommendations generated and reviewed.
2.5.1.f	Share the findings with relevant stakeholders and develop targeted improvement plans based on the results.	Data subscription, refreshment, projector, sitting allowance	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	Targeted improvement plans shared with stakeholders within two weeks after the quarterly report is

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
											finalized.	
2.5.1.g	Track the progress of at least 75% of facilities in implementing their improvement plans within the following quarter.	Data subscription, vehicle, DTA, Phone tablets, airtime	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation		▲		▲	By the next quarter, 75% of facilities show measurable progress in implementing improvement plans.
2.5.1.h	MDA visit to 30 MDAs every quarter for enrollees under the Formal Sector plan	Vehicle, fuelling per litre, airtime, data subscription, printing, public address system, Lunch	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	30 MDAs visited per quarter, with documented outcomes and engagement with enrollees under the Formal Sector plan.
2.5.2	20 percent increase from the previous year in the number of eligible population (poor and vulnerables enrolled in the NHIA gateway of the BHCPF by the SSHIA)											
2.5.2.a	Organize monthly community-based enrollment drives in underserved areas to educate and register 3,000 new enrollees per month across identified locations.	Refreshments, DTA, Field work stipend, Fuelling per litre, printing, publicity material	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Successfully registered 2,000 new enrollees each month through community-based drives, enhancing awareness and access to health insurance for underserved populations.
2.5.3	conduct quackery awareness survey and campaign as well as establish and roll-out of an anti-quackery surveillance network											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.5.3.a	Design and conduct a 5-Day online quackery awareness survey, reaching at least 1,000 respondents.	Lunch and data	State & FCT level	New-Project/Activity	DMLS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲		Reduction in the incidences of Quackery in health facilities operations and service deliveries
2.5.3.b	Develop and launch an anti-quackery awareness campaign quarterly across all media platforms, targeting at least 500,000 people.	Tv/radio Jingle, social media and handbills	State & FCT level	New-Project/Activity	DMLS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲	▲	▲	People aware of the ills of Quackery in the health facilities and know how to detect and report cases of Quackery
2.5.4	Non-Communicable Disease (NCD) prevention											
2.5.4.a	3-Day Training of HCWs (zonal level) on the need to identify NCD cases	Hall, Refreshment, DSA, Transport logistics, stationeries, projector, PAS	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Other Programme Management & Administration n.e.c	▲		▲		HCW trained to identify NCD cases
2.5.4.b	Awareness creation by printing hardcopy fliers for dissemination containing information about NCDs and their prevention	Design of fliers, printing of fliers, transport logistics	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Other Programme Management & Administration n.e.c		▲	▲	▲	Awareness created in communities and among stakeholders

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.5.4.c	Monitoring and Supervision of NCD activities on a monthly basis by State and LGHA teams	Transport logistics, DSA	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Other Programme Management & Administration n.e.c		▲	▲	▲	NCD activities effectively monitored and supervised across the LGHAs and facilities
2.6.1	Proper management of AEFI cases											
2.6.1.a	5-Day Sensitization and Hands-on training of 614 HCWs across the 18 LGHAs on proper AEFI documentation	Transport logistics, refreshment, Hall, Projector, PAS	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Other Programme Management & Administration n.e.c	▲		▲		HCW trained on proper AEFI documentation
2.6.1.b	Production of AEFI data tools	AEFI Data tools	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Other Programme Management & Administration n.e.c		▲		▲	AEFI data tools produced and disseminated
2.6.1.c	1-day residential Training of 36 clinicians of serious AEFI case management	Teabreak, Lunch, accommodation, small hall, projector, transport, stationeries	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Human Resource for Health	Health Worker Training - In-service	▲				36 clinicians trained
2.6.1.d	1-day Training of trainers for 62 DSNOs/ADSNOs on AEFI	Teabreak, Lunch, accommodation, Medium hall, projector, transport, stationery	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Human Resource for Health	Health Worker Training - In-service	▲				62 DSNOs/ADSNOs trained
2.6.1.e	1-day non-residential stepdown Training of Health Care workers on AEFI	Teabreak, Lunch, Medium hall, projector, transport, generator, stationery	Local Government level	On-going Project/Activity	Epid Unit, DPH	Human Resource for Health	Health Worker Training - In-service	▲				212 HCWs trained



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.6.1.f	Procurement of AEFI commodities	Paracetamol, Hydrocortisone, Adrenaline, Water for injection, Cotton wool, Syringe and needle, Normal Saline, Drip giving set, Take away pack	State & FCT level	On-going Project/Activity	Epid Unit, DPH	Direct Intervention Cost	Medicines, Commodities, and Supplies	▲				Commodities for AEFI procured
2.6.1.g	Printing of AEFI data tools	Printing	State & FCT level	New-Project/Activity	Epid Unit, DPH	Program Management and Administration	Information Education and Communication (IEC)	▲				AEFI data tools printed
2.6.1.h	Provision of budgetary allocation for management of serious AEFI	Serious AEFI case medical bill support	Local Government level	New-Project/Activity	Epid Unit, DPH	Direct Intervention Cost	Health services	▲	▲	▲	▲	Medical bill for serious AEFI supported
2.6.2	Proper waste management											
2.6.2.a	1-Day zonal hands-on training of 614 HCWs on proper waste disposal	Hall, refreshment, DSA, stationeries, projector, PAS	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Other Programme Management & Administration n.e.c		▲			Trained HCW on proper waste disposal
2.6.2.b	Establishment of two zonal cold stores in the Central and Northern zones of the State	Building infrastructure, walk in freezers, refrigerators, solar refrigerators, cold boxes, rushes, giostyles	State & FCT level	On-going Project/Activity	EDSPHCDA	Infrastructure and Equipment	Other Machinery and Equipment			▲		Establishment, set-up and functional zonal cold stores in the central and north zones with alternative solar power installed
2.6.2.c	Purchase of incinerators in these regions	Incinerators, other accessories	State & FCT level	On-going Project/Activity	EDSPHCDA	Infrastructure and Equipment	Other Machinery and Equipment			▲		Incinerators purchased and functional

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
2.6.3	Decentralization as well as planned preventive maintenance of the State cold store											
2.6.3.a	Planned preventive maintenance: Servicing of refrigerators, maintenance of solar panels, maintenance of solar refrigerators	Maintenance cost	State & FCT level	On-going Project/Activity	EDSPHCDA, DDCL, ED&L	Infrastructure and Equipment	Other Machinery and Equipment	▲	▲	▲	▲	Fully operational cold chain equipment
2.6.4	Tracking of RI defaulters											
2.6.4.a	4-day hands-on training of HCW on the proper use of RI tickler boxes	Hall, Refreshment, DSA, Transport logistics, stationeries, projector, PAS	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				HCW trained on the proper use of tickler boxes
2.6.4.b	Tracking defaulters by calling from the RI registers	Recharge card for calls	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	RI defaulters tracked
<b>Strategic Pillar Three: Unlocking Value Chains (Non-HSSB)</b>												
3.8.1	Monitoring and Supportive supervisory Visit											
3.8.1.a	Conduct a 3-day quarterly supportive supervision by state M&E officers across the 18 LGAs to monitor progress of activities.	Transport, DSA, Stationery	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	100% of health facilities would have received, at least two supportive supervisory visits by the end of Q2
3.8.1.b	Organize a 1-day training for 18 supervisors for the supportive supervision exercise	Data subscription	State & FCT level	On-going Project/Activity	EDSPHCDA	Human Resource for Health	Technical Supportive Supervision	▲	▲	▲	▲	Supervisors will be trained on offering supervisory support

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
<b>Strategic Pillar Four: Health Security (Non-HSSB)</b>												
4.10.1	Revitalize 16 Secondary Health facilities to improve access to specialized care											
4.10.1.a	Conduct need assessment for the 16 CEmONC Facilities to be upgraded.		State & FCT level	On-going Project/Activity	FMOH/SMOH	Infrastructure And Equipment	Research and Development	▲	▲	▲	▲	List of selected facilities
4.10.1.b	Upgrade Selected 16 CEmONC facilities	Renovation, Electrical System, Plumbing, HAVC, Medical Imaging, Surgical Equipments, Hospital Beds, Cardiac monitor, Electronic Health Record System and Laboratory Equipment.	State & FCT level	On-going Project/Activity	SMOH	Infrastructure And Equipment	Facility Infrastructure - Renovation	▲	▲	▲	▲	Roofing, water tank installed, electrical fittings installed
4.10.1.c	Purchase hospital equipments for selected 16 CEmONC facilities	CPAP, monitor, pulse, oximetry, Oxygen, KMC devices, Phototherapy, Radiant warmers, Ventilator, Caffeine citrate, bag and mask, suctioning, Baby Warmer, Pediatric defibrillator, Pediatric ultrasound machine, Blood Analyzer, Autoclave, Pediatric Hospital Beds, Pediatric Wheelchair, Pediatric Examination Table, Oxygen Concentration.	State & FCT level	On-going Project/Activity	FMOH/SMOH	Infrastructure And Equipment	Medical/Lab Equipment - Purchase	▲				Medical equipment installed
4.10.1.d	Employment of 80 Health Professionals across the 16 selected CEmONC facilities.	Doctors/Specialist, Nurses, Allied Health Professional, and Administrative Staff.	State & FCT level	On-going Project/Activity	FMOH/SMOH	Human Resource for Health	Health Worker Training - Pre-service	▲				50 staff employed

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
4.10.2	Deployment of third-party fiduciary agents to manage funds at the Secondary Health care level.											
4.10.2.a	Short list 5 capable Agent		State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				4 Revenue Agent selected
4.10.2.b	Call for expression of interest		State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Agreement document signed
4.10.2.c	Review expression of interest and 5 man panel conduct interview	Local Transport, tea (3-star), Stationary, lunch(3star)	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Agreement Signed
4.10.2.d	Monthly reconciliation meeting with fiduciary agents ( 6 persons)	tea(3star), Stationary	State & FCT level	On-going Project/Activity	HMA	Program Management and Administration	Technical Assistance/Consulting/Professional Services	▲				Monthly reconciliation meeting
4.11.4	Support to Project Implementation											
4.11.4.a	Office Stationeries, Internet, Communication, and Fuel	internet (Data), printers, scanner/photocopier, stapler, chairs, work station, printing paper, extension box, power surge	State & FCT level	New-Project/Activity	SMEP/DPH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				procurement of essential office resources, including stationeries, internet services, communication tools, and fuel, to support seamless program implementation

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
4.11.4.b	Office Computers, UPS	HP computer, UPS, Desktop, flash drives, laptop Dell	State & FCT level	New-Project/Activity	SMEP/DPH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲				Procurement of office Computers, UPS
4.12.1	Integrated Monthly Supervisory Visit (IMSV)											
4.12.1.a	Facilitate 1-day training for supervisors of the 18 LGAs	Data subscription	State & FCT level	On-going Project/Activity	EDSPHCDA	Human Resource for Health	Technical Supportive Supervision	▲	▲	▲	▲	Ensure that 100% of the supervisors are trained and can carry out effective monitoring activities.
4.12.1.b	Organize monthly joint supervisory visits to 497 health facilities across the 18 LGAs	Transport, DSA, stationery	State & FCT level	On-going Project/Activity	EDSPHCDA	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	Ensure that at least 50% of health facilities have received integrated supervisory visits for at least three consecutive months, by the end of Q2
<b>Strategic Enabler One: Data Digitization (Non-HSSB)</b>												
1.13.1	Strengthen the development and implementation of the Edo State research agenda as well as conduct clinical as well as operations research											
1.13.1.a	Conduct 4 operational research	DSA, transportation, Accommodation, stationaries, Publishing fee, Printing	Local Government level	New-Project/Activity	Research/ DPPRS/ SMOH	Program Management and Administration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Published and disseminated manuscript

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.13.1.d	Establish partnerships with 2 academic institutions and research organizations to design and conduct formative and implementation research projects that focuses on the effectiveness and impact of EDOHIS on healthcare delivery by Q2 2024	Consultation Fees Travel Expenses Meeting Expenses Communication Costs Research Project Funding	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲		▲		Establish at least three formal partnerships with academic institutions and research organizations by the end of Q3 2025, with signed agreements outlining collaborative research projects focused on EDOHIS.
1.13.1.e	Execute 2 surveys each quarter to gather data on health service utilization, patient satisfaction, and the impact of EDOHIS, ensuring continuous feedback and improvement in healthcare delivery.	Survey Design Costs Data Collection Costs Survey Tools/Software Incentives Data Analysis Costs Report Production	State & FCT level	On-going Project/Activity	SMoH, EDHIC	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	Complete a total of eight surveys by the end of Q4 2025, with findings analyzed and reported in quarterly review meetings to inform ongoing improvements in healthcare delivery related to EDOHIS.
1.13.1.f	Aim to publish at least two research papers in internationally renowned journals by the end of Q4, showcasing findings from the conducted research and contributing to the global body of	Journal Fees, printing	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲		▲	Successfully publish at least three research papers in internationally renowned journals by the end of Q4 2025, with each paper highlighting significant findings

Operational Plan Activities	Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)	
							Qtr 1	Qtr 2	Qtr 3	Qtr 4		
	knowledge on health insurance scheme and its impact.										from the formative and implementation research conducted on EDOHIS.	
1.14.1	Strengthen disease surveillance											
1.14.1.a	Provide monthly Transport support and Monthly phone call and data allowance for LGA Diseases surveillance officers(DSNOs) and Assistants (62) for Health facility and community active case search	Surveillance Transport support	Local Government level	On-going Project/Activity	Epidemiology Unit, Public Health Department	Program Management and Administration	Operation/utilities (overheads)	▲				62 LGA Surveillance officer Supported for ACS
1.14.1.b	Procure One(1) operational Vehicle for Disease Surveillance	Hilux	State & FCT level	New-Project/Activity	Epidemiology Unit, Public Health Department	Infrastructure and Equipment	Other Machinery and Equipment	▲				1 operational vehicle procured
1.14.1.c	Provide Fund for Monthly Fuelling and Maintenance of operational for disease surveillance	Vehicle Fuelling and Maintenance	State & FCT level	New-Project/Activity	Epidemiology Unit, Public Health Department	Program Management and Administration	Operation/utilities (overheads)	▲	▲	▲	▲	1 operational vehicle fuelled and maintained through the year
1.14.1.d	provide fund for integrated quarterly DSNOs, ADSNOs, LIO, M&E meeting	Lunch, Transport	State & FCT level	On-going Project/Activity	Epidemiology Unit, Public Health Department	Human Resource for Health	Health Worker Training - In-service	▲	▲	▲	▲	Four(4) data harmonization meeting conducted

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.14.1.e	Provide Logistics support for 2-day monthly Supportive supervision to the Health facilities across the 18 LGAs	Transport support, Accomodation	Local Government level	On-going Project/Activity	Epidemiology Unit, Public Health Department	Human Resource for Health	Health Worker Training - In-service	▲	▲	▲	▲	12 Supportive supervision to LGA conducted
1.14.1.f	Procure of 36 SORMAS tablets for 18 LGA DSNOs and ADSNOs for prompt reporting	Sormas Tablet	State & FCT level	On-going Project/Activity	Epidemiology Unit, Public Health Department	Infrastructure and Equipment	ICT Equipment, Software and Connectivity	▲				36 SORMAS tablets procured
1.14.1.g	Conduct a 3-days non-residential training of 15 members of staff on event based surveillance	Tea break, lunch, transport, honourarium, air ticket, terminal 4 Legs, accomodation, DSA	State & FCT level	New-Project/Activity	Epidemiology Unit, Public Health Department	Human Resource for Health	Health Worker Training - In-service	▲				15 personnel trained on event based surveillance
1.14.2	Food Hygiene and Safety											
1.14.2.a	20- day Enumeration/Registration on exercise of 1000 food premises for baseline data by 5 officers and 3 Adhoc staff	Stationaries, transportation, Stipends for Adhoc staff, DSA	State & FCT level	On-going Project/Activity	EH/DPH/SMOH	Program Management and Administration	Monitoring and Evaluation	▲				Availability of data on food premises
1.14.2.b	Training of 500 food handlers and vendors in regulated on food hygiene and safety	Hall, stationaries, tea break, lunch, public address system, honourarium for facilitator and projector	State & FCT level	New-Project/Activity	EH/DPH/SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			Reduction in food borne diseases



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.14.2.c	Collaboration with Ministry of Agriculture and Food Security to conduct one day training 100 abattoir/slaughter houses and operators on meat hygiene and safety standard in line with Public Health Law/Guidelines	Hall,stationaries, tea break,lunch ,public address system,honorarium for facilitator and projector,	State & FCT level	New-Project/Activity	EH/DPH/SM OH/MOA	Program Management and Administration	Planning, Policy and Capacity Building Workshop			▲		Adherence to meat hygiene and safety standards
1.14.2.d	Conduct 10- day monthly Inspection visit of 5 officers to food premises for compliance/enforcement	Transportation, production of abatement notice, Production of Medical Certificate of Fitness for food handlers, printing of demand notices	State & FCT level	On-going Project/Activity	EH/DPH/SM OH	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	Increase in compliance rate
1.14.2.e	Quarterly meeting of 20 stakeholders (NAFDAC, Ministry of Agriculture and Food Security, Ministry of Health, Market Associations, private organisations etc.) on food safety and food adulteration	Hall, transportation	State & FCT level	New-Project/Activity	EH/DPH/SM OH/MOA	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	Increases stakeholders involvement
1.14.2.f	Conduct A 5-day quarterly verification visit of 5 officers to food and regulated premises to ensure compliance with food hygiene and safety standards	Transportation,	State & FCT level	On-going Project/Activity	EH/DPH/SM OH	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	High compliance to food hygiene and safety standards

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.14.2.g	A 2-day quarterly monitoring visit of 20 persons to major markets to prevent food adulteration in collaboration with NAFDAC, SON, CPC and Ministry of Agriculture and Food security	Transportation	State & FCT level	New-Project/Activity	EH/DPH/SMOH/MOA	Program Management and Administration	Monitoring and Evaluation	▲	▲	▲	▲	Increase public awareness on food adulteration
1.14.2.h	Celebration of World Food Hygiene and Safety Day	Public Address System, T-Shirt, Banner, Fliers, Lunch	State & FCT level	On-going Project/Activity	DPH/SMOH/MOA	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			increase public awareness/sensitization on food hygiene and safety
1.14.3	Scale up oxygen availability, quality, administration and management across the State											
1.14.3.a	Quarterly meeting of the State Oxygen Forum (35 members)	Tea break, Lunch, Transport, Projector, PAS	State & FCT level	New-Project/Activity	State Oxygen Desk	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲	▲	▲	▲	
1.14.3.b	A 2-day non residential training of 220 Health care worker ( 90 from PHC, 105 from Secondary, 25 from Tertiary HF) in the 3 senatorial zones of the State, on Hypoxaemia management	Tea break, Lunch, Transport, Projector, Hall, Stationery, State level Consultant,	State & FCT level	New-Project/Activity	State Oxygen Desk	Human Resource for Health	Health Worker Training - In-service	▲				

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.14.3.c	A 2-day residential training of 80 BMEs/Ts ( 40 from PHC, 35 from Secondary, 5 from Tertiary HFs) from the 3 senatorial zones of the State, on oxygen equipment repair	Tea break, Lunch, Transport, Projector, Hall, Stationery, DS A (without transportation and Accommodation), Accommodation. State level Consultant	State & FCT level	New-Project/Activity	State Oxygen Desk	Human Resource for Health	Health Worker Training - In-service	▲				
1.14.3.d	Supervision/assessment visit by State team to oxygen production sites/plants in the State (4)-Biannual visits	Transport, Lunch	State & FCT level	New-Project/Activity	State Oxygen Desk	Human Resource for Health	Health Worker Training - In-service	▲			▲	
1.14.3.e	Production of 1000 calendar and 5,000 flyers on and hypoxaemia and oxygen use	Calendar, Flyer	State & FCT level	New-Project/Activity	State Health Promotion unit	Program Management and Administration	Planning, Policy and Capacity Building Workshop	▲				
1.14.3.f	Health facilities oxygen inventory and use assessment (35 Secondary HFs, 5 Tertiary HFs, and 90 PHCs)	Lunch, Transport, DTA (without transportation and accommodation), Accommodation	State & FCT level	New-Project/Activity	State Oxygen Desk	Program Management and Administration	Other Programme Management & Administration n.e.c	▲			▲	
1.14.3.g	Procurement 200 pulse oximeters, 200 oxygen gauge for distribution to health facilities across the State.	Pulse oximeter	State & FCT level	New-Project/Activity	Procurement unit	Infrastructure and Equipment	Medical/Lab Equipment - Purchase	▲				

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1.14.3.h	Last mile delivery of oxygen equipment to health facilities at the LGA	Vehicle hire, DTA (without transportation and accomodation), Accomodation	State & FCT level	New-Project/Act ivity	LMCU	ProgramMa nagementan dAdministrat ion	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	
<b>Strategic Enabler Two: Financing (Non-HSSB)</b>												
2.15.1	Develop a predefined plan and shipping routes and schedules for shipment of specimens from peripheral collection sites to the Hub that aligns with the existing networks											
2.15.1.a	6 Officers to conduct a 5-day comprehensive assessment and mapping of existing specimen transport networks to identify gaps and areas for optimization in the 3 senatorial District	Transport, lunch DTA and local transport	State & FCT level	On-going Project/Act ivity	DMLS SMOH	ProgramMa nagementan dAdministrat ion	Planning, Policy and Capacity Building Workshop	▲				Efficient and effective sample transfer
2.15.1.b	To conduct 2 hybrid stakeholder meetings with 20 Participants to gather input from transport providers, laboratory staff, and hub managers on the proposed routes and schedules.	data, lunch,	State & FCT level	New-Project/Act ivity	DMLS SMOH	ProgramMa nagementan dAdministrat ion	Planning, Policy and Capacity Building Workshop		▲		▲	Efficient and effective sample transfer
2.15.2	Procure sample shipment infrastructures and commodities											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.15.2.a	Procure 10 Packs of each EPDs/other priority disease medical laboratory consumables Quarterly for Emergency response to Disease Outbreak	Cotton wool, Methylated spirit, swab stick, ames transport medium, caryblair medium and large, lancets, EDTA, plain, syringes 2 and 5 MLS, falcon tubes, cryovials, oxidase strip, Alkaline peptone water, thiosulphate citrate bile salt sucrose agar, triple sugar iron agar, sodium deoxycholate,	State & FCT level	New-Project/Activity	DMLS SMOH	Infrastructure And Equipment	Medical/Lab Equipment - Purchase	▲	▲	▲	▲	Procured sample shipment consumables
2.15.3	Develop essential Laboratory management Information system (LMIS) tools as well as develop supervision schedules and SOPs for the LMIS process											
2.15.3.a	Organize and conduct a 5-day residential training session for 60 laboratory personnel in both private and public Medical Laboratory Facilities on Laboratory Management Information Service Tool (LMIS)	Venue, facilitators, Tea break, Lunch, accomodation per diem, stationeries, DTA, hall	State & FCT level	New-Project/Activity	DMLS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop		▲			DMLS Staff proficient in the use of LMCU Tools and SOPs
2.15.3.b	6 Officers to conduct a pilot test of the newly developed LMIS tools in 1 Facility in each Senatorial to evaluate the functionality and make improvements.	Transport, DTA, Local Transport, lunch	State & FCT level	New-Project/Activity	DMLS SMOH	Program Management and Administration	Monitoring and Evaluation			▲		LMCU Tool deployed and functional

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
2.15.3.c	4 officers to conduct a 2-day annual review of the LMIS tools and SOPs by the end of the year, incorporating feedback to improve the system for the following year.	Lunch, Data	State & FCT level	New-Project/Activity	DMLS SMOH	Program Management and Administration	Planning, Policy and Capacity Building Workshop				▲	Feedback with use of the LMCU tools received for tool review
<b>Strategic Enabler Three: Culture and Talent (Non-HSSB)</b>												
3.17.1	Strengthen routine health data collation and reporting to 100%.											
3.17.1.a	Development of Apps and App roll out stakeholders engagement to make data collection, analysis, storage and operations/programming at DRM easier	Tea Break Lunch App Consultant Fee	State & FCT level	New-Project/Activity	DRM	Infrastructure and Equipment				▲		Apps developed and operational
3.17.1.b	Annual Subscription for SafeCare Health facilities quality assessment Tool for DRM	Annual Subscription Fees	State & FCT level	New-Project/Activity	DRM	Infrastructure and Equipment	Research and Development	▲				Improved HF standards
3.17.1.c	Conduct a 3-Day training for 20 DRM Staff on Safecare quality assessment tool	Tea Break Lunch Transport training material Airticket Consultant Fee, DSA	State & FCT level	New-Project/Activity	DRM	Human Resource for Health	Health Worker Training - In-service		▲			Capacity of DRM Staff built on the use of Safecare assessment tool
3.18.1	Develop training schedule and conduct capacity building of personnel at all levels of healthcare delivery											

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
3.18.1.a	To conduct a 2-day training session every Quarter for 40 staff of the Regulation and Monitoring Division	Venue, facilitators, Tea break, Lunch, stationeries	State & FCT level	New-Project/Activity	DMS/DMLS/DNS/DPS/D MERS/DDS/DRM	HumanResourceforHealth	Health Worker Training - In-service	▲	▲	▲	▲	Skill Development
3.18.1.b	Sponsor 20 staff of Regulation and Monitoring for a 5-day compulsory continuous professional development and workshops	Transportation, DSA (GL 7-12), DSA (GL 17), flight ticket, Registration fee, Local transport	State & FCT level	On-going Project/Activity	DMS/DMLS/DNS/DPS/D MERS/DDS/DRM	HumanResourceforHealth	Health Worker Training - In-service	▲	▲	▲	▲	Skill Development
3.18.1.c	Assess the skills and knowledge gaps of healthcare personnel and create a comprehensive training schedule that addresses identified needs by the end of Q1.	Phone Interview, Printing	State & FCT level	On-going Project/Activity	EDHIC	HumanResourceforHealth	Health Worker Training - In-service	▲				Completion of a comprehensive skills assessment report, identifying knowledge gaps among healthcare personnel, and approval of a detailed training schedule by the end of Q1.
3.18.1.d	Execute four targeted training programs each quarter focused on essential skills such as clinical practices, patient management, and health insurance policies, aiming for 80% participation from relevant personnel.	Training Materials Facilitator Fees Venue Rental Equipment Rental Refreshments Marketing/Communications	State & FCT level	On-going Project/Activity	EDHIC	HumanResourceforHealth	Health Worker Training - In-service	▲	▲	▲	▲	Successful delivery of at least four targeted training programs per quarter, with documented attendance reflecting at least 80% participation from relevant personnel.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
3.18.1.e	Conduct post-training evaluations for each program to assess effectiveness and gather feedback, facilitating continuous improvement of capacity-building efforts.	Training Material Facilitator Fees Venue Rental Equipment Renta Refreshments Marketing/Communications	State & FCT level	On-going Project/Activity	EDHIC	HumanResourceforHealth	Technical Supportive Supervision		▲		▲	Completion of post-training evaluations for each training program, with analysis and reporting of findings shared with stakeholders within two weeks after each training session, informing continuous improvement strategies.
3.18.1.f	Training and retraining	Refreshment	State & FCT level	On-going Project/Activity	DSS	ProgramManagementandAdministration	Other Programme Management & Administration n.e.c	▲	▲	▲	▲	Equip Officers for efficient service delivery.
3.18.1.g	Purchase of office stationery items/computer accessories, including camera.	Printer cartridge, photocopy machine cartridge, keyboard, mouse, A4 paper carton, external drive, flash.	State & FCT level	On-going Project/Activity	DSS	ProgramManagementandAdministration		▲	▲	▲	▲	Purchase of office stationery items/computer accessories.
3.18.1.h	Facilitate maintenance/repairs of office equipments.	Repair of printer and photocopier.	State & FCT level	On-going Project/Activity	DSS	ProgramManagementandAdministration		▲	▲	▲	▲	Facilitate maintenance/repairs of office equipments.
3.18.2	Promote collaborative working environment where personnels can engage with each other to build a strong team spirit											
3.18.2.a	Conduct bi-annual 2-day Team-building Workshop for 40 Regulation and Monitoring staff	Hall, facilitator, local transport, tea break, lunch, stationeries	State & FCT level	New-Project/Activity	DRM	HumanResourceforHealth	Health Worker Training - In-service	▲			▲	competence and Team spirit built



Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
3.18.2.b	Conduct a 1-day Monthly Departmental Meetings for 40 staff of Regulation and Monitoring Division	Lunch	State & FCT level	New-Project/Activity	DRM	HumanResourceforHealth	Health Worker Training - In-service	▲	▲	▲	▲	competence and Team spirit built
3.18.2.c	Organize one team-building workshops every quarter, each lasting three hours on communication, team building, and problem-solving, with at least 80% participation from staff.	Venue rental, facilitator fees, workshop materials and supplies, refreshments, and transportation.	State & FCT level	New-Project/Activity	EDHIC	HumanResourceforHealth	Health Worker Training - In-service	▲	▲	▲	▲	Successfully conduct four engaging team-building workshops each quarter, achieving at least 80% staff participation.
3.18.2.d	Schedule weekly team meetings for each department to discuss ongoing projects, aiming for at least 90% attendance and tracking participation throughout the year.	Weekly meeting refreshments, and communication costs	State & FCT level	On-going Project/Activity	EDHIC	HumanResourceforHealth	Health Worker Training - In-service	▲	▲	▲	▲	Facilitate weekly team meetings for each department, ensuring a minimum of 90% attendance throughout the year.
3.18.2.e	Plan and execute 8 social events (e.g., lunches, outings, GetFit) through out the year, with at least 70% staff participation and feedback collected after each event to measure engagement.	Venue rental, catering costs, event planning and coordination fees, transportation costs, Consummables, fliers, banners and feedback collection tools (surveys, forms).	State & FCT level	On-going Project/Activity	EDHIC	HumanResourceforHealth	Technical Supportive Supervision	▲	▲	▲	▲	Successfully host five social events throughout the year, achieving at least 70% staff participation and positive feedback.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
3.18.2.f	Develop and conduct 2 tailored external/professional training sessions for three department every quarter, focusing on skills and knowledge relevant to their specific roles, with a target of at least 50% staff attendance and a post-training evaluation to measure effectiveness.	Training fees, training materials and supplies, Transportation, DTA and refreshments.	State & FCT level	On-going Project/Activity	EDHIC	Human Resource for Health	Health Worker Training - In-service	▲	▲	▲	▲	Deliver two tailored training sessions for each department every quarter, targeting at least 80% staff attendance and receiving positive post-training evaluations.
3.18.2.g	Printing of letterheaded paper and file jackets.	letterheaded paper, file jackets	State & FCT level	On-going Project/Activity	DSS	Program Management and Administration						Printing of letterheaded paper and file jackets.
3.18.3	Procurement/repair of office equipment and operational vehicles as well as infrastructural developments											
3.18.3.a	Completion of Administrative Block, Stella Obasanjo Hospital, B/C	Completion of Administrative Block, Stella Obasanjo Hospital, B/C	State & FCT level	On-going Project/Activity	PS SMOH/EDP BMA	Infrastructure and Equipment	Facility Infrastructure - Construction	▲				Interior Work and Finishing, Inspection, Handover and opening preparation.
3.18.3.b	Completion of External Works at the College of Health Sciences, B/C	Completion of External Works at the College of Health Sciences, B/C	State & FCT level	On-going Project/Activity	PS SMOH/EDP BMA	Infrastructure and Equipment	Facility Infrastructure - Construction	▲				External infrastructure installation, Final construction of External Features, Inspection and quality assurance, Handover and Final Landscaping.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
3.18.3.c	Renovation of 6 Existing General Hospitals across the State	Renovation of 6 Existing General Hospitals across the State	State & FCT level	New-Project/Activity	PS SMOH/EDP BMA	InfrastructureAndEquipment	Facility Infrastructure - Renovation	▲	▲	▲	▲	Pre-renovation planning, Design and Procurement, Renovation phase 1, Renovation phase 11, Final Construction and Testing, Post-Renovation Activities, Post implementation review
3.18.3.d	Procurement of Medical and Non-Medical Equipment for the 18 General Hospitals to be renovated.	Medical Equipment, Non-Medical Equipment	State & FCT level	New-Project/Activity	PS SMOH/PS HMA	InfrastructureAndEquipment	Medical/Lab Equipment - Purchase	▲	▲	▲	▲	Pre-Procurement planning, Vendor selection and contracting, procurement and delivery, installation and commissioning, Final review and handover, Post-Procurement Review
3.18.3.e	Procurement of 30KVA Solar Power System for the 18 General Hospitals to be renovated	Procurement of 30KVA Solar Power System for the 18 General Hospitals to be renovated	State & FCT level	New-Project/Activity	PS SMOH/PS HMA	InfrastructureAndEquipment	Facility Infrastructure - Construction	▲	▲	▲	▲	Pre-Procurement Planning, Procurement process, Delivery and installation, Testing and Commissioning, Post-installation activities.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
3.18.3.f	Upgrade of 2 integrated warehouse and external works at Central Medical Stores	Upgrade of 2 integrated warehouse and external works at Central Medical Stores	State & FCT level	New-Project/Activity	PS SMOH	Infrastructure and Equipment	Facility Infrastructure - Construction	▲	▲			Pre-Procurement Planning, Procurement process, Delivery and installation, Testing and Commissioning, Post-installation activities.
3.18.3.g	Procurement of office appliances	Photocopiers, laptops, projectors and public address system	State & FCT level	New-Project/Activity	PS SMOH	Infrastructure and Equipment	ICT Equipment, Software and Connectivity		▲			Pre-Procurement Planning, Procurement process, Delivery and installation.
3.18.3.h	Procurement of utility Vehicles.	Hilux Van 2022 automatic transmission	State & FCT level	New-Project/Activity	PS SMOH	Direct Intervention Cost	Other		▲			Pre-Procurement Planning, Procurement process, Delivery and installation.
3.18.3.i	Complete a comprehensive needs assessment and infrastructural improvements by the end of Q1 2025 to identify required office equipment and supplies, operational vehicles, and infrastructure improvements, followed by the creation of a detailed procurement plan outlining specifications, budget estimates, and timelines.	Printing, refreshments, administrative costs, hilux, furniture	State & FCT level	On-going Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation	▲				Complete the comprehensive needs assessment and create a detailed procurement plan for office equipment, operational vehicles, and infrastructure improvements by the end of Q1 2025.

Operational Plan Activities		Cost Items	Level of Implementation (Utilization)	Status of Implementation	Stakeholder / Key Responsible Entity	Activity Category	Activity Sub-Category	Timeframe				AOP Implementation Milestones (Activity Output)
								Qtr 1	Qtr 2	Qtr 3	Qtr 4	
3.18.3.j	Schedule bi-annual reviews in Q2 and Q4 2025 to evaluate the effectiveness of procurement, repair, and infrastructural development efforts, assessing their impact on operational efficiency and productivity based on staff feedback and performance metrics.	Printing, refreshments, administrative costs	State & FCT level	New-Project/Activity	EDHIC	Program Management and Administration	Monitoring and Evaluation		▲		▲	Conduct bi-annual reviews in Q2 and Q4 2025 to assess the effectiveness of procurement, repair, and infrastructural development efforts based on staff feedback and performance metrics.

## EDO STATE HEALTH SECTOR MOCK BUDGET FOR YEAR 2025

Table 11: Mock Budget for 2025

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.2.2.1.a	5-Day residential 2024 Annual state of health report development, harmonization and validation workshop	₦ 32,700,000	₦ 32,700,000	₦ -	₦ -
1.2.2.1.b	Printing of 2024 Annual state of health report	₦ 1,250,000	₦ 1,250,000	₦ -	₦ -
1.2.2.2.a	Conduct 4 quarterly sensitization meetings in 33 facilities( by 3 facility staff each) to increase community stakeholders to improve services	₦ 3,564,000	₦ -	₦ 3,564,000	₦ -
1.2.2.2.b	Re-Establish printing of news letter.	₦ 12,820,000	₦ 12,820,000	₦ -	₦ -
1.2.2.2.e	Organise training for 100 personnel on the application of E-GOV for 2 days per quarters.	₦ 16,240,000	₦ -	₦ 16,240,000	₦ -
1.3.3.1.a	Conduct a 6-day" accreditation visits every quarter by the DNS in collaboration with NMCN to Nursing training institutions for the purpose of accreditation	₦ 1,920,000	₦ 1,920,000	₦ -	₦ -
1.3.3.1.b	Conduct a 5-day engagement meeting for 12 Regulation and Monitoring Division Policy Review committee members by 1st Quarter to harmonize and review regulatory framework and guidelines for Regulation and Monitory Division State Ministry of Health	₦ 1,298,000	₦ 1,298,000	₦ -	₦ -
1.4.4.1.a	Conduct quarterly Performance reviews of activities in the 2025 Health Sector AOP	₦ 15,900,000	₦ 15,900,000	₦ -	₦ -
1.4.4.1.c	Conduct a 3 Day residential capacity building on Work Plan Development and monitoring for 70 staff across the 33 hospitals	₦ 20,505,000	₦ 20,505,000	₦ -	₦ -
1.4.4.1.d	Quarterly Performance review meetings of the hospitals (45 Participants)	₦ 3,914,000	₦ 3,914,000	₦ -	₦ -
1.4.4.2.a	Conduct a 3-Day residential workshop to build capacity of planning cell	₦ 17,875,000	₦ -	₦ 17,875,000	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	heads and key programme officers				
1.4.4.2.b	conduct a 5-Day residential AOP development and harmonization workshop	₦ 46,170,000	₦ 13,545,000	₦ 32,625,000	₦ -
1.4.4.2.c	conduct a 2-day non-residential 2026 AOP Validation meeting	₦ 3,625,000	₦ -	₦ 3,625,000	₦ -
1.4.4.2.d	Print 2026 AOP document	₦ 12,500,000	₦ -	₦ 12,500,000	₦ -
1.4.4.7.a	Conduct a 2-Day residential State Joint Annual Review (Jar) mission involving 50 participants from across all health MDAs	₦ 13,715,000	₦ -	₦ 13,715,000	₦ -
1.1.1.a	Conduct a 4-day refresher training for 35 Participants to improve efficiency and capacity of RMD Team on regulation and monitoring based on global best practices	₦ 2,870,000	₦ 2,870,000	₦ -	₦ -
1.1.1.b	25 inspectors and 6 securities to conduct 14-days per Quarter inspection to health facilities for the purpose of registration	₦ 63,000,000	₦ 63,000,000	₦ -	₦ -
1.1.1.c	15 Enforcers and 6 securities to conduct 6-Days per Quarter enforcement exercise to non-compliant facilities	₦ 35,160,000	₦ 35,160,000	₦ -	₦ -
1.1.1.d	25 Officers and 6 securities to conduct 66-Days per Quarter monitoring exercises to health facilities for the purpose of compliance	₦ 176,520,000	₦ 176,520,000	₦ -	₦ -
1.1.1.e	Conduct comprehensive inspections and accreditation of at least 5 new health facilities across the state, bianually	₦ 1,720,000	₦ 1,720,000	₦ -	₦ -
1.1.1.f	Ensure the accreditation and reaccreditation process of healthcare facilities is completed with the signage of at least 5 contractual agreements, bi-annually	₦ 1,720,000	₦ 1,720,000	₦ -	₦ -
1.1.1.g	Training and re-training of 25 relevant stakeholders to manage inspections, accreditation and monitoring biannually.	₦ 5,930,000	₦ 5,930,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.1.1.h	Implement quarterly quality assessments, monitoring & evaluation, monitoring and enforcement of health facilities to ensure compliance and maintain healthcare standards, targeting 25% of accredited facilities per quarter.	₦ 3,200,000	₦ 3,200,000	₦ -	₦ -
1.1.2.a	Provision of One Regulation and Monitoring zonal offices in Edo North and Central including staffing, furnishing, equipment, and all relevant working tools and SOPs	₦ 26,555,000	₦ 26,555,000	₦ -	₦ -
1.1.2.b	Conduct a 4-day residential Training of 14 newly deployed staff to the zonal offices on effective monitoring and enforcement of standards at health facilities by 4th Quarter	₦ 3,742,000	₦ 3,742,000	₦ -	₦ -
1.1.3.c	conduct a 5-days residential training for 40 Participants on Quality Management system for medical laboratory scientist in both private and public health facilities	₦ 56,020,000	₦ 27,990,000	₦ -	₦ 28,030,000
1.1.3.d	conduct an online survey for 500 medical laboratory scientist on the concept and principles of QMS	₦ 100,000	₦ 100,000	₦ -	₦ -
1.1.3.e	Organize and conduct a 4-day residential training for 35 DRM Staff and selected Facility personnel meetings on CPR/BLS programme	₦ 20,065,000	₦ 20,065,000	₦ -	₦ -
1.1.3.f	Conduct 1 day stakeholders meeting on the development of SOPs ( 20 participants)	₦ 400,000	₦ -	₦ 400,000	₦ -
1.1.3.g	Develop SOPs for 16 departments.	₦ 4,700,000	₦ -	₦ 4,700,000	₦ -
1.1.3.i	Perform a comprehensive quality assessment of all current policies, processes and practices in EDOHIS, biannually.	₦ 70,000	₦ 70,000	₦ -	₦ -
1.1.3.j	Develop at least 2 key policies covering critical areas such as patient care, clinical outcomes, data management, and facility maintenance by the end of Q4, 2025.	₦ 420,000	₦ 420,000	₦ -	₦ -



Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.1.3.k	Initiate 5 CQI projects targeting identified areas for improvement from the quality assessment by the end of 2025.	₦ 1,375,000	₦ 1,375,000	₦ -	₦ -
1.1.3.l	Review of quality assessment tools and making necessary adjustments biannually	₦ 470,000	₦ 470,000	₦ -	₦ -
1.2.1.a	Develop and implement a detailed schedule to successfully plan and execute at least 10 international health days by the end of the year for 50 Participants	₦ 22,900,000	₦ 22,900,000	₦ -	₦ -
1.2.1.b	Organize and collaborate with relevant stakeholders to conduct 1 community outreach and engagement event for each international health day to raise awareness and promote health messages.	₦ 3,225,000	₦ 3,225,000	₦ -	₦ -
1.2.1.c	Produce documentary of 40 years of TMB existence	₦ 2,400,000	₦ 2,400,000	₦ -	₦ -
1.2.1.d	Organise a one day public lecture and symposium	₦ 8,700,000	₦ 8,700,000	₦ -	₦ -
1.2.1.e	To conduct a one day health walk with TMPs	₦ 4,775,000	₦ -	₦ 4,775,000	₦ -
1.2.1.f	Publish a TMB ATM Day Brochure	₦ 3,750,000	₦ 3,750,000	₦ -	₦ -
1.2.1.g	Carry out a 7day media/publicity campaign	₦ 2,606,000	₦ 2,606,000	₦ -	₦ -
1.2.1.h	Confer award to ten (10) distinguished traditional medicine practitioners/outstanding contributors to traditional medicine practice in the State	₦ 300,000	₦ 300,000	₦ -	₦ -
1.2.1.i	Organize 5 educational campaigns in conjunction with at least 6 major international health days (e.g., World Health Day, World AIDS Day).	₦ 7,650,000	₦ 7,650,000	₦ -	₦ -
1.2.1.j	Launch 2 social media campaign highlighting the significance of each international health day.	₦ 3,900,000	₦ 3,900,000	₦ -	₦ -
1.2.2.a	set up and operationalize 6 committees/TWG made up of 10 members to improve the regulation of	₦ 660,000	₦ 660,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	health facilities and services				
1.2.2.c	World Oxygen Day-October 2 celebration	₦ 16,770,000	₦ 16,770,000	₦ -	₦ -
1.2.3.a	Domestication of human resource for health policy	₦ 11,600,000	₦ 11,600,000	₦ -	₦ -
1.2.3.b	Conduct a 5-days training for 35 staffs of RMD on the reviewed and developed approved health sector laws, policies, and SOPs by 1st Quarter	₦ 4,100,000	₦ 4,100,000	₦ -	₦ -
1.2.3.c	Conduct a 3-day training to scale up the capacity of 2 dental focal persons,15 DRM Staff, and 18 selected personnel from HFs on the new state oral health policy and activation of Committee to step down national oral health policy to the 18LGAs	₦ 2,047,500	₦ 2,047,500	₦ -	₦ -
1.2.3.d	Organize and conduct a 4-day residential stakeholder training meetings on CPR/BLS programme for 35 Participants	₦ 18,235,000	₦ 18,235,000	₦ -	₦ -
1.3.1.a	Conduct quarterly stakeholders' meetings to harmonize plans for improved health practices for 35 Participants From relevant stakeholders in the various department in the Division	₦ 2,310,000	₦ 2,310,000	₦ -	₦ -
1.3.1.c	conduct stakeholders analysis and engage 5 with the highest score	₦ 190,000	₦ 190,000	₦ -	₦ -
1.3.1.d	Conduct 2 day free cancer screening for 1000 participants across the 3 senatorial district.( breast, prostate and cervic)	₦ 190,200,000	₦ 190,200,000	₦ -	₦ -
1.3.1.e	3 day training and retraining of 20 health care workers on cervical cancer screening with VIA.	₦ 5,940,000	₦ 5,940,000	₦ -	₦ -
1.3.1.f	Conduct a comprehensive mapping of relevant stakeholders and collaborators in the health sector, including state and non-state actors biannually	₦ 2,130,000	₦ 2,130,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.3.1.g	Organize at least 4 community forums or workshops to discuss health issues and gather input from citizens, targeting a minimum of 100 participants at each event.	₦ 5,020,000	₦ 5,020,000	₦ -	₦ -
1.3.1.h	Conduct bi-annual evaluations and collect feedback from stakeholders and community members to measure the effectiveness of partnerships and engagement activities.	₦ 310,000	₦ 310,000	₦ -	₦ -
1.3.2.a	Quarterly data review meeting for RMNCEANH+N services	₦ 1,080,000	₦ 1,080,000	₦ -	₦ -
1.3.2.b	conduct quarterly data review meetings with stakeholders with 35 Participants from RMNCEAH+N	₦ 2,310,000	₦ 2,310,000	₦ -	₦ -
<b>Pillar One: Effective Governance - TOTAL</b>		<b>₦ 931,141,500</b>	<b>₦ 793,092,500</b>	<b>₦ 110,019,000</b>	<b>₦ 28,030,000</b>
2.5.6.1.a	Quartely meeting for Social Behavioural Change forum with 45 multi-sectoral stakeholders in the State	₦ 8,610,000	₦ 8,610,000	₦ -	₦ -
2.5.6.1.b	3-day residential capacity building workshop on multi-sectoral approach to addressing the various social determinants of health in Edo State for 45 State SBC Members	₦ 22,857,500	₦ 22,857,500	₦ -	₦ -
2.5.6.1.c	3-days capacity building workshop on evidence-based risk communication interventions and reporting before, during and after a disease outbreak for 18 LGA HPOs and 8 State ACSM program OFFICERS + 6 Partners	₦ 15,015,000	₦ 15,015,000	₦ -	₦ -
2.5.6.1.d	3-days capacity health promoting schools policy development workehop among 45 educational stakeholders in the State	₦ 6,357,500	₦ 6,357,500	₦ -	₦ -
2.5.6.1.e	2-days workplace health and safety promotion guideline review among 45 workplace representatives in the State - breweries, banks, filling stations, queries, etc	₦ 3,367,500	₦ 3,367,500	₦ -	₦ -
2.5.6.2.a	Organize a 1 day stakeholder meeting with 63 relevant government officials	₦ 2,790,000	₦ -	₦ 2,790,000	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	in health and line MDAs e.g Agriculture, Education, Media, LGA chairpersons e.t.c to promote MSAP				
2.5.6.2.b	Conduct 45 advocacy campaign to Media Executives on implementation of 15 minutes free slot per week 2019 health promotion strategy recommendation and strengthening of the Edo State Health reporters forum	₦ 450,000	₦ 450,000	₦ -	₦ -
2.5.6.2.c	One day capacity building of 45 Edo Health Reporters on prevailing health conditions + 3 SBC executives + 5 State HPOs	₦ 2,359,000	₦ 2,359,000	₦ -	₦ -
2.5.6.2.d	Conduct 25 advocacy visit to 25 critical MDAs and Agencies on quartely health promotion interventions reporting and enabling the HPD to carry out its oversight functions on its ACSM/SBC interventions - EDPHCDA, HMA, EDO Specialist, EDO HIS, Agric, & others (3 officers per visit)	₦ 500,000	₦ 500,000	₦ -	₦ -
2.5.6.2.e	Conduct 45 advocacy visit to developmental partners and philanthropists/ private body to mobilize support in key intervention areas in the State - Malaria campaign, TB, HIV, Cancer,	₦ 450,000	₦ 450,000	₦ -	₦ -
2.5.6.3.a	2-Day capacity building exercise for 90 program managers to provide leadership and co-ordination for Multi-sectoral Partnership including CSOs for effective collaboration.	₦ 7,700,000	₦ 7,700,000	₦ -	₦ -
2.5.6.3.b	2 days engagement meeting with 45 relevant government stakeholder on PRESEAH Accountability	₦ 24,300,000	₦ 24,300,000	₦ -	₦ -
2.5.6.5.a	3-days residential health promotion indicators and tools review for multi-sectoral coordination for 13 State ACSM OFFICERS 18 HPOs+ 6 Partners + 2 SBC executives + 2 State M&Es	₦ 13,209,500	₦ 13,209,500	₦ -	₦ -
2.5.6.5.b	Development of a digital platform for reporting multisectoral ACSM activities based on health promotion	₦ 1,450,000	₦ 1,450,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	indicators and visualization of report for State level and LGA level decision making, infodemic data collection and also serves as data bank State and LGA SBC Materials in the State				
2.5.6.5.c	Conduct a study on the social determinants of outbreak prone diseases (Lassa fever, cholera, diphtheria) in Edo State (9 LGAs)	₦ 15,630,000	₦ 15,630,000	₦ -	₦ -
2.5.6.6.a	Facilitate a one-day workshop for 346 WDCs, VDCs, and community leaders to explore their roles in promoting accountability for enhanced service delivery.	₦ 3,633,000	₦ 3,633,000	₦ -	₦ -
2.5.6.6.b	Establish/strengthen the reporting and feedback mechanisms(National Media hub) for health service improvement e.g a dedicated hotline and SMS for those without internet, online platform,	₦ 818,000	₦ 818,000	₦ -	₦ -
2.5.6.6.c	Conduct a community members' health seeking behaviours, perception to health service uptake and barriers survey around 27 health facilities with low OPD in 3 LGAs per senatorial district in collaboration with EPHCDA	₦ 7,235,000	₦ 7,235,000	₦ -	₦ -
2.5.6.6.d	10 community sensitization meetings (35 participants) on prevailing disease/health hazards per LGAs for 4 host spot LGAs per quarter across all four quaters of the year (3 state HPO officers + 2 LGA HPOs)	₦ 129,600,000	₦ 129,600,000	₦ -	₦ -
2.5.6.7.a	Organize a 1 day interactive workshop to train 45 health care workers on the newly developed curriculum for health promotion integration.	₦ 2,900,000	₦ 2,900,000	₦ -	₦ -
2.5.6.7.b	Design and create health promotion training manuals tailored to the needs of Health Promotion Officers and HCWs.	₦ 990,000	₦ 990,000	₦ -	₦ -
2.5.6.7.c	Conduct a 2 days pilot training session using the draft training manuals with a small group of 66 Health Promotion Officers and HCWs to gather feedback	₦ 6,747,500	₦ 6,747,500	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.5.6.7.d	5 -day residential health promotion policy domestication and Edo State health promotion strategy development workshop for 55 state health promotion stakeholders + one national consultant+ 2 nationals	₦ 29,117,000	₦ 29,117,000	₦ -	₦ -
2.5.6.8.a	A 1day collaborative workshop with 54 healthcare workers, LHEO's, and community leaders to create evidence-based content that addresses key health topics to improve SBC materials and dissemination of SBC materials in all parts of the state	₦ 2,270,000	₦ -	₦ 2,270,000	₦ -
2.5.6.8.b	Collaborative engagement with LHEOs during LGA programs using the SBC materials to create awareness	₦ 14,472,000	₦ -	₦ 14,472,000	₦ -
2.5.6.8.c	Organize a 2 days meeting with 62 key stakeholders (healthcare workers, community leaders, Education leaders, NGOs) to gather input and insights on the SBC strategy.	₦ 4,970,000	₦ -	₦ 4,970,000	₦ -
2.5.6.8.d	Conduct a 3 days Social Behavioural change communication training for 82 Clinicians and HEs in the State	₦ 12,873,500	₦ -	₦ 12,873,500	₦ -
2.5.6.8.e	Procurement of sound system for public health awareness (LG DJ system speaker 2800 W, 5 kva generator)	₦ 600,000	₦ 600,000	₦ -	₦ -
2.5.6.8.f	Production of video jingles in 6 major language in 8 prevailing health issues for social media promotion per quarter	₦ 4,800,000	₦ 4,800,000	₦ -	₦ -
2.5.6.8.g	Production and Distribution of SBC Materials for Lassa fever diseases (12,000 flyers, 10,000 calenders)	₦ 6,000,000	₦ 6,000,000	₦ -	₦ -
2.5.6.8.h	Production and Distribution of 10,000 calender on illustrative modern contraceptive options	₦ 15,000,000	₦ 15,000,000	₦ -	₦ -
2.5.6.8.i	Malaria SBC Materials (24,000 flyers; 18,000 calenders) malaria health care seeking behaviour)	₦ 30,000,000	₦ 30,000,000	₦ -	₦ -
2.5.6.8.j	cholera SBC Material (5,000 flyers; 2,000 calender	₦ 4,500,000	₦ 4,500,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.5.6.8.k	mpox SBC Materials (10,000 flyers; 5,000 calenders	₦ 7,500,000	₦ 7,500,000	₦ -	₦ -
2.5.6.9.a	Quarterly development of communication materials (SBC) that reflect the integrated RCCE approach and address key health promotion messages.	₦ 33,480,000	₦ -	₦ 33,480,000	₦ -
2.5.6.9.b	Conduct a 3 days training for 63 responsible stakeholders (Health Care workers) on RCCE principles, effective communication strategies, and community engagement techniques.	₦ 10,604,500	₦ -	₦ 10,604,500	₦ -
2.5.6.9.c	Organize a 1 day workshop to engage relevant 77 MDA's stakeholders (Education, Community Leaders, Religious Leaders, LHEOs, e.t.c) to explore collaboration opportunities on RCCE.	₦ 3,260,000	₦ -	₦ 3,260,000	₦ -
2.5.6.10.a	A 3-Day Stakeholders engagement to develop multi-sectoral demand generation for 120 RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning and other health services at the State, Zonal and LGHA levels	₦ 17,088,000	₦ 17,088,000	₦ -	₦ -
2.5.6.10.b	3-Day Training of 45 HEs and HCWs on Demand Generation for PHC services	₦ 9,258,000	₦ 9,258,000	₦ -	₦ -
2.5.6.10.c	Quarterly Community Outreaches and Sensitization to create awareness of primary health care services	₦ 97,568,000	₦ 97,568,000	₦ -	₦ -
2.5.6.10.e	Engagement of 2 social mobilizers per health facility in 9 health facilities with low essential service uptake per LGA for 3 months per quarter @ N10,000 month	₦ 43,200,000	₦ 43,200,000	₦ -	₦ -
2.5.6.10.f	3 days supportive supervision of social mobilizers to 4 LGAs per quarter	₦ 31,680,000	₦ 31,680,000	₦ -	₦ -
2.5.6.11.a	Conduct a 2 days stakeholder meeting with the 77 Community Leaders, Educational Stakeholders and Religious leaders to gain support in creating awareness for health campaigns	₦ 6,166,000	₦ 6,166,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.5.6.11.b	Quarterly Production and airing of Jingles in English, pidgin and idigenous languages on RI,FP,ANC,Nutrition, covid 19 , HPV and other PHC services	₦ 1,600,000	₦ 1,600,000	₦ -	₦ -
2.5.6.11.c	Conduct a 3 days training session for 27 Health Educators in the State and LGA on using new technologies (e.g., social media platforms ,mobile apps) for health promotion	₦ 5,947,000	₦ 5,947,000	₦ -	₦ -
2.5.6.11.d	Provision of tablets for the 18 LHEOs and three state Hes for field work	₦ 9,000,000	₦ 9,000,000	₦ -	₦ -
2.5.6.11.e	5 day residential capacity building of 18 LGAs HPOs training on social media promotion and digital rumour reporting system (infodemics) + 4 State HPOs + 4 partners	₦ 15,179,000	₦ 15,179,000	₦ -	₦ -
2.5.6.11.f	Procurement of tablets for 4 state HPOs and 18 LGA HPOs for infordemic management of all health programs in the State	₦ 1,760,000	₦ 1,760,000	₦ -	₦ -
2.5.6.12.a	One day capacity building of 50 school heads per LGA on implementing health promoting schools policy in their schools + 2 HPOs + 3 partners	₦ 2,212,500	₦ 2,212,500	₦ -	₦ -
2.5.7.2.a	Continuous engagement with CBOs, NGOs, private facilities, secondary and tertiary facilities to encourage and promote data sharing	₦ 51,640,000	₦ 51,640,000	₦ -	₦ -
2.5.7.2.c	Establish data-sharing agreements with 20 institutions (NGOs, school institutions and MDAs) by end of Q4 2025.	₦ 1,116,000	₦ 1,116,000	₦ -	₦ -
2.5.7.2.d	Conduct quarterly data analysis and reporting to identify trends in service utilization, gaps in healthcare access.	₦ 6,292,000	₦ 6,292,000	₦ -	₦ -
2.6.8.1.a	A 5-day house-to-house enumeration of zero dose/defaulters in 192 wards to identify missed children.	₦ 19,200,000	₦ 19,200,000	₦ -	₦ -
2.6.8.1.b	Deploy 1 vaccination teams ( 1 vaccinator, 1 recorder and 1 mobilizer) per ward to conduct mass vaccination in the communities housing the identified zero dose children	₦ 3,840,000	₦ 3,840,000	₦ -	₦ -



Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.8.1.c	Conduct targeted quarterly supportive supervision campaign in 192 wards in 18 LGAs.	₦ 54,912,000	₦ 54,912,000	₦ -	₦ -
2.6.8.2.c	Community survey or household enumeration within prioritized settlements to identify and enumerate the zero dose children using immunization cards and the developed electronic app.	₦ 69,120,000	₦ 69,120,000	₦ -	₦ -
2.6.8.2.d	Print and distribute immunization registers to health facilities without data capture tools to ensure the children are properly captured.	₦ 1,690,000	₦ 1,690,000	₦ -	₦ -
2.6.8.2.e	Conduct supportive supervisory visits at the LGA level during the mobile and outreach sessions.	₦ 6,480,000	₦ 6,480,000	₦ -	₦ -
2.6.8.3.a	Conduct a 1-day orientation exercise for the 18 LIOs & 18 M&Eos on the scope of the Big Catch Campaign	₦ 2,560,000	₦ 2,560,000	₦ -	₦ -
2.6.8.3.b	Conduct a 3-day house-to-house enumeration exercise to identify children 12-59 months within all settlements across the 18 LGAs	₦ 1,098,000	₦ 1,098,000	₦ -	₦ -
2.6.8.3.c	Conduct mass vaccination of identified children 12-59 months across the 18 LGAs	₦ 53,760,000	₦ 53,760,000	₦ -	₦ -
2.6.8.3.d	Conduct supportive supervision during mass but targeted vaccination of enumerated missed children 12-59 months	₦ 19,200,000	₦ 19,200,000	₦ -	₦ -
2.6.8.3.e	3-Day Training of the RIFPs in the 640 facilities on the Big Catch Campaign	₦ 141,786,000	₦ 141,786,000	₦ -	₦ -
2.6.8.4.a	Conduct a 2-day training of the identified PAPA LQAS assessors	₦ 2,864,000	₦ 2,864,000	₦ -	₦ -
2.6.8.4.b	Conduct field-level performance exercise to determine the post vaccination coverage across the 18 LGAs using ODK	₦ 900,000	₦ 900,000	₦ -	₦ -
2.6.8.4.c	Conduct field monitoring of the PAPA LQAS exercise by the identified supervisors	₦ 4,500,000	₦ 4,500,000	₦ -	₦ -
2.6.8.5.a	Conduct planning meeting with the State, LGA and health facility workers	₦ 9,210,000	₦ 9,210,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	on the prototype implementation				
2.6.8.5.b	Identified health facilities to adjust roster to suit the newly determined RI service days to include extra hours/days to help increase RI access and uptake of available RI services, and increase coverage	₦ 1,168,800,000	₦ 1,168,800,000	₦ -	₦ -
2.6.8.5.c	Conduct community sensitization through the Ward Development Committee and/or Village Development Committtes	₦ 16,080,000	₦ 1,595,000	₦ 14,355,000	₦ 130,000
2.6.8.5.d	Monitor vaccine logistics to ensure availability of vaccines during the weekends and public holidays	₦ 2,430,000	₦ 300,000	₦ 1,700,000	₦ 430,000
2.6.8.5.e	Conduct supportive supervision by the State level team to provide technical support, guidance and compliance across the identified health facilities	₦ 156,000,000	₦ 156,000,000	₦ -	₦ -
2.6.8.5.f	Provide banners and fliers to disseminate the new RI schedule days to the community members	₦ 36,000	₦ 36,000	₦ -	₦ -
2.6.8.5.g	Conduct at least 2 outreach sessions per month health facility	₦ 99,400,000	₦ 99,400,000	₦ -	₦ -
2.6.8.6.b	Train State level teams on the use and deployment of the electronic app developed for the capturing of mobile and outreach session vaccination data.	₦ 720,000	₦ 720,000	₦ -	₦ -
2.6.8.6.c	Monthly comparative data analysis of vaccination data from mobile and outreach sessions conducted across the 18 LGAs	₦ 228,000	₦ 228,000	₦ -	₦ -
2.6.8.6.e	Quarterly Data Quality Assurance activity by the State level teams and partners.	₦ 2,160,000	₦ 2,160,000	₦ -	₦ -
2.6.8.7.a	Use of town announcers, jingles, stakeholders meeting, road show and community dialogue to idenified non compliant communities so as to create awareness and demand generation	₦ 1,048,000	₦ 1,048,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.8.9.a	A 2-day residential Annual zonal refresher training of 267 personnel drawn from each zone participants, cold chain officer and health care workers on vaccine management	₦ 195,150,000	₦ 195,150,000	₦ -	₦ -
2.6.8.9.b	Quarterly maintenance of State Cold chain equipment to ensure availability of potent vaccines in the state.	₦ 230,400,000	₦ 230,400,000	₦ -	₦ -
2.6.8.9.d	A 1-day Stateholder engagement meeting for 70 persons to discuss last mile vaccine delivery to health facilities to ensure availability of vaccines at service points	₦ 191,973,000	₦ 191,973,000	₦ -	₦ -
2.6.8.9.e	Conduct last mile vaccine delivery to health facility on a monthly basis in 175 H/Fs in Edo North	₦ 168,000,000	₦ 168,000,000	₦ -	₦ -
2.6.8.9.f	Conduct last mile vaccine delivery to health facility on a monthly basis in 212 H/Fs in Edo South	₦ 63,600,000	₦ 63,600,000	₦ -	₦ -
2.6.8.9.g	Conduct last mile delivery in 110 H/Fs in Edo central	₦ 85,800,000	₦ 85,800,000	₦ -	₦ -
2.6.8.9.h	Quarterly review meeting with the State Cold chain Officers in the state.	₦ 7,150,000	₦ 7,150,000	₦ -	₦ -
2.6.9.1.b	Bi-monthly 40-member Expanded NCD stakeholder Coordination meeting	₦ 460,000	₦ 460,000	₦ -	₦ -
2.6.9.1.c	Establishment of 40 LGA desk offices for NCDs across the 18 LGAs	₦ 460,000	₦ 460,000	₦ -	₦ -
2.6.9.1.e	Assessment and dissemination of report on KEY NCDs services in 42 facilities in the state (Tertiary, secondary, Private)	₦ 3,800,000	₦ 3,800,000	₦ -	₦ -
2.6.9.1.f	Quarterly TWG meeting	₦ 1,760,000	₦ 1,760,000	₦ -	₦ -
2.6.9.4.a	1-day Stakeholders meeting to Adopt the NCDs multisectoral Action Plan 2019-2025	₦ 1,210,000	₦ 1,210,000	₦ -	₦ -
2.6.9.4.b	Conduct 5-day workshop on the development of sodium, fat and oils, sweetened and non-alcohol beverages and other NCDs regulation guidelines,	₦ 26,300,000	₦ 26,300,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.9.4.c	Awareness creation of a healthy diet, harmful uses of alcohol, Tobacco products and other NCDs etc in 10 communities and 10 schools across the 18 LGAs of the state	₦ 18,275,000	₦ 18,275,000	₦ -	₦ -
2.6.9.7.a	Quarterly Radio Live show	₦ 500,000	₦ 500,000	₦ -	₦ -
2.6.9.8.a	Conduct 3 -day residential workshop on the Development of guidelines, and SOPs for screening and management of uncomplicated Hypertension, Diabetes, eye health, mental health and oral health at the PHC level	₦ 17,880,000	₦ 17,880,000	₦ -	₦ -
2.6.9.8.b	Conduct 1-day non residential meeting to validate developed guidelines on NCDs	₦ 1,515,000	₦ 1,515,000	₦ -	₦ -
2.6.9.8.c	Printing and Dissemination of guidelines, and SOPs on NCDs to Health facilities across the 18 LGA in the State	₦ 3,010,000	₦ 3,010,000	₦ -	₦ -
2.6.9.8.d	Conduct a 3-day residential Training of 300 health care workers on management of NCDs ( hypertension, Diabetes, Asthma, Oral Health, Eye health) in PHCs across the 18 LGAs	₦ 60,990,000	₦ 60,990,000	₦ -	₦ -
2.6.9.8.e	Conduct Quarterly mentorship of PHC health workers on NCD services at the across the state for 5 days	₦ 3,138,000	₦ 3,138,000	₦ -	₦ -
2.6.9.8.f	Conduct mass media campaigns on NCDs	₦ 2,490,000	₦ 2,490,000	₦ -	₦ -
2.6.9.8.g	Conduct Biannual stakeholders coordination meeting on NCDs in the State	₦ 1,620,000	₦ 1,620,000	₦ -	₦ -
2.6.9.8.h	Commemoration of World Hypertension Day	₦ 5,390,000	₦ 5,390,000	₦ -	₦ -
2.6.9.8.i	Commemoration of World Diabetes Day	₦ 5,390,000	₦ 5,390,000	₦ -	₦ -
2.6.9.8.j	Commemoration of World Oral Health Day	₦ 2,975,000	₦ 2,975,000	₦ -	₦ -
2.6.9.8.k	Commemoration of World Cancer Day	₦ 2,975,000	₦ 2,975,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.9.8.l	Commemomration of World Sight Day	₦ 2,975,000	₦ 2,975,000	₦ -	₦ -
2.6.9.8.m	Commemomration of World No Tobacco Day	₦ 2,975,000	₦ 2,975,000	₦ -	₦ -
2.6.9.8.n	Implement Project 10m: Know your number, Control your number Campaign for the screening and referral for management of hypertension and diabetes in Edo State	₦ 69,000,000	₦ 69,000,000	₦ -	₦ -
2.6.9.8.o	Institutionalise cancer screening in 9 healthcare facilities across the state	₦ 444,600,000	₦ 444,600,000	₦ -	₦ -
2.6.9.8.p	Conduct monthly Monitoring and Evaluation of NCD programmes and initiatives	₦ 13,692,000	₦ 10,128,000	₦ 3,564,000	₦ -
2.6.9.8.q	Capacity building of State and LGA NCD team	₦ 5,500,000	₦ 5,500,000	₦ -	₦ -
2.6.9.9.a	1-day stakeholders meeting to adopt the National Mental Health Policy	₦ 9,225,000	₦ 9,225,000	₦ -	₦ -
2.6.9.9.b	Commemomration of World Mental Day	₦ 7,800,000	₦ 7,800,000	₦ -	₦ -
2.6.9.9.c	Conduct mass media campaigns on MNSD	₦ 1,815,000	₦ 1,815,000	₦ -	₦ -
2.6.9.9.d	Advocacy visit to State house committee on health to domesiticate the National Mental Health Act 2021	₦ 110,000	₦ 110,000	₦ -	₦ -
2.6.9.9.e	1-day engagement with EDOHIS to include mental health minimum package	₦ 186,000	₦ 186,000	₦ -	₦ -
2.6.10.1.a	Quarterly Task force meeting	₦ 3,170,000	₦ 3,170,000	₦ -	₦ -
2.6.10.1.b	Quarterly 40 man TWG Meeting to resolve all identified gaps	₦ 1,155,000	₦ 1,155,000	₦ -	₦ -
2.6.10.1.c	Quarterly data collection in 18 LGAs by the 6 man SASCP Data Team (Spokes site)	₦ 10,200,000	₦ 10,200,000	₦ -	₦ -
2.6.10.1.d	Bi-annual supervision and moitoring to sites in the 18 LGAs by the SASCP Team	₦ 1,080,000	₦ 1,080,000	₦ -	₦ -
2.6.10.2.a	Support service integration at the facilities in the 18 LGAs (30 Secondary, 36 PHCs)	₦ 720,000	₦ 720,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.10.2.b	Conduct Bi-annual Data Quality Assessment in the 18 LGAs for Spokes Site	₦ 3,192,000	₦ 3,192,000	₦ -	₦ -
2.6.10.2.c	Conduct weekly HIV Situation Room Meeting to engage stakeholders to deliberate on key indicators on HIV care and treatment	₦ 18,000,000	₦ 18,000,000	₦ -	₦ -
2.6.10.2.d	Set up 40 man TWG for HIV and PMTCT to achieve stronger collaboration among stakeholders	₦ 600,000	₦ 600,000	₦ -	₦ -
2.6.10.2.e	Quarterly 40 man TWG Meeting to resolve all identified gaps	₦ 4,620,000	₦ 4,620,000	₦ -	₦ -
2.6.10.2.f	Quarterly data collection in 18 LGAs by the 6 man SASCP Data Team (Comprehensive site)	₦ 10,200,000	₦ 10,200,000	₦ -	₦ -
2.6.10.2.g	Bi-annual supervision and monitoring to sites in the 18 LGAs by the SASCP Team	₦ 1,800,000	₦ 1,800,000	₦ -	₦ -
2.6.10.2.h	Procure 900,000 SPs doses for pregnant women attending ANC clinics in all health facilities	₦ 20,000,000	₦ 20,000,000	₦ -	₦ -
2.6.10.2.i	Distribute 900,000 SPs doses to all health facilities for Intermittent Preventive Treatment in pregnancy	₦ 1,260,000	₦ 1,260,000	₦ -	₦ -
2.6.10.2.j	Training of CHIPS agents for demand creation on the utilization of parasitological confirmation of malaria	₦ 5,260,000	₦ 5,260,000	₦ -	₦ -
2.6.10.2.k	Monthly Data Review / Harmonisation meeting	₦ 1,656,000	₦ 1,656,000	₦ -	₦ -
2.6.10.2.l	Supportive Supervision to PHCs	₦ 3,285,000	₦ 3,285,000	₦ -	₦ -
2.6.10.3.a	Assessment and selection of 5 Sites in unsupported 5 LGAs for HIV AIDS Activation	₦ 1,215,000	₦ 1,215,000	₦ -	₦ -
2.6.10.3.b	Procurement of Test Kits EID kits, Viral Hepatitis kits, and consumables for activation of 5 sites	₦ 153,000,000	₦ 153,000,000	₦ -	₦ -
2.6.10.3.c	Training of HCWs for Site Activation,(selected 8 persons from 5 facilities) 40 total	₦ 18,870,000	₦ 18,870,000	₦ -	₦ -
2.6.10.3.d	Sites Activation for comprehensive ART services (5 facilities in 5 LGAs) and demand creation	₦ 3,480,000	₦ 3,480,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.10.3.e	Data collection and validation in the 5 Activated facilities in 5 LGAs	₦ 1,800,000	₦ 1,800,000	₦ -	₦ -
2.6.10.3.f	supportive supervision in the 5 Activated facilities in 5 LGAs	₦ 1,680,000	₦ 1,680,000	₦ -	₦ -
2.6.10.4	Reach, treat and sustain Vertical HIV transmission and Paediatrics interventions	₦ 52,070,000	₦ 52,070,000	₦ -	₦ -
2.6.10.4.a	PMTCT Scale up case finding , counselor testing, escort services	₦ 16,200,000	₦ 16,200,000	₦ -	₦ -
2.6.10.4.b	Referral linkages Escort System for identified HIV Positive Clients (2 per LGAs)	₦ 32,400,000	₦ 32,400,000	₦ -	₦ -
2.6.10.4.c	PMTCT Quarterly data validation meetings for the 18 LGAs	₦ 1,320,000	₦ 1,320,000	₦ -	₦ -
2.6.10.4.d	PMTCT Service Monitoring Supervision across spoke site in the 18 LGAs	₦ 990,000	₦ 990,000	₦ -	₦ -
2.6.10.4.e	WAD World AIDS Day Celebration commemoration	₦ 2,050,000	₦ 2,050,000	₦ -	₦ -
2.6.10.4.f	Set up implementation 24 man Team to reduce the burden of morbidity, mortality and disability due to NTDs	₦ 360,000	₦ 360,000	₦ -	₦ -
2.6.10.4.g	World NTD Day Celebration and Commemoration	₦ 4,300,000	₦ 4,300,000	₦ -	₦ -
2.6.10.5.a	Planning and implementation meeting of vector density targeted areas across the 18 LGAs with 5 IVM officers and 10 Environmental Health Officers (EHO) per LGA.	₦ 42,300,000	₦ 4,230,000	₦ 38,070,000	₦ -
2.6.10.5.b	Mapping of 150 vector density targeted areas across the 18 LGAs with 5 IVM officers and 10 Environmental Health Officers per LGA	₦ 95,400,000	₦ 9,540,000	₦ 85,860,000	₦ -
2.6.10.5.c	Quarterly supervision for compliances	₦ 46,800,000	₦ 4,680,000	₦ 42,120,000	₦ -
2.6.10.5.d	Quarterly Awareness creation in collaboration with the ACSM core group in the vector density targeted areas across the 18 LGAs With 9 supervisors and 1 EHO per LGA	₦ 52,220,000	₦ 5,222,000	₦ 46,998,000	₦ -
2.6.10.5.e	World Malaria Day Celebration	₦ 10,905,000	₦ 1,090,200	₦ 9,811,800	₦ 3,000

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.10.5.f	One day meeting to Identify Eligible Vendors/Suppliers with 7 stakeholders	₦ 448,000	₦ 44,800	₦ 403,200	₦ -
2.6.10.5.g	A day Meeting for the Evaluation of quotation(s) submitted with 7 stakeholders	₦ 2,583,000	₦ 258,300	₦ 2,324,700	₦ -
2.6.10.5.h	Purchase of One Vehicle Hilux 2022/2023 model auto/fuel	₦ 85,000,000	₦ 5,000,000	₦ 45,000,000	₦ 35,000,000
2.6.10.5.i	Distribute 225,000 ITNs to Pregnant women during ANC and 900,000 ITNs to under 5 yrs who have completed immunization and distribution of RDTs to PHCs	₦ 15,490,000	₦ 15,490,000	₦ -	₦ -
2.6.10.5.j	Conduct 'Hang-up, Keep-up' campaign in 90 communities in 18 LGAs	₦ 2,520,000	₦ 2,520,000	₦ -	₦ -
2.6.10.5.k	Procure RDTs to all Primary Healthcare facilities	₦ 30,000,000	₦ 30,000,000	₦ -	₦ -
2.6.10.5.l	Conduct 2 days Refresher for the OICs of 180 health facilities on testing using RDTs.	₦ 10,485,000	₦ 10,485,000	₦ -	₦ -
2.6.10.5.m	Training of OICs on management of confirmed cases of uncomplicated malaria & malaria in Pregnancy using national treatment guideline	₦ 6,190,000	₦ 6,190,000	₦ -	₦ -
2.6.10.6.a	Integrated monthly supervisory visit (IMSV) with 2 supervisors in the 18 LGAs	₦ 125,640,000	₦ 12,564,000	₦ 113,076,000	₦ -
2.6.10.6.b	Data Quality Assurance (DQA) at Health Facilities with 2 supervisors in the 18 LGAs	₦ 75,870,000	₦ 7,587,000	₦ 68,283,000	₦ -
2.6.10.6.c	Bi-annual Supportive Supervision with 2 supervisors in the 18 LGA	₦ 25,470,000	₦ 2,547,000	₦ 22,923,000	₦ -
2.6.10.6.d	Monthly data for 9 PMU, 18 RBM and 18 LGA M&E, Monthly Calls for feedback at the LGA.	₦ 90,000	₦ 9,000	₦ 81,000	₦ -
2.6.10.6.e	Development and mid year review of Annual Operational Plans for National and Support to State Malaria Programs.	₦ 16,236,000		₦ 16,236,000	₦ -
2.6.10.6.f	Capacity building for all the pillar heads and their team, Daily debriefing from all pillar head to the Program Manager, Holding update meeting for	₦ 7,560,000	₦ 756,000	₦ 6,804,000	₦ -



Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	malaria program implementation.				
2.6.10.6.g	Quarterly Meetings with PIU unit members.	₦ 1,080,000	₦ 108,000	₦ 972,000	₦ -
2.6.10.6.h	office stationary mentainace and repairs	₦ 799,800	₦ 7,780	₦ 70,020	₦ 722,000
2.6.10.6.i	Set up a 6-man situation room team for bimonthly data entry on NHLMIS platform	₦ 720,000	₦ 720,000	₦ -	₦ -
2.6.10.7.a	Last Mile Delivery of Malaria commodities Distribution to 18 Local Government Area (LGA) Health Facilities of the State	₦ 3,615,840,000	₦ 3,615,840,000	₦ -	₦ -
2.6.10.7.b	Capacity building (training of trainers PMU staff and support staff)	₦ 5,574,000	₦ 557,200	₦ 5,014,800	₦ 2,000
2.6.10.7.c	Biannual Capacity building of 97 participants ( Cascading to LGAs RBM focal persons, M&E, Health Educators, Logistic Officers and PHC Co-ordinators )	₦ 142,889,000	₦ 14,288,800	₦ 128,599,200	₦ 1,000
2.6.10.7.d	Capacity building (Cascading of training to OICs)	₦ 151,764,000	₦ 15,089,200	₦ 135,802,800	₦ 872,000
2.6.10.7.e	Quarterly Coordination meeting at State level/ In Training/TWG for 45 participants	₦ 7,080,000	₦ 708,000	₦ 6,372,000	₦ -
2.6.10.7.f	Bimonthly ACSM Core Group meeting for 8 participants.	₦ 13,824,000	₦ 1,382,400	₦ 12,441,600	₦ -
2.6.10.7.g	RBM Focal persons Bi-monthly meeting/M&E Meeting for 36 LGA personnels and 14 state personnels.	₦ 84,738,000	₦ 8,473,200	₦ 76,258,800	₦ 6,000
2.6.10.7.h	Monthly Data Validation Meeting for 18 participants.	₦ 71,280,000	₦ 5,184,000	₦ 66,096,000	₦ -
2.6.10.7.i	Mentainace of social media handles, Media visitation, intininery visitation	₦ 8,928,000	₦ 892,800	₦ 8,035,200	₦ -
2.6.10.7.j	2-day Training of trainers on new antimalaria commodities and reporting line for 15 participants	₦ 410,000	₦ -	₦ 410,000	₦ -
2.6.10.7.k	2-day step down training for 200 participants from the 18 LGA level	₦ 8,190,000	₦ -	₦ 8,190,000	₦ -
2.6.10.7.l	Printing of LMIS tools for 478 health facilities	₦ 2,290,000	₦ -	₦ 2,290,000	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.10.7.m	Bimonthly last mile distribution of malaria health products and LMIS tools to selected 478 HFs	₦ 11,880,000	₦ -	₦ 11,880,000	₦ -
2.6.10.7.o	3-day Biannual integrated supportive supervision to 24 selected health facilities by a State 4-man team	₦ 1,320,000	₦ -	₦ 1,320,000	₦ -
2.6.10.8.a	Conduct a 2-day residential training of 3 General Healthcare workers per Local Government Area and 5 State team members on TB contact management	₦ 16,840,000	₦ -	₦ -	₦ 16,840,000
2.6.10.9.a	Creation of TB radio jingles in pidgin, Benin, Esan and Afemai languages	₦ 150,000	₦ -	₦ -	₦ 150,000
2.6.10.9.b	Bi-weekly airing of TB jingles in 5 major radio stations in the State for 52 weeks	₦ 13,000,000	₦ -	₦ -	₦ 13,000,000
2.6.10.9.c	Conduct of a one-day TB sensitization and screening exercise in one community per Local Government Area in the State by 5 member LGA TB team per month for 12 months	₦ 52,920,000	₦ 20,100,000	₦ -	₦ 32,820,000
2.6.10.9.d	Monitoring and supervision of the one-day TB sensitization and screening in one community per Local Government Area per month for 12 months by 4 member State team	₦ 28,380,000	₦ -	₦ -	₦ 28,380,000
2.6.10.9.e	Press brief by Honourable Commissioner for Health during World TB Day celebration	₦ 75,000	₦ -	₦ -	₦ 75,000
2.6.10.9.f	Bi-monthly engagement of the public via electronic media by the State TB team	₦ 1,440,000	₦ 840,000	₦ -	₦ 600,000
2.6.10.10.a	Conduct a 3-day residential training of 2 clinicians per Local Government Area and 4 State team members on management of TB according to the National guideline	₦ 16,584,000	₦ 16,584,000	₦ -	₦ -
2.6.10.10.b	Conduct a 2-day residential training of 3 General Healthcare workers per Local Government Area and 5 State team members on management of TB according to the National guideline	₦ 14,540,000	₦ 14,540,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.10.10.c	Conduct a 2-day residential training of 3 Laboratory scientists and technicians per Local Government Area and 5 State team members on diagnosis of TB according to the National guideline	₦ 17,030,000	₦ 17,030,000	₦ -	₦ -
2.6.10.10.d	Supportive Supervisory visits covering DOTS, TB/HIV, Laboratory, Drug-resistant TB and Logistics to 6 LGAs per quarter by 5-Member State TB team	₦ 4,200,000	₦ 4,200,000	₦ -	₦ -
2.6.10.10.e	Conduct Bi-annual 2-day residential External quality assurance meeting for Laboratory Scientists/technicians carrying out AFB tests	₦ 14,229,000	₦ 14,229,000	₦ -	₦ -
2.6.10.11.a	Procurement and installation of 5 TB Lamp machine in 5 Health facilities in the State	₦ 145,000,000	₦ -	₦ 145,000,000	₦ -
2.6.10.11.b	Sensitization of 10 DOTS facility staff close to the location of each TB Lamp machine on the importance of TB Lamp machine in the diagnosis of TB	₦ 825,000	₦ 825,000	₦ -	₦ -
2.6.10.12.a	Conduct of a one-day skin camp for Leprosy and Buruli ulcer in 18 communities in 18 LGAs per quarter by 4 State team members	₦ 41,472,000	₦ 5,112,000	₦ -	₦ 36,360,000
2.7.11.1.a	Conduct a 5-day meeting for 35 Participants on the review and domestication of national policy on Public Private Partnership and Health Mission	₦ 9,560,000	₦ 9,270,000	₦ -	₦ 290,000
2.7.11.2.a	Conduct a 4-day residential training on standards for tertiary and quaternary care for 30 health workers in Public and Private facilities in the State	₦ 18,565,000	₦ 18,565,000	₦ -	₦ -
2.7.11.3.a	Conduct a 3-day hybrid refresher training for 45 Participants in collaboration with Nigerian Health professionals in the Diaspora by 3rd Quarter	₦ 2,985,000	₦ 2,985,000	₦ -	₦ -
2.7.11.3.b	5 days training and retraining of 30 Nurses on the area of anaesthesia, Accident & Emergency, Ophthalmic and paediatric for 2	₦ 22,250,000	₦ -	₦ 22,100,000	₦ 150,000

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	quarter ( 15 nurses per quarter).				
2.7.11.3.c	3 days residential training and retraining of 20 Pharmacist on the area of pharmacy practice for 2 quarter (10 pharmacist per quarter)	₦ 15,660,000	₦ -	₦ 15,600,000	₦ 60,000
2.7.11.3.d	Training and retraining of 10 IPC Officers on the area of environmental management and disease control for 3 Days across the 1st and 2nd quarter(5 officers per quarter)	₦ 5,730,000	₦ -	₦ 5,700,000	₦ 30,000
2.7.11.3.e	Training and retraining of 10 M&E Officers on data analysis and presentation for 3 Days.	₦ 2,865,000	₦ 850,000	₦ 2,000,000	₦ 15,000
2.7.11.3.f	2 day training and retraining of 5 doctors on the area of osteric emergency.	₦ 1,165,000	₦ 165,000	₦ 1,000,000	₦ -
2.8.12.1.a	Conduct A 1-day Stakeholders meeting	₦ 1,101,500	₦ 1,101,500	₦ -	₦ -
2.8.12.1.b	5-day Capacity-building workshop for task force members, focusing on maternal and child health priorities, essential nutrition interventions, and the implementation of accountability frameworks to improve health outcomes	₦ 23,913,500	₦ 23,913,500	₦ -	₦ -
2.8.12.1.c	1-Day Quarterly Review Meetings to review the accountability framework and ascertain the progress made	₦ 27,870,000	₦ 27,870,000	₦ -	₦ -
2.8.12.1.d	2 day Training and inauguration of 25 man Taskforce team for RMNCAEH+N activities.	₦ 8,394,000	₦ 8,394,000	₦ -	₦ -
2.8.12.1.e	1 day Quarterly review of 25 man Taskforce meeting for RMNCAEH +N activities	₦ 4,270,000	₦ 4,270,000	₦ -	₦ -
2.8.12.1.f	2 day Supportive supervision of facilities on RMNCAEH +N activities by 22 oficers .	₦ 924,000	₦ 924,000	₦ -	₦ -
2.8.12.2.a	Conduct a 5-day training for HCWs on EPMM, ENAP and CSAP	₦ 26,655,000	₦ 26,655,000	₦ -	₦ -
2.8.12.2.b	5-Day Supportive Supervisoy visit to monitor the utilization of RMNCAEH+N resources	₦ 7,500,000	₦ 7,500,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.2.c	3 day meeting of 30 expert for the development of Data collection tools for tracking mechanism of RMNCAEH+N resources with 3 facilitator	₦ 7,336,500	₦ 7,336,500	₦ -	₦ -
2.8.12.2.d	1 Day Quaterly Data analysis, interpretation, and adjustment meeting by 25 member on tracking RMNCAEH+N resources with 3 lead officer.	₦ 5,030,000	₦ 5,030,000	₦ -	₦ -
2.8.12.4.a	2- day retraining of 25 TWG members on RMNCAEH+N QoC standards with 3 facilitator.	₦ 3,562,000	₦ 3,562,000	₦ -	₦ -
2.8.12.4.b	2 day training of 25 taskforce team in QI process and Implementation of RMNCAEH +N QOC For State, LGA and Focal persons with 3 facilitator.	₦ 7,052,000	₦ 7,052,000	₦ -	₦ -
2.8.12.4.c	2 day quarterly supportive supervision by 25 Stata team for the development and scoring of QOC dashboards for reporting and analysis of performance inline with QI Improvements and indicators.	₦ 4,200,000	₦ 4,200,000	₦ -	₦ -
2.8.12.6.a	One-off mapping of WASH infrastructures in 497 facilities by 12 accessors in the three senatorial zones	₦ 300,000	₦ -	₦ 300,000	₦ -
2.8.12.6.b	2-Day capacity building exercise for 192 HCW on WASH	₦ 19,745,000	₦ 9,550,000	₦ 10,000,000	₦ 195,000
2.8.12.6.c	Procurement and provision of WASH infrastructure at 192 facilities	₦ 9,600,000	₦ 600,000	₦ 9,000,000	₦ -
2.8.12.6.d	Conduct a 2-day Advocacy visit by 3 IPC Focal Persons to the key stakeholders in state structures by 2nd Quarter	₦ 1,480,000	₦ 1,480,000	₦ -	₦ -
2.8.12.6.e	Conduct a 1-day engagement visit by the IPC focal persons to management team of HMA and PHCA by 4th Quarter	₦ 410,000	₦ 410,000	₦ -	₦ -
2.8.12.6.f	3 IPC Inspectors to conduct a 5-day monitoring visit to 4 health facilities at the 3 senatorial districts using the IPC score card by 2nd Quarter	₦ 7,185,000	₦ 7,185,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.6.g	Conduct quarterly review meetings with 20 state IPC Focal Persons in the 3 senatorial district.	₦ 1,680,000	₦ 1,680,000	₦ -	₦ -
2.8.12.6.h	Develop 1800 IEC materials in collaboration with partners and distribute to 40 facilities in the 3 senatorial districts,	₦ 5,890,000	₦ 5,890,000	₦ -	₦ -
2.8.12.6.i	Commemoration of World Hygiene Day for awareness creation	₦ 8,470,000	₦ 8,470,000	₦ -	₦ -
2.8.12.6.j	A-4 Day development of strategic plan for IPC Programme in the State	₦ 21,480,000	₦ 21,480,000	₦ -	₦ -
2.8.12.6.k	Production and distribution of State IPC strategic plan to stakeholder	₦ 37,000,000	₦ 37,000,000	₦ -	₦ -
2.8.12.7.a	5 day residential capacity building of 54 health care workers on Post-partum care PRE/PEE and Post Abortal Care (PAC) interventions (Primary, seconday and Tertiary) across the 18 LGAs by 4 Facilitators and 2support staff	₦ 20,870,000	₦ 20,870,000	₦ -	₦ -
2.8.12.7.b	Quarterly 4 day supportive supervision to assessment facilities implementation of Pre-eclampsia/eclampsia management and post-abortal care by 1 RH Supervisors and 3 state officers in 14 selected health facilities.	₦ 4,224,000	₦ 4,224,000	₦ -	₦ -
2.8.12.8.a	Community mobilization, outreaches and campaigns to the 192 wards to drive demand for Antenatal care	₦ 2,444,000	₦ 1,000,000	₦ 1,444,000	₦ -
2.8.12.8.b	Incentivize pregnant mothers by the provision of starter care packs to 100 pregnant women upon delivery at the PHCs	₦ 7,500,000	₦ 1,000,000	₦ 6,500,000	₦ -
2.8.12.8.c	3 day capacity building of 54 health care workers across the 18 LGAs on ANC guidelines , management of complications and newborn care with 4 faciliators and 2 supports staff.	₦ 13,280,000	₦ 13,280,000	₦ -	₦ -
2.8.12.8.d	Conduct Quarterly one day Community Engagement meeting to 3 LGAs across the senatorial districts to 50 community stakeholder.	₦ 38,760,000	₦ 38,760,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.8.e	Conduct mouthly one day supportive supervision and On The Job training to 2 facilities on ANC services by 4 State officers.	₦ 1,056,000	₦ 1,056,000	₦ -	₦ -
2.8.12.9.a	5 day capacity building of 54 health care workers across the 18 LGAs on post partum heamorage management and family planning by 4 faciliators and 2 supports staff.	₦ 23,078,000	₦ 23,078,000	₦ -	₦ -
2.8.12.11.a	Hold 2 days meeting with relevant stakeholders to adapt referral policy	₦ 2,100,000	₦ 2,100,000		₦ -
2.8.12.11.b	Conduct comprehensive Mapping of TBAs in the State in collaboration with EDSPHCDA in the first quarter	₦ 887,790,000	₦ 887,790,000		₦ -
2.8.12.11.c	Organize training on referral process for 1730 TBAs across the 18 LGAs of the state in the second quarter	₦ 259,687,000	₦ 259,687,000	₦ -	₦ -
2.8.12.11.d	Conduct 1 day non residential consultative meeting with 200 stakeholders from both public and private health sector with respect with to TBAs involvement in referral	₦ 2,500,000	₦ 2,500,000	₦ -	₦ -
2.8.12.11.e	Conduct quarterly monitoring and evaluation in 6 LGAs by 4 personnel of the Board to track implementation progress of the referral system	₦ 4,438,000	₦ 4,438,000	₦ -	₦ -
2.8.12.11.f	Logistics support to 1730 trained TBAs	₦ 103,800,000	₦ -	₦ 103,800,000	₦ -
2.8.12.11.g	Annual review meeting with 600 TBAs to get feedback on progress made and challenges	₦ 6,100,000	₦ 6,100,000	₦ -	₦ -
2.8.12.11.h	Carry out a 90 day publicity (radio jingle)campaign across four (4) quarters	₦ 27,000,000	₦ 27,000,000	₦ -	₦ -
2.8.12.12.a	Recruit 18 doctors, 120 midwives, and 200 CHEWs/JCHEWs by the end of Q3 2025, and deploy them across all 18 LGAs to strengthen healthcare service delivery.	₦ 11,000,000	₦ 11,000,000	₦ -	₦ -
2.8.12.12.b	5-day Onboarding of New Recruits	₦ 49,800,000	₦ 49,800,000	₦ -	₦ -
2.8.12.13.a	Additional 300 Chews and 100 Jchews across to be trained for RMNCAH+N services.	₦ 36,510,000	₦ 36,510,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.13.b	Supportive Supervision	₦ 2,250,000	₦ 2,250,000	₦ -	₦ -
2.8.12.14.a	Conduct a 3day training for 120 midwives across the 18 LGAs on supervision,innovation and refresher courses.	₦ 16,380,000	₦ 16,380,000	₦ -	₦ -
2.8.12.14.b	Supportive supervision at the state and LGA level	₦ 2,250,000	₦ 2,250,000	₦ -	₦ -
2.8.12.15.a	Conduct a 5-day Training for 400 CHEWs across the 18 LGAs on MNCH services, with focus on ANC and PNC for uncomplicated pregnancies and Family Planning	₦ 36,610,000	₦ 36,610,000	₦ -	₦ -
2.8.12.19.a	2 day 25 key state stakeholders meeting on the implementation of Task Sharing and task shifting (TSTS) SOPs	₦ 1,067,500	₦ 1,067,500	₦ -	₦ -
2.8.12.20.a	Conduct 5 day 20 man comprehensive Assessment of health care facilities across the 18 LGAs.	₦ 6,600,000	₦ 6,600,000	₦ -	₦ -
2.8.12.20.b	Two day development of robust Data Collection system for health facilities lacking trained RMNCAH providers by 10 officers	₦ 1,005,000	₦ 1,005,000	₦ -	₦ -
2.8.12.21.a	Skill up training of 994 midwives across the 18 LGAs. 2 midwives per facilities in 4 batches.	₦ 207,661,000	₦ 207,661,000	₦ -	₦ -
2.8.12.21.b	5 days capacity building of 40 health care workers (Nurses / Midwives /CHEWs) on Basic and comprehensive Emergency Obstetrics and newborn care.	₦ 22,270,000	₦ 22,270,000	₦ -	₦ -
2.8.12.21.c	Conduct quarterly one day supportive supervision to 4 facilities on Basic and comprehensive Emergency Obstetrics and newborn care by 4 State officers and 1 RH Supervisor	₦ 420,000	₦ 420,000	₦ -	₦ -
2.8.12.21.d	2 days training and retraining of Health professionals( 10 Doctors and 30 nurses) on the area of helping baby's breath, and Neonatal resuscitation	₦ 18,560,000	₦ -	₦ 18,560,000	₦ -
2.8.12.21.e	5 Days training and retraining of 30 Laboratory scientist on the use of	₦ 18,650,000	₦ -	₦ 18,650,000	₦ -



Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	spectrophotometer, automatic pipette. and PCR. For 2 quarter (15 lab. Sci. per quarter).				
2.8.12.21.f	Daily sensitization of pregnant women on need to be delivered by SBAs	₦ 5,075,000	₦ -	₦ 5,075,000	₦ -
2.8.12.21.g	3 day training of 50 nurses/midwives(50 per Quater) on how to carry out the required skill for effective service delivery.	₦ 16,650,000	₦ -	₦ 16,650,000	₦ -
2.8.12.21.h	Provision of delievery kits	₦ 36,000,000	₦ 10,000,000	₦ 26,000,000	₦ -
2.8.12.22.a	Conduct and monitor 54 quarterly inreaches 3 per LGA across health facilities in the state ( 116 Nurses and 116 mobilisers will be recruited) and monitor by 3 state officer	₦ 31,296,000	₦ 31,296,000	₦ -	₦ -
2.8.12.22.b	Conduct and monitor 54 quarterly outreaches 3 per LGA across health facilities in the state ( 116 Nurses and 116 mobilisers will be recruited) and monitor by 3 state officer	₦ 23,472,000	₦ 23,472,000	₦ -	₦ -
2.8.12.22.c	Quarterly Supportive supervision of health care facility data (10 primary, 5 seconadry and 2 tertiary) on reproductive health\ family planning by 3 state team and 1 LGA represenative and 1 monitor	₦ 3,048,000	₦ 3,048,000	₦ -	₦ -
2.8.12.22.d	Quarterly data review meeting of 18 LGAs Reproductive health supervisors, 10 partners, 6 LGAs MŞE and 14 from MDAs.	₦ 10,308,000	₦ 10,308,000	₦ -	₦ -
2.8.12.22.e	Celebration of Internation Days on Reproductive health ( Global Menstrual Hygiene day, World Contraception day, International Youth Day and World adolescent health Day, International Womens day, international Day for sexual and reproductive Health Awareness )	₦ 6,690,000	₦ 6,690,000	₦ -	₦ -
2.8.12.22.f	scaleup of 5day capacity building of 40 Health Care Workers drawn from primary, secondary, and tertiary Health Facilities with low numbers of trained Health Care Workers on Long-	₦ 27,992,500	₦ 27,992,500	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	Acting Reversible Contraceptives (LARC) and Adolescent Youth Friendly Health Services (AYFHS)				
2.8.12.23.a	Conduct a one day 25 persons Stakeholders meeting to adopt the national policy and guidelines for Postpartum Family Planning (PPFP) and Post-Abortion Family Planning (PAFP)for the state	₦ 2,405,000	₦ 2,405,000	₦ -	₦ -
2.8.12.24.a	Conduct a one day 25 person Stakeholders meeting to adopt FP Communication Strategy to raise demand and reduce Unmet Need for FP in the state	₦ 685,000	₦ 685,000	₦ -	₦ -
2.8.12.25.a	scaleup of 5day capacity building of 54 Health Care Workers on the prevention, treatment and rehabilitation services for quality obstetrics Fistula care	₦ 22,372,500	₦ 22,372,500	₦ -	₦ -
2.8.12.25.b	Quarterly monitoring and evaluation of 3 health facilities on obstetrics Fistula care.	₦ 1,320,000	₦ 1,320,000	₦ -	₦ -
2.8.12.25.c	Conduct 2 day situational analysis of existing fistula services in the first quarter.(done by 3 officers)	₦ 423,000	₦ 423,000	₦ -	₦ -
2.8.12.25.d	3 day Development of national fistula strategy and guidelines in the first quarter	₦ 705,000	₦ -	₦ 705,000	₦ -
2.8.12.25.e	5 day training of 20 health care providers on fistula prevention and identification.	₦ 4,550,000	₦ 4,550,000	₦ -	₦ -
2.8.12.25.f	upgrade fistula treatment facilities in the second quarter.	₦ 2,175,000	₦ -	₦ 2,175,000	₦ -
2.8.12.25.g	conduct a 3 day training on fistula repair techniques in the second quarter for 20 health care providers	₦ 2,730,000	₦ 2,730,000	₦ -	₦ -
2.8.12.25.h	monitor and evaluate fistula program progress.	₦ 330,000	₦ 330,000	₦ -	₦ -
2.8.12.26.a	scaleup of 5day capacity building of 54 Health Care Workers on the implementation of Essential Newborn Care (ENC) in health care facilities	₦ 33,818,000	₦ 3,818,000	₦ 28,612,000	₦ 1,388,000
2.8.12.26.b	5 day monitoring and evaluation of 54 health facilities on obstetrics Fistula	₦ 1,650,000	₦ 650,000	₦ 950,000	₦ 50,000

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	care.				
2.8.12.26.c	Inauguration of 5 man committee to Accelerate implementation of Essential Newborn Care (ENC) at the Secondary Health Facilities	₦ 1,560,000	₦ 1,560,000	₦ -	₦ -
2.8.12.26.d	4 quarterly training and retraining of 200 health care professionals (Midwife, Nurses, Medical Officer, Pediatrician, Obstetrician and other) by consultant on essential newborn care(3 day training)	₦ 27,600,000	₦ -	₦ 27,600,000	₦ -
2.8.12.26.e	Printing of 10,000 fliers per month to be share across 32 Secondary Facilities to newborn mother on Standard precaution and cleanliness	₦ 2,000,030,000	₦ -	₦ 2,000,030,000	₦ -
2.8.12.26.f	Weekly sensitization of 200 Mother and Newborn on Breast feeding, hand wash and standard precussion of care( done by 10 health care workers)	₦ 9,100,000	₦ 4,000,000	₦ 5,100,000	₦ -
2.8.12.27.a	Conduct a one day 25 person Stakeholders meeting to Adapt and review the National Essential Newborn Care Course (ENCC) in the state.	₦ 635,000	₦ 635,000	₦ -	₦ -
2.8.12.27.b	2 stakeholders meeting by consultant and 20 participant to review the National Essential Newborn Care Course (ENCC) to align to the global traing curriculum for essential newborn care	₦ 1,660,000	₦ 1,660,000	₦ -	₦ -
2.8.12.28.a	2 chews per ward to conduct home visit on community based newborn out reaches, through health talk, outreaches and mobile clinics across the 192 wards.	₦ 3,840,000	₦ 3,840,000	₦ -	₦ -
2.8.12.29.a	Procure and utilize RMNCAH commodities, including oxytocin, family planning supplies, and essential devices (e.g., CPAP, monitors, pulse oximetry, oxygen, KMC devices, phototherapy, radiant warmers, ventilators, caffeine citrate, bag and mask, suctioning, etc), in line with	₦ 300,000,000	₦ 300,000,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	National guidelines and SOPs.				
2.8.12.29.b	Procurement of family planning commodities	₦ 150,000,000	₦ 150,000,000	₦ -	₦ -
2.8.12.29.c	scaleup of 5 day capacity building of 54 physician,Nurses,Midwife on CPAP Management, KMC, Newborn resuscitation, infection control, Breastfeeding support in health care facilities	₦ 37,430,000	₦ 37,430,000	₦ -	₦ -
2.8.12.29.d	Conduct on- site mentoring and evaluation	₦ 1,650,000	₦ 1,650,000	₦ -	₦ -
2.8.12.29.e	Inauguration of 5 man committee establishing Newborn Care Corner in the 32 Secondary Health Facilities to	₦ 1,171,500	₦ 1,171,500	₦ -	₦ -
2.8.12.29.f	Provision of equipment to set up Newborn Care corner	₦ 38,370,000	₦ 1,770,000	₦ 34,600,000	₦ 2,000,000
2.8.12.30.a	scaleup of 5 day capacity building of 40 physician,Nurses,Midwife on neonatal intensive care at level-3 (Tertiary) health facilitiesin health care facilities	₦ 18,507,500	₦ 18,507,500	₦ -	₦ -
2.8.12.30.b	Conduct a 2 day needs assessment of existing NICUs ( work done by 3 personnel)	₦ 851,000	₦ 851,000	₦ -	₦ -
2.8.12.30.c	Develop NICU strenthening plan and budget(done by 5 personnel in 2 days)	₦ 1,095,000	₦ 1,095,000	₦ -	₦ -
2.8.12.30.d	5 day training of 60 health care providers on neonatalcare guidelines( 10 doctors and 50 nurses). 30 per quarter.	₦ 14,190,000	₦ -	₦ 14,190,000	₦ -
2.8.12.30.e	Renovate/upgrade NICU infrastructure	₦ -	₦ -	₦ -	₦ -
2.8.12.30.f	monitor neonatal outcomes and mortality rates by 3 M&E officers	₦ 1,230,000	₦ 1,230,000	₦ -	₦ -
2.8.12.31.a	5 day capacity building of 50 health care workers (Doctors, Midwives, Nurses and biomedical Technicians at secondary and tertiary health Facilities) on Comprehensive newborn care and employ by a consultant and 3 facilitators.	₦ 20,476,000	₦ 20,476,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.31.b	One day supportive supervision of 50 facilities on comprehensive newborn care by 4 State officers.	₦ 104,000	₦ 104,000	₦ -	₦ -
2.8.12.31.c	2 Days training and retraining of 15 Doctors on comprehensive newborn care services for 2 quarter (15 doctors per quarter)	₦ 2,365,000	₦ -	₦ 2,365,000	₦ -
2.8.12.31.d	2 Days training and retraining of 30 Nurses and Midwife on comprehensive newborn care services for 2 quarter (30 nurses and midwife per quarter)	₦ 3,730,000	₦ -	₦ 3,730,000	₦ -
2.8.12.31.e	1 Day training and retraining of 5 Pharmacist and 3 medical Laboratory officer on comprehensive newborn care services for 1 quarter.	₦ 864,000	₦ 864,000	₦ -	₦ -
2.8.12.31.f	1 day training and retraining of 30 health care workers (IPC and hospital ward assistant) on comprehensive newborn care services for 2 quarter. 30 per quarter	₦ 3,730,000	₦ -	₦ 3,730,000	₦ -
2.8.12.31.g	1 day training and retraining of 10 Biomedical Technician on plan, preventive maintenance.	₦ 730,000	₦ -	₦ 730,000	₦ -
2.8.12.35.a	1 day meeting for 30 task force team for the development of Data collection tools for assessing HF readiness for IMCI services and ICCM	₦ 675,000	₦ 675,000	₦ -	₦ -
2.8.12.36.a	A 5-Day capacity building of 300 health care workers from Primary, Tertiary and secondary ( doctors, nurses, chews and school institutions) on IMCI and ICCM and will be done in 4 batches(75 participants per batch) making a total of 300 participants.	₦ 303,050,000	₦ 303,050,000	₦ -	₦ -
2.8.12.36.b	4 Person Supporting Supervision to primary institutions .	₦ 2,080,000	₦ 2,080,000	₦ -	₦ -
2.8.12.36.c	5 day capacity building of 50 health care workers (Midwives, Nurses and CHEWS) at PHCs on ICCM by 1 facilitator and 3 support staff	₦ 7,440,000	₦ 7,440,000	₦ -	₦ -
2.8.12.36.d	One day supportive supervision of 50 HFs on ICCM by 4 State officers.	₦ 44,000	₦ 44,000	₦ -	₦ -
2.8.12.37.a	Establish a state Intergrated Childhood Development (ICP) Steering	₦ 830,000	₦ 830,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	committee				
2.8.12.37.b	Conduct one day Steering committee situation analysis meeting	₦ 830,000	₦ 830,000	₦ -	₦ -
2.8.12.37.c	conduct a two day steering committee meeting for the development of state ICD strategic plan	₦ 3,890,000	₦ 3,890,000	₦ -	₦ -
2.8.12.39.a	2 day capacity building of 54 health workers (Doctors, Nurses, Wives, CHEWS) on skills for Adolescent - Youth friendly services	₦ 8,181,000	₦ 8,181,000	₦ -	₦ -
2.8.12.40.a	1 day wrokshop on the Adoption and Domestication on the School Health Policy with the state ministry of education.	₦ 1,350,000	₦ 1,350,000	₦ -	₦ -
2.8.12.41.a	A two day workshop to train 25 persons on adolescent health programs(peer to peers ,parents guardian supports.	₦ 10,370,000	₦ 10,370,000	₦ -	₦ -
2.8.12.44.a	2 Days Training and retraining of 3 Nutritionis, and 10 social welfare officers, on MIYCN	₦ 2,183,000	₦ -	₦ 2,183,000	₦ -
2.8.12.44.b	2 days Health campaign on MIYCN in the 3 Senatorial Zones	₦ 3,880,000	₦ -	₦ 3,880,000	₦ -
2.8.12.44.e	Purchase of 1 No 18 seater Toyota Bus to support monitoring and supervision MIYCN	₦ 55,000,000	₦ 55,000,000	₦ -	₦ -
2.8.12.44.f	Procure 2 Toyota Hilux 4 by 4	₦ 170,000,000	₦ 170,000,000	₦ -	₦ -
2.8.12.45.a	Adoption and dissemination of NAC report to 100 Government owned facilities in the State	₦ 2,145,000	₦ 2,145,000	₦ -	₦ -
2.8.12.45.b	Joint assessment and counselling at the 100 facilities.	₦ 5,740,000	₦ 5,740,000	₦ -	₦ -
2.8.12.45.c	Conduct World Nutrition Day celebration	₦ 5,255,000	₦ 5,255,000	₦ -	₦ -
2.8.12.45.d	Conduct World Breastfeeding Week celebration	₦ 11,845,000	₦ 11,845,000	₦ -	₦ -
2.8.12.45.e	Conduct Biannual Maternal Newborn and Child Health Week (MNCHW)	₦ 69,040,000	₦ 69,040,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.46.a	3 day capacity building of 400 HCWs on growth monitoring and promotion services	₦ 51,801,000	₦ 41,000,000	₦ 8,400,000	₦ 2,401,000
2.8.12.46.b	Supportive Supervision to health facilities to ensure proper implementation of GMP services	₦ 1,500,000	₦ 1,500,000	₦ -	₦ -
2.8.12.47.a	Conduct a 5 day training of 300 HCWs on Integrated Management of Acute Malnutrition	₦ 64,417,500	₦ 42,000,000	₦ 12,200,000	₦ 10,217,500
2.8.12.47.b	Conduct regular supportive supervision and mentoring visits to facilities providing IMAM services	₦ 2,250,000	₦ 2,250,000	₦ -	₦ -
2.8.12.48.a	Organize a 3 day Training of 400 HCWs on managing severe acute manutrition using the OTP approach	₦ 18,915,500	₦ 18,915,500	₦ -	₦ -
2.8.12.48.b	Equip the selected PHCs with necessary tools and equipment for effective service delivery	₦ 17,880,000	₦ 17,880,000	₦ -	₦ -
2.8.12.48.c	Supportive supervision visits to the PHCs to ensure compliance with OTP guidelines.	₦ 2,250,000	₦ 2,250,000	₦ -	₦ -
2.8.12.50.a	Conduct a 5-day training for 600 health workers on community nutrition best practices, including nutrition assessment and counselling.	₦ 65,635,000	₦ 65,635,000	₦ -	₦ -
2.8.12.50.b	Monitoring and evaluating health facilities to assess compliance.	₦ 6,000,000	₦ 6,000,000	₦ -	₦ -
2.8.12.53.a	Set up a 6-man State situation room for tracking bimonthly data entry on NHLMIS platform	₦ 720,000	₦ 720,000	₦ -	₦ -
2.8.12.53.b	Quarterly Zonal Data review meeting with 18 LGA RH supervisor	₦ 2,720,000	₦ 2,720,000	₦ -	₦ -
2.8.12.54.a	Quarterly procurement of full range of family planning commodities.	₦ 600,000,000	₦ 600,000,000	₦ -	₦ -
2.8.12.54.b	Procurement of 5000 units of Mama Kit	₦ 75,000,000	₦ 75,000,000	₦ -	₦ -
2.8.12.54.c	Conduct quarterly last mile distribution of FP commodities and mama kit to 528HFs on a quaterly basis	₦ 7,920,000	₦ 7,920,000	₦ -	₦ -
2.8.12.55.a	Conduct a 5-day training for 400 health workers and 200 community volunteers on the proper utilization of nutrition commodities for	₦ 120,371,000	₦ 120,371,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₺)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	nutritionally vulnerable groups				
2.8.12.55.b	Supportive Supervision to health facilities and communities	₺ 3,600,000	₺ 3,600,000	₺ -	₺ -
2.8.12.55.c	procurement of RUTF, Vitamin A, Iron folic acid, albenadazole, amoxycilin for vulnerable persons and children under 5 year.	₺ 170,000,000	₺ -	₺ 170,000,000	₺ -
2.8.12.56.a	Engage key stakeholders on a 1-day discussion to ensure the adapted National RMNCAH/Immunization Integration policy aligns with local needs	₺ 275,000	₺ 275,000	₺ -	₺ -
2.8.12.56.b	Conduct a 3-day training session to equip 300 health workers with the knowledge and skills to integrate RMNCAH, immunization, and nutrition services.	₺ 15,240,000	₺ 15,240,000	₺ -	₺ -
2.8.12.56.c	Develop a KPI framework to monitor the implementation of the integrated services and conduct regular assessments to evaluate its effectiveness	₺ 3,000,000	₺ 3,000,000	₺ -	₺ -
2.8.12.59.a	Conduct 2 Day training and demonstration on the use of 2 ways referral forms to CHEWs	₺ 4,015,000	₺ 4,015,000	₺ -	₺ -
2.8.12.59.b	Quarterly distribution of 2 way referral Forms	₺ 30,180,000	₺ 30,180,000	₺ -	₺ -
2.8.12.60.a	Monitoring and Evaluation using the Electronic ISS checklist	₺ 3,840,000	₺ 3,840,000	₺ -	₺ -
2.8.12.62.a	Quarterly develop an updated list of community health structures (WDC/VDC) to evaluate their current functionality and identify gaps.	₺ 14,112,000	₺ -	₺ 14,112,000	₺ -
2.8.12.62.b	Follow up on WDCs and VDCs to ensure active participation in RMNCAEH + Nutrition services through LHEO;s outreaches.	₺ 390,000	₺ -	₺ 390,000	₺ -
2.8.12.62.c	Design and implement community mobilization campaigns to raise awareness about available RMNCAEH and Nutrition services, emphasizing their importance for health and well-being by State and LHEO'S .	₺ 11,400,000	₺ -	₺ 11,400,000	₺ -



Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.63.a	Conduct a 2 days key stakeholders meeting, 46 including SHIA officials, LHEO's, community leaders, to build support for community-based health insurance initiatives.	₦ 9,120,000	₦ -	₦ 9,120,000	₦ -
2.8.12.63.b	Develop advocacy materials, including presentations, and infographics, highlighting the importance and benefits of community-based health insurance.	₦ 9,220,000	₦ -	₦ 9,220,000	₦ -
2.8.12.63.c	Develop KPI's to track and monitor progress on community based health insurance	₦ 36,000	₦ 36,000	₦ -	₦ -
2.8.12.64.a	5-day Training of 180 CHEWS on RMNCAEH services	₦ 28,430,000	₦ 28,430,000	₦ -	₦ -
2.8.12.64.b	Monitoring and Evaluation	₦ 23,040,000	₦ 23,040,000	₦ -	₦ -
2.8.12.65.a	Engage key stakeholders on a 1-day discussion to adapt and review standardized RMNCAH+N Job aids for community health workers.	₦ 572,500	₦ 572,500	₦ -	₦ -
2.8.12.66.a	30 man Stakeholder meeting on mapping of hard to reach area.	₦ 485,000	₦ 485,000	₦ -	₦ -
2.8.12.66.b	scale up of monitoring and conduct of 12 mobile RMNCAH+N service to hard to reach areas.(2 bimonthly)	₦ 240,000	₦ 240,000	₦ -	₦ -
2.8.12.67.a	conduct outreaches and community engagement by LHEOs to promote demand uptake for RMNCAH	₦ 6,180,000	₦ 2,060,000	₦ 4,120,000	₦ -
2.8.12.68.b	Development of meeting materials, minutes, agendas, SBC materials and handouts to be shared at WDC/VDC meetings	₦ 4,608,000	₦ 4,608,000	₦ -	₦ -
2.8.13.16.a	Co-opt an actuarial firm to conduct a detailed assessment of current tariff structures and their impact on private sector involvement.	₦ 8,710,000	₦ 8,710,000	₦ -	₦ -
2.8.13.16.b	Engage stakeholders, including 50 private sector providers, CSOs, NGOs and government representatives, to discuss the proposed tariffs.	₦ 1,700,000	₦ 1,700,000	₦ -	₦ -
2.8.13.16.c	Develop key performance indicators (KPIs) to assess changes in private sector participation, service	₦ 5,000,000	₦ 5,000,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	availability, and patient outcomes.				
2.8.13.22.a	Conduct community engagement programs to raise awareness in the 18 LGAs about the BHCPF services available to them on a quarterly basis.	₦ 10,000,000	₦ 10,000,000	₦ -	₦ -
2.8.13.22.b	Collaborate with 15 local NGOs, community health workers, other stakeholders to enhance, monitor service delivery and adherence of stakeholders to implementation guidelines	₦ 6,490,000	₦ 6,490,000	₦ -	₦ -
2.8.13.22.c	Develop and implement anonymous feedback mechanism to elicit real-time experiences of beneficiaries in health facilities to achieve at least 75% positive enrollee experience by the end of Q4	₦ 19,660,000	₦ 19,660,000	₦ -	₦ -
2.8.14.1.a	Conduct targeted campaigns across 18 LGAs to educate the public on health insurance and pre-pooling benefits throughout the year.	₦ 6,360,000	₦ 6,360,000	₦ -	₦ -
2.8.14.1.b	Enroll 500,000 residents in to EDOHS in rural and urban areas by end of Q4 2025.	₦ 5,120,000	₦ 5,120,000	₦ -	₦ -
2.8.14.1.c	Boost pre-pooling participation by 15% through partnerships with local and international groups through the adoption model by the end of Q4, 2025	₦ 16,480,000	₦ 16,480,000	₦ -	₦ -
2.8.14.1.d	Reach 10,000 individuals through quarterly sensitization targeting SMEs and market associations by Q4 2025.	₦ 19,650,000	₦ 19,650,000	₦ -	₦ -
2.8.14.1.e	Scale up market aggregator scheme to 1 major market per LGA in the three senatorial districts by the end of Q4 2025.	₦ 12,132,000	₦ 12,132,000	₦ -	₦ -
2.8.14.2.a	Engage at least 5 stakeholders every quarter to adopt and donate to the equity fund to increase coverage of vulnerables persons.	₦ 3,288,000	₦ 3,288,000	₦ -	₦ -
2.8.14.3.a	1 day Planning meeting(5 participant) on preventive maintenance and repair of laoratory	₦ 775,000	₦ 775,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	equipment in 33 facilities.				
2.8.14.3.b	Procurement of laboratory consumable	₦ 330,000,000	₦ 30,000,000	₦ 300,000,000	₦ -
2.8.14.3.c	procurement of drugs	₦ 501,600,000	₦ -	₦ 501,600,000	₦ -
2.8.14.3.d	2 day training in two batches of 80 laboratory personnel (both scientist and technician) on daily, and weekly handling of laboratory equipment .	₦ 13,984,000	₦ 13,984,000	₦ -	₦ -
2.9.15.1.a	5 Day data collection on health training institution stock	₦ 407,500	₦ 407,500	₦ -	₦ -
2.9.15.2.a	Inaugurate 15 man TWG and a steering committee members for State HRH	₦ 688,500	₦ 688,500	₦ -	₦ -
2.9.15.2.b	Conduct quarterly HRH TWG meeting	₦ 990,000	₦ 990,000	₦ -	₦ -
2.9.15.3.a	Conduct one-day meeting between SMOH and regulatory bodies and health workforce associations	₦ 1,056,000	₦ 1,056,000	₦ -	₦ -
2.9.15.4.a	Review template and conduct quarterly updateUpdate of HRH data base	₦ 52,500,000	₦ 52,500,000	₦ -	₦ -
2.9.15.4.b	3 day non residential meeting involving stakeholders in Health and adaptation of National HRH policy for the State	₦ 4,120,000	₦ 4,120,000	₦ -	₦ -
2.9.15.5.a	Data collection , Analysis and reporting of HRH inflow and outflow trend	₦ 325,000	₦ 325,000	₦ -	₦ -
2.9.15.6.a	Conduct annual healthworkforce need assessment survey and data collection	₦ 3,225,000	₦ 3,225,000	₦ -	₦ -
2.4.1.a	Organize a 3-day staff training with the 497 facility managers on utilizing the risk management framework and reinsurance policy.	₦ 62,040,000	₦ 62,040,000	₦ -	₦ -
2.4.1.b	Conduct a 1-day stakeholders' engagement to establish a counterpart funding mechanism and secure commitments on counterpart funding.	₦ 1,980,000	₦ 1,980,000	₦ -	₦ -
2.4.2.a	Conduct a 1-day quarterly performance review meeting with the	₦ 13,484,000	₦ 13,484,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	146 facility managers of BHCPF facilities.				
2.4.2.b	Conduct a bi-annual 3-day integrated supervision to monitor the implementation of post-review action plans.	₦ 1,415,000	₦ 1,415,000	₦ -	₦ -
2.4.2.c	Collect, analyze performance data and develop reports related to the BHCPF before each meeting.	₦ 3,060,000	₦ 3,060,000	₦ -	₦ -
2.4.2.d	Document the minutes of each meeting and create an action plan based on discussions.	₦ 1,180,000	₦ 1,180,000	₦ -	₦ -
2.4.2.e	Evaluate at least 80% of action items completed before the next quarterly meeting.	₦ 560,000	₦ 560,000	₦ -	₦ -
2.4.3.a	Launch a multi-channel awareness campaign to inform the public about EDOHIS benefits and enrollment procedures.	₦ 7,860,000	₦ 7,860,000	₦ -	₦ -
2.4.3.b	Organize quarterly community engagement events to promote EDOHIS and facilitate on-the-spot registrations.	₦ 11,400,000	₦ 11,400,000	₦ -	₦ -
2.4.3.c	Carry out 2 Surveys quarterly to know the current health seeking behaviour of Edo residents across the 3 senatorial districts which will help to form and implement our Marketing strategies at the Commission	₦ 612,000	₦ 612,000	₦ -	₦ -
2.4.4.a	By Q1 2025, implement AI-driven chatbots for customer inquiries to reduce call center workload by 30%.	₦ 6,390,000	₦ 6,390,000	₦ -	₦ -
2.4.4.b	Integrate AI algorithms by Q2 2025 for efficient call routing in the call center to direct queries to the appropriate agents, reducing call wait time by 20%.	₦ 5,880,000	₦ 5,880,000	₦ -	₦ -
2.4.4.c	Implement machine learning models by Q3 2025 to automate the analysis of enrollment data, identifying trends and predicting service utilization for future periods.	₦ 2,460,000	₦ 2,460,000	₦ -	₦ -
2.5.1.d	Identify and select 25% of healthcare facilities in the state for quarterly	₦ 1,200,000	₦ 1,200,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	monitoring, and evaluation calls				
2.5.1.e	Analyze the data to produce a comprehensive report per quarter highlighting findings and recommendations.	₦ 840,000	₦ 840,000	₦ -	₦ -
2.5.1.f	Share the findings with relevant stakeholders and develop targeted improvement plans based on the results.	₦ 3,310,000	₦ 3,310,000	₦ -	₦ -
2.5.1.g	Track the progress of at least 75% of facilities in implementing their improvement plans within the following quarter.	₦ 3,160,000	₦ 3,160,000	₦ -	₦ -
2.5.1.h	MDA visit to 30 MDAs every quarter for enrollees under the Formal Sector plan	₦ 900,000	₦ 900,000	₦ -	₦ -
2.5.2.a	Organize monthly community-based enrollment drives in underserved areas to educate and register 3,000 new enrollees per month across identified locations.	₦ 5,720,000	₦ 5,720,000	₦ -	₦ -
2.5.3.a	Design and conduct a 5-Day online quackery awareness survey, reaching at least 1,000 respondents.	₦ 3,624,000	₦ 3,624,000	₦ -	₦ -
2.5.3.b	Develop and launch an anti-quackery awareness campaign quarterly across all media platforms, targeting at least 500,000 people.	₦ 74,940,000	₦ 74,940,000	₦ -	₦ -
2.6.1.a	5-Day Sensitization and Hands-on training of 614HCWs across the 18 LGHAs on proper AEFI documentation	₦ 115,950,000	₦ 115,950,000	₦ -	₦ -
2.6.1.b	Production of AEFI data tools	₦ 960,000	₦ 960,000	₦ -	₦ -
2.6.1.c	1-day residential Training of 36 clinicians of serious AEFI case management	₦ 7,924,000	₦ 7,924,000	₦ -	₦ -
2.6.1.d	1-day Training of trainers for 62 DSNOs/ADSNOs on AEFI	₦ 16,599,500	₦ 16,599,500	₦ -	₦ -
2.6.1.e	1-day non-residential stepdown Training of Health Care workers on AEFI	₦ 13,650,000	₦ 13,650,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.2.a	1-Day zonal hands-on training of 614 HCWs on proper waste disposal	₦ 5,177,000	₦ 5,177,000	₦ -	₦ -
<b>Pillar Two: Efficient, Equitable and Quality Health system - TOTAL</b>		<b>₦ 18,242,496,800</b>	<b>₦ 13,415,706,180</b>	<b>₦ 4,644,603,120</b>	<b>₦ 182,187,500</b>
3.10.16.1.a	Procurement of 1 MTN router, 1 Database enabled-Desktops (Server Dell PowerEdge R740 32GB Intel Xeon SSHD+SSD 1T.) & 7 Samsung Tablets,1 Network Attached storage system(24TB My Cloud PR4100 Pro Series Media Server External),1 Network Printer,HYCU Backups and Security cloud system,1 Photocopier, 1-8 Channels CCTV,2 UPS to optimize healthcare regulatory activities of DRM of the ministry of Health.,	₦ 25,745,000	₦ 25,745,000	₦ -	₦ -
3.10.16.1.b	Development and installation of the Health facilities-based Electronic Management Database System and Cybersecurity softwares	₦ 680,000	₦ 680,000	₦ -	₦ -
3.10.16.1.c	A 2-day Training of 30 DRM Staff on the use and management of the EMS database for HF data storage, regulation and management	₦ 1,540,000	₦ 1,540,000	₦ -	₦ -
3.10.16.2.a	Hold quarterly Health research ethics committee meetings for 15 members of the research ethics committee	₦ 4,590,000	₦ 4,590,000	₦ -	₦ -
3.10.16.2.b	Hold a 1 day bi annual refresher Training for 15 members of health research ethics committee.	₦ 3,193,000	₦ 3,193,000	₦ -	₦ -
3.10.16.2.c	Hold monthly health research ethics committee meetings for review of research proposals	₦ 8,380,000	₦ 8,380,000	₦ -	₦ -
3.10.16.2.d	Hold the inauguration of the health research steering committee of 15 members	₦ 247,500	₦ 247,500	₦ -	₦ -
3.10.16.2.e	Hold the inauguration of the health research technical working group of 15 members	₦ 240,000	₦ 240,000	₦ -	₦ -
3.10.16.2.f	Hold the health research technical working group quarterly meetings of 15 members.	₦ 990,000	₦ 990,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
3.10.16.2.g	Hold a 1 day annual meeting of the health research policy forum of 50 participants	₦ 1,450,000	₦ 1,450,000	₦ -	₦ -
3.10.16.3.a	Set up a dedicated funding account focused on specific areas like R and D, and utilization of research findings for new drug molecules redesign, repurposing or revalidation of existing drug molecules, phytomedicine, vaccines, diagnostics and other health commodities for the control, treatment of infectious diseases.	₦ 143,000	₦ 143,000	₦ -	₦ -
3.10.16.3.e	Develop regulatory framework in Support of research and development , drug manufacturing, API development, manufacturing and funding of R and D.	₦ 12,000,000	₦ 12,000,000	₦ -	₦ -
3.10.16.3.f	Develop a policy framework to support R and D in development of drugs, vaccines, diagnostics, and other health commodities for control, treatment and prevention .	₦ 15,000,000	₦ 15,000,000	₦ -	₦ -
3.10.16.3.h	Organise 1 month workshop/ training on R and D funding, skills needed in R and D such as high-throughput screening, drug/vaccines development protocols, clinical trials, drug re-purposing , drug redesign and drug validation.	₦ 94,070,000	₦ 94,070,000	₦ -	₦ -
3.10.16.5.a	Conduct feasibility studies to identify suitable locations for APIs manufacturing Zones.	₦ 690,000	₦ 690,000	₦ -	₦ -
3.10.16.5.b	Secure land and basic infrastructure like electricity , and water supply for APIs manufacturing facilities.	₦ 901,900,000	₦ 901,900,000	₦ -	₦ -
3.10.16.5.e	Construct and equip Research and development(R&D) laboratory with in the manufacturing zones.	₦ 4,060,025,000	₦ 4,060,025,000	₦ -	₦ -
3.10.16.5.f	Form task force of regulatory experts and industry representatives to draft API manufacturing guidelines.	₦ 2,320,000	₦ 2,320,000	₦ -	₦ -
3.10.16.5.g	Collaborate with technical institute like NIPRD, universities to create	₦ 800,000	₦ 800,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	specialised training programs in API production, knowledge transfer and joint research.				
3.10.16.5.h	Set up a digital API knowledge exchange platform for knowledge sharing between industry, academia and government.	₦ 3,500,000	₦ 3,500,000	₦ -	₦ -
3.10.16.6.a	5 rounds of meeting in the first quarter to establish MOU with University of Benin for research and training for traditional medicine practice in the state	₦ 610,000	₦ 610,000	₦ -	₦ -
3.10.16.6.b	Organise quarterly trainings for 150 TMPs on herbal medicines processing and storage in collaboration with the University of Benin	₦ 93,150,000	₦ 93,150,000	₦ -	₦ -
3.10.16.6.c	Locate, assess, perimeter fence, cultivate, and maintain the State-owned herbal/botanical garden at Obayantor	₦ 584,780,000	₦ 584,780,000	₦ -	₦ -
3.10.16.6.d	Visit and understudy two (2) top performing State Traditional Medicine Boards (TMBs) in Nigeria and conduct 2 traditional medicine based research studies	₦ 14,000,000	₦ 14,000,000	₦ -	₦ -
3.10.16.6.e	1 day Annual review meeting with 600 TMPs on the board activities by the last quarter of the year	₦ 6,400,000	₦ 6,400,000	₦ -	₦ -
3.10.16.6.f	Purchase of 60 reference books for Traditional medicine board library	₦ 42,000,000	₦ 42,000,000	₦ -	₦ -
3.10.16.6.g	Attend a 7-day annual/ national conference and international conference on traditional/natural medicine for 2 staff of the Board	₦ 4,880,000	₦ 4,880,000	₦ -	₦ -
3.10.16.6.h	Conduct 3-day quarterly capacity building for 18 staff of the Board	₦ 17,112,000	₦ 17,112,000	₦ -	₦ -
3.13.19.2.a	Annual review of State supply chain maturity level through focused Group Discussion with 25 persons drawn from the State PSM-TWG stakeholders	₦ 375,000	₦ 375,000	₦ -	₦ -
3.13.19.2.b	Hold quarterly Procurement and Supply Chain Technical Working Group coordination meeting with 40	₦ 600,000	₦ 600,000	₦ -	₦ -



Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	participants				
3.13.19.2.c	Conduct a 5-day learning exchange program to State with operational DMA by a 3-man Change Management Team to provide insight on the operationaliation of DMA.	₦ 2,355,000	₦ 2,355,000	₦ -	₦ -
3.13.19.2.d	Conduct Warehouse / NHLMIS data triangulation with	₦ 450,000	₦ 450,000	₦ -	₦ -
3.13.19.3.a	Set up a D.M.A (Drug Management Agency) that will procure, stock and distribute on a large scale essential medicines, H.I.V drugs, vaccines and RMNCAH commodities.	₦ 540,000	₦ 540,000		₦ -
3.13.19.3.b	Setup a 10 man committe to Develop regulatory frameworks for proper functioning and development the D.M.A	₦ 7,800,000	₦ 7,800,000		₦ -
3.13.19.3.c	set up 8 man committe to Develop policy frameworks for proper functioning and development of the D.M.A	₦ 510,000	₦ 510,000		₦ -
3.13.19.3.e	Employ and train 30 personnels to manage the warehouse	₦ 980,000	₦ 980,000		₦ -
3.13.19.3.g	Organise a 5 day training of 30 healthcare professionals on the developed NHLMIS	₦ 9,800,000	₦ 9,800,000		₦ -
3.13.19.4.a	Dissemination meeting of change management team findings to key stakeholders to advocate sustainable medicines, vaccine and health commodity finanacing	₦ 495,000	₦ 495,000	₦ -	₦ -
3.13.19.5.a	Engagement of casual worker for routine warehouse activities	₦ 1,440,000	₦ 1,440,000	₦ -	₦ -
3.8.1.a	Conduct a 3-day quarterly supportive supervision by state M&E officers across the 18 LGAs to monitor progress of activities.	₦ 5,508,000	₦ 5,508,000	₦ -	₦ -
3.8.1.b	Organize a 1-day training for 18 supervisors for the supportive supervision exercise	₦ 72,000	₦ 72,000	₦ -	₦ -
Pillar Three: Unlocking Value Chains - TOTAL		₦ 5,931,360,500	₦ 5,931,360,500	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
4.14.20.2.a	Quarterly airing of Audio and Tv jingles in English, pidgin and other indiginous languages on public awareness and behaviour on prevention, detection, control of public health threat and campaigns.	₦ 80,300,000	₦ 80,300,000	₦ -	₦ -
4.14.20.3.a	Conduct 2-day Training for 20 IPC state Focal Person on multimodal strategies for implementation of IPC plans, behavioral change, and interpersonal communication by the 2nd Quarter	₦ 1,120,000	₦ 1,120,000	₦ -	₦ -
4.14.20.3.b	Organize and conduct a 2-day training for 25 Participants of state team and committee on HAI surveillance and build capacity for the conduct of catheter-associated UTI and surgical site infection surveillance by 3rd Quarter	₦ 1,400,000	₦ 1,400,000	₦ -	₦ -
4.14.20.3.c	3-days non-residential workshop for 50 Health sector stakeholders on the Domestication of multi-hazard preparedness and response plan	₦ 15,262,000	₦ 15,262,000	₦ -	₦ -
4.14.20.3.d	3-days residential state level TOT of 75 state rapid response team (RRT) on Public health Emergency Management and response	₦ 31,962,500	₦ 31,962,500	₦ -	₦ -
4.14.20.3.e	3 days Step down Training of 300 Healthcare worker/ Multisectoral personnel (LGA RRT, Security Agencies, CBOs) in six(6) clusters on Public health Emergency Management	₦ 53,010,000	₦ 53,010,000	₦ -	₦ -
4.14.20.3.f	2-days Zonal Training of Trainers 192 Community Informants (TBAs, PMVs, BS, TH) in four (4) clusters on Community Surveillance for priority diseasesa and Contact tracing	₦ 29,144,000	₦ 29,144,000	₦ -	₦ -
4.14.20.3.g	1-day ward level step down training of 1728 community informants (TBAs, PMVs, BS, TH) on Community Surveillance for priority diseases	₦ 48,000,000	₦ 48,000,000	₦ -	₦ -
4.14.20.3.h	Engagement of Adhoc Staff (10 per LGA) to conduct community Active Case Search and contact tracing	₦ 86,400,000	₦ 86,400,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
4.14.20.3.i	Deployment of 4 teams of 5-man RRTs for outbreak Response for six(6) days	₦ 34,800,000	₦ 34,800,000	₦ -	₦ -
4.14.20.4.a	Organize a 3-day meeting to develop a comprehensive supply chain incidence plan and medical countermeasure SOP document for preparedness and response to epidemics and pandemics by a 3-man expert team	₦ 210,000	₦ 210,000	₦ -	₦ -
4.14.20.4.b	Conduct annual evaluation of stock level of medical commodities, laboratory supplies for preparedness and response to epidemics and pandemics at referral sites, Local Health Authority and State Store.	₦ 720,000	₦ 720,000	₦ -	₦ -
4.14.20.4.c	Execute quarterly redistribution to pre-position commodities at appropriate locations for first line response to epidemics and pandemic	₦ 3,600,000	₦ 3,600,000	₦ -	₦ -
4.14.20.5.a	2-days refresher training of LGA Disease Surveillance officers and assistant on Priority diseases and SORMAS	₦ 21,309,000	₦ 21,309,000	₦ -	₦ -
4.14.20.5.b	Provide Logistics movement accessible to 18 LGA DSNOs for movement of Samples of priority Diseases from Health facility or point of collection to the closest pick up point	₦ 64,800,000	₦ 64,800,000	₦ -	₦ -
4.14.20.5.c	Conduct Quarterly border engagement meetings with stakeholders in neighbouring state, Delta, Ondo and Kogi	₦ 2,200,000	₦ 2,200,000	₦ -	₦ -
4.14.20.5.d	Conduct monthly Integrated Disease surveillance review meetings	₦ 20,304,000	₦ 20,304,000	₦ -	₦ -
4.14.20.5.e	Train 3487 persons (clinicians, State team, LGA team, SFP at focal and non-focal site, CI) on VPD surveillance of all cadre of persons in the surveillance network	₦ 63,450,000	₦ 63,450,000	₦ -	₦ -
4.14.20.5.f	Recruit 500 teams of 2-man team to conduct 3-days Retroactive and community active case search in silent	₦ 40,000,000	₦ 40,000,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	or selected poor performing LGAs				
4.14.20.5.g	Provide logistics support for AFP and ES Samples Collection, and Transport to the Reference Laboratory and Support 6 Officers to participate in annual ES Review meeting	₦ 20,000,000	₦ 20,000,000	₦ -	₦ -
4.14.20.6.a	Build and Equip one Public health Laboratory in EDSUTH Auchu and optimize/expand the capacities of two Existing Lab (UBTH/ISTH) to for test more priority Diseases	₦ 400,000,000	₦ 400,000,000	₦ -	₦ -
4.14.20.6.c	2-day non-residential Capacity building for 36 public health laboratorians and DSNOs on sample collecting, Packaging, Shipment, testing, and result reporting	₦ 5,016,000	₦ 5,016,000	₦ -	₦ -
4.14.20.6.d	Develop and print 50 copies of Public Health bulletins	₦ 10,000,000	₦ 10,000,000	₦ -	₦ -
4.14.20.7.a	Conduct awareness campaigns (Road show) targeting prescribers, pharmacists and the public on the risk associated with misuse of antibiotics (50 participants)	₦ 1,050,000	₦ 1,050,000	₦ -	₦ -
4.14.20.7.b	Conduct Periodic AMR prevalence surveys across Health facilities and community	₦ 1,800,000	₦ 1,800,000	₦ -	₦ -
4.14.20.7.c	Conduct a 3-day residential workshop Develop and implement guidelines for antimicrobial prescribing and dispensing in healthcare settings. (50 Participants)	₦ 48,854,000	₦ 48,854,000	₦ -	₦ -
4.14.20.7.d	Development of kobo collect tool for AMR Uses survey	₦ 300,000	₦ 300,000	₦ -	₦ -
4.14.20.8.a	Collaborate with health institutions and Academicians on Public health research and Publication in reputable National and International Journals on a yearly basis	₦ 11,850,000	₦ 11,850,000	₦ -	₦ -
4.14.20.9.a	Weekly EOC Coordination meetings involving 30 participants	₦ 15,600,000	₦ 15,600,000	₦ -	₦ -
4.14.20.9.b	Quarterly of Surveillance TWG meeting	₦ 1,000,000	₦ 1,000,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
4.14.20.9.c	Bi-annual Harmonization Meeting of Public Health interventions	₦ 600,000	₦ 600,000	₦ -	₦ -
4.14.20.9.d	1-day Zonal refresher training of 85 Surveillance Officers on Active Case Search ,Contact tracing and Outbreak response	₦ 4,373,500	₦ 4,373,500	₦ -	₦ -
4.14.20.9.e	Optimize Stella Obasanjo and Auchi Isolation centre	₦ 1,200,000,000	₦ 1,200,000,000	₦ -	₦ -
4.14.20.9.g	Operational fund to support PHEOC activity	₦ 2,400,000	₦ 2,400,000	₦ -	₦ -
4.15.21.1.a	Collaborate with Ministry of Environment to conduct one day residential training/workshop on climate change for 18 LGA, 2 State Climate change Desk officers and 10 Environmental Health Officers	₦ 3,762,500	₦ 3,762,500	₦ -	₦ -
4.15.21.1.b	A 2-day supportive supervisory visit of 5 officers to 360 (20 per LGA) selected private and public health facilities across the 18 LGAs.	₦ 11,940,000	₦ 11,940,000	₦ -	₦ -
4.15.21.1.c	Collaboration with HMA and ESPHCDA to conduct one day training of 200 health care workers in Edo South on proper health care waste management	₦ 6,407,500	₦ 6,407,500	₦ -	₦ -
4.15.21.2.a	Quarterly meeting of 18 LGA, 2 State climate change desk officers and 10 Environmental Health Officers	₦ 3,800,000	₦ 3,800,000	₦ -	₦ -
4.10.1.d	Employment of 80 Health Professionals across the 16 selected CEmONC facilities.	₦ 47,600,000	₦ 47,600,000	₦ -	₦ -
4.10.2.c	Review expression of interest and 5 man panel conduct interview	₦ 307,500	₦ 307,500	₦ -	₦ -
4.10.2.d	Monthly reconciliation meeting with fudiciary agents ( 6 persons)	₦ 264,000	₦ 264,000	₦ -	₦ -
4.11.4.a	Office Stationeries, Internet , Communication, and Fuel	₦ 312,000	₦ 312,000		₦ -
4.11.4.b	Office Computers, UPS	₦ 15,000,000	₦ 15,000,000		₦ -
4.12.1.a	Facilitate 1-day training for supervisors of the 18 LGAs	₦ 80,000	₦ 80,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
4.12.1.b	Organize monthly joint supervisory visits to 497 health facilities across the 18 LGAs	₦ 11,124,000	₦ 11,124,000	₦ -	₦ -
<b>Pillar Four: Health Security - TOTAL</b>		<b>₦ 2,421,432,500</b>	<b>₦ 2,421,432,500</b>	<b>₦ -</b>	<b>₦ -</b>
1.16.22.1.a	Bi-annual Health Data Governance Committee Meeting of 50 members	₦ 4,260,000	₦ 4,260,000	₦ -	₦ -
1.16.22.1.b	2-Days Quaterly Health Data Consultative Commette Meeting of 100 members	₦ 58,640,000	₦ 58,640,000	₦ -	₦ -
1.16.22.2.a	Inauguration of 30 members Monitoring and Evaluation Technical Working Group to review, update and adapt strategic document on HIS to support monitoring and evaluation of health sector plans and interventions.	₦ 1,590,000	₦ 1,590,000	₦ -	₦ -
1.16.22.2.b	Monthly 30 members Monitoring and Evaluation Technical Working Group Review Meeting	₦ 19,080,000	₦ 19,080,000	₦ -	₦ -
1.16.22.3.c	1-Day training of accessors on the use of the integrated assessment checklist to be administered to 18 LGHA M & E Officers and 497 facility managers	₦ 260,450,000	₦ 260,450,000	₦ -	₦ -
1.16.22.3.d	10-Day Integrated assessment in the identified facilities and LGHAs across the 18 LGAs and the 192 wards with technical support provided to the M & E officers and facility managers on the proper entry of data on the DHIS2 platform	₦ 4,500,000	₦ 4,500,000	₦ -	₦ -
1.16.22.3.e	Production of the 15 different 2019 NHMIS Data Tools for 1528 health facilities	₦ 458,400,000	₦ 458,400,000	₦ -	₦ -
1.16.22.3.f	2-Day Training of 20 State and 180 LGA personel on DHIS2 Navigation and use for Improved data accessibility	₦ 30,088,000	₦ 30,088,000	₦ -	₦ -
1.16.22.3.g	2-Day Training of 1528 Facility staff on National Health Management Information System (NHMIS) forms by 36 state and 18 lga M&Es	₦ 101,268,000	₦ 101,268,000	₦ -	₦ -
1.16.22.3.h	5-day Qarterly Data Validation by 3 supervisors accross the 18LGA	₦ 27,000,000	₦ 27,000,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.16.22.3.i	5-Day Bi-annual Integrated Supportive Supervision to Health Facilities by 12 supervisors across the 18LGA	₦ 16,200,000	₦ 16,200,000	₦ -	₦ -
1.16.22.3.j	Monthly Data Quality Assessment by 3 supervisors across the 18LGA	₦ 19,440,000	₦ 19,440,000	₦ -	₦ -
1.16.22.3.l	1 Stakeholders meeting by 10 Officers to introduce the use of ICD-11 for classification and coding of disease.	₦ 405,000	₦ 405,000	₦ -	₦ -
1.16.22.3.m	Purchase of ICD-11 software and Hard copy	₦ 100,000	₦ 100,000	₦ -	₦ -
1.16.22.3.n	5 day training and retraining of 20 Medical Records/Health Information Management and other Medical officers on the use of ICD-11	₦ 7,800,000	₦ 7,800,000	₦ -	₦ -
1.16.22.3.o	5 day training and retraining of 20 Medical Records/Health Information Management on the use of DHIS2	₦ 7,800,000		₦ 7,800,000	₦ -
1.16.22.3.p	Monitoring and evaluation of the use of ICD-11 and DHIS2 tool	₦ 1,134,000		₦ 1,134,000	₦ -
1.16.22.4.a	5-day Bi-annual Training of the 70 health records personel on the manual application of ICD 11 to classify disease for research	₦ 58,340,000	₦ 58,340,000	₦ -	₦ -
1.16.22.4.b	5-day Bi-annual Training of the 70 health records personel on the electronic application of ICD 11 to classify disease for research	₦ 61,260,000	₦ 61,260,000	₦ -	₦ -
1.16.22.4.e	Procurement of 40 computers and router (35 secondary facilities and 5 M&E officers in the state) for Medical record keeping in HMA and secondary health facilities for implimentation of HIE and ICD-11	₦ 68,600,000	₦ 68,600,000	₦ -	₦ -
1.16.22.6.a	2-Day Training of 1528 all Health Facility(private and public) staff on DHIS2 digitalization reporting by 36 state and 18 lga M&Es	₦ 93,472,000	₦ 93,472,000	₦ -	₦ -
1.16.22.6.b	Provision of Monthly internet data subscription for all 1528 Health facility(private and public)	₦ 73,344,000	₦ 73,344,000	₦ -	₦ -
1.16.22.7.c	Conduct quarterly trend analysis of specific key health indicators using the DHIS2 platform and the EdoDiDa platform	₦ 140,000	₦ 140,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.16.22.7.d	Organize a 1-day review meeting to discuss analysis and accompanying action plans with program officers, M & E officers and facility managers to be done every quarter	₦ 35,112,000	₦ 35,112,000	₦ -	₦ -
1.16.22.7.e	3-Day monthly supportive supervisory visits and follow up action plans with the 18 LGHA M & E Officers	₦ 16,200,000	₦ 16,200,000	₦ -	₦ -
1.16.22.7.f	1-Day LGHA Monthly statistics meeting with all program officers, MoHs', LIOs, DSNOs, M & E officers and all other program officers within the LGHAs	₦ 15,840,000	₦ 15,840,000	₦ -	₦ -
1.16.22.7.h	2-Days Training on data analysis and Visualization for 36 M&Es from SMOH, PHCDA, HMA AND EDHIC	₦ 7,120,000	₦ 7,120,000	₦ -	₦ -
1.16.22.7.i	2-Days Training on Introduction of Data use learning network for 36 M&Es from SMOH, PHCDA, HMA AND EDHIC	₦ 7,120,000	₦ 7,120,000	₦ -	₦ -
1.16.22.7.j	1 day meeting with 10 participant to design internal data collection tool to capture secondary healthcare data	₦ 161,500	₦ 161,500		₦ -
1.16.22.7.k	2 day residential capacity building on advanced data analysis and presentation for 32 staff across the 3 senatorial zone for 2 quarter (16 per quarter).	₦ 3,656,000	₦ -	₦ 3,656,000	₦ -
1.16.22.7.l	3 officers TO carry out DQA to Monitor and evaluate Data quality and entry across 3 Senatorial Zone( 1 officer per zone)	₦ 498,000	₦ 498,000	₦ -	₦ -
1.16.22.7.m	1 day quarterly review meeting by 20 officers on policy formulation.	₦ 1,520,000	₦ 1,520,000	₦ -	₦ -
1.16.22.8.a	5-Day collection and validation of monthly data from both public and private health facilities (500+) in the LGHAs	₦ 40,000	₦ 40,000	₦ -	₦ -
1.16.22.8.b	2-Day Stakeholders meeting to identify key communication channels, develop, approve and implement a communication strategy for information dissemination for 40 persons	₦ 5,980,000	₦ 5,980,000	₦ -	₦ -



Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.16.22.8.c	2-Day collaborative workshop with IT and data teams to design dashboard and scorecard templates for the collection and visualization of data of the facilities and LGHAs for 60 persons	₦ 4,040,000	₦ 4,040,000	₦ -	₦ -
1.16.22.8.d	3-Day Integration of priority health data sets into health platform by the M & E officers in the State and LGHAs	₦ 6,840,000	₦ 6,840,000	₦ -	₦ -
1.16.22.8.f	Production of 100 copies each quaterly Health Bulletins	₦ 2,000,000	₦ 2,000,000	₦ -	₦ -
1.16.22.9.a	Planned biquarterly routine maintenance of IT infrastructure, laptops, desktops and tablets in the 18 LGHAs	₦ 2,160,000	₦ 2,160,000	₦ -	₦ -
1.16.22.9.b	One-off procurement of IT infrastructure for 192 facility managers across the 18 LGHAs in the state	₦ 288,768,000	₦ 288,768,000	₦ -	₦ -
1.16.22.10.a	3-Day training of 10 Agency M & E Officers and 18 LGHA M & E Officers on HIS skillsets	₦ 6,042,000	₦ 6,042,000	₦ -	₦ -
1.16.22.10.b	1-Day monthly supportive supervision and on the job training for agency and LGHA M & E Officers with the provision of technical support	₦ 8,412,000	₦ 8,412,000	₦ -	₦ -
1.16.22.10.c	A day meeting of the 10 Programme M&Es to Define the scope and objectives of the assessment of human resources for data management (e.g., skills in data collection, analysis, and reporting).	₦ 115,000	₦ 115,000	₦ -	₦ -
1.16.22.10.d	Develop/update and deploy assessment tools (e.g., surveys, interviews) to capture skillsets and gaps in data management, analytics, and reporting. For 10 days	₦ 7,200,000	₦ 7,200,000	₦ -	₦ -
1.16.22.10.e	Analyze findings and produce a report with recommendations for addressing skill gaps.	₦ 15,000	₦ 15,000	₦ -	₦ -
1.16.22.10.i	Select and prepare an accessible platform for hosting interactive self-paced modules.	₦ 30,000	₦ 30,000	₦ -	₦ -
1.16.23.1.a	Bi-Annual State wide Health Facility Mapping for 5 days by 54 M&Es	₦ 24,300,000	₦ 24,300,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.16.23.1.b	Strengthening State own databases and creation of dashboards for visualizing health data	₦ 5,145,000	₦ 5,145,000	₦ -	₦ -
1.16.23.1.c	Develop/update/review standardized framework and toolkit to assist State in establishing digital health units, including role definitions, infrastructure requirements, and operational guidelines.	₦ 30,000	₦ 30,000	₦ -	₦ -
1.16.23.1.d	Organize 5 days capacity-building workshops for 18 State health officials and designated desk officers on digital health management, focusing on governance, data security, and system interoperability.	₦ 7,200,000	₦ 7,200,000	₦ -	₦ -
1.16.23.1.e	Establish a monitoring and evaluation (M&E) system to track the progress of each State's digital health unit, ensuring compliance with national standards and providing continuous support.	₦ 15,000	₦ 15,000	₦ -	₦ -
1.16.23.2.a	Conduct a state-wide audit of health facilities using or planning to implement EMR systems and develop a compliance dashboard for real-time monitoring for 5 days	₦ 4,050,000	₦ 4,050,000	₦ -	₦ -
1.16.23.2.c	2 Day meeting to Develop accreditation process for 10 digital health vendors and solution providers to enable only certified vendors to implement EMR and digital health solutions.	₦ 508,000	₦ 508,000	₦ -	₦ -
1.16.23.2.d	Train desk officers and compliance task forces(18) on monitoring, enforcement, and reporting tools for 2 days	₦ 2,468,000	₦ 2,468,000	₦ -	₦ -
1.16.23.2.e	Conduct monthly spot checks with a 18 task force and provide technical support to address compliance gaps.	₦ 25,920,000	₦ 25,920,000	₦ -	₦ -
1.16.23.2.f	Host quarterly meetings with 5 administrators and 25 stakeholders to review compliance and share best practices.	₦ 1,980,000	₦ 1,980,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.16.23.3.a	Establish a multidisciplinary team to oversee the development and implementation of enterprise architecture aligned with national guidelines.	₦ 600,000	₦ 600,000	₦ -	₦ -
1.16.23.3.e	Conduct 2 day training sessions for 54 healthcare staff on new standards and pilot selected digital health applications to test interoperability in real-world settings.	₦ 8,763,000	₦ 8,763,000	₦ -	₦ -
1.16.23.5.a	5-Day assessment to understand 700 HCW skills and readiness for adoption and implementation of interventions	₦ 4,500,000	₦ 4,500,000	₦ -	₦ -
1.16.23.6.a	5-Day evaluation and assessment exercise to Identify and define minimum infrastructure and computing requirements for the 497 primary health care facilities in the State	₦ 4,500,000	₦ 4,500,000	₦ -	₦ -
1.16.23.6.b	Procure and distribute according to computing needs identified	₦ 745,518,000	₦ 745,518,000	₦ -	₦ -
1.16.23.6.c	Procurement of 1500 computers and router	₦ 322,500,000	₦ 322,500,000	₦ -	₦ -
1.16.23.6.e	3 day digital Literacy training for 1500 facilities manager in the 18LGA's	₦ 114,675,000	₦ 114,675,000	₦ -	₦ -
1.16.23.8.d	Organize feedback sessions with 30 stakeholders to discuss findings from evaluations and inform strategy adjustments.	₦ 1,040,000	₦ 1,040,000	₦ -	₦ -
1.13.1.a	Conduct 4 operational research	₦ 38,725,000	₦ 38,725,000	₦ -	₦ -
1.13.1.d	Establish partnerships with 2 academic institutions and research organizations to design and conduct formative and implementation research projects that focuses on the effectiveness and impact of EDOHIS on healthcare delivery by Q2 2024	₦ 4,960,000	₦ 4,960,000	₦ -	₦ -
1.13.1.e	Execute 2 surveys each quarter to gather data on health service utilization, patient satisfaction, and the impact of EDOHIS, ensuring continuous feedback and improvement in healthcare delivery.	₦ 2,440,000	₦ 2,440,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.13.1.f	Aim to publish at least two research papers in internationally renowned journals by the end of Q4, showcasing findings from the conducted research and contributing to the global body of knowledge on health insurance scheme and its impact.	₦ 1,200,000	₦ 1,200,000	₦ -	₦ -
1.14.1.a	Provide monthly Transport support and Monthly phone call and data allowance for LGA Diseases surveillance officers(DSNOs) and Assistants (62) for Health facility and community active case search	₦ 26,160,000	₦ 26,160,000	₦ -	₦ -
1.14.1.b	Procure One(1) operational Vehicle for Disease Surveillance	₦ 85,000,000	₦ 85,000,000	₦ -	₦ -
1.14.1.c	Provide Fund for Monthly Fuelling and Maintenance of operational for disease surveillance	₦ 1,136,000	₦ 1,136,000	₦ -	₦ -
1.14.1.d	provide fund for integrated quarterly DSNOs,ADSNOs, LIO, M&E meeting	₦ 17,040,000	₦ 17,040,000	₦ -	₦ -
1.14.1.e	Provide Logistics support for 2-day monthly Supportive supervision to the Health facilities across the 18 LGAs	₦ 8,640,000	₦ 8,640,000	₦ -	₦ -
1.14.1.f	Procure of 36 SORMAS tablets for 18 LGA DSNOs and ADSNOs for prompt reporting	₦ 10,800,000	₦ 10,800,000	₦ -	₦ -
1.14.2.a	20- day Enumeration/Registration exercise of 1000 food premises for baseline data by 5 officers and 3 Adhoc staff	₦ 4,950,000	₦ 4,950,000	₦ -	₦ -
1.14.2.b	Training of 500 food handlers and vendors in regulated on food hygiene and safety	₦ 9,785,000	₦ 9,785,000	₦ -	₦ -
1.14.2.c	Collaboration with Ministry of Agriculture and Food Security to conduct one day training 100 abattoir/slaughter houses and operators on meat hygiene and safety standard in line with Public Health Law/Guidelines	₦ 2,507,500	₦ 2,507,500	₦ -	₦ -
1.14.2.d	Conduct 10- day monthly Inspection visit of 5 officers to food premises for compliance/enforcement	₦ 7,400,000	₦ 7,400,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.14.2.e	Quarterly meeting of 20 stakeholders (NAFDAC, Ministry of Agriculture and Food Security, Ministry of Health, Market Associations, private organisations etc.) on food safety and food adulteration	₦ 1,800,000	₦ 1,800,000	₦ -	₦ -
1.14.2.f	Conduct A 5-day quarterly verification visit of 5 officers to food and regulated premises to ensure compliance with food hygiene and safety standards	₦ 1,000,000	₦ 1,000,000	₦ -	₦ -
1.14.2.g	A 2-day quarterly monitoring visit of 20 persons to major markets to prevent food adulteration in collaboration with NAFDAC,SON,CPC and Ministry of Agriculture and Food security	₦ 1,600,000	₦ 1,600,000	₦ -	₦ -
1.14.2.h	Celebration of World Food Hygiene and Safety Day	₦ 9,140,000	₦ 9,140,000	₦ -	₦ -
1.14.3.a	Quarterly meeting of the State Oxygen Forum (35 members)	₦ 4,920,000	₦ 4,920,000	₦ -	₦ -
1.14.3.b	A 2-day non residential training of 220 Health care worker ( 90 from PHC, 105 from Secondary, 25 from Tertiary HFs) in the 3 senatorial zones of the State, on Hypoxaemia management	₦ 31,822,000	₦ 31,822,000	₦ -	₦ -
1.14.3.c	A 2-day residential training of 80 BMEs/Ts ( 40 from PHC, 35 from Secondary, 5 from Tertiary HFs) from the 3 senatorial zones of the State, on oxygen equipment repair	₦ 15,264,000	₦ 15,264,000	₦ -	₦ -
1.14.3.d	Supervision/assessment visit by State team to oxygen production sites/plants in the State (4)-Biannual visits	₦ 320,000	₦ 320,000	₦ -	₦ -
1.14.3.e	Production of 1000 calendar and 5,000 flyers on and hypoxaemia and oxygen use	₦ 77,500,000	₦ 77,500,000	₦ -	₦ -
1.14.3.f	Health facilities oxygen inventory and use assesment (35 Secondary HFs, 5 Tertiary HFs, and 90 PHCs)	₦ 6,600,000	₦ 6,600,000	₦ -	₦ -
1.14.3.g	Procurement 200 pulse oximeters, 200 oxygen guage for distribution to health facilities across the State.	₦ 36,000,000	₦ 36,000,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.14.3.h	Last mile delivery of oxygen equipment to health facilities at the LGA	₦ 2,240,000	₦ 2,240,000	₦ -	₦ -
<b>Enabler One: Data Digitization - TOTAL</b>		<b>₦ 3,474,842,000</b>	<b>₦ 3,462,252,000</b>	<b>₦ 12,590,000</b>	<b>₦ -</b>
2.17.24.1.a	Advocacy Visit to relevant Stakeholders for lumpsum approval for aggregate activities capture in the annual workplan	₦ 2,580,000	₦ 2,580,000	₦ -	₦ -
2.17.24.2.a	Generation of quarterly budget execution and utilization report	₦ 420,000	₦ 420,000	₦ -	₦ -
2.17.24.3.a	One Day Inauguration of 30 Man Health Financing Technical Working Group	₦ 645,000	₦ 645,000	₦ -	₦ -
2.17.24.3.b	Quarterly Health Financing TWG Meeting Involving 30 Members	₦ 1,935,000	₦ 1,935,000	₦ -	₦ -
2.17.24.4.a	Quarterly Conduct of Resource Mapping and Expenditure Tracking Across Health MDAs	₦ 5,960,000	₦ 5,960,000	₦ -	₦ -
2.17.24.4.b	Annual Conduct and Domestication of State Health Account Study	₦ 30,620,000	₦ 30,620,000	₦ -	₦ -
2.17.24.5.a	A One day engagement meeting with relevant stakeholders to develop the Health Sector Investment case	₦ 795,000	₦ 795,000	₦ -	₦ -
2.17.24.6.a	Advocacy visit to the SSG on the need to increase resources mobilization for the health sector	₦ 750,000	₦ 750,000	₦ -	₦ -
2.17.24.6.b	Engagement meeting with Budget Office for increase in Health Budget	₦ 510,000	₦ 510,000	₦ -	₦ -
2.17.24.6.c	Advocacy to companies operating the state to contribute through CSR initiatives that support health programs, such as funding clinics, providing vaccines, or supporting maternal and child health services.	₦ 1,950,000	₦ 1,950,000	₦ -	₦ -
2.17.24.7.a	3 Day Capacity Building for Planning Team	₦ 8,230,000	₦ 8,230,000	₦ -	₦ -
2.17.24.7.b	Health Sector AOP Alignment with the Annual Budget	₦ 200,000	₦ 200,000	₦ -	₦ -
2.15.1.a	6 Officers to conduct a 5-day comprehensive assessment and mapping of existing specimen transport networks to identify gaps	₦ 2,450,000	₦ 2,450,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	and areas for optimization in the 3 senatorial District				
2.15.1.b	To conduct 2 hybrid stakeholder meetings with 20 Participants to gather input from transport providers, laboratory staff, and hub managers on the proposed routes and schedules.	₦ 420,000	₦ 420,000	₦ -	₦ -
2.15.2.a	Procure 10 Packs of each EPDs/other priority disease medical laboratory consumables Quarterly for Emergency response to Disease Outbreak	₦ 12,160,000	₦ 12,160,000	₦ -	₦ -
2.15.3.a	Organize and conduct a 5-day residential training session for 60 laboratory personnel in both private and public Medical Laboratory Facilities on Laboratory Management Information Service Tool (LMIS)	₦ 38,970,000	₦ 38,970,000	₦ -	₦ -
<b>Enabler Two: Financing - TOTAL</b>		<b>₦ 108,595,000</b>	<b>₦ 108,595,000</b>	<b>₦ -</b>	<b>₦ -</b>
3.18.26.5.a	Carry out promotion activities, advancement, confirmation/inter-cadre transfer (Prepared briefs for eligible officers and forwarded to the Civil Service Commission and committee sitting for consideration of eligible officers)	₦ 650,000	₦ 650,000	₦ -	₦ -
3.17.1.a	Development of Apps and App roll out stakeholders engagement to make data collection, analysis, storage and operations/programming at DRM easier	₦ 1,100,000	₦ 1,100,000	₦ -	₦ -
3.17.1.b	Annual Subscription for SafeCare Health facilities quality assessment Tool for DRM	₦ 15,000,000	₦ 15,000,000	₦ -	₦ -
3.17.1.c	Conduct a 3-Day training for 20 DRM Staff on Safecare quality assessment tool	₦ 2,150,000	₦ 2,150,000	₦ -	₦ -
3.18.1.a	To conduct a 2-day training session every Quarter for 40 staff of the Regulation and Monitoring Division	₦ 7,680,000	₦ 7,680,000	₦ -	₦ -
3.18.1.b	Sponsor 20 staff of Regulation and Monitoring for a 5-day compulsory continuous professional development and workshops	₦ 13,000,000	₦ 13,000,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
3.18.1.c	Assess the skills and knowledge gaps of healthcare personnel and create a comprehensive training schedule that addresses identified needs by the end of Q1.	₦ 550,000	₦ 550,000	₦ -	₦ -
3.18.1.d	Execute four targeted training programs each quarter focused on essential skills such as clinical practices, patient management, and health insurance policies, aiming for 80% participation from relevant personnel.	₦ 5,360,000	₦ 5,360,000	₦ -	₦ -
3.18.1.e	Conduct post-training evaluations for each program to assess effectiveness and gather feedback, facilitating continuous improvement of capacity-building efforts.	₦ 5,440,000	₦ 5,440,000	₦ -	₦ -
3.18.1.f	Training and retraining	₦ 6,528,000	₦ 6,528,000	₦ -	₦ -
3.18.1.g	Purchase of office stationery items/computer accessories, including camera.	₦ 4,536,000	₦ 4,536,000	₦ -	₦ -
3.18.1.h	Facilitate maintenance/repairs of office equipments.	₦ 2,640,000	₦ 2,640,000	₦ -	₦ -
3.18.2.a	Conduct bi-annual 2-day Team-building Workshop for 40 Regulation and Monitoring staff	₦ 6,120,000	₦ 6,120,000	₦ -	₦ -
3.18.2.b	Conduct a 1-day Monthly Departmental Meetings for 40 staff of Regulation and Monitoring Division	₦ 4,800,000	₦ 4,800,000	₦ -	₦ -
3.18.2.c	Organize one team-building workshops every quarter, each lasting three hours on communication, team building, and problem-solving, with at least 80% participation from staff.	₦ 2,780,000	₦ 2,780,000	₦ -	₦ -
3.18.2.d	Schedule weekly team meetings for each department to discuss ongoing projects, aiming for at least 90% attendance and tracking participation throughout the year.	₦ 9,600,000	₦ 9,600,000	₦ -	₦ -
3.18.2.e	Plan and execute 8 social events (e.g., lunches, outings, GetFit) through out the year, with at least 70% staff participation and feedback collected	₦ 10,600,000	₦ 10,600,000	₦ -	₦ -



Sub/Operational Plan Activities		Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	after each event to measure engagement.				
3.18.2.f	Develop and conduct 2 tailored external/professional training sessions for three department every quarter, focusing on skills and knowledge relevant to their specific roles, with a target of at least 50% staff attendance and a post-training evaluation to measure effectiveness.	₦ 69,450,000	₦ 69,450,000	₦ -	₦ -
3.18.2.g	Printing of letterheaded paper and file jackets.	₦ 3,200,000	₦ 3,200,000	₦ -	₦ -
3.18.3.a	Completion of Administrative Block, Stella Obasanjo Hospital, B/C	₦ 1,702,614,371	₦ 1,702,614,371	₦ -	₦ -
3.18.3.b	Completion of External Works at the College of Health Sciences, B/C	₦ 489,888,391	₦ 489,888,391	₦ -	₦ -
3.18.3.c	Renovation of 6 Existing General Hospitals across the State	₦ 3,000,000,000	₦ 3,000,000,000	₦ -	₦ -
3.18.3.d	Procurement of Medical and Non-Medical Equipment for the 18 General Hospitals to be renovated.	₦ 9,000,000,000	₦ 9,000,000,000	₦ -	₦ -
3.18.3.e	Procurement of 30KVA Solar Power System for the 18 General Hospitals to be renovated	₦ 11,826,000	₦ 11,826,000	₦ -	₦ -
3.18.3.f	Upgrade of 2 integrated warehouse and external works at Central Medical Stores	₦ 989,888,391	₦ 989,888,391	₦ -	₦ -
3.18.3.g	Procurement of office appliances	₦ 26,600,000	₦ 26,600,000	₦ -	₦ -
3.18.3.h	Procurement of utility Vehicles.	₦ 255,000,000	₦ 255,000,000	₦ -	₦ -
3.18.3.i	Complete a comprehensive needs assessment and infrastructural improvements by the end of Q1 2025 to identify required office equipment and supplies, operational vehicles, and infrastructure improvements, followed by the creation of a detailed procurement plan outlining specifications, budget estimates, and timelines.	₦ 59,600,000	₦ 59,600,000	₦ -	₦ -

Sub/Operational Plan Activities		Total Annual Cost (₺)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
3.18.3.j	Schedule bi-annual reviews in Q2 and Q4 2025 to evaluate the effectiveness of procurement, repair, and infrastructural development efforts, assessing their impact on operational efficiency and productivity based on staff feedback and performance metrics.	₺ 490,000	₺ 490,000	₺ -	₺ -
Enabler Three: Culture and Talent - TOTAL		₺ 15,647,001,153	₺ 15,647,001,153	₺ -	₺ -
<b>Grand Total</b>		₺ <b>46,756,869,453</b>	₺ <b>41,779,439,833</b>	₺ <b>4,767,212,120</b>	₺ <b>210,217,500</b>

## REFERENCES

National Demographic Health Survey (2023-2024).

Multiple Indicator Cluster Survey (2021).

**ANNEXURE**  
**2025 AOP Contributors**

<b>S/N</b>	<b>NAME</b>	<b>DESIGNATION</b>	<b>ORGANIZATION</b>
1	DR CYRIL ADAMS-OSHIOMHOLE	HONOURABLE COMMISSIONER	SMOH
2	DR. STANLEY EHIARIMWIAN	PERMANENT SECRETARY	SMOH
3	DR. EFOSA AISIEN	PERMANENT SECRETARY	HMA
4	DR. OMOSIGHO IZEDONMWEN	EXECUTIVE SECRETARY	EDSPHCDA
5	DR. ROCK I. AMEGOR	DIRECTOR GENERAL	EDHIC
6	IRUOBE LAURETTA	DPPRS	SMOH
7	DR. OJEIFO STEPHENSON B.	DPH	SMOH
8	DR. ADESUWA URHOGHIDE – EDIGIN	DRM	SMOH
9	DR. AISOWIEREN EDWARD	DMS	SMOH
10	PHARM.(MRS) OSA - AFE TIVERE	DPS	SMOH
11	ALIU NURUDEEN OBOGAI	DNS	SMOH
12	OSAHON EMOVON	DSS	SMOH
13	ADELE O. GODSPOWER	DFA	SMOH
14	DR. ODIKO O. DAVID	DCS/CCA	HMA
15	AJAYI – DAVID ESTHER	DPPRS	EDSPHCDA
16	FALUYI BLESSING.A.	DFA	HMA
17	OMUERA FRANCIS M.B.	DMLS	HMA
18	EHIOROBO SYLVESTER	DPPRS	HMA
19	EGIEBOR O. BORIS	DPS	HMA
20	OBAGHO.I. FRANCIS	DFA	EDHIC
21	DR. OMOROGBE OWEN STEPHEN	DPPRS	EDHIC
22	DR. ESEIGBE EFEOMON	DDCI	EDSPHCDA
23	ADEKOYA OSAYEMWENRE	DNS	HMA
24	COSMOS OKOEIGBEMEN	DFA	EDSPHCDA
25	DR. OSAGIE IGINIGIE	STBLCPM	SMOH
26	DR. JOY A. MIKE OPARA	SECRETARY	TMB
27	JOSHUA ODIOT	DMLS	SMOH
28	DR. ERIC OBIKEZE	TA	UNEC, UNICEF
29	CHUKA JULIET	TA	FMOH
30	DR. EGUASA OWEN	SASCP	SMOH
31	DR. BLESSING OSAS AIDEYAN	STATE EPID. OFFICER	SMOH
32	DR. OMIJIE GODSWILL	HEAD OF RESEARCH/ SWAP D.O.	SMOH
33	DR. OGHENEKARO ONORIOSE	NCD PM	SMOH
34	AMAYO CYNTHIA	SM&E OFFICER	SMOH
35	OGBEIDE ISIOMA	LMCU COORDINATOR	SMOH
36	KELLY OMOROGBE	PM POLICY & PLANNING	SMOH
37	IRENE UABOR	HEO	EDSPHCDA

<b>S/N</b>	<b>NAME</b>	<b>DESIGNATION</b>	<b>ORGANIZATION</b>
38	OMOGUN ENOGIE ELFRIDA	SIO	EDSPHCDA
39	ORONSAYE ANNABEL LOLO	APM MALARIA	SMOH
40	IRUANSI GIFT	SMLS	SMOH
41	INENEMOH FRANK	CEHO	SMOH
42	OKUO MERCY ONIZE	STATE DSNO	SMOH
43	TIMOTHY MARYJANE	DESK OFFICER RESEARCH	SMOH
44	OTOTOBOR PAULINA ODION	PLANNING OFFICER	SMOH
45	EDOSOMWAN UHUNOMA J.	ANO	EDSPHCDA
46	OBAYUWANA JENNIFER	DO PARTENERSHIP FOR HEALTH	SMOH
47	D. ODIANOSEN ESEINE	DESK OFICER MERS	SMOH
48	PETER MONDAY CORNELIUS	M&E OFFICER	SMOH
49	UGBODAGA RACHEAL	RH	SMOH
50	OMORODION OSEMWEGIE VINCENT	SURVEILLANCE M&E	SMOH
51	IDIAGBONYA EHIGIATOR CLEMENT	RH M&E	SMOH
52	OKONOFUA ODIANOSEN	PSO	SMOH
53	ISIMAMWEN IDEMUDIA	MALARIA M&E	SMOH
54	WAZIRI – ATEBOR H. ARMSTRONG	STATE NTD COORDINATOR	SMOH
55	DAKPOKPO CATHERINE ILAMOSI	DESK OFFICER HRH	SMOH
56	AIYEBENI EMMANUEL	DO HEALTH FINANCING	SMOH
57	OMOREGIE OGHOGHO	HEAD OF PROCUREMENT UNIT	SMOH
58	DR. DENYINYE HITLER	SHPO	SMOH
59	AIGBOGUN EDWIN	NUTRITION OFFICER	SMOH
60	JENNIFER ANAMOME	M&E OFFICER	EDHIC
61	OSAKPOLOR OGIEMUDIA	PLANNING OFFICER	HMA
62	OKODUWA KESTER	SI.S	DATA – FI
63	DR. EFEMEIA ONOWUGBEDA	SME	WHO
64	DR. MOISULE HUSSAINI.G.	SO	WHO
65	DR. EYO NORA	SC	WHO
66	KATE OGUIGO	APHO	WHO
67	IREOTIN GRACE	STA	WHO
68	ENOCH EGHE	SPA	JSI – HAPPI
69	ADANIHUOMWAN .O. BLESSING	OPTOMETRIST	SMOH
70	WILLIAM WISDOM	LO	NCDC
71	ADJA ABIEYUWA	RHC	SMOH
72	OGUTA IMOAGENE A.	PROGRAM M&E DRM	SMOH
73	S.O. OSAGHAE	SENIOR ACCOUNTANT	SMOH
74	OKUNEYE OLUFEMI	STO	WHO
75	LAWARU – OSAWE .I.	ZTO	NPHCDA
76	NORA OGBEBOR – NWADIALO ESQ.	HEAD LEGAL UNIT	EDSPHCDA
77	OSAGIE EDOSA	S.O	EDSPHCDA

<b>S/N</b>	<b>NAME</b>	<b>DESIGNATION</b>	<b>ORGANIZATION</b>
78	SARAH O. KEREKPE	S.O	EDSPHCDA
79	EKPEKA ABRAHAM	NURSE TUTOR	SMOH
80	MESEWONRUN BAYO	EHO	SMOH
81	EDOGUN I. STOIC	ASHPO	SMOH
82	ABASS BLESSING	ACCOUNT OFFICER	EDSPHCDA
83	IGBERAESE GLORIA	PROGRAM ANALYST	MBEP
84	OMORERE ADESUWA	RHO	EDSPHCDA
85	OSAZEE OMORUYI	PLANNING OFFICER	TMB
86	IFADA ANASTASIA OSEDEBAMEN	PLANNING OFFICER	EDSPHCDA
87	PHIL IMADE AMENZE	SNO	EDSPHCDA
88	DR. FEMI ADEYEMI	HEALTH SPECIALIST	UNICEF
89	OKONKWO KINGSLEY	SSF/VSL	UNICEF
90	ENOWOGHOMWENMA SUNNY	MRO	HMA
91	EMMANUEL ESEMOKHAI OJO	LOG MGR	GHSC-PSM
92	NOSAKHARE EHIOZOMWANGIE	ELDERLY CARE OFFICER	EDSPHCDA
93	EMOJABO IYAMAH	ICTA	ICTA
94	RUFUS MOSES OJO	EHO	SMOH
95	ENOFE UWAROBOSA	MALARIA LOGISTICIAN	SMOH
96	AMEN JOY AJAYI	HEAD OF UNIT PDM ICTA	ICTA
97	AROME A. ODOMA	DG-TSL	TCI
98	UYI BRIGGS	HEAD OF DATA/TEAM LEAD	EDO DIDA
99	BAGUDU KEVIN	SCIENTIFIC OFFICER, PS OFFICE	SMOH
100	OKHOMINA LUCKY	MALARIA IVM	SMOH
101	DR. MAUREEN ANYANWU	STL	JSI/USAID MRITE
102	OBASHA LOUIS	ARCHITECT	EDPUBMA
103	AYENI JOY	HEO	SMOH
104	BOYE SIMEON	DATA MANAGER	WHO
105	IGBINOVIA UHUNOMA PRECIOUS	ASST.HEALTH EDUCATOR	EDSPHCDA
106	DR. JUDE ERHUNMWUNSEE	MOH OVIA NORTH EAST LGA	EDSPHCDA
107	OLKPO MICHAEL OHIOLE	MOH OWAN EAST	EDSPHCDA
108	IGBINOSUN PRESTLEY OSAMUYI	MOH ORHIONMWON	EDSPHCDA
109	THOMAS OMOFONMWAN	ASST. HEALTH EDUCATOR	EDSPHCDA
110	TOBI EZELE	M&E OFFICER UHUNMWONDE	EDSPHCDA
111	OGIEVA JOY	M&E OFFICER ORHIONMWON	EDSPHCDA
112	ABOHI CHRISTIAN	MOH	EDSPHCDA
113	ODIFIRI DEBORAH	M&E	EDSPHCDA
114	DR. AIMUA EHIJELE	MOH ESAN WEST	EDSPHCDA
115	OGBEIDE HELEN	M&E ESAN WEST	EDSPHCDA
116	ILENOTUMA JUSTINA	HEO ESAN WEST	EDSPHCDA
117	OWOBU-OMOKPIA A. MORGAN	MOH IGUEBEN	EDSPHCDA

<b>S/N</b>	<b>NAME</b>	<b>DESIGNATION</b>	<b>ORGANIZATION</b>
118	EZOMO OSAZEE	MOH	EDSPHCDA
119	OKORARE ESOHE	HEO OVIA SOUTH WEST	EDSPHCDA
120	ERHABOR CAROLINE	M&E OVIA SOUTH WEST	EDSPHCDA
121	AUDU PAMELA	M&E ETSAKO EAST	EDSPHCDA
122	ELUOBIA JOY	M&E IGUEBEN	EDSPHCDA
123	IRABOR EBEHIZE GABRIEL	HEO IGUEBEN	EDSPHCDA
124	DR. BELLO OMORUYI ALONGE	MOH OWAN WEST	EDSPHCDA
125	OKAKAH ANTHONIA FUNMILAYO	M&E OWAN WEST	EDSPHCDA
126	IBHADODE OSOBA	ASST. H.E.O OWAN WEST	EDSPHCDA
127	IMAFIDON OSARUGUE GIFT	H.E.O OVIA NORTH EAST	EDSPHCDA
128	EMOKPAE KINGSLEY O.	M&E OVIA NORTH EAST	EDSPHCDA
129	DR. AUSTIN O. OKOSUN	MOH ESAN CENTRAL	EDSPHCDA
130	ITUA ROSEMARY FUNKE	M&E ESAN CENTRAL	EDSPHCDA
131	UKHUREBOR FUNMILAYO	M&E EGOR	EDSPHCDA
132	OBARAU TAIWO ADELANKE	H.E.O AKOKO-EDO	EDSPHCDA
133	OBENDE OZAVIZE PHILOMENA	M&E AKOKO-EDO	EDSPHCDA
134	OGUDO STELLA OMONIGHO	H.E.O ESAN CENTRAL	EDSPHCDA
135	AJAYI LAWRENTA.O.	H.E.O IKPOBA-OKHA	EDSPHCDA
136	OGBEMUDIA MARY	H.E.O. ESAN NORTH EAST	EDSPHCDA
137	OVIawe JEFFERSON	M&E IKPOBA-OKHA	EDSPHCDA
138	AJAH MARIS OLIVIA	ASST. M&E ESAN NORTH EAST	EDSPHCDA
139	HAYIOYE VICTORIA OGEDENGBE	M&E ETSAKO CENTRAL	EDSPHCDA
140	AKHAZEMHEA STELLA	H.E.O ETSAKO CENTRAL	EDSPHCDA
141	OGAMUNE GODWIN	MOH ETSAKO CENTRAL	EDSPHCDA
142	EHIKIOYA BEAUTY EFOSA	MOH IKPOBA-OKHA	EDSPHCDA
143	UWADIAE OMOSEVIE DORCAS	H.E.O EGOR	EDSPHCDA
144	OKHUELEIGBE PHILOMENA	H.E.O OREDO	EDSPHCDA
145	IYOBOSA AGHAHOWA	M&E OREDO	EDSPHCDA
146	AFEBU ABRAHAM ESHIORAMHE	M&E ETSAKO WEST	EDSPHCDA
147	ADELOWO MERCY BOSE	H.E.O ETSAKO WEST	EDSPHCDA
148	AKPOTU GLORIA EKUGBE	H.E.O ESAN SOUTH EAST	EDSPHCDA
149	OYIGBO FRANCIS ABIODUN	MOH AKOKO-EDO	EDSPHCDA
150	ORIAIFO EHIZOJIE	MOH ESAN SOUTH EAST	EDSPHCDA
151	DAMISA IMONAGHAMHE JOHN	MOH ETSAKO EAST	EDSPHCDA
152	ESIEMOGHIE MARY	MOH OREDO	EDSPHCDA
153	ISEBEMHE PAUL.O.	MOH ETSAKO WEST	EDSPHCDA
154	DR. OBOH ERIC ODIANOSEN	MOH ESAN NORTH EAST	EDSPHCDA
155	OGBEIDE O. OSAGIE	M&E SOUTH EAST	EDSPHCDA
156	OKPAMEN JOHN	MOH EGOR	EDSPHCDA