

EDO STATE GOVERNMENT

EDO STATE HEALTH SECTOR

ANNUAL OPERATIONAL PLAN  
2026

MINISTRY OF HEALTH  
FEDERAL MINISTRY OF HEALTH  
INSTITUTE OF HUMAN VIROLOGY NIGERIA

NOVEMBER 2026



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



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

## FOREWORD

The 2026 Annual Operational Plan (AOP) marks a significant milestone in our continued journey to strengthen Edo State's health system. It reflects our shared commitment to delivering accessible, equitable, and high-quality healthcare to all residents of our state and captures the aspirations, strategies, and operational directions of the health sector. It aligns with the broader vision of the Edo State Government through the SHINE Agenda which seeks to transform the well-being and prosperity of every Edo citizen.

The plan incorporates the contributions of all health MDAs and two health academic institutions in the state. These include the Ministry of Health, Hospitals Management Agency, Edo State Health Insurance Commission, Edo State Primary Health Care Development Agency, Drug Management Agency, Edo State Health Facility Regulation and Monitoring Agency, Traditional Medicine Board, Edo State Emergency Medical Services, Edo Specialist Hospital, Edo State College of Health Sciences and Technology, and the Edo State College of Nursing Sciences. This expanded scope ensures a truly sector-wide and integrated approach, aligning priorities across the entire health system and promoting greater coordination and impact.

For the first time, an innovative online planning application has been adopted nationwide for the development of the AOP. This transition from manual Excel-based tools to a digital platform has enhanced efficiency, accuracy, and transparency in the planning process. It has also improved collaboration, allowing for real-time contributions, monitoring, and seamless integration of priorities at both the MDA and health institution levels.

Guided by the Health Sector Strategic Blueprint and developed through the Sector-Wide Approach (SWAp), the plan prioritizes interventions aimed at strengthening primary, secondary, and tertiary healthcare services; expanding equitable access to quality healthcare for vulnerable populations; enhancing regulatory frameworks; promoting accountability in the use of resources; and building a resilient health system capable of responding to emerging challenges.

I extend my heartfelt appreciation to the leadership and staff of all health MDAs and Health academic institutions, as well as our ever-committed development partners, healthcare professionals, and civil society actors who contributed to this plan.

As we move to implementation, I call on all stakeholders—public and private, local and international—to actively support this plan. Together, we can sustain our progress, close the gaps that remain, and make Edo State a true hub of healthcare excellence, innovation, and learning in Nigeria and beyond.

**Dr. Cyril Adams-Oshiomhole**

Honourable Commissioner for Health,  
Edo State.

November 2026

## **ACKNOWLEDGEMENT**

The Edo State Ministry of Health wishes to express its profound gratitude to all individuals, agencies, and development partners who have contributed their expertise and resources to the development of the 2026 Annual Operational Plan.

We are particularly indebted to the Honourable Commissioner for Health, Dr. Cyril Adams-Oshiomhole, and the Permanent Secretary, Ministry of Health, Dr. Stanley Ehiarhimwian, for their strategic leadership and unwavering support throughout this planning cycle. Our sincere appreciation also goes to the heads of all health Ministries, Departments, and Agencies (MDAs) and academic institutions for their commitment to a unified health sector plan in the spirit of the Sector Wide Approach (SWAp).

Special recognition is due to the Directors within the Ministry of Health and their counterparts across the health MDAs, whose technical guidance and managerial oversight were indispensable. We also extend our thanks to the Program Officers and Heads of Departments whose dedication, collaboration, and tireless efforts formed the backbone of this process.

The Ministry wishes to specifically acknowledge and thank the Institute of Human Virology Nigeria (IHVN) and the World Health Organization (WHO) for their crucial financial sponsorship of the 2026 AOP development process. We are also deeply grateful for the invaluable technical assistance provided by all our development partners, including USAID/M-RITE, TCI, GHSC-PSM, etc., whose collective expertise has significantly enriched the quality of this plan.

Finally, I commend the staff of the Department of Policy, Planning, Research, and Statistics for their exceptional diligence, coordination, and hard work in steering this process to a successful conclusion. The 2026 AOP stands as a testament to our shared commitment to a robust, integrated, and impactful health sector for the people of Edo State.

**Lauretta Iruobe**

Director, Planning, Research, and Statistics,  
Ministry of Health,  
Edo State.

November 2026

## EXECUTIVE SUMMARY

The development of the 2026 Annual Operational Plan (AOP) builds upon the successes and lessons learned from implementing the 2025 AOP, reinforcing our commitment to improving health outcomes for the people of Edo State. This document summarizes the comprehensive planning process and outlines the key objectives for the coming year.

The 2026 AOP was developed using a new web-based tool, following a structured roadmap that began on July 14, 2025, with the convening of the Top Management Committee (TMC). The TMC reviewed all 265 interventions in the Health Sector Strategic Blueprint (HSSB) to select those for implementation in 2026. This was followed by a combined State and Local Government Area (LGA) Training of Trainers (ToT) held from July 16 to 19, 2025. The ToT covered critical aspects of operational planning, including problem-solving, systems thinking, situational analysis, and the use of the new web-based AOP tool. The trained personnel subsequently cascaded this knowledge within their respective Ministries, Departments, Agencies (MDAs), Institutions, and LGAs.

Edo State Ministry of Health (SMOH) facilitated a series of engagements particularly with state-level stakeholders to debrief, provide retraining, and monitor progress. A final AOP review and harmonization workshop was held from October 13 to 17, 2025, bringing together participants from all health MDAs, health training institutions, the Edo Specialist Hospital, the Ministry of Budget, and development partners.

The 2026 AOP is primarily derived from the Health Sector Strategic Blueprint (HSSB), which is structured around four Pillars and three Enablers:

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 and Enabler contains strategic objectives, priority initiatives, and specific interventions. Activities that did not align with the HSSB interventions were captured as "Non-HSSB" activities within the "Other Organizational Function" section of the web-based AOP tool.

During the finalization workshop, directors, program officers, and planning officers across all health MDAs and institutions meticulously reviewed their activities in the web-based AOP tool. The focus was on ensuring activities were SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) and adequately costed. SWOT analyses,

baseline data, targets, and narratives were also refined. Following presentations and reviews, necessary corrections were made, and the finalized documents were submitted for collation. A subsequent two-day validation meeting was held from November 11 to 12, 2025, where key stakeholders reviewed the draft AOP prior to its finalization.

The primary purpose of the 2026 AOP is to strategically prioritize human and financial resources to address the state's most pressing healthcare needs. The plan also serves as a vehicle to advance the interventions outlined in the Federal Government's "Hope Project."

The costing for the plan was calculated based on the State Public Service's current approved rates and financial regulations. The total estimated cost for implementing the 2026 AOP is One Hundred and Forty-Nine Billion, Four Hundred and Eighty-Three Million, Three Hundred and Nine Thousand, Three Hundred and Three Naira (₦149,483,309,303) only.

In conclusion, the 2026 AOP marks a critical step in our collective effort to enhance healthcare delivery in Edo State. We are confident that the rigorous planning process will yield tangible results and a positive impact on the health and well-being of all residents.

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## **ABBREVIATIONS**

ACT - Artemisinin-based Combination Therapy  
ADSNO - Assistant Disease Surveillance Notification Officers  
AEFI – Adverse Events Following Immunization  
AI - Artificial Intelligence  
AOP – Annual Operational Plan  
AIDS – Acquired Immune Deficiency Syndrome  
AGPNP - Association of the General Private Nursing Practitioners  
AMR - Antimicrobial Resistance  
ANC - Antenatal Care  
ARV - Anti-retroviral  
AST – Antimicrobial Susceptibility Testing  
BFI - Baby Friendly Initiative  
BHCPF - Basic Health Care Provision Fund  
BMGF - Bill and Melinda Gates Foundation  
BU - Buruli Ulcer  
BVN – Bank Verification Number  
CBFRs - Community Based First Responders  
CCTV - Closed Circuit Television  
CDDs -  
CEmONC – Comprehensive Emergency Obstetric and New born Care  
CHEWS - Community Health Extension Workers  
CHF - Cilia's Healthcare Found  
CHWs - Community Health Workers  
CMS – Central Medical Store  
COP26 -  
CPAP - Continuous Positive Airway Pressure  
CPD - Continuous Professional Development  
CRVS - Civil Registration and Vital Statistics  
CSOs – Civil Society Organizations

CSP - Customer Service/Support Policy  
CSR - Corporate Social Responsibility  
DDS- Department/Director of Dental Services  
DFH- Department of Family Health  
DSNOs - Disease Surveillance Notification Officers  
DNS – Department/Director of Nursing Services  
DHIS-2- District Health Information System 2  
DMA - Drug Management Agency  
DMERS- Department of Mortuary, Embalmmment and Regulation Services  
DMLS- Department/Director of Medical Laboratory Services  
DPT3 - Diphtheria Pertussis Tetanus 3  
DPH - Division/Director of Public Health  
DPS- Department/Director of Pharmaceutical Services  
EDOCNS - Edo State College of Nursing Sciences  
EDOCOHEST - Edo State College of Health Sciences and Technology  
EDO EMS - Edo State Emergency Medical Services and Ambulance System  
EDO HERMA - Edo State Health Facility Registration and Monitoring Agency  
EDOHIC - Edo State Health Insurance Commission  
EDOHIC-ORF - EDOHIC Regional office Operational Regulatory Framework  
EDOHIS – Edo State Health Insurance Scheme  
EDP - Essential Drug Program  
EDSPHCDA - Edo State Primary Healthcare Development Agency  
EID - Early infant diagnosis  
BEmONC – Basic Emergency Obstetric and New born Care  
EMR - Electronic Medical Records  
EMTs – Emergency Medical Technicians  
ENC - Essential New-born Care  
ENCC - Essential New born Care Course  
EPRP - Emergency Preparedness Response Plan  
EQA- External Quality Assurance

ESH - Edo Specialist Hospital  
FCT - Federal Capital Territory  
FP – Family Planning  
FMOs - Financial Management Officers  
GANC - Group Antenatal Care  
GC-7 grant – Global Fund Cycle-7 Grant  
GF – Global Fund  
GHSC-PSM – Global Health Supply Chain - Procurement Supply Management  
GIS -  
GMLD –  
GMP - Growth Monitoring and Promotion  
FMOH – Federal Ministry of Health  
FMOHSW – Federal Ministry of Health and Social Welfare  
FP - Family Planning  
FSMOH – Federal / State Ministry of Health  
HCF - Health Care Financing  
HCWs - Health Care Workers  
HFs- Health Facilities  
HIM – Health Information Management  
HIS - Health Information System  
HIV – Human Immunodeficiency Virus  
HMA - Hospitals Management Agency  
HMIS - Health Management Information System  
HNAP - Health National Adaptation Plan  
HND – Higher National Diploma  
HMB - Hospitals Management Board  
HODs - Heads of Departments  
HOPE –  
HOPs – Health Promotion Officers  
HR - Human Resource

HREC – Health Research and Ethics Committee  
HRH – Human Resource for Health  
HSPC - Health Sector Planning Cell  
HSS -  
HSSB - Health Sector Strategic Blueprint  
IHVN – Institute of Human Virology Nigeria  
ICCM - Integrated Community Case Management  
ICT – Information and Communication Technology  
ICTA - Information and Communication Technology Agency

IEC- Information Education and Communication  
IEV - Identification, Enumeration and vaccination  
IFA – Iron Folic Acid  
IGR - Internally Generated Revenue  
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  
IPC - Infection, Prevention and Control  
IRS -  
IsDB – Islamic Development Bank  
ISS - Integrated Supportive Supervision  
IT - Information Technology  
ITNs – Insecticide Treated Nets  
JAR – Joint Annual Review  
JCHEWS - Junior Community Health Extension Workers  
JOOPSA - John Odigie Oyegun Public Service Academy  
KMC - Kangaroo Mother Care  
KPIs - Key Performance Indicators

LGA - Local Government Area  
LGCFN -  
LIMS - Laboratory Information Management System  
LLF -  
LMCU – Logistics Management and Coordinating Unit  
LMIS – Logistics/Laboratory Management Information System  
LMS - Learning Management Systems  
LSM -  
MAMII - Maternal and Neonatal Mortality Reduction Innovation and Initiative  
MBEP -  
MEARL – Monitoring, Evaluation, Accountability, Research and Learning  
M&E - Monitoring and Evaluation  
MDAs - Ministries, Departments, and Agencies  
MICS - Multiple Indicator Cluster Survey  
MIYCN - Maternal Infant and Young Child Nutrition  
MLSCN- Medical Laboratory Science Council Of Nigeria  
MMR – Maternal Mortality Rate  
MMS - Multiple Micronutrient Supplement  
MNCAH -  
MNCAH+N –  
MNCH - Maternal New born Child Health  
MNP - Micro Nutrient Powder  
MNSD – Mental, Neurological and Substance Abuse Disorder  
MOH - Ministry of Health  
MoUs – Memoranda of Understanding  
MPCDSR - Maternal, Perinatal and Child Death Surveillance and Response  
Mpox – Monkey Pox  
MPOWER -  
M-RITE - Momentum Routine Immunization Transformation and Equity  
MSI -

NACS - Nutrition Assessment, Counselling and Support  
NAFDAC- National Agency for Food and Drug Administration and Control  
NASCP -  
NCD – Non-Communicable Diseases  
NCDC - National Centre for Disease Control and Prevention  
NCH – National Council of Health  
ND – National Diploma  
NDA – Nigeria Dental Association  
NEMSAS - National Emergency Medical Services and Ambulance System  
NFDA – Nigeria Funeral Directors Association  
NFPs -  
NGOs - Non-Governmental Organizations  
NHA – National Health Act  
NHIA – National Health Insurance Authority  
NHLMIS - Nigeria Health Logistics Management Information System  
NHMIS - National Health Management Information System  
NH - National Health  
NDHS - Nigeria Demographic and Health Survey  
NMCN - Nursing and Midwifery Council of Nigeria  
NPHCDA – National Primary Health Care Development Agency  
NSCIP - National Supply Chain Integration Project  
NTDs - Neglected Tropical Diseases  
ODK- Open Data Kit  
OIC - Officer-In-Charge  
PAC - Post Abortion Care  
PAFP - Post-Abortion Family Planning  
PAPA - Performance Assessment for Program Management and Action  
PC – Personal Computer  
PCN – Postnatal Care  
PCR – Polymerase Chain Reaction

PEE -  
PHCs – Primary Health Care/ Primary Health Centres  
PHCDA - Primary Healthcare Development Agency  
PHCUOR - Primary Health Care Under One Roof  
PLHIV – People Living with Human Immunodeficiency Virus  
PMTCT - Prevention of Mother-To-Child-Transmission  
PNC – Postnatal Care  
POS – Point of Sale  
PPEs - Personal Protective Equipments  
PPFN –  
PPFP - Postpartum Family Planning  
PPH - Post-Partum Haemorrhage  
PPPs - Public-Private Partnerships  
PRE –  
PSN -  
QA- Quality Assurance  
QC – Quality Control  
RCCE – Risk Communication and Community Engagement  
R&D – Research and Development  
RH - Reproductive Health  
RMET - Resource Mapping and Expenditure Tracking  
RMNCAH-  
RMNCAH+N –  
RMNCAEH -  
RMNCAEH+N –  
RMNCH -  
RUSF - Ready to Use Supplementary Food  
RUTF - Ready to Use Therapeutic Food  
SBA - Skilled Birth Attendant  
SBC - Social Behavioural Change

SBCC - Social Behavioural Change Committee  
SCFN -  
SCH – State Council of Health  
SCM - Supply Chain Management  
SDG - Sustainable Development Goal  
SDPs - Service Delivery Points  
SEMSAS - Edo State Emergency Medical Services and Ambulance System  
SERVICOM -  
SHINE –  
SIAs –  
SJAR – State Joint Annual Review  
SMART - Specific, Measurable, Achievable, Relevant, and Time-bound  
SMoH - Edo State Ministry of Health  
SOPs – Standard Operating Procedures  
SORMAS -  
SPHCDA/B –  
SQ-LNS -  
SRH –  
SSG - Secretary to the State Government  
SWAp - Sector-Wide Approach  
SWOT - Strengths, Weaknesses, Opportunities, Threats  
TB – Tuberculosis  
TBA - Traditional Birth Attendant  
TCI – The Challenge Initiative  
TMB - Traditional Medicine Board  
TMC - Top Management Committee  
TMP - - Traditional Medicine Practitioner  
ToR – Terms of Reference  
ToT - Training of Trainers  
TPT - Tuberculosis Preventive Therapy

TSA –

TV - Television

TWG - Technical Working Group

UHC - Universal Health Coverage

UNICEF – United Nations Children’s Fund

US - United States

USAID - - United States Agency for International Development

VWC – Village Ward Committee

WASH – Water, Sanitation and Hygiene

WDC - Ward Development Committee

WHO - World Health Organization

Wi-fi – Wireless Fidelity

WRD - WHO recommended molecular diagnostics

Z-DROP - Zero-Dose Reduction Operational Plan

## INTRODUCTION

### 1.1 Background of the Locality

Edo State was created on August 27, 1991, following the division of the defunct Bendel State into Edo and Delta States. Located in the South-South geopolitical zone of Nigeria, the state lies between longitudes 5°E and 6°45'E, and latitudes 6°1'N and 7°30'N, covering an area of 19,281.93 square kilometers. Bordered by 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 and boasts a vibrant cultural heritage. Major urban centers include Benin City (the capital), Ekpoma, Uromi, and Auchi, with Bini, Esan, Etsako, Ora, Etuno, and Okpameri as the major languages spoken by its people.

The population of Edo State is estimated at over 5.9 million, with a significant proportion of young people. The state is renowned for its contributions to the arts and crafts, particularly the world-famous Benin Bronzes and the rich cultural history of the Benin Kingdom. While Edo is an oil-producing state, agriculture remains the dominant sector, contributing significantly to both the local and national economy.

Edo State's health sector encompasses a wide range of services, from primary healthcare to tertiary care, provided by both public and private sector actors. The sector is managed by the Ministry of Health, which oversees several key agencies and institutions, including Edo State Primary Healthcare Development Agency (EDSPHCDA), Edo State Health Insurance Commission (EDOHIC), Hospitals Management Agency (HMA), Traditional Medicine Board (TMB), Drug Management Agency (DMA), Edo State Emergency Medical Services and Ambulance System (EDOEMS), Edo State College of Nursing Sciences (EDOCNS), Edo State College of Health Sciences and Technology (EDOCOHES) and Edo Specialist Hospital (ESH). The State is currently finalizing the creation of Edo State Health Facility Registration and Monitoring Agency (EDO HERMA).

The government of Edo State continues to prioritize healthcare improvement, recognizing the critical role it plays in the well-being of its citizens. Efforts to enhance the state's healthcare system have been evident in the continuous reforms and investment in healthcare infrastructure aimed at expanding access to quality healthcare services.

### **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:** Working together with all sectors and stakeholders to achieve shared health goals.

**Integrity:** Upholding transparency, honesty, and accountability in all aspects of healthcare delivery.

**Efficiency:** Maximizing resources and efforts to achieve optimal health outcomes.

**Sustainability:** Ensuring that health services are accessible and maintainable over the long term.

## **1.2 Overview of Health MDAs and Institutions**

### **Ministry of Health (MOH)**

The Ministry of Health (MOH) serves as the apex body and strategic leader of the Edo State Health Sector. It is tasked with the critical role of formulating health policies, providing strategic direction, and exercising supervisory control over all health-related Ministries, Departments, and Agencies (MDAs) as well as institutions within the state. The Ministry of Health is mandated to ensure the delivery of a robust, equitable, and integrated healthcare system for all residents of Edo State.

As the central coordinating institution, the Ministry oversees the operations of its agencies, ensuring alignment with the state's broader health goals. A key pillar of the Ministry of Health's mandate is the regulation and accreditation of private health facilities, guaranteeing adherence to quality and safety standards.

A demonstrable testament to the Ministry's leadership and operational capacity is its proficient management of public health emergencies. In 2025, the MOH successfully coordinated the state's response to multiple disease outbreaks, including Dengue Fever, Diphtheria, and the perennial Lassa fever. Through rapid response teams, enhanced surveillance systems, and effective public communication, the Ministry contained these threats, mitigating their impact on the population and safeguarding public health.

### **Edo State Primary Healthcare Development Agency (EDSPHCDA)**

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 healthcare 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 vulnerable to 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 was 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 consolidate the management of primary health care services under a state primary health care development agency with a central management structure that oversees all its components. This was eventually implemented in 2021 by the Edo State Government, which began the migration of primary healthcare programs and their subsequent implementation from the State Ministry of Health to the Edo State Primary Health Care Development Agency. The adoption and implementation have enabled the provision of quality primary health care services across the state, with continuous orientation and reorientation of healthcare workers on the need to deliver excellent healthcare services at all times, regardless of 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 disbursing 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. The monies are 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, which states the activities and proposed projects for the year, and a quarterly business plan, which further breaks down the yearly deliverables into four quarters of the year.

#### **Edo State Health Insurance Commission (EDOHIC)**

The Edo State Health Insurance Commission (EDOHIC) was established 30th May, 2019 to provide equitable, accessible, and affordable healthcare to all residents of Edo State. With a mission to alleviate the financial burden of healthcare, EDOHIS 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) and the Edo State Equity Intervention Programme, support primary healthcare delivery to marginalised populations, ensuring a wide network of accredited providers serves residents in all Local Government Areas (LGAs).

EDOHIC is committed to innovation and efficiency in healthcare delivery through the adoption of digital tools for enrollment, monitoring service utilisation, 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, EDOHIS plays a central role in achieving UHC for Edo State, working towards sustainable healthcare financing and leaving no one behind.

Looking ahead, EDOHIS 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 leave no one behind.

### **Hospitals Management Agency (HMA)**

The Hospitals Management Board had its Headquarters located at Block B, Secretariat Building Sapele Road Benin City. Its self-accounting but under the supervision of the Ministry of Health which is referred to as the Appropriate Authority. As spelt out in the 1989 Edict of the Board, it has a part-time Chairman and seven members including the Chief Executive of the Board. Presently, the Board is not in section. In May 2023, the Edict of the Board was reviewed in line with the transformation agenda of the state government. Its name was changed from Edo State Hospital Management Board (HMB) to Edo State Management Agency (HMA).

### **Traditional Medicine Board (TMB)**

Edo State Traditional Medicine Board, originally the Bendel State Traditional Medicine Board, was established by Edict 17 of 1985, coming into force on March 4, 1985. Its operational history has been intermittent, primarily active only when a Governing Board was constituted. This included a period of activity from 2000 to early 2004. Subsequent Governing Boards were periodically established, including a 16-member Board chaired by Hon. Samuel Ekeneza from February 2010, and a 29-member Board led by Prof. Thomas Omo Oleabhiele from 2014 to 2016.

Following this, the secretariat operated with minimal staff until late 2023. In November 2023, Dr. Joy Amina Mike Opara was assigned to supervise the secretariat and was

officially appointed Secretary in June 2024. Staffing was increased from three to six in mid-November 2024, and the current Chairman, High Chief Abudu Ugbesia Godwin, was appointed on February 3, 2025.

## **Drug Management Agency (DMA)**

The Edo State Drugs and Health Commodities Management Agency was recently established to ensure the effective procurement, manufacture, storage, supply and distribution of drugs and health commodities in the state. As the agency prepares for its effective take-off, the visit by the Edo State Deputy Governor to the medical stores/warehouse and other facilities of the agency presents an opportunity to highlight its activities and challenges currently facing the agency.

### **Overview of the Agency**

The Edo State Government established the Edo State Drug and Health Commodity Management Agency (DMA) in 2023 through the enactment of the Edo State House of Assembly to ensure the consistent availability of essential medicines and health commodities across all healthcare facilities in the state. The law establishing the agency repealed Edict No. 5 of 1991 (Bendel State Essential Drugs Project Edict, 1991). The agency's primary goal is to strengthen the health supply chain system, ensuring that quality-assured health products are accessible, affordable, and effectively managed.

### **Mandate and Objectives**

The DMA's mandate includes:

- Ensuring uninterrupted availability of essential medicines and health commodities
- Promoting equitable distribution of health products
- Enhancing transparency and accountability in procurement and distribution processes
- Minimizing stock-outs and preventing revenue leakages
- Building the capacity of healthcare workers in drug logistics and supply chain management

### **Key Functions**

The agency serves as the central coordinating body for all drug logistics and health commodity management functions in Edo State, overseeing:

- Procurement and distribution of essential medicines and health commodities
- Inventory management and supply chain optimization
- Quality assurance and control
- Capacity building for healthcare workers

- Monitoring and evaluation of supply chain performance indicators

### **Vision and Goals**

The DMA's vision is to establish a sustainable, technology-driven, and fully accountable drug management system that guarantees access to quality-assured health commodities at all levels of care. To achieve this vision, the agency aims to:

- Institutionalize a robust supply chain system
- Engage public and private stakeholders in promoting healthcare delivery
- Build the capacity of healthcare workers in supply chain management
- Ensure effective monitoring and evaluation of supply chain performance indicators

### **Edo State Emergency Medical Services and Ambulance System (EDOEMS)**

Edo State Emergency Medical Services and Ambulance System (EDOEMS) operates as the state-level agency aligned under the National Emergency Medical Services and Ambulance System (NEMSAS), a federal initiative designed to standardize and improve emergency medical response across Nigeria. The Edo State Emergency Medical Services and Ambulance System (EDOEMS) started as a pilot project in three Local Government Areas (Oredo, Ikpoba Okha and Egor) in Edo State in March 2024. The project lasted for about a year and came to an end in April 2025. After which, EDOEMS was birthed in July 2025. EDOEMS was established by the Edo State Government in collaboration with NEMSAS to deliver professional, organized, and accessible pre-hospital emergency medical care. The system bridges the critical gap between the scene of an incident and the hospital, ensuring timely, coordinated, and efficient emergency response for all residents of Edo State. With its headquarters in Benin City, EDOEMS functions as the operational arm of emergency medical services within the state. It deploys ambulances, trained emergency medical technicians, and paramedics through strategically located response bases. EDOEMS also maintains close coordination with NEMSAS and SEMA, ensuring that its operations, training standards, and service protocols are consistent with the national emergency response framework.

### **Milestones and Achievements**

1. Integration with NEMSAS:  
EDOEMS has been officially integrated into the National Emergency Medical Services and Ambulance System framework, aligning its operational procedures, response protocols, and training standards with national guidelines. This collaboration has elevated the efficiency and professionalism of pre-hospital emergency care delivery in Edo State.
2. Operational Growth:

At inception, EDOEMS began with a modest fleet and limited coverage. With our ambulances stationed to cover 3 LGA's (Oredo, Egor and Ikpoba Okha) in the Benin metropolis.

3. Central Dispatch and Communication:

The establishment of a modern command and control center has improved coordination between emergency responders, hospitals, and security agencies through the National 112 toll free line and our indigenous state owned 739 toll free number. The introduction of digital dispatch and call management systems has further enhanced response times and service reliability.

4. Capacity Building:

Over the past two years, EDOEMS has trained more than 150 community based first responders (CBFRs). These trainings emphasize modern emergency care protocols, triage systems, and lifesaving interventions for road traffic accidents, cardiac arrests, obstetric emergencies, and other disasters.

5. Impact and Service Reach:

Between 2024 and 2025, EDOEMS has responded to over 1,000 emergency calls, with average response times of less than twenty minutes in urban centers. These achievements reflect a significant reduction in preventable deaths and improved access to emergency healthcare across the state.

6. Innovation and Technology:

In line with NEMSAS's digital transformation goals, EDOEMS has adopted technology-driven dispatch systems, data collection tools, and electronic patient care reporting. Plans are ongoing to introduce telemedicine support, allowing responders to receive real-time guidance from medical doctors during field operations. Plans are also underway to commence live GPS tracking of our fleets and patients.

## **Future Outlook**

EDOEMS under NEMSAS is committed to continuous improvement and expansion of pre-hospital emergency services in Edo State. The vision for the future includes the establishment of a State Emergency Medical Academy dedicated to the training and certification of EMTs and paramedics in line with national standards. The agency also aims to expand ambulance coverage to achieve 24-hour readiness in all local government areas, deepen the use of technology for data-driven decision-making, and strengthen collaboration with hospitals, security agencies, and community organizations to enhance the emergency response network. The future of EDOEMS is one of progress, excellence, and innovation. It is a vision where every citizen of Edo State, regardless of location or circumstance, can rely on a swift and dependable emergency medical system that truly embodies the national vision of NEMSAS—accessible, timely, and lifesaving emergency care for all Nigerians.

## **Edo State College of Nursing Sciences (EDOCNS)**

The Edo State College of Nursing Sciences (EDOCNS) is a premier institution dedicated to providing high-quality nursing education, training, and professional development in alignment with global standards. On 12th October 2021, the Edo State House of Assembly passed the Edo State College of Nursing Sciences Law, repealing the 2015 Nursing and Midwifery Law, thereby establishing a stronger legal and institutional framework to advance nursing education in the state.

On 25th October 2021, EDOCNS received provisional accreditation from the Nursing and Midwifery Council of Nigeria (NMCN), leading to the reopening of the Schools of Nursing and Midwifery and the reinstatement of the Basic Nursing and Basic Midwifery programs. This accreditation reaffirms the institution's compliance with national regulatory standards and its commitment to producing competent, ethical, and globally competitive nurses.

### **Milestones and Achievements**

1. **First Cohort Success:** At reopening, the College enrolled 100 students and employed 100 staff members. The first cohort of nursing students achieved a 100% pass rate (2024) in their council examinations while the second achieved 97% pass rate (2025).
2. **Midwifery Success:** The first cohort of midwifery students recorded a 98.73% pass rate, while the second cohort of midwifery students achieved a 98% pass rate (both in 2025).
3. **Growth in Faculty and Staff:** From 100 staff (2021) at inception, EDOCNS now has 159 faculty and staff members (2025) supporting its expanding academic portfolio.
4. **Expanded Programs:** The College currently offers ND/HND in Nursing, Post-Basic Nursing, Post-Basic Midwifery, Public Health Nursing, and a Preparatory Class for prospective students seeking entry into the College.
5. **Number of Students:** As against the 100 students admitted in its inception in 2021, the college currently has a total population of 1012 students and just admitted 150 students making a total of 1162 students (2025).

## **Edo State College of Health Sciences and Technology (EDOCOHEST)**

The Edo State College of Health Sciences and Technology (EDOCOHEST) traces its roots to 1964, evolving from the former Edo State School of Health Technology. Following renovations and upgrades, the Edo State House of Assembly passed the Edo State College of Health Sciences and Technology Law on December 23, 2023, repealing the 2002 law. The College subsequently underwent full re-accreditation of its programmes in July 2024, and was formally commissioned in October 2024 with over 422 students matriculating.

## Edo Specialist Hospital (ESH)

~~Yet to be provided~~

### 1.3 Situation Analysis

The healthcare system in Edo State has witnessed significant growth in the number of health facilities, including both public and private providers. There are currently over 520 public health facilities, ranging from primary healthcare centers to tertiary hospitals with 4 tertiary hospitals, 32 secondary hospitals as well as 484 primary healthcare centres functioning. Additionally, the state has a substantial number of registered private healthcare providers (over 4783), including 560 Medical facilities, 30 Dental facilities, 105 Medical laboratories facilities, 713 Pharmacies, 1983 Patent medicine stores and 203 Nursing and maternity homes as well as 823 Traditional medicine establishments and 163 Traditional birth attendants. The sector is further strengthened by active support from various development partners and non-governmental organizations.

A critical pillar of the system is its focus on workforce development. Institutions like the Edo State College of Nursing Sciences and the Edo State College of Health Sciences and Technology have been transformed into world-class training centers, producing highly skilled middle and lower-cadre health workers to meet the state's growing demands. The State also hosts several medical schools and health training institutions that contribute significantly to healthcare workforce development in the country.

The state has demonstrated a strong commitment to health financing, with a steady increase in budgetary allocations which was 4.1 Billion in 2020 (7%), 4.6 Billion in 2021 (6%), 8.9 Billion in 2022 (8%), 17.4 Billion in 2023 (9%), 21.1 Billion in 2024 (13%) and 57.4 Billion in 2025 (8.5%). While the health sector anticipates a 2026 budgetary allocation that meets the Abuja Declaration's recommended 15%, the primary constraint has historically been the timely and full release of allocated funds. The gap between allocation and actual disbursement remains the most significant impediment to achieving our strategic health objectives which was 1.2 Billion in 2020 (29.6%), 1.2 Billion in 2021 (25.6%), 1.7 Billion in 2022 (19.8%), 13.7 Billion in 2023 (79%), 30 Billion in 2024 (141.9%) and 1.4 Billion in 2025 (2.5%) as at October, 2025.

Recent data indicates notable improvements in key health indicators. From January to October 2025, the state recorded zero (0) cases of maternal mortality, an infant mortality rate of 9.65 per 1,000 live births, and an under-five mortality rate of 13.05 per 1,000 live births (DHIS-2).

Broader trends from the 2023–24 Nigeria Demographic and Health Survey (NDHS) indicate improvements in child survival nationally. Under-five mortality declined to 110 deaths per 1,000 live births, down from 132 in 2018, while neonatal mortality remains high at 41 per 1,000 live births. Despite these national gains, Edo State–specific data from the MICS 2021 reveal persistent challenges, with a neonatal mortality rate of 52 per 1,000 and an under-five mortality rate of 81 per 1,000. In terms of reproductive health, the NDHS

2023–24 reports an increase in modern contraceptive use among currently married women nationally, rising from 12% in 2018 to 15%. However, detailed Edo State estimates are yet to be released. Immunization coverage remains an area of concern. The 2021 MICS/NICS indicates that only 36% of Nigerian children aged 12–23 months received all recommended vaccines, with significant state-level variation.

Edo State health system is guided by the Health Sector Strategic Blueprint (HSSB). Notable achievements under this framework include the expansion of the Edo State Health Insurance Scheme, increased enrollment in the Basic Health Care Provision Fund (BHCPF), and the successful launch of the Maternal and Neonatal Mortality Reduction Innovation and Initiative (MAMII)—a key component of the Federal Government's HOPE Project.

Despite these achievements, the State continues to face challenges in several areas including shortages in specialized cadres and unequal distribution across LGAs, inadequate inter-agency alignment and performance monitoring, disparities in service availability particularly in rural communities as well as delays in fund releases which hinders effective implementation of planned interventions.

To achieve its' objectives, the 2026 Annual Operational Plan (AOP) focuses on the continued implementation of the health sector strategic blueprint, prioritizing interventions that are aimed at improving governance, enhancing healthcare financing, building human resource capacity, and expanding access to essential health services. A key focus will be on further increasing health insurance coverage, improving maternal and child health outcomes, and ensuring that health facilities are adequately equipped to meet the growing demands of the population by taking full advantage of existing financing frameworks such as the BHCPF, HOPE Project, as well as commitment from government and development partners.

The successful implementation of this AOP will require a collaborative, multi-sectoral approach, engaging government agencies, the private sector, community organizations, and development partners in a concerted effort to transform the healthcare landscape of Edo State for the benefit of all its citizens.

## SUMMARY OF SWOT ANALYSIS PER PILLAR/ENABLER

### Operational Planning (AOP) SWOT Analysis Table

Table 1: Pillar 1 - Effective Governance (Ministry of Health)

Pillar One: Effective Governance  ▪ Strategic Interventions	SWOT		Decision  (Strategic Interventions for financial planning)	Remarks
<ul style="list-style-type: none"> <li>▪ Tailor NCH/SCH Meeting and memos guidelines to ensure meetings focus on the "National Health Act", "National Health Policy", and "National Health Development Plan" including a conversation on the state of the Health of the Nation report to inform policy decisions</li> <li>▪ Scale up the capacity of NCH</li> </ul>	Strengths	Weakness	<ul style="list-style-type: none"> <li>▪ Tailor NCH/SCH Meeting and memos guidelines to ensure meetings focus on the "National Health Act", "National Health Policy", and "National Health Development Plan" including a conversation on the state of the Health of the Nation report to</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Intermittent engagements of key stakeholders within the Health Sector in Edo State</li> <li>▪ Previous experience of some Secretariat members in NCH processes and procedures</li> <li>▪ Existing structures such as Ward Development Committees (WDC) to facilitate information dissemination</li> <li>▪ Builds on existing institutional frameworks within the Ministry of Health</li> <li>▪ Existing sector-wide collaboration</li> <li>▪ Involvement of multiple stakeholders which enhances buy-in and ownership of the plan.</li> <li>▪ Existing experience in AOP development processes by core stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>▪ Irregular/lack of SCH meetings</li> <li>▪ Poor rate of domestication of National Policies and Acts</li> <li>▪ Technical skill gap in Policy Formulation/Domestication</li> <li>▪ Technical skill gap in NCH memos development</li> <li>▪ Limited availability of training resources and trainers specialized in NCH memos development</li> <li>▪ Limited capacity and resources for consistent public engagement and report dissemination</li> <li>▪ Technical skill gap in Annual State of Health Report Development</li> <li>▪ HSPC meetings not held regularly</li> <li>▪ Inadequate resources and tools to fully operationalize the HSPC</li> <li>▪ High attrition rate</li> </ul>		

<b>Pillar One:</b> <b>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>▪ Secretariat members both at federal and State level to ensure their effectiveness in supporting the Technical Committee.</li> <li>▪ Preparation and public disclosure/dissemination of health sector performance result e.g., Annual state of health report to all relevant stakeholders</li> <li>▪ Strengthen a functional health sector planning cell (HSPC) for integrated planning,</li> </ul>	<ul style="list-style-type: none"> <li>▪ Availability of standardized templates and processes for consolidating facility plans into Web-based AOP.</li> <li>▪ Existence of capacity and experience within sister health MDAs (e.g., HMA, EDPHCDA, EdoHIC, TMB) that can be leveraged for technical and operational support</li> <li>▪ Builds on the existing JAR framework using the national template</li> <li>▪ Leverage on past experience in the Ministry and sister Health MDAs from previous State Joint Annual Reviews (SJAR)</li> <li>▪ Institutional framework for SWAp already exists at the state level</li> <li>▪ Availability of a conducive working environment for Health Development Partner (PFH)</li> <li>▪ Availability of skilled personnel to work with partners</li> <li>▪ Effective (PFH)</li> <li>▪ collaboration of work plans between program officers and partners (PFH)</li> <li>▪ Dedicated and resilient staffs (DDS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate/delay in funding to organize regular HSPC meetings</li> <li>▪ Limited technical skills in situational analysis and evidence-based priority setting at the state level.</li> <li>▪ Fragmented communication channels with partners</li> <li>▪ Limited capacity of LGA health authorities and facility managers in AOP development.</li> <li>▪ Capital-intensive activities, requiring sustained funding and donor/partner engagement</li> <li>▪ Technical skill gap in data collection, collation and analysis</li> <li>▪ Limited technical capacity and experience among some stakeholders on M&amp;E concepts</li> <li>▪ Data challenges such incomplete, poor quality, or inaccessible data, may hinder effective monitoring and reporting</li> <li>▪ Ineffective collaboration of work plan between program officers between program officers and partners (PFH)</li> <li>▪ Poor effective communication between partners and program officers (PFH)</li> <li>▪ Low Budgetary release for activities (PFH)</li> </ul>	<p>inform policy decisions</p> <ul style="list-style-type: none"> <li>▪ Scale up the capacity of NCH Secretariat members both at federal and State level to ensure their effectiveness in supporting the Technical Committee</li> <li>▪ Preparation and public disclosure/dissemination of health sector performance result e.g., Annual state of health report to all relevant stakeholders</li> </ul>	

<b>Pillar One:</b> <b>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>▪ implementation, monitoring, and evaluation of the performance of the health system</li> <li>▪ Develop AOP and ensure alignment of partners' plans to national/state health sector AOP</li> <li>▪ Support to HMB, SPHCDA/B, and LGA Health Authorities on the development and consolidation of health facilities AOP (One Plan) focusing on SWAp priorities</li> <li>▪ Conduct Joint missions to Federal/states/sites in line with</li> </ul>	<ul style="list-style-type: none"> <li>▪ Established Frameworks such as SOPs, Manually Checklists and Google form (DDS)</li> <li>▪ Enhanced Collaboration with stakeholders professional bodies e.g. NDA (DDS)</li> <li>▪ Dedicated and resilient staffs (DMERS)</li> <li>▪ Established Frameworks (SOPs, Manual Checklist (DMERS)</li> <li>▪ Enhanced Collaboration with stakeholders, professional bodies (NFDA) and institute of human pathology of Nigeria (DMERS)</li> <li>▪ Enhanced Collaboration with other stakeholders e.g. GMLD (DMLS)</li> <li>▪ Experienced &amp; Adequate number of Staff (DMLS)</li> <li>▪ Established Frameworks Like SOPs &amp; checklists (DMLS)</li> <li>▪ Interagency Collaboration - Fire &amp; LG (DMLS)</li> <li>▪ Regulatory oversight capacity (legal frameworks, established Department, funding source (DMLS)</li> <li>▪ Dedicated and resilient staff (DMLS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ No IT gadgets such as laptop, tablets etc. (DDS)</li> <li>▪ Inadequate skilled man power (DDS)</li> <li>▪ Inadequate vehicles for regulatory activities (DDS)</li> <li>▪ No dedicated budget line for regulation (DDS)</li> <li>▪ No IT gadgets e.g. laptop, tablets etc. (DMERS)</li> <li>▪ Inadequate staff/ skilled manpower (DMERS)</li> <li>▪ Lack of sufficient vehicles for regulatory activities (DMERS)</li> <li>▪ Absence of dedicated budget line for regulation (DMERS)</li> <li>▪ Delay in budget release (DMLS)</li> <li>▪ Limited IT gadgets e.g. laptops and Tablet (DMLS)</li> <li>▪ Inadequate Vehicles and other enforcement tools (DMLS)</li> <li>▪ No dedicated budget line (DMLS)</li> <li>▪ Proliferation of new unregistered facilities in inaccessible locations (DMLS)</li> <li>▪ Proliferation of unqualified personnel's in the medical laboratory space (DMLS)</li> <li>▪ Resistance from Stakeholders and the public (DMLS)</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> <li>▪ Develop AOP and ensure alignment of partners' plans to national/state health sector AOP</li> <li>▪ Support to HMB, SPHCDA/B, and LGA</li> </ul>	

<b>Pillar One:</b> <b>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>▪ Joint Annual Review (JAR) calendar</li> <li>▪ Strengthen capacity of relevant Federal, State and LGA stakeholders to coordinate, monitor and manage delivery and performance in the health sector</li> <li>▪ Harmonize accreditation /inspection standards for health facilities across the regulators.</li> <li>▪ Harmonize frameworks for health professional regulatory bodies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Synergy with MLSCN (DMLS)</li> <li>▪ Available, willing and competent staff for regulation activities (DNS)</li> <li>▪ Compliant proprietors and operating officers for facilities monitoring (DNS)</li> <li>▪ Availability of registration\regulation guidelines (DNS)</li> <li>▪ Available, willing and competent staff for regulation activities (DNS)</li> <li>▪ Monthly departmental review meeting (DNS)</li> <li>▪ Established pharmaceutical regulatory system (Pharmacy Inspection Committee (DPS)</li> <li>▪ Availability of documented requirements and procedure for registration (DPS)</li> <li>▪ Presence of experienced and resilient staff (DMS)</li> <li>▪ Enhanced Collaboration among health professionals (DMS)</li> <li>▪ Interdepartmental/Interagency and other partners collaborations (DMS)</li> <li>▪ Establish frameworks such as SOPs, manual checklist and Goggle form (DMS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ No State Blood Transfusion Service Centre (DMLS)</li> <li>▪ Inadequate operational vehicles (DNS)</li> <li>▪ Inadequate monitoring tools such as Tablets for remote monitoring (DNS)</li> <li>▪ Low financial support (DNS)</li> <li>▪ Lack of incentives for programme implementer (DNS)</li> <li>▪ No active software for the data management (DNS)</li> <li>▪ Inadequate skilled manpower (DPS)</li> <li>▪ Inadequate vehicles for regulatory activities (DPS)</li> <li>▪ Low Budgetary release for activities (DPS)</li> <li>▪ Inefficient communication channel with existing and potential clients (DPS)</li> <li>▪ Inadequate staff (DMS)</li> <li>▪ No well-established communication network (DMS)</li> <li>▪ Limited funds to facilitate communication mechanism (DMS)</li> <li>▪ Low-budgetary release for activities (DMS)</li> <li>▪ Limited IT gadgets (DMS)</li> <li>▪ Inadequate Vehicles for regulatory activities (DMS)</li> </ul>	<p>Health Authorities on the development and consolidation of health facilities AOP (One Plan) focusing on SWAp priorities</p> <ul style="list-style-type: none"> <li>▪ Conduct Joint missions to Federal/states/sites in line with Joint Annual Review (JAR) calendar</li> <li>▪ Strengthen capacity of relevant Federal, State and LGA stakeholders to coordinate,</li> </ul>	

Pillar One: Effective Governance  ▪ Strategic Interventions	SWOT		Decision  (Strategic Interventions for financial planning)	Remarks
<ul style="list-style-type: none"> <li>▪ along different cadres</li> <li>▪ Provide Regular on-boarding /SWAP Orientation to newly appointed program officers/managers (indicator: % of newly appointed program officers/managers on boarded that received SWAP Orientation)</li> <li>▪ conduct regular sub-National strategic engagement to ensure successful implementation of the Sector Wide Approach. (Indicator: proportion of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Alignment with health professional regulatory bodies e.g. MDCN, ANPMP (DMS)</li> <li>▪ it strengthens existing health programs on TV and Radio (PRO)</li> <li>▪ it strengthens media engagement and relations (PRO)</li> <li>▪ it improves visibility and public awareness of ministry's policies and activities (PRO)</li> </ul>	<ul style="list-style-type: none"> <li>▪ No dedicated budget line for regulatory activities (DMS)</li> <li>▪ inadequate training (PRO)</li> <li>▪ lack of equipment (PRO)</li> </ul>	<ul style="list-style-type: none"> <li>▪ monitor and manage delivery and performance in the health sector</li> <li>▪ Harmonize accreditation /inspection standards for health facilities across the regulators.</li> <li>▪ Harmonize frameworks for health professional regulatory bodies along different cadres</li> <li>▪ Provide Regular on-boarding /SWAP Orientation to newly</li> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Availability of National Health Act, National Health Policy and the Health Sector Strategic Blueprint</li> <li>▪ Regular NCH meetings</li> <li>▪ Availability of support from NCH secretariat</li> <li>▪ Use of social media</li> <li>▪ Presence of various media channels to reach diverse audiences</li> <li>▪ Availability of national planning frameworks (NHAct, NHPolicy and HSSB)</li> <li>▪ LGA autonomy will improve accountability at the LGA and facility levels.</li> <li>▪ Leveraging on the Sector Wide Approach (SWAp) to institutionalize a unified</li> </ul>	<ul style="list-style-type: none"> <li>▪ Delay in release of fund needed for participating in NCH meetings as well as in convening SCH</li> <li>▪ Delay in funding to implement training</li> <li>▪ Misinterpretation or misinformation spreading through media and community channels.</li> <li>▪ Resistance from stakeholders fearing exposure of poor performance</li> <li>▪ Challenges with data availability for situational analysis</li> <li>▪ Withdrawal or reduced funding support from donors</li> <li>▪ Inconsistent partner support or withdrawal of donor funding</li> </ul>		

<b>Pillar One: Effective Governance</b>  <b>Strategic Interventions</b>	<b>SWOT</b>		<b>Decision  (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ recommendation s from quarterly performance dialogue meetings that are implemented)</li> <li>▪ Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs, Servicom for feedback and functional grievance redress</li> </ul>	<ul style="list-style-type: none"> <li>▪ planning framework, “One Plan”, that reduces fragmentation</li> <li>▪ Availability of national template on the conduct of Joint Annual Review (JAR)</li> <li>▪ Availability of the MEARL Plan, a robust performance tracking tool developed by FMOH</li> <li>▪ Availability and support of Development partners (PFH)</li> <li>▪ Adequate man power (PFH)</li> <li>▪ Funding from Edo State Government (DDS)</li> <li>▪ Public –private partnership (PPPs) with private Dental facilities owner and NDA (Nigeria Dental Association) Edo State Chapter (DDS)</li> <li>▪ Funding from Edo State Government (DMERS)</li> <li>▪ Public –private partnership (PPPs) with private Mortuary, Embalmmment centers and other related services owners and NFDA - Nigeria Funeral Directors Association) and (institute of pathology of Nigeria (DMERS)</li> <li>▪ Digitalization of the registration process (DMLS)</li> <li>▪ Review and adaptation of regulatory policies (DMLS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Withdrawal/reduced funding support from donors</li> <li>▪ High staff turnover could undermine capacity-building efforts and continuity</li> <li>▪ Reduced enthusiasm of some stakeholder for performance monitoring who sometime perceived it as punitive rather than developmental</li> <li>▪ Poor political will (PFH)</li> <li>▪ Delay in fund release (DDS)</li> <li>▪ Delay tax clearance for Hfs owners (DDS)</li> <li>▪ Delay and inadequate fund release (DMERS)</li> <li>▪ Delay in issuance of tax clearance for mortuaries, embalmmment centers and other related services owners (DMERS)</li> <li>▪ Insecurity (DMLS)</li> <li>▪ Poor funding (DMLS)</li> <li>▪ Legal Issues (DMLS)</li> <li>▪ Brain drain &amp; migration of trained Health workers (DMLS)</li> <li>▪ Insecurity (DNS)</li> <li>▪ Poor access roads to facilities especially for the ones located within the interiors (DNS)</li> <li>▪ Quackery (DNS)</li> <li>▪ Insecurity (DPS)</li> <li>▪ Limited resources for effective inspection and monitoring (DPS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ appointed program officers/managers (indicator: % of newly appointed program officers/managers on boarded that received SWAP Orientation)</li> <li>▪ conduct regular sub-National strategic engagement to ensure successful implementation of the Sector Wife Approach. (Indicator: proportion of recommendati</li> </ul>	

<b>Pillar One:</b> <b>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>
	<ul style="list-style-type: none"> <li>▪ Training of skilled personnel by partners (DMLS)</li> <li>▪ Using social media for public sensitization (DMLS)</li> <li>▪ Willingness by the Association of the General Private Nursing Practitioners (AGPNP) to support enforcement (DNS)</li> <li>▪ The inclusion of the activities in the State Health Agenda, 2025 (DNS)</li> <li>▪ The inclusion of Health on the project SHINE of the Edo State Government (DNS)</li> <li>▪ Technology integration (DPS)</li> <li>▪ Interagency Collaborations – DPS, PCN, and NAFDAC (DPS)</li> <li>▪ Strengthening the training and capacity of health care professional across all cadres (DMS)</li> <li>▪ Financial and Technical support from Edo State Government and other stakeholders (DMS)</li> <li>▪ Presence of unified data systems (DMS)</li> <li>▪ multiple media houses (PRO)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Weak enforcement (DPS)</li> <li>▪ Insecurity (DMS)</li> <li>▪ Poor funding (DMS)</li> <li>▪ Proliferation of new unregistered facilities in inaccessible locations (DMS)</li> <li>▪ Proliferation of unqualified personnel in the health facilities (DMS)</li> <li>▪ Resistance to standardization by stakeholders (DMS)</li> <li>▪ Public perception (DMS)</li> <li>▪ No funding (PRO)</li> </ul>	<p>ons from quarterly performance dialogue meetings that are implemented)</p> <ul style="list-style-type: none"> <li>▪ Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs, Servicom for feedback and functional grievance redress</li> </ul>	

**Recommendation:**

- Capacity building on policy Formulation/Domestication
- Capacity building on NCH memos development

- Capacity building of programme officers and staff on situational analysis
- Advocacy to Accountant General to improve fund releases
- Procurement of digital tools e.g. Laptop and Desktop computers, computer accessories, etc.
- Strong synergy between program officers and partners (PFH)
- Increased political will (PFH)
- Increased budgetary release for activities (PFH)
- Procurement of work tools for improved work delivery (DDS)
- Establish a joint task force involving MDCN, DMS and ANPMP, and other regulators to drive harmonization (DMS)
- Organize stakeholder engagement sessions to reduce resistance and foster buy-in to the policies (DMS)
- Capacity building for dentist and dental technician across the state (DDS)
- Employment of dentist and dental technician (DDS)
- Procurement of work tools e.g. IT gadgets, vehicles and motorcycles for improved work delivery (DMERS)
- Capacity building for pathologist, morticians and facility owners across the state (DMERS)
- Employment of pathologist, anatomist and of at least one liaison officer in each senatorial district (DMERS)
- Conduct a one-day workshop for mortuaries, embalment centers and other related services (DMERS)
- Resuscitate a joint task force involving MLSCN, state DMLS, and other regulators to drive harmonization (DMLS)
- Operationalize the digitized process for inspection and registration to improve transparency and reduce redundancy (DMLS)
- Organize stakeholder engagement sessions to reduce resistance and foster buy-in to the policies (DMLS)
- Procurement of work tools for improved work delivery (DMLS)
- To establish a state blood transfusion Service Centre (DMLS)
- Provision of designated vehicle for supervision and monitoring of health facilities across the State V
- Adequate financial support for monitoring and regulation activities (DNS)
- Training for nurses and midwives (DNS)
- Supervision of Internal and the Professional Examinations (DNS)
- Enforcement of Erring Facilities (DNS)
- Improve engagement with public to address misinformation (DPS)
- Advocacy to stakeholders and gate keepers in Government on impact of effective regulation on citizen welfare (DPS)
- Train inspectors to improve coverage (DPS)



Table 2: Pillar 2 - Efficient, Equitable and quality Health system (Ministry of Health)

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Strengthen Governance and Stewardship for Health promotion Multi-sectoral Coordination</li> <li>▪ Promote Advocacy for Multi-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>▪ Establish Partnerships with Global and Regional Alliance for Multi-sectoral Coordination</li> <li>▪ Monitor Trends and Determinants of Health and evaluate progress of coordination</li> </ul>	<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 Multi-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>▪ Establish Partnerships with Global and Regional Alliance for Multi-sectoral Coordination</li> <li>▪ Monitor Trends and Determinants of Health</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Social Behaviour and Communication Change (SBCC) forum has already been inaugurated and meets quarterly</li> <li>▪ Availability of SBCC materials such as calendars, flyers, flipcharts and pamphlets etc.</li> <li>▪ Synergy between Environmental Health, Reproductive and Family Planning Unit and Health Promotion Unit.</li> <li>▪ Engagement of Social Mobilizers (SMs) in Nine (9) T.C.I Supporting L.G.As working with the Local Government H.P.Os</li> <li>▪ Availability of Public Address System and Megaphones for social mobilization activities in all LGAs across the State.</li> <li>▪ Availability of Health Promotion officers across the 18 LGAs to monitor and report Health Promotion activities.</li> <li>▪ Availability of skilled personnel in key programme areas of public health</li> <li>▪ Availability of 29 facilities offering comprehensive HIV services (laboratory, counselling, clinical management etc.) spread across the State.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate funding for programme activities</li> <li>▪ Insufficient collaboration among units</li> <li>▪ Inadequate Monitoring and evaluation system for some public health programmes.</li> <li>▪ Insufficient state-level data on disease burden, risk factors, and service gaps to guide strategy and policy.</li> <li>▪ Inadequate partners supporting public health activities in the state.</li> <li>▪ Irregular meetings of Technical Working Groups</li> <li>▪ Frequent stock out of commodities</li> <li>▪ Over-dependence on implementing partners</li> <li>▪ Inadequate reporting system from health facilities.</li> </ul>		

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <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> <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,</li> </ul>	<ul style="list-style-type: none"> <li>▪ Availability of warehouse space for storage of public health commodities.</li> <li>▪ Strong collaboration with the State LMCU for the distribution of public health commodities to service delivery points (SDPs)</li> <li>▪ Availability of an HIV/AIDS Strategic Implementation plan for 2025 – 2030.</li> <li>▪ Availability of malaria medicines and consumables for the IsDB LLF Support to Malaria Elimination Project in Edo State.</li> <li>▪ Availability of reporting tools for some public health programmes.</li> <li>▪ Monitoring and evaluation system in place for some public health programmes.</li> <li>▪ The IsDB LLF Support to Malaria Elimination Project prioritizes equity, ensuring that malaria control efforts reach the most vulnerable populations.</li> <li>▪ Availability of TB diagnostic sites in almost all the LGAs in the State</li> <li>▪ Dental facilities already exist across public and private sectors especially in urban areas (DDS)</li> <li>▪ Availability of manpower (DFH)</li> <li>▪ Health Sector Governance Meeting (DFH)</li> <li>▪ Availability of policy documents such as the FP/RH document (DFH)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Large pool of untrained health workers on standard treatment guidelines</li> <li>▪ Large number of non-functional diagnostic equipment for the TB programme (GeneXpert, microscopes)</li> <li>▪ Case finding for TB/Leprosy/BU is largely passive</li> <li>▪ Lack of external quality assurance review of diagnostic processes for TB</li> <li>▪ Inadequate skilled man power (DDS)</li> <li>▪ Many specialized health professional leave the country due to poor working conditions (DDS)</li> <li>▪ Inadequate skilled manpower (DFH)</li> <li>▪ Poor data quality (DFH)</li> <li>▪ Stock out of FP commodities in the facilities (DFH)</li> <li>▪ No provision for the last-smile distribution of FP commodities (DFH)</li> </ul>	<p>and evaluate progress of coordination</p> <ul style="list-style-type: none"> <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> <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> </ul>	

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ 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>▪ An NCD prevention task force with a focus on high priority illnesses (Strengthen governance, coordination, collaboration and leadership)</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</li> </ul>	<ul style="list-style-type: none"> <li>▪ One Health Approach (DFH)</li> <li>▪ Availability of data tools (DFH)</li> <li>▪ Availability of LGA RH supervisor (DFH)</li> <li>▪ Availability of Health Educators and Mobilizers (DFH)</li> <li>▪ Good RH activities (DFH)</li> <li>▪ Political will (DFH)</li> <li>▪ Poor community participation (DFH)</li> <li>▪ Insecurity</li> <li>▪ Inadequate funding by the State government (DFH)</li> <li>▪ Existence of baseline data on maternal mortality rate (MMR 624.28) and under-5 mortality rate (15.4%) to target improvements (DFH)</li> <li>▪ Commitment to establish a MNCAH+N task force at State and Local Government Area (LGA) levels for focused action (DFH)</li> <li>▪ Expansion of Nutrition Assessment, Counselling and Support (NACS) and Growth Monitoring and Promotion (GMP) services to a larger number of health facilities (DFH)</li> <li>▪ Presence of work force for the development and distribution of guidelines for establishing Community Nutrition Centres</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improper synergy between MDAs (EDSPHCDA/MOH) towards RH (DFH)</li> <li>▪ Weak data management system (DFH)</li> <li>▪ Limited number of informal and formal health providers trained in youth-friendly services (DFH)</li> <li>▪ Poor attitude of some health workers towards adolescents (DFH)</li> <li>▪ Poor domestication and implementation of adolescent health policies (DFH)</li> <li>▪ Current absence of nutrition commodities and essential routine medications in the State (DFH)</li> <li>▪ Limited number of trained healthcare workers on Maternal Infant and Young Child Nutrition (MIYCN) which presently, indicates capacity gaps (DFH)</li> <li>▪ Only 79 health facilities assessed for Nutrition services in 2025, reflecting limited coverage (DFH)</li> </ul>	<ul style="list-style-type: none"> <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>▪ An NCD prevention task force with a focus on high priority illnesses (Strengthen governance, coordination, collaboration and leadership)</li> </ul>	

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ substance abuse disorders (MNSD)</li> <li>▪ Strengthen Communicable disease prevention task forces focused on HIV, TB, Malaria and NTDs at the national and sub-national level</li> <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 utilization of integrated vector control interventions (ITNs, Targeted IRS, targeted LSM, vector surveillance</li> </ul>	<ul style="list-style-type: none"> <li>and large-scale food fortification, filling a current policy gap (DFH)</li> <li>▪ Strong collaboration between the Ministry of Health, EDSPHCDA and other MDAs (DFH)</li> <li>▪ Availability of skilled personnel (HRH)</li> <li>▪ Prompt payment of salaries (HRH)</li> <li>▪ Availability of HRH steering committee and Technical Working Group (HRH)</li> <li>▪ Mortuaries, embalment centers and other related services already exist across public and private sectors especially in Edo state (DMERS)</li> <li>▪ Existing HIV, TB, and Malaria control programs with diagnostic support (DMLS)</li> <li>▪ Presence of trained laboratory personnel in urban and rural centers (DMLS)</li> <li>▪ Availability of a good data tracking platform (DMLS)</li> <li>▪ Functioning Public Health Laboratory Network across some secondary and tertiary facilities (DMLS)</li> <li>▪ Availability of standard operating procedures (SOPs) and national testing algorithms (DMLS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ No existing State guideline for Community Nutrition Centres and food fortification indicating lack of structured policy framework (DFH)</li> <li>▪ Poor cooperation from health facilities (HRH)</li> <li>▪ Poor synergy between other health MDAs (HRH)</li> <li>▪ Delay in staff promotion (HRH)</li> <li>▪ Absence of HRH desk officers across the 18 LGAs (HRH)</li> <li>▪ Inadequate skilled manpower (DMERS)</li> <li>▪ Many specialized professionals leave the country due to poor working conditions (DMERS)</li> <li>▪ Difficult terrain affects quality of services in rural areas (DMERS)</li> <li>▪ Security challenges impede regulatory activities (DMERS)</li> <li>▪ Shortage of skilled personnel for molecular diagnostics (DMLS)</li> <li>▪ Poor maintenance and stockout of key laboratory equipment/supplies (DMLS)</li> </ul>	<ul style="list-style-type: none"> <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 HIV, TB, Malaria and NTDs at the national and sub-national level</li> <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</li> </ul>	

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>and insecticide resistance monitoring)</li> <li>▪ Improve generation of evidence for decision and information from at least 80% of health facilities.</li> <li>▪ Increase access to effective chemoprevention, diagnosis and appropriate treatment of malaria 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>▪ Build capacity of health workers to improve</li> </ul>	<ul style="list-style-type: none"> <li>▪ A growing pool of trained medical laboratory scientists and technicians in urban centers (DMLS)</li> <li>▪ Improved molecular diagnostic capacity and lab networks (DMLS)</li> <li>▪ Specialist Nurses and Midwives are available to facilitate the programme (DNS)</li> <li>▪ Available National guidelines for PPH Management (DNS)</li> <li>▪ Availability of Nurses and Midwives in institutions and clinical settings to be trained and to train others (DNS)</li> <li>▪ Availability of Institutions for the conduct of the training (DNS)</li> <li>▪ Available support from other professionals (DNS)</li> <li>▪ LMCU collaborative work culture (DPS)</li> <li>▪ Upgraded warehouse facility at CMS (DPS)</li> <li>▪ Existing electronic LMIS dashboard (DPS)</li> <li>▪ Improved visibility into public health program logistics at State level (DPS)</li> <li>▪ Available infrastructure such as internet, power supply and furniture within State secretariat (DPS)</li> <li>▪ Knowledgeable, dedicated, technology savvy State LMCU team (DPS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited molecular diagnostic equipment in both urban and rural facilities (DMLS)</li> <li>▪ No state quality assurance (QA) practices and external quality assessment (EQA) program (DMLS)</li> <li>▪ Low public awareness and health-seeking behavior regarding preventive screening (DMLS)</li> <li>▪ No state owned sample shipment mechanism (DMLS)</li> <li>▪ Low financial support/ delay in approval and release of funds (DNS)</li> <li>▪ Unavailability of operational vehicle for logistics activities such as distribution and LMD monitoring (DPS)</li> <li>▪ Frequent stockout of public health products and consumables (DPS)</li> <li>▪ High dependence on external stakeholder for program implementation (DPS)</li> <li>▪ Inadequate skilled workforce (DPS)</li> </ul>	<ul style="list-style-type: none"> <li>transmission and Paediatrics interventions</li> <li>▪ Improve access and utilization of integrated vector control interventions (ITNs, Targeted IRS, targeted LSM, vector surveillance and insecticide resistance monitoring)</li> <li>▪ Improve generation of evidence for decision and information from at least 80% of health facilities.</li> <li>▪ Increase access to effective chemoprevention, diagnosis and appropriate treatment of malaria and malaria vaccine.</li> <li>▪ Increase access and uptake of Tuberculosis Preventive Therapy (TPT)</li> </ul>	

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>access and quality to specialize care using available Resources including engagement of Nigerian Health care Personnel in the Diaspora</p> <ul style="list-style-type: none"> <li>▪ Expand access to a full range of modern contraceptives including immediate postpartum, post-abortion FP, through inreaches, mobile outreach service delivery in providing a wide range of contraceptives.</li> <li>▪ Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.</li> <li>▪ Establish/revitalize MNCAH+N task force and new accountability mechanism to crash MMR &amp; under-5</li> </ul>	<ul style="list-style-type: none"> <li>▪ Capacity building interventions in Logistics management for State logistics Officers (DPS)</li> <li>▪ Deployment of non-technical staff to the warehouse (DPS)</li> <li>▪ Collaboration between diaspora and local institutions (DMS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Weak optimization of supply chain structure at LGA level (DPS)</li> <li>▪ Inadequate and poor quality LMIS data (DPS)</li> <li>▪ Shortage of skilled personnel (DMS)</li> <li>▪ Low-budgetary release for activities (DMS)</li> </ul>	<ul style="list-style-type: none"> <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>▪ 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</li> <li>▪ Expand access to a full range of modern contraceptives including immediate postpartum, post-</li> </ul>	
	<p style="text-align: center;"><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>▪ Opportunity for collaboration among programmes with cross-cutting activities</li> <li>▪ Recent increase in the use of social media by the general population is an opportunity for disseminating public health information</li> <li>▪ Existing government commitment to health through the SHINE agenda provides an entry point for NCD integration.</li> <li>▪ Availability of National policies and guidelines to adapt for Edo State.</li> <li>▪ Improved methods of data collection and analysis (e.g., ODK tools, online survey forms, electronic databases) that can strengthen research and evidence generation.</li> <li>▪ Presence of government agencies and structures that can support multisectoral collaboration</li> </ul>	<p style="text-align: center;"><b>Threats</b></p> <ul style="list-style-type: none"> <li>▪ Low risk perception and lots of misinformation by the residents on public health issues.</li> <li>▪ Poor knowledge, attitude and Practice towards TB/Leprosy/BU of communities in the State</li> <li>▪ Delay in access to approved funds</li> <li>▪ Limited access to remote or hard-to-reach areas due to bad roads and insecurity</li> <li>▪ Low prioritization of Non-Communicable Diseases by Donor and Partners</li> <li>▪ High attrition of healthcare workers undermines service delivery.</li> </ul>		

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>mortality at the sub-national(State and LGA) level</p> <ul style="list-style-type: none"> <li>▪ Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition</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> <li>▪ Deployment, and management of HRH including biometric capture &amp; BVN data collection for at least 80% of basic education teachers and primary</li> </ul>	<ul style="list-style-type: none"> <li>▪ NASCP/FMoH with support from GF is currently implementing GC-7 grant for prevention and control of HIV/AIDs</li> <li>▪ EDOHIS program to collaborate in enrollment of PLHIV to cover out of pocket spending for other medication needs outside HIV/AIDs</li> <li>▪ Support from the Federal Ministry of Health and Social Welfare</li> <li>▪ Availability of DHIS2 tool for Data reporting and analysis</li> <li>▪ Isdb LLF Support to Malaria Elimination Project provides an opportunity for adequate funding for Malaria Programme implementation</li> <li>▪ Large pool of private facilities in the State to collaborate with the State TB Programme</li> <li>▪ Availability of the implementing partner (RedAid Nigeria) for the State TB programme</li> <li>▪ Public –private partnership (PPPs) with private Dental facilities owner and NDA (Nigeria Dental Association) Edo State Chapter (DDS)</li> <li>▪ Partners (TCI, MSI, WHO, PPFN etc.) support (DFH)</li> <li>▪ FMOH support (DFH)</li> <li>▪ Availability of budgetary allocation (DFH)</li> <li>▪ Strong collaboration with education sector and youth organizations (DFH)</li> </ul>	<ul style="list-style-type: none"> <li>▪ High cost of medical equipment. commodities and interventions</li> <li>▪ High competition for limited state resources reducing availability of funding</li> <li>▪ Current US government policy reducing Donor funding</li> <li>▪ Donor fatigue</li> <li>▪ Harmful cultural and religious beliefs/practices</li> <li>▪ Economic Instability</li> <li>▪ Poor Health-Seeking Behavior</li> <li>▪ Frequent transfer of trained staff</li> <li>▪ Insecurity may discourage diaspora professional from returning or collaboration (DDS)</li> <li>▪ Political will (DFH)</li> <li>▪ Poor community participation (DFH)</li> <li>▪ Insecurity</li> <li>▪ Inadequate funding by the State government (DFH)</li> <li>▪ Cultural and religious barriers to adolescent SRH (DFH)</li> <li>▪ Political sensitivity around providing contraceptives to adolescents (DFH)</li> </ul>	<p>abortion FP, through inreaches, mobile outreach service delivery in providing a wide range of contraceptives.</p> <ul style="list-style-type: none"> <li>▪ Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.</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>▪ Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition</li> <li>▪ Increase production of health workers</li> </ul>	

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>health workers to ensure proper payroll integration and removal of ghost workers</li> <li>▪ Create incentives and enabling environment that improves retention of HRH within Nigeria</li> <li>▪ Implement comprehensive workforce capacity development plan</li> <li>▪ Set up data tracking mechanism and link to national data system for planning and decision making on managerial capacity across the tertiary and quaternary care</li> <li>▪ Roll out updated PPH Training in line with National standards which will include training of Educators, clinical preceptors and pre-service midwifery curriculum</li> </ul>	<ul style="list-style-type: none"> <li>▪ Accepted digital/online social media tools like Facebook and Tiktok to promote adolescent health (DFH)</li> <li>▪ Possibility to drastically Scale-up nutrition interventions to 50% procurement coverage which can improve nutritional status of vulnerable groups through CEMOC and MAMI (DFH)</li> <li>▪ Training and capacity building for healthcare workers in MIYCN can improve service delivery quality (DFH)</li> <li>▪ Production and dissemination of educational materials (IEC) to promote best nutrition practices (DFH)</li> <li>▪ Guideline development can empower community-based nutrition interventions and food fortification efforts, potentially improving public health outcomes statewide (DFH)</li> <li>▪ Integration of nutrition commodities with routine health services can promote sustained access and utilization (DFH)</li> <li>▪ Budgetary appropriation for HRH activities (HRH)</li> <li>▪ Technology integration using Google sheet (HRH)</li> <li>▪ Presence of National Health workforce Registry (HRH)</li> <li>▪ Public – private partnership (PPPs) with private mortuaries, embalmment and other</li> </ul>	<ul style="list-style-type: none"> <li>▪ Funding gaps and dependence on partners (DFH)</li> <li>▪ Insecurity affecting school attendance especially in rural areas (DFH)</li> <li>▪ Resistance from some stakeholders on SRH education (DFH)</li> <li>▪ Lack of school-based health infrastructure e.g. clinics, equipment (DFH)</li> <li>▪ Insecurity in some part of the communities and LGAs in the State (DFH)</li> <li>▪ No development partner support for HRH unit (HRH)</li> <li>▪ Lack of Political will (HRH)</li> <li>▪ Poor Staff Retention (HRH)</li> <li>▪ Insecurity (HRH)</li> <li>▪ Insufficient funding greatly diminishes the ability of the department to perform optimally (DMERS)</li> <li>▪ Insecurity may discourage diaspora professionals from returning or collaborating (DMERS)</li> </ul>	<ul style="list-style-type: none"> <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 deployment, and management of HRH including biometric capture &amp; BVN data collection for at least 80% of basic education teachers and primary health workers to ensure proper payroll integration and removal of ghost workers</li> <li>▪ Create incentives and enabling environment that improves retention of HRH within Nigeria</li> </ul>	

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Increase access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination therapy (ACTs) and malaria Jjivaccine</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 commodities,</li> </ul>	<ul style="list-style-type: none"> <li>related service owners, NFDA and Institute of human pathology of Nigeria (DMERS)</li> <li>▪ Partnerships with donor programs (e.g., Global Fund) for HIV, TB, and malaria diagnostics (DMLS)</li> <li>▪ Training programs supported by partners and diaspora professionals (DMLS)</li> <li>▪ State Government interest in health system digitalization can be leveraged for lab data systems (DMLS)</li> <li>▪ Engagement with the Nigerian Diaspora, offering remote mentorship, training, and donations (DMLS)</li> <li>▪ Funding from Basic Health Care Provision Fund (BHCPF) to strengthen primary care labs (DMLS)</li> <li>▪ Increased demand for AMR surveillance, creating funding and technical support prospects (DMLS)</li> <li>▪ Available Nursing Training Institutions that can be used as training centres (DNS)</li> <li>▪ The inclusion of the activities in the State Health Agenda, 2026 (DNS)</li> <li>▪ The inclusion of Health on the project SHINE of the Edo State Government (DNS)</li> <li>▪ Integrated last mile delivery (DPS)</li> <li>▪ Data driven decision making (DPS)</li> <li>▪ Public-private partnership (DPS)</li> <li>▪ Training programs supported by partners and diaspora professionals (DMS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Over-reliance on donor funding for HIV and TB diagnostics (DMLS)</li> <li>▪ High cost and limited local availability of molecular reagents.</li> <li>▪ No HIV PCR Laboratory (DMLS)</li> <li>▪ Brain drain and migration of trained lab professionals (DMLS)</li> <li>▪ Insecurity (DMLS)</li> <li>▪ Poor roads network (DMLS)</li> <li>▪ Power supply instability, affecting cold chain and sensitive diagnostics (DMLS)</li> <li>▪ Weak preparedness capacity for emerging infectious diseases – EIDs (DMLS)</li> <li>▪ Poor budgetary allocation to health (DNS)</li> <li>▪ The scourge of emerging and reemerging diseases (DNS)</li> <li>▪ Insecurity (DPS)</li> <li>▪ Bad roads (DPS)</li> <li>▪ Inflation (DPS)</li> <li>▪ Low morale of workforce (DPS)</li> <li>▪ Slow adoption and implementation of sustainability</li> </ul>	<ul style="list-style-type: none"> <li>▪ Implement comprehensive workforce capacity development plan</li> <li>▪ Set up data tracking mechanism and link to national data system for planning and decision making on managerial capacity across the tertiary and quaternary care</li> <li>▪ Roll out updated PPH Training in line with National standards which will include training of Educators, clinical preceptors and pre-service midwifery curriculum</li> <li>▪ Increase access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination therapy (ACTs) and malaria vaccine</li> </ul>	

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>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</p>	<ul style="list-style-type: none"> <li>▪ Brain gain of health care professionals in diaspora (DMS)</li> <li>▪ Engagement with the Nigerian Diaspora, offering remote mentorship, training, and donations (DMS)</li> </ul>	<p>road map for supply chain management (DPS)</p> <ul style="list-style-type: none"> <li>▪ Reduced external support (DPS)</li> <li>▪ Donor dependency and withdrawal (DMS)</li> <li>▪ Brain drain and migration of trained health workers (DMS)</li> <li>▪ Insecurity (DMS)</li> </ul>	<ul style="list-style-type: none"> <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 commodities, including oxytocin, family planning supplies, and essential devices (e.g., CPAP, monitors, pulse oximetry, oxygen, KMC devices, phototherapy, radiant warmers,</li> </ul>	

Pillar Two: Efficient, Equitable and quality Health system ▪ Strategic Interventions	SWOT		Decision (Strategic Interventions for financial planning)	Remarks
			ventilators, caffeine citrate, bag and mask, suctioning, etc.), in line with National guidelines and SOPs	

**Recommendations:**

- Quarterly meeting of SBCC forum stakeholders for advocacy planning, capacity building and co-branded development of SBCC materials
- Inauguration of Planning Committee for collaborative efforts for World Health Days
- Advocacy visits to media houses to implement 15 minutes free slots per week as recommended by the 2019 Health promotion policy
- Capacity building of Healthcare Workers at State and LGA level
- Community and media engagement (including jingle production and airing) using trained community influencers to drive demand for health services
- Health literacy in schools, community and media programs on all public health programmes
- Involvement of high-level policy makers, stakeholders, traditional rulers, religious leaders etc in driving impact for public health activities
- Leverage existing research capacity in universities and teaching hospitals.
- Institutionalize operational and implementation research within the Ministry of Health.
- Translate research findings into policy and planning decisions.
- There is an urgent need for local funding for all public health programmes
- Ownership sensitization among all key stakeholders in public health programmes
- Procurement of public health commodities (e.g testing kits)

- Quantification and printing of recording and reporting tools
- Procure of Portable Digital X-ray machine for screening during community outreaches
- Celebration of key World Health Days
- Institution of external quality review meeting for laboratory staff to improve diagnostic capacity and good treatment outcomes for TB
- Conduct training, workshop to improve employee skills (DDS)
- Improvement in the working condition to discourage brain drain (DDS)
- Improved compensation plan for health workers (HRH)
- Regular HRH TWG and steering Committee meetings (HRH)
- Increased political will (HRH)
- Development partners support for HRH unit (HRH)
- HRH desk officers across the 18 LGAs (HRH)
- Conduct training, workshop to improve employee skills (DMERS)
- Ensure stable power supply (DMERS)
- Raise departmental allocation toward local benchmarks (DMERS)
- Improvement in working conditions to discourage brain drain (DMERS)
- Ensure online and offline security around the state (DMERS)
- Implement continuous professional development programs using diaspora involvement via MoUs, teletraining (DMLS)
- Prioritize procurement of essential diagnostics within state health budgets (DMLS)
- Establish a functional Laboratory Information Management System (LIMS) integrated with national databases (DMLS)
- Invest in a reliable specimen referral network and laboratory transport systems statewide (DMLS)
- Implement QA/QC and EQA participation for all tiers of labs, starting with government facilities (DMLS)
- Create a dedicated laboratory equipment maintenance and calibration unit within DMLS (DMLS)
- Adequate budgetary allocation to health in line with the WHO recommendation (DNS)
- The MAMII Programme should be prioritized by the government (DNS)
- Training for nurses and midwives (DNS)
- Intensify surveillance for Post Partum Hemorrhage related maternal deaths (DNS)
- Strengthen logistics coordination at LGA level (DPS)
- Advocate for increased government ownership through procurement of frequently stocked out essential public health products (DPS)
- Strategic capacity building of various supply chain cadre (DPS)
- Routine performance monitoring of personnel and processes (DPS)

- Institutionalize training programs (DMS)
- Implement continuous professional development programs using blended learning and diaspora involvement (DMS)
- Formalize diaspora engagement via MoUs, tele-training platforms, and incentive mechanisms (DMS)

Table 3: Pillar 3 - Unlocking Value Chains (Ministry of Health)

<b>Pillar Three: Unlocking Value Chains</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>
<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>▪ Strengthen National and Sub-national R&amp;D coordination framework through the National Health Research Committee and National Health Research Ethics Committee</li> </ul>	<ul style="list-style-type: none"> <li>▪ Upgraded warehouse facility at CMS (DPS)</li> <li>▪ Adequately equipped storage areas (DPS)</li> <li>▪ Deployment of non-technical staff to the warehouse (DPS)</li> <li>▪ Available but inadequate skilled personnel with strong willingness to learn and grow (HREC)</li> <li>▪ Existence of functional HREC structure recognized by the State Ministry of Health (HREC)</li> <li>▪ Supportive leadership within the Ministry for ethical compliance (HREC)</li> <li>▪ Standard operating procedures (SOPs) already developed and in use (HREC)</li> </ul>	<ul style="list-style-type: none"> <li>▪ High dependence on external stakeholder for product availability (DPS)</li> <li>▪ Inadequate skilled workforce (DPS)</li> <li>▪ Inadequate internal control mechanism (DPS)</li> <li>▪ Limited number of trained reviewers for ethical protocols (HREC)</li> <li>▪ Inadequate logistics for timely review meetings (HREC)</li> <li>▪ Lack of electronic system for ethics application and review tracking (HREC)</li> <li>▪ Dependence on manual filing system causing delays in approval processes (HREC)</li> </ul>	<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>▪ Strengthen National and Sub-national R&amp;D coordination framework through the National Health Research Committee and National Health Research Ethics Committee</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<p style="text-align: center;"><b>Opportunities</b></p>	<p style="text-align: center;"><b>Threats</b></p>		
	<ul style="list-style-type: none"> <li>▪ Electronic warehouse information management system (DPS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Wear and tear of structure (DPS)</li> <li>▪ Acts of Nature (DPS)</li> <li>▪ Low morale of workforce (DPS)</li> <li>▪ No partners' support (HREC)</li> </ul>		

<b>Pillar Three: 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>
	<ul style="list-style-type: none"> <li>▪ Potential collaboration with academic institutions and research bodies for capacity building (HREC)</li> <li>▪ Availability of national and international funding agencies supporting ethics committees (HREC)</li> <li>▪ Growing interest in clinical trials and public health research requiring ethical oversight (HREC)</li> <li>▪ Use of digital platforms for remote meetings and online protocol review to improve efficiency (HREC)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate funding from State Government (HREC)</li> <li>▪ Increasing volume of research proposals without proportional increase in HREC capacity (HREC)</li> <li>▪ Risk of non-compliance to ethical standards leading to loss of credibility (HREC)</li> </ul>		

**Recommendations:**

- Streamline and standardize warehouse processes to improve efficiency and attract external funding (DPS)

Table 4: Pillar 4 - Health Security (Ministry of Health)

<b>Pillar Four: Health Security</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>▪ 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</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</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Availability of NCDC approved testing sites (Laboratories) for Measles, Yellow fever, Lassa fever and Dengue fever.</li> <li>▪ Collaboration with local government environmental health officers on environmental health issues and climate change matters</li> <li>▪ Availability of trained 18 LGA DSNOs and their assistants with good knowledge of priority diseases to coordinate Disease Surveillance activities across the 18 LGA of the state</li> <li>▪ IPC is a familiar programme with</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of system for dissemination of accurate information to the general public during disease outbreaks or public health emergencies</li> <li>▪ Lack of Logistics for the shipment of samples of priority diseases from point of collection (Health facilities and communities) to the testing sites within the state/or final pick up Hub to reference laboratories outside Edo state</li> <li>▪ Lack of dedicated operational vehicles for Disease Surveillance activities across the state.</li> <li>▪ Lack of funding for Emergency Response in the state.</li> <li>▪ Lack of capacities for the state public health laboratories to test for certain priority diseases such as Diphtheria and Mpox resulting in increased sample turnaround time.</li> <li>▪ Inadequate functional laptops for the state surveillance team</li> </ul>		

<b>Pillar Four: Health Security</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>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 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</li> <li>▪ Improve coordinated and harmonized response interventions including resource coordination, rapid deployment, enhancing surge capacity, contact tracing, isolation &amp; quarantine, infection prevention</li> </ul>	<p>international interest (DNS)</p> <ul style="list-style-type: none"> <li>▪ The availability of trained IPC persons in the Department and at almost all HCF (DNS)</li> <li>▪ The creation of a functional communication channel for all IPC functionaries in the state (DNS)</li> <li>▪ Availability of National IPC guideline (DNS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of adequate functional devices for real time data capture by the LGA surveillance team</li> <li>▪ Inadequate support for disease surveillance activities at the LGA level.</li> <li>▪ Lack of funds for calls and internet bundles for real time data</li> <li>▪ Inadequate skilled manpower at LGA level</li> <li>▪ Lack of operational vehicle</li> <li>▪ Inadequate enforcement of the Public Health Laws.</li> <li>▪ Lack adequate transport support for active case search for priority diseases across the 18 LGAs of the state</li> <li>▪ Very limited financial support for programme activities (DNS)</li> <li>▪ An inactive State IPC Committee as a key governance structure for IPC implementation (DNS)</li> <li>▪ Non-availability of State IPC manual (DNS)</li> <li>▪ Non supervision of IPC activities in health facilities (DNS)</li> <li>▪ Inadequate PPEs (DNS)</li> <li>▪ Inadequate IEC materials (DNS)</li> <li>▪ Non availability of SOPs on IPC (DNS)</li> <li>▪ Inadequate trainings for IPC functionaries (DNS)</li> </ul>	<p>seasonal and priority 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 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</li> <li>▪ Improve coordinated and harmonized response</li> </ul>	

<b>Pillar Four: Health Security</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>and control, emergency response, and the use of personal protective equipment etc. to manage public health threats</p> <ul style="list-style-type: none"> <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> <li>▪ Develop and implement health national adaptation plan (HNAP) to address climate risks to health, and building resilience in health programmes, services and infrastructure in line with COP26 health commitment</li> <li>▪ Strengthen early warning system for detection and response to climate-linked health emergencies (flooding, heat waves, air &amp; water pollution, fire) using One Health Approach</li> </ul>		<ul style="list-style-type: none"> <li>▪ No regular State IPC performance review meetings (DNS)</li> </ul>	<p>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</p> <ul style="list-style-type: none"> <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> <li>▪ Develop and implement health national adaptation plan (HNAP) to address climate risks to health, and building resilience in health programmes, services and infrastructure in line with COP26 health commitment</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ <b>Opportunities</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Threats</b></li> </ul>		
	<ul style="list-style-type: none"> <li>▪ Existence of an annual budget for the Ministry</li> <li>▪ Existence of Laboratories within the state which can be optimized for the testing of other priority diseases (Cholera, Diphtheria and Mpox)</li> <li>▪ Existence of partners (WHO) supporting Disease surveillance activities in the state</li> <li>▪ Availability of DSNOs with good Knowledge of priority diseases</li> </ul>	<ul style="list-style-type: none"> <li>▪ Low risk perception on Lassa fever and late presentation of cases to treatment center culminating in High case fatality rate.</li> <li>▪ Denial by certain patients upon confirmation thereby hindering contact tracing and Monitoring activities for Lassa fever and other priority diseases.</li> <li>▪ Unwillingness of confirmed cases of Lassa fever to present to treatment center there posing a risk of infection to people around them.</li> <li>▪ Insecurity and bad roads resulting in little or no disease surveillance activities in security compromised area</li> <li>▪ Inability to prosecute sanitary offenders due to absence of dedicated court</li> <li>▪ Financial constraints (DNS)</li> </ul>		

Pillar Four: Health Security ▪ Strategic Interventions	SWOT		Decision (Strategic Interventions for financial planning)	Remarks
	<ul style="list-style-type: none"> <li>▪ Availability of Partners for health programme implementation (DNS)</li> <li>▪ Leverage the IMPACT Project for IPC waste management - waste Bin, Bin liners (DNS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ High staff attrition (DNS)</li> <li>▪ No partner support (DNS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strengthen early warning system for detection and response to climate-linked health emergencies (flooding, heat waves, air &amp; water pollution, fire) using One Health Approach</li> </ul>	

**Recommendations:**

- Conduct of regular community sensitization and screening for diseases of public health importance
- Trained staff should be used to replace trained transferred staff
- Provision of adequate security personnel for staff during travel and field exercises
- Provision of a dedicated mobile court for the prosecution of sanitary defaulters
- Recruitment of skilled personnel
- Provision of dedicated vehicles for disease surveillance activities
- Provision of a local sample shipment logistics/ readily accessible funding for timely shipment of priority disease samples from point of collection to designated testing centers within and outside Edo state
- Provision of support for transport for Disease Surveillance activities across the 18 LGAs of the state
- Approved budget line for IPC (DNS)
- Reactivation of State IPC committee (DNS)
- Printing of State domesticated IPC guidelines (DNS)
- Training and retraining of HCWs and health facility IPC focal persons (DNS)
- Development of State IPC strategic plan (DNS)
- Printing of IEC and SOPs for IPC protocols (DNS)
- Procurement of PPEs (DNS)
- Strengthen accountability framework for medical countermeasure supply chain system (DPS)

- Improve feedback communication with NCDC supply chain department to increase the (DPS)

Table 5: Enabler 1 - Data Digitization (Ministry of Health)

<b>Enabler One: 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>Monitor trends and determinants of Health and evaluate progress of coordination.</li> <li>Data shearing and collaboration</li> <li>Set up data tracking mechanism and link to national data system for planning and decision making on managerial capacity across the tertiary and quaternary care.</li> <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>Support coordination, design and implementation of health surveys</li> <li>Establish standards for Health Information Exchange</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>Monitor trends and determinants of Health and evaluate progress of coordination.</li> <li>Data shearing and collaboration</li> <li>Set up data tracking mechanism and link to national data system for planning and decision making on managerial capacity across the tertiary and quaternary care.</li> <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>Support coordination, design and implementation of health surveys</li> <li>Establish standards for Health Information Exchange</li> </ul>	
	<ul style="list-style-type: none"> <li>Available but inadequate skilled personnel (10) with a strong willingness to learn and be more effective in actualizing the intervention.</li> <li>Efficient implementation of BHCPF activities</li> <li>Effective partner support of data review meetings on some public health issues that enhances</li> </ul>	<ul style="list-style-type: none"> <li>Weak synergy among the MDAs in the health sector</li> <li>Poor use of the data disseminated to decision makers.</li> <li>Poor synergy among program managers / programs M&amp;E and data unit 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> </ul>		

<b>Enabler One: 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 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>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>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> </ul>	health information system capability.		<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>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>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> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>Support from FMOH</li> <li>Availability of DHIS2</li> <li>Availability of free Wi-fi</li> </ul>	<ul style="list-style-type: none"> <li>Non alignment of partners' support for M&amp;E activities.</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>No budget line for M&amp;E activities.</li> </ul>		

**Recommendations:**

- Enhance Human Resource Capacity for Data Management
- Strengthen Coordination and Synergy Across MDAs and Programs
- Institutionalize Data Use in Policy and Planning
- Secure Sustainable Funding for HIS and M&E Activities

Table 6: Enabler 2 - Financing (Ministry of Health)

<b>Enabler Two: 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>▪ Advocacy visit to relevant stakeholders for lump sum approval for aggregate activities capture in the annual work plan</li> <li>▪ Generation of quarterly budget execution and utilization report</li> <li>▪ Quarterly development of Budget Monitoring and Evaluation Report</li> <li>▪ One day engagement meeting with relevant stakeholder to develop the Health Sector Investment case</li> <li>▪ Advocacy visit to the SSG on the need to increase resources mobilization for the Health Sector</li> <li>▪ Engagement meeting with Budget Office for Increase in Health Budget</li> <li>▪ Health Sector AOP Alignment with the Annual Budget</li> <li>▪ Improve coordinated and harmonized response interventions including resource coordination, rapid deployment, enhancing surge capacity, contact tracing, isolation &amp; quarantine, infection prevention</li> </ul>	<b>Strengths</b> <ul style="list-style-type: none"> <li>▪ Skilled workforce</li> <li>▪ Improved accountability and transparency in budget utilization</li> <li>▪</li> </ul>	<b>Weakness</b> <ul style="list-style-type: none"> <li>▪ No Quarterly meetings with external stakeholders</li> <li>▪ No Adequate mechanism for sensitization</li> <li>▪ Potential resistance from health agencies to provide timely and accurate reports</li> <li>▪ Bureaucratic delays in releasing funds</li> <li>▪ Lack of adequate systems for data collection and evidence generation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Advocacy visit to relevant stakeholders for lump sum approval for aggregate activities capture in the annual work plan</li> <li>▪ Generation of quarterly budget execution and utilization report</li> <li>▪ Quarterly development of Budget Monitoring and Evaluation Report</li> <li>▪ One day engagement meeting with relevant stakeholder to develop the Health Sector Investment case</li> <li>▪ Advocacy visit to the SSG on the need to increase resources mobilization for the Health Sector</li> <li>▪ Engagement meeting with Budget Office for Increase in Health Budget</li> <li>▪ Health Sector AOP Alignment with the Annual Budget</li> <li>▪ Improve coordinated and harmonized response interventions including resource coordination, rapid deployment, enhancing surge capacity, contact tracing,</li> </ul>	<ul style="list-style-type: none"> <li>▪</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>▪ Accelerated project implementation and reducing delays in health care service delivery</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inaccurate reporting from relevant departments</li> <li>▪ Poor data quality</li> <li>▪ Changes in government priorities</li> </ul>		

<b>Enabler Two: Financing</b> ▪ <b>Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
and control, emergency response, and the use of personal protective equipment etc. to manage public health threats			isolation & quarantine, infection prevention and control, emergency response, and the use of personal protective equipment etc. to manage public health threats	

**Recommendation:**

- Establishment of HCF TWG
- Domestication of the Health Account production tool
- Increased Funding for Healthcare financing programs
- Cooperation from relevant departments

Table 7: Enabler 3 - Culture and Talent (Ministry of Health)

<b>Enabler Three: 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>
<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 FSMOH Collaboration with stakeholders and development partners to reach a consensus on long term pursuits of defined transformation/change management actions towards a value-driven and performance-oriented culture.</li> <li>▪ Develop communication</li> </ul>	<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 FSMOH Collaboration with stakeholders and development partners to reach a consensus on long term pursuits of defined transformation/change management actions towards a value-driven and</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Availability of skilled personnel.</li> <li>▪ Availability of the John Odigie Oyegun Public Service Academy as a capacity building resource for the Edo State Civil/Public Service.</li> <li>▪ Training and retraining of staff by the John Odigie Oyegun Public Service Academy (JOOPSA).</li> <li>▪ Availability of the John Odigie Oyegun Public Service Academy as a capacity building resource for the Edo State Civil/Public Service.</li> <li>▪ Existing communication channels such as established internal circular/memo or notice boards.</li> <li>▪ Dedicated staff with communication or IT skills</li> <li>▪ There is an established Annual Performance Evaluation Report system for all staff members.</li> <li>▪ Availability of experienced personnel to conduct evaluations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Poor attitude of staff towards work.</li> <li>▪ Resistance to change</li> <li>▪ Resistance to change.</li> <li>▪ Untimely release of funds.</li> <li>▪ Use of hard copy filing and communication systems, limiting speed and efficiency.</li> <li>▪ Difficulty in retrieving old or archived documents quickly.</li> <li>▪ Risk of misfiling or loss of documents during manual handling.</li> <li>▪ Outdated manual evaluation process that is time-consuming and prone to human error.</li> <li>▪ Limited real-time feedback to staff during the evaluation cycle.</li> <li>▪ Inconsistent application of evaluation criteria across departments due to sentiments or human error.</li> <li>▪ Difficulty in tracking performance trends over time due to paper based records.</li> </ul>		

<b>Enabler Three: 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>
resources and networks infrastructure on the mission and values of the Ministry and ensure that they are embedded throughout the FSMOH operations. <ul style="list-style-type: none"> <li>▪ Develop a comprehensive performance management and feedback system that sets clear, measurable, and achievable goals for FSMOH Staff and teams</li> </ul>	<ul style="list-style-type: none"> <li>▪ Institutional knowledge of existing performance appraisal process.</li> </ul>		performance-oriented culture. <ul style="list-style-type: none"> <li>▪ Develop communication resources and networks infrastructure on the mission and values of the Ministry and ensure that they are embedded throughout the FSMOH operations.</li> <li>▪ Develop a comprehensive performance management and feedback system that sets clear, measurable, and achievable goals for FSMOH Staff and teams</li> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Political will on the part of the State Government to ensure the timely release of fund to the John Odigie Oyegun Public Service Academy (JOOPSA).</li> <li>▪ Political will on the part of the State Government to ensure the smooth operation/training of staff at the John Odigie Oyegun Public Service Academy (JOOPSA).</li> <li>▪ Digitizing the filing and communication system to improve speed, accessibility and record management.</li> <li>▪ Leveraging the John Odigie Oyegun Public Service Academy to train staff in modern communication tools and IT skills.</li> <li>▪ Expanding existing channels to include email bulletins, intranet.</li> <li>▪ Adoption of digital management platform to enhance efficiency and accuracy.</li> <li>▪ Integration of performance data with training and career development.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff turnover</li> <li>▪ Uncertainty in government policies</li> <li>▪ Resistance to change among staff regarding new communication strategies or technologies</li> <li>▪ Loss or damage of important records due to the vulnerability of hard copy storage (fire, pest, etc)</li> <li>▪ Risk of reduced efficiency and competitiveness if digital transformation is delayed.</li> <li>▪ Increased workload and delays caused by staff turnover, posting without due replacement or relocation without proper digital record continuity.</li> <li>▪ Changes in government policy, social patterns, or major economic shifts that could impact operations</li> <li>▪ Resistance to change by officers accustomed to manual systems.</li> <li>▪ Possible technical challenges and downtime during digital system deployment</li> </ul>		

<b>Enabler Three: 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>
	<ul style="list-style-type: none"> <li>▪ Leveraging the John Odigie Oyegun Public Service Academy for training managers on modern performance appraisal techniques.</li> <li>▪ Use of analytics to identify high performers and targeted improvement areas</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data security risk if the digital platform is not well-protected.</li> <li>▪ Budgetary constraints.</li> <li>▪ Loss of institutional knowledge if experienced evaluators retire without proper succession planning</li> </ul>		

Table 8: Non HSSB – Other Organizational Functions (Ministry of Health)

<b>Non HSSB: Other Organizational Functions</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>
<ul style="list-style-type: none"> <li>▪ Marking of international days and weeks</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Marking of international days and weeks</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Enhanced Collaboration with stakeholders professional bodies e.g. NDA (DDS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ No dedicated budget line for regulation (DDS)</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		

<b>Non HSSB: Other</b> <b>Organizational</b> <b>Functions</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>▪ Funding from Edo State Government (DDS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Delay in fund release (DDS)</li> </ul>		

Table 9: Pillar 1 - Effective Governance (Edo State Primary Healthcare Development Agency)

<b>Pillar One: Effective Governance</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>▪ Harmonize accreditation/inspection standards for health facilities across the regulators.</li> <li>▪ Strengthen a functional health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.</li> <li>▪ Develop AOP and ensure alignment of partners' plans to national/state health sector AOP</li> </ul>	<ul style="list-style-type: none"> <li>▪ Skilled planning officers</li> <li>▪ Existing coordination platform</li> <li>▪ National AOP guidelines available</li> <li>▪ Existing partner coordination mechanisms</li> <li>▪ PHC facilities are functional in most LGAs</li> <li>▪ Support from local authorities</li> <li>▪ Improves stakeholder trust and buy-in.</li> <li>▪ Strong coordination across health sectors.</li> <li>▪ Customized to local contexts and cultures.</li> <li>▪ Build on already existing platforms, reducing startup costs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Fragmented planning</li> <li>▪ Irregular HSPC meetings</li> <li>▪ Delayed partner submissions</li> <li>▪ Low capacity in harmonizing vertical plans</li> <li>▪ Inadequate planning skills at facility/LGA levels</li> <li>▪ Limited data use in facility planning</li> <li>▪ Inconsistent data submission from LGAs and health facilities</li> <li>▪ Requires skilled communication specialists, which may be limited in rural PHC settings.</li> <li>▪ Possible high cost for sustained campaigns.</li> <li>▪ Time-intensive to develop and maintain.</li> <li>▪ Limited data for targeted messaging in some areas.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Harmonize accreditation/inspection standards for health facilities across the regulators.</li> <li>▪ Strengthen a functional health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.</li> <li>▪ Develop AOP and ensure</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>

<b>Pillar One: Effective Governance</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>
<ul style="list-style-type: none"> <li>▪ Support to HMB, SPHCDA/B, and LGA Health Authorities on the development and consolidation of health facilities AOP (One Plan) focussing on SWAp priorities.</li> </ul>	<b>Opportunities</b>	<b>Threats</b>	<p>alignment of partners' plans to national/state health sector AOP</p> <ul style="list-style-type: none"> <li>▪ Support to HMB, SPHCDA/B, and LGA Health Authorities on the development and consolidation of health facilities AOP (One Plan) focussing on SWAp priorities.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Availability of national tools and guidance (e.g., AOP manual, SWAp framework).</li> <li>▪ Technical and financial support from development partners (WHO, UNICEF, BMGF).</li> <li>▪ Momentum for decentralization and local-level planning.</li> <li>▪ Partnerships with NGOs, media houses, and community-based organizations.</li> <li>▪ Digital tools and social media can expand reach.</li> <li>▪ Policy change and increase funding</li> <li>▪ Partnerships with media organizations and influencers to expand reach.</li> <li>▪ Integrate real-time data collection from feedback systems.</li> <li>▪ Mechanism for early warning system for health crises.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Partner-led priorities sometimes override state systems.</li> <li>▪ Frequent transfer of trained planning officers.</li> <li>▪ Inconsistent funding release timelines.</li> <li>▪ ICT infrastructure gaps in rural areas</li> <li>▪ Political changes may shift priorities away from health education.</li> <li>▪ Misinformation or negative publicity can undermine efforts.</li> <li>▪ Limited funding sustainability.</li> <li>▪ Language and cultural barriers, if not addressed properly.</li> <li>▪ Risk of misinformation spreading through open platforms.</li> <li>▪ Negative feedback going viral and harming PHC reputation.</li> <li>▪ Dependence on third-party media platforms with changing algorithms or fees.</li> </ul>		

<b>Pillar One: Effective Governance</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>
		<ul style="list-style-type: none"> <li>▪ Limited access in rural/underserved areas with poor connectivity or Electricity</li> </ul>		

Table 10: Pillar 2 - Efficient, Equitable and quality Health system (Edo State Primary Healthcare Development Agency)

<b>Pillar Two: 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>▪ Promote Advocacy for Multi-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>▪ Strengthen accountability mechanism and community engagement to accelerate community participation and improve service delivery</li> <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</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Promote Advocacy for Multi-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>▪ Strengthen accountability mechanism and community engagement to accelerate community participation and improve service delivery</li> <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</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Strong relationships with traditional, religious, and local leaders.</li> <li>▪ Ownership of health initiatives by the community.</li> <li>▪ Service quality through continuous feedback</li> <li>▪ Local cultural norms and beliefs.</li> <li>▪ Addresses root causes of poor health, not just symptoms.</li> <li>▪ Collaboration across multiple sectors (health, education, local</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ineffective monitoring and follow-up.</li> <li>▪ Lack of dedicated funding for community engagement activities.</li> <li>▪ Poorly sustained funding and effort.</li> <li>▪ No or slow behaviour change leads to resistance.</li> <li>▪ Limited number of trained SBC specialists in some PHC areas.</li> <li>▪ Weak leadership and unclearly defined role among WDCs.</li> <li>▪ Inconsistent stakeholder participation.</li> <li>▪ Little or no funding for coordination logistics.</li> </ul>		

<b>Pillar Two: 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>
<p>implementation of routine and Emergency interventions.</p> <ul style="list-style-type: none"> <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>▪ Implementation of Zero-Dose Reduction Operational Plan (Z-DROP) in prioritised LGAs.</li> <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> </ul>	<p>government, civil society).</p> <ul style="list-style-type: none"> <li>▪ Improves efficiency in both routine and emergency health interventions.</li> <li>▪ Reduces duplication of efforts and maximizes available resources.</li> <li>▪ Availability of trained health workers to carry out these activities.</li> <li>▪ Integrated into the primary health care system</li> <li>▪ Growing prioritization of mental health in public health agendas</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cultural and social barriers</li> <li>▪ Misconception about sickle cell disease</li> <li>▪ Lack of financial support to strengthen this collaboration.</li> <li>▪ Poor allocation of resources to NCDs</li> <li>▪ Inadequate funding for mental health activities.</li> <li>▪ Low awareness and misconceptions about NTDs.</li> <li>▪ Poor turnout in some communities during MDAs.</li> <li>▪ Inadequate targeted IEC materials in local languages.</li> <li>▪ Limited transport for outreach to hard-to-reach areas.</li> </ul>	<p>implementation of routine and Emergency interventions.</p> <ul style="list-style-type: none"> <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>▪ Implementation of Zero-Dose Reduction Operational Plan (Z-DROP) in prioritised LGAs.</li> <li>▪ Conduct Identification, Enumeration and vaccination (IEV) under immunized and zero dose children strategies in prioritised LGAs and Mapping of Zero Dose Communities</li> </ul>	

<b>Pillar Two: 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 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, Measles, Yellow Fever, etc</li> <li>▪ An NCD prevention task force with a focus on high priority illnesses (Strengthen governance, coordination, collaboration and leadership)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Existing ESPHCDA structure across LGAs.</li> <li>▪ Partner-supported provision of NTD medicines and MDAs.</li> <li>▪ Presence of CDDs.</li> <li>▪ Experience with past MDA campaigns in endemic LGAs.</li> <li>▪ Availability of CDDS agents and community volunteers.</li> <li>▪ Partner support providing medicines and technical assistance.</li> <li>▪ National framework available</li> <li>▪ Willingness from donors/states</li> </ul>	<ul style="list-style-type: none"> <li>▪ Low community awareness about NTDs and their prevention.</li> <li>▪ Poor health-seeking behaviour for asymptomatic NTD cases.</li> <li>▪ Inadequate transport and logistics for reaching remote/rural communities.</li> <li>▪ Limited diagnostic capacity in PHCs for certain NTDs.</li> <li>▪ Lack of localized adaptation</li> <li>▪ Limited knowledge among implementers</li> <li>▪ Poor documentation of PHC baseline data</li> <li>▪ Delays in fund disbursement from federal/state level</li> </ul>	<ul style="list-style-type: none"> <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, Measles, Yellow Fever, etc</li> </ul>	

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<ul style="list-style-type: none"> <li>▪ Implement the MPOWER strategy to reduce tobacco use and adapt the Protocol to Eliminate Illicit Trade to reduce supply.</li> <li>▪ Develop and implement a comprehensive national alcohol control policy and regulation/law</li> <li>▪ Strengthening and supporting regulatory authorities to promote healthy diets, by policy formulations, and awareness creation at the community and schools</li> <li>▪ Adapt and implement the Global Action Plan on Physical Activity.</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> </ul>	<ul style="list-style-type: none"> <li>▪ Existing national PHC standards</li> <li>▪ TSA policy in place</li> <li>▪ Available pool of fiduciary agents</li> <li>▪ FMOs present in SPHCDA</li> <li>▪ Mandated by BHCPF guideline</li> <li>▪ Partner support for Means &amp; Verification</li> <li>▪ Donor and government interest</li> <li>▪ Available tools from FMOH/WHO</li> <li>▪ Strong coordination among stakeholders</li> <li>▪ Rapid response to HIV outbreaks</li> <li>▪ Multisectoral collaboration</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of software infrastructure in PHCs</li> <li>▪ Low digital literacy in rural PHCs</li> <li>▪ Audits often delayed or incomplete</li> <li>▪ Parallel verification frameworks</li> <li>▪ Fragmented commodity supply chain</li> <li>▪ Bureaucratic delays and weak inter-agency coordination</li> <li>▪ Resistance from existing fragmented structures</li> <li>▪ Integration can strain already overburdened facilities</li> <li>▪ Inconsistent quality of services across locations</li> </ul>	<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>▪ Implement the MPOWER strategy to reduce tobacco use and adapt the Protocol to Eliminate Illicit Trade to reduce supply.</li> <li>▪ Develop and implement a comprehensive national alcohol control policy and regulation/law</li> <li>▪ Strengthening and supporting regulatory authorities to promote healthy diets, by policy formulations, and awareness creation at the community and schools</li> <li>▪ Adapt and implement the Global Action Plan on Physical Activity.</li> <li>▪ Raise public awareness on pre-marital/pre-conception</li> </ul>	

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<ul style="list-style-type: none"> <li>▪ Strengthen Communicable disease prevention task forces focused on HIV, TB, Malaria and NTDs</li> <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> </ul>	<ul style="list-style-type: none"> <li>▪ Integration with PHC services</li> <li>▪ Accessible for key and vulnerable population</li> <li>▪ Early diagnosis and care at PHC</li> <li>▪ Availability of point-of-care rapid test kit</li> <li>▪ Targeted high need group</li> <li>▪ Existing government commitment to improving primary healthcare services and IPC standards.</li> <li>▪ Presence of skilled healthcare workers trained in basic IPC.</li> <li>▪ Existing national and state-level policies on WASH and IPC.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stockouts and supply chain issues for test kits and ARVs</li> <li>▪ Follow-up gaps</li> <li>▪ Stigma deters testing.</li> <li>▪ Low diagnosis rates</li> <li>▪ Limited child friendly ARVs (Anti-retroviral)</li> <li>▪ Weak PMTCT (Prevention of Mother-To-Child-Transmission) follow up systems</li> <li>▪ Inadequate or aging WASH facilities in rural and remote PHCs.</li> <li>▪ Limited budget allocation for infrastructure maintenance and upgrades.</li> <li>▪ Inconsistent monitoring and</li> </ul>	<p>screening for sickle cell disease including genetic counseling</p> <ul style="list-style-type: none"> <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 Communicable disease prevention task forces focused on HIV, TB, Malaria and NTDs</li> <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</li> </ul>	

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<ul style="list-style-type: none"> <li>▪ Increase access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination 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>▪ 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> </ul>	<ul style="list-style-type: none"> <li>▪ WASH infrastructure in place at some facilities.</li> <li>▪ Availability of SCFN &amp; LGCFN</li> <li>▪ Collaboration between SMOH, EDSPHCDA, MBEP&amp; Other MDAs</li> <li>▪ Availability of IMAM Sites in all the LGAs</li> <li>▪ Existing LMIS platform, partner support.</li> <li>▪ Functional TWGs and WDCs exist.</li> <li>▪ National MPCDSR guidelines exist.</li> <li>▪ IMCI guidelines available</li> <li>▪ FP commodities available nationally</li> </ul>	<p>reporting of IPC/WASH indicators.</p> <ul style="list-style-type: none"> <li>▪ Inadequate trained Nutrition Officers in the system.</li> <li>▪ None domesticating Nutrition cadre in the state civil service.</li> <li>▪ Delay in data reporting by the NFPs from LGAs</li> <li>▪ Inadequate Nutrition training materials/commodities in the State.</li> <li>▪ Lack of Vehicle for monitoring and supervision.</li> <li>▪ No nutrition commodities in our IMAM Site.</li> <li>▪ Frequent stock-outs, poor logistics data quality</li> </ul>	<p>interventions (ITNs, Targeted IRS, targeted LSM, vector surveillance and insecticide resistance monitoring)</p> <ul style="list-style-type: none"> <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 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>▪ Establish/revitalize MNCAH+N task force and new accountability mechanism to crash MMR &amp; under-5</li> </ul>	

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<ul style="list-style-type: none"> <li>▪ Provide adequate WASH infrastructure and services in healthcare facilities and Monitoring indicators to ensure quality of care and IPC</li> <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>▪ Create 'midwifery led' community outreach model with incentives</li> </ul>	<ul style="list-style-type: none"> <li>▪ Youth programs exist in some LGAs.</li> <li>▪ WDC structures already in place</li> <li>▪ National EPRP frameworks exist.</li> <li>▪ Existing supervision platforms</li> <li>▪ National immunization schedule in place</li> <li>▪ Partner support.</li> <li>▪ National Z-DROP strategy available</li> <li>▪ Available community structures (WDCs, CHWs).</li> <li>▪ Experience from past SIAs</li> <li>▪ Standard assessment tools exist</li> </ul>	<ul style="list-style-type: none"> <li>▪ Weak accountability, irregular meetings.</li> <li>▪ Poor reporting compliance at facility/community</li> <li>▪ Low ANC coverage</li> <li>▪ Weak referral</li> <li>▪ Gaps in CEmONC readiness</li> <li>▪ Limited capacity at PHC/community level.</li> <li>▪ High unmet need, weak demand generation</li> <li>▪ Limited trained staff, weak infrastructure</li> <li>▪ Weak linkage between community &amp; PHC</li> <li>▪ Limited state-level integration for RMNCAEH+N</li> <li>▪ Paper-based and fragmented supervision</li> </ul>	<p>mortality at the sub-national (State and LGA) level</p> <ul style="list-style-type: none"> <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>▪ Provide adequate WASH infrastructure and services in healthcare facilities and Monitoring indicators to ensure quality of care and IPC</li> <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> </ul>	

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<ul style="list-style-type: none"> <li>for HCWs to improve ANC coverage</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> <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> </ul>	<ul style="list-style-type: none"> <li>▪ Existing GIS/microplanning tools</li> <li>▪ WDCs trusted locally.</li> <li>▪ Cold chain equipment available.</li> <li>▪ National LMIS platform available.</li> </ul>	<ul style="list-style-type: none"> <li>▪ High zero-dose prevalence, poor caregiver follow-up.</li> <li>▪ Limited state-level adaptation.</li> <li>▪ Poor population data and tracking of migrants.</li> <li>▪ Campaign fatigue, caregiver reluctance</li> <li>▪ Poor follow-up on previous findings</li> <li>▪ Irregular outreach due to logistics gaps.</li> <li>▪ Security barriers, poor terrain access</li> <li>▪ Some WDCs inactive or weak.</li> <li>▪ Frequent stock-outs, AEFI underreporting</li> <li>▪ Poor last-mile stock monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase Antenatal Care (Individual and GANC) coverage and HF's delivery in the primary, secondary, and tertiary health facilities in all the 36 states plus FCT</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>▪ Create 'midwifery led' community outreach model with incentives for HCWs to improve ANC coverage</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</li> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		

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<ul style="list-style-type: none"> <li>▪ Drive uptake of innovations such the calibrated drap, Moyo Heart and Multiple Micronutrient Supplement (MMS) etc.</li> <li>▪ Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.</li> <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> </ul>	<ul style="list-style-type: none"> <li>▪ Integrate community structures (ward committees, health facility committees) into PHC decision-making.</li> <li>▪ Donor/NGO support for governance and accountability.</li> <li>▪ Digital tools can make reporting and monitoring more efficient.</li> <li>▪ Partnership opportunities with schools, workplaces, and community groups.</li> <li>▪ Alignment with national health promotion campaigns for greater impact.</li> <li>▪ Rising public interest in wellness</li> </ul>	<ul style="list-style-type: none"> <li>▪ Resistance from individuals or groups benefiting from lack of accountability.</li> <li>▪ Risk of politicization of community engagement platforms.</li> <li>▪ Low participation if trust is not built early.</li> <li>▪ External factors (e.g., security issues) may hinder community gatherings.</li> <li>▪ Misinformation and cultural myths may undermine messages.</li> <li>▪ Competing priorities in health budgets may limit resources for SBC.</li> <li>▪ Political instability or crises may shift attention away from prevention.</li> </ul>	<p>flexible arrangements for RMNCAH</p> <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>▪ Drive uptake of innovations such the calibrated drap, Moyo Heart and Multiple Micronutrient Supplement (MMS) etc.</li> <li>▪ Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.</li> </ul>	

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<ul style="list-style-type: none"> <li>▪ Accelerate implementation of Essential Newborn Care (ENC) at the Primary health facilities</li> <li>▪ Promote home visits on community- based newborn through empowering communities, Outreaches and Mobile Clinics</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, nurses, CHEWs at PHC for Integrated Management of Childhood Illness (IMCI) and community Health workers on Integrated Community Case Management (ICCM)</li> <li>▪ Scale-up capacity of Doctors, Nurses, mid- Wives, CHEWs to</li> </ul>	<p>and preventive health.</p> <ul style="list-style-type: none"> <li>▪ Integrate RCCE into national and state emergency preparedness plans.</li> <li>▪ Use of shared digital platforms for information flow and monitoring</li> <li>▪ Raising awareness through media and community groups</li> <li>▪ Aligning with existing health, education, transport and urban planning policies.</li> <li>▪ Clubs, Associations, Young movements, celebrities and campaigns are available</li> <li>▪ Leverage religious/traditional</li> </ul>	<ul style="list-style-type: none"> <li>▪ Low literacy rates can limit message penetration without adapted materials.</li> <li>▪ Risk of conflicting messages if coordination breaks down.</li> <li>▪ Political influence or leadership changes may disrupt mechanisms.</li> <li>▪ Resource diversion during major emergencies may neglect routine needs.</li> <li>▪ Infrastructure or technology limitations in rural areas can delay information flow.</li> <li>▪ Deeply ingrained dietary habits opposing healthy eating.</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>▪ Accelerate implementation of Essential Newborn Care (ENC) at the Primary health facilities</li> <li>▪ Promote home visits on community- based newborn through empowering</li> </ul>	

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<ul style="list-style-type: none"> <li>deliver adolescent plus youth-friendly services</li> <li>▪ Revitalize of Baby Friendly Initiative (BFI) at all levels of care</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>▪ Scaling up community Nutrition best practices</li> <li>▪ Develop guideline on establishment of Community Nutrition Centre and large-scale food fortification</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</li> </ul>	<ul style="list-style-type: none"> <li>leaders for mobilization.</li> <li>▪ Integrate NTD vaccination into other outreach programs (RMNCAH, nutrition).</li> <li>▪ Use of schools and market days for sensitization.</li> <li>▪ Integration of NTD prevention and treatment into routine PHC services.</li> <li>▪ Expansion of school-based deworming programs.</li> <li>▪ Collaboration with WASH programs to address risk factors like poor sanitation.</li> <li>▪ Strong support from FMOH, NPHCDA and donors</li> </ul>	<ul style="list-style-type: none"> <li>▪ Insecurity in some LGAs</li> <li>▪ Concerns about people losing their Job.</li> <li>▪ Poor enforcement of physical activity</li> <li>▪ Lobbying, litigation, and misinformation campaigns can derail policy effort.</li> <li>▪ Individuals may fear that test result could be used to stigmatize or exclude them.</li> <li>▪ Strong social stigma can undermine uptake of preventive programs and public support.</li> <li>▪ Population movement causing re-infection.</li> <li>▪ Cultural beliefs and misconceptions that hinder MDA participation.</li> </ul>	<ul style="list-style-type: none"> <li>communities, Outreaches and Mobile Clinics</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, nurses, CHEWs at PHC for Integrated Management of Childhood Illness (IMCI) and community Health workers on Integrated Community Case Management (ICCM)</li> <li>▪ Scale-up capacity of Doctors, Nurses, mid- Wives, CHEWs to deliver adolescent plus youth-friendly services</li> <li>▪ Revitalize of Baby Friendly Initiative (BFI) at all levels of care</li> </ul>	

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<p>forecasting of national MNCAH commodities requirements including FP</p> <ul style="list-style-type: none"> <li>▪ 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</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 (amoxicillin, albendazole), Conduct Nutrition assessment, counselling and support (NACS)</li> <li>▪ Review the 2 ways referral forms for RMNCAH+Nutrition and provide orientation to all</li> </ul>	<ul style="list-style-type: none"> <li>▪ Available national BHCPF 2.0 guidelines and digital frameworks</li> <li>▪ Renewed focus on private sector collaboration and SWAp implementation</li> <li>▪ Use of mobile and digital platforms</li> <li>▪ Community-based and self-testing</li> <li>▪ Digital adherence tools</li> <li>▪ Early infant diagnosis (EID) platforms and point-of-care diagnosis</li> <li>▪ Linkage with maternal and child health services</li> <li>▪ Use of digital tools for real-time monitoring of WASH and IPC indicators.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Population mobility leading to re-introduction of diseases.</li> <li>▪ Climate change increasing vector habitats.</li> <li>▪ Funding gaps if donor support reduces.</li> <li>▪ Delayed BHCPF releases from federal TSA</li> <li>▪ Limited capacity at PHC level for digital and fiduciary tools</li> <li>▪ Political interference in fund disbursement or implementation</li> <li>▪ Political instability/ leadership changes</li> <li>▪ Risk of duplication of roles with existing structures</li> <li>▪ Economic challenges</li> <li>▪ Urban-rural service delivery gap</li> </ul>	<ul style="list-style-type: none"> <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>▪ Scaling up community Nutrition best practices</li> <li>▪ Develop guideline on establishment of Community Nutrition Centre and large-scale food fortification</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> </ul>	

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<p>Community Health Workers (CHWs) to Primary Health Centers (PHCs) and other healthcare facilities</p> <ul style="list-style-type: none"> <li>▪ Configure and utilize electronic integrated supportive supervision (ISS) tools for RMNCAH+Nutrition services</li> <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+ N services including family planning options in these areas</li> </ul>	<ul style="list-style-type: none"> <li>▪ Integrate WASH improvements into broader healthcare quality improvement initiatives.</li> <li>▪ Public health campaigns can increase community participation in facility cleanliness and hygiene.</li> <li>▪ Availability of new global and national guidelines (ENCC, PPH bundles, FP integration)</li> <li>▪ Community structures (WDC/VWC, CHWs) are already functional</li> <li>▪ Strong global partner support (Gavi, UNICEF, WHO).</li> <li>▪ National and State push for zero-dose</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stigma and cultural resistance to infant testing and low follow up</li> <li>▪ Weak birth registration and referral systems</li> <li>▪ Possible budget cuts or diversion of funds to other health emergencies.</li> <li>▪ Outbreaks of infectious diseases that strain facility resources.</li> <li>▪ Supply chain disruptions for WASH materials (e.g., water treatment, cleaning supplies).</li> <li>▪ Inadequate partners support</li> <li>▪ Delay in budget approval and release.</li> <li>▪ Delay in programme proposal approval.</li> <li>▪ Health worker attrition and migration</li> </ul>	<ul style="list-style-type: none"> <li>▪ 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</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 (amoxicillin, albendazole), Conduct Nutrition assessment, counselling and support (NACS)</li> <li>▪ Review the 2 ways referral forms for RMNCAH+Nutrition and provide orientation to all</li> </ul>	

<b>Pillar Two: 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>▪ 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>▪ Revise and domesticate the BHCPF 2.0 guidelines to operationalize the proposed BHCPF NPHCDA Gateway reforms (in collaboration with the states and donors) including a performance and accountability framework</li> <li>▪ Establish standards for PHC functionality and stratify existing PHCs accordingly</li> <li>▪ Galvanize all government and partner resources for phased needs-based upgrades of prioritized PHCs to achieve full functionality (infrastructure, equipment, workforce, commodities etc.)</li> </ul>	<p>reduction and immunization coverage improvement.</p> <ul style="list-style-type: none"> <li>▪ Use of digital tools (DHIS2, LMIS, GIS) for real-time tracking.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sociocultural resistance to FP and facility-based delivery</li> <li>▪ Unpredictable funding flows</li> <li>▪ Security challenges in hard-to-reach LGAs.</li> </ul>	<p>Community Health Workers (CHWs) to Primary Health Centers (PHCs) and other healthcare facilities</p> <ul style="list-style-type: none"> <li>▪ Configure and utilize electronic integrated supportive supervision (ISS) tools for RMNCAH+Nutrition services</li> <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+ N services including family</li> </ul>	

<b>Pillar Two: 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>▪ Enforce quarterly disbursement of funds in line with BHCPF guidelines</li> <li>▪ Deployment of third-party fiduciary agents to manage funds at the PHC level.</li> <li>▪ Use of accounting software to monitor end-to-end disbursement funds including transactions at PHCs</li> <li>▪ Leverage technology for end-to-end BHCPF financial management and expenditure tracking</li> <li>▪ Utilize Financial Management Officers (FMOs) for quarterly tracking of spending with clear ToR</li> <li>▪ Ensure an annual statutory audit is done across all levels and external audit performed on total funds</li> <li>▪ Establish independent monitoring and verification system</li> <li>▪ Provide essential commodities, utilities, maintenance of facilities, and community engagement</li> </ul>			<p>planning options in these areas</p> <ul style="list-style-type: none"> <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>▪ Revise and domesticate the BHCPF 2.0 guidelines to operationalize the proposed BHCPF NPHCDA Gateway reforms (in collaboration with the states and donors) including a performance and accountability framework</li> <li>▪ Establish standards for PHC functionality and stratify existing PHCs accordingly</li> <li>▪ Galvanize all government and partner resources for phased needs-based upgrades of prioritized PHCs to achieve full functionality (infrastructure,</li> </ul>	

<b>Pillar Two: 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>▪ Increase operational budget to enhance fiduciary oversight and to intensify monitoring and LGA supervision</li> <li>▪ Deliver BHCPF as One Package at the last mile.</li> <li>▪ Digitize the process steps to access funds to improve efficiency</li> <li>▪ Conduct a rapid facility functionality assessment of CEmONC facilities for service readiness, climate resilience, and energy efficiency</li> <li>▪ Undertake data-driven recruitment, deployment, and management of HRH including biometric capture &amp; BVN data collection for at least 80% of basic education teachers and primary health workers to ensure proper payroll integration and removal of ghost workers</li> <li>▪ Create incentives and enabling environment that improves retention of HRH within Nigeria</li> </ul>			<p>equipment, workforce, commodities etc.)</p> <ul style="list-style-type: none"> <li>▪ Enforce quarterly disbursement of funds in line with BHCPF guidelines</li> <li>▪ Deployment of third-party fiduciary agents to manage funds at the PHC level.</li> <li>▪ Use of accounting software to monitor end-to-end disbursement funds including transactions at PHCs</li> <li>▪ Leverage technology for end-to-end BHCPF financial management and expenditure tracking</li> <li>▪ Utilize Financial Management Officers (FMOs) for quarterly tracking of spending with clear ToR</li> <li>▪ Ensure an annual statutory audit is done across all levels and external audit performed on total funds</li> <li>▪ Establish independent monitoring and verification system</li> </ul>	

<b>Pillar Two: 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>▪ Implement comprehensive workforce capacity development plan</li> </ul>			<ul style="list-style-type: none"> <li>▪ Provide essential commodities, utilities, maintenance of facilities, and community engagement</li> <li>▪ Increase operational budget to enhance fiduciary oversight and to intensify monitoring and LGA supervision</li> <li>▪ Deliver BHCPF as One Package at the last mile.</li> <li>▪ Digitize the process steps to access funds to improve efficiency</li> <li>▪ Conduct a rapid facility functionality assessment of CEmONC facilities for service readiness, climate resilience, and energy efficiency</li> <li>▪ Undertake data-driven recruitment, deployment, and management of HRH including biometric capture &amp; BVN data collection for at least 80% of basic education teachers and primary health workers to ensure proper payroll</li> </ul>	

<b>Pillar Two: Efficient, Equitable and Quality Health System</b> ▪ Strategic Interventions	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
			integration and removal of ghost workers ▪ Create incentives and enabling environment that improves retention of HRH within Nigeria ▪ Implement comprehensive workforce capacity development plan	

Table 11: Pillar 3 - Unlocking Value Chains (Edo State Primary Healthcare Development Agency)

<b>Pillar Three: Unlocking Value Chains</b> ▪ Strategic Interventions	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
	<b>Strengths</b>	<b>Weakness</b>		▪

<b>Pillar Three: Unlocking Value Chains</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>
<ul style="list-style-type: none"> <li>▪ Strengthen demand of locally produced health products by national and sub-national entities through pooled procurement and other innovative strategies</li> <li>▪ Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels)</li> <li>▪ Strengthen Pharmacovigilance and Post-market surveillance of health product throughout the supply chain pipeline including Monitoring of substandard and falsified health products (medicines, vaccines and other health-related products)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Availability of budgetary allocation</li> <li>▪ External funding from NGOs and development partners</li> <li>▪ Social media platforms</li> <li>▪ Public-Private Partnership</li> <li>▪ Growing awareness about adverse drug reactions</li> <li>▪ Availability of enabling laws and policy on pharmacovigilance</li> <li>▪ International collaborations geared towards improving pharmacovigilance activities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of a comprehensive storage system</li> <li>▪ Inadequate Transportation</li> <li>▪ Insufficiently trained personnel</li> <li>▪ Lack of sufficient qualified personnel</li> <li>▪ Limited funding for carrying out post-market surveillance</li> <li>▪ Lack of necessary laboratories and equipment for carrying out pharmacovigilance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strengthen demand of locally produced health products by national and sub-national entities through pooled procurement and other innovative strategies</li> <li>▪ Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels)</li> <li>▪ Strengthen Pharmacovigilance and Post-market surveillance of health product throughout the supply chain pipeline including Monitoring of substandard and falsified health products (medicines, vaccines and other health-related products)</li> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Training and capacity: providing training and capacity programs</li> <li>▪ Leveraging on technology to enhance monitoring of pharmacovigilance activities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Corruption: corruption can undermine activities of pharmacovigilance</li> </ul>		

Table 12: Pillar 4 - Health Security (Edo State Primary Healthcare Development Agency)

<b>Pillar Four: Health Security</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>
<ul style="list-style-type: none"> <li>▪ Establish Presidential Task Force/ Cabinet Committee for effective coordination, oversight, and funding involving all relevant sectors to address public health threats under health security aligned with the new health sector agenda of the current administration at all levels as aligned with Renewed Hope</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Establish Presidential Task Force/ Cabinet Committee for effective coordination, oversight, and funding involving all relevant sectors to address public health threats under health security aligned with the new health sector agenda of the current administration at all levels as aligned with Renewed Hope</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
<ul style="list-style-type: none"> <li>▪ Multi-sectoral approach involving healthcare, government, and private sector.</li> <li>▪ Facilitate effective coordination and oversight of response efforts.</li> <li>▪ Securing funding from government and international organizations.</li> <li>▪ Alignment with the new health sector agenda of the current administration can ensure sustainability and support.</li> <li>▪ Presence of existing training programs for DSNO/ADSNO/FOCAL PERSONS and other healthcare professionals.</li> <li>▪ Availability of experts in areas such as epidemiology,</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited capacity and expertise among task force members.</li> <li>▪ Inadequate resources, including funding, personnel, and equipment, to support task force activities.</li> <li>▪ Poor communication and collaboration among task force members and stakeholders.</li> <li>▪ Lack of clear guidelines and protocols for task force operations.</li> <li>▪ Limited community engagement and participation.</li> <li>▪ Limited resources to support workforce capacity building initiatives.</li> <li>▪ Inadequate training and education programs in areas such as emergency response and laboratory diagnostics.</li> <li>▪ Limited access to training and education programs, particularly in rural or underserved areas.</li> </ul>			

<b>Pillar Four: Health Security</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>Agenda of Mr. President</p> <ul style="list-style-type: none"> <li>▪ Workforce Capacity Building - Enhances capabilities to achieve health security</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 collaboration to reduce mortality and morbidity.</li> </ul>	<p>laboratory diagnostics, and emergency response.</p> <ul style="list-style-type: none"> <li>▪ Collaboration among healthcare professionals, government agencies, and other stakeholders.</li> <li>▪ Government support and funding for workforce capacity building initiatives.</li> <li>▪ Existing and established surveillance systems and networks for disease identification and reporting.</li> <li>▪ Trained Personnel (DSNO, ADSNO, Focal persons and Healthcare workers) with experience in disease surveillance.</li> <li>▪ Electronic systems for reporting and tracking diseases (SORMAS &amp; ODK).</li> <li>▪ Community engagement and education on reporting symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inconsistent and difference in reporting quality and timeliness across LGA.</li> <li>▪ Insufficient funding, technology, for surveillance activity.</li> <li>▪ Difficulty integrating data from health facility, LGAs, State and National.</li> <li>▪ Training on new diseases or surveillance methods for DSNO/ADSNO/Focal persons.</li> <li>▪ Little or no formal agreements or communication medium with neighboring communities to bring about effective surveillance activity across the border areas of the state.</li> <li>▪ Limited funding for public health research and evidence-based policy/decision making.</li> <li>▪ Limited surge capacity to respond to large-scale public health threats.</li> <li>▪ Inadequate infrastructure, including healthcare facilities and emergency response systems, can compromise preparedness efforts.</li> </ul>	<p>Agenda of Mr. President</p> <ul style="list-style-type: none"> <li>▪ Workforce Capacity Building - Enhances capabilities to achieve health security</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 collaboration to</li> </ul>	

<b>Pillar Four: Health Security</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>
<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> </ul>	<ul style="list-style-type: none"> <li>▪ Presence of existing research infrastructure, including research institutions and universities.</li> <li>▪ Availability of data from various sources, including surveillance systems and research studies.</li> <li>▪ Presence of existing emergency response plans and protocols.</li> <li>▪ Availability of PPE and other essential supplies</li> <li>▪ The Global Framework for Strengthening Emergencies in Urban Settings.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Poor data quality can limit the effectiveness of disease surveillance activities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ reduce mortality and morbidity.</li> <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</li> </ul>	
	<p style="text-align: center;"><b>Opportunities</b></p>	<p style="text-align: center;"><b>Threats</b></p>		
	<ul style="list-style-type: none"> <li>▪ Partnerships and collaborations with international organizations, NGOs, and private sector entities.</li> <li>▪ Community engagement and education to promote</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rapidly evolving disease threats.</li> <li>▪ Limited political will and commitment.</li> <li>▪ Limited funding and resources can hinder the development and implementation of task force activities.</li> </ul>		

<b>Pillar Four: Health Security</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>
<ul style="list-style-type: none"> <li>▪ Develop and pilot urban preparedness strategies in line with Global Framework for Strengthening Emergencies in Urban Settings in priority municipalities</li> </ul>	<p>public health awareness and cooperation.</p> <ul style="list-style-type: none"> <li>▪ Integrating technology, such as digital surveillance systems.</li> <li>▪ Government funding with partners from international organizations, NGOs, and private sector entities to support workforce capacity building initiatives.</li> <li>▪ Enhanced evidence-based policy/decision making can lead to improved decision making and reduced mortality, morbidity, and disabilities.</li> <li>▪ Community-Based Initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate infrastructure, including healthcare facilities and laboratory capacity, can compromise preparedness efforts.</li> <li>▪ Competing priorities and demands on healthcare professionals, particularly in areas with limited resources.</li> <li>▪ Brain Drain</li> <li>▪ Disruption of health systems due to conflict, unrest, or policy changes.</li> <li>▪ Reduction in financial support for surveillance programs.</li> <li>▪ Increased frequency of extreme weather events impacting disease patterns and surveillance needs.</li> <li>▪ Economic downturns and instability</li> <li>▪ Financial mismanagement</li> </ul>	<p>protective equipment etc. to manage public health threats</p> <ul style="list-style-type: none"> <li>▪ Develop and pilot urban preparedness strategies in line with Global Framework for Strengthening Emergencies in Urban Settings in priority municipalities</li> </ul>	

Table 13: Enabler 1 - Data Digitization (Edo State Primary Healthcare Development Agency)

<b>Enabler One: Data Digitization</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>
<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>▪ Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data</li> <li>▪ Support coordination, design and implementation of health surveys</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>▪ Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data</li> <li>▪ Support coordination, design and implementation of health surveys</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ National HIS governance frameworks exist</li> <li>▪ Existing M&amp;E framework</li> <li>▪ DHIS2 is in use statewide</li> <li>▪ Survey protocols and partners available</li> <li>▪ M&amp;E officers available at LGAs</li> <li>▪ State has computer systems for data entry in BHCPF-supported PHCs</li> <li>▪ Young, tech-savvy staff available</li> </ul>	<ul style="list-style-type: none"> <li>▪ Weak state-level coordination and oversight</li> <li>▪ Strategic plans outdated or underutilized</li> <li>▪ Late and incomplete data submissions from facilities</li> <li>▪ Weak reporting linkages between health and civil authorities</li> <li>▪ Limited capacity for analysis and dissemination</li> <li>▪ Systems often fragmented and non-interoperable</li> <li>▪ Decision-makers underutilize data</li> <li>▪ Connectivity challenges in remote LGAs</li> </ul>		

<b>Enabler One: 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>▪ Establish standards for Health Information Exchange</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> </ul>	<ul style="list-style-type: none"> <li>▪ Research-friendly environment</li> <li>▪ National digital health strategy exists</li> <li>▪ Tech providers willing to partner</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate digital health training</li> <li>▪ Limited funding for operational research</li> <li>▪ Resource limitations for tech roll-out</li> </ul>	<ul style="list-style-type: none"> <li>▪ Establish standards for Health Information Exchange</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> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ National Digital Health Strategy and DHIS2 optimization agenda</li> <li>▪ Partnerships with development agencies and tech innovators</li> <li>▪ Political will and increased investment in health system digitization</li> </ul>	<ul style="list-style-type: none"> <li>▪ Digital divide in rural communities</li> <li>▪ Cybersecurity and data privacy concerns</li> <li>▪ High staff turnover and inconsistent digital literacy</li> </ul>		

Table 14: Enabler 2 - Financing (Edo State Primary Healthcare Development Agency)

<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 lump sum 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.</li> <li>▪ Strengthen health financing evidence generation and use</li> <li>▪ Develop a sector wide health system investment case.</li> </ul>	<b>Strengths</b> <ul style="list-style-type: none"> <li>▪ Adoption of a lump sum approval approach streamlines planning and reduces delays.</li> <li>▪ Stronger oversight and monitoring mechanisms improve accountability and transparency.</li> <li>▪ Reports ensure regular tracking and adjustments.</li> </ul>	<b>Weakness</b> <ul style="list-style-type: none"> <li>▪ Dependence on timely budget release and cash backing may create funding gaps.</li> <li>▪ Limited technical capacity for evidence generation and use in financing decisions.</li> <li>▪ Possible bureaucratic bottlenecks in engaging stakeholders effectively.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adopt lump sum 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.</li> <li>▪ Strengthen health financing evidence generation and use</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Developing a sector-wide investment case can attract new funding sources.</li> <li>▪ Increased resource mobilization opens doors for partnerships with NGOs, donors, and private sector.</li> <li>▪ Strengthened financial systems can build trust</li> </ul>	<ul style="list-style-type: none"> <li>▪ An unpredictable economic environment may affect government budget releases.</li> <li>▪ Risk of political interference in the allocation and utilization of funds.</li> <li>▪ Over-reliance on external partners for resource</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>
<ul style="list-style-type: none"> <li>▪ Increase resource mobilization for the health sector</li> </ul>	among stakeholders and development partners.	mobilization may reduce sustainability.	<ul style="list-style-type: none"> <li>▪ Develop a sector wide health system investment case.</li> <li>▪ Increase resource mobilization for the health sector</li> </ul>	

**Recommendation:**

1. Institutionalize a PHC Planning Committee to ensure unified and effective planning across all tiers.
2. Enforce partner alignment through quarterly structured engagement meetings.
3. Develop a preparedness plan (multisectoral coordination, community engagement, infrastructure).
4. Conduct bi-annual training for State, LGA, and facility staff on planning, advocacy, communication, and service delivery.
5. Provide leadership training for community representatives at least once annually.
6. Strengthen HRH redistribution and training with more staff reallocated to underserved LGAs.
7. Expand outreach coverage with at least 50% of rural LGAs conducting mobile/outreach sessions
8. Establish feedback/grievance mechanisms at facility and community levels.
9. Integrate NTD-WASH initiatives in 18 LGAs across the State.
10. Strengthen IPC/WASH with phased upgrades across the PHCs in high-need LGAs.
11. Conduct quarterly stock reviews to prevent ARV/test kit stockouts.
12. Prioritize digitization with a fully functional health information system in all LGAs.
13. Promote routine data use in planning with all LGAs submitting monthly reports.
14. Pursue partnerships with academia, NGOs, and private sector for innovation and data security.

Table 15: Pillar 1 - Effective Governance (Edo Health Insurance Commission)

<b>Pillar One: Effective Governance</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>
<ul style="list-style-type: none"> <li>▪ Strengthen existing communication mechanisms e.g Phone-in TV/Radio, Social Media, Media Hub Programs, SERVICOM for Feedback and Functional Grievance Redress)</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Strengthen existing communication mechanisms e.g Phone-in TV/Radio, Social Media, Media Hub Programs, SERVICOM for Feedback and Functional Grievance Redress)</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Multiple existing communication channels (TV, radio, social media, media hubs) already in place.</li> <li>▪ Wide audience reach through both traditional (radio/TV) and digital (social media) platforms.</li> <li>▪ Potential for real-time interaction and immediate feedback via call-ins and online platforms.</li> <li>▪ Established trust and visibility of some media programs among the public</li> </ul>	<ul style="list-style-type: none"> <li>▪ Low responsiveness or delayed action on grievances could undermine credibility.</li> <li>▪ Inadequate monitoring and evaluation tools for measuring feedback impact.</li> <li>▪ Risk of communication overload or misinformation if not well-managed.</li> <li>▪ Limited resources in terms of funding, personnel and technological infrastructure constrain the effective management of multiple platforms</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Leveraging digital platforms (apps, chatbots, WhatsApp lines) to improve grievance handling.</li> <li>▪ Partnering with private media houses and influencers for a wider reach</li> </ul>	<ul style="list-style-type: none"> <li>▪ Public mistrust if feedback and grievance mechanisms fail to deliver tangible results.</li> <li>▪ Spread of misinformation or negative publicity on social media platforms.</li> </ul>		

<b>Pillar One: Effective Governance</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>
		<ul style="list-style-type: none"> <li>▪ Low citizen participation due to apathy or lack of awareness of communication channels.</li> <li>▪ Spread of misinformation or negative publicity on social media platforms.</li> <li>▪ Technological disruptions (network failure, cyberattacks, system downtime) could stall communication</li> </ul>		

Table 16: Pillar 2 - Efficient, Equitable and quality Health system (Edo Health Insurance Commission)

<b>Pillar Two: 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 (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Develop and implement a holistic Advocacy, Communication and Community Engagement strategy</li> <li>▪ Expand health insurance coverage and other pre-pooling mechanism for health</li> <li>▪ Improve the health insurance market efficiency</li> <li>▪ Deliver BHCPF as One Package at the last mile.</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Develop and implement a holistic Advocacy, Communication and Community Engagement strategy</li> <li>▪ Expand health insurance coverage and other pre-pooling mechanism for health</li> <li>▪ Improve the health insurance</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Strong community presence of Ward Development Committees (WDCs) and facility-level structures</li> <li>▪ Direct community access through enrollee engagement, town halls, and outreach.</li> <li>▪ Mandated by law: EDOHIC has a legal framework to expand coverage.</li> <li>▪ Existing contributory schemes (Formal, Informal, Equity/State Equity Health Plan).</li> <li>▪ Growing state government support for UHC agenda</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited budget allocation for communication campaigns</li> <li>▪ Gaps in digital/ICT penetration statewide (esp. rural communities).</li> <li>▪ Low awareness/health insurance literacy among residents.</li> <li>▪ Weak enforcement of mandatory contributions (esp. informal sector).</li> <li>▪ Limited ICT systems for enrollee tracking and premium collection.</li> <li>▪ Limited actuarial and advanced data analytics capacity to set fair pricing models.</li> <li>▪ Weak penetration of private sector-driven health insurance in rural areas.</li> <li>▪ Bureaucratic delays in policy enforcement and adoption.</li> </ul>		

<b>Pillar Two: 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 (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Utilize strategic purchasing mechanism for high impact interventions</li> <li>▪ Improve equity of coverage through effective implementation of public subsidies</li> <li>▪ Create more efficient and sustainable health insurance industry</li> </ul>	<ul style="list-style-type: none"> <li>▪ EDOHIC’s statutory mandate to regulate, coordinate, and expand insurance coverage.</li> <li>▪ Increasing government attention on Universal Health Coverage (UHC).</li> <li>▪ Partnerships with NHIA, private insurers, and donor organizations provide technical leverage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Low uptake of health insurance among informal sector workers</li> </ul>	market efficiency	
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Use of data-driven insights to shape advocacy (facility reporting, enrollee behaviour, claims trends).</li> <li>▪ Partnerships with CSOs, traditional rulers, and faith-based organisations.</li> <li>▪ Leverage social media and local media houses for mass messaging.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Risk of fragmented messaging if not harmonised with MoH &amp; NHIA.</li> <li>▪ Political transitions may affect continuity.</li> <li>▪ Community mistrusts engagement that lacks transparency.</li> <li>▪ Fatigue from donor-driven campaigns without state buy-in</li> </ul>		

<b>Pillar Two: 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 (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
	<ul style="list-style-type: none"> <li>▪ Donor funding (GF, UNICEF, WHO) often supports advocacy/awareness.</li> <li>▪ Federal alignment with NHIA Act for compulsory coverage.</li> <li>▪ Potential donor/partner support (World Bank, BHCPF, private sector CSR).</li> <li>▪ Digital wallets, mobile money, and fintech channels for premium collection.</li> <li>▪ Expanding contributory pools through innovative products (e.g., micro-insurance, cooperative-based pooling).</li> <li>▪ Leveraging technology (AI, big data, blockchain) to improve claims adjudication, fraud detection, and risk pooling.</li> <li>▪ Donor and development partners' interest in financing UHC interventions.</li> <li>▪ Potential cross-subsidisation from large corporate</li> </ul>	<ul style="list-style-type: none"> <li>▪ Demographic advantage: young, working-age population base to pool from.</li> <li>▪ High poverty rates affecting ability to pay, with households prioritizing subjective social security needs</li> <li>▪ Resistance from informal sector operators to join contributory pool.</li> <li>▪ Political will fluctuations (policy reversals after elections).</li> <li>▪ Weak linkage with PHC service quality may discourage enrolment.</li> <li>▪ High poverty levels and competing social needs limit willingness-to-pay.</li> <li>▪ Informal sector's mistrust of government-led financial schemes and general public aversion to government initiatives — leading to low enrolment willingness and preference for out-of-pocket spending despite long-term cost burdens.</li> <li>▪ Risk of parallel insurance schemes undermining pooled efficiency.</li> </ul>		

<b>Pillar Two: Efficient, Equitable and quality Health system</b> ▪ <b>Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
	enrollees to vulnerable groups	▪ Inflationary pressures are eroding the real value of premiums		

**Recommendation:**

- Conduct a statewide communication audit (map which platforms and channels resonate best per LGA: radio in rural, social media in urban).
- Establish a joint taskforce (EDOHC + SMOH + EDSPHCDA) to harmonize messaging and avoid fragmented campaigns.
- Develop a phased expansion roadmap.
- Deploy digital premium collection solutions (mobile wallets, POS, cooperative-based payment systems).
- Launch a statewide insurance literacy campaign (mass & community-based).
- Partner with trade associations & cooperatives to bulk-enroll informal sector groups.
- Build actuarial & analytics capacity inside EDOHC (through secondments, training, or donor-funded experts).
- Pilot digital claims adjudication systems with fraud-detection features.
- Commission periodic market studies (enrollee willingness-to-pay, insurer compliance, scheme sustainability metrics).

Table 17: Enabler 2 - Financing (Edo Health Insurance Commission)

<b>Enabler Two: 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>▪ Integrate human resource (HR) processes like talent development and succession planning with the performance management system</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Increase the effectiveness and efficiency of healthcare spending</li> <li>▪ Integrate human resource (HR) processes like talent development and succession planning with the performance management system</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Existing budgetary allocation and financial frameworks are already in place within EDOHIC.</li> <li>▪ Experienced finance and audit staff with knowledge of public financial management.</li> <li>▪ Strong leadership commitment to prudent spending.</li> <li>▪ Skilled and dedicated staff within EDHIC.</li> <li>▪ Existing HR and performance appraisal systems (though fragmented).</li> <li>▪ Management support for staff development initiatives.</li> <li>▪ Institutional recognition of the need for succession planning</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited in-house capacity for advanced cost-effectiveness analysis.</li> <li>▪ Weak internal monitoring of expenditure vs. outcomes.</li> <li>▪ Inflexible financial processes with bureaucratic delays.</li> <li>▪ Dependence on manual systems rather than digital tracking tools.</li> <li>▪ Lack of a comprehensive HR information system.</li> <li>▪ Inconsistent performance appraisal implementation.</li> <li>▪ Limited budgetary allocation for continuous training.</li> <li>▪ Weak career progression and succession frameworks</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		

<b>Enabler Two: 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>▪ Donor and partner interest in supporting efficiency initiatives.</li> <li>▪ National drive for improved healthcare financing under UHC.</li> <li>▪ Availability of technology and digital tools for expenditure monitoring.</li> <li>▪ Growing demand for accountability from civil society and stakeholders.</li> <li>▪ Availability of external training institutions and professional bodies.</li> <li>▪ National policy emphasises capacity building in the health sector.</li> <li>▪ Potential partnerships with universities, NGOs, and donor agencies for staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inflation and currency instability eroding spending efficiency.</li> <li>▪ Political influence in allocation decisions.</li> <li>▪ Unstable economic environment leading to unpredictable government funding.</li> <li>▪ Potential resistance from external contractors/vendors benefiting from inefficiencies.</li> <li>▪ “Brain drain” with well-trained staff being poached by other agencies or abroad.</li> <li>▪ Political interference in HR postings and promotions.</li> <li>▪ Limited government funding for workforce development initiatives.</li> <li>▪ Rapid technological changes are outpacing staff skills if training is not continuous</li> </ul>		

Table 18: Enabler 3 - Culture and Talent (Edo Health Insurance Commission)

<b>Enabler Three: 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>
<ul style="list-style-type: none"> <li>▪ Strengthen industry partnerships by collaborating with public health organizations, government agencies, academic and research institutions for practical real-world experience, mentorship, and networking opportunities</li> </ul>	<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>▪ Design/improve on a comprehensive learning and development</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Creates a clear link between performance and tangible rewards, motivating staff.</li> <li>▪ Reinforces a culture of meritocracy, reducing favouritism and bias.</li> <li>▪ Encourages healthy competition, innovation, and productivity.</li> <li>▪ Enhances retention of high-performing employees.</li> <li>▪ Signals organisational commitment to staff growth and development.</li> <li>▪ Addresses critical leadership and competency gaps in public health. Leadership (strategic policy, communication skills).</li> <li>▪ Integrates technical, managerial, and soft skills into one curriculum.</li> <li>▪ Strengthens leadership pipeline and succession planning.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires significant resources (funds, experts, time).</li> <li>▪ Limited pool of facilitators with specialised expertise.</li> <li>▪ Risk of being too broad, lacking depth in the competency area.</li> <li>▪ Resistance from senior staff prioritising operations over training.</li> <li>▪ Difficult to measure the immediate impact on health outcomes.</li> <li>▪ Dependence on external partners may limit control over quality, timelines, or priorities.</li> <li>▪ Potential misalignment of institutional goals (e.g., academia vs. government vs. industry).</li> <li>▪ Resource-intensive to establish and sustain partnerships (time, funding, personnel).</li> </ul>		

<b>Enabler Three: 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>
	<ul style="list-style-type: none"> <li>▪ Potential to improve decision-making and crisis responsiveness.</li> <li>▪ Enhances institutional credibility as knowledge-driven.</li> <li>▪ Expands access to diverse expertise, resources, and facilities.</li> <li>▪ Provides practical, hands-on learning opportunities that complement theoretical knowledge.</li> <li>▪ Enhances credibility and visibility of the program through collaboration with reputable institutions.</li> <li>▪ Opens channels for mentorship, professional development, and career advancement.</li> <li>▪ Encourages knowledge exchange and innovation through multi-sector engagement.</li> <li>▪ Encourages peer-to-peer learning and knowledge exchange, enriching participants' understanding.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Risk of unequal contribution, where some partners invest more effort than others.</li> <li>▪ Risk of unequal participation (some participants may dominate discussions while others remain passive).</li> <li>▪ Time and resource intensive to facilitate interactive sessions.</li> <li>▪ Potential challenges in maintaining focus and ensuring discussions remain relevant.</li> <li>▪ Requires skilled facilitators to manage group dynamics effectively.</li> <li>▪ -Continuous monitoring and evaluation (M&amp;E) may demand significant time, resources, and skilled personnel.</li> <li>▪ Risk of feedback fatigue from participants and stakeholders if processes are too frequent or burdensome.</li> </ul>	<p>t curriculum that covers a wide range of competencies such as strategic thinking, decision-making, policy development, stakeholder management and effective communication required for effective public health leaders.</p>	

<b>Enabler Three: 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>
	<ul style="list-style-type: none"> <li>▪ Builds long-term professional networks among public health leaders.</li> <li>▪ Promotes innovation and problem-solving through diverse perspectives.</li> <li>▪ Fosters a supportive environment that enhances leadership and teamwork skills.</li> <li>▪ Promotes evidence-based decision-making by ensuring programs are guided by real data and feedback.</li> <li>▪ Builds accountability and transparency, enhancing trust among participants, mentors, and stakeholders.</li> <li>▪ Provides early identification of challenges, allowing for timely corrective actions.</li> <li>▪ Encourages a culture of learning and continuous improvement within the program</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inconsistent or poor-quality data collection can limit the reliability of findings.</li> <li>▪ May face resistance from staff or stakeholders who perceive M&amp;E as fault-finding rather than improvement-driven</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strengthen industry partnerships by collaborating with public health organizations, government agencies, academic and research institutions for practical real-world experience, mentorship, and networking opportunities.</li> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		

<b>Enabler Three: 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>
	<ul style="list-style-type: none"> <li>▪ Can be aligned with training and mentorship programs to build a future leadership pipeline.</li> <li>▪ Strengthens organisational reputation for fairness, transparency, and accountability.</li> <li>▪ Opens doors for partnerships with professional development institutions (e.g., certifications, trainings).</li> <li>▪ Improves succession planning and reduces talent gaps</li> <li>▪ Partnerships with universities, international organizations, and donors for content and funding support.</li> <li>▪ Adoption of digital/blended learning to widen reach.</li> <li>▪ Global demand for skilled leaders to tackle complex health challenges.</li> <li>▪ Can be institutionalised as a requirement for career progression.</li> <li>▪ Alignment with WHO frameworks and SDG goals.</li> <li>▪ Shifting political priorities and funding limitations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shifting political priorities and funding limitations.</li> <li>▪ High staff turnover affects sustainability.</li> <li>▪ Union or staff association pushback if promotion criteria are not transparent or inclusive.</li> <li>▪ Economic or budgetary constraints may limit promotions/rewards, creating dissatisfaction.</li> <li>▪ Favoritism, politics, or inconsistent application of criteria could erode trust in the system</li> <li>▪ High staff turnover affects sustainability.</li> <li>▪ Competing training initiatives creates fragmentation &amp; diluted impact.</li> <li>▪ Evolving public health challenges may outpace curriculum updates.</li> <li>▪ Risk of perception as overly academic, reducing engagement.</li> <li>▪ Political or policy changes may affect the continuity of government partnerships.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Promote collaborative learning environment where participants can engage with each other by sharing experiences, exchange ideas and build a strong network of public health leaders.</li> <li>▪ Promote culture of Continuous monitoring and evaluating</li> </ul>	

<b>Enabler Three: 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>
	<ul style="list-style-type: none"> <li>▪ Expanding global and regional networks for students and professionals in public health.</li> <li>▪ Access to funding opportunities, grants, and joint research projects.</li> <li>▪ Enhanced employability of graduates due to industry-relevant skills and networks.</li> <li>▪ Platforms for policy influence and contribution to national/global health priorities.</li> <li>▪ Development of joint programs, internships, and fellowships with long-term benefits.</li> <li>▪ Expanding global and regional networks for students and professionals in public health.</li> <li>▪ Access to funding opportunities, grants, and joint research projects.</li> <li>▪ Platforms for policy influence and contribution to national/global health priorities.</li> <li>▪ Development of joint programs, internships, and fellowships with long-term benefits.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Competition from other institutions forming similar partnerships.</li> <li>▪ Risk of conflicts over intellectual property, data ownership, or recognition.</li> <li>▪ Shifting industry priorities may reduce long-term commitment.</li> <li>▪ Economic downturns or funding cuts may weaken support from partners.</li> <li>▪ Possible conflicts or differing opinions that may hinder collaboration.</li> <li>▪ -Political or policy changes may affect the continuity of government partnerships.</li> <li>▪ Competition from other institutions forming similar partnerships.</li> <li>▪ Risk of conflicts over intellectual property, data ownership, or recognition.</li> <li>▪ Economic downturns or funding cuts may weaken support from partners.</li> <li>▪ Limited engagement if participants are unmotivated or lack trust in the process.</li> </ul>	<p>program's effectiveness, seeking feedback from participants, mentors, and key stakeholders</p>	

<b>Enabler Three: 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>▪ Potential to establish mentorship programs and cross-institutional collaborations.</li> <li>▪ Strengthens leadership pipelines by connecting emerging and established leaders.</li> <li>▪ Opens opportunities for collaborative research, policy advocacy, and joint Projects.</li> <li>▪ Enhances institutional reputation as a hub for innovative public health leadership.</li> <li>▪ Leverages technology (e.g., digital surveys, dashboards, data analytics tools) for efficient and real-time feedback collection.</li> <li>▪ Enhances program credibility, which can attract new funding, partnerships, and stakeholder buy-in.</li> <li>▪ Creates opportunities for knowledge sharing and best practices across similar programs.</li> <li>▪ Empowers participants and mentors by giving them a voice, fostering stronger engagement and ownership</li> </ul>	<ul style="list-style-type: none"> <li>▪ Technology or logistical barriers (especially in hybrid/virtual sessions).</li> <li>▪ Risk of networks dissolving if not sustained beyond the training or program.</li> <li>▪ External factors (e.g., political shifts, funding cuts, policy changes) may disrupt sustained M&amp;E efforts.</li> <li>▪ Overemphasis on metrics may overshadow qualitative insights and innovation.</li> <li>▪ Negative findings, if not well-managed, could affect stakeholder confidence and program reputation.</li> <li>▪ Stakeholder expectations may increase once continuous feedback is institutionalised, making it difficult to meet all demands</li> </ul>		

**Recommendation:**

- Integrate the interventions into a leadership development ecosystem where mentoring, collaboration, monitoring and career incentives are not standalone activities but interconnected. This increases the sustainability, participant motivation, and stakeholder confidence while minimizing duplication of efforts.

Table 19: Pillar 1 - Effective Governance (Hospitals Management Agency)

<b>Pillar One: Effective Governance</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>
<ul style="list-style-type: none"> <li>▪ Strengthen existing communication mechanisms e.g. phone in TV/Radio/social media /media hub programs, servicom for feedback and functional grievance redress</li> <li>▪ Support to HMA, SPHCDA/Board and LGA Health Authorities on the development and consolidation of Health Facilities AOP (one plan) focusing on Swap priorities</li> <li>▪ Strengthen the Resource</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Strengthen existing communication mechanisms e.g. phone in TV/Radio/social media /media hub programs, servicom for feedback and functional grievance redress</li> <li>▪ Support to HMA, SPHCDA/Board and LGA Health Authorities on the development and consolidation of Health Facilities AOP (one plan) focusing on Swap priorities</li> <li>▪ Strengthen the Resource Mapping and Expenditure tracking (RMET)</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Availability of Communication platform like WhatsApp</li> <li>▪ Availability of trained health personnel (educators) and mobilizers for health sector</li> <li>▪ Availability of official emails</li> <li>▪ Existing skilled workforce</li> <li>▪ Availability of existing AOP documents</li> <li>▪ Trained personnel in some facilities.</li> <li>▪ Existing template for RMET</li> </ul>	<ul style="list-style-type: none"> <li>▪ Constant power outage</li> <li>▪ Limited funds to facilitate communication mechanisms</li> <li>▪ TV/Radio houses high tariffs</li> <li>▪ No development partners to support the process.</li> <li>▪ Inadequate funds to implement the plan</li> <li>▪ Inadequate fund to be able to engage in the tracking process</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Setup proper communication systems for patient's feedback</li> <li>▪ Collaborate with SMOH, EDSPHCD, EDOHIS, College of Nursing for effective and efficient Health Care services</li> <li>▪ Skilled planning officers and M&amp;E officers</li> <li>▪ Availability of routine health data for decision making.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cyber security risk</li> <li>▪ Misinformation and fake news</li> <li>▪ Poor network signals within the Agency and across the Secondary Healthcare Facilities within the 16 LGA.</li> <li>▪ Poor network</li> </ul>		

<b>Pillar One: Effective Governance</b> ▪ <b>Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
Mapping and Expenditure tracking (RMET) processes to track funds	<ul style="list-style-type: none"> <li>▪ Available technological advancement e,g electronic patient monitoring system.</li> <li>▪ Opportunities for public private partnerships (PPP) in health planning.</li> <li>▪ Global and regional policy support (e.g. SDGS, HSS frame works)</li> <li>▪ Partnership collaboration</li> <li>▪ Potential to align RMET (Resource Mapping and Expenditure Tracking ) with national budget reforms initiatives</li> </ul>	<ul style="list-style-type: none"> <li>▪ Insecurity in the rural areas</li> <li>▪ Economic factor as a result of Inflation</li> <li>▪ Sudden change in leadership</li> </ul>	processes to track funds	

**Recommendations:**

- Increase reach of health-focused TV, Radio and Social Media Programs and allocate budget for quality content creation to enhance healthcare awareness.
- To reduce risk of internet threats, intranet can be encouraged
- Training and Re-training of staff on effective handling of feedback and ensure timely response.
- Integrate feedback data into regular monitoring and reporting systems to identify areas for improvement
- Develop a robust M&E framework with clear indicators linked to Swap priorities to track progress and outcomes.
- Promote standardization of templates and indicators to allow for consistent monitoring and reporting.
- Provide technical assistance in data analysis and use of health information systems to inform evidence-based planning.
- Facilitate regular coordination meetings between departments in the Agency to ensure alignment of priorities and resource sharing
- Regularly review RMET (resource mapping and expenditure tracking) processes and tools to identify gaps and areas for improvement.
- Set up mechanisms for feedback and corrective actions based on expenditure tracking results
- Align RMET processes with budgeting, planning, and reporting frameworks to facilitate seamless flow of information

Table 20: Pillar 2 - Efficient, Equitable and quality Health system (Hospitals Management Agency)

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<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>▪ Data sharing and collaboration</li> <li>▪ Improve access to Basic and Comprehensive Emergency Obstetrics and New Born care (EMOnc) services</li> <li>▪ Build capacity of health workers to improve access and quality to specialize care using available resources including engagement of Nigeria healthcare personnel in the diaspora</li> <li>▪ Improve reproductive, maternal, Newborn, Child health, Adolescent, and Nutrition</li> <li>▪ Increase Antenatal care (individual and GANC)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Skilled data operators</li> <li>▪ Availability of comprehensive data template</li> <li>▪ Strategic location of our facilities That serves as a referral point for Primary Health Care</li> <li>▪ Accessibility and affordability to patients</li> <li>▪ Access to health professionals in the diaspora</li> <li>▪ Established referral and feedback linkage with primary and tertiary care</li> <li>▪ Availability of comprehensive ANC infrastructural facilities. e.g. ANC hall</li> <li>▪ Existing data management reporting systems</li> </ul>	<ul style="list-style-type: none"> <li>▪ Delays in reporting as a result of poor Network Signal.</li> <li>▪ Inadequate ICT infrastructure across the Secondary Health Facilities.</li> <li>▪ Lack of donors and partners</li> <li>▪ Dilapidated infrastructure.</li> <li>▪ Lack of funds for revitalization/renovation</li> <li>▪ Poor referral system and Feedback mechanism.</li> <li>▪ Inadequate range of equipment to carryout diagnostic, surgical and specialist services.</li> <li>▪ Inadequate Skilled Health professional.</li> <li>▪ Inadequate ambulance for referral and ambulatory services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data sharing and collaboration</li> <li>▪ Improve access to Basic and Comprehensive Emergency Obstetrics and New Born care (EMOnc) services</li> <li>▪ Build capacity of health workers to improve access and quality to specialize care using available resources including engagement of Nigeria healthcare personnel in the diaspora</li> <li>▪ Improve reproductive, maternal, Newborn, Child health, Adolescent, and Nutrition</li> <li>▪ Increase Antenatal care (individual and GANC) coverage and HF's delivery in the primary,</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>

<b>Pillar Two: 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 (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>coverage and HF's delivery in the primary, secondary, and the tertiary health facilities in all the 36 states plus FCT</li> <li>▪ Accelerate implementation of essential newborn care (ENC) at the secondary health facilities</li> <li>▪ Revitalize of baby friendly initiative (BFI) at all levels of care</li> <li>▪ Utilize strategic purchasing mechanism for high impact interventions</li> <li>▪ Improve capacity of frontline health workers on comprehensive newborn at secondary and tertiary facilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adequate health educator or Social Welfare officers across hospitals</li> <li>▪ Existence of basic setup including delivering rooms and wards.</li> <li>▪ Government support.</li> <li>▪ Range of specialized services on ENC</li> <li>▪ Effective collaboration of staff concerned</li> <li>▪ Existing policy support endorsing exclusive breast feeding and BFI principles.</li> <li>▪ Availability of Health Educator and social welfare officer for counseling and sensitization of breast feeding mothers</li> <li>▪ Structured training for all frontline health workers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Potential gaps in the coordination between local and diaspora health personnel</li> <li>▪ Resource constrain</li> <li>▪ Health workers are often underutilized</li> <li>▪ Inadequate infrastructure to handle high patient loads, especially in maternal and child wards.</li> <li>▪ Insufficient ICT tool for data management systems</li> <li>▪ Gaps in specialized training on group ANC and client-centered approaches.</li> <li>▪ Inadequate infrastructure and equipment in some hospital's in the Zone.</li> <li>▪ Inadequate community outreach to promote secondary facility utilization for ANC and delivery</li> </ul>	<ul style="list-style-type: none"> <li>secondary, and the tertiary health facilities in all the 36 states plus FCT</li> <li>▪ Accelerate implementation of essential newborn care (ENC) at the secondary health facilities</li> <li>▪ Revitalize of baby friendly initiative (BFI) at all levels of care</li> <li>▪ Utilize strategic purchasing mechanism for high impact interventions</li> <li>▪ Improve capacity of frontline health workers on comprehensive newborn at secondary and tertiary facilities</li> </ul>	

<b>Pillar Two: 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 (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
		<ul style="list-style-type: none"> <li>▪ Inconsistent availability of essential supplies</li> <li>▪ Shortage/inadequate equipment.</li> <li>▪ Inadequate facility to manage late registration and large proportion of unbooked patients</li> <li>▪ Weak support for breastfeeding after discharge from health facilities.</li> <li>▪ Lack of follow-up on breast feeding mothers after discharge from the hospital</li> <li>▪ Shortage of Laboratory equipment</li> <li>▪ Shortage of ambulance services</li> <li>▪ Limited digital communication tools e.g. pager</li> <li>▪ Shortage of clinical professionals</li> </ul>		

<b>Pillar Two: 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 (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Advances in cloud technology and big data analytics.</li> <li>▪ Collaborate with ICT</li> <li>▪ Potential to integrate telemedicine and digital health solutions to extend specialist access.</li> <li>▪ Increase in government support.</li> <li>▪ Attract donor support for strengthening secondary care.</li> <li>▪ Collaboration opportunities with tertiary centers for capacity building and referral networks</li> <li>▪ Growing interest and willingness of diaspora professionals to contribute expertise.</li> <li>▪ Attract Partnership with international organizations to support training programs</li> <li>▪ Increase Government support</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data security breaches, cyber-attacks or unauthorized access</li> <li>▪ New Emerging disease patterns in the Environment.</li> <li>▪ Economic instability</li> <li>▪ Policy inconsistency as a result of economic constraints and political instability</li> <li>▪ Inadequate funding and resource allocation</li> <li>▪ Insecurities for health care workers</li> <li>▪ Overcrowding and resource strain limiting quantity of care.</li> <li>▪ Referral delays and poor communication with primary and tertiary facilities.</li> <li>▪ Socio cultural barriers reducing uptake of reproductive and adolescent health services.</li> <li>▪ Insecurities and conflicts</li> <li>▪ Economic hardship</li> </ul>		

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
	<ul style="list-style-type: none"> <li>▪ Attracts donor support to strengthen secondary facility capacity to RMNCH.</li> <li>▪ Use of telemedicine and digital tools to support specialized care and training</li> <li>▪ Potential to expand group ANC models that improve peer support education at secondary facilities.</li> <li>▪ Increase Government</li> <li>▪ Strengthening referral systems to optimize patient flow and reduce overcrowding</li> <li>▪ Digital tools for training, decision support and reporting.</li> <li>▪ Attract Partnerships with NGOs and donors.</li> <li>▪ Community involvement can improve newborn outcomes through community sensitization and referrals</li> <li>▪ Integration with other programs e.g. child health</li> </ul>	<ul style="list-style-type: none"> <li>▪ Competition with primary facilities and traditional birth attendants for ANC and delivery services.</li> <li>▪ Transportation challenges affecting timely access to secondary facilities.</li> <li>▪ Socio-cultural preferences for home births or primary care level delivery</li> <li>▪ Funding limitations may limit ENC investments.</li> <li>▪ Some cultural beliefs and practices may contradict ENC guidelines for example delayed breast feeding.</li> <li>▪ Systemic challenges such as poor referral system</li> <li>▪ Some changes in government policy may affect the implementation of ENC services</li> <li>▪ Aggressive marketing by infant formula companies.</li> <li>▪ Some breastfeeding mothers believe that BFI is</li> </ul>		

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
	programs, immunization and nutrition campaigns. ▪ Digital training and e-learning platforms to enhance BFI skills. ▪ Government and Stakeholder support to breastfeeding mothers ▪ Attract Government support ▪ Public Private Partnership (PPP) can be leverage to expand access to high impact interventions ▪ Attract donor support ▪ Attract Public Private Partnerships	burdensome or time consuming. ▪ Setbacks due to resource/Financial constraints diversion and misinformation. ▪ Health challenges of breastfeeding mothers ▪ Increased work load tied to performance target. ▪ Risk of resources allocation been guided by politicians ▪ Inadequate funding for regular and capacity building activities		

**Recommendations:**

- Develop and formalize data sharing agreements and protocols that define roles, responsibilities, and data confidentiality standards.
- Create platforms or forums for regular communication and coordination among stakeholders involved in data generation and use.
- Promote timely data reporting to support responsive actions and planning.
- Provision of infrastructural facilities that enhances data sharing and collaborations
- Renovate existing facilities to ensure safe, clean, and patient-friendly environments.
- Construct staff quarter in facilities that have none and renovate the few facilities that have.

- Upgrade essential utilities such as water supply, power, sanitation, and waste management systems.
- Implement standardized clinical guidelines and quality assurance mechanisms to improve care outcomes.
- Ensure availability of medical supplies, and diagnostic equipment's.
- Develop clear referral protocols and communication channels between primary, secondary, and tertiary care levels
- Organize continuous professional development (CPD) sessions, workshops, and hands-on training focused on specialty areas relevant to the facility
- Establish partnerships and formal programs to involve Nigerian healthcare personnel in the diaspora through telemedicine, mentorship, short-term missions, and knowledge exchange
- Facilitate networks among secondary facilities, tertiary centers, and diaspora professionals to share best practices, innovations, and resources.
- Encourage joint initiatives in research, quality improvement, and service delivery.
- Liaise with health institution for manpower development
- Strengthen linkages between antenatal, delivery, postnatal, child health, adolescent health, and nutrition services.
- Equip facilities with necessary supplies and functional equipment for safe deliveries, newborn care, immunization, and nutrition assessment.
- Educate the communities on infant and young child feeding practices, including exclusive breastfeeding and appropriate complementary feeding.
- Implement adolescent health outreach programs addressing sexual and reproductive health, nutrition, and mental well-being.
- Expand both individual and Group Antenatal Care (GANC) models at secondary facilities, ensuring quality, client-centered care.
- Extend ANC service hours, including weekends and evenings, to accommodate working class women.
- Upgrade infrastructure to support privacy and comfort during ANC and delivery service.
- Increase community outreach and sensitization for ANC programs
- Create policies that support ENC implementation, including staff allocation, workload management, and continuous professional development.
- Educate mothers and families on the importance of ENC practices during antenatal visits and after delivery.
- Implement regular supportive supervision and quality audits focusing on ENC adherence and outcomes.
- Equip delivery and newborn units with necessary ENC tools such as resuscitation kits, radiant warmers or heat sources, suction devices, and clean delivery kits
- Leadership should support and prioritize BFI implementation, by allocating necessary resources at secondary facilities.

- There should be an established and dedicated BFI committee or focal person responsible for coordinating activities and monitoring progress.
- There should be incorporation of BFI training and refresher courses into routine professional development programs
- Assessment should be conducted to select high-impact interventions
- Electronic procurement and payment system should be implemented in other to streamline processes and reduced delays
- Provision of up-to-date newborn care guidelines and job aids at points of care.
- Mentorship programs pairing less experienced staff with skilled neonatal care providers for ongoing guidance should be encouraged.
- Organize hands-on simulation-based training sessions on essential newborn care (ENC) and advanced newborn care practices should be established

Table 21: Enabler 1 - Data Digitization (Hospitals Management Agency)

<b>Enabler One: 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>▪ Procure and expand infrastructure for digitizing the health system</li> <li>▪ Strengthen human resources for health capacity, for data management and health information system support</li> <li>▪ Strengthen data analysis and use for decision making</li> <li>▪ Data sharing and dissemination of health information</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Procure and expand infrastructure for digitizing the health system</li> <li>▪ Strengthen human resources for health capacity, for data management and health information system support</li> <li>▪ Strengthen data analysis and use for decision making</li> <li>▪ Data sharing and dissemination of health information</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Availability of ICT personnel</li> <li>▪ Availability of certified health information specialist.</li> <li>▪ Availability of software tools for data capturing and analysis</li> <li>▪ Data availability</li> <li>▪ Established data reporting system</li> </ul>	<ul style="list-style-type: none"> <li>▪ Poor internet and unreliable electricity.</li> <li>▪ Limited ICT tools like PC/Desktop.</li> <li>▪ insufficient capital budget for procurement, and installation of the digital system.</li> <li>▪ Lack of backup power supply like solar</li> <li>▪ Dilapidated infrastructure</li> <li>▪ Inadequate EMRs or digital systems in 34 facilities</li> <li>▪ Inadequate fund to implement and maintaining the information system</li> <li>▪ Budget constraints</li> <li>▪ Inadequate PC/Desktop computers</li> <li>▪ Limited data literacy.</li> <li>▪ Delay in data reporting as a result of Poor network signals</li> </ul>		

<b>Enabler One: Data Digitization</b> ▪ <b>Strategic Interventions</b>	<b>SWOT</b>		<b>Decision</b> <b>(Strategic Interventions for financial planning)</b>	<b>Remarks</b>
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ National digital education programs.</li> <li>▪ Attract donor supports</li> <li>▪ Attract academic partnerships.</li> <li>▪ Increase Government support</li> <li>▪ Partners and donors support</li> <li>▪ Cross sector collaboration</li> <li>▪ Attracts partner and donor interest</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cyber security risks</li> <li>▪ Underfunding.</li> <li>▪ Data misuse concerns in health information systems (HIS)</li> <li>▪ Data inaccuracy during collation from the public</li> <li>▪ Improper data channeling can result to data overload on users</li> <li>▪ Misuse of data</li> </ul>		

**Recommendations:**

- Gaps should be identified, and investments prioritized based on facility size, service scope, and patient volume.
- Computers, tablets, servers, and networking equipment should be procured for clinical, administrative, and data management needs.
- More utilization of these digital tools to facilitate health care delivery in areas where lacking.
- Security protocols should be updated on a regular basis and audits conducted, to prevent data breaches.
- Adoption of telemedicine into existing health system.
- Routine supervision visits focused on data quality, system functionality, and user challenges should be conducted.
- Standardized data collection tools and protocols should be made available.
- Facility data teams should be linked with regional and national HIS units for knowledge sharing and technical assistance

- Targeted training should be made for health workers and managers on basic and advanced data analysis techniques relevant to facility performance.
- Inclusive participation should be encouraged from clinical, administrative, and support staff.
- Data validation exercises and supportive supervision to ensure reliability of data used for decision-making should be implemented
- Facility-specific policies and protocols should be established for defining what data can be shared, with whom, and under what conditions, ensuring confidentiality and compliance with regulations.
- Use standardized templates and formats for health data reporting to facilitate interoperability and ease of understanding.
- Data security such as encryption, access controls should be applied and secure networks to protect sensitive health information

Table 22: Pillar 1 - Effective Governance (Traditional Medicine Board)

<b>Pillar One: Effective Governance</b> ▪ <b>Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
▪ Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs, Servicom for feedback and functional grievance redress	<b>Strengths</b>	<b>Weakness</b>	▪ Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs, Servicom for feedback and functional grievance redress	▪
	<ul style="list-style-type: none"> <li>▪ Availability of an office mobile phone and active social media platforms (Facebook, LinkedIn, Instagram) for outreach.</li> <li>▪ Presence of a dedicated Public Relations Officer, with other staff members able to support communication activities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate working tools for staff (ICT Equipment)</li> <li>▪ Inadequate office space for the Board.</li> <li>▪ Delay and inadequate fund release</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Increasing use of social media and electronic media provides cost-effective channels for communication.</li> <li>▪ Growing public interest in traditional medicine can be harnessed through consistent messaging</li> </ul>	<ul style="list-style-type: none"> <li>▪ High airtime tariffs charged by TV and Radio stations.</li> <li>▪ Low public engagement and negative responses to communication efforts</li> </ul>		

**Recommendations:**

- Establish a dedicated team for tracking and acting on public feedback
- Invest in essential tools and mandatory staff training.
- Shift to smaller, targeted campaigns with measurable goals.

Table 23: Pillar 2 - Efficient, Equitable and quality Health system (Traditional Medicine Board)

<b>Pillar Two: 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 (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Establish Partnerships with Global and Regional Alliance for Multi-sectoral Coordination</li> <li>▪ Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes</li> <li>▪ Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Establish Partnerships with Global and Regional Alliance for Multi-sectoral Coordination</li> <li>▪ Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes</li> <li>▪ Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
<ul style="list-style-type: none"> <li>▪ Edo State possesses a rich, culturally embedded heritage of traditional medicine, providing a unique knowledge base that can be a valuable asset in collaborations.</li> <li>▪ Guidance and support from the Edo State Ministry of Health</li> <li>▪ Presence of resourceful staff members in the Board</li> <li>▪ The Board has a well-structured network of registered practitioners</li> <li>▪ The Board has direct access to TBAs.</li> <li>▪ TBAs already have trust and influence within communities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of standardized practices and quality control, which hinders our ability to present a reliable, evidence-based system that meets the rigorous standards of global health alliances.</li> <li>▪ Limited scientific research and formal documentation of traditional remedies and their efficacy act as a major hurdle, as global alliances require validated data to support claims.</li> <li>▪ Delay and inadequate fund release</li> <li>▪ Lack of an official vehicle</li> <li>▪ Dependence on PHC and donors for actual voucher/referral program rollout.</li> <li>▪ Lack of a robust TBA/TMP database makes sensitization less targeted.</li> </ul>			

<b>Pillar Two: 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 (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
	<ul style="list-style-type: none"> <li>▪ PHC system provides technical and service-delivery backing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited budget for Board-led sensitization activities.</li> <li>▪ Risk of duplication of responsibility or weak coordination</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Increasing global recognition of the importance of traditional and complementary medicine. This creates a favorable environment for partnerships.</li> <li>▪ Partnerships with global and regional alliances can unlock access to much-needed funding, technical expertise, and advanced research facilities</li> <li>▪ Collaboration with NGOs and Development Partners to gain access to technical expertise, funding, and tested methodologies for behavior change</li> </ul>	<ul style="list-style-type: none"> <li>▪ Financial and bureaucratic hurdles in the process of formalizing partnerships</li> <li>▪ Public skepticism, existing cultural norms, and false beliefs</li> <li>▪ Resistance from TBAs if they feel referrals reduce their income</li> </ul>		

<b>Pillar Two: Efficient, Equitable and quality Health system</b> ▪ <b>Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
	<ul style="list-style-type: none"> <li>▪ Collaboration with PHC and donors for training and incentives.</li> <li>▪ Growing use of mobile phones among TBAs allows easier follow-up and education</li> </ul>			

**Recommendations:**

- Select partners who are aligned with Board objectives using a formal strategy
- Incentivize TBAs with formal recognition and training, not just payment.
- Assess facility capacity before scaling TBA referrals
- Facilitate and prioritize the deployment of health personnel to the Board to improve coverage, supervision, and service delivery outcomes

Table 24: Pillar 3 - Unlocking Value Chains (Traditional Medicine Board)

<b>Pillar Three: Unlocking Value Chains</b> <b>Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Encourage the standardization, local production, and commercialization of traditional medicines and services</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Encourage the standardization, local production, and commercialization of traditional medicines and services</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Rich biodiversity in Edo State that provides raw materials for traditional medicine.</li> <li>▪ Wide community acceptance and cultural trust in traditional medicine practices</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of traditional medicine training institutions.</li> <li>▪ Inadequate traditional medicine laboratory and clinical research facilities</li> <li>▪ Weak intellectual property protection for traditional knowledge</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Growing global interest in herbal and natural remedies.</li> <li>▪ Partnerships with universities, research institutes, and international organizations.</li> <li>▪ Government's increasing attention to alternative medicine in health policy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Risk of exploitation or biopiracy of local knowledge by foreign companies.</li> <li>▪ Competition from imported herbal products and pharmaceuticals.</li> <li>▪ Health risks from unstandardized products leading to public mistrust.</li> <li>▪ Regulatory bottlenecks and slow policy implementation</li> </ul>		

**Recommendations:**

- Establish official quality and safety standards for traditional medicine
- Develop formal certification for practitioners and products meeting standards.
- Create guidelines for benefit-sharing and intellectual property for traditional knowledge

Table 25: Non HSSB – Other Organizational Functions (Traditional Medicine Board)

<b>Non HSSB: Other Organizational Functions</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>
<ul style="list-style-type: none"> <li>▪ Organize commemorative events and public awareness campaigns to mark African Traditional Medicine Day</li> <li>▪ Develop and implement a standardized curriculum on traditional medicine for key health education institutions</li> <li>▪ Initiate and foster public-private partnerships that facilitate the creation of high-</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Organize commemorative events and public awareness campaigns to mark African Traditional Medicine Day</li> <li>▪ Develop and implement a standardized curriculum on traditional medicine for key health education institutions</li> <li>▪ Initiate and foster public-private partnerships</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Staff are available to support planning and mobilization.</li> <li>▪ The Board is officially recognized to lead such events</li> <li>▪ The Board has a Health Educator who can serve as liaison with academic institutions.</li> <li>▪ Institutional credibility of the Board positions it as a recognized authority to coordinate and standardize traditional medicine training</li> <li>▪ Recognition by Edo State Government as the formal body for traditional medicine oversight.</li> <li>▪ Growing acceptance of traditional medicine in communities, especially in rural and peri-urban areas</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited funds to host big events.</li> <li>▪ Delay and inadequate fund release</li> <li>▪ Limited in-house expertise on academic curriculum design, requiring external support</li> <li>▪ Limited funding and financial autonomy; dependent on state allocations for major projects</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		

<b>Non HSSB: Other Organizational Functions</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>
impact trado-medical hospitals	<ul style="list-style-type: none"> <li>▪ Chance to promote traditional medicine and create awareness.</li> <li>▪ Support from partners, NGOs, and the media</li> <li>▪ Opportunity to institutionalize training pathways in Traditional Medicine (diploma, degree, postgraduate) with the Board as a regulator.</li> <li>▪ International collaborations and exchange programs that enhance the Board's visibility and credibility</li> <li>▪ Partnerships with international and local health organizations for funding and technical support.</li> <li>▪ Can serve as a training and referral center for traditional healers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Risk of negative public perception about traditional medicine</li> <li>▪ Resistance from parts of academia who may doubt the scientific validity of traditional medicine, limiting cooperation.</li> <li>▪ Disputes over ownership and protection of indigenous knowledge</li> <li>▪ Resistance from conventional medical practitioners</li> </ul>	that facilitate the creation of high-impact trado-medical hospitals	

Table 26: Pillar 3 - Unlocking Value Chains (Drug Management Agency)

<b>Pillar Three: Unlocking Value Chains</b> <b>Strategic Interventions</b>	<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>▪ 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</li> </ul>	<ul style="list-style-type: none"> <li>▪ Existence of a supply chain framework- pricing, mark-ups, cash handling policy documents from existing Essential Drug Program (EDP)</li> <li>▪ Adequate storage space at the upgraded warehouse in the Central Medical Store</li> <li>▪ Existing warehouse information management system in place at EDP</li> <li>▪ programs Supply Chain Management (SCM)</li> <li>▪ Political and Administrative buy-in</li> <li>▪ Government commitment to health sector reforms</li> <li>▪ Legal and policy frameworks</li> <li>▪ Existing Blueprint in the National Supply Chain Integration Project (NSCIP)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Slow pace of buy in by some stakeholders and related agencies</li> <li>▪ Weak financial controls/ cash-handling risk</li> <li>▪ Inadequate manpower</li> <li>▪ Non-existent integrated data management system for all drugs and health commodity related programs.</li> <li>▪ Existing challenges in availability of vehicles for supply chain operations.</li> <li>▪ Non-existent Enterprise Resource Planning</li> <li>▪ Risk of mismanagement or misallocation of funds due to weak accountability systems</li> <li>▪ Persistent dependence on donors or external partners especially in the early phases</li> </ul>	<ul style="list-style-type: none"> <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> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>

<b>Pillar Three: Unlocking Value Chains</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>
commodities at all levels of health services in the state <ul style="list-style-type: none"> <li>▪ Strengthen demand of locally produced health products by national and sub-national entities through pooled procurement and other innovative strategies</li> <li>▪ Increase Public Private Partnership for local production of health products</li> <li>▪ Ensure availability and</li> </ul>	<ul style="list-style-type: none"> <li>▪ Existence of structures that provide a platform for organized procurement and distribution of Drugs and other health commodities</li> <li>▪ Government commitment to supporting local economic development and health sector reforms</li> <li>▪ Policy alignment with national frameworks like the National Drug Policy and the 'Made in Nigeria' initiative</li> <li>▪ Existing procurement expertise and supply chain staff in Edo state Ministry of Health and its Parastatals</li> <li>▪ Recently upgraded Pharma-grade warehouse</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate data systems to forecast drug/vaccine demand accurately</li> <li>▪ Weak coordination among procurement entities across LGAs and Tertiary institutions</li> <li>▪ Limited data visibility on consumption and stock levels to forecast pooled procurement needs accurately</li> <li>▪ Limited capacity of local manufacturers to meet international quality standards</li> <li>▪ Unavailability of furniture and digital tools in upgraded warehouses</li> <li>▪ Inadequate budgetary allocation for warehouse maintenance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure establishment of sustainable funding mechanisms for drugs, vaccine and other health commodities at all levels of health services in the state</li> <li>▪ Strengthen demand of locally produced health products by national and sub-national entities</li> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		

<b>Pillar Three: Unlocking Value Chains</b> <b>Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels)	<ul style="list-style-type: none"> <li>▪ Availability of data for decision making through the electronic LMIS dashboard</li> <li>▪ Existing Blueprint in the National Supply Chain Integration Project (NSCIP)</li> <li>▪ Interagency Collaborations (HMA, PHCDA)</li> <li>▪ Public/private partnership.</li> <li>▪ Scale community trust and revenue predictability through transparent pricing and outreaches to increase utilization of health facilities</li> <li>▪ Potential partnerships with private sector, NGOs and international donors for co-financing models</li> <li>▪ Use of technology like digital health financing platforms, e-procurement, and electronic logistics to improve efficiency</li> <li>▪ Leveraging national health policies and international funding mechanisms</li> <li>▪ Federal incentives for local manufacturing under Nigeria's</li> </ul>	<ul style="list-style-type: none"> <li>▪ Macro-economic pressures like inflation and exchange rate volatility</li> <li>▪ Leakage, fraud and parallel market-strong controls needed</li> <li>▪ Stockout from procurement or distribution failures</li> <li>▪ External factors like economic, environmental and political changes</li> <li>▪ Economic instability that can shrink government health budgets</li> <li>▪ Inflation and currency devaluation increasing the cost of imported drugs and vaccines</li> <li>▪ Political changes that may disrupt continuity of funding policies</li> <li>▪ Risk of corruption or diversion of funds undermining the sustainable mechanism</li> <li>▪ Unstable macroeconomic factors like exchange rate volatility and inflation which affects input costs for local producers</li> <li>▪ Weak enforcement of procurement policies which may lead to risk of</li> </ul>	through pooled procurement and other innovative strategies <ul style="list-style-type: none"> <li>▪ Increase Public Private Partnership for local production of health products</li> <li>▪ Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-</li> </ul>	

<b>Pillar Three: Unlocking Value Chains</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>
	industrialization and import substitution policies <ul style="list-style-type: none"> <li>▪ Partnership opportunities with organizations like NAFDAC, PSN and donor agencies to improve product quality and regulation</li> <li>▪ Job creation and economic growth from boosting local pharmaceutical production and supply chains</li> <li>▪ Leverage PPP to expand capacity and ensure sustainable demand</li> <li>▪ Existence of NHLMIS for real time monitoring and efficiency of health commodities</li> </ul>	reverting to imported products dues to convenience or vested interest <ul style="list-style-type: none"> <li>▪ Regulatory delays or inconsistencies in NAFDAC product approvals</li> <li>▪ Supply chain disruptions due to factors like fuel scarcity and transport cost hikes that can undermine reliability of local supply</li> <li>▪ Low consumer confidence in locally made drugs if quality assurance is not consistently maintained</li> <li>▪ Budget constraints</li> <li>▪ Political changes or leadership that can affect or disrupt implementation plans</li> </ul>	national levels)	

Table 27: Pillar 2 - Efficient, Equitable and quality Health system (Edo State Emergency Medical Services and Ambulance System)

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level</li> </ul>	<b>Strengths</b> <ul style="list-style-type: none"> <li>▪ Presence of four (4) ambulances</li> <li>▪ Encourages traditional birth attendants (tbas) to collaborate with skilled birth attendants.</li> <li>▪ Government support (smoh and nemsas)</li> </ul>	<b>Weakness</b> <ul style="list-style-type: none"> <li>▪ Inadequate human resources</li> <li>▪ Inadequate ambulances</li> <li>▪ Absence in rural/riverine areas</li> <li>▪ Poor maintenance of available vehicles</li> </ul>	<ul style="list-style-type: none"> <li>▪ Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Reduction in Maternal and Neonatal Morbidity and Mortality</li> <li>▪ Collaborate with other stakeholders</li> <li>▪ Increased trust by communities.</li> <li>▪ Technology integration</li> </ul>	<ul style="list-style-type: none"> <li>▪ Security risks</li> <li>▪ Bad roads</li> <li>▪ Vandalization of vehicles</li> <li>▪ Potential misuse/fraud in voucher system</li> <li>▪ Administrative bottlenecks</li> </ul>		

**Recommendations:**

- Strengthen partnerships and collaboration
- Multilevel stakeholder meetings
- Improve logistics and infrastructure
- Drive community awareness and behavioural changes

Table 28: Pillar 2 - Efficient, Equitable and quality Health system (Edo State College of Nursing Sciences)

<b>Pillar Two: Efficient, Equitable and quality Health system</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Strengthen governance and stewardship for health promotion in a multi-sectorial co-ordination</li> <li>▪ Increase production of health workers</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Strengthen governance and stewardship for health promotion in a multi-sectorial co-ordination</li> <li>▪ Increase production of health workers</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Availability of mass land.</li> <li>▪ Strong reputation of our college.</li> <li>▪ Presence of an experience sports' director</li> <li>▪ High student demand of our college.</li> <li>▪ Robust alumni network</li> <li>▪ High licensures pass rates of our students.</li> <li>▪ Strong and excellent clinical partnerships.</li> <li>▪ An existing training access to 20% staff members</li> </ul>	<ul style="list-style-type: none"> <li>▪ Absence of sport a complex</li> <li>▪ Absence of sports' support staff</li> <li>▪ Limited stake holder involvement</li> <li>▪ Inadequate classrooms.</li> <li>▪ Inadequate hostel facilities</li> <li>▪ Non availability of high-fidelity stimulators.</li> <li>▪ Limited number of specialized clinical instructors</li> <li>▪ Inadequate scholarship funding</li> <li>▪ Absence of an equipped public health laboratory</li> <li>▪ Incomplete perimeter fencing of the college</li> <li>▪ Insufficient funding for total staff training</li> <li>▪ Inadequate staff to students ratio</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		

<b>Pillar Two: 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 (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
	<ul style="list-style-type: none"> <li>▪ Increasing national and global demand for nurses and midwives creates a strong market for graduates.</li> <li>▪ Opportunity to leverage the alumni network</li> <li>▪ Collaboration with sports agencies</li> <li>▪ Source of revenue generation</li> <li>▪ Leverage on retired nurse educators as contract staff</li> <li>▪ Leverage on diaspora experts via online tutoring collaborations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Delay in approval</li> <li>▪ Competition arising from other nursing colleges, both public and private rapidly upgrading their facilities to attract top students.</li> <li>▪ Failure to meet national accreditation standards could affect the college's reputation and student enrollment.</li> <li>▪ Risk of losing highly skilled faculty members to institutions abroad or to more lucrative private sector jobs due to brain drain.</li> <li>▪ There is funding instability due to the college's reliance on state government funding making it vulnerable to political changes and budget cuts.</li> <li>▪ Unforeseen and unplanned national economic crisis could reduce government funding and the ability of students to pay tuition fees.</li> <li>▪ High rate of inflation</li> <li>▪ Delay in approval for staff training and recruitment</li> </ul>		

**Recommendations:**

- Recruitment of specialized sport support staff
- Timely release of funds for the construction of a sports complex
- Recruitment of specialized clinical instructors that can handle high fidelity manikins
- Timely approval and release of funds for construction and upgrade of infrastructural activities.
- Establishment of a long-term maintenance fund to ensure all new and existing facilities are kept in excellent condition
- Timely approval of recruitment exercises
- Increase in allocation for staff training

Table 29: Pillar 3 - Unlocking Value Chains (Edo State College of Nursing Sciences)

<b>Pillar Three: Unlocking Value Chains</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>
<ul style="list-style-type: none"> <li>▪ Facilitate resource mobilization from domestic and external sources for research and development</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Facilitate resource mobilization from domestic and external sources for research and development</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Experienced and dedicated faculty</li> <li>▪ High licensure passes rates of our students.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of research grants for staff and students</li> <li>▪ Insufficient collaborations</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Access to global or industry collaboration</li> </ul>	<ul style="list-style-type: none"> <li>▪ Delay in approval</li> <li>▪ Risk of losing highly skilled faculty members to institutions abroad or to more lucrative private sector jobs due to brain drain.</li> <li>▪ There is funding instability due to the college's reliance on state government funding making it vulnerable to political changes and budget cuts</li> </ul>		

**Recommendations:**

- Timely release of funds for research work
- Partnership with research institutes
- Institutional collaboration

Table 30: Enabler 1 - Data Digitization (Edo State College of Nursing Sciences)

<b>Enabler One: Data Digitization</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>
<ul style="list-style-type: none"> <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> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <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> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	Functioning ICT lab. <ul style="list-style-type: none"> <li>▪ Ability to conduct Computer Based Examinations</li> <li>▪ Availability of 120 seating capacity computer lab</li> <li>▪ Access to state government connectivity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate ICT staff members.</li> <li>▪ Slow and cumbersome recruitment approval</li> <li>▪ Insufficient funding for ICT staff training</li> <li>▪ Unreliable power supply</li> <li>▪ Insufficient laptops, printers, and photocopiers</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Collaboration with Edo State ICTA</li> <li>▪ Leverage on national and international experts on telemedicine/telehealth</li> <li>▪ Capacity to host council licensure and other external examinations</li> <li>▪ Increases IGR</li> <li>▪ Enhance easy networking</li> </ul>	<ul style="list-style-type: none"> <li>▪ Delay in approval and release of funds</li> <li>▪ Risk of losing highly skilled faculty members to other institutions</li> <li>▪ Cyber insecurity</li> <li>▪ High cost of maintenance</li> <li>▪ Instability in government policies</li> </ul>		

**Recommendations:**

- Timely approval of funds for training
- Increased allocation for training
- Timely approval for recruitment
- Timely approval and release of funds for procurement of laptops, printers, photocopiers and vehicles

Table 31: Non HSSB – Other Organizational Functions (Edo State College of Nursing Sciences)

Non HSSB: Other Organizational Functions ▪ Strategic Interventions	SWOT		Decision (Strategic Interventions for financial planning)	Remarks
<ul style="list-style-type: none"> <li>▪ Procure and expand logistics and operational assets for improving health system</li> <li>▪ Increase the college’s students enrollment/graduation capacity</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Procure and expand logistics and operational assets for improving health system</li> <li>▪ Increase the college’s students enrollment/graduation capacity</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Availability of two coaster buses, 1 hilux and 1 utility vehicle</li> <li>▪ Presence of good fleet management team</li> <li>▪ High demand of the College</li> <li>▪ High college reputation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate vehicles</li> <li>▪ Insufficient drivers</li> <li>▪ Absence of mechanical technicians and workshop</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Expand clinical affiliation</li> <li>▪ Increase enrollment capacity</li> <li>▪ Improve time management</li> <li>▪ Expanded clinical affiliation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Delay in approval for release of funds for vehicle procurement</li> <li>▪ Bad roads</li> <li>▪ High cost of maintenance</li> <li>▪ Burn out as a result of long working hours for staff</li> </ul>		

**Recommendations:**

- Timely approval and release of funds for vehicle procurement
- Approval and release of funds for setting up a standard mechanical workshop
- Timely approval and release of funds for planning
- Approval and release of funds for infrastructural development

Table 32: Enabler 1 - Data Digitization (Edo State College of Health Sciences and Technology)

<b>Enabler One: Data Digitization</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>
<ul style="list-style-type: none"> <li>▪ Strengthen human resources for health capacity for data management and health information system support</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Strengthen human resources for health capacity for data management and health information system support</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Institutional and human capacity framework for data management in Registry &amp; most of our units</li> <li>▪ Availability of a library ICT lab.</li> <li>▪ The majority of our staff and students are tech-savvy</li> <li>▪ A supportive ICT policy by management</li> </ul>	<ul style="list-style-type: none"> <li>▪ Unstable internet services</li> <li>▪ Weak power supply and backup</li> <li>▪ Limited ICT staff</li> <li>▪ Difficulties in accessing data from different sources due to inadequate data collection or the unwillingness of stakeholders to share data</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Leveraging and adopting the HSSB framework for easy access to funding.</li> <li>▪ Partnership with stakeholders ICT upgrades</li> </ul>	<ul style="list-style-type: none"> <li>▪ Unsustainable source of power supply to the College</li> <li>▪ Cyber security risks</li> <li>▪ Resistance to change</li> <li>▪ High procurement cost</li> </ul>		

Table 33: Enabler 2 - Financing (Edo State College of Health Sciences and Technology)

<b>Enabler Two: 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>▪ Strengthen health financing, evidence generation, and use</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Strengthen health financing, evidence generation, and use</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Solid bursary unit that handles all our financial issues</li> <li>▪ Strict compliance with budgetary policies</li> <li>▪ Strong mechanism for funds control and monitoring</li> <li>▪ Harmonious alliance with the Ministry of Finance to ensure accountability</li> </ul>	<ul style="list-style-type: none"> <li>▪ Delay in the release of funds to execute projects</li> <li>▪ Lack of modern digital tools and software for financial evidence generation and use</li> <li>▪ Inadequate training of staff in health economics and evidence-based budgeting</li> <li>▪ Misallocation risks, leading to a weak budget review system as a result of non-release of funds as at when due</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Growing access to digital health technologies and donor-funded initiatives that can strengthen evidence generation and application in health financing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Budget cuts</li> <li>▪ Inflation</li> <li>▪ Competing priorities</li> </ul>		

Table 34: Enabler 3 - Culture and Talent (Edo State College of Health Sciences and Technology)

<b>Enabler Three: 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>
<ul style="list-style-type: none"> <li>▪ Strengthen industry partnerships by collaborating with public health organizations, government agencies, academic and research institutions for practical, real-world experience, mentorship, and networking opportunities</li> <li>▪ Promote career advancement opportunities to reinforce the value of high performance by linking performance to rewards and promotions.</li> <li>▪ Develop a comprehensive</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Strengthen industry partnerships by collaborating with public health organizations, government agencies, academic and research institutions for practical, real-world experience, mentorship, and networking opportunities</li> <li>▪ Promote career advancement opportunities to reinforce the value of high performance by linking performance to rewards and promotions.</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Established reputation and credibility since 1964 within the health education and training sector, making the institution a trusted partner.</li> <li>▪ Strong institutional credibility, existing collaborations, and accredited training programs position the college to effectively partner with public health organizations, government agencies, and research institutions for real-world learning and mentorship</li> <li>▪ Strong student interest and enrollment in health-related programs, providing a solid base for mentorship and internship placements</li> <li>▪ Staff willingness to grow professionally, with high interest in</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited formal partnership frameworks and inadequate resources constrain the institution's ability to fully leverage collaborations with public health organizations, government agencies, and research institutions.</li> <li>▪ Weak alumni engagement systems, reducing access to mentorship and industry networking opportunities</li> <li>▪ Weak appraisal systems</li> <li>▪ Limited leadership training</li> <li>▪ Bureaucratic delays</li> <li>▪ Perceived bias or favoritism in promotion and reward processes, which undermines trust.</li> <li>▪ Budgetary constraints limiting the ability to provide</li> </ul>		

<b>Enabler Three: 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>
performance management and feedback system that sets clear, measurable, and achievable goals for F/SMOH Staff and teams	<ul style="list-style-type: none"> <li>training, career progression, and recognition.</li> <li>▪ Policy alignment with national civil service reforms, which emphasize merit-based promotion and accountability.</li> <li>▪ Strong institutional commitment under the AOP/HSSB framework, supported by existing HR structures and promotion policies, provides a solid foundation for implementing performance-linked career advancement and feedback systems</li> </ul>	meaningful rewards, incentives, or training opportunities	<ul style="list-style-type: none"> <li>▪ Develop a comprehensive performance management and feedback system that sets clear, measurable, and achievable goals for F/SMOH Staff and teams</li> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Government policies and donor-funded initiatives under the AOP and HSSB frameworks create strong opportunities for partnerships with public health organizations, government agencies, and research institutions to enhance practical training and mentorship.</li> <li>▪ Increased focus on public-private partnerships (PPP) in Nigeria’s</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strong competition from larger institutions and unstable government funding pose risks to sustaining meaningful partnerships with public health organizations and research institutions</li> <li>▪ Political interference, funding instability, and staff</li> </ul>		

<b>Enabler Three: 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>health sector, opening space for industry collaboration.</p> <ul style="list-style-type: none"> <li>▪ Rising need for internship placements and practical training across health institutions, which partners may provide</li> <li>▪ Civil service reforms and donor-supported HR initiatives provide opportunities to adopt modern performance management systems and link staff career advancement to measurable results</li> <li>▪ Opportunities for cross-learning from other states/sectors</li> <li>▪ Increased demand for motivated and skilled workforce to deliver on UHC (Universal Health Coverage) and other national health priorities.</li> <li>▪ Marrying KPIs and incentives</li> </ul>	<p>resistance pose risks to sustaining a fair and transparent performance-based career advancement system</p>		

Table 35: Non HSSB – Other Organizational Functions (Edo State College of Health Sciences and Technology)

<b>Non HSSB: Other Organizational Functions</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Strengthen teaching &amp; training for the health workforce</li> <li>▪ Strengthen security infrastructure &amp; campus environment</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Strengthen teaching &amp; training for the health workforce</li> <li>▪ Strengthen security infrastructure &amp; campus environment</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ A well-robust registry with student records &amp; exam data.</li> <li>▪ All our programs have undergone provisional accreditation.</li> <li>▪ There is a functioning library that provides core knowledge resources.</li> <li>▪ Our Medical Laboratory and Pharmacy Technicians Unit has the human capacity to provide students with strong skills.</li> <li>▪ Our HIM Unit boasts highly professional personnel</li> <li>▪ Community Health has a field training capacity.</li> <li>▪ Clinical support and exposure to students and staff health awareness.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Though the library provides core knowledge, it has limited e-resources for the LMS</li> <li>▪ Most of our Laboratory equipment is inadequate and outdated.</li> <li>▪ HIM lacks modern tools for confidential record system</li> <li>▪ Paper-based and not fully automated systems in all our units</li> <li>▪ Accreditation risk. Our programmes haven't been fully accredited to run HND programmes</li> <li>▪ Weak infrastructural system to accommodate more student allocation by accreditation bodies</li> </ul>		

<b>Non HSSB: Other</b> <b>Organizational Functions</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>▪ Existing security personnel, fenced campus premises, and strong institutional commitment provide a solid foundation for strengthening security infrastructure and ensuring a safe campus environment.</li> <li>▪ Good relationship with local law enforcement and community leaders, enabling quick response to incidents.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Clinic is under-resourced in terms of personnel and equipment</li> <li>▪ Counselling unit is understaffed.</li> <li>▪ Limited modern security equipment (e.g., CCTV cameras, scanners, alarm systems) to monitor campus effectively.</li> <li>▪ Delayed maintenance of infrastructure (e.g., broken gates, damaged fences, poor waste disposal) that reduces safety and environmental quality.</li> <li>▪ Poor lighting in some campus areas, which increases vulnerability to theft or unsafe incidents at night.</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		

<b>Non HSSB: Other</b> <b>Organizational Functions</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>▪ Professional and cordial relationship with various Councils of accreditation bodies</li> <li>▪ Partnerships with MoH, NGOs, and sister agencies</li> <li>▪ Leveraging on budgetary provision for training and teaching the healthcare workforce</li> <li>▪ Platforms to attract grants for integration of LMS, e-library</li> <li>▪ Government reforms, donor funding, and advances in affordable security technology provide opportunities to modernize campus security and improve the learning environment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Equipment obsolescence</li> <li>▪ Inadequate funding</li> <li>▪ Competition from other Colleges of Health Science</li> <li>▪ Natural hazards (e.g., flooding, erosion, fire outbreaks) that can compromise campus infrastructure and safety.</li> <li>▪ Vandalism risks</li> <li>▪ Rising insecurity in the wider society (armed robbery, kidnapping, cultism, vandalism) that can spill over onto campus</li> </ul>		

**Recommendations:**

- Institutionalize Modern Data and Performance Systems
- Invest in digital HR platforms, Learning Management Systems (LMS), and integrated health information systems to strengthen evidence generation, performance appraisal, and decision-making.
- Formalize Partnerships through MoUs and Frameworks
- Establish structured agreements with public health organizations, government agencies, NGOs, and academic institutions to ensure consistent collaboration for research, training, mentorship, and field exposure.

- Strengthen Security and Campus Infrastructure
- Upgrade security infrastructure (CCTV, biometric access, perimeter fencing, and solar lighting) while fostering community partnerships with local law enforcement and vigilante groups to secure the campus environment.
- Link Performance to Career Progression and Rewards
- Develop a transparent performance management framework that ties promotions, incentives, and recognition directly to measurable outputs, reducing favoritism and improving staff motivation.
- Build Staff Capacity Continuously
- Provide regular training in data analysis, health economics, partnership management, security management, and modern HR tools to strengthen staff competencies across departments.
- Leverage Donor and Government Support
- Actively pursue grants, technical support, and policy opportunities available under AOP, HSSB, and development partner initiatives to bridge funding and infrastructure gaps.
- Promote Accountability and Sustainability
- Embed monitoring and evaluation (M&E) mechanisms within all initiatives (security, HR, partnerships, financing) to track results, ensure transparency, and build trust with staff, partners, and accrediting bodies.
- Approval and release of funds for infrastructural development

Table 36: Pillar 1 - Effective Governance (Edo Specialist Hospital)

<b>Pillar One: Effective Governance</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Develop AOP and ensure alignment of partners' plans.</li> </ul>	<b>Strengths</b>	<b>Weakness</b>	<ul style="list-style-type: none"> <li>▪ Develop AOP and ensure alignment with partners' plans.</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Involvement of multiple stakeholders' collaboration enhances buy-in and ownership of the plan.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Resource constraints may affect the quality and timeliness of AOP development.</li> <li>▪ Delayed responses from units and departments may affect timely completion of AOP development</li> </ul>		
	<b>Opportunities</b>	<b>Threats</b>		
	<ul style="list-style-type: none"> <li>▪ Availability of national planning frameworks (NHAct, NHPolicy and HSSB, etc.).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inaccurate or unavailability of data from some units or department may compromise quality of AOP</li> </ul>		

Table 37: Pillar 2 - Efficient, Equitable and quality Health system (Edo Specialist Hospital)

<b>Pillar Two: Efficient, Equitable, and Quality Health System</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Improve quality of care and service delivery across public (secondary, tertiary and quaternary) and private health care providers.</li> <li>▪ Revitalize tertiary and quaternary care hospitals to improve access to specialized care.</li> <li>▪ Build capacity of health workers to improve access and quality to specialize care using available Resources including engagement of Nigerian Healthcare</li> </ul>	<b>Strengths</b> <ul style="list-style-type: none"> <li>▪ Availability of trained health personnel.</li> <li>▪ Specialized Healthcare services.</li> <li>▪ Strategical located facility.</li> <li>▪ Availability of Skilled manpower.</li> <li>▪ Government backing &amp; funding</li> <li>▪ Availability of trained ICT, Finance and Account personnel.</li> <li>▪ Existing EMR (Electronic Medical record) tools.</li> <li>▪ Improved efficiency in healthcare delivery.</li> <li>▪ Alignment with government' National Digital Health Policy for digital health strategies.</li> <li>▪ Support of top management.</li> <li>▪ Existing monitoring and evaluation unit in the facility.</li> <li>▪ Trained M&amp;E personnel.</li> <li>▪ Availability of departmental SOPs.</li> <li>▪ The existence of Sustainable funding that ensures consistent procurement and supply, reducing stock outs.</li> </ul>	<b>Weakness</b> <ul style="list-style-type: none"> <li>▪ Requires sustained capacity building and supervision for effective implementation.</li> <li>▪ Requires continuous M&amp;E activities for sustainable quality healthcare services delivery.</li> <li>▪ Requires continuous and high funding.</li> <li>▪ Space constraint for infrastructural expansion</li> <li>▪ Requires huge amount of funding for implementation.</li> <li>▪ Long implementation timeframe</li> <li>▪ Poor digital infrastructure for data management.</li> <li>▪ Inconsistent data quality, comparing EMR data against manual records in some departments.</li> <li>▪ Insufficient work tools such as Computer system, printers, etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improve quality of care and service delivery across public (secondary, tertiary and quaternary) and private health care providers.</li> <li>▪ Revitalize tertiary and quaternary care hospitals to improve access to specialized care.</li> <li>▪ Build capacity of health workers to improve access and quality to specialize care using available Resources including engagement of</li> </ul>	

<b>Pillar Two: 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 (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Personnel in the Diaspora.</li> <li>▪ Galvanize all government and partner resources for phased needs-based upgrades of prioritized PHCs to achieve full functionality (infrastructure, equipment, workforce, commodities etc.)</li> <li>▪ Use of accounting software to monitor end-to-end disbursement funds including transactions at PHCs.</li> <li>▪ Strengthen data analysis and use for decision-making.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A predictable funding that allows for better budgeting, forecasting, and supply chain management</li> <li>▪ Alignment with national health promotion policies and global priorities.</li> <li>▪ Can leverage existing health systems and networks.</li> <li>▪ Addresses both prevention and early detection, improving health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requires substantial investment.</li> <li>▪ Data quality challenge may limit the activities of the M&amp;E unit to provide reliable insights.</li> <li>▪ Continuous stakeholders' engagement and training.</li> <li>▪ Continuous staff training and retraining requiring continuous financing.</li> <li>▪ High initial investment and maintenance costs</li> <li>▪ Heavy reliance on imported drugs and vaccines makes the system vulnerable to global supply chain disruptions.</li> <li>▪ Weak monitoring may lead to misallocation or diversion of health commodities.</li> <li>▪ Limited funding and resources for sustained campaigns.</li> <li>▪ Difficulty in measuring behaviour change and campaign effectiveness</li> </ul>	<p>Nigerian Healthcare Personnel in the Diaspora.</p> <ul style="list-style-type: none"> <li>▪ Galvanize all government and partner resources for phased needs-based upgrades of prioritized PHCs to achieve full functionality (infrastructure, equipment, workforce, commodities etc.)</li> <li>▪ Use of accounting software to monitor end-to-end disbursement funds including</li> </ul>	
	<b>Opportunities</b>	<b>Threats</b>		

<b>Pillar Two: 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 (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ Procure and expand Infrastructure for digitizing the health system.</li> <li>▪ Establish independent monitoring and verification system</li> <li>▪ Ensure establishment of sustainable funding mechanisms for drugs, vaccine and other health commodities at all levels of health services in the country</li> <li>▪ Improve public awareness and behaviour on prevention, detection and</li> </ul>	<ul style="list-style-type: none"> <li>▪ Partnerships with State and Federal Government, NGOs, donors (e.g. WHO, USAID, NCDC), etc.</li> <li>▪ Available large clientele.</li> <li>▪ Accreditations for residency program.</li> <li>▪ Increased bed capacity.</li> <li>▪ Reduced referrals and patients wait time.</li> <li>▪ Reduced equipment downtime with defined Preventive Maintenance Plan (PMP).</li> <li>▪ Increased IGR.</li> <li>▪ Timely reports generation for decision-making.</li> <li>▪ End to end tracking of transactions.</li> <li>▪ Potential collaboration with tech companies for infrastructure, training, and innovation.</li> <li>▪ Policy momentum; The Nigerian government has shown interest in digital health strategies (e.g., National).</li> <li>▪ Collaboration with other departments for improvement focused activities.</li> <li>▪ Departments' accreditation.</li> <li>▪ Residency programs with increased manpower.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Risk of reduced quality of care if SOPs are poorly implemented or supervision is inadequate</li> <li>▪ Poorly implemented SOPs may affect quality healthcare services delivery.</li> <li>▪ Delayed disbursement of funds may affect implementation.</li> <li>▪ Increased referrals cases that can be handled in the facility.</li> <li>▪ Bureaucratic delays in disbursement of funds</li> <li>▪ Power outages and internet issues.</li> <li>▪ High cost of accounting software license</li> <li>▪ Perceived resistance to M&amp;E activities.</li> <li>▪ Delay in funding and limited budget may drag out the activities of the M&amp;E unit.</li> <li>▪ Fluctuating budgets, currency devaluation, or economic crises can reduce purchasing power and disrupt funding.</li> </ul>	<p>transactions at PHCs.</p> <ul style="list-style-type: none"> <li>▪ Strengthen data analysis and use for decision-making.</li> <li>▪ Procure and expand Infrastructure for digitizing the health system.</li> <li>▪ Establish independent monitoring and verification system</li> <li>▪ Ensure establishment of sustainable funding mechanisms for drugs, vaccine and other health commodities at all levels of</li> </ul>	

<b>Pillar Two: Efficient, Equitable, and Quality Health System</b> <b>▪ Strategic Interventions</b>	<b>SWOT</b>		<b>Decision (Strategic Interventions for financial planning)</b>	<b>Remarks</b>
<p>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</p>	<ul style="list-style-type: none"> <li>▪ Continuous improvement and expansion of healthcare services</li> <li>▪ Reduced out-of-stock of pharmaceutical items.</li> <li>▪ Reduced bureaucratic processes resulting in prompt responses to emergency.</li> <li>▪ Options like pooled procurement, health insurance schemes, and public-private partnerships can be leveraged.</li> <li>▪ National health strategies and insurance programs (e.g., NHIA) support sustained investment in essential medicines.</li> <li>▪ Use of digital platforms and social media to reach wider audiences.</li> <li>▪ Partnerships with media, NGOs, and influencers can amplify messages.</li> <li>▪ Collaborating with schools' proprietors and administrators to debunk health misinformation among students.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Funds earmarked for commodities can be diverted or misused at various administrative levels.</li> <li>▪ Lack of transparency and past failures in drug availability may erode public confidence and uptake</li> <li>▪ Misinformation and disinformation spread on social media</li> <li>▪ Language and cultural barriers can dilute message effectiveness</li> <li>▪ Resistance to behaviour change due to cultural norms, misinformation, or distrust.</li> </ul>	<p>health services in the country          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</p>	

## **DEVELOPMENT OF THE 2026 ANNUAL OPERATIONAL PLAN (AOP)**

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

The development of the 2026 Edo State Health Sector Annual Operational Plan (AOP) was spearheaded by the State Ministry of Health, with technical and financial support from the Institute of Human Virology Nigeria (IHVN), the World Health Organization (WHO), and the Federal Ministry of Health (FMoH). The process commenced with a meeting of the Top Management Committee (TMC), which conducted a rigorous review of the 265 interventions outlined in the Health Sector Strategic Blueprint (HSSB) to prioritize those for implementation in 2026.

Subsequently, a 4-day planning cell workshop was convened at Limoh Suites, Benin City, involving participants from all Health Ministries, Departments, and Agencies (MDAs), health institutions, development partners, and one representative from each of the state's 18 Local Government Areas (LGAs). After the workshop, participants carried out a cascade training both at the State and LGA levels.

A 5-day AOP development and harmonization workshop was then held, engaging directors, programme officers, desk officers, and planning officers from health MDAs and institutions. Key stakeholders, including representatives from the Ministry of Budget and development partners, also contributed.

The process culminated in a 2-day validation meeting with the management team and key programme officers, where the final draft of the AOP was thoroughly vetted and formally adopted.

### **3.2 Situational Analysis**

A comprehensive SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis was conducted for each strategic pillar and enabler. This analysis provided a critical foundation for examining the viability and context of each proposed intervention.

### **3.3 Costing of 2026 Annual Operational Work Plan**

The costing of activities was meticulously undertaken, taking into account the current economic climate, notably the high rate of inflation, alongside the state's approved financial rates and regulations to ensure realism and fiscal responsibility.

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

#### **ADVANTAGES**

1. The introduction of a web-based AOP tool significantly streamlined the harmonization and consolidation of inputs.
2. Unprecedented participation and ownership from all health MDAs and institutions throughout the entire process.
3. Invaluable insights provided by representatives from the Ministry of Budget.

4. Enthusiastic and collaborative involvement from development partners operating within the state.
5. The timely commencement of the AOP cycle allowed for a more thorough and inclusive planning process

## **CHALLENGES**

1. Occasional technical difficulties and latency were encountered with the web-based AOP tool during peak usage periods.
2. A continued over-reliance on development partners for funding the AOP development process itself, highlighting a need for sustainable domestic financing for health system planning.

## OVERVIEW OF HEALTH SECTOR STRATEGIC BLUEPRINT (HSSB)

### 4.1 Framework of the Health Sector Strategic Blueprint (HSSB)

The 2026 AOP is designed to operationalize the strategic direction set by the Health Sector Strategic Blueprint (HSSB). The HSSB provides the overarching framework, structured around:

- 4 Pillars
- 3 Enablers
- 18 Strategic Objectives
- 28 Priority Initiatives
- 265 Interventions

Activities that fell outside the scope of the predefined HSSB interventions were captured in a separate NON-HSSB component, accessible under the “Other Organisation Functions” section of the web-based AOP tool

### 4.2 Breakdown of 2026 AOP Costing by Pillars/Enablers

Table 38: Showing planned activities and costs based on the pillar/enabler

S/N	Pillar/Enabler	Interventions Planned	Activities Planned	Total Annual Cost (₦)	Government Fund	Other Sources of Funds
1	HSSB Pillar One: Effective Governance					
2	HSSB Pillar Two: Efficient, Equitable and Quality Health system					
3	HSSB Pillar Three: Unlocking Value Chains					
4	HSSB Pillar Four: Health Security					
5	HSSB Enabler One: Data Digitization					
6	HSSB Enabler Two: Financing					
7	HSSB Enabler Three: Culture and Talent					
8	NON-HSSB Pillar One: Effective Governance					
	<b>GRAND TOTAL</b>					

## **SUMMARY OF THE 2026 AOP COSTS**

The total cost of implementing the 2026 AOP is estimated at One Hundred and Forty-Nine Billion, Four Hundred and Eighty-Three Million, Three Hundred and Nine Thousand, Three Hundred and Three Naira (₦149,483,309,303) only.

Out of the total cost, One Hundred and Forty-Nine Six, Seven Hundred and Eight Million, Seven Hundred and Twenty-Four Thousand, Three Hundred and Three Naira (₦146,708,724,303) is planned to be funded through the State budget line, while Donors and Development Partners are to provide Two Billion, Seven Hundred and Seventy-Four Million, Five Hundred and Eighty-Five Thousand Naira (₦2,774,585,000).

### **5.1 Funding requirements and sources of funding**

Financing for the health sector will be primarily sourced from the State Government's revenue. This will be supplemented by targeted funding from Development Partners for their specific areas of interest. Additional funding streams will include the Federal Government's HOPE project and the Basic Health Care Provision Fund (BHCPF) for eligible interventions.

### **5.2 Management & Coordination arrangements for 2026 AOP**

Edo State Ministry of Health will oversee the implementation of the 2026 AOP, ensuring its effective execution. Various directors from health MDAs and heads of departments (HODs) from health institutions will supervise and coordinate interventions across different levels. Program Officers and other designated personnel will manage activities within specific thematic areas and ensure adherence to timelines.

The Health Management Information Systems (HMIS) and dedicated Monitoring and Evaluation (M&E) teams will provide data-driven performance metrics to facilitate evidence-based decision-making and accountability.

Regular coordination meetings with partners and stakeholders will be held to ensure resource mobilization, integration of efforts, and strategic alignment across all initiatives.

### **5.3 Monitoring, Evaluation, Accountability, Research and Learning (MEARL)**

The performance of the 2026 AOP will be tracked using the robust MEARL plan, which will follow a bottom-up approach, starting from health facilities and progressing through the LGA, State, and ultimately the National level. The MEARL plan has already been prepopulated with indicators for each intervention in the HSSB. However, each state is encouraged to develop its own baselines and targets for the selected interventions for 2026.

## EDO STATE HEALTH SECTOR ANNUAL OPERATIONAL PLAN AND COSTING FOR YEAR 2026

Table 39: Annual Operational Plan and Costing

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
Grand Total					149,483,309,303	146,708,724,303	2,774,585,000
SMOH Total					8,769,248,000	8,769,248,000	
AOP Pillar(1)					₦956,421,800	₦956,421,800	
1.1.1.1	Tailor NCH/SCH Meeting and memos guidelines to ensure meetings focus on the				₦35,795,000	₦35,795,000	
1.1.1.1.1	Conduct a 1-Day pre-SCH non-residential meeting involving 30 Top Management Committee (TMC) members to enlighten members on the guideline by quarter 3	New Project	P&P/DPRS/S MOH	Q3	₦810,000	₦810,000	
1.1.1.1.2	Conduct a 3-Day residential State Council on Health (SCH) involving 180 persons drawn from State level, LGA level as well as CSOs by quarter 3	New Project	P&P/DPRS/S MOH	Q3	₦57,395,000	₦57,395,000	
1.1.1.1.3	Inaugurate a 15 member SCH/SJAR Committee by quarter 2	New Project	P&P/DPRS/S MOH	Q2	₦132,500	₦132,500	
1.1.1.2	Scale up the capacity of NCH Secretariat members both at federal and State level to ensure their effectiveness in supporting the Technical Committee.				₦1,560,000	₦1,560,000	
1.1.1.2.1	Conduct a 1-day non-residential capacity building workshop on NCH/SCH Memo preparation and development involving 30 TMC members by quarter 2	New Project	P&P/DPRS/S MOH	Q3	₦675,000	₦675,000	
1.2.2.1	Preparation and public disclosure/dissemination of health sector performance result e.g Annual state of health report to all relevant stakeholders				₦47,375,000	₦47,375,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.2.2.1.1	Conduct a 1-Day pre-harmonization meeting for Directors, Programme officers and other key officers in the Health Sector on the 2025 Annual state of health report development for 40 participants by quarter 1	New Project	P&P/DPRS/S MOH	Q1	₦840,000	₦840,000	
1.2.2.1.2	Conduct a 3-Day residential 2025 Annual state of health report development and harmonization workshop for 55 participants by quarter 1	New Project	P&P/DPRS/S MOH	Q1	₦13,932,500	₦13,932,500	
1.2.2.1.3	Conduct a 1-day non-residential 2025 Annual state of health report validation meeting involving 50 participants drawn from the across the Health Sector, including donors by quarter 1	New Project	P&P/DPRS/S MOH	Q1	₦1,300,000	₦1,300,000	
1.2.2.1.4	Print 200 copies of 2025 Annual State of Health report by quarter 1	New Project	P&P/DPRS/S MOH	Q1	₦3,000,000	₦3,000,000	
1.2.2.1.5	Conduct a 1-day dissemination meeting of the 2025 Annual State of Report involving 100 participants by quarter 1	New Project	P&P/DPRS/S MOH	Q1	₦2,275,000	₦2,275,000	
1.2.2.2	Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs, Servicom for feedback and functional grievance redress				₦43,960,000	₦43,960,000	
1.2.2.2.1	To Procure media equipments	On-going Project	PRO/S MOH	Q1	₦5,260,000	₦5,260,000	
1.2.2.2.2	Hold Press briefings with media houses on public health issues and international health days.	On-going Project	PRO/S MOH	Q1-Q2-Q3-Q4	₦12,000,000	₦12,000,000	
1.3.3.1	Harmonize frameworks for health professional regulatory bodies along different cadres.				₦128,960,000	₦128,960,000	
1.3.3.1.1	Conduct accreditation visits to Ten Nursing Training Institutions in collaboration with the Nursing and Midwifery Council of Nigeria (NMCN)	On-going Project	DNS/S MOH	Q1-Q2-Q3-Q4	₦1,650,000.00	₦1,650,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.3.3.1.2	Conduct a 3-day workshop for 10 DMLS staff and 20 SLTWG members to review, adapt and adopt MLSCN guidelines, policies, SOPs, National Medical Laboratory Services Policy document, National Guidelines for Integration of Medical Laboratory Services and ISO15189 to strengthen medical laboratory services	New Project	DMLS/SMOH	Q1	₦3,765,000.00	₦3,765,000.00	
1.3.3.1.3	Conduct 30-man quarterly SLTWG stakeholders engagement meetings	On-going Project	DMLS/SMOH	Q1-Q2-Q3-Q4	₦3,800,000.00	₦3,800,000.00	
1.3.3.1.5	Conduct a 3-day quarterly meeting with five (5) DMS staff and five (5) representatives each of ANPMP from each of the 3 senatorial zones, to review and update essential health laws, policies and SOPs, as well as to ensure adoption and compliance with approved health sector laws, policies and SOPs.	New Project	SMOH/DMS	Q1-Q4	₦1,360,000	₦1,360,000	
1.3.3.1.6	Conduct a 1-day each medical outreach, to mark the following international health days; world hypertension day (17th May), world sight day (8 th October), world mental health day (10 October), before the end of the year.	New Project	SMOH/DMS	Q1-Q4	₦1,592,000	₦1,592,000	
1.3.3.1.7	Conduct monthly inspection and monitoring of 20 pharmacies and 40 PMS in collaboration with PCN	On-going Project	PIC / DPS	Q1-Q4	₦7,500,000	₦7,500,000	
1.3.3.1.8	Conduct a 3 day supervision of 10 internally conducted Examinations in Nursing Training institutions as maybe directed by NMCN	On-going Project	DNS/SMOH		₦1,100,000.00	₦1,100,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.3.3.1.9	To supervise the conduct of Council's Professional Examinations every quarter in all Nursing Training Institutions in the state	On-going Project	DNS/SMOH	Q1-Q4	₦2,000,000.00	₦2,000,000.00	
1.3.3.1.12	To Commemorate the International Nurses Week in the Second Quarter	On-going Project	DNS/SMOH	Q2	₦2,775,000	₦2,775,000	
1.3.3.2	Harmonize accreditation/inspection standards for health facilities across the regulators.				₦487,231,800	₦487,231,800	
1.3.3.2.1	Conduct a one day Training for eight staff of the Department of Nursing Services on Standards and Guidelines for the regulation of Nursing and Maternity Homes in the second quarter of 2026	New Project	DNS/SMOH	Q2	₦56,000.00	₦56,000.00	
1.3.3.2.2	Conduct a 3day Residential Training for 199 Proprietors of Nursing and Maternity Homes on quality Healthcare in the second quarter of 2026	New Project	DNS/SMOH	Q2	₦12,852,000.00	₦12,852,000.00	
1.3.3.2.3	Review and disseminate Standard Operating Procedures (SOPs) for the 199 registered nursing facilities in the State in quarter 1	New Project	DNS/SMOH	Q1	₦685,500.00	₦685,500.00	
1.3.3.2.4	Conduct a 3-day quarterly inspection visit to inspect 5% eligible facilities and monitoring 10% licensed medical laboratory facilities in Edo North and Edo Central senatorial district to track compliance with regulatory standards	On-going Project	DMLS/SMOH	Q1-Q2-Q3-Q4	₦1,480,000.00	₦1,480,000.00	
1.3.3.2.5	Conduct enforcement exercises with a team of 3 enforcers and 2 security officers, to enforce 100% non-compliant medical laboratory facilities, to ensure adherence to regulatory requirements by the end of the year	On-going Project	DMLS/SMOH	Q1-Q2-Q3-Q4	₦1,480,000.00	₦1,480,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.3.3.2.7	To conduct at least 80% inspection visits to dental facilities within the year 2026 to ensure compliance with regulatory and quality standards	On-going Project	DDS/SMOH	Q1-Q4	₦20,000	₦20,000	
1.3.3.2.9	To conduct at least 85% monitoring exercises in Edo South in the year 2026 to ensure compliance with regulatory and quality standards in dental facilities	On-going Project	dds/smoh	Q1-Q4	₦33,000	₦33,000	
1.3.3.2.10	To Monitor and inspect 60% of Nursing and Maternity Healthcare Facilities in Edo Central and Edo North	On-going Project	DNS/SMOH	Q2-Q3	₦2,916,000.00	₦2,916,000.00	
1.3.3.2.11	To carry out Enforcement on 60% of Erring Nursing and Maternity Homes	On-going Project	DNS/SMOH	Q1-Q2-Q3-Q4	₦1,104,000	₦1,104,000	
1.3.3.2.12	To Monitor 70% of Nursing and Maternity Healthcare Facilities in Edo South Benin by the DNS	On-going Project	DNS/SMOH	Q1-Q4	₦4,080,000	₦4,080,000	
1.3.3.2.13	To conduct 20% quarterly inspection visits to health facilities in Edo south with a team of 3 inspectors and 1 security officer to facilitate registration and issuance of certificate to private health facilities.	On-going Project	SMOH/DMS	Q1-Q2-Q3-Q4	₦645,000	₦645,000	
1.3.3.2.14	To conduct at least 50% monitoring visits in Edo south with 2 inspectors and 1 security officer to licensed private health facilities to track compliance with regulatory standards in the year 2026.	On-going Project	SMOH/DMS	Q1-Q2-Q3-Q4	₦815,000	₦815,000	
1.3.3.2.15	To carry out quarterly enforcement on 40% of erring private health facilities	On-going Project	SMOH/DMS	Q1-Q2-Q3-Q4	₦313,000	₦313,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	in Edo south with a team of 3 enforcers and 2 security officers.						
1.3.3.2.17	Conduct a 10 - day quarterly inspection visit to inspect 20% eligible facilities and monitoring 30% licensed private health facilities with enforcement of erring facilities in Edo Central and Edo North senatorial districts to track compliance with regulatory standards by four (4) DMS staff and four (4) security officers.	On-going Project	SMOH/DMS	Q1-Q4	₦7,100,000	₦7,100,000	
1.3.3.2.19	To monitor 80% of Dental facilities in Edo North and Edo central in the second and fourth quarters of 2026 to ensure regulatory compliance and quality of services	On-going Project	DDS/SMOH	Q2-Q4	₦1,280,000	₦1,280,000	
1.3.3.2.21	Conduct a 1-day workshop for 30 mortuaries, embalment centers and those providing other related services.			Q1	₦660,000	₦660,000	
1.3.3.2.22	Two Officers of the DNS to Supervise the Conduct a one Week duration of MCPDP by the Nursing and Midwifery Council of Nigeria Twice Every Quarter in the State	On-going Project	DNS/SMOH	Q1-Q4	₦960,000.00	₦960,000.00	
1.4.4.1	Strengthen a functional health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.				₦6,060,000	₦6,060,000	
1.4.4.1.1	Conduct a 2-Day non-residential workshop for Edo State Health Sector Planning Cell on M&E Concepts for 50 participants by quarter 1	On-going Project	P&P/DPRS/S MOH	Q1	₦2,100,000	₦2,100,000	
1.4.4.1.2	Organize 1-day quarterly performance review for State LMCU workplan implementation	New Project	LMCU/DPS	Q1-Q4	₦560,000	₦560,000	
1.4.4.2	Develop AOP and ensure alignment of partners' plans to national/state health sector AOP				₦67,040,000	₦67,040,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.4.4.2.1	Convene a 2-Day non-residential Top Management Committee (TMC) meeting involving 30 participants to Map out 2027 Health Sector Interventions by quarter 2	On-going Project	P&P/DPRS/S MOH	Q2	₦680,000	₦680,000	
1.4.4.2.2	Conduct a 1-Day Orientation meeting for Directors, Programme officers and other key officers in the Health Sector on the 2027 Annual Operational Plan (AOP) development circle for 50 participants by quarter 2	On-going Project	P&P/DPRS/S MOH	Q2	₦895,000	₦895,000	
1.4.4.2.3	Conduct a 1-day engagement meeting with development partners/donors operating in the Health Sector on the 2027 AOP development and implementation for 30 participants by quarter 2	On-going Project	P&P/DPRS/S MOH	Q2	₦230,000	₦230,000	
1.4.4.2.4	Conduct a 3-Day non-residential workshop to build capacity of planning cell heads and key programme officers involving 100 participants by quarter 3	On-going Project	P&P/DPRS/S MOH	Q3	₦7,495,000	₦7,495,000	
1.4.4.2.5	Conduct a 5-Day residential AOP development and harmonization workshop involving 70 participants drawn from the across the Health Sector, including donors by quarter 3	On-going Project	P&P/DPRS/S MOH	Q3	₦37,200,000	₦37,200,000	
1.4.4.2.6	Conduct a 4-day non-residential AOP validation meeting involving 70 participants drawn from the across the Health Sector, including donors by quarter 4	On-going Project	P&P/DPRS/S MOH	Q4	₦7,435,000	₦7,435,000	
1.4.4.2.7	Print 250 copies of 2027 Health Sector AOP document by quarter 4	On-going Project	P&P/DPRS/S MOH	Q4	₦5,000,000	₦5,000,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.4.4.2.8	Conduct a 1-day dissemination meeting of the 2027 Edo State Health Sector Annual Operational Plan (AOP) involving 50 participants by quarter 4	On-going Project	P&P/DPRS/S MOH	Q3	₦1,740,000	₦1,740,000	
1.4.4.3	Support to HMB, SPHCDA/B, and LGA Health Authorities on the development and consolidation of health facilities AOP (One Plan) focussing on SWAp priorities.				₦73,754,000	₦73,754,000	
1.4.4.3.1	Conduct a 2-day senatorial district-level capacity-building workshop for 9 key PHC officials from each of the 18 LGAs (non-residential), facilitated by a 4-member State team per district who will be residential for the duration of the workshop by quarter 3	On-going Project	P&P/DPRS/S MOH	Q3	₦15,720,000	₦15,720,000	
1.4.4.3.2	Conduct a 2-Day non-residential PHC facility plan and LGA plan development workshop for 500 PHC and 9 key LGA PHC officials across 18 LGAs by quarter 3	On-going Project	P&P/DPRS/S MOH	Q3	₦35,324,000	₦35,324,000	
1.4.4.3.3	Conduct a 3-day non-residential PHC facility plan and LGA plan harmonisation and validation, involving 9 key LGA PHC officials at each of the 18 LGAs by quarter 3	On-going Project	P&P/DPRS/S MOH	Q3	₦9,153,000	₦9,153,000	
1.4.4.7	Conduct Joint missions to Federal/states/ sites in line with Joint Annual Review (JAR) calendar				₦21,010,000	₦21,010,000	
1.4.4.7.1	Conduct a 3-day residential meeting to develop State Joint Annual Review (SJAR) involving 50 participants from all health MDAs by quarter 2	On-going Project	M&E/DPRS/S MOH	Q2	₦14,965,000	₦14,965,000	
1.4.4.7.2	Conduct a 2-day non-residential State Joint Annual Review(SJAR) document harmonization and validation meeting involving 50 participants draw from the across the Health Sector including donors	On-going Project	M&E/DPRS/S MOH	Q2	₦2,090,000	₦2,090,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.4.4.7.3	Print 250 copies of State Joint Annual Review (SJAR) document by quarter 2	On-going Project	M&E/DPRS/S MOH	Q2	₦2,500,000	₦2,500,000	
1.4.4.7.4	Conduct a 1-day SJAR dissemination meeting involving 70 members by quarter 2	On-going Project	M&E/DPRS/S MOH	Q2	₦1,455,000	₦1,455,000	
1.4.4.7.5	Conduct a 1- day quarterly Implementing Partners Forum meetings, involving 50 participants	New Project	SMOH/DPPRS/PARTNER SHIP FOR HEALTH	Q1-Q4	₦2,260,000.00	₦2,260,000.00	
1.4.4.8	Conduct regular sub-national Strategic engagement to ensure successful implementation of Sector Wide Approach (SWAp)				₦14,320,000	₦14,320,000	
1.4.4.8.1	conduct a one-day quarterly non residential strategic engagement meeting of 50 program officers to review implementation of HOPE-PHC DLIs and ensure alignment of programs with SWAp Principles from Q1 to Q4	New Project	SWAP DO/DPRS/SM OH	Q1-Q2-Q3-Q4	₦6,180,000	₦6,180,000	
1.4.5.2	Strengthen capacity of relevant Federal, State and LGA stakeholders to coordinate, monitor and manage delivery and performance in the health sector.				₦16,600,000	₦16,600,000	
1.4.5.2.1	Conduct a 2-day non-residential Performance review meetings of 50 participants (including the TMC) per quarter to review activities in the 2026 Health Sector AOP	On-going Project	P&P/DPRS/S MOH	Q1-Q2-Q3-Q4	₦4,920,000	₦4,920,000	
1.4.5.2.2	Support the conduct of monthly 1-day LGA-level performance review meetings involving Program Officers at the LGAs, facility managers, Health Fellows, implementing partners, and CSOs, by deploying two (2) State personnel to participate and provide technical support	New Project	P&P/DPRS/S MOH	Q1-Q2-Q3-Q4	₦240,000	₦240,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.4.5.2.3	Support the conduct of a 1-day monthly review meeting by OICs involving WDC members in each facility, with the State providing support only through monthly communication with the LGA via the EDPHCDA.	New Project	P&P/DPRS/S MOH	Q1-Q2-Q3-Q4	₦240,000	₦240,000	
AOP Pillar(2)					₦6,147,665,000	₦6,147,665,000	
2.5.6.1	Strengthen Governance and Stewardship for Health promotion Multi-sectoral Coordination				₦18,032,000	₦18,032,000	
2.5.6.1.1	Conduct bi-annual state-level multisectoral coordination/review meetings for 50 SBCC (Social and Behaviour Change Communication) stakeholders drawn from relevant MDAs and the 18 LGAs across the State in Q1 and Q4	On-going Project	SMOH/DFH/D PH/HPU	Q1-Q2	₦2,710,000.00	₦2,710,000.00	
2.5.6.1.2	Conduct a 3-day residential capacity building workshop on evidence-based risk communication interventions/activities and reporting before, during and after a disease outbreak (Lassa fever, Dengue fever, Cholera etc) for 18 LGA HPOs and 4 State ACSM program OFFICERS + 4 Partners in Q2	New Project	SMOH/DFH/D PH/HPU	Q2	₦5,762,000.00	₦5,762,000.00	
2.5.6.1.3	Conduct a 2-day workshop on Health Promotion school policy development among 45 educational stakeholders drawn from both public and private schools across the three senatorial districts of the State in Q3	On-going Project	SMOHDFH//D PH/HPU	Q3	₦7,580,000.00	₦7,580,000.00	
2.5.6.1.4	Conduct a 2-day review of the National Workplace Health and Safety Guideline among 45 workplace representatives in the State -	New Project	SMOH/DFH/D PH/HPU	Q3	₦1,980,000.00	₦1,980,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	breweries, banks, fuel/gas stations etc in Q3						
2.5.6.2	Promote Advocacy for Multi-sectoral coordination at all Levels of health and across the sectors that are proactive health promotion				₦3,220,000	₦3,220,000	
2.5.6.2.1	Conduct advocacy visits to 5 media houses to implement 15 minutes free slots per week as recommended by the 2019 Health promotion policy by end of Q1	New Project	SMOH/PRO/DFH/DPH/HPU	Q1	₦1,400,000.00	₦1,400,000.00	
2.5.6.2.2	Conduct a One-day intersectorial coordination meeting of 30 stakeholders leveraging on already existing SBCC TWG to develop the Edo state health promotion advocacy toolkit by Q1	New Project	SMOH/DFH//DPH/HPU	Q1	₦900,000.00	₦900,000.00	
2.5.6.2.3	Conduct a one-day dissemination workshop for 30 health promotion officers and ACSM from other MDAs on the use of the advocacy toolkit in Q3.	New Project	SMOH/DFH/D PH/HPU	Q3	₦920,000.00	₦920,000.00	
2.5.6.3	Build Capacity of FMOH/SMOH/LGA program managers to provide leadership and co-ordination for Multi-sectoral Partnership including CSOs for effective collaboration.				₦1,010,000.00	₦1,010,000.00	
2.5.6.3.1	Conduct capacity building of 18 HEs, 5 Program managers, and 5 MDA focal persons on multisectoral health promotion strategies and new technologies for health promotion in Q2	On-going Project	SMOH/DFH/D PH/HPU	Q2	₦1,010,000.00	₦1,010,000.00	
2.5.6.4	Establish Partnerships with Global and Regional Alliance for Multi-sectoral Coordination				₦3,070,000	₦3,070,000	
2.5.6.4.1	Inaugurate a 15-man Planning Committee for collaborative efforts for World Health Days for impact, public awareness and drive demand generation for health services in Q1	New Project	SMOH/DFH/D PH/HPU	Q1	₦320,000.00	₦320,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.5.6.4.2	Organize a one- day monthly meeting of 15- man Planning cell for World Health Days with relevant Stakeholders	New Project	SMOH/DFH/D PH/HPU/NCD	Q2-Q4	₦2,750,000.00	₦2,750,000.00	
2.5.6.5	Monitor Trends and Determinants of Health and evaluate progress of coordination				₦5,748,000	₦5,748,000	
2.5.6.5.1	Provide monthly data allowance for a 20-man infodemic management(a process of identifying, assessing and responding to misinformation or disinformation that can spread rapidly especially during public health emergencies or crisis) team and community feedback mechanism across all PHCs to monitor outbreak trends to inform response and preventive strategies	New Project	SMOH/DFH/D PH/HPU/HEs	Q1-Q4	₦5,328,000.00	₦5,328,000.00	
2.5.6.5.2	Develop and implement a digitized, statewide data harmonization framework by the State Health Promotion unit for tracking community entry, social mobilization, and RCCE activities carried out by SMOH, EDPHCDA and partners across all health programs by Q2 2026	On-going Project	SMOH/DFH/D PH/HPU/EDP HCDA	Q2	₦420,000.00	₦420,000.00	
2.5.6.7	Foster and integrate effective Multisectoral Health Promotion strategy						
2.5.6.8	Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes				₦2,190,000	₦2,190,000	
2.5.6.8.1	Develop and disseminate at least 1000 copies of co-branded, culturally appropriate social and behavior change (SBC) materials on key health issues every quarter (Lassa fever, diphtheria, dengue fever), in collaboration with relevant health programs and partners, for distribution across all 18 LGAs.	New Project	SMOH/DFH/D PH/HPU	Q2-Q4	₦1,040,000.00	₦1,040,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.5.6.8.2	Procure two sound system for public health awareness (LG DJ system speaker 2800 W, 5 kva generator) and commemoration of World Health Days in Q1	New Project	SMOH/DFH/D PH/HPU	Q1	₦1,150,000.00	₦1,150,000.00	
2.5.6.10	Increase Demand Generation to improve health service uptake including RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning and other health services				₦10,285,500	₦10,285,500	
2.5.6.10.1	Conduct focal group discussions with 50 community leaders, local health workers, market women leaders, youth group leaders etc in 5 high and 5 low uptake communities (including RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning and other health services) and tailoring SBC materials based on findings in Q2	New Project	SMOH/DFH/D PH/NCD/RH/ HIV/HPU	Q2	₦4,710,000.00	₦4,710,000.00	
2.5.6.10.2	Train 90 social mobilizers (5 per LGA) on Reproductive, Maternal, Newborn, Child and Adolescent Health(RMNCAH), Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning to increase uptake of these services across the three senatorial districts in Q3	New Project	SMOH/DFH/D PH/HPU	Q3	₦3,318,000.00	₦3,318,000.00	
2.5.6.10.3	Hold weekly radio/social health education programme	New Project	SMOH/DFH/D PH/HPU	Q1-Q4	₦2,257,500.00	₦2,257,500.00	
2.5.6.11	Accelerate the Integration of awareness programs/health campaigns to improve health outcomes including primary health interventions				₦9,245,000	₦9,245,000	
2.5.6.11.1	Produce and air audio Jingles in English, Pidgin English, Edo, Esan, Etsako and Hausa on 2 disease areas (Lassa Fever, Dengue fever, Diphtheria, Monkey Pox, Cholera,	On-going Project	SMOH/DFH/D PH/HPU	Q1-Q4	₦9,180,000.00	₦9,180,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	HIV/AIDS, Free Services on Malaria, family planning) per quarter						
2.5.6.11.2	Reactivation of all social media handles for more awareness creation on health matters and boosting of social media Ads.in Q1	On-going Project	SMOH/DFH/D PH/HPU	Q1	₦65,000.00	₦65,000.00	
2.5.6.12	Leverage formal education system to improve healthy behaviors				₦3,465,000	₦3,465,000	
2.5.6.12.1	Conduct a one day Capacity Building workshop for 36 Teachers(Public and Private) across the 18 LGAs on hygiene, nutrition, drugs, substance abuse prevention, reproductive/sexual health leveraging on already existing health literacy club in the schools by end of Q1 2026	New Project	SMOH/DFH/D PH/HPU	Q1	₦1,575,000.00	₦1,575,000.00	
2.5.6.12.2	Conduct inter school quiz competition on prevailing health issues across the 36 schools(public and private) with Prizes for top 3 Schools in Q4	New Project	SMOHDFH//D PH/HPU	Q4	₦1,890,000.00	₦1,890,000.00	
2.6.9.1	An NCD prevention task force with a focus on high priority illnesses ( Strengthen governance, coordination, collaboration and leadership)						
2.6.9.1.1	Hold quarterly multisectoral NCD prevention taskforce/technical working group meetings for 50 participants	On-going Project	SMOH/NCD PM	Q1-Q4	₦5,000,000	₦5,000,000	
2.6.9.8	Strengthen health systems to address Prevention and Control of Non-Communicable Diseases at all levels of care and contribute to reducing risk factors.				₦3,480,000	₦3,480,000	
2.6.9.8.1	Organise a 2-day training of 6 PHC workers from 3 Pilot PHCs on MHGAP and mental health data management	New Project	SMOH/DPH/N CDs PM	Q4	₦1,960,000	₦1,960,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.6.9.8.2	Conduct fact-finding visit by 4-person NCDs team to 8 selected healthcare facilities (2 primary, 2 secondary, FNPH, UBTH - 5 specialties) to enquire of the current NCDs data management practices in view of creating an NCDs data repository	New Project	NCDs PM	Q1	₦780,000	₦780,000	
2.6.9.8.3	Conduct advocacy visit by 4-person NCDs team to HMA, ESPHCDA, Association of Private Medical Practitioners of Nigeria, UBTH, and WHO to gain support for creation of NCDs data repository at the Ministry of Health	New Project	NCDs PM	Q1	₦240,000	₦240,000	
2.6.9.8.4	Create an online NCDs data collection based on information of fact-finding visit to enable monthly data collection from healthcare facilities	New Project	NCDs PM	Q2	-	-	
2.6.9.8.5	Hold a one-day non residential stakeholders meeting with 20 persons to validate the online NCDs data collection form	New Project	NCDs PM	Q2	₦500,000	₦500,000	
2.6.9.8.6	Collate and analyse monthly data from at least 2 Tertiary, 35 secondary, 192 PHC and 8 private healthcare facilities monthly	New Project	NCDs PM	Q3-Q4	-	-	
2.6.9.9	Strengthen prevention of mental, neurological, and substance abuse disorders (MNSD)				₦42,365,000	₦42,365,000	
2.6.9.9.1	Revitalize 180 existing Drug-Free Clubs in secondary schools across all 18 Local Government Areas (LGAs) by June 2026	New Project	DPS/SDCC	Q2	₦11,185,000	₦11,185,000	
2.6.9.9.2	Develop and disseminate on monthly basis a suite of digital Information, Education, and Communication (IEC) materials on drug abuse prevention	New Project	DPS/SDCC	Q1-Q4	₦4,800,000	₦4,800,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.6.9.9.3	Organize a 3-day capacity-building workshop for 200 drug-free campaign volunteers drawn from the 18 Local Government Areas (LGAs) by June 2026	New Project	DPS/SDCC	Q2	₦16,900,000	₦16,900,000	
2.6.9.9.4	Organise quarterly mental health stakeholder coordination meetings for 50 participants	New Project	SMOH/NCDs PM	Q1-Q4	₦3,000,000	₦3,000,000	
2.6.9.9.5	Organise a 2-day non-residential workshop to domesticate the National Mental Health Policy	New Project	SMOH/NCDs PM	Q1	₦1,080,000	₦1,080,000	
2.6.9.9.6	Organise a 1-day validation meeting for the Edo State Mental Health Policy	New Project	SMOH/NCDs PM	Q1	₦500,000	₦500,000	
2.6.9.9.7	Printing of 50 copies the Edo State Mental Health Policy	New Project	SMOH/NCDs PM	Q2	₦3,500,000	₦3,500,000	
2.6.9.9.8	Organise a 1-day dissemination meeting for the Edo State Mental Health Policy	New Project	SMOH/NCDs PM	Q2	₦1,400,000	₦1,400,000	
2.6.10.1	Strengthen Communicable disease prevention task forces focused on HIV, TB, Malaria and NTDs at the national and sub-national level				₦34,105,000.00	₦34,105,000.00	
2.6.10.1.1	To carry out a state External Quality Assessment (EQA) and Internal Quality Control program for HIV testing facilities	New Project	DMLS/SMOH	Q2	₦810,000.00	₦810,000.00	
2.6.10.1.2	To procure 50% of essential Epidemic Prone Disease consumables quarterly required for uninterrupted laboratory services across the state	On-going Project	DMLS/DMA/SMOH	Q1-Q2-Q3-Q4	₦24,040,000.00	₦24,040,000.00	
2.6.10.1.3	Conduct Quarterly 23 man Task Force Meeting to resolve all identified gaps in Service Integration HIV/TB/Malaria, and NTDs	New Project	SASCP/SMOH	Q1	₦4,500,000.00	₦4,500,000.00	
2.6.10.1.4	nauguration of the 23-man Task Force to drive Massive Service Integration and Collaboration for HIV/TB/Malaria, and NTDs	New Project	SASCP/SMOH	Q1	₦920,000.00	₦920,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.6.10.2	Scale up integrated HIV prevention services				₦16,205,000.00	₦16,205,000.00	
2.6.10.2.1	To organize and commemorate World Blood Donor Day through awareness campaigns, advocacy events, and voluntary blood donation drives promote safe blood donation	On-going Project	DMLS/SMOH	Q2	₦1,720,000.00	₦1,720,000.00	
2.6.10.2.2	Conduct 1-Day Non- Residential Orientation and 3 Days targeted testing in hotspot and KPs, FSW/MSM/PWID/ and high risk groups in 9 prioritize high risk LGAs by 18 Volunteers Counsellor Testers on annually	New Project	SASCP/SMOH	Q1	₦1,665,000.00	₦1,665,000.00	
2.6.10.2.3	PrEP Programming and Linkage across High Risk Group by 18 PrEP Volunteers) in 9 prioritize LGAs on annually	New Project	SASCP/SMOH	Q1	₦1,440,000.00	₦1,440,000.00	
2.6.10.2.4	Procurement of 15, 10, and 5 Male and Female Condom and Lubricant Programming for High Risk Group	New Project	SASCP/SMOH	Q1	₦6,295,000.00	₦6,295,000.00	
2.6.10.3	Increase uptake and access to HIV services (testing , treatment, care, viral suppression , including procurement of HIV rapid test kits)				₦332,889,000.00	₦332,889,000.00	
2.6.10.3.1	To conduct quarterly validation exercises on 100% available HIV and related diagnostic test kits in use, ensuring that kits meet performance standards before distribution to facilities.	New Project	DMLS/SMOH	Q1-Q4	₦240,000.00	₦240,000.00	
2.6.10.3.2	3PL engagement on a yearly contract term, broken into biannual payments for Epidemic-prone disease (EPD) sample shipment	New Project	DMLS/SMOH	Q1-Q2-Q3-Q4	₦64,000,000.00	₦64,000,000.00	
2.6.10.3.3	Conduct Quaterly integrated specimen referral stakeholders process evaluation meeting by 40 participants	New Project	DMLS/SMOH	Q1-Q2-Q3-Q4	₦1,240,000.00	₦1,240,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.6.10.3.5	Commemoration of World AIDS Day 2026	New Project	SASCP/SMO H	Q4	₦1,800,000.00	₦1,800,000.00	
2.6.10.3.6	Conduct Assessment and selection of 5 Sites in un-supported 5 LGAs for HIV AIDS Activation by 5-man SASCP Team for 3 days	New Project	SASCP/SMO H	Q2	₦707,500.00	₦707,500.00	
2.6.10.3.7	Procurement of 18,000 packs of 1st Line ART Medication for 1500 Clients on ART, 100,000 Test Kits EID kits, Viral Hepatitis kits, and 20,000 Consumables for activation of 5 sites in unsupported (5 LGAs)	New Project	SASCP/SMO H	Q2	₦228,000,000.00	₦228,000,000.00	
2.6.10.3.8	3-Days Residential Training of HCWs on Comprehensive HIV&AIDS Services and Deliverables for Site Activation,(8 selected persons from 5 unsupported facilities) 40 and 10 Facilitators total (50)	New Project	SASCP/SMO H	Q2	₦18,290,000.00	₦18,290,000.00	
2.6.10.3.9	Activate Sites for comprehensive ART services by 5-man SASCP Team (5 facilities in 5 LGAs with 120 community members in attendance) in demand creation	New Project	SASCP/SMO H	Q3	₦2,630,000.00	₦2,630,000.00	
2.6.10.3.10	Collect, validate, and enter health commodity data into the NHLMIS every two months to ensure accurate and timely reporting of logistics information from all service delivery points.	On-going Project	LMCU	Q1-Q4	₦1,800,000.00	₦1,800,000.00	
2.6.10.3.11	Conduct a 2-day Data Quality Assessment (DQA) on a quarterly basis across all ART sites to enhance reliability and integrity of program data	On-going Project	LMCU	Q1-Q4	₦5,020,000.00	₦5,020,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.6.10.3.12	Conduct bi-monthly Last Mile Delivery (LMD) monitoring and Proof of Delivery (POD) reconciliation exercises across all comprehensive ART sites to ensure uninterrupted ART service delivery and commodity accountability.	On-going Project	LMCU	Q1-Q4	₦1,140,000.00	₦1,140,000.00	
2.6.10.3.13	Conduct 52 weekly HIV Situation Room Meeting to engage stakeholders to deliberate on key indicators on HIV care, support and treatment with 25 in attendance	On-going Project	SASCP/SMOH	Q1-Q2-Q3-Q4	₦6,500,000.00	₦6,500,000.00	
2.6.10.3.14	Conduct a 2-day Data Accuracy and Reliability Evaluation (DARE) assessment visit to Edo North and Edo Central on a quarterly basis to 6 selected NiSRN ART laboratories to enhance reliability and integrity of HIV Viral Load testing	New Project	DMLS/SMOH	Q2-Q4	₦422,000.00	₦422,000.00	
2.6.10.4	Reach, treat and sustain Vertical HIV transmission and Paediatrics interventions				₦53,480,000.00	₦53,480,000.00	
2.6.10.4.1	Strengthen Referral linkages through Escort Services for identified HIV Positive Clients with 36 escort personnel (2 per LGAs)y	On-going Project	SASCP/SMOH	Q2-Q4	₦3,240,000.00	₦3,240,000.00	
2.6.10.4.2	Conduct a 2-day Residential HIV/PMTCT Bi-annual data validation meeting with 30 participants from the 18 LGAs and State in attendance	On-going Project	SASCP/SMOH	Q2-Q4	₦11,120,000.00	₦11,120,000.00	
2.6.10.5	Improve access and utilisation of integrated vector control interventions (ITNs, Targeted IRS, targeted LSM, vector surveillance and insecticide resistance monitoring)				₦38,730,000.00	₦38,730,000.00	
2.6.10.5.1	conduct a two day training for 18 LGA IVM Officers and 12 SMEP team on Vector Control Management Q1	On-going Project	SMOH DPH/SMEP team	Q1	₦5,086,000.00	₦5,086,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.6.10.5.2	Conduct 5days Mapping (Identify) of vector breeding sites across the 18 LGAs involving 18LGA IVM officers Q2	On-going Project	SMOH DPH/SMEP team	Q2	₦1,350,000.00	₦1,350,000.00	
2.6.10.5.4	Organize State oversight monitoring during the LLIN mass campaign and distribution	New Project	SMOH DPH/SMEP team/State NSA	Q3	₦8,280,000.00	₦8,280,000.00	
2.6.10.5.5	Conduct a 2-day Awareness creation in vector density targeted areas by 6-man SMEP team and 18 LGA IVM officers	On-going Project	SMOH DPH/SMEP team/LGA IVM/HPO/State NSA	Q2	₦1,380,000.00	₦1,380,000.00	
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.				₦101,060,000.00	₦101,060,000.00	
2.6.10.6.1	Conduct a 4-day Bi-annual Integrated Monitoring and supervisory visit (IMSV) to 150 health facilities across the state by 12-man SMEP team	On-going Project	SMOH DPH/SMEP team/State NSA /LGA RBM and M&E	Q1-Q3	₦4,560,000.00	₦4,560,000.00	
2.6.10.6.2	Conduct monthly SMEOR coordination meeting (sub-committee meeting) with partners at state level. (20 participants)	New Project	SMOH DPH/SMEP team/State NSA /LGA M&E	Q1-Q2-Q3-Q4	₦2,400,000.00	₦2,400,000.00	
2.6.10.6.3	Conduct a 4-day Bi-annual Data Quality Assessment visit (DQA) to 150 health facilities across the state by 12-man SMEP team	On-going Project	SMOH DPH/SMEP/State NSA/ LGA RBM and M&E	Q2-Q4	₦4,560,000.00	₦4,560,000.00	
2.6.10.6.8	Conduct 5-day Operational research on community engagement and ITN campaign across the 18LGA by 18 state data collectors	On-going Project	SMOH DPH/SMEP team/DPPRS/ LGA RBM and M&E	Q3	₦4,050,000.00	₦4,050,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.6.10.6.9	Collect, validate, and enter health commodity data into the NHLMIS every two months to ensure accurate and timely reporting of logistics information from all service delivery points.	On-going Project	LMCU/SMEP	Q1-Q4	₦1,800,000.00	₦1,800,000.00	
2.6.10.6.10	Targeted technical support for Local Government Areas (LGAs) exhibiting low reporting rates, a high percentage of flagged reports, and stock out.	New Project	LMCU	Q1-Q4	₦3,840,000.00	₦3,840,000.00	
2.6.10.6.11	Printing of malaria reporting tools	On-going Project	SMOH DPH/ SMEP team/DPPRS/ DPS	Q3	₦5,500,000.00	₦5,500,000.00	
2.6.10.7	Increase access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination therapy (ACTs) and malaria vaccine				₦195,345,000.00	₦195,345,000.00	
2.6.10.7.1	Conduct a 4-day quarterly HMIS-LMIS Data triangulation across the 3 senatorial districts by 6-man state team and 18 LGA RBM	On-going Project	SMOH DPH/ SMEP team/LMCU/LGA RBM	Q1-Q2-Q3-Q4	₦6,720,000.00	₦6,720,000.00	
2.6.10.7.2	Conduct a 2-day Bi-monthly Proof of delivery (POD) Verification after every last mile distribution by 9-SMEP/LMCU team	On-going Project	SMOH DPH/ SMEP team/DPS/LGA RBM	Q1-Q2-Q3-Q4	₦2,160,000.00	₦2,160,000.00	
2.6.10.7.4	Conduct a one-day Quarterly PSM Sub-Committee meeting (20 Participants)	New Project	SMOH DPH/ SMEP team/LMCU/LGA RBM	Q1-Q2-Q3-Q4	₦1,600,000.00	₦1,600,000.00	
2.6.10.7.5	Conduct a 7-day Bi-monthly Pick and Pack of Malaria Commodities to be distributed to Health Facilities across the state	On-going Project	SMOH DPH/ SMEP team/State NSA/DPS/LGA RBM	Q1-Q2-Q3-Q4	₦10,080,000.00	₦10,080,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.6.10.7.6	Conduct refresher training for all Local Government Area (LGA) Roll Back Malaria (RBM) Officers on product monitoring and reporting using the monthly stock status tracker by March 2026, to strengthen malaria commodity monitoring and supply chain management.	On-going Project	LMCU/SMEP	Q3	₦6,480,000.00	₦6,480,000.00	
2.6.10.7.9	Conduct radio and tv program appearance to communicate publicly about LLINs, Integrated Management of Childhood Illness (IMCI), Community Case Management (CCM), and test before treatment	New Project	SMOH DPH/ SMEP team/State NSA/HPO	Q2	₦1,800,000.00	₦1,800,000.00	
2.6.10.7.11	Conduct Annual World Malaria Day Celebration	On-going Project	SMOH DPH/ SMEP team/HPO/LG A RBM and M&E	Q2	₦1,830,000.00	₦1,830,000.00	
2.6.10.7.12	Conduct quarterly Coordination meeting at State level/TWG	On-going Project	SMOH DPH/ SMEP team/StateNSA/ MDAs/ NGOs	Q1-Q2-Q3-Q4	₦1,400,000.00	₦1,400,000.00	
2.6.10.7.15	Procurement of RDT kits for free Malaria test before treatment for those confirmed positive	New Project	SMOH DPH/ SMEP/DPS	Q2-Q4	₦15,000,000.00	₦15,000,000.00	
2.6.10.7.16	Procurement of LLIN	New Project	SMOH DPH/ SMEP/DPS	Q2-Q4	₦15,200,000.00	₦15,200,000.00	
2.6.10.8	Increase access and uptake of Tuberculosis Preventive Therapy (TPT)				₦18,000,000.00	₦18,000,000.00	
2.6.10.8.1	Conduct household contact investigation for two-thirds of bacteriologically diagnosed TB index cases in each quarter of the year by General Healthcare workers at the DOTS facilities	On-going Project	SMOH DPH/STBLCP	Q1-Q4	₦4,400,000.00	₦4,400,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.6.10.9	Improve access to Tuberculosis care - case finding and treatment				₦141,875,000.00	₦141,875,000.00	
2.6.10.9.1	Conduct a 3-day residential training for 36 General Healthcare workers (Doctors, Nurses, CHEWS) on management of Tuberculosis according to the National guideline every quarter of the year by 3-man State TB team and external facilitator	On-going Project	SMOH DPH/STBLCP	Q1-Q2-Q3-Q4	₦35,142,000.00	₦35,142,000.00	
2.6.10.9.2	Conduct a one-week-long State Childhood TB testing week in 9 LGAs by a 5-man State TB Team in the second quarter of the year	On-going Project	SMOH DPH/STBLCP	Q2	₦5,175,000.00	₦5,175,000.00	
2.6.10.9.3	Conduct of a one-week-long State TB testing week in 9 LGAs by a 5-man State TB Team in the third quarter of the year	On-going Project	SMOH DPH/STBLCP	Q3	₦5,175,000.00	₦5,175,000.00	
2.6.10.9.4	Celebration of World TB Day in March 2026	On-going Project	SMOH DPH/STBLCP	Q1	₦675,000.00	₦675,000.00	
2.6.10.9.5	Production of TB awareness jingles in Benin, Afemai, Esan languages and pidgin in the first quarter of the year	On-going Project	SMOH DPH/STBLCP	Q1	₦520,000.00	₦520,000.00	
2.6.10.9.6	Airing of TB awareness jingles weekly on radio for 52 weeks	On-going Project	SMOH DPH/STBLCP	Q1-Q2-Q3-Q4	₦7,200,000.00	₦7,200,000.00	
2.6.10.10	Sustain and Improve Treatment Success Rate				₦39,120,000.00	₦39,120,000.00	
2.6.10.10.1	Conduct a biannual 2-day residential external quality assurance review meeting involving 4 State TB team members and 36 laboratory scientists/technicians working at the various TB diagnostic sites in the State	New Project	SMOH DPH/STBLCP	Q2-Q4	₦14,436,000.00	₦14,436,000.00	
2.6.10.11	Improve access to WHO Recommended Molecular diagnostics (WRD)				₦646,470,000.00	₦646,470,000.00	
2.6.10.11.1	Establish and operationalise a functional State Blood Transfusion	New Project	DMLS/SMOH	Q1-Q4	₦228,000,000.00	₦228,000,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	Service centre (SBTS) in the three senatorial zones						
2.6.10.11.2	Procure and distribute essential commodities, reagents, and equipment for the State Blood Transfusion Service (SBTS) centres in the 3 senatorial zones	New Project	DMLS/DMA/S MOH	Q1-Q4	₦387,200,000.00	₦387,200,000.00	
2.6.10.11.3	To conduct a 3-day training for 20 trainers of trainers (ToT) on WHO-recommended molecular diagnostics (WRD)	New Project	DMLS/SMOH	Q3	₦2,270,000.00	₦2,270,000.00	
2.6.10.11.4	Procurement and installation of a TB Lamp machine for the diagnosis of Tuberculosis in Owan West Local Government Area by Q3, 2026	On-going Project	SMOH DPH/STBLCP	Q3	₦29,000,000.00	₦29,000,000.00	
2.6.10.12	Improve early diagnosis and treatment of Leprosy and Buruli Ulcer				₦14,400,000.00	₦14,400,000.00	
2.6.10.12.1	Conduct a two-day skin camp for Leprosy and Buruli ulcer in 6 communities in 3 LGAs per quarter by 5 State team members	On-going Project	SMOH DPH/STBLCP	Q1-Q2-Q3-Q4	₦7,800,000.00	₦7,800,000.00	
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				₦60,214,000.00	₦60,214,000.00	
2.7.11.3.1	To commemorate World Biomedical Science Day through school sensitisation, press brief and awareness campaign	On-going Project	DMLS/SMOH	Q2	₦1,560,000.00	₦1,560,000.00	
2.7.11.3.2	Conduct a 2-day virtual training for 100 Medical Laboratory Scientists on novel biomedical laboratory practices and diagnostic guidelines	New Project	DMLS/SMOH	Q2	₦450,000.00	₦450,000.00	
2.7.11.3.3	To conduct a 3-days per quarter non-residential refresher training for 50 participants in collaboration with ANPMP	New Project	SMOH/DMS	Q1-Q4	₦22,572,000.00	₦22,572,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.7.11.3.4	Purchase 11 IT tools (3 laptops, 2 Ipads, 2 phones, 1 router and 3 sim cards) for the improvement of service delivery				₦9,060,000.00	₦9,060,000.00	
2.7.11.3.5	Training of departmental staff to strengthen their understanding of guidelines and standards for the monitoring, inspection and registration of mortuaries , embalmmnt center and other related services.				₦1,072,000.00	₦1,072,000.00	
2.7.11.3.6	To purchase IT tools (2 laptops 2 iPads 2 phones 1 router and 3 sim cards) for the improvement of service delivery and enhance efficiency. in department of mortuary embalmmnt and other related services.						
2.7.11.3.7	Organize training for 50 dentals personal, comprising family dentists, public health dentists, dental therapists, and dental health technicians				₦24,700,000.00	₦24,700,000.00	
2.8.12.1	Establish/revitalize MNCAH+N task force and new accountability mechanism to crash MMR & under-5 mortality at the sub-national(State and LGA) level				₦1,255,000.00	₦1,255,000.00	
2.8.12.1.1	Inaugurate 30 man-Edo State MNCAH+N task force to crash MMR & under-5 mortality at the State and LGA level in Q1, 2026	New Project	SMOH/DFH	Q1	₦600,000.00	₦600,000.00	
2.8.12.1.2	Bi annual RMNCH+N team to track progress of implementation of the task force in Q2 and Q4 of 2026	New Project	SMOH/DFH	Q2-Q4	₦600,000.00	₦600,000.00	
2.8.12.1.3	Identify 30 MNCHN, other relevant MDAs, academia, Pediatrician, and other relevant stakeholders and draft letters of engagaement in Q1, 2026	New Project	SMOH/DFH	Q1	₦55,000.00	₦55,000.00	
2.8.12.2	Develop & Implement a mechanism for tracking RMNCAEH+N resources and its use.				₦3,666,000.00	₦3,666,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.2.1	Organize a 2 day meeting of 30 man task team for the review and adaptation of data collection tools for tracking mechanism of RMNCAEH+N resources with 3 facilitator in Q1	New Project	SMOH/DFH	Q1	₦2,160,000.00	₦2,160,000.00	
2.8.12.2.2	Conduct 1 Day Quarterly Data review with 30 members on tracking RMNCAEH+N resources in Q2 to inform action plan for project improvement	New Project	SMOH/DFH	Q2	₦1,506,000.00	₦1,506,000.00	
2.8.12.3	Institutionalize maternal, perinatal and child death surveillance and response (MPCDSR) at all facilities/communities for quality improvement and monitor response.				₦78,255,000.00	₦78,255,000.00	
2.8.12.3.1	Conduct advocacy visit to the HCH, PS SHMA, DG EDOHIS, ES EDSPHCDA, Chairman TMB, CMD ESH, CMD UBTH, ISTH, MD CHB, PS Ministry of Budget, PS Ministry of Women affairs, Chairman APMPN and other relevant stakeholders and partners on the re-ignition of Edo State MPCDSR.	New Project	SMOH/DFH/R HC/MPCDRS desk officer.	Q1	₦150,000.00	₦150,000.00	
2.8.12.3.2	Organize Quarterly State MPCDSR Steering Committee Meeting	On-going Project	SMOH/MPCDRS Cgairman and desk officer.	Q1-Q2-Q3-Q4	₦600,000.00	₦600,000.00	
2.8.12.3.3	Conduct the review, printing of 250 copies and distribution of MPCDSR data collection tools to selected Health Facility across the senatorial district in Q2	New Project	SMOH/DFH/R HC/MPCDRS desk officer.	Q2	₦1250000	₦1250000	
2.8.12.3.4	Conduct monthly Maternal, Perinatal and Child Deaths review meetings by 5 MPCDSR Committees in selected HFs.	On-going Project	SMOH/MPCDRS Chairman and desk officer.	Q1-Q2-Q3-Q4			

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.3.5	Conduct 2-day training of 8 MROs from HFs across the three senatorial districts on reporting templates in Q2	On-going Project	SMOH/DFH/R HC/MPCDRS desk officer.	Q2	₦4,000,000	₦4,000,000	
2.8.12.3.6	Conduct training of 3 HCWs (Doctors, Nurses, Lab scientist,) on MPCDSR in 20 facilities in Q2	On-going Project	SMOH/DFH/ MPCDRS desk officer.	Q2	₦7,205,000	₦7,205,000	
2.8.12.3.7	conduct quarterly monitoring and Supportive supervisory visit to activate 20 selected Health facilities in the three senatorial districts	New Project	SMOH/DFH/R HC/MPCDRS desk officer.	Q1-Q2-Q3-Q4	₦1,550,000	₦1,550,000	
2.8.12.3.8	Conduct quarterly One Day Stakeholders Engagement meeting for 30persons which include WDC, Odionwere and other key community stakeholders in 6 communities (2 per Senatorial districts).	New Project	SMOH/DFH/R HC/MPCDRS desk officer.	Q1-Q2-Q3-Q4	₦14,600,000.00	₦14,600,000.00	
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.				₦120,400,000.00	₦120,400,000.00	
2.8.12.7.1	Identify capacity gaps and conduct a 5-day residential capacity building of 200 health care workers (Primary, Secondary and Tertiary) across the state on post-partum care PRE/PEE and Post Abortion Care (PAC).in Q3	On-going Project	SMOH/DFH/R HC	Q3	₦28,937,500.00	₦28,937,500.00	
2.8.12.7.2	Procure and distribute post abortion care kits	New Project	SMOH/DFH/R HC				
2.8.12.8	Increase Antenatal Care (Individual and GANC) coverage and HFs delivery in the primary, secondary, and tertiary health facilities in all the 36 states plus FCT				₦501,512,000.00	₦501,512,000.00	
2.8.12.8.1	Conduct a 2- day training of 100 health care workers in 2 batches on the Positive Experience Model in Q2 and Q3	On-going Project	SMOH/DFH/R HC	Q2-Q3	₦16,576,000.00	₦16,576,000.00	
2.8.12.8.2	CConduct quarterly supportive supervision/On The Job training to 3		SMOH/DFH/R HC	Q1-Q2-Q3-Q4	₦3,500,000.00	₦3,500,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	facilities on ANC services by 5 officers across the state.						
2.8.12.9	Roll out Post-partum Hemorrhage(PPH) management at the health facilities using E-motive bundle, active management of 3rd stage of labour etc				₦112,300,000.00	₦112,300,000.00	
2.8.12.9.1	Conduct a 5-day training of 40 participants on PPH management in accordance with national standards in Q3.	On-going Project	SMOH/DFH/R HC	Q1-Q3	₦17,598,000.00	₦17,598,000.00	
2.8.12.17	Roll out updated PPH training in line with national standards which will include training of educators, clinical preceptors and Pre-service midwifery curriculum				₦127,600,000.00	₦127,600,000.00	
2.8.12.17.1	Conduct a 5-day residential training of 40 participants (educators and clinical preceptors) on PPH in accordance with national standards.	On-going Project	SMOH/DFH/R HC	Q3	₦18,077,500.00	₦18,077,500.00	
2.8.12.17.2	To conduct a one week Residential Training on Post Partum Haemorrhage for sixty (60) selected Nurse Educators, Midwife Educators and Preceptors in the Second Quarter of 2026	New Project	DNS\SMOH	Q2	16,105,000	16,105,000	
2.8.12.17.3	Engage a 20-man Subject Matter Experts from Nursing Training Institutions for a 5 Day Residential Workshop to Review and Adapt the National Standards PPH for Management for Nursing Institutions in Edo State	New Project	DNS\SMOH	Q2	₦8,170,000.00	₦8,170,000.00	
2.8.12.17.4	To Assess the Level of Utilization of the Adapted National Standards by the Nursing Training Institutions in Edo State in the 4th Quarter of 2026	New Project	DNS\SMOH	Q4	₦540,000.00	₦540,000.00	
2.8.12.21	Improve access to Basic and Comprehensive emergency obstetric and new born care (EMoNC) services through skill birth attendant.				₦32,340,000.00	₦32,340,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.21.1	conduct quarterly 2 days supportive supervision by 4 State officers and 1 RH Supervisor to four Basic and comprehensive Emergency Obstetrics and newborn care (BEoMOnC) facilities	On-going Project	SMOH/DFH/RHC	Q1-Q2-Q3-Q4	₦2,400,000.00	₦2,400,000.00	
2.8.12.21.2	Train 50 Health workers on EMOnC and Newborn Resuscitation (Basic and Comprehensive) and Set up basic and comprehensive EMOnC across designated health Facilities Q3	On-going Project	SMOH/DFH/RHC	Q3	₦24,312,500.00	₦24,312,500.00	
2.8.12.22	Expand access to a full range of modern contraceptives including immediate postpartum, post-abortion FP, through mobile outreach service delivery in providing a wide range of contraceptives.				₦100,452,000.00	₦100,452,000.00	
2.8.12.22.1	Conduct and monitor 54 quarterly outreaches, 3 health facilities per LGA (116 Nurses and 116 mobilisers will be recruited) and monitor by 4 state officers.	On-going Project	SMOH/DFH/RHC	Q1-Q2-Q3-Q4	₦20,084,000.00	₦20,084,000.00	
2.8.12.22.2	Conduct and monitor 54 quarterly outreaches 3 per LGA across health facilities in the state (116 Nurses and 116 mobilisers)	On-going Project	SMOH/DFH/RHC	Q1-Q2-Q3-Q4	₦20,084,000.00	₦20,084,000.00	
2.8.12.22.3	Conduct quarterly supportive supervision of health care facility data (50 primary, 30 secondary and 2 tertiary) on reproductive health/family planning.	On-going Project	SMOH/DFH/RHC	Q1-Q2-Q3-Q4	₦11,404,000.00	₦11,404,000.00	
2.8.12.22.4	Coordinate state quarterly RH/FP technical review meeting for Reproductive health supervisors, partners and other MDAs.	On-going Project	SMOH/DFH/RHC	Q1-Q2-Q3-Q4	₦9,000,000.00	₦9,000,000.00	
2.8.12.22.5	Execute 3 family planning outreaches and 1 community dialogue to commemorate World Contraception Day by Q3	On-going Project	SMOH/DFH/RHC	Q3	₦815,000.00	₦815,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.22.6	Conduct 5-day training and retraining of 100 health care workers on long acting reversible contraceptive and immediate postpartum family planning, and contraceptive counselling at all levels of care. ( in 2 batches) in Q2 and Q4	On-going Project	SMOH/DFH/R HC	Q2-Q4	₦37,150,000.00	₦37,150,000.00	
2.8.12.22.7	Execute 1 family planning outreach and roadshow to commemorate International Condom Day in Q1	On-going Project	SMOH/DFH/R HC	Q1	₦1,915,000.00	₦1,915,000.00	
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				₦1,290,000.00	₦1,290,000.00	
2.8.12.23.1	Conduct a 2-day meeting for 25 Stakeholders to review and domesticate the national policy and guidelines for Postpartum Family Planning (PPFP) and Post-Abortion Family Planning (PAFP), and adapt them for community deployment in Q2.	On-going Project	SMOH/DFH/R HC	Q2	₦1,290,000.00	₦1,290,000.00	
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				₦520,000.00	₦520,000.00	
2.8.12.24.1	Conduct one day 25 Stakeholders meeting to adopt FP Communication Strategy to raise demand and reduce Unmet Need for FP in the state in Q2	New Project	SMOH/DFH/H PO	Q2	₦520,000.00	₦520,000.00	
2.8.12.25	Strengthen prevention, treatment and rehabilitation services for quality obstetrics Fistula care				₦210,000.00	₦210,000.00	
2.8.12.25.1	Conduct a 7-person advocacy visit to fistula centre to identify areas of collaboration in Q1	On-going Project	SMOH/DFH/R HC	Q1	₦210,000.00	₦210,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.25.2	Organize capacity building 5-day of 80 health care workers in the management of prolonged obstructed labour, and conservative management of obstetrics fistula in 2 batches in Q2 and Q4	On-going Project	SMOH/DFH/R HC	Q2-Q4			
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				₦38,220,000.00	₦38,220,000.00	
2.8.12.27.1	Conduct a 2-day meeting of 30 stakeholders to review and adapt ENCC in Q2	New Project	SMOH/DFH/R HC	Q2	₦2,820,000.00	₦2,820,000.00	
2.8.12.27.2	Disseminate 100 printed copies of ENCC to health care facilities in Q1	New Project	SMOH/DFH/R HC	Q1	₦2,900,000.00	₦2,900,000.00	
2.8.12.27.3	Organise 5 days training of 50 health workers on ENCC using the reviewed National Essential Newborn Care Course (ENCC) in Q4	On-going Project	SMOH/DFH/R HC	Q4	₦32,500,000.00	₦32,500,000.00	
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				₦2,180,000.00	₦2,180,000.00	
2.8.12.29.1	Conduct physical/on site State Assessment on 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 in Q2 in 2026	New Project	Head, Nut.	Q2	₦2,180,000.00	₦2,180,000.00	
2.8.12.34	Adapt and Contextualize the National Child Survival Action Plan-NCSAP (2024-2028) into state AOPs for roll out				₦3,630,000.00	₦3,630,000.00	
2.8.12.34.1	Adopt the National Child Survival Action Plan in Q1, 2026	New Project	DFH/Head Child Health	Q1	₦1,800,000.00	₦1,800,000.00	
2.8.12.34.2	Create a tracking mechanism for comprehensive management of childhood illnesses from malnutrition,	New Project	DFH/Head, Child Health	Q1	₦1,830,000.00	₦1,830,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	immunization of penta doses, ACT for children in Q1 2026						
2.8.12.35	Assess health facility readiness to improve integrated management of childhood illness services with linkage to community				₦775,000.00	₦775,000.00	
2.8.12.35.1	Conduct 54 HF assessment on IMCI services and integrated community case management for childhood illness (ICCM) by 12 State officers in 3 days in Q1	New Project	SMOH/DFH/C HO	Q1	₦1,380,000.00	₦1,380,000.00	
2.8.12.35.2	Conduct 1 day engagement meeting with 30 man RMNCAHN task force team to review follow-up checklist in Q1	New Project	Head, child Health	Q4	₦775,000.00	₦775,000.00	
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				₦28,690,000.00	₦28,690,000.00	
2.8.12.37.1	Inaugurate a 30-man (RMNCHN, GASHE, Ministry of Women Affairs, Ministry of Education and other relevant MDAs, Religious leaders, CSO) multi sectoral GBV (children and adult) task force team in Q1 of 2026	New Project	DFH/GASHE/ Child health	Q1	₦930,000.00	₦930,000.00	
2.8.12.37.2	Demosticate and print 100 unit of GBV reporting tool for 20 selected convelational Health facilities in Edo State	New Project	DFH/GASHE	Q2	₦2,000,000.00	₦2,000,000.00	
2.8.12.37.3	Create awareness on GBV in media houses and social media biannually, with the development and production of 1,000 IEC for HFs	New Project	DFH/GASHE	Q3	₦7,760,000.00	₦7,760,000.00	
2.8.12.37.4	Select 2 health facilities per senatorial district as Hub for GBV cases in the State in the first quarter of 2026	New Project	GASHE	Q1	₦0.00	₦0.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.37.5	Conduc quarterly review and monitor implementation of integrated childhood development programme for the 20 selected health facilities through phone calls	New Project	Head, Child Health	Q4	₦5,000.00	₦5,000.00	
2.8.12.37.6	Conduct a 3-day 30 man stakeholders meeting to develop check list to monitor implementation of integrated childhood development programme at all level in Q1	New Project	SMOH/DFH/C HO		₦2,285,000.00	₦2,285,000.00	
2.8.12.39	Scale-up capacity of Doctors, Nurses, mid- Wives, CHEWs to deliver adolescent plus youth-friendly services				₦68,880,000.00	₦68,880,000.00	
2.8.12.39.1	Conduct 2 Days Cascade training for 60 HCWs (1 doctor, 1 nurse, 1 lab scientist) from the 20 selected health facilities on adolesent health services across the 18 LGA in Q2, 2026.	New Project	Head, GASHE	Q2	₦22,650,000.00	₦22,650,000.00	
2.8.12.39.2	Supportive supervision and mentorship visit to access the trained Health care workers in the 20 health facilities on adolescent friendly services in Q4, 2026.	New Project	Head, GASHE	Q4	₦350,000.00	₦350,000.00	
2.8.12.40	Collaborate with Ministry of Education to Review the school health Policy, adopt and domesticate school health services standards at state level.				₦5,080,000.00	₦5,080,000.00	
2.8.12.40.1	Hold 2 day School Health Technical Working Group meeting to conduct a comprehensive review, adaptation, and validation of the National School Health Policy and School Health Services Standards for state-level adoption and implementation in Q3, 2026	New Project	DFH/GASHE	Q3	₦2,400,000.00	₦2,400,000.00	
2.8.12.40.2	Educate adolescents students in 20 primary and 20 secondary schools on mental health awareness and drug abuse in Q4, 2026	New Project	DFH/GASHE	Q4	₦2,680,000.00	₦2,680,000.00	

Operational Plan Activities	Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds	
2.8.12.41	Empower community to support adolescent program at the community level (peer to peer support, parents guardian etc)			₦9,610,000.00	₦9,610,000.00		
2.8.12.41.1	Conduct a one-day Orientation of selected 90 teachers from high volume private and government schools on the Establishment of AYFS peer support network across the 18 LGA in Q3, 2026	New Project	DFH/GASHE	Q3	₦7,410,000.00	₦7,410,000.00	
2.8.12.41.2	Conduct international adolescent health week outreach in Q3, 2026	On-going Project	DFH/GASHE	Q3	₦2,200,000.00	₦2,200,000.00	
2.8.12.44	Revitalize of baby friendly initiative (BFI) at all levels of care			₦80,590,000.00	₦80,590,000.00		
2.8.12.44.1	Produce 2500 IEC material on BFI for the three level of healthcare facilities in Edo State in Q2, 2026	On-going Project	DFH/Head Nut./SHPO	Q2	₦25,000,000.00	₦25,000,000.00	
2.8.12.44.2	Centralized training of 60 HCWs drawn from high ANC Health facilities from Edo South, Edo Central and Edo North for Maternal Infant and Young Child Nutrition (MIYCN) step down training, and supervision of HCW on MIYCN to improve BFI by MIYCN Ambassadors in Q3, 2026	On-going Project	DFH/Head Nut./SNO	Q3	₦39,355,000.00	₦39,355,000.00	
2.8.12.44.3	World Breastfeeding week celebration in August, 2026	On-going Project	DFH/Head Nut/SNO	Q3	₦6,865,000.00	₦6,865,000.00	
2.8.12.44.4	Biannual Maternal Newborn and Child Health Week Commemoration	On-going Project	DFH/Head, Nut/SNO	Q2-Q4	₦4,370,000.00	₦4,370,000.00	
2.8.12.45	Conduct Nutrition assessment, counselling and support (NACS)			₦3,370,000.00	₦3,370,000.00		
2.8.12.45.1	Conduct Nutritional Assessment, Counselling and Support for 60 health facilities at the PHC, secondary and tertiary health facilities in Q2 and Q4, 2026	On-going Project	DFH/Head Nut.	Q1-Q4	₦3,370,000.00	₦3,370,000.00	
2.8.12.46	Provision of growth monitoring and promotion (GMP) services at all level of care			₦3,010,000.00	₦3,010,000.00		

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.46.1	Conduct GMP at the PHC, secondary and tertiary health facilities to access the number of health facilities providing these services in Q4, 2026	On-going Project	DFH/Head Nut., SNO	Q4	₦3,010,000.00	₦3,010,000.00	
2.8.12.51	Develop guideline on establishment of Community Nutrition Centre and large scale food fortification				₦10,200,000.00	₦10,200,000.00	
2.8.12.51.1	Development and domestication and printing of 100 copies of guideline on the establishment of Community Nutrition Centre and large scale food fortification in Q1, 2026	New Project	DFH/Head Nut.	Q1	₦10,200,000.00	₦10,200,000.00	
2.8.12.52	Strengthen commodity security and reduce the high rates of stock-outs at service delivery points through improved logistics data quality and resource mobilization for RMNCAH (FP, and Nutrition)				₦22,585,000.00	₦22,585,000.00	
2.8.12.52.1	Develop an annual quantification and supply plan for Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) commodities by a five-member State Quantification Team by February 2026 that will ensure effective supply chain management and uninterrupted service delivery.	New Project	LMCU / Family Health	Q1	₦25,000.00	₦25,000.00	
2.8.12.52.2	Conduct quarterly Last Mile Distribution (LMD) of Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) commodities to all health facilities reporting on the National Health Logistics Management Information System (NHLMIS) to guarantee uninterrupted supply of essential RMNCAH commodities from January to December 2026	On-going Project	LMCU / Family Health	Q1-Q4	₦21,600,000.00	₦21,600,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.52.3	Conduct a 2-day facility stock status assessment to 50 selected health facilities	New Project	LMCU / Family Health	Q1-Q4	₦960,000.00	₦960,000.00	
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				₦7,420,000.00	₦7,420,000.00	
2.8.12.53.1	Printing and distribution of FP and MNCH LMIS tools	New Project	LMCU / Family Health	Q1	₦2,540,000.00	₦2,540,000.00	
2.8.12.53.2	2-days quarterly data review across the 18 LGAs	New Project	LMCU / Family Health	Q1-Q4	₦6,880,000.00	₦6,880,000.00	
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.	New Project	LMCU / DFH		₦328,480,000.00	₦328,480,000.00	
2.8.12.54.1	Conduct RMNCAH commodities needs assessment to selected health facilities in priority LGAs	New Project	LMCU / Family Health	Q1	₦320,000.00	₦320,000.00	
2.8.12.54.2	Procure and Utilize Family Planning commodities in the State	On-going Project	SMOH/DFH/R HC	Q1	₦1,000,000.00	₦1,000,000.00	
2.8.12.54.3	Procure and utilize Neonatal commodities & technologies (5000 Surfactants, 10, 000 Chx, 5000 cPAP & 5000 its consumables)	New Project	SMOH/DFH/R HC	Q1	₦120,000,000.00	₦120,000,000.00	
2.8.12.54.4	Procure & distribute maternal health commodities & tech ( 5000 Uterotonics, 300 MVA kits, 5000 IV Fluids, 20 abdominal & pelvic models, 5000 Calibrated drapes, 500 Moyo Hearts, 200 vaccum extractors)	New Project	SMOH/DFH/R HC	Q1	₦106,800,000.00	₦106,800,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.54.5	Procure and utilize health commodities including low osmolar ORS, Zinc tablets, Antibiotics, ACT, RDT & its consumables	On-going Project	SMOH/DFH/RHC	Q2	₦100,300,000.00	₦100,300,000.00	
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)				₦800,000,000.00	₦800,000,000.00	
2.8.12.55.1	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) in Q2, 2026	New Project	HCH/DFH	Q2	₦800,000,000.00	₦800,000,000.00	
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				₦27,000,000.00	₦27,000,000.00	
2.8.12.59.1	Set up 5-man committee to design, print and distribute 2-way referral form,	New Project	SMOH/DFH/SNO/RHC/CH O	Q1	₦27,000,000.00	₦27,000,000.00	
2.8.12.60	Configure and utilize electronic integrated supportive supervision (ISS) tools for RMNCAH+Nutrition services				₦7,488,000.00	₦7,488,000.00	
2.8.12.60.1	Conduct quarterly ISS using the configured Electronic ISS tool for RMNCAH+Nutrition services across the State by 12 State officers	New Project	SMOH/DFH/SNO/RHC/CH O	Q1-Q2-Q3-Q4	₦7,488,000.00	₦7,488,000.00	
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				₦3,337,500.00	₦3,337,500.00	
2.8.12.65.1	Conduct a 2-day desk review meeting of all existing job aids across all RMNCAH+N health programs	New Project	SMOH/DFH/HPU/RHC/N	Q1	₦2,547,500.00	₦2,547,500.00	
2.8.12.65.2	Production of newly revised job aids for RMNCAH+N health programs	New Project	SMOH/DFH/HPU/RHC/N	Q1	₦700,000.00	₦700,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.65.3	Last mile distribution of the newly revised job aid on RMNCAH	On-going Project	SMOH/DFH/H PU/RHC	Q3	₦90,000.00	₦90,000.00	
2.8.12.67	Increase demand and uptake of RMNCAH services				₦8,260,000.00	₦8,260,000.00	
2.8.12.67.1	conduct outreaches and community engagement by LHEOs and supervised by state health promotion team to promote demand uptake for RMNCAH by Q1	On-going Project	SMOH/DFH/H PU/LHEOs	Q1	₦8,260,000.00	₦8,260,000.00	
2.9.15.1	Increase production of health workers				₦4,039,000.00	₦4,039,000.00	
2.9.15.1.1	Conduct a 1 day bi annual hybrid meeting with heads of 28 health training institutions across the State	New Project	SMOH/DPPRS/HSS/HRH	Q2-Q4	₦3,984,000.00	₦3,984,000.00	
2.9.15.1.2	Develop a data tool and collect data on the number of interns enrolled and providing support to PHCs by Q1 of 2026	New Project	SMOH/DPPRS/HSS/HRH	Q1	₦25,000.00	₦25,000.00	
2.9.15.1.3	Develop template and collect data on the number of graduands produced by all the health training institutions in the State by Q1 of 2026	New Project	SMOH/DPPRS/HSS/HRH	Q1	₦30,000.00	₦30,000.00	
2.9.15.2	Support public private partnership guideline for private sector to be able to contribute to the production of qualified health workers				₦3,540,000.00	₦3,540,000.00	
2.9.15.2.1	Conduct a 1 day 20 man quarterly HRH steering committee meetings	On-going Project	smoh/dpprs/h ss/hrh	Q1-Q4	₦1,760,000.00	₦1,760,000.00	
2.9.15.2.2	Conduct a 1day 20 man quarterly HRH TWG meetings	On-going Project	smoh/dpprs/h ss/hrh	Q1-Q4	₦1,760,000.00	₦1,760,000.00	
2.9.15.2.2	Develop a template and collect data on the number of private health training institutions that recieved accreditation visit by regulatory bodies	New Project	smoh/dpprs/h ss/hrh	Q2-Q4	₦20,000.00	₦20,000.00	
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				₦3,551,000.00	₦3,551,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.9.15.4.1	Establish HRH unit and Nominate HRH desk officers across the 18 LGAs by Q1 of 2026	On-going Project	SMOH/ DPPRS/ HSS/HRH	Q1	₦20,000.00	₦20,000.00	
2,9.15.4.2	Conduct 1 day training on Human Resources for Health Information management System for 25 HRH desk officers across the 18 LGAS	New Project	SMOH, DPPR S/HRH	Q2	₦125,000.00	₦125,000.00	
2.9.15.4.3	Develop Edo State Health workforce Registry	New Project	SMH, DPPRS/ HRH	Q2	₦600,000.00	₦600,000.00	
2.9.15.4.4	Conduct quarterly update of Health workforce registry	New Project	SMOH/ DPPRS/ HRH	Q1-Q4	₦2,500,000.00	₦2,500,000.00	
2.9.15.4.5	Publish 30 copies of State Health Workforce Annual report	New Project	SMOH/ DPPR S/HRH	Q4	₦300,000.00	₦300,000.00	
2.9.15.4.6	Develop orientation kit for 25 HRH desk officers across the 18 LGAs	New Project	SMOH/ DPPR S/HRH	Q2	₦6,000.00	₦6,000.00	
2.9.15.5	Create incentives and enabling environment that improves retention of HRH within Nigeria				₦100,000.00	₦100,000.00	
2.9.15.5.1	Conduct 2 rounds of advocacy visits in collaboration with director of shared service to at least 5 high level stakeholders to facilitate the implementation of the newly revised and approved CONHESS and CONMESS and to advocate for the inclusion of other Ministry of Health cadres currently outside the CONHESS structure into the CONHESS salary scale	New Project	SMOH/ DPPR S/HRH	Q1-Q3	₦100,000.00	₦100,000.00	
2.9.15.6	Implement comprehensive workforce capacity development plan				₦4,145,000.00	₦4,145,000.00	
2.9.15.6.1	Conduct a 3 day capacity gap assessment across State, LGA and HFs supply chain officers	New Project	LMCU	Q1	₦25,000.00	₦25,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.9.15.6.2	Execute monthly training sessions based on annual capacity development plan	New Project	LMCU	Q1-Q4	₦4,100,000.00	₦4,100,000.00	
2.9.15.6.3	Develop a template and collect HRH training needs assessment across the health MDAs	New Project	smoh/dpprs/hrh	Q1	₦20,000.00	₦20,000.00	
2.9.15.7	Create and implement innovations for efficiency and effectiveness in the management of health workforce migration.				₦10,000.00	₦10,000.00	
2.9.15.7.1	Conduct an advocacy visit to the chairman, house committee on health on the need to draft a bill on migration policy	New Project	SMOH/DPPRS/HRH	Q3	₦10,000.00	₦10,000.00	
AOP Pillar(3)					₦15,385,000.00	₦15,385,000.00	
3.10.16.2	Strengthen National and Sub-national R&D coordination framework through the National Health Research Committee and National Health Research Ethics Committee				₦36,464,000.00	₦36,464,000.00	
3.10.16.2.1	Conduct 2 days bi-annual training workshops to build the capacity of all 15 HREC members on ethics review and protocol management in Q2 and Q4.	On-going Project	RKM/DPRS/S MOH	Q2-Q4	₦3,450,000.00	₦3,450,000.00	
3.10.16.2.2	Hold quarterly meetings of 15 HREC members for review of research proposals	On-going Project	RKM/DPRS/S MOH	Q1-Q2-Q3-Q4	₦3,350,000.00	₦3,350,000.00	
3.10.16.2.3	Organize a one-day stakeholders forum of 60 key stakeholders to discuss and strengthen collaboration on health research and ethics in Q3.	New Project	RKM/DPRS/S MOH	Q3	₦3,040,000.00	₦3,040,000.00	
3.10.16.2.4	Quarterly Procurement of office equipment and consumables for the Health Research and Ethic committee	On-going Project	RKM/DPRS/S MOH	Q1-Q2-Q3-Q4	₦574,000.00	₦574,000.00	
3.10.16.2.5	conduct 3 operational researches in quarter 2, 3, and 4	On-going Project	RKM/DPRS/S MOH	Q2-Q3-Q4	₦13,650,000.00	₦13,650,000.00	
3.10.16.2.6	inaugurate health research technical working group of 15 members in Q1	New Project	RKM/DPRS/S MOH	Q1	₦312,500.00	₦312,500.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
3.10.16.2.7	Hold quarterly meetings of health research technical working group of 15 members	New Project	RKM/DPRS/S MOH	Q1-Q2-Q3-Q4	₦3,350,000.00	₦3,350,000.00	
AOP Pillar(4)					₦306,000,000.00	₦306,000,000.00	
4.14.20.1	Establish Presidential Task Force/ Cabinet Committee for effective coordination, oversight and funding involving all relevant sectors to address public health threats under health security aligned with the new health sector agenda of the current administration at all levels as aligned with Renewed Hope Agenda of Mr President				₦153,000,000.00	₦153,000,000.00	
4.14.20.1.1	Allocate a Dedicated Emergency operational fund to support PHEOC activities, and immediate outbreaks/events response at any point in the year	New Project	Epid/DPH/SM OH	Q1	₦100,000,000.00	₦100,000,000.00	
4.14.20.1.2	Conduct a 1-day After-Action Review (AAR) for each of 4 diseases outbreak (Lassa fever, Dengue fever, Diphtheria, and Mpox) by Q3, 2026	On-going Project	Epid/DPH/SM OH	Q3	₦51,400,000.00	₦51,400,000.00	
4.14.20.2	Improve public awareness and behaviour on prevention, detection and control of public health threats through coordinated health promotion including campaigns, use of media, risk communication, in line with health promotion policy and framework including AMR messages				₦41,370,000.00	₦41,370,000.00	
4.14.20.2.1	Commemorate World Hand Hygiene Day in the second quarter	On-going Project	DNS/SMOH	Q2	₦1,525,000	₦1,525,000	
4.14.20.2.2	Commemorate World Antimicrobial Resistance (AMR) Day and inaugurate a state AMR TWG (SATWG) of 30 members	New Project	DMLS/SMOH	Q4	₦1,370,000.00	₦1,370,000.00	
4.14.20.2.3	Production of Radio Jingles on AMR	New Project	DMLS/HPU/P RO/SMOH	Q1	₦130,000.00	₦130,000.00	
4.14.20.2.4	Airing of Radio Jingle on AMR	New Project	DMLS/HPU/P RO/SMOH	Q2-Q4	₦1,200,000.00	₦1,200,000.00	
4.14.20.2.5	creating awareness and enlightenment on AMR via radio talk show and social media engagement	New Project	DMLS/HPU/P RO/SMOH	Q2-Q4	₦1,600,000.00	₦1,600,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
4.14.20.2.6	Commemorate Global Handwashing Day	New Project	DNS/SMOH	Q3	₦1,970,000	₦1,970,000	
4.14.20.2.7	Develop, review and print 50 copies of Public Health bulletin quarterly in 2026.	New Project	Epid/DPH/SMOH	Q3	₦2,400,000.00	₦2,400,000.00	
4.14.20.2.8	Production and airing of radio jingles on prevention and control of public health threats in five indigenous languages (Pidgin English, Bini, Esan, Etsako and Owan) quarterly	On-going Project	HPU/DPH/SMOH	Q1-Q4	₦20,600,000.00	₦20,600,000.00	
4.14.20.2.9	Conduct mass rally/sensitization to comemorate World Oxygen day (October 2) by 4th quarter of 2026.	New Project	Oxygen/DPH/DMS/SMOH	Q4	₦3,080,000.00	₦3,080,000.00	
4.14.20.3	Workforce Capacity Building - Enhances capabilities to achieve health security				₦320,299,000.00	₦320,299,000.00	
4.14.20.3.1	Conduct a 4 day Residential Capacity Building for 55 Secondary and Primary Healthcare Facility IPC Focal Persons in the State in the Second Quarter	On-going Project	DNS/SMOH	Q2	₦12,465,000	₦12,465,000	
4.14.20.3.2	Print and Distribute 5000 IEC Materials on IPC Standard Precaution Protocols to Primary and Secondary Healthcare Facilities in the State in the Second Quarter	On-going Project	DNS/SMOH	Q2	₦15,060,000.00	₦15,060,000.00	
4.14.20.3.3	Organize a 2 -day zonal non-residential training of trainers for 192 community Informants (TBAs, PMVs, BS, TH) in three (3) clusters on community surveillance for priority diseases and contact tracing by Q1, 2026.	On-going Project	Epid/DPH/SMOH	Q1	₦42,084,000.00	₦42,084,000.00	
4.14.20.3.4	Conduct a 1-day ward level step down training of 1728 (9 per ward) community informants (TBAs, PMVs, BS, TH) on community surveillance for priority diseases by Q1, 2026.	On-going Project	Epid/DPH/SMOH	Q3	₦38,400,000.00	₦38,400,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
4.14.20.3.5	Organize a 1-day residential training of LGA DSNOs, Environmental health/Agric officers (54) on the use/application of deratization baits /Rattus guard by Q1, 2026.	New Project	Epid/DPH/SM OH	Q1	₦10,580,000.00	₦10,580,000.00	
4.14.20.3.6	Organize a 2-day residential refresher training of LGA disease surveillance and notification officers and assistant (36 persons) on priority diseases and SORMAS by Q1, 2026	On-going Project	Epid/DPH/SM OH	Q1	₦11,460,000.00	₦11,460,000.00	
4.14.20.3.7	Conduct a 2-day residential capacity building for 36 LGA (DSNOs, and public health laboratorians), and 8 State team on sample collection, packaging, shipment, testing, and result reporting by Q2, 2026.	On-going Project	Epid/DPH/SM OH	Q2	₦11,548,000.00	₦11,548,000.00	
4.14.20.3.8	Conduct a 1-day non-residential refresher training on event-based surveillance for 25 members of staff of the PHEOC by Q2, 2026.	New Project	Epid/DPH/SM OH	Q2	₦560,000.00	₦560,000.00	
4.14.20.3.9	Conduct a 1-day residential training of 54 clinicians across the State on serious AEFI case management and clients/patients' support by Q2, 2026.	New Project	Epid/DPH/SM OH	Q2	₦10,728,000.00	₦10,728,000.00	
4.14.20.3.10	Conduct a 1-day residential training of trainers for 62 DSNOs/ADSNOs on AEFI by Q2, 2026.	On-going Project	Epid/DPH/SM OH	Q2	₦12,454,000.00	₦12,454,000.00	
4.14.20.3.11	Organize a 2-day non-residential training of 220 health care workers (90 from PHC, 105 from Secondary, 25 from Tertiary HFs) in the 3 senatorial zones of the State, on Hypoxaemia management by Q2, 2026.	On-going Project	Oxygen/DPH/ DMS/SMOH	Q2	₦19,760,000.00	₦19,760,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
4.14.20.3.12	Organize a 2-day residential training of 90 BMEs/Ts (10 from PHC, 70 from Secondary, 10 from Tertiary HFs) from the 3 senatorial zones of the State, on oxygen equipment maintenance and repair by Q2, 2026.	On-going Project	Oxygen/DPH/DMS/SMOH	Q2	₦25,080,000.00	₦25,080,000.00	
4.14.20.3.13	Conduct a 4-day residential training of 55 clinicians from tertiary and selected secondary health facilities on CSM sample collection by Q2 of 2026.	New Project	Epid/DPH/SMOH	Q2	₦26,435,000.00	₦26,435,000.00	
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				₦332,630,000.00	₦332,630,000.00	
4.14.20.4.1	Conduct a 3-Days Domestication and dissemination of National public health countermeasure policy 2018	New Project	LMCU	Q1	₦1,130,000.00	₦1,130,000.00	
4.14.20.4.2	Organize a Bi-monthly collation and dissemination of countermeasure commodity stock status to NCDC PSM team	New Project	LMCU	Q1-Q4	₦1,160,000.00	₦1,160,000.00	
4.14.20.4.3	Collate pharmaceutical waste data across public health programs from State/LGA stores, secondary and tertiary HFs in the States biannually	New Project	LMCU	Q3	₦880,000.00	₦880,000.00	
4.14.20.4.4	Execute quarterly redistribution to pre-position commodities at appropriate locations for first line response to epidemics and pandemic	New Project	LMCU/DPS	Q1-Q4	₦7,920,000.00	₦7,920,000.00	
4.14.20.4.5	Organize a 1-day quarterly meeting involving 35 members of the State Oxygen Forum to scale up oxygen availability, quality, administration and management across the State.	On-going Project	Oxygen/DPH/DMS/SMOH		₦7,380,000.00	₦7,380,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
4.14.20.4.6	Conduct a quarterly supervisory/assessment visit by a 4-man State team to PSA oxygen production sites/plants in the State for 2 PSA plants in 2026.	New Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦1,040,000.00	₦1,040,000.00	
4.14.20.4.7	Connect the oxygen PSA plant at Edo University Teaching Hospital Auchi, and General Hospital Usen to the National by Q1	New Project	Oxygen/DPH/DMS/S MOH	Q1	₦10,000,000.00	₦10,000,000.00	
4.14.20.4.8	Procure 300 oxygen cylinders for storage, sales, and distribution of medical oxygen products to health facilities by Q1 of 2026.	New Project	Oxygen/DPH/DMS/S MOH	Q1	₦45,000,000.00	₦45,000,000.00	
4.14.20.4.9	Print surveillance data tools (IDSR and AFP) including IDSR 001a, 001b, 001c, IDSR 002, IDSR 003, Rumour Log, AFP F001, F002, F003, LG001, LG002, LG003, S001, S002, S003, S004 by Q1, Q2, Q3, and Q4, 2026.	New Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦75,000,000.00	₦75,000,000.00	
4.14.20.4.10	Procure 100 pulse oximeters, and 100 oxygen gauges, and distribution to 50 health facilities across the State to support pulse oximetry and oxygen administration in Q1 of 2026.	New Project	Oxygen/DPH/DMS/S MOH	Q2	₦18,000,000.00	₦18,000,000.00	
4.14.20.4.11	Print and distribute 100 copies of Oxygen guideline document to health facilities by Q2 of 2026	New Project	Oxygen/DPH/DMS/S MOH	Q2	₦1,000,000.00	₦1,000,000.00	
4.14.20.4.12	Organize a 2-day biannual health facilities oxygen inventory and use assessment in 32 selected HFs (22 Secondary HFs, and 10 PHCs) involving 8 officials in Q2, and Q4 of 2026	New Project	Oxygen/DPH/DMS/S MOH	Q2-Q4	₦3,200,000.00	₦3,200,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
4.14.20.4.13	Engage 8 trained BME/Ts (4 at each PSA site) to operate the plants/support Medical Oxygen production in 2026	New Project	Oxygen/DPH/DMS/SMOH	Q1-Q2-Q3-Q4	₦6,720,000.00	₦6,720,000.00	
4.14.20.4.14	Procure 250 Lassa fever packs to support the treatment/management of Lassa fever patients at the designated treatment centre in 2026	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦10,000,000.00	₦10,000,000.00	
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.				₦431,778,000.00	₦431,778,000.00	
4.14.20.5.1	Organise a 3 day residential workshop to develop a multi-year costed Emergency Preparedness & Response plan encompassing disease outbreaks, climate shocks, natural disasters and other humanitarian emergencies	New Project	DPH/SMOH	Q1	₦11,980,000.01	₦11,980,000.01	
4.14.20.5.2	Provide sample transportation logistics/allowance to 18 LGA DSNOs for movement of a total of 4,000 samples of priority diseases from health facility or point of collection to the closest pick-up point by third party logistics through Q1, Q2, Q3, and Q4, 2026.	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦60,000,000.00	₦60,000,000.00	
4.14.20.5.3	Conduct a 1-day, monthly Integrated Disease Surveillance and Response review meeting (physical meeting) involving a total of 47 LGA, State officials and partners for the 12 months of 2026.	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦89,080,000.00	₦89,080,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
4.14.20.5.4	Conduct a 1-day, monthly Surveillance Data Quality Management review meeting (virtual) involving LGA 64 LGA surveillance officers, 20 State officials, and partners for the 12 months of 2026.	New Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦5,040,000.00	₦5,040,000.00	
4.14.20.5.5	Organise a 2-day validation workshop for the developed costed multi-year Emergency Preparedness & Response plan encompassing disease outbreaks, climate shocks, natural disasters and other humanitarian emergencies	New Project	DPH/S MOH	Q1	₦3,080,000	₦3,080,000	
4.14.20.5.6	Printing of 200 copies of the developed costed multi-year Emergency Preparedness & Response plan encompassing disease outbreaks, climate shocks, natural disasters and other humanitarian emergencies	New Project	DPH/S MOH	Q2	₦14,000,000.00	₦14,000,000.00	
4.14.20.5.7	Organise a 1-day dissemination event with 50 participants of the Edo State costed multi-year Emergency Preparedness & Response plan encompassing disease outbreaks, climate shocks, natural disasters and other humanitarian emergencies	New Project	DPH/S MOH	Q2	₦1,130,000.00	₦1,130,000.00	
4.14.20.5.8	Procure 1,000 digital thermometers for contact tracing by Q1, 2026.	On-going Project	EPID/DPH/S MOH	Q1	₦4,000,000.00	₦4,000,000.00	
4.14.20.5.9	Provide support for 192 designated surveillance community informants with monthly stipends for 1 year for priority diseases/events reporting through Q1, Q2, Q3, and Q4, 2026.	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦34,560,000.00	₦34,560,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
4.14.20.5.10	Refurbish damaged Epidemiology Unit _ PHEOC vehicle (Toyota Hilux 4 × 4 wheel drive vehicle) by Q1, 2026 for Epidemiology and Surveillance activities.	New Project	EPID/DPH/S MOH	Q1	₦15,000,000.00	₦15,000,000.00	
4.14.20.5.11	Provide funds for monthly fueling and maintenance of operational vehicle for epidemiology and disease surveillance for the 12 months of 2026.	New Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦10,200,000.00	₦10,200,000.00	
4.14.20.5.12	Provide support for medical bills for the management of 50 patients/clients with serious AEFI through Q1, Q2, Q3 and Q4, of 2026.	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦10,000,000.00	₦10,000,000.00	
4.14.20.5.13	Provide monthly transport for the 18 LGA diseases surveillance and notification officers (DSNOs) and their assistants (36 persons) for Active Case Search at health facility and community through Q1, Q2, Q3 and Q4, of 2026.	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦6,480,000.00	₦6,480,000.00	
4.14.20.5.14	Organize monthly supportive supervisory visit by a 4-man team to at least 8 health facilities each, in each of the senatorial zones of the State (Edo South, Edo Central, and Edo North) that would be visited in a particular month for the 12 months of 2026.	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦5,120,000.00	₦5,120,000.00	
4.14.20.5.15	Conduct a 1-day quarterly AEFI committee sensitization meeting involving 30 participants in 2026.	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦2,400,000.00	₦2,400,000.00	
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.				₦37,680,000.00	₦37,680,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
4.14.20.6.1	Provide logistics support for 240 AFP and 12 ES samples collection, and transportation to the Reference Laboratory in Ibadan all through the year 2026	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦37,680,000.00	₦37,680,000.00	
4.14.20.6.2	Provide monthly transport for ES sample collection supervisor to and from the collection site all through the year 2026.	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦120,000.00	₦120,000.00	
4.14.20.8	Strengthen evidence-based policy/decision making through strengthening integrated public health research registries/management system and coordinated consortium for reducing mortality, morbidity and disabilities related to health security threats				₦19,740,000.00	₦19,740,000.00	
4.14.20.8.1	Collaborate with health institutions and academicians on public health research and publication in reputable National and International Journals, with 2 sittings and publications in Q4 of 2026.	New Project	EPID/DPH/S MOH	Q4	₦2,660,000.00	₦2,660,000.00	
4.14.20.8.2	Conduct implementation research to pilot a sustainable community wellness clinic model designed to drive NCD screening uptake.	New Project	SMOH/NCDs Programme Manager, DPH Research Officer	Q4	₦15,000,000.00	₦15,000,000.00	
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				₦500,700,000.00	₦500,700,000.00	
4.14.20.9.1	To reactivate a 30 Man State IPC Committee in the First Quarter of 2026	New Project	DNS/MOH	Q1	₦585,000.00	₦585,000.00	
4.14.20.9.2	Conduct a TWG Workshop to develop State IPC Strategic Plan and Disseminate to all the IPC Focal Persons and some Facilities in the State in the First Quarter	New Project	DNS/SMOH	Q1	₦4,700,000.00	₦4,700,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
4.14.20.9.3	To conduct virtual IPC Performance monthly review meeting with 55 Infection Prevention and Control (IPC) focal persons in the secondary and primary health care facilities.	New Project	DNS/SMOH	Q1-Q4	₦3,600,000.00	₦3,600,000.00	
4.14.20.9.4	To procure appropriate Personal Protective Equipment (PPE) Items Every Quarter (Aprons, Gloves, Face sheath, Boots, Face masks etc) and Distribute to Facilities	New Project	DNS/SMOH	Q1-Q4	₦12,250,000.00	₦12,250,000.00	
4.14.20.9.5	Conduct Quarterly Supportive Supervisory Visits to Secondary Healthcare Facilities of the State by IPC Committee to Ensure Adherence to IPC Standards	New Project	DNS/SMOH	Q4	₦12,500,000.00	₦12,500,000.00	
4.14.20.9.6	Engage Ad-hoc Staff (10 per LGA) to conduct community Active Case Search and contact tracing for diseases outbreak through Q1, Q2, Q3, and Q4, 2026.	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦324,000,000.00	₦324,000,000.00	
4.14.20.9.7	Deploy a 12-man RRTs for response to 5 disease outbreak for 15 nights (3 nights per outbreak) at any time in Q1, Q2, Q3, and Q4 of 2026.	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦12,000,000.00	₦12,000,000.00	
4.14.20.9.8	Print 5,000 copies of a 3-page case investigation forms, 5,000 copies of a 1-page contact tracing forms, and 30,000 copies of a 1-page contact monitoring forms for priority diseases (a total of 50,000 copies/pages) by Q1 of 2026.	New Project	EPID/DPH/S MOH	Q1	₦10,000,000.00	₦10,000,000.00	
4.14.20.9.9	Conduct 1-day non-residential training of the State team (15 persons) on SORMAS by Q1 of 2026	On-going Project	EPID/DPH/S MOH	Q1	₦465,000.00	₦465,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
4.14.20.9.10	Conduct weekly PHEOC coordination meetings involving 30 participants through out Q1, Q2, Q3, and Q4 of 2026.	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦15,600,000.00	₦15,600,000.00	
4.14.20.9.11	Conduct quarterly surveillance TWG meeting involving 25 participants in 2026	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦2,000,000.00	₦2,000,000.00	
4.14.20.9.12	Provide monthly data and airtime for 50 pillar leads (10 pillars per outbreaks/ events) and 20 other PHEOC members for the 12 months of 2026.	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦8,400,000.00	₦8,400,000.00	
4.14.20.9.13	Conduct a 1-day bi-annual harmonization meeting of Public Health interventions involving 30 participants in Q2 and Q4 of 2026.	New Project	EPID/DPH/S MOH	Q2-Q4	₦2,900,000.00	₦2,900,000.00	
4.14.20.9.14	Optimize a section of Stella Obasanjo Hospital, Benin City as Isolation and treatment centre for Cholera, or any other immediate public health threats/diseases that may arise any time in 2026.	New Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦20,000,000.00	₦20,000,000.00	
4.14.20.9.15	Conduct quarterly deratization and harvesting of rodents in 30 communities in each of the 18 LGAS, with engagement of 4 community members in each of the community in the exercise in 2026.	On-going Project	EPID/DPH/S MOH	Q1-Q2-Q3-Q4	₦86,400,000.00	₦86,400,000.00	
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				₦13,825,000.00	₦13,825,000.00	
4.15.21.2.1	Inaugurate 35-man multi-sectoral health-climate coordination Steering Committee in Q2, 2026	New Project	SMOH/DPH/E H	Q1	₦1,145,000.00	₦1,145,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
4.15.21.2.2	Conduct one day quarterly meeting of the 35-man multi-sectoral climate-health coordination steering committee	New Project	SMOH/DPH/EH	Q1-Q4	₦4,580,000.00	₦4,580,000.00	
4.15.21.3	Develop and implement health national adaptation plan (HNAP) to address climate risks to health, and building resilience in health programmes, services and infrastructure in line with COP26 health commitment				₦29,102,000.00	₦29,102,000.00	
4.15.21.3.1	Conduct a 5-day Key Informant Interviews (KIIs) exercise (by a 12-man Environmental Health team) in Q1, 2026 targeting 60 respondents across the three Senatorial district to gather climate-health data	New Project	SMOH/DPH/EH	Q1	₦3,522,000.00	₦3,522,000.00	
4.15.21.3.2	Conduct 2-day data collection tool review for the 12-man data collectors' for the key informant interview by 4 member State Environmental Health team in Q1, 2026	New Project	SMOH/DPH/EH	Q1	₦860,000.00	₦860,000.00	
4.15.21.3.3	Conduct a 5-day residential workshop for 40 participants to develop a State costed climate and health adaptation plan addressing key climate and health risks by Q2, 2026	New Project	SMOH/DPH/EH	Q2	₦17,620,000.00	₦17,620,000.00	
4.15.21.3.4	Conduct a 2-day validation workshop for the developed costed State climate and health adaptation plan with 30 participants in attendance by Q2	New Project	SMOH/DPH/EH	Q2	₦2,000,000.00	₦2,000,000.00	
4.15.21.3.5	Print 400 copies of the developed costed State Health Adaptation Plan in Q2, 2026	New Project	SMOH/DPH/EH	Q2	₦4,050,000.00	₦4,050,000.00	
4.15.21.3.6	Organize a one-day dissemination meeting for the Edo State Climate and Health Adaptation Plan with 30 participants in attendance in Q2, 2026	New Project	SMOH/DPH/EH	Q2	₦1,050,000.00	₦1,050,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
4.15.21.4	Strengthen early warning system for detection and response to climate-linked health emergencies (flooding, heat waves, air & water pollution, fire) using One Health Approach				₦23,965,000.00	₦23,965,000.00	
4.15.21.4.1	Conduct a 2-day residential capacity building training for 38 participants drawn from Ministry of Health, Environment and Agriculture and 5 member state team on response to climate-linked health emergencies in Q3, 2026	New Project	SMOH/DPH/EH	Q3	₦7,621,000.00	₦7,621,000.00	
4.15.21.4.2	Conduct an advocacy visit by a six-man team to the Local Government Service Commission on the need to improve Environmental Sanitation across the 18 LGAs by Q2	New Project	SMOH/DPH/EH	Q2	0	0	
AOP Enabler(1)					₦3,939,605,000.00	₦3,939,605,000.00	
1.16.22.1	Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs				₦43,060,000.00	₦43,060,000.00	
1.16.22.1.1	Conduct a 2 Day Bi-annual Health Data Governance Committee Meeting of 50 Members	On-going Project	M & E UNIT/DPPRS/SMOH	Q2-Q4	₦7,220,000.00	₦7,220,000.00	
1.16.22.1.2	Conduct A Two Day Quarterly Health Data Consultative Committee Meeting of 100 Members	On-going Project	M & E UNIT/DPPRS/SMOH	Q1-Q4	₦35,840,000.00	₦35,840,000.00	
1.16.22.3	Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data				₦308,480,000.00	₦308,480,000.00	
1.16.22.3.1	Conduct a 3 Days Quarterly Data Quality Assessment across selected Public and Private Health Facilities (100 Facilities per Quarter) across the 18 LGAs reporting on DHIS2	New Project	M&E/DPRS/S MoH	Q1-Q4	₦5,030,000.00	₦5,030,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.16.22.3.2	Conduct A 3 Day bi-annual onsite capacity building and supportive supervision of 10 supervisors to build the capacity of 180 data entry clerks and record officers across the 18 LGAs in Edo State.	On-going Project	M&E/DPRS/S MOH	Q1-Q3	₦11,850,000	₦11,850,000	
1.16.22.3.3	Pilot a laboratory data management system across 30 secondary medical laboratory facilities distributed across the three senatorial districts of Edo State, procure 30 IT equipment (laptop, ups, modem and printer) and train 80 personnel — including medical laboratory scientists, data clerks, and IT support staff for 5 days— to ensure effective adoption, utilization, and sustainability of the system.	New Project	DMLS/S MOH	Q1-Q4	₦276,600,000.00	₦276,600,000.00	
1.16.22.5	Support coordination, design and implementation of health surveys				₦23,580,000.00	₦23,580,000.00	
1.16.22.5.1	Conduct a five-day bi-annual statewide health facility mapping exercise by 60 M&E officers	On-going Project	M & E UNIT/DPPRS/ SMOH	Q2-Q4	₦16,740,000.00	₦16,740,000.00	
1.16.22.5.2	Conduct a 5-day quarterly survey to assess deliveries done at the facilities versus deliveries done at Traditional Birth Homes across selected 30 facilities per senatorial districts by 12-man team	New Project	M & E UNIT/DPPRS/ SMOH	Q1-Q4	₦6,840,000.00	₦6,840,000.00	
1.16.22.7	Strengthen data analysis and use for decision making				₦23,701,000.00	₦23,701,000.00	
1.16.22.7.1	Conduct a five-day workshop for 54 health data officers, M&E focal persons, and planners on basic data analysis applications by quarter two and quarter four 2026	New Project	M&E UNIT/DPRS/S MOH	Q2-Q4	₦20,076,000.00	₦20,076,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.16.22.7.2	Conduct a one-day meeting to inaugurate 30-Man Monitoring and Evaluation Technical Working Group by first quarter of 2026	New Project	M&E UNIT/DPRS/S MOH	Q1	₦725,000.00	₦725,000.00	
1.16.22.7.3	Conduct a one-day Quarterly 30-man Monitoring and Evaluation Technical Working Group Meeting, for data review, harmonisation and validation	New Project	M&E UNIT/DPRS/S MOH	Q1-Q4	₦2,900,000.00	₦2,900,000.00	
1.16.22.8	Data sharing and dissemination of health information				₦4,080,000.00	₦4,080,000.00	
1.16.22.8.1	Production of 200 Copies of Quarterly Health Statistics Bulletin on Health Service Utilization in the State	New Project	M&E UNIT/DPRS/S MOH	Q1-Q4	₦4,080,000.00	₦4,080,000.00	
1.16.22.9	Optimized DHIS2 and Strengthen infrastructure capacity to support the health information system				₦10,400,000.00	₦10,400,000.00	
1.16.22.9.1	Conduct a two-day quarterly capacity-building workshop on DHIS2 accurate data reporting for M&E officers from the 18 LGAs by quarter 4, 2026	On-going Project	DPPRS/ SM&E/Program M&Es	Q1-Q4	₦7,520,000.00	₦7,520,000.00	
1.16.22.9.2	Conduct a one-day Quarterly Health Data Harmonisation meeting involving 40 persons across various program areas in the State	New Project	DPPRS/ SM&E/Program M&Es	Q1-Q4	₦2,880,000.00	₦2,880,000.00	
1.16.23.1	Establish/strengthen digital health governance structure and coordination at all levels				₦8,164,000.00	₦8,164,000.00	
1.16.23.1.1	Organize 5 days capacity building workshops for 18 LGA M&E Officers and State Program M&E Officers on digital health management, focusing on governance, data security, and system interoperability by second quarter of 2026	On-going Project	M&E Unit/DPRS/S MoH	Q2	₦5,984,000.00	₦5,984,000.00	
1.16.23.1.2	Engage Digital health software vendor for installation and Maintenance of Digital Health Software in quarter 2 and quarter 4 in 2026.	New Project	M&E Unit/DPRS/S MoH	Q2-Q4	₦2,160,000.00	₦2,160,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.16.23.1.3	Establish Digital in Health Focal Persons Across the 18 LGAs by quarter 1 of 2026	New Project	M&E Unit/DPRS/S MoH		₦20,000.00	₦20,000.00	
1.16.23.5	Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness				₦4,032,000.00	₦4,032,000.00	
1.16.23.5.1	Conduct a 4-day workshop to provide hands-on experience with digital health applications for 26 State M&E Officers by the Second Quarter of 2026	New Project	M&E Unit/DPRS/S MoH	Q2	₦2,432,000.00	₦2,432,000.00	
1.16.23.5.2	Reward healthcare providers by issuing certifications and performance-based incentives to at least 20 health facilities each quarter that fully adopt and consistently use digital health initiatives, thereby strengthening motivation and improving digital health implementation across the state	New Project	M&E Unit/DPRS/S MoH	Q1-Q4	₦1,600,000.00	₦1,600,000.00	
1.16.23.6	Procure and expand Infrastructure for digitizing the health system				₦1,040,000,000.00	₦1,040,000,000.00	
1.16.23.6.1	Procure 2,000 Desktop computers and internet routers by the end of Quarter 3, 2026, as a one-time procurement to equip health facilities with the necessary infrastructure for scaling digital health initiatives statewide.	New Project	State M & E Office	Q3	₦1,040,000,000.00	₦1,040,000,000.00	
AOP Enabler(2)					₦4,030,000.00	₦4,030,000.00	
2.17.24.1	Adopt lumpsum approval approach for aggregate activities based on annual workplan in line with approve budget.				₦200,000.00	₦200,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.17.24.1.1	Conduct a two day advocacy visit to at least 6 high level stakeholders(SA to Governor on Health Matters, AG, Chairman House Committee on Health, Ministry of Budget, Ministry of Finance, Commissioner for Health) for lumpsum approval of aggregate activities captured in the annual workplan by first quarter of 2026	New Project	HCF/HSS/DPRS/SMOH	Q1	₦180,000.00	₦180,000.00	
2.17.24.2	Strengthen oversight for monitoring and reporting of health sector budget utilization including quarterly AOP reports.				₦880,000.00	₦880,000.00	
2.17.24.2.1	Generate a quarterly budget execution and utilisation Report for the Health Sector in 2026	New Project	HCF/HSS/DPRS/SMOH	Q1-Q4	₦880,000.00	₦880,000.00	
2.17.24.3	Engage relevant stakeholders to ensure timely cash backing of the health sector budget.				₦3,634,000.00	₦3,634,000.00	
2.17.24.3.1	Inaugurate a 30 Man Healthcare Financing Technical Working Group Meeting	New Project	HCF/HSS/DPRS/SMOH	Q1	₦650,000.00	₦650,000.00	
2.17.24.3.2	Conduct a one-day quarterly Healthcare Financing TWG Meeting involving 33 participants to drive timely cash backing and programme implementation in the health sector	New Project	HCF/HSS/DPRS/SMOH	Q1-Q4	₦2,984,000.00	₦2,984,000.00	
2.17.24.4	Strengthen health financing evidence generation and use				₦880,000.00	₦880,000.00	
2.17.24.4.1	Conduct Quarterly Resource Mapping and Expenditure Tracking Across all Health MDAs in 2026	New Project	HCF/HSS/DPRS/SMOH	Q1-Q4	₦880,000.00	₦880,000.00	
2.17.24.5	Develop a sector wide health system investment case.				₦217,500.00	₦217,500.00	
2.17.24.5.1	Hold a one-day engagement meeting with at least 15 high-level stakeholders to develop the health sector investment case by the second quarter of 2026	New Project	HCF/HSS/DPRS/SMOH	Q2	₦217,500.00	₦217,500.00	
2.17.24.6	Increase resource mobilization for the health sector				₦530,000.00	₦530,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.17.24.6.1	Conduct an advocacy visit to (Ministry of Budget and Economic Planning and Chairman House Committee on the need to increase budget for the health sector	New Project	HCF/HSS/DPRS/SMOH	Q2-Q4	₦80,000.00	₦80,000.00	
2.17.24.6.3	Conduct 2 days advocacy to (3 companies: NPDC, Seplat, Presco Plc) operating in the state to contribute through CSR initiative that support health programs such as funding clinics, providing vaccines or supporting maternal and child health services	New Project	HCF/HSS/DPRS/SMOH	Q3	₦450,000.00	₦450,000.00	
AOP Enabler(3)					₦22,130,000.00	₦22,130,000.00	
3.18.26.3	Develop communication resources and networks infrastructure on the mission and values of the Ministry and ensure that they are embedded throughout the F/SMOH operations.				₦3,810,000.00	₦3,810,000.00	
3.18.26.3.1	Design and distribute materials such as newsletters, posters, and digital content to disseminate the mission and values of the Ministry.				₦1,150,000.00	₦1,150,000.00	
3.18.26.3.2	Organize three days training for six registry staff on proper cataloguing and filing system.				₦2,460,000.00	₦2,460,000.00	
3.18.26.3.3	Carry out survey to determine the proportion of staff that are aware and understand the Ministry's mission and values.				₦60,000.00	₦60,000.00	
3.18.26.3.4	Develop and disseminate communication materials on the mission and value of the Ministry				₦140,000.00	₦140,000.00	
3.18.26.4	Develop a comprehensive performance management and feedback system that sets clear, measurable, and achievable goals for F/SMOH Staff and teams.				₦5,620,000.00	₦5,620,000.00	
3.18.26.4.1	Schedule regular performance reviews and one-on-one feedback sessions with 100 staff				₦3,000,000.00	₦3,000,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
3.18.26.4.2	Provide training (such as emotional intelligence, empathy) for thirty managers on effective feedback delivery.				₦2,620,000.00	₦2,620,000.00	
3.18.26.5	Promote career advancement opportunities to reinforce the value of high performance by linking performance to rewards and promotions.				₦12,700,000.00	₦12,700,000.00	
3.18.26.5.1	Organize career development workshops and seminars for one hundred staff				₦5,420,000.00	₦5,420,000.00	
3.18.26.5.2	Recognize and celebrate high-performing staff through awards and public acknowledgement.				₦1,510,000.00	₦1,510,000.00	
3.18.26.5.3	Process promotion and advancement for forty-five deserving staff				₦2,950,000.00	₦2,950,000.00	
3.18.26.5.4	Establish a mentorship program to guide employees in their career growth.				₦2,820,000.00	₦2,820,000.00	
Other Organizational Functions					₦2,390,297,500.00	₦2,390,297,500.00	
497.0.10.1	Setup a robust project monitoring and management systems, including regular performance tracking, risk mitigation, stakeholder coordination, and compliance with technical and regulatory standards				₦21,565,000.00	₦21,565,000.00	
497.0.10.1.1	PROJECT MONITORING AND SUPERVISION				₦21,565,000.00	₦21,565,000.00	
513.0.11.1	To commemorate at least 2 international mortuary days before the end of 2026				₦1,492,500.00	₦1,492,500.00	
513.0.11.1.1	Conduct world mortuary science day march 18 across the three senatorial district .				₦855,000.00	₦855,000.00	
513.0.11.1.2	celebrate world national funeral directors association day				₦637,500.00	₦637,500.00	
300.0.5.1	Conduct Quarterly partners' Alignment meetings				₦3,420,000.00	₦3,420,000.00	
300.0.5.1.1	Conduct Quarterly Partners' Alignment Meetings	On-going Project	SMOH/DPPR S/HRH	Q1-Q4	₦3,240,000.00	₦3,240,000.00	
300.0.5.1.2	Publish quarterly report of partner supported intervention in the State	New Project	SMOH/DPPR S/HRH	Q1-Q4	₦180,000.00	₦180,000.00	

Operational Plan Activities	Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
376.0.6.1	Acquiring and maintaining critical office equipment such as printers, photocopy machines, furniture as well as utility vehicles to create a functional and efficient workspace			₦455,850,000.00	₦455,850,000.00	
376.0.6.1.1	To Procure office appliances - Photocopiers(10), Printers(20), Scanners(10), Electric kettle(20), microwave oven(7), public address system(5), paper shredder(10)			₦28,440,000.00	₦28,440,000.00	
376.0.6.1.2	Procurement and distribution of essential office consumables to ensure uninterrupted workflow and timely execution of Ministry Programmes.			₦6,410,000.00	₦6,410,000.00	
376.0.6.1.3	PROCUREMENT OF OPERATIONAL VEHICLES			₦420,000,000.00	₦420,000,000.00	
376.0.6.1.4	Regular maintenance and timely repair of office equipment for smooth operations across all units			₦1,000,000.00	₦1,000,000.00	
376.0.6.1.5	Procurement of cleaning materials to support the general cleaning and sanitation of the Ministry					
376.0.7.1	Investing in and upgrading essential digital tools such as computers, software, and collaboration platforms to meet the evolving needs of staff			₦74,000,000.00	₦74,000,000.00	
376.0.7.1.1	TO PROCURE IT EQUIPMENT			₦74,000,000.00	₦74,000,000.00	
376.0.8.1	Commemorate at least 2 international dental days before the end of the year 2026			₦8,350,000.00	₦8,350,000.00	
376.0.8.1.1	Commemorate World Oral Health Day across the three senatorial districts.			₦4,350,000.00	₦4,350,000.00	
376.0.8.1.2	Commemorate world oral hygiene day across the three senatorial district			₦4,000,000.00	₦4,000,000.00	
497.0.9.1	Construction and rehabilitation of hospital infrastructure, including clinical blocks, administrative buildings, and essential support facilities.			₦1,825,800,000.00	₦1,825,800,000.00	
497.0.9.1.1	CONSTRUCT DOCTORS RESIDENCE/CAFETERIA			₦945,800,000.00	₦945,800,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
497.0.9.1.2	CONSTRUCT INFECTIOUS DISEASE LABORATORY				₦380,000,000.00	₦380,000,000.00	
497.0.9.1.3	RENOVATE/REMODEL TWO WAREHOUSE BUILDING				₦500,000,000.00	₦500,000,000.00	
EDSPHCDA Total					76,571,991,000	73,797,406,000	2,774,585,000
AOP Pillar(1)					₦61,512,000	₦61,512,000	
1.3.3.2	Harmonize accreditation/inspection standards for health facilities across the regulators.				₦650,000	₦650,000	
1.3.3.2.1	Organize one-day annual review meeting for 15 persons on the harmonization of accreditation/inspection standard/checklist for all health facilities	New Project	DPRS/BHCP F Desk Officer	Q1	₦650,000	₦650,000	
1.4.4.1	Strengthen a functional health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.				₦21,320,000	₦21,320,000	
1.4.4.1.1	Conduct a one-day quarterly PHC planning committee meetings of 40 persons to review planning and performance in line with AOPs objectives in the respective quarters	On-going Project	DPRS/Planning Officer	Q1-Q2-Q3-Q4	₦21,320,000	₦21,320,000	
1.4.4.2	Develop AOP and ensure alignment of partners' plans to national/state health sector AOP				₦38,282,000	₦38,282,000	
1.4.4.2.1	Training of 18 LGA health teams of 7 members each on health facility AOP development and harmonization for 5 days	New Project	DPRS/Planning Officer	Q2	₦16,722,000	₦16,722,000	
1.4.4.2.2	Conduct a one-day annual AOP validation workshop with EDSPHCDA programme officers and partners	New Project	DPRS/Planning Officer	Q4	₦4,980,000	₦4,980,000	
1.4.4.2.3	Conduct 2-day orientation meeting for EDSPHCDA 25 programme officers on 2027 AOP preparation and development	New Project	DPRS/Planning Officer	Q3	₦7,070,000	₦7,070,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.4.4.2.4	Conduct 3-day workshop on Situational & Gap analysis to identify priority areas for 2027 AOP preparation & development workshop	New Project	DPRS/Planning Officer	Q3	₦9,510,000	₦9,510,000	
1.4.4.3	Support to HMB, SPHCDA/B, and LGA Health Authorities on the development and consolidation of health facilities AOP (One Plan) focussing on SWAp priorities.				₦1,260,000	₦1,260,000	
1.4.4.3.1	Print and disseminate the annual health facility plan template to 517 PHC OICs	New Project	DPRS/Planning Officer	Q2	₦1,260,000	₦1,260,000	
AOP Pillar(2)					₦70,153,447,000	₦67,395,727,000	₦2,757,720,000
2.5.6.2	Promote Advocacy for Multi-sectoral coordination at all Levels of health and across the sectors that are proactive health promotion				₦4,291,000	₦4,291,000	
2.5.6.2.1	Facilitate a one-day meeting with 63 stakeholders from health and related government agencies to promote MSAP by Q2	On-going Project	DCFH/SHE	Q2	₦4,291,000	₦4,291,000	
2.5.6.3	Build Capacity of FMOH/SMOH/LGA program managers to provide leadership and coordination for Multi-sectoral Partnership including CSOs for effective collaboration.				₦7,920,000	₦7,920,000	
2.5.6.3.1	Conduct monthly basis meeting within MDAs to discuss progress and align goals of the MAMII project.	On-going Project	MAMII FP & SWAP FP	Q1-Q2-Q3-Q4	₦7,920,000	₦7,920,000	
2.5.6.6	Strengthen accountability mechanism and community engagement to accelerate community participation and improve service delivery				₦288,000	₦288,000	
2.5.6.6.1	Set up/strengthen a National Media Hub with multiple reporting and feedback channels—hotline, SMS for offline users, and an online platform ,to drive continuous improvement in health services.	On-going Project	DCFH/SHE	Q1-Q2-Q3-Q4	₦288,000	₦288,000	
2.5.6.8	Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes				₦5,683,000	₦5,683,000	
2.5.6.8.1	Facilitate a two-day annual meeting with 62 stakeholders to provide input and insights on the SBC strategy	On-going Project	DCFH/SHE	Q1	₦5,683,000	₦5,683,000	

Operational Plan Activities	Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds	
2.5.6.9	Strengthen SBC (RCCE) multisectoral coordination mechanism to facilitate the implementation of routine and Emergency interventions.			₦4,824,000	₦4,824,000		
2.5.6.9.1	Quarterly production of SBC materials incorporating RCCE and key health promotion messages	On-going Project	DCFH/SHE	Q1-Q2-Q3-Q4	₦4,824,000	₦4,824,000	
2.5.6.10	Increase Demand Generation to improve health service uptake including RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning and other health services			₦160,203,000	₦160,203,000		
2.5.6.10.1	Conduct community mobilization and sensitization on NTDs by 250 town announcers and through social media across the 18 endemic LGAs by Q1 to Q4 2026	On-going Project	DDCI/SNTDC	Q1-Q4	₦4,350,000	₦4,350,000	
2.5.6.10.2	Organize a one-day annual activities such as Press Briefing, Road Rally & Outreaches on the eradication/elimination of Onchocerciasis and Lymphatic Filariasis in commemoration of the 2026 World NTD day	On-going Project	DDCI/SNTDC	Q1	₦3,155,000	₦3,155,000	
2.5.6.10.3	Conduct State level training for 18 LGAs NTD Coordinators and 16 State Integrated Health Teams (SIHTs) on NTD PC and IDMs by Q1 and Q4	On-going Project	DDCI/SNTDC	Q1	₦29,800,000	₦29,800,000	
2.5.6.10.4	Conduct cascade LGA level training for 586 FLHF and 7760 CDDs on NTD PC and IDMs across 16 endemic LGAs by State NTDC and 16 SIHTs by Q1 to Q4	On-going Project	DDCI/SNTDC	Q1-Q4	₦21,030,000	₦21,030,000	
2.5.6.10.5	Organise data collection and entry on DHIS2 for NTD MDA by 16 SIHTs across 16 LGAs by Q2 and Q4	On-going Project	DDCI/SNTDC	Q2-Q4	₦16,408,000	₦16,408,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.5.6.10.6	Conduct NTD Mass Drug Administration (MDA) by Q2 and Q4 in all communities of the 16 endemic LGAs by 7760 Community Directed Distribution (CDDs).	On-going Project	DDCI/SNTDC	Q2-Q4	₦77,600,000	₦77,600,000	
2.5.6.10.7	Organize 5 day annual NTD Soil Transmitted Helminthes (STH)/Schistosomiasis(SCH) Program intervention to treat eligible children of 5 to 14 years at Egor and Oredo LGAs by teachers/health workers, supervised by State NTD team, SUBEB and Ministry of Education	On-going Project	DDCI/SNTDC	Q2	₦7,860,000	₦7,860,000	
2.5.6.11	Accelerate the Integration of awareness programs/health campaigns to improve health outcomes including primary health interventions				₦68,915,000	₦68,915,000	
2.5.6.11.1	Procure and distribute electronic tablet devices for 18 LHEOs and 4 State HEs to facilitate effective fieldwork by Q3	New Project	DCFH/SHE	Q3	₦7,040,000	₦7,040,000	
2.5.6.11.2	Quarterly Production and airing of 3 Jingles in English, pidgin and indigenous languages on RI,FP,ANC,Nutrition, HPV, Measles Rubella and other PHC services	On-going Project	DCFH/SHE	Q1-Q2-Q3-Q4	₦61,875,000	₦61,875,000	
2.6.8.1	Implementation of Zero-Dose Reduction Operational Plan (Z-DROP) in prioritised LGAs.				₦193,144,000	₦193,144,000	
2.6.8.1.1	Train 400 CHEWs to effectively identify and track defaulters across the 192 wards in the State for two quarters ( 2 and 4)	On-going Project	DDCI/SIO	Q2-Q4	₦40,000,000	₦40,000,000	
2.6.8.1.2	Conduct quarterly targeted campaign in 192 wards to vaccinate identified zero dose/ defaulters in prevalent LGAs	On-going Project	DDCI/SIO	Q1-Q2-Q3-Q4	₦92,160,000	₦92,160,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.6.8.1.3	Deployment of 2 vaccination team per ward( 2 vaccinators, 2 recorders, 2 mobilizers) to conduct mass vaccination for improved vaccination coverage in the communities for three quarters ( 2,3 and 4)	On-going Project	DDCI/SIO	Q2-Q3-Q4	₦46,080,000	₦46,080,000	
2.6.8.1.4	Conduct a 3-day post campaign assessment to assess impact of the targeted SIAs campaign (MR, NIPDS/OBR, BCU) in two quarters( one & two)	On-going Project	DDCI/SIO	Q2-Q3-Q4	₦9,504,000	₦9,504,000	
2.6.8.1.5	Conduct biannual supportive supervisory visits to the zero dose LGAs by Q1 to Q4	On-going Project	DDCI/SIO	Q1-Q2-Q3-Q4	₦5,400,000	₦5,400,000	
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				₦70,200,000	₦70,200,000	
2.6.8.2.1	Identify, enumerate and vaccinate 2,810 zero-dose and underimmunized children across the 18 LGAs in three quarters (1st ,2nd and 3rd)	On-going Project	DDCI/SIO	Q1-Q2-Q3	₦70,200,000	₦70,200,000	
2.6.8.3	Conduct of Big Catch-Up Campaign in prioritised LGAs				₦961,320,000	₦961,320,000	
2.6.8.3.1	Strengthen the Big Catch Up 4-Day campaign, through a 1-day orientation exercise for the 18 LIOs & 18 MEOs on the scope of the big catch-up campaign by Q1	On-going Project	DDCI/SIO	Q1	₦961,220,000	₦961,220,000	
2.6.8.3.2	Conduct one day planning meeting with 20 participants the state, stakeholders and the health facility workers on the Big catch-up implementation in the first quarter	On-going Project	DDCI/SIO	Q1	₦100,000	₦100,000	
2.6.8.4	Conduct of Performance Assessment for Program Management and Action (PAPA) 2.0 in prioritised ZD LGAs				₦7,160,000	₦7,160,000	
2.6.8.4.1	Identify and train 36 state Assessors (2 per LGA) and 3 senior state	On-going Project	DDCI/SIO	Q3	₦7,160,000	₦7,160,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	Enumerators to conduct PAPA Assessment in Q3						
2.6.8.5	Expand access to immunization Services.				₦67,448,000	₦67,448,000	
2.6.8.5.1	Strengthen RI outreach sessions monthly in identified communities, hard-to-reach and riverine settlements across the 18 LGAs quarterly	On-going Project	DDCI/SIO	Q1-Q2-Q3-Q4	₦46,268,000	₦46,268,000	
2.6.8.5.2	Conduct a one day monthly RI technical review meeting with the 18 LIOs and M&Es in the State	On-going Project	DDCI/SIO	Q1-Q4	₦21,180,000	₦21,180,000	
2.6.8.6	Mapping of Zero Dose Communities				₦67,440,000	₦67,440,000	
2.6.8.6.1	Strengthen the biannual assessment of service reach to all settlement across the 18 LGAs to inform prioritisation efforts to reduce zero dose and underimmunized children	On-going Project	DDCI/SIO	Q2-Q4	₦67,440,000	₦67,440,000	
2.6.8.7	Strengthening Communities to demand immunization services and reduce vaccine hesitancy.				₦4,800,000	₦4,800,000	
2.6.8.7.1	Conduct one-day community engagement across 192 wards with WDC to plan and support supplementary immunization of missed children in Q2	On-going Project	DDCI/SIO/SH E	Q2	₦4,800,000	₦4,800,000	
2.6.8.8	Strengthening immunization data system for effective decision making and assessment of vaccine safety and impact.				₦51,600,000	₦51,600,000	
2.6.8.8.1	Conduct annual 2-day training on Effective Vaccine Management tools for 10 State team members and 36 LGA Cold Chain officers in Q2	On-going Project	DDCI/SCCO	Q2	₦51,600,000	₦51,600,000	
2.6.8.9	Enhance the deployment of effective immunization vaccine management system to reduce stock out of vaccines such as DPT3, Polio, Measles, Yellow Fever, etc				₦87,264,000	₦87,264,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.6.8.9.1	Strengthen the existing vaccine logistics management system and other devices across the 3 senatorial zones by Q4	On-going Project	DDCI/SCCO	Q4	₦11,040,000	₦11,040,000	
2.6.8.9.2	Conduct 1-day Monthly Review meeting for 10 State team and 36 LGA Cold Chain Officers in the State	On-going Project	DDCI/SCCO	Q1-Q4	₦76,224,000	₦76,224,000	
2.6.9.1	An NCD prevention task force with a focus on high priority illnesses ( Strengthen governance, coordination, collaboration and leadership)				₦22,876,000	₦22,876,000	
2.6.9.1.1	Conduct a 3 days training of the 18 LGA NCD focal persons on NCD standard operations and utilizations of NCD equipments in Q3 and Q4	New Project	DDCI/NCD	Q1-Q3	₦22,876,000	₦22,876,000	
2.6.9.2	Implement the MPOWER strategy to reduce tobacco use and adapt the Protocol to Eliminate Illicit Trade to reduce supply.				₦8,265,000	₦8,265,000	
2.6.9.2.1	Conduct a 1-day quarterly Sensitization on the side-effect of tobacco use in public and private school students of age 14 to 20 years and in the general public across the 18 LGAs	On-going Project	DDCI/NCD	Q1-Q2-Q3-Q4	₦6,000,000	₦6,000,000	
2.6.9.2.2	Conduct a 1-day annual campaign such as sensitization, road walk, social media on "World No Tobacco day" Celebration in Q2	On-going Project	DDCI/NCD	Q2	₦2,265,000	₦2,265,000	
2.6.9.3	Develop and Implement a comprehensive national alcohol control policy and regulation/law				₦2,580,000	₦2,580,000	
2.6.9.3.1	Conduct a 1- day campaign on alcohol control in public and private secondary schools and social media in Q1 and Q2	New Project	DDCI/NCD	Q1-Q2	₦2,580,000	₦2,580,000	
2.6.9.4	Strengthening and supporting regulatory authorities to promote healthy diets, by policy formulations, and awareness creation at the community and schools				₦3,230,000	₦3,230,000	
2.6.9.4.1	Conduct a 1-day campaign on healthy diet in communities and secondary	On-going Project	DDCI/NCD	Q2-Q4	₦3,230,000	₦3,230,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	schools across the 18 LGAs in Q2 and Q4						
2.6.9.5	Adapt and implement the Global Action Plan on Physical Activity.				₦8,841,000	₦8,841,000	
2.6.9.5.1	Conduct a 2-day annual training of skilled birth health workers on the importance of physical activities in Q3	New Project	DDCI/NCD	Q3	₦8,841,000	₦8,841,000	
2.6.9.7	Raise public awareness on pre-marital/pre-conception screening for sickle cell disease including genetic counseling				₦2,165,000	₦2,165,000	
2.6.9.7.1	Conduct a 1-day annual campaign on sickle cell awareness on World sickle cell day in Q2	On-going Project	DDCI/NCD	Q2	₦2,165,000	₦2,165,000	
2.6.9.8	Strengthen health systems to address Prevention and Control of Non-Communicable Diseases at all levels of care and contribute to reducing risk factors.				₦14,402,000	₦14,402,000	
2.6.9.8.1	Conduct a 4-day annual training on lifestyle management of Non Communicable Diseases for 35 health workers in Q2.	New Project	DDCI/NCD	Q2	₦14,402,000	₦14,402,000	
2.6.9.9	Strengthen prevention of mental, neurological, and substance abuse disorders (MNSD)				₦21,401,000	₦21,401,000	
2.6.9.9.1	Conduct a 4-day training of 18 MOHs and 517 OICs on mental health in Q3	New Project	DDCI/NCD	Q3	₦21,401,000	₦21,401,000	
2.6.10.1	Strengthen Communicable disease prevention task forces focused on HIV, TB, Malaria and NTDs at the national and sub-national level				₦14,140,000	₦14,140,000	
2.6.10.1.1	Conduct a 2 day Strategic Planning Meeting on NTD with relevant lined ministries, Agencies and Partners Annually	On-going Project	DDCI/SNTDC	Q1	₦14,140,000	₦14,140,000	
2.6.10.2	Scale up integrated HIV prevention services				₦268,040,000	₦268,040,000	
2.6.10.2.1	Procurement of 400 cartons of male condoms, 100 cartons of female condoms and 200 lubricants in Q1 and Q4.	On-going Project	DDCI/HIV	Q1-Q4	₦262,000,000	₦262,000,000	
2.6.10.2.2	Carry out a 1-day quarterly sensitization and awareness creation	New Project	DDCI/HIV	Q1-Q2-Q3-Q4	₦3,640,000	₦3,640,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	on HIV prevention across the 18LGAs.						
2.6.10.2.3	Distribution of 500 cartons of condoms and 200 lubricants across the 18 LGAs in Q1 and Q4.	New Project	DDCI/HIV	Q1-Q4	₦2,400,000	₦2,400,000	
2.6.10.3	Increase uptake and access to HIV services (testing , treatment, care, viral suppression , including procurement of HIV rapid test kits)				₦11,500,000	₦11,500,000	
2.6.10.3.1	A 1-day activation of 5 PHCs each across the 3 Senatorial zones for comprehensive HIV services in Q3.	New Project	DDCI/HIV	Q3	₦11,500,000	₦11,500,000	
2.6.10.4	Reach, treat and sustain Vertical HIV transmission and Paediatrics interventions				₦44,586,000	₦44,586,000	
2.6.10.4.1	Training of 2 community health workers each in the 18 LGAs to support PMTCT and pediatric HIV case finding in Q1 and Q4.	New Project	DDCI/HIV	Q1-Q4	₦44,586,000	₦44,586,000	
2.6.10.5	Improve access and utilisation of integrated vector control interventions (ITNs, Targeted IRS, targeted LSM, vector surveillance and insecticide resistance monitoring)				₦20,670,000	₦20,670,000	
2.6.10.5.1	Quarterly distribution of ITNs to all the PHCs across the 18LGAs	On-going Project	DDCI/MFP	Q1-Q2-Q3-Q4	₦9,280,000	₦9,280,000	
2.6.10.5.2	Conduct a 1-day 'Hang-up, Keep-up' campaign in selected 90 communities across the 18 LGAs in Q2,Q3 and Q4.	New Project	DDCI/MFP	Q2-Q3-Q4	₦7,065,000	₦7,065,000	
2.6.10.5.3	Conduct a 1-day annual campaign on world malaria day	On-going Project	DDCI/MFP	Q2	₦4,325,000	₦4,325,000	
2.6.10.6	Improve generation of evidence for decision-making and impact through reporting of quality malaria data and information from at least 80% of health facilities.				₦8,830,000	₦730,000	₦8,100,000
2.6.10.6.1	Organize a 2-days non residential training for 10 EDSPHCDA Malaria team members on Data management and coordination IN Q2 and Q3.	On-going Project	DDCI/MFP	Q2-Q3	₦730,000	₦730,000	
2.6.10.6.2	Hold a 1 day quaterly Data Review / Harmonisation meeting with 18 RBMs and 18 M&Es on malaria statistics.	On-going Project	DDCI/MFP	Q1-Q2-Q3-Q4	₦8,100,000		₦8,100,000

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.6.10.7	Increase access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination therapy (ACTs) and malaria vaccine				₦666,840,000	₦19,800,000	₦647,040,000
2.6.10.7.1	Conduct a 3 days quarterly supportive supervision by 36 state supervisors to all PHCs on malaria activities and other program activities.	On-going Project	DDCI/MFP	Q1-Q2-Q3-Q4	₦23,040,000		₦23,040,000
2.6.10.7.2	Quarterly procurement of 40,000 RDT test kits to all Primary Healthcare facilities across the 18 LGAs.	On-going Project	DDCI/MFP	Q1-Q2-Q3-Q4	₦600,000,000		₦600,000,000
2.6.10.7.3	Quarterly distribution of 40,000 RDT test kits to all Primary Healthcare facilities across the 18 LGAs	On-going Project	DDCI/MFP	Q1-Q2-Q3-Q4	₦24,000,000		₦24,000,000
2.6.10.7.4	Quarterly deployment of 40,000 ACTs to accessible and non accessible phcs across the 18 LGAs.	On-going Project	DDCI/MFP	Q1-Q2-Q3-Q4	₦19,800,000	₦19,800,000	
2.6.10.8	Increase access and uptake of Tuberculosis Preventive Therapy (TPT)				₦31,320,000	₦31,320,000	
2.6.10.8.1	Conduct a 1-day monthly TB data review meeting of 40 participants.	On-going Project	DDCI/TBDO	Q1-Q2-Q3-Q4	₦16,920,000	₦16,920,000	
2.6.10.8.2	Conduct a 2-days quarterly TB data review meeting of 20 participants.	On-going Project	DDCI/TBDO	Q1-Q2-Q3-Q4	₦14,400,000	₦14,400,000	
2.6.10.9	Improve access to Tuberculosis care - case finding and treatment				₦63,682,000	₦63,682,000	
2.6.10.9.1	Conduct a 3 days capacity building for 18 TBLS and 18 ATBLS including 10 state team in Edo state in Q2	On-going Project	DDCI/TBDO	Q2	₦57,130,000	₦57,130,000	
2.6.10.9.2	Organise a 2 days quarterly supportive supervisions by 9 state supervisors across the 18 LGAs.	On-going Project	DDCI/TBDO	Q1-Q2-Q3-Q4	₦6,552,000	₦6,552,000	
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				₦37,175,000.00	₦37,175,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.1.1	Conduct a 5-day residential capacity building workshop for 25 state taskforce members, focusing on maternal and child health priorities essential nutrition, and the implementation of accountability framework to improve health outcomes in Q2 and Q4.	On-going Project	DCFH/RH	Q2-Q4	₦20,500,000.00	₦20,500,000.00	
2.8.12.1.2	Conduct a one day engagement/inauguration meeting with 30 stakeholders in Q1.	New Project	MAMII FP/SWAP FP/RH FP	Q1	₦1,550,000.00	₦1,550,000.00	
2.8.12.1.3	Conduct mapping of relevant 10 MDAs Stakeholders for MAMII Project in Q1.	On-going Project	MAMII FP/SWAP FP/RH FP	Q1	₦115,000.00	₦115,000.00	
2.8.12.1.4	Conduct a 1-day monthly meeting with other MDAs involving 30 participants to discuss progress and align goals of the MAMII project.	New Project	MAMII FP/SWAP FP/RH FP	Q1-Q2-Q3-Q4	₦1,800,000.00	₦1,800,000.00	
2.8.12.1.5	Conduct a 1-day quarterly meeting between MDAs involving 35 participants on performance assessment of the MAMII project.	New Project	MAMII FP/SWAP FP/RH FP	Q1-Q2-Q3-Q4	₦10,500,000.00	₦10,500,000.00	
2.8.12.1.6	Conduct a 1-day annual harmonization and dissemination of donors budget inline with AOP in Q1.	New Project	MAMII FP/SWAP FP/RH FP	Q1	₦375,000.00	₦375,000.00	
2.8.12.1.7	Hold a 2-day annual meeting on design/drafting of accountability frame work involving 15 participants for MAMII TWG in Q1.	On-going Project	MAMII FP/SWAP FP/RH FP	Q1	₦2,335,000.00	₦2,335,000.00	
2.8.12.2	Develop & Implement a mechanism for tracking RMNCAEH+N resources and its use.				₦43,992,000.00	₦43,992,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.2.1	Conduct an 8-day training that involves 5 days residential for 30 HCWs on EPMM, ENAP and CSAP and a 3-day meeting of 30 expert for the development of data collection tools for tracking mechanism of RMNCAEH+N resources with 3 facilitators in Q2 and Q4.	New Project	DCFH/RH	Q2-Q4	₦43,992,000.00	₦43,992,000.00	
2.8.12.3	Institutionalize maternal, perinatal and child death surveillance and response (MPCDSR) at all facilities/communities for quality improvement and monitor response.				₦71,330,000.00	₦10,120,000.00	₦58,010,000.00
2.8.12.3.1	Conduct A 2-Day Stakeholders Review Meeting of 25-members for Review, Adoption And Dissemination Of the RMNCAEH+N QOC Operational Plan in Q2 and Q4	On-going Project	MAMII FP/SWAP FP/RH FP	Q2-Q4	₦10,120,000.00	₦10,120,000.00	
2.8.12.3.2	To revalidate the MPDCSR committee at state, LGHA and Facility level within the Q1 of 2026	On-going Project	MAMII FP/SWAP FP/RH FP	Q1	₦450,000.00		₦450,000.00
2.8.12.3.3	Train 80 CHEWs on death notification, verbal and social autopsy, no blame culture/data analysis across the 4 MAMII LGAS in Q1.	New Project	MAMII FP/SWAP FP/RH FP	Q1	₦3,400,000.00		₦3,400,000.00
2.8.12.3.4	Identify, train and sensitize key community influencers and 100TBAs on maternal and perinatal death reporting across the 4 MAMII LGAs in Q2.	New Project	MAMII FP/SWAP FP/RH FP	Q2	₦4,980,000.00		₦4,980,000.00
2.8.12.3.5	Organize a 5-day residential workshop involving 50 participants for the adoption of MPDCSR guidelines and reporting tools in Q4.	New Project	DCFH/RH	Q4	₦25,240,000.00		₦25,240,000.00
2.8.12.3.6	Conduct a 2 day training of relevant 50 Healthcare workers on MPDSCR guidelines and reporting tools in Q1.	New Project	DCFH/RH	Q1	₦12,940,000.00		₦12,940,000.00

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.3.7	Printing and dissemination of 20 MPDCSR guidelines and reporting tools in Q2.	New Project	DCFH/RH	Q2	₦10,000,000.00		₦10,000,000.00
2.8.12.3.8	Conduct a 1-day annual training/Sensitization of 420 participants which are community informants (TBAs, Bone setter, PMV), DSNOs and WDCs on community maternal and perinatal death reporting across the 18 LGAs in Q3.	On-going Project	DCFH/RH	Q3	₦4,200,000.00		₦4,200,000.00
2.8.12.4	Develop state AOPs with creation of budget line and timely release of fund for quality improvement systems in all facilities and communities for RMNCAEH + N health care				₦10,712,000.00	₦10,712,000.00	
2.8.12.4.1	Conduct a 2-Day Retraining Of 25 TWG Members on RMNCAEH + N QOC Standards in Q2 and Q3.	On-going Project	DCFH/RH	Q2-Q3	₦10,712,000.00	₦10,712,000.00	
2.8.12.6	Provide adequate WASH infrastructure and services in healthcare facilities and Monitoring indicators to ensure quality of care and IPC				₦94,416,000.00	₦82,136,000.00	₦12,280,000.00
2.8.12.6.1	Organize a 3-day training on effective IPC practices and protocols for the 18 LGA IPC focal persons in Q1 and Q3.	On-going Project	DDCI/IPC	Q1-Q3	₦27,360,000.00	₦27,360,000.00	
2.8.12.6.2	Organise a 2 day quarterly on-the-job mentoring to PHC facilities by 6 state supervisors on the adherence to IPC protocols across the 18 LGAs	On-going Project	DDCI/IPC	Q1-Q2-Q3-Q4	₦5,760,000.00	₦5,760,000.00	
2.8.12.6.3	Conduct a 2-day training exercise for 192 HCW on wash and procurement, provision of wash infrastructure at 192 facilities in Q2 and Q4.	New Project	DCFH/RH	Q2-Q4	₦49,016,000.00	₦49,016,000.00	
2.8.12.6.4	Conduct a 1-day annual community sensitization on WASH practices and facility cleanliness involving 30 participants for the 4 MAMII LGAs in Q4.	New Project	DCFH/RH/MAMII FP	Q4	₦8,080,000.00		₦8,080,000.00

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.6.5	Hold a 1-day meeting to establish facility WASH committees for ongoing maintenance and monitoring for the 4 MAMII LGAs in Q4.	New Project	DCFH/RH/MAMII FP	Q4	₦4,200,000.00		₦4,200,000.00
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.				₦56,620,000.00	₦56,620,000.00	
2.8.12.7.1	Hold a 5-day residential capacity building of 54 healthcare workers on postpartum care PRE/PEE and post abortal care (PAC) intervention (primary, secondary, and tertiary) across the 18 LGAs in Q2 and Q3	New Project	DCFH/RH	Q2-Q3	₦56,620,000.00	₦56,620,000.00	
2.8.12.8	Increase Antenatal Care (Individual and GANC) coverage and HF's delivery in the primary, secondary, and tertiary health facilities in all the 36 states plus FCT				₦365,975,000.00	₦57,690,000.00	₦316,285,000.00
2.8.12.8.1	Conduct a 3-days community mobilization outreaches and campaigns by 60 mobilizers to the 192 wards to drive demands for antenatal care in Q2 and Q4	On-going Project	DCFH/RH	Q2-Q4	₦38,460,000.00	₦38,460,000.00	
2.8.12.8.2	Conduct 5-days training of 1000 Health workers (400 - JCHEWs and 600 - ACBHW) as part of community base health workforce across the 18 LGAs in Edo state in Q2	New Project	MAMII FP/SWAP FP	Q2	₦179,130,000.00		₦179,130,000.00
2.8.12.8.3	Conduct a 1-day annual engagement meeting with 1920 community gatekeepers ( 10 per ward) on the MAMII objectives in Q1	New Project	MAMII FP/SWAP FP	Q1	₦62,910,000.00		₦62,910,000.00
2.8.12.8.4	Develop 40 advocacy kits in local languages for the 4 MAMII LGAs in Q1	New Project	DCFH/SHEO	Q1	₦1,200,000.00		₦1,200,000.00
2.8.12.8.5	Conduct a one day annual engagement meeting with 50 stakeholders for the development of SBC materials in Q1	New Project	DCFH/SHEO	Q1	₦1,950,000.00		₦1,950,000.00

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.8.6	Produce and disseminate 5 audio/videos jingles in various dialect through social media handles (Whatsapp, Tiktok) across the 18 LGAs in Q2	New Project	DCFH/SHEO	Q2	₦2,515,000.00		₦2,515,000.00
2.8.12.8.7	Conduct a 1 day quarterly Dialogue meeting with 22 community leaders on MAMII project across the 4 MAMII LGAs	On-going Project	MAMII FP/SWAP FP	Q1-Q2-Q3-Q4	₦1,340,000.00		₦1,340,000.00
2.8.12.8.8	Conduct a 2-day annual training of 52 TBAs on maternal and neonatal mortality reduction across the 4 MAMII LGAs	New Project	MAMII FP/SWAP FP	Q3	₦6,680,000.00		₦6,680,000.00
2.8.12.8.9	Conduct a 1-day annual focus group discussion with healthcare workers and parents/guadians on the danger of female circumcision during ANC sessions across the 4 MAMII LGAs	On-going Project	MAMII FP/SWAP FP	Q1-Q2-Q3-Q4	₦580,000.00		₦580,000.00
2.8.12.8.10	Develop and disseminate 80 community pregnancy tracking register for CBHW for the 4 MAMII LGAs in Q2	New Project	MAMII FP/SWAP FP	Q2	₦2,680,000.00		₦2,680,000.00
2.8.12.8.11	Conduct quarterly household mapping involving 200 healthcare workers to identify pregnant women in the 4 MAMII LGAs	New Project	MAMII FP/SHEO	Q1-Q2-Q3-Q4	₦24,000,000.00		₦24,000,000.00
2.8.12.8.12	Conduct a 2-day annual training for 400 community based health workers including WDC members on data collection across	New Project	MAMII FP/SWAP FP	Q2	₦25,300,000.00		₦25,300,000.00
2.8.12.8.13	Organise a 3 -day capacity building of 54 health care workers across the 18 LGAs on ANC guidelines, management of complications and newborn care in Q2	On-going Project	DCFH/RH	Q2	₦19,230,000.00	₦19,230,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.9	Roll out Post-partum Hemorrhage (PPH) management at the health facilities using E-motive bundle, active management of 3rd stage of labour etc				₦51,500,000.00	₦29,050,000.00	₦22,450,000.00
2.8.12.9.1	Conduct a 5-day capacity building of 54 health care workers across the 18 LGAs on postpartum hemorrhage management and family planning in Q1	New Project	DCFH/RH	Q1	₦29,050,000.00	₦29,050,000.00	
2.8.12.9.2	Conduct a 2-day annual workshop for engaged 400 town announcers/criers on RMNCH service delivery in Q1	New Project	DCFH/RH	Q1	₦22,450,000.00		₦22,450,000.00
2.8.12.10	Create "midwifery led"™ community outreach model with incentives for HCWs to improve ANC coverage				₦504,090,000.00	₦504,090,000.00	
2.8.12.10.1	Organize a 5 day onboarding and deployment of 1920 community based midwives across the 18 LGAs to improve ANC coverage in Q1 and Q3	New Project	DCFH/RH	Q1-Q3	₦493,820,000.00	₦493,820,000.00	
2.8.12.10.2	Establish a financial mechanism for incentivizing community based midwives on ANC referral from PHC facilities across the 18 LGAs quarterly	On-going Project	DCFH/RH	Q1-Q2-Q3-Q4	₦10,270,000.00	₦10,270,000.00	
2.8.12.11	Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level				₦473,136,000.00	₦28,430,000.00	₦444,706,000.00
2.8.12.11.1	Organize a 1-day training on referral process for 500 TBAs across the 18 LGAs of the state in the second quarter.	New Project	DCFH/RH	Q2	₦10,990,000.00	₦10,990,000.00	
2.8.12.11.2	Conduct mapping of available transport options (tricycles, community vehicles) for emergency purpose from Q1 across the 18 LGAs	New Project	MAMII FP/SWAP FP	Q1	₦2,800,000.00	₦2,800,000.00	
2.8.12.11.3	Inaugurate 20-man community emergency transport committees at the 4 MAMII LGAs in Q2	New Project	MAMII FP/SWAP FP	Q2	₦3,000,000.00		₦3,000,000.00

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.11.4	Establish and train 30 PHC staff on emergency communication protocols and 24-hours referral contact point in all PHC across the 4 MAMII LGAs in Q3	New Project	MAMII FP/SWAP FP	Q3	₦5,030,000.00	₦5,030,000.00	
2.8.12.11.5	Conduct a 1-day annual community sensitization on emergency transport and maternal health services across the 4 MAMII LGAs in Q1	New Project	MAMII FP/SWAP FP	Q1	₦4,100,000.00		₦4,100,000.00
2.8.12.11.6	Establish, procure and deploy 4 additional ambulances and emergency response hubs in the 4 MAMII LGAs in Q1	New Project	EdoEMS	Q1	₦280,000,000.00		₦280,000,000.00
2.8.12.11.7	Equip ambulances and 80 PHCs with essential life saving maternal and neonatal commodities across the 4 MAMII LGAs. in Q1	New Project	EdoEMS	Q1	₦19,200,000.00		₦19,200,000.00
2.8.12.11.8	Upgrade call center infrastructure across the 4 MAMII LGAs and conduct public education on helpline usage.	On-going Project	EdoEMS	Q1	₦1,600,000.00	₦1,600,000.00	
2.8.12.11.9	Conduct EMT certification courses and continuous capacity-building workshops by Q 2	New Project	EdoEMS	Q2	₦30,860,000.00		₦30,860,000.00
2.8.12.11.10	To implement NEMSAS services across the state in a phased plan and involving EDOHIS by Q3	New Project	EDOHIS/SMOH/NEMSAS/NHIA	Q3	₦20,000,000.00		₦20,000,000.00
2.8.12.11.11	Implement preventive maintenance schedules and create dedicated maintenance funds BY Q1	New Project	EDOEMS/SMOH	Q1	₦20,000,000.00		₦20,000,000.00
2.8.12.11.12	Quarterly update/review of the stakeholder mappings across the 18 LGAs	New Project	NHIA/EDHIC/PFMO/EDSP HCDA/SMOH	Q1-Q2-Q3-Q4	₦20,000,000.00		₦20,000,000.00

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.11.13	Inaugurate a mandatory Health Insurance Enforcement Team by the end of the first quarter	On-going Project	NHIA/EDHIC/PFMO	Q1	₦3,760,000.00		₦3,760,000.00
2.8.12.11.14	Conduct quarterly meetings of the Mandatory Health Insurance Enforcement Team.	New Project	EDOEMS/SMOH/MAMII FP	Q1-Q2-Q3-Q4	₦13,136,000.00		₦13,136,000.00
2.8.12.11.15	Develop an Health Insurance marketing volunteer framework in Q1 and Q2	New Project	EDOEMS/SMOH/MAMII FP	Q1-Q2	₦1,600,000.00	₦1,600,000.00	
2.8.12.11.16	To recruit and train Health Insurance volunteers	On-going Project	EDOEMS/SMOH/MAMII FP	Q2	₦12,550,000.00		₦12,550,000.00
2.8.12.11.17	Develop a feedback mechanism from identified stakeholders at the end of the first quarter	New Project	EDOEMS/SMOH/MAMII FP	Q1	₦3,900,000.00	₦3,900,000.00	
2.8.12.11.18	Conduct quarterly Integrated Supportive Supervision to 217 health facilities with insurance services in the 18 LGAs.	New Project	EDOEMS/SMOH/MAMII FP	Q1-Q2-Q3-Q4	₦12,160,000.00		₦12,160,000.00
2.8.12.11.19	Train TBAs on the referral protocol, provide them with referral slips and give incentives for completed referrals	New Project	SMOH/EDSP HCDA/LGHA/OIC	Q1-Q2	₦5,940,000.00		₦5,940,000.00
2.8.12.11.20	Organize 4 community volunteers and 4 motorcycle riders into an emergency transport service (ETS) across the 4 MAMII LGAs in Q1 and Q3	On-going Project	DCFH/SHEO	Q1-Q3	₦220,000.00	₦220,000.00	
2.8.12.11.21	Establish a community fund to support transport costs	New Project	MAMII FP/SWAP FP	Q1-Q3	₦2,290,000.00	₦2,290,000.00	
2.8.12.12	Deploy Doctors midwives+CHEWS/JCHEWS to high need areas, using relocation incentives and flexible arrangements for RMNCAH				₦10,200,000.00	₦10,200,000.00	
2.8.12.12.1	Conduct 2-day onboarding for recruited 18 doctors and 120 midwives across all 18 LGAs to strengthen health service delivery in Q2	On-going Project	DCFH/RH	Q2	₦10,200,000.00	₦10,200,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.13	Activate additional CHEWs and JCHEWs by leveraging unemployed available stock for RMNCAH+N				₦125,460,000.00	₦125,460,000.00	
2.8.12.13.1	Hold a 2-Day Training Of RMNCAH+N for an Additional 300 Chews and 100 JCHEWS across the 18 LGAs in Q2, Q3 and Q4	On-going Project	DCFH/RH	Q2-Q3-Q4	₦125,460,000.00	₦125,460,000.00	
2.8.12.14	Upskill midwives on supervision, innovations and refresher courses for deployed midwives				₦52,200,000.00	₦52,200,000.00	
2.8.12.14.1	Conduct a 3-day capacity building of active management of labour through partograph for 120 midwives across the 18 LGAs in Q2 and Q4	On-going Project	DCFH/RH	Q2-Q4	₦52,200,000.00	₦52,200,000.00	
2.8.12.15	Upskill CHEWs to carry out some MNCH services, with focus on ANC and PNC for uncomplicated pregnancies, Family Planning, newborn and child health services				₦193,040,000.00	₦193,040,000.00	
2.8.12.15.1	Conduct a 5-Day Training for 400 CHEWs Across the 18 LGAs on MNCH Services, with a focus on ANC and PNC for uncomplicated pregnancies and Family Planning in Q2 and Q4	New Project	DCFH/RH	Q2-Q4	₦193,040,000.00	₦193,040,000.00	
2.8.12.16	Drive uptake of innovations such the calibrated drap, Moyo Heart and Multiple Micronutrient Supplement (MMS) etc				₦45,288,000.00	₦45,288,000.00	
2.8.12.16.1	Conduct 3-day residential training of 72 healthcare workers to introduce and drive uptake of MMS to pregnant women across the 18 LGA in Q2 and Q4	New Project	DCFH/SNO	Q2-Q4	₦45,288,000.00	₦45,288,000.00	
2.8.12.21	Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.				₦204,940,000.00	₦204,940,000.00	
2.8.12.21.1	Conduct a 5-day training of 180 skilled birth attendant on Basic and Comprehensive emergency obstetric and new born care (EMOnC) services across the 18 LGAs in Q2 and Q4	On-going Project	DCFH/RH	Q2-Q4	₦169,800,000.00	₦169,800,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.21.2	Conduct a 5-day capacity building of 40 health facilities care workers (nurses, midwives, and CHEWs) on a basic and comprehensive emergency obstetrics newborn care by 4 State officer and RH supervisor in Q2 and Q4	New Project	DCFH/RH	Q2-Q4	₦35,140,000.00	₦35,140,000.00	
2.8.12.22	Expand access to a full range of modern contraceptives including immediate postpartum, post-abortion FP, through mobile outreach service delivery in providing a wide range of contraceptives.				₦170,036,000.00	₦170,036,000.00	
2.8.12.22.1	Hold a three(3) day training of 60 Skilled Health Workers on FP/LARC across the 18 LGAs in Q2 and Q4	On-going Project	DCFH/RH	Q2-Q4	₦34,380,000.00	₦34,380,000.00	
2.8.12.22.2	Conduct and Monitor Quarterly 54 Outreaches on RH/FP (3 Per LGA) across all Health Facilities in the State (116 Nurses And 116 Mobilizers Will Be Recruited And Monitored By 3 State Officers).	New Project	DCFH/RH	Q1-Q2-Q3-Q4	₦135,656,000.00	₦135,656,000.00	
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				₦3,015,000.00	₦3,015,000.00	
2.8.12.23.1	Conduct a 1-day 25-person stakeholders meeting to adopt the National Policy Guidelines for Postpartum Family Planning (PPFP) And Post-Abortion Family Planning(PAFP) for the State in Q2 and Q4	New Project	DCFH/RH	Q2-Q4	₦3,015,000.00	₦3,015,000.00	
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				₦1,387,500.00	₦1,387,500.00	
2.8.12.24.1	Conduct a 1-day annual state stakeholder's meeting of 25 person to adopt the national policy for the state in Q3	New Project	DCFH/RH	Q3	₦1,387,500.00	₦1,387,500.00	
2.8.12.26	Accelerate implementation of Essential Newborn Care (ENC) at the Primary health facilities				₦112,680,000.00	₦58,870,000.00	₦53,810,000.00

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.26.1	Conduct a 3-day training and retraining of 96 health care workers on the implementation of essential new born care quarterly across the 18 LGAs.	On-going Project	DCFH/RH	Q1-Q2-Q3-Q4	₦55,320,000.00	₦55,320,000.00	
2.8.12.26.2	Conduct annual facility readiness assessment for selected facilities to be supported (baseline for selected indicators) for the 4 MAMII LGAs	New Project	EDSPHCDA/SMOH	Q1	₦4,600,000.00		₦4,600,000.00
2.8.12.26.3	Selection of facility champions (10 per MAMII LGAs) (HCWs in labor preferably) in Q1	New Project	SMOH/EDSP HCDA	Q1	₦250,000.00	₦250,000.00	
2.8.12.26.4	Conduct quarterly onsite In-service simulation training & reflective debrief using the SBCC approach: Labor management, HBB, Bleeding after birth etc across the 18 LGAs	New Project	SMOH/EDSP HCDA	Q1-Q2-Q3-Q4	₦9,920,000.00		₦9,920,000.00
2.8.12.26.5	Conduct quarterly 80 Health facility peer-peer learning across the 4 MAMII LGAs	New Project	SMOH/EDSP HCDA	Q1-Q2-Q3-Q4	₦3,200,000.00	₦3,200,000.00	
2.8.12.26.6	To conduct 8-days quarterly joint Supportive supervision and project monitoring by 6 MoH/SPHCDA & Partner across the 18 LGAs	New Project	MAMII FP/SWAP FP	Q1-Q2-Q3-Q4	₦23,640,000.00		₦23,640,000.00
2.8.12.26.7	Train 54 data officer and DHIS-2 focal persons for 2-days at State, LGA & Health facility annually on relevant SBBC data variables collection	New Project	EDSPHCDA/SMOH	Q2	₦12,770,000.00		₦12,770,000.00
2.8.12.26.8	Mentoring/supervision of 8 facility champions for CQI and overseeing the simulation-based training of primary health facility staff across the 18 LGAs quarterly	New Project	MAMII FP/SWAP FP	Q1-Q2-Q3-Q4	₦2,880,000.00		₦2,880,000.00
2.8.12.26.9	To Activate a knowledge management structure through the	New Project	EDSPHCDA/SMOH	Q3	₦100,000.00	₦100,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	knowledge management unit at DPRS in Q3						
2.8.12.28	Promote home visits on community- based newborn through empowering communities, Outreaches and Mobile Clinics				₦305,414,000.00	₦24,530,000.00	₦280,884,000.00
2.8.12.28.1	Conduct 150 home visit on community based newborn outreaches through health talks, and mobile clinics across the 192 ward with 2 CHEWS per ward in Q2	New Project	DCFH/RH	Q2	₦19,200,000.00	₦19,200,000.00	
2.8.12.28.2	Conduct 1000 house-to-house enumeration of target populations in all communities across the 4 MAMII LGAs in Q3 and Q4	On-going Project	DPRS/M&E	Q3-Q4	₦241,864,000.00		₦241,864,000.00
2.8.12.28.3	Conduct comprehensive registration of all pregnant women, WRA and under-5 children accessing PHC services in Q2, Q3 and Q4	On-going Project	DPRS/M&E	Q2-Q3-Q4	₦5,330,000.00	₦5,330,000.00	
2.8.12.28.4	Train 60 facility staff on integrated data capture using digital registers across the 4 MAMII LGAs in Q3	On-going Project	EDSPHCDA/SMOH	Q3	₦17,220,000.00		₦17,220,000.00
2.8.12.28.5	Develop facility-level dashboards for real-time monitoring of RMNCH service coverage across the 18 LGAs in Q3	On-going Project	MAMII FP/SWAP FP/SHMISO	Q3	₦21,800,000.00		₦21,800,000.00
2.8.12.31	Improve Capacity of frontline health workers on Comprehensive new born at Secondary and tertiary Health facilities				₦17,713,000.00	₦17,713,000.00	
2.8.12.31.1	Conduct 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 by a consultant and 3 facilitators in Q2	On-going Project	DCFH/RH	Q2	₦17,335,000.00	₦17,335,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.31.2	Conduct a 1-day supportive supervision of 20 facilities on comprehensive newborn by 4 state officers.	On-going Project	DCFH/RH	Q3	₦378,000.00	₦378,000.00	
	Assess health facility readiness to improve integrated management of childhood illness services with linkage to community				₦4,680,000.00	₦4,680,000.00	
2.8.12.35.1	HOLD A 1-DAY MEETING FOR 30 STATE TASK FORCE TEAM FOR THE DEVELOPMENT OF DATA COLLECTION TOOLS FOR ASSESSING HF READINESS FOR IMCI SERVICES AND ICCM in Q2 and Q4	On-going Project	DCFH/RH	Q2-Q4	₦4,680,000.00	₦4,680,000.00	
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)				₦92,570,000.00	₦92,570,000.00	
2.8.12.36.1	Conduct a 5-day capacity building of 300 health care workers from primary, tertiary and secondary on IMCI and ICCM across the 18 LGAs in Q2 and Q4	On-going Project	DCFH/RH	Q2-Q4	₦92,570,000.00	₦92,570,000.00	
2.8.12.39	Scale-up capacity of Doctors, Nurses, mid- Wives, CHEWs to deliver adolescent plus youth-friendly services				₦10,298,000.00	₦10,298,000.00	
2.8.12.39.1	Hold a 2-day capacity building of 54 health workers (doctors, nurses ,midwives, CHEWS,) on skills adolescent - youth friendly services across the 18 LGAs in Q3	On-going Project	DCFH/RH	Q3	₦10,298,000.00	₦10,298,000.00	
2.8.12.44	Revitalize of baby friendly initiative (BFI) at all levels of care				₦350,240,000.00	₦350,240,000.00	
2.8.12.44.1	CONDUCT BI-ANNUAL MATERNAL NEW-BORN AND CHILD HEALTH WEEK across the 18 LGAs in Q2 and Q3	On-going Project	DCFH/SNO	Q2-Q4	₦213,440,000.00	₦213,440,000.00	
2.8.12.44.2	Conduct a 1-week annual campaign on World Breastfeeding week in Q3	On-going Project	DCFH/SNO	Q3	₦12,320,000.00	₦12,320,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.44.3	Conduct 4-day residential MIYCN training for 120 healthcare workers across the 18 LGAs in Q1 and Q3	New Project	DCFH/SNO	Q1-Q3	₦124,480,000.00	₦124,480,000.00	
2.8.12.46	Provision of growth monitoring and promotion (GMP) services at all level of care				₦30,000,000.00	₦30,000,000.00	
2.8.12.46.1	Conduct 2-day annual training for 500 OICs on Growth Monitoring & Promotion and Nutrition data tools reporting across the 18 LGAs in Q2	New Project	DCFH/SNO	Q2	₦30,000,000.00	₦30,000,000.00	
2.8.12.47	Accelerate the scale up of integrated management of acute malnutrition (IMAM) at all level of care				₦47,600,000.00	₦47,600,000.00	
2.8.12.47.1	Conduct 3-day annual training of 500 OICs on IMAM across the 3 senatorial districts in Q2	New Project	DCFH/SNO	Q2	₦47,600,000.00	₦47,600,000.00	
2.8.12.50	Scaling up community Nutrition best practices				₦21,300,000.00	₦21,300,000.00	
2.8.12.50.1	Conduct a 2-day Capacity building of 500 OIC on Micro and Macro nutrients supplementation in the 3 senatorial district in Edo State in Q3	New Project	DCFH/SNO	Q3	₦21,300,000.00	₦21,300,000.00	
2.8.12.51	Develop guideline on establishment of Community Nutrition Centre and large scale food fortification				₦336,672,000.00	₦336,672,000.00	
2.8.12.51.1	Conduct a 2-day training on establishment of Community Nutrition Centre and large scale food fortification for NFPS across all the 18 LGAs in Q2	New Project	DCFH/SNO	Q2	₦9,922,000.00	₦9,922,000.00	
2.8.12.51.2	Procurement of medical equipment and materials for the established Community centres and large scale food fortification in 500 health facilities across the 18 LGAs in Q2	New Project	DCFH/SNO	Q2	₦326,750,000.00	₦326,750,000.00	
2.8.12.52	Strengthen commodity security and reduce the high rates of stock-outs at service delivery points through improved logistics data quality and resource mobilization for RMNCAH (FP, and Nutrition)				₦1,107,500.00	₦1,107,500.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.52.1	Conduct a 1-day annual training of state quantification team of 25 persons and develop a 1- year costed family planning commodities quantification document in Q1	New Project	DCFH/RH	Q1	₦1,107,500.00	₦1,107,500.00	
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				₦7,560,000.00	₦7,560,000.00	
2.8.12.53.1	Set up a quarterly 6-man state situation room for tracking bimonthly data entry on NHLMIS platform.	On-going Project	DCFH/RH	Q1-Q2-Q3-Q4	₦4,320,000.00	₦4,320,000.00	
2.8.12.53.2	Hold 1-day quarterly zonal data review meeting with 18 LGA RH supervision..	On-going Project	DCFH/RH	Q1-Q2-Q3-Q4	₦3,240,000.00	₦3,240,000.00	
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				₦80,000,000.00	₦60,000,000.00	₦20,000,000.00
2.8.12.54.1	Conduct quarterly procurement of full range of family planning commodities and distribution to the 18LGAs.	On-going Project	DCFH/RH	Q1-Q2-Q3-Q4	₦30,000,000.00	₦30,000,000.00	
2.8.12.54.2	Procurement of 266,956 mama kits and plastic bells across the 18 LGAs in Q1 and Q3.	New Project	DCFH/RH	Q1-Q3	₦30,000,000.00	₦30,000,000.00	
2.8.12.54.3	Procure and distribute 1000 BEmONC equipment and commodities (e.g., MgSO4, Misoprostol, Parenteral antibiotics) across the 18 LGAS to strengthen DRF in Q3.	New Project	EDSPHCDA/SMOH	Q3	₦20,000,000.00		₦20,000,000.00
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)				₦4,800,000,000.00	₦4,800,000,000.00	
2.8.12.55.1	Procure and utilize 105,000 bottles of Multiple Micronutrient Supplement for the State in Q1 and Q3.	New Project	DCFH/SNO	Q1-Q3	₦1,600,000,000.00	₦1,600,000,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.55.2	Procure and utilize 3,000 cartons of RUFT for the 18 LGAs in Q2.	New Project	DCFH/SNO	Q2	₦800,000,000.00	₦800,000,000.00	
2.8.12.55.3	Procure and utilize 900 cups of Albendazole for the 18 LGAs in Q2 and Q4.	New Project	DCFH/SNO	Q2-Q4	₦2,400,000,000.00	₦2,400,000,000.00	
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				₦350,300,000.00	₦210,300,000.00	₦140,000,000.00
2.8.12.59.1	Conduct 2-day annual orientation to 200 community health workers on 2 ways referral forms to PHCs and other healthcare facilities in Q2.	New Project	DCFH/RH	Q2	₦4,250,000.00	₦4,250,000.00	
2.8.12.59.2	Print and distribute 50,000 copies of 2-way referral forms on RMNCAH+Nutrition to community health workers in Q2.	New Project	DCFH/RH	Q2	₦200,000,000.00	₦200,000,000.00	
2.8.12.59.3	Develop and disseminate 250 standardized referral protocols and forms in the 4 MAMII LGAs in Q4.	New Project	MAMII FP/SWAP FP	Q4	₦6,050,000.00	₦6,050,000.00	
2.8.12.59.4	Procure and deploy 50 motorcycle ambulances for hard-to-reach areas in the 18 LGAs in Q4.	New Project	EDSPHCDA/TMB	Q4	₦140,000,000.00		₦140,000,000.00
2.8.12.60	Configure and utilize electronic integrated supportive supervision (ISS) tools for RMNCAH+Nutrition services				₦3,638,900,000.00	₦3,638,900,000.00	
2.8.12.60.1	Procure 25 Utility vehicles (Hilux) for Supportive Supervision of RMNCAH+N activities across the 18 LGAs in Q2.	New Project	DPRS/Planning Officer	Q2	₦3,500,000,000.00	₦3,500,000,000.00	
2.8.12.60.2	Conduct a 6-day quarterly Integrated Supportive Supervision of 54 State supervisors, 18 LGA Supervisors and 10 Monitors across the 18 LGAs	New Project	DPRS/M&E	Q1-Q2-Q3-Q4	₦136,560,000.00	₦136,560,000.00	
2.8.12.60.3	Conduct a quarterly quality of care supervision using the electronic check	New Project	DPRS/DCFH	Q1-Q2-Q3-Q4	₦2,340,000.00	₦2,340,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	list of 18 supervisors across the 18 LGA.						
2.8.12.68	Conduct joint planning, review meetings and implementation of RMNCAEH services through the WDC/VWC/ to Foster community ownership and partnership.				₦20,320,000.00	₦20,320,000.00	
2.8.12.68.1	Organize a quarterly meeting with 192 WDCs on the implementation of RMNCAEH services towards community ownership.	On-going Project	DCFH/RH	Q1-Q2-Q3-Q4	₦20,320,000.00	₦20,320,000.00	
2.8.13.2	Revise and domesticate the BHCPF 2.0 guidelines to operationalize the proposed BHCPF NPHCDA Gateway reforms (in collaboration with the states and donors) including a performance and accountability framework				₦22,980,000.00	₦22,980,000.00	
2.8.13.2.1	Conduct 2-day annual orientation meeting for 20 Accounting officers on BHCPF 2.0 Guidelines in Q1.	New Project	DFA/Accounting Officer	Q1	₦4,800,000.00	₦4,800,000.00	
2.8.13.2.2	Conduct 3-day annual capacity building workshop on BHCPF 2.0 guidelines to LGA team members across the 18 LGAs in Q1.	New Project	BHCPF DO	Q1	₦18,180,000.00	₦18,180,000.00	
2.8.13.3	Establish standards for PHC functionality and stratify existing PHCs accordingly				₦4,740,000.00	₦4,740,000.00	
2.8.13.3.1	Conduct a 2-day annual review meeting of 10 persons to develop, adopt and cost the PHC improvement plan for semi- and non-functional PHCs based on assessment findings in Q2.	New Project	DPRS/M&EO	Q2	₦4,740,000.00	₦4,740,000.00	
2.8.13.4	Update nationwide PHC assessments to establish baseline, and create a sustainable system for real time visibility into PHC functionality status				₦24,192,000.00	₦24,192,000.00	
2.8.13.4.1	Organise a 3-day quarterly meeting of 15 persons to integrate PHC functionality indicators into routine supportive supervision to primary health care facilities	New Project	DPRS/M&EO	Q1-Q2-Q3-Q4	₦24,192,000.00	₦24,192,000.00	
2.8.13.5	Galvanize all government and partner resources for phased needs-based upgrades of prioritized PHCs to achieve full functionality (infrastructure, equipment, workforce, commodities etc)				₦54,019,495,000.00	₦53,388,300,000.00	₦631,195,000.00

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.13.5.1	Construction/Remodelling of 384 PHCs (2 per ward) across the 18 LGAs in the State in Q2 to level 2 PHCs.	New Project	DPRS/M&EO	Q2	₦49,920,000,000.00	₦49,920,000,000.00	
2.8.13.5.2	Construction of borehole from Q1 at 30 selected PHCs across the 18 LGAs in the State	On-going Project	DPRS/Planning Officer	Q1	₦870,000,000.00	₦870,000,000.00	
2.8.13.5.3	Supply and Installation of 15KVa solar at 30 selected PHCs across the 18 LGAs in the State in Q1.	On-going Project	DPRS/Planning Officer	Q1	₦540,000,000.00	₦540,000,000.00	
2.8.13.5.4	Renovation/revitalization of 30 selected PHCs across the 18 LGAs in the State in Q1.	On-going Project	DPRS/Planning Officer	Q1	₦750,000,000.00	₦750,000,000.00	
2.8.13.5.5	Renovation of 10 priority PHCs with solar/inverter systems, boreholes and sanitation facilities of the 4 MAMII LGAs in Q3.	New Project	EDSPHCDA/SMOH	Q3	₦1,300,000,000.00	₦1,300,000,000.00	
2.8.13.5.6	Equipping operating theatres and laboratories of PHCs located at the 4 MAMII LGAs in Q3.	New Project	EDSPHCDA/SMOH	Q3	₦188,110,000.00		₦188,110,000.00
2.8.13.5.7	Establishment of functional blood bank linkage in 4 MAMII LGAs IN Q3.	New Project	EDSPHCDA/SMOH	Q3	₦125,400,000.00		₦125,400,000.00
2.8.13.5.8	Conduct a 2-day WASH infrastructure gap assessment in all BEmONC/CEmONC facilities in Q3 involving 15 participants.	New Project	EDSPHCDA/SMOH	Q3	₦6,825,000.00		₦6,825,000.00
2.8.13.5.9	Installation of 40 handwashing stations with running water in labor rooms, postnatal wards, and newborn care units across the 4 MAMII LGAs HF	New Project	EDSPHCDA/STRUWASSA	Q1-Q2-Q3-Q4	₦2,000,000.00		₦2,000,000.00
2.8.13.5.10	Establish proper waste management systems (incinerators, sharp pits, waste segregation bins) in the 3 senatorial zones of Edo State in Q4.	New Project	EDSPHCDA/STRUWASSA	Q4	₦50,000,000.00		₦50,000,000.00

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.13.5.11	Conduct a 2-day training of 50 health workers on WASH protocols and infection prevention control in Q4,	New Project	EDSPHCDA/STRUWASSA	Q4	₦13,150,000.00		₦13,150,000.00
2.8.13.5.12	Conduct an equipment audit in 10 facilities to ascertain the amount of medical equipments available in Q4.	New Project	EDSPHCDA/SMOH	Q4	₦2,020,000.00	₦2,020,000.00	
2.8.13.5.13	Procure and install 9 new medical equipments in Q4.	New Project	EDSPHCDA/SMOH	Q4	₦230,200,000.00		₦230,200,000.00
2.8.13.5.14	A 2-day training of 52 facility staff on basic preventive maintenance of medical equipment in Q4.	New Project	EDSPHCDA/SMOH	Q4	₦15,510,000.00		₦15,510,000.00
2.8.13.5.15	Distribution of medical supplies to the facilities of the 4 MAMII LGAs in Q3.	On-going Project	MAMII FP/SWAP FP	Q3	₦6,280,000.00	₦6,280,000.00	
2.8.13.7	Enforce quarterly disbursement of funds in line with BHCPF guidelines				₦41,460,000.00	₦41,460,000.00	
2.8.13.7.1	Conduct a 3 days quarterly Financial Check to ensure BHCPF facilities meet eligibility criteria for subsequent disbursement	New Project	DFA/Accounting Officer	Q1-Q2-Q3-Q4	₦14,100,000.00	₦14,100,000.00	
2.8.13.7.2	Conduct Quarterly DFF (Decentralized facility fund) and capitation verification to 40 health facilities to verify timeliness of disbursement of funds	On-going Project	DPRS/BHCPF DO	Q1-Q2-Q3-Q4	₦27,360,000.00	₦27,360,000.00	
2.8.13.12	Leverage technology for end-to-end BHCPF financial management and expenditure tracking				₦15,720,000.00	₦15,720,000.00	
2.8.13.12.1	Conduct 2-days annual training of 200 OICs and 200 WDCs on the use of the financial management system for the tracking of expenditure in Q1.	New Project	DPRS/BHCPF DO	Q1	₦15,720,000.00	₦15,720,000.00	
2.8.13.13	Utilize Financial Management Officers (FMOs) for quarterly tracking of spending with clear ToR				₦7,830,000.00	₦7,830,000.00	
2.8.13.13.1	Conduct a 3-day annual training of 18 FMOs on financial management and tracking of spending in BHCPF-supported health facilities in Q1.	New Project	DPRS/BHCPF DO	Q1	₦7,830,000.00	₦7,830,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.13.14	Ensure an annual statutory audit is done across all levels and external audit performed on total funds				₦46,300,000.00	₦46,300,000.00	
2.8.13.14.1	Conduct quarterly financial audit of 40 facilities in 5 LGAs per quarter	New Project	DFA/Audit	Q1-Q2-Q3-Q4	₦44,000,000.00	₦44,000,000.00	
2.8.13.14.2	Conduct a 2-day audit involving 30 participants/auditors in all BEmONC/CEmONC facilities to determine power needs in Q4.	New Project	EDSPHCDA/SMOH	Q4	₦2,300,000.00	₦2,300,000.00	
2.8.13.15	Establish independent monitoring and verification system				₦19,800,000.00	₦19,800,000.00	
2.8.13.15.1	Conduct a 3-day routine and periodic independent verification visits to 30 PHCs in Q2 and Q4.	New Project	DPRS/DFA/Audit	Q2-Q4	₦19,800,000.00	₦19,800,000.00	
2.8.13.18	Revision of fund allocation to states and the need to allocate funds to the LGA				₦25,900,000.00	₦25,900,000.00	
2.8.13.18.1	Conduct a 2-Day training on financial management for 140 participants across the 18 LGHAs in Q2	New Project	DPRS/BHCP F DO	Q2	₦25,900,000.00	₦25,900,000.00	
2.8.13.22	Deliver BHCPF as One Package at the last mile.				₦17,180,000.00	₦17,180,000.00	
2.8.13.22.1	3 days training of 70 state and LGA Quality assessors using updated harmonized (NPHCDA/NHIA) Q.A tool in Q2.	New Project	DPRS/BHCP F DO	Q2	₦17,180,000.00	₦17,180,000.00	
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				₦34,195,000.00	₦17,675,000.00	₦16,520,000.00
2.9.15.4.1	Conduct a 3-days annual baseline assessment of current HRH capacity across 4 MAMII LGAs in Q1.	New Project	MAMII FP/SWAP FP	Q1	₦2,120,000.00		₦2,120,000.00
2.9.15.4.2	Conduct a 1-day annual workshop for 30 stakeholders on identification and prioritization of facilities with critical staff shortages for immediate action in Q1.	New Project	MAMII FP/SWAP FP	Q1	₦1,600,000.00	₦1,600,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.9.15.4.3	Hold a 1-day workshop for 30 participants to activate rural incentive package including accommodation, security and hardship allowances in Q2 for the 4 MAMII LGAs.	New Project	EDSPHCDA/SMOH	Q2	₦4,800,000.00	₦4,800,000.00	
2.9.15.4.4	Conduct a 3-days Fast tracking supervision of the renovation/construction of staff quarters in 10 priority MAMII facilities in Q2.	New Project	EDSPHCDA/SMOH	Q2	₦14,400,000.00		₦14,400,000.00
2.9.15.4.6	Conduct a 2-days training for state officers to create digital HRH tracking system for real-time workforce management in Q3.	New Project	EDSPHCDA/SMOH	Q3	₦4,320,000.00	₦4,320,000.00	
2.9.15.4.7	Identify/recruit 18 procurement Officers to carry out processes of procurement at the LGA and health facility level across the 18 LGAs in Q2.	New Project	ES/Procurement Officer	Q2	₦1,130,000.00	₦1,130,000.00	
2.9.15.4.8	Organise 2-day capacity building on procurement best practices for 3 Procurement Officers of the Agency and the selected 18 officers across the 18 LGAs in Q2.	New Project	ES/Procurement Officer	Q2	₦5,825,000.00	₦5,825,000.00	
2.9.15.5	Create incentives and enabling environment that improves retention of HRH within Nigeria				₦56,840,000.00		₦56,840,000.00
2.9.15.5.1	Recruit 100 SBAs and 200 CHWs across the MAMII LGAs in Q3	New Project	EDSPHCDA/SMOH	Q3	₦6,600,000.00		₦6,600,000.00
2.9.15.5.2	Train and certify 416 senior health workers as mentors across all 4 LGAs in Q3	New Project	EDSPHCDA/SMOH	Q3	₦50,240,000.00		₦50,240,000.00
2.9.15.6	Implement comprehensive workforce capacity development plan				₦75,050,000.00	₦25,450,000.00	₦49,600,000.00
2.9.15.6.1	Conduct a 2-days meeting for 30 participants to develop standardized	New Project	EDSPHCDA/SMOH	Q3	₦3,050,000.00	₦3,050,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	mentorship guidelines and competency frameworks in Q3.						
2.9.15.6.2	Organize a 2 days quarterly mentorship workshops for 50 different health workers across the 18 LGAs	New Project	EDSPHCDA/SMOH	Q1-Q2-Q3-Q4	₦49,600,000.00		₦49,600,000.00
2.9.15.6.4	Conduct a quarterly 5-days supportive supervision and clinical mentoring visits involving 16 participants to PHCs across the 4 MAMII LGAs	New Project	MAMII FP/SWAP FP	Q1-Q2-Q3-Q4	₦22,400,000.00	₦22,400,000.00	
AOP Pillar(3)					₦655,950,000.00	₦655,950,000.00	
3.10.16.1	Provide state-of-the-art equipment and Leverage on Electronic Management System to enhance regulatory processes within the R&D space to improve, quality, transparency and reduce bureaucracy				₦31,200,000.00	₦31,200,000	
3.10.16.1.1	conduct a quarterly 2 day training for 25 staff on LMIS, inventory management, and Good Storage Practice	New Project	ES/DEDL/DC FH	Q1-Q2-Q3-Q4	₦20,800,000.00	₦20,800,000.00	
3.10.16.1.2	Train quarterly, 25 staff for 2 days on evidence-based medicine, literature search, and database use	New Project	ES/DEDL/DC FH	Q2-Q4	₦10,400,000.00	₦10,400,000.00	
3.11.17.5	Strengthen demand of locally produced health products by national and sub-national entities through pooled procurement and other innovative strategies				₦120,000,000.00	₦120,000,000.00	
3.11.17.5.1	Procure essential medicines through transparent systems	On-going Project	ES/DEDL	Q1-Q2-Q3-Q4	₦120,000,000.00	₦120,000,000.00	
3.13.19.5	Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels)				₦501,900,000.00	₦501,900,000.00	
3.13.19.5.1	Improve warehousing standards through procurement of essential medicines and supplies by Q2	New Project	ES/DEDL	Q2	₦501,900,000.00	₦501,900,000.00	
3.13.19.6	Strengthen Pharmacovigilance and Post-market surveillance of health product through out the supply chain pipeline including Monitoring of substandard and falsified health products (medicines, vaccines and other health-related products)				₦2,850,000.00	₦2,850,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
3.13.19.6.1	Strengthen Antimicrobial stewardship (AMS) practices	New Project	ES/DEDL/DC FH	Q4	₦2,850,000.00	₦2,850,000.00	
AOP Pillar(4)					₦3,982,068,000.00	₦3,980,468,000.00	₦1,600,000.00
4.14.20.1	Establish Presidential Task Force/ Cabinet Committee for effective coordination, oversight and funding involving all relevant sectors to address public health threats under health security aligned with the new health sector agenda of the current administration at all levels as aligned with Renewed Hope Agenda of Mr President				₦448,365,500.00	₦448,365,500.00	
4.14.20.1.1	CONDUCT A QUARTERLY 18 LGA MONTHLY REVIEW MEETING OF THE RRT MEMBERS	New Project	DDCI/DSNO	Q1-Q2-Q3-Q4	₦14,120,000.00	₦14,120,000.00	
4.14.20.1.2	REACTIVATION AND TRAINING 8 MAN FOR 18 LGA RAPID RESPONSE TEAM ANNUALLY ON PUBLIC HEALTH EMERGENCY RESPONSE IN Q4	New Project	DDCI/DSNO	Q4	₦434,245,500.00	₦434,245,500.00	
4.14.20.3	Workforce Capacity Building - Enhances capabilities to achieve health security				₦872,914,500.00	₦872,914,500.00	
4.14.20.3.1	CONDUCT A THREE DAYS RESIDENTIAL TRAINING FOR DSNO/ADSNO ON SURVEILLANCE ACTIVITY ACROSS THE 18 LGA IN THE STATE IN Q1 & Q3	New Project	DDCI/DSNO	Q1-Q3	₦39,410,500.00	₦39,410,500.00	
4.14.20.3.2	CONDUCT A TWO DAY SENATORIAL TRAINING FOR SURVEILLANCE FOCAL PERSON ACROSS THE 18 LGA IN THE STATE	New Project	DDCI/DSNO	Q1-Q3	₦97,984,000.00	₦97,984,000.00	
4.14.20.3.3	CONDUCT ONE DAY TRAINING FOR COMMUNITY INFORMANT( PATENT MEDICINE VENDORS, TBA, BONE SETTER) ON SURVEILLANCE ACTIVITY ACROSS THE STATE	New Project	DDCI/DSNO	Q1-Q3	₦108,340,000.00	₦108,340,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
4.14.20.3.4	CONDUCT A ONE DAY ANNUAL NON RESIDENTIAL TRAINING ON DISEASE SURVEILLANCE & NOTIFICATION FOR 2000 HEALTH CARE WORKER AND CLINICIAN IN GOVERNMENT HEALTH FACILITIES ACROSS THE STATE	New Project	DDCI/DSNO	Q1	₦617,490,000.00	₦617,490,000.00	
4.14.20.3.5	CONDUCT A DAY NON-RESIDENTIAL SENATORIAL TRAINING ON DISEASE SURVEILLANCE FOR PRIVATE MEDICAL PRACTITIONER ACROSS THE STATE	New Project	DDCI/DSNO	Q1-Q3	₦9,690,000.00	₦9,690,000.00	
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.				₦2,103,352,000.00	₦2,103,352,000.00	
4.14.20.5.1	CONDUCT ONE DAY ANNUAL ADVOCACY/BORDER SYNCHRONIZATION MEETING WITH BORDER LGA AND STATE FOR COLLABORATION FOR 50 PARTICIPANTS	New Project	DDCI/DSNO	Q1	₦32,920,000.00	₦32,920,000.00	
4.14.20.5.2	CONDUCT A ONE-DAY ANNUAL BORDER SENSITIZATION ON PRIORITY DISEASE IDENTIFICATION AND REPORTING ACROSS THE 18 LGAs	New Project	DDCI/DSNO	Q1-Q3	₦118,800,000.00	₦118,800,000.00	
4.14.20.5.3	CONDUCT A ONE-DAY CROSS BORDER WEEKLY ACTIVITY OF CASES REPORTED BY DSNO/ADSNO ACROSS THE 18 LGAs	New Project	DDCI/DSNO	Q1-Q2-Q3-Q4	₦194,832,000.00	₦194,832,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
4.14.20.5.4	CREATE, IDENTIFY, SUPPLY OF MEDICAL AND LABORATORY CONSUMABLES & TRAIN HCWs IN THE REFERRAL CENTER FOR MANAGEMENT OF DISEASE CONDITION TO MORTALITY AND MORBIDITY ACROSS THE 18 LGAs	New Project	DDCI/DSNO	Q1-Q3	₦1,756,800,000.00	₦1,756,800,000.00	
4.14.20.7	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				₦1,600,000.00		₦1,600,000.00
4.14.20.7.1	Conduct annual scientific research on the introduction and improvement of the SBBC intervention across the MAMII LGAs	New Project	SPHCDA/SM OH DPRS	Q4	₦1,600,000.00		₦1,600,000.00
4.14.20.9	Improve coordinated and harmozied response interventions including resource coordination, rapid deployment, enhancing surge capacity, contact tracing, isolation & quarantine, infection prevention and control, emergency response, and the use of personal protective equipment etc. to manage public health threats				₦490,800,000.00	₦490,800,000.00	
4.14.20.9.1	RECRUIT AND TRAIN 200 CONTACT TRACERS TO PROVIDE CONTACT TRACING ACTIVITY IN COMMUNITY, WARD AND LGA	New Project	DDCI/DSNO	Q1-Q3	₦19,200,000.00	₦19,200,000.00	
4.14.20.9.2	ORGANISE MONTHLY ALLOWANCE FOR CONTACT TRACER ACROSS THE 18 LGA	New Project	DDCI/DSNO	Q1-Q2-Q3-Q4	₦471,600,000.00	₦471,600,000.00	
4.14.20.10	Develop and pilot urban preparedness strategies in line with Global Framework for Strengthening Emergencies in Urban Settings in priority municipalities				₦65,036,000.00	₦65,036,000.00	
4.14.20.10.1	CONDUCT 3-DAY ANNUAL RISK ASSESSMENT AND PLANNING WITH THE 18 DSNOs	New Project	DDCI/DSNO	Q1-Q2-Q3-Q4	₦51,516,000.00	₦51,516,000.00	
4.14.20.10.2	PLAN FOR 3-DAY ANNUAL COMMUNITY ENGAGEMENT AND AWARENESS ON DISEASE PREVENTION AND	New Project	DDCI/DSNO	Q1-Q2-Q3-Q4	₦13,520,000.00	₦13,520,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	IDENTIFICATION ACROSS THE 18 LGA						
AOP Enabler(1)					₦1,544,274,000.00	₦1,544,274,000.00	
1.16.22.1	Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs				₦11,240,000.00	₦11,240,000.00	
1.16.22.1.1	Conduct 1-day quarterly PHC performance review meetings to address gaps in PHC service delivery	On-going Project	DPRS/M&EO	Q1-Q2-Q3-Q4	₦11,240,000.00	₦11,240,000.00	
1.16.22.3	Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data				₦591,709,000.00	₦591,709,000.00	
1.16.22.3.1	Conduct 5-day annual training to 18 LGHA M&E officers on DHIS2/NHMIS data entry and validation across the State	On-going Project	DPRS/M&EO	Q2	₦12,925,000.00	₦12,925,000.00	
1.16.22.3.2	Conduct annual 2-day cascade training to 7 LGA team members and 500 OICs on DHIS2/NHMIS data entry and validation across the 18 LGAs	On-going Project	DPRS/M&EO	Q2	₦38,064,000.00	₦38,064,000.00	
1.16.22.3.3	Organise a 3-day annual digitalisation training to onboard 500 OICs of PHCs for decentralized facility reporting into the DHIS2 across the 3 senatorial districts	On-going Project	DPRS/M&EO	Q2	₦41,180,000.00	₦41,180,000.00	
1.16.22.3.4	Purchase and installation of 517 Desktop computer systems with EMR Software for decentralised health facility data reporting in Q2 for 517 PHCs in the State	New Project	DPRS/M&EO	Q2	₦453,600,000.00	₦453,600,000.00	
1.16.22.3.5	Conduct a 3-day annual training for the 517 PHCs on the EMR software for decentralised health facility	New Project	DPRS/M&EO	Q2	₦45,940,000.00	₦45,940,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	reporting in Q2 across the 3 senatorial district in the State						
1.16.22.5	Support coordination, design and implementation of health surveys				₦41,400,000.00	₦41,400,000.00	
1.16.22.5.1	Conduct 5-day quarterly Primary Health Care assessment on service availability, readiness and quality of services across the 18 LGAs of the State	New Project	DPRS/M&EO	Q2	₦41,400,000.00	₦41,400,000.00	
1.16.22.6	Establish standards for Health Information Exchange				₦38,700,000.00	₦38,700,000.00	
1.16.22.6.1	Conduct quarterly Data Quality Assessments (DQAs) across the 18 LGAs in Q2	New Project	DPRS/M&EO	Q2	₦38,160,000.00	₦38,160,000.00	
1.16.22.6.2	To create and deploy a user friendly kobo tool (online and offline) for easy enrolment of vulnerable groups by end of Q3.	New Project	EdoEMS, SMOH, MAMII FP	Q2	₦540,000.00	₦540,000.00	
1.16.22.9	Optimized DHIS2 and Strengthen infrastructure capacity to support the health information system				₦798,750,000.00	₦798,750,000.00	
1.16.22.9.1	Procure and distribute 500 HP laptops in 500 PHCs for decentralized PHCs reporting across the 18 LGAs in the State in Q2	New Project	DPRS/M&EO	Q2	₦750,000,000.00	₦750,000,000.00	
1.16.22.9.2	Procure and utilize 10 laptops, 1 Photocopy machine and 2 printer by Q2 for the department of Planning, Research & Statistics	New Project	DPRS/M&EO	Q2	₦16,950,000.00	₦16,950,000.00	
1.16.22.9.3	Procure 18 HP laptops for the 18 LGAs procurement Officers and 3 Laptops for the 3 Agency Procurement Officers and a HP printer/Scanner/Photocopier at the Agency Procurement Office in Q2	New Project	ES/Procurement	Q2	₦31,800,000.00	₦31,800,000.00	
1.16.22.10	Strengthen human resources for health capacity for data management and health information system support				₦19,035,000.00	₦19,035,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.16.22.10.1	Conduct 3-day annual training of HMIS/M&E Officers at PHCs on HIS and HMIS modules across the 18 LGAs of the State	New Project	DPRS/M&EO	Q2	₦19,035,000.00	₦19,035,000.00	
1.16.22.11	Support the monitoring, evaluation, research and learning of the HIS and broader health system				₦43,440,000.00	₦43,440,000.00	
1.16.22.11.1	Conduct 2-day quarterly performance evaluation review meeting of key milestones of the MERL plan delivered in the 2026 AOP	New Project	DPRS/Planning Officer	Q1-Q2-Q3-Q4	₦43,440,000.00	₦43,440,000.00	
AOP Enabler(2)					₦79,100,000.00	₦79,100,000.00	
2.17.24.1	Adopt lumpsum approval approach for aggregate activities based on annual workplan in line with approved budget.				₦41,400,000.00	₦41,400,000.00	
2.17.24.1.1	Quarterly Review and Align Facilities Annual Work Plan with approved budget ceilings across 18 LGAs	New Project	Accounting Officer/Audit/DPRS	Q2	₦41,400,000.00	₦41,400,000.00	
2.17.24.2	Strengthen oversight for monitoring and reporting of health sector budget utilization including quarterly AOP reports.				₦37,700,000.00	₦37,700,000.00	
2.17.24.2.1	Train 18 health managers, 30 finance officers and 18 M&E staff for 3 days twice in a year on budget analysis financial reporting, and use of AOP templates	New Project	DFA/Accounting Officer/Audit	Q1-Q4	₦37,700,000.00	₦37,700,000.00	
Other Organizational Functions					₦119,670,000.00	₦119,670,000.00	
398.0.1.1	Develop and circulate a consistent monthly bulletin that highlights the Agency's activities, programs, and achievements, ensuring visibility among stakeholders, partners, and the public.				₦20,400,000.00	₦20,400,000.00	
398.0.1.1.1	Launch a Monthly Media Bulletin by publishing an engaging update every month highlighting EDSPHCDA's recent activities, upcoming programmes, and success stories, and distribute it to media outlets, government parastals, partners, etc.	New Project	ES/PRO	Q1-Q2-Q3-Q4	₦20,400,000.00	₦20,400,000.00	
398.0.1.2	Strengthen EDSPHCDA's digital footprint by maintaining active and engaging social media platforms with regular updates, visuals, and interactive health messages				₦180,000.00	₦180,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
398.0.1.2.1	Conduct EDSPHCDA's digital footprint monthly by maintaining active and engaging social media platforms with regular updates, visuals, and interactive health messages.	New Project	ES/PRO	Q1-Q2-Q3-Q4	₦180,000.00	₦180,000.00	
398.0.1.3	Strengthening EDSPHCDA Owned Media through Paid Online Advertising.				₦3,000,000.00	₦3,000,000.00	
398.0.1.3.1	Utilize paid online advertising channels to expand the reach of EDSPHCDA's owned media platforms and increase audience engagement with Agency content quarterly.	New Project	ES/PRO	Q1-Q2-Q3-Q4	₦3,000,000.00	₦3,000,000.00	
398.0.1.4	Partner with Print Media Outlets to ensure EDSPHCDA news article is featured consistently on various print media channels both locally and national.				₦6,000,000.00	₦6,000,000.00	
398.0.1.4.1	Collaborate with reputable local and national print outlets to secure regular features and articles that communicate EDSPHCDA's interventions and successes quarterly.	New Project	ES/PRO	Q1-Q2-Q3-Q4	₦6,000,000.00	₦6,000,000.00	
398.0.1.5	Partner with Electronic Media, Online TV/Radio Outlet to ensure EDSPHCDA news is covered, and aired and disseminated to reach the public				₦12,000,000.00	₦12,000,000.00	
398.0.1.5.1	Foster partnerships with 5 television, 2 radio, and 4 online broadcast platforms to ensure consistent coverage and wide dissemination of the Agency's news and public health messages quarterly.	New Project	ES/PRO	Q1-Q2-Q3-Q4	₦12,000,000.00	₦12,000,000.00	
398.0.1.6	Strengthen the existing Communication Structure for the EDSPHCDA Communication Officers at the HQ/18 LGAs to support them to carry out news coverage at the LGAs				₦1,080,000.00	₦1,080,000.00	
398.0.1.6.1	Empower monthly 21 communication officers at both headquarters and LGAs with the tools, guidance, and support required to deliver timely and effective media coverage at all levels.	New Project	ES/PRO	Q1-Q2-Q3-Q4	₦1,080,000.00	₦1,080,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
398.0.1.7	Design and distribute branded information, education, and communication (IEC) materials, including print and promotional items, to enhance public awareness and reinforce EDSPHCDA's identity.				₦840,000.00	₦840,000.00	
398.0.1.7.1	Design and distribute annual branded information, education, and communication (IEC) materials, including print and promotional items, to enhance public awareness and reinforce EDSPHCDA's identity .	New Project	ES/PRO	Q1	₦840,000.00	₦840,000.00	
398.0.1.8	Assessment of Logistics for media coverage for EDSPHCDA Communication Officers at the LGA and Headquarter.				₦2,760,000.00	₦2,760,000.00	
398.0.1.8.1	Assess and improve logistics arrangements for 21 communication officers to ensure effective coverage and timely reporting of programs and events quarterly.	New Project	ES/PRO	Q1-Q2-Q3-Q4	₦2,760,000.00	₦2,760,000.00	
398.0.1.9	Continuous yearly Subscription for EDSPHCDA blog to showcase EDSPHCDA news				₦270,000.00	₦270,000.00	
398.0.1.9.1	Maintain monthly subscription and management of the Agency's blog as a central platform for publishing updates, stories, and knowledge resources.	New Project	ES/PRO	Q1-Q2-Q3-Q4	₦270,000.00	₦270,000.00	
398.0.1.10	Payment to get the Agency Verified on Social Media Handles like Twitter, Instagram, Facebook, Whatsapp Channel.				₦600,000.00	₦600,000.00	
398.0.1.10.1	Secure verification across all official social media channels to strengthen the credibility and authenticity of EDSPHCDA's online presence monthly	New Project	ES/PRO	Q1-Q2-Q3-Q4	₦600,000.00	₦600,000.00	
398.0.1.11	Purchase of EDSPHCDA Media Tools to enable effective media coverage of EDSPHCDA activities.				₦54,440,000.00	₦54,440,000.00	
398.0.1.11.1	Provide appropriate media tools and equipment to enhance the ability of staff to capture, produce, and disseminate high-quality content from field activities annually.	New Project	ES/PRO	Q1	₦54,440,000.00	₦54,440,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
398.0.1.14	Capacity building for EDSPHCDA Communication Officers at the Headquarters and 18 LGAs				₦17,560,000.00	₦17,560,000.00	
398.0.1.14.1	Conduct monthly training and professional development programs for communication officers to enhance skills in media engagement, digital communication, and content development.	New Project	ES/PRO	Q1-Q2-Q3-Q4	₦17,560,000.00	₦17,560,000.00	
398.0.1.15	A yearly subscription of design tools for Public Relations Staff for graphics design for the Agency.				₦540,000.00	₦540,000.00	
398.0.1.15.1	A yearly subscription of design tools for Public Relations Staff for graphics design for the Agency.	New Project	ES/PRO	Q1	₦540,000.00	₦540,000.00	
EDOHC Total					1,039,814,500	1,039,814,500	
AOP Pillar(1)					₦159,277,500	₦159,277,500	
1.2.2.2	Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs, Servicom for feedback and functional grievance redress				₦159,277,500	₦159,277,500	
1.2.2.2.1	Facilitate engagement platforms including social media channels, suggestion boxes and TV/Radio programs, to elicit feedback from 900 enrollees across the 3 senatorial districts, quarterly.	On-going Project	EDOHC/Public Relations Department	Q1-Q2-Q3-Q4	₦65,317,500	₦65,317,500	
1.2.2.2.2	Conduct a 10 day tour of 50% of MDAs of elicit feedback from formal sector enrollees, biannually	On-going Project	EDOHC/Customer Success Department	Q2-Q4	₦28,500,000	₦28,500,000	
1.2.2.2.3	Convoke a 3day peer-review forum with 130 participants (including 110paying plan HSP stakeholders) to elicit operational feedback, across the 3 senatorial districts, quarterly	On-going Project	EDOHC/HSSD	Q1-Q2-Q3-Q4	₦62,260,000	₦62,260,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.2.2.2.4	Organize a 2-day analytic review meeting of at least 80% of data received from suggestion boxes and QR codes calls, walk-ins and other feedback channels to inform strategies for service improvement and enrollee satisfaction, quarterly	On-going Project	EDOHC/Customer Success Department	Q1-Q2-Q3-Q4	₦3,200,000	₦3,200,000	
AOP Pillar(2)					₦787,667,000	₦787,667,000	
2.8.13.6	Develop and implement a holistic Advocacy, Communication and Community Engagement strategy				₦34,240,000	₦34,240,000	
2.8.13.6.1	Carry out at least 3 inaugural community entry visits quarterly, to elicit community and stakeholders buy-in.	On-going Project	EDOHC/DPRS/Planning Unit	Q1-Q2-Q3-Q4	₦17,120,000	₦17,120,000	
2.8.13.6.2	Carry out at least 3 inaugural community re-entry per quarter, to communities with poor community participation and low service uptake.	On-going Project	EDOHC/DPRS/Planning Unit	Q1-Q2-Q3-Q4	₦17,120,000	₦17,120,000	
2.8.13.22	Deliver BHCPF as One Package at the last mile.				₦256,985,000	₦256,985,000	
2.8.13.22.1	Conduct a 3-day residential hands on data and financial management training/capacity building workshop for 350 participants including MOHs, M&E officers, FMs and AFMs, bi-annually	On-going Project	EDOHC/DPRS/Planning Unit	Q2-Q4	₦222,870,000	₦222,870,000	
2.8.13.22.2	Carry out at a 10-day Quality Assurance visit, with a 5man team, to at least 25% of BHCPF facilities on the scheme quarterly	On-going Project	EDOHC/DPRS/Planning Unit	Q1-Q2-Q3-Q4	₦18,700,000	₦18,700,000	
2.8.13.22.3	Conduct a 2day, quarterly, pre-Quality Assurance review meeting, with 20 participants, to analyse data of a minimum of 80 % of facilities with scores of less than 70 during the previous QA.	On-going Project	EDOHC/DPRS/M&E Unit	Q1-Q2-Q3-Q4	₦4,815,000	₦4,815,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.13.22.4	Carry out a 2day integrated supportive supervisory visit to 80% of underperforming PHCs, quarterly	On-going Project	EDOHC/DPR S/M&E Unit	Q1-Q2-Q3-Q4	₦8,200,000	₦8,200,000	
2.8.13.22.5	Innauguarate a 10man team to carry out a 2day quarterly clinical audit of at least 80% of enrollee feedback on quality of healthcare service delivery	New Project	EDOHC/Customer Success Department	Q1-Q2-Q3-Q4	₦2,400,000	₦2,400,000	
2.8.14.1	Expand health insurance coverage and other pre-pooling mechanism for health				₦326,040,000	₦326,040,000	
2.8.14.1.1	Carry out a 15 day enrollment exercise monthly, targetting at least 8,500 new enrollees across the state.	On-going Project	EDOHC/ICT/ Enrollment Unit	Q1-Q2-Q3-Q4	₦315,100,000	₦315,100,000	
2.8.14.1.2	Organize a 2-day Equity plan service utilization data review meeting with 15 participants to appraise impact of Equity plans amongst vulnerable groups in 5 LGAs, quarterly	On-going Project	EDOHC/DPR S/M&E Unit	Q1-Q2-Q3-Q4	₦10,940,000	₦10,940,000	
2.8.14.2	Improve equity of coverage through effective implementation of public subsidies				₦45,290,000	₦45,290,000	
2.8.14.2.1	Organise a 2-day advocacy sensitization meeting with 105 participants on roles and responsibilities of cross-cutting stakeholders in improving coverage of vulnerable groups, with the target of improving coverage by at least 5% quarterly	New Project	EDOHC/DPR S/Planning Unit	Q1-Q2-Q3-Q4	₦33,880,000	₦33,880,000	
2.8.14.2.2	Conduct a 2-day review of effeciency of payroll deductions from 50% of formal sector enrollees with 7 participants, quarterly	New Project	EDOHC/Fiina nce & Accounts	Q1-Q2-Q3-Q4	₦3,780,000	₦3,780,000	
2.8.14.2.3	Conduct a 3-day review of 5 clinical domains of the Basic Minimum package of Health Services (BMPHS) with 13 participants bi-annually.	New Project	EDOHC/DPR S/M&E Unit	Q2-Q4	₦7,630,000	₦7,630,000	
2.8.14.3	Utilize strategic purchasing mechanism for high impact interventions				₦59,390,000	₦59,390,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.14.3.1	Organize a 2-day review meeting with 12 participants on service uptake and health seeking behaviours of BHCPF enrollees targeting at least 5% increase in service utilization, quarterly	On-going Project	EDOHC/DPR S/M&E Unit	Q1-Q2-Q3-Q4	₦9,200,000	₦9,200,000	
2.8.14.3.2	Conduct a 3day residential stakeholders workshop to review efficiency of supply chain framework for BHCPF, targeting at least 5% increase in the efficiency of the supply chain, bi-annually, with 50 participants	New Project	EDOHC/DPR S/Planning Unit	Q2-Q4	₦37,850,000	₦37,850,000	
2.8.14.3.3	Conduct a 2-day bi-annual co-creation workshop, with 30 participants, to review the performance evaluation report of 60 HSPs and synthesize performance linked allowances.	New Project	EDOHC/HSS D	Q2-Q4	₦12,340,000	₦12,340,000	
2.8.14.4	Create more efficient and sustainable health insurance industry				₦32,000,000	₦32,000,000	
2.8.14.4.1	Conduct a 20day bi-annual compliance visits to 110 healthcare facilities under the Scheme to identify cases of non-compliance and issue corrective action notices.	On-going Project	EDOHC/ Monitoring & Enforcement	Q1-Q3	₦12,400,000	₦12,400,000	
2.8.14.4.2	Conduct a 20day bi-annual follow-up visits to 110 Healthcare facilities to confirm implementation of corrective actions and provide guidance and support to help facilities meet compliance requirements	On-going Project	EDOHC/Moni toring & Enforcement	Q2-Q4	₦12,400,000	₦12,400,000	
2.8.14.4.3	Organize a 2-day alignment meeting with 25 participants including NMA, ACPN , AMLSN and other stakeholders on pricing of 15 specialized clinical and diagnostic healthcare services, bi-annually	On-going Project	EDOHC/Clai ms department	Q2-Q4	₦7,200,000	₦7,200,000	
2.8.14.5	Improve the health insurance market efficiency				₦33,722,000	₦33,722,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.14.5.1	Conduct facility pre accreditation inspection visits to at least ten (10) facilities bi-annually across the three (3) senatorial districts with a 5-man team	On-going Project	EDOHIC/HSS D	Q1-Q4	₦6,800,000	₦6,800,000	
2.8.14.5.2	Host a 1-day training workshop on facility encounter management, with 120 participants, for 110 HSPs across the three (3) senatorial districts bi-annually in Edo State.	On-going Project	EDOHIC/HSS D	Q1-Q4	₦19,540,000	₦19,540,000	
2.8.14.5.3	Facilitate a 1day QIP development workshop for 15 lowest performing paying plan HSPs, following quarterly QA exercise	On-going Project	EDOHIC/HSS D	Q1-Q2-Q3-Q4	₦7,382,000	₦7,382,000	
AOP Enabler(2)					₦59,700,000	₦59,700,000	
2.17.25.5	Integrate human resources (HR) processes like talent development and succession planning with the performance management system.				₦59,700,000	₦59,700,000	
2.17.25.5.1	Organise a 2day leadership and mentorship engagement forum targetting 80 staff per quarter	New Project	EDOHIC/DSS /HR Unit	Q1-Q2-Q3-Q4	₦25,630,000	₦25,630,000	
2.17.25.5.2	Organize a 3 day targeted upscaling in-plant training for 50 staff quarterly.	New Project	EDOHIC/DSS /HR Unit	Q1-Q2-Q3-Q4	₦30,750,000	₦30,750,000	
2.17.25.5.3	Conduct a 1day quarterly review meeting of feedback and impact of 3 selected training modules with 7participants, including 5 management staff.	New Project	EDOHIC/DSS /HR Unit	Q1-Q2-Q3-Q4	₦3,320,000	₦3,320,000	
AOP Enabler(3)					₦33,170,000	₦33,170,000	
3.18.27.2	Strengthen industry partnerships by collaborating with public health organizations, government agencies, academic and research institutions for practical real-world experience, mentorship, and networking opportunities.				₦33,170,000	₦33,170,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
3.18.27.2.1	Conduct a 2-day reported regional strategic engagement with 100 stakeholders across MDAs, CSOs, Associations, Unions, Traditional and Communal institutions, to identify, design and develop 10 areas of collaborations for reasearch and innovation, biannually.	New Project	EDOHIC/DPRS/Research Unit	Q2-Q4	₦21,640,000	₦21,640,000	
3.18.27.2.2	Carry out a 1day stakeholders mapping meeting to identify and stratify 20 relevant stakeholders for networking and mentorship, quarterly	On-going Project	EDOHIC/DPRS/Research Unit	Q1-Q2-Q3-Q4	₦3,400,000	₦3,400,000	
3.18.27.2.3	Conduct a 3day research training/review meeting on methodology, ethics and data analysis for 15 research team members quarterly	On-going Project	EDOHIC/DPRS/Research Unit	Q1-Q2-Q3-Q4	₦8,130,000	₦8,130,000	
HMA Total					3,910,033,000	3,910,033,000	
AOP Pillar(1)					₦44,430,000	₦44,430,000	
1.2.2.2	Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs, Servicom for feedback and functional grievance reddress				₦12,300,000	₦12,300,000	
1.2.2.2.1	conduct community stakeholders engagement meetings in 35 facilities to improve services delivery	On-going Project	HMA/DA	Q1-Q4	₦1,800,000	₦1,800,000	
1.2.2.2.2	Produce and disseminate quarterly HMA Newsletter to 35 facilities including the Agency Headquarters	On-going Project	HMA/DA/PRO	Q1-Q4	₦7,000,000	₦7,000,000	
1.2.2.2.3	Produce Suggestion Box for 35 Hospitals to improve Feedback system (in quarter 2)	New Project	HMA/DA	Q2	₦3,500,000	₦3,500,000	
1.4.4.1	Strengthen a functional health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.				₦32,130,000	₦32,130,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.4.4.1.2	Conduct a one day quarterly Hospitals performance review meetings with 45 participants from the 35 facilities and the Agency Headquarters	New Project	HMA/DA	Q1-Q4	₦22,110,000	₦22,110,000	
1.4.4.1.2	Quarterly performance review meetings of the hospitals(45 participants)	New Project	HMA/DA	Q1-Q5	₦10,020,000	₦10,020,000	
AOP Pillar(2)					₦3,809,075,000	₦3,809,075,000	
2.5.7.2	Data Sharing and Collaboration				₦575,000	₦575,000	
2.5.7.2.1	Conduct quarterly Joint Data Review Meetings (JDRMs) with 35 DPRS officers from the 35 facilities focusing on data sharing and collaboration	New Project	HMA/DPRS	Q1-Q4	₦405,000	₦405,000	
2.5.7.2.2	Establish a functional referral system linking the 35 secondary facilities with all the schools in the state	New Project	HMA/DPRS	Q2	₦170,000	₦170,000	
2.7.11.3	Build capacity of health workers to improve access and quality to specialize care using available Resources including engagement of Nigerian Health care Personnel in the Diaspora				₦66,502,000	₦66,502,000	
2.7.11.3.1	Conduct a 3-day refresher training of 35 Nurses on Anaesthetic, Accident and Emergency, Ophthalmic , and Pediatric care in 2 quarters (20 nurses in quarter 1 and 15 in quarter 3)	New Project	HMA/DNS	Q1-Q3	₦22,300,000	₦22,300,000	
2.7.11.3.2	Conduct a 3-day refresher training of 36 pharmacist on the area of pharmacy practice for 2 Quarter (18 pharmacists per quarter)	New Project	HMA/DNS	Q1-Q3	₦27,672,000	₦27,672,000	
2.7.11.3.3	Conduct a 3-day refresher training of 40 IPC Officers on environmental management and disease control (20 IPC officer in quarter 1 and 20 IPC Officer in Quarter 2)	New Project	HMA/DPRS	Q1-Q2	₦6,600,000	₦6,600,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.7.11.3.4	Conduct a 3-day refresher training of 10 M&E officers on data analysis and presentation in Quarter 1	New Project	HMA/DPRS/M E	Q1	₦8,220,000	₦8,220,000	
2.7.11.3.5	Conduct a 2-day refresher training of 20 medical officers on the area of obstetric emergency in quarter 2	New Project	HMS/DCS/CC A	Q2	₦1,710,000	₦1,710,000	
2.8.12.8	Increase Antenatal Care (Individual and GANC) coverage and HF's delivery in the primary, secondary, and tertiary health facilities in all the 36 states plus FCT				₦3,400,000	₦3,400,000	
2.8.12.8.1	Conduct a 2-day refresher training of 50 Nurses/Midwives on individual antenatal care and GANC in quarter 2	New Project	HMA/DA/DNS	Q2	₦2,200,000	₦2,200,000	
2.8.12.8.2	Conduct quarterly assessment on Antenatal coverage in the secondary health facilities	New Project	HMA/DCA/DPRS	Q1-Q4	₦1,200,000	₦1,200,000	
2.8.12.21	Improve access to Basic and Comprehensive emergency obstetric and new born care (EMoNC) services through skill birth attendant.				₦3,166,777,000	₦3,166,777,000	
2.8.12.21.1	Conduct need assessment for 16 CE MoNC facilities to be upgraded	On-going Project	HMA/DA/DPRS?M&E	Q1	₦1,560,000	₦1,560,000	
2.8.12.21.2	Upgrade of General Hospital Afuze	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦198,962,000	₦198,962,000	
2.8.12.21.3	Upgrade of Government Hospital Igueben	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦200,612,000	₦200,612,000	
2.8.12.21.4	Upgrade of Central Hospital Benin	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦200,612,000	₦200,612,000	
2.8.12.21.5	Upgrade of General Hospital Igarra	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦198,962,000	₦198,962,000	
2.8.12.21.6	Upgrade of General Hospital Agenegbode	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦169,237,000	₦169,237,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.21.7	Upgrade of District Hospital Ewu	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦198,962,000	₦198,962,000	
2.8.12.21.8	Upgrade of General Hospital Ubiaja	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦198,962,000	₦198,962,000	
2.8.12.21.9	Upgrade of General Hospital Fugar	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦198,962,000	₦198,962,000	
2.8.12.21.10	Upgrade of District Hospital Ekiadolor	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦198,962,000	₦198,962,000	
2.8.12.21.11	Upgrade of Government Hospital, Sabogida-Ora	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦198,962,000	₦198,962,000	
2.8.12.21.12	upgrade of General Hospital, Iguobazuwa	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦200,612,000	₦200,612,000	
2.8.12.21.13	upgrade of District Hospital Egba	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦198,962,000	₦198,962,000	
2.8.12.21.14	Upgrade of General Hospital Ekpoma	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦200,612,000	₦200,612,000	
2.8.12.21.15	Upgrade of Central Hospital Uromi	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦200,612,000	₦200,612,000	
2.8.12.21.16	Upgrade of General Hospital, Abudu	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦200,612,000	₦200,612,000	
2.8.12.21.17	Upgrade of Edo Teaching Hospital, Auchi	New Project	HMA/DCA/DPRS/Engineering	Q1-Q4	₦200,612,000	₦200,612,000	
2.8.12.31	Improve Capacity of frontline health workers on Comprehensive new born at Secondary and tertiary Health facilities				₦10,820,000	₦10,820,000	₦10,820,000

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.31.1	Conduct a 2-day Residential refresher training of 50 Doctors on comprehensive newborn care in quarter 1	New Project	HMA/DCA/CC A	Q1	₦4,060,000	₦4,060,000	₦4,060,000
2.8.12.31.2	Conduct a 2-day residential refresher training of 30 Pharmacist and 20 Medical Laboratory officers on comprehensive newborn care in quarter 1	New Project	HMA/DMLS	Q2	₦740,000	₦740,000	
2.8.12.31.3	Conduct a 2-day residential refresher training of 100 Nurses and Midwives on Newborn Care in quarter 1	New Project	HMA/DNS	Q2	₦3,460,000	₦3,460,000	
2.8.12.31.4	Conduct a 2-day residential refresher training of 50 Health care workers including Hospital ward assistant on IPC in comprehensive newborn care in quarter 1.	New Project	HMA/DA/DPRS	Q3	₦1,730,000	₦1,730,000	
2.8.12.31.5	Conduct a 2-day residential refresher training of 30 Biomedical Technicians on planned, preventive maintenance of equipment relevant to comprehensive newborn care	New Project	HMA/DPRS	Q1	₦830,000	₦830,000	
2.8.13.30	Conduct a rapid facility functionality assessment of CEmONC facilities for service readiness, climate resilience, and energy efficiency				₦4,081,000	₦4,081,000	
2.8.13.30.1	To Set up 13-man evaluation committee for CEmONC facilities	New Project	HMA/DCA/DPS/DMLS/DPRS/ENG/PROC	Q1-Q4	₦160,000	₦160,000	
2.8.13.30.2	Design checklist using Google form to evaluate the CEmONC facilities	New Project	HMA/DPRS	Q1	₦21,000	₦21,000	
2.8.13.30.3	Conduct a quarterly 2-day physical assessment using the checklist for all designated CEmONC facilities by the 13-man evaluation committee	New Project	HMA/DPA/DMLS/DPRS/ENG/PROC	Q1-Q4	₦3,900,000	₦3,900,000	
2.8.14.3	Utilize strategic purchasing mechanism for high impact interventions				₦556,920,000	₦556,920,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.14.3.1	Conduct a 1-day planning meeting (5 participants) on preventive maintenance and repair of laboratory equipment in 35 facilities	New Project	HMA/DMLS	Q1	₦400,000	₦400,000	
2.8.14.3.2	Procure laboratory consumables for 35 secondary facilities across the State	On-going Project	HMA/DMLS	Q2	₦340,000,000	₦340,000,000	
2.8.14.3.3	Conduct a 2-day training in two batches of 80 laboratory personnel(both scientists and technicians) on daily and weekly handling of laboratory equipment	New Project	HMA/DMLS	Q2	₦6,520,000	₦6,520,000	
2.8.14.3.4	Procure 3 Ambulances	On-going Project	HMA/DPRS/P ROC	Q2	₦210,000,000	₦210,000,000	
AOP Enabler(1)					₦55,528,000	₦55,528,000	
1.16.22.3	Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data				₦46,920,000	₦46,920,000	
1.16.22.3.1	Conduct a 1-day stakeholders meeting with 10 officers to introduce the use of ICD11 for classification and coding of disease.	New Project	HMA/MRD	Q1	₦520,000	₦520,000	
1.16.22.3.2	Purchase of ICD11 software for 35 secondary facilities across the State	New Project	HMA/DA/MRD	Q2	₦500,000	₦500,000	
1.16.22.3.3	Conduct a 5-day training of 20 Medical Record/Health Information Management and medical officers on the use of ICD11 (1 medical record officer and 1 medical officer per facility) in quarter 1	New Project	HMA/DCA/CC A/DA/MRD	Q1	₦15,400,000	₦15,400,000	
1.16.22.3.4	Carry-out 5-day refresher training of 20 Medical Record/Health Information Management and other health workers on the use of DHIS2 in quarter 2	New Project	HMA/DCA/CC A/MRD	Q2	₦15,700,000	₦15,700,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.16.22.3.5	Carryout quarterly monitoring and evaluation/ supportive supervision visits to 35 facilities on the use of ICD11 and DHIS2 tool across the State	New Project	HMA/DA/DPRS/M&E	Q1-Q4	₦14,800,000	₦14,800,000	
1.16.22.7	Strengthen data analysis and use for decision making				₦8,608,000	₦8,608,000	
1.16.22.7.1	Carry-out 1 day meeting with 10 participants to design internal data collection tool to capture secondary healthcare data in quarter 1	New Project	HMA/DPRS	Q1	₦520,000	₦520,000	
1.16.22.7.2	Organize a 2-day capacity building on advanced data analysis and presentation for 32 staff across the 3 senatorial zones for 2 quarters ( 16 per quarter)	New Project	HMA/DA/DPRS	Q2-Q4	₦3,440,000	₦3,440,000	
1.16.22.7.3	Carry out a 3-day DQA visit to 35 secondary health facilities to Monitor and Evaluate Data quality and entry across 3 senatorial zone	New Project	HMA/DPRS	Q1-Q4	₦2,288,000	₦2,288,000	
1.16.22.7.4	Conduct a 1-day quarterly review meeting by 20 officers on hospital management policy implementation	New Project	HMA/DPRS	Q1-Q4	₦2,360,000	₦2,360,000	
TMB Total					807,271,000	807,271,000	
AOP Pillar(1)					₦807,271,000	₦807,271,000	
1.2.2.2	Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs, Servicom for feedback and functional grievance redress				₦27,200,000	₦27,200,000	
1.2.2.2.1	Conduct 2 phone-in radio programs for public sensitization on Traditional Medicine on a quarterly basis	New Project	Shared Services/TMB	Q1-Q4	₦1,400,000	₦1,400,000	
1.2.2.2.2	Create and run a 15-day per quarter publicity (radio announcement/ jingle) to sensitize Traditional Medicine Practitioners (TMPs) on registration exercise	On-going Project	Shared Services/TMB	Q1-Q4	₦25,800,000	₦25,800,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
AOP Pillar(2)					₦520,193,000	₦520,193,000	
2.5.6.4	Establish Partnerships with Global and Regional Alliance for Multi-sectoral Coordination				₦2,545,000	₦2,545,000	
2.5.6.4.1	Conduct a five-day engagement with the Catholic Monastery, Ewu, by the second quarter of 2026 to understudy their systems and identify viable business partnership opportunities in botanical garden operations	On-going Project	TCAM Practice and Education Department/TMB	Q1-Q2	₦1,845,000	₦1,845,000	
2.5.6.4.2	Engage with the Ministry of Justice to draft an MOU for the University of Benin, and follow up on the process to finalise the partnership on research and training for Traditional Medicine practitioners in the state by the third quarter of 2026.	On-going Project	DPRS/TMB	Q1-Q3	₦700,000	₦700,000	
2.5.6.8	Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes				₦29,765,000	₦29,765,000	
2.5.6.8.1	Conduct a 3-day interactive health talk and workshop across the three senatorial district on identified risk factors, safe traditional medicine practices, health literacy and healthy lifestyle practices related to traditional medicine.	New Project	TCAM Practice and Education Department/TMB	Q1-Q4	₦24,330,000	₦24,330,000	
2.5.6.8.2	Conduct a one-day training for 50 Traditional Medicine Board Coordinators from across Edo State on basic health literacy, risk-factor identification, and effective communication, and clearly outline the reward system for their efforts as a way to motivate them in carrying out their duties for the Board across their LGAs.	New Project	TCAM Practice and Education Department/TMB	Q1-Q2	₦3,415,000	₦3,415,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.5.6.8.3	Establish SBC feedback mechanism: Procure and install Nineteen (19) suggestion boxes across the 18 LGAs and the Board, and 1 desk phone, to gather feedback within the communities	New Project	TCAM Practice and Education Department/TMB	Q3-Q4	₦2,020,000	₦2,020,000	
2.8.12.11	Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level				₦487,883,000.00	₦487,883,000.00	
2.8.12.11.1	Conduct comprehensive community survey/mapping of TBAs across the 18 LGAs in collaboration with EDSPHCDA in the first quarter of 2026	New Project	DPRS/TMB	Q1	₦399,585,000	₦399,585,000	
2.8.12.11.2	Organize a 1-day training on emergency referral and other modules such as safe delivery practices, immunization awareness and communication skills for 500 active TBAs across the 3 senatorial districts of the state in the second quarter of 2026	New Project	TCAM Practice and Education Department/TMB	Q2	₦8,780,000	₦8,780,000	
2.8.12.11.3	Conduct a 12-day monitoring and evaluation exercise in 6 LGAs to collect data on referrals on a quarterly basis	New Project	DPRS/TMB	Q2-Q4	₦58,788,000	₦58,788,000	
2.8.12.11.4	Provide stipend allowance for TBA's who successfully refer mothers.	New Project	TCAM Practice and Education Department/TMB	Q2-Q4	₦15,000,000	₦15,000,000	
2.8.12.11.5	Conduct a one-day annual review meeting with 500 active TBAs across the 3 senatorial districts to track and share progress	New Project	TMB	Q4	₦5,730,000	₦5,730,000	
AOP Pillar(3)					₦245,268,000	₦245,268,000	

Operational Plan Activities	Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds	
3.10.16.6	Encourage the standardization, local production, and commercialization of traditional medicines and services			₦245,268,000	₦245,268,000		
3.10.16.6.1	Organize a 3-day workshop for 1000 TMPs on herbal medicine processing and storage across the 3 senatorial districts in 2026	New Project	TCAM Practice and Education Department/TMB	Q1-Q3	₦28,070,000	₦28,070,000	
3.10.16.6.2	Build a perimeter fence and cultivate medicinal plants in the State-owned herbal/botanical garden in 2026.	New Project	TCAM Practice and Education Department/TMB	Q1-Q4	₦156,668,000	₦156,668,000	
3.10.16.6.3	Conduct a one-day annual review meeting in each of the 3 senatorial districts with 1,000 TMPs on the Board's activities by the last quarter of 2026	New Project	TMB	Q4	₦9,180,000	₦9,180,000	
3.10.16.6.4	Procure 60 reference books for Traditional medicine board library in 2026.	On-going Project	TCAM Practice and Education Department/TMB	Q2-Q3	₦28,400,000	₦28,400,000	
3.10.16.6.5	Attend a 7-day annual national / international conference on traditional/natural, complimentary, alternative medicine for 10 staff of the Board and 2 governing board members.	New Project	Shared Services/TMB	Q1-Q4	₦9,510,000	₦9,510,000	
3.10.16.6.6	Organize a three-day quarterly capacity-building training for 35 staff of the Board on administration, Traditional, Complementary, and Alternative Medicine (TCAM), ICT, community engagement and stakeholder communication, improving overall efficiency of staff	New Project	Shared Services/TMB	Q1-Q4	₦13,440,000	₦13,440,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
Other Organizational Functions					₦14,610,000	₦14,610,000	
285.0.1.1	Organize commemorative events and public awareness campaigns to mark African Traditional Medicine Day				₦10,640,000	₦10,640,000	
285.0.1.1.1	Organize a public lecture and symposium for African Traditional Medicine Day.	On-going Project	TMB	Q3	₦6,335,000	₦6,335,000	
285.0.1.1.2	Conduct a one-day health walk involving TMPs and other participants.	On-going Project	TMB	Q3	₦4,305,000	₦4,305,000	
316.0.3.1	Develop and implement a standardized curriculum on traditional medicine for key health education institutions				₦2,500,000	₦2,500,000	
316.0.3.1.1	Engage with Edo State College of Nursing Sciences and relevant stakeholders to formalize an agreement to integrate a traditional medicine module into the nursing curriculum, targeting implementation in the 2026/2027 academic session.	New Project	TCAM Practice and Education Department/TMB	Q1-Q4	₦2,500,000	₦2,500,000	
341.0.4.1	Initiate and foster public-private partnerships that facilitate the creation of high-impact trado-medical hospitals				₦1,470,000	₦1,470,000	
341.0.4.1.1	Submit a comprehensive proposal to the Edo State Government and secure a formal commitment for land/facility to establish a trado-medical hospital	New Project	TMB	Q1	₦1,470,000	₦1,470,000	
DMA Total					8,938,235,000	8,938,235,000	
AOP Pillar(3)					₦8,938,235,000	₦8,938,235,000	
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)				₦129,335,000	₦129,335,000	
3.13.19.2.1	Organize a one-day stakeholders' engagement meeting with 100 participants from key health and regulatory MDAs to introduce the DMA's mandate by January, 2026	New Project	ES-DMA	Q1	₦2,610,000.00	₦2,610,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
3.13.19.2.2	Establish and inaugurate a 15-member steering committee by February, 2026	New Project	ES-DMA	Q1	₦495,000	₦495,000	
3.13.19.2.3	Conduct at least 8 targeted one-on-one advocacy meetings with key stakeholders by December, 2026	New Project	ES-DMA	Q1-Q2-Q3-Q4	₦1,300,000	₦1,300,000	
3.13.19.2.4	Recruit and deploy 24 skilled personnel across key technical and administrative units to ensure effective operations by March, 2026	New Project	ES-DMA	Q1-Q2	₦100,000,000	₦100,000,000	
3.13.19.2.5	Produce and disseminate 2000 copies of printed IEC materials and 5 digital media contents on the DMA's mandate and rational drug use by Dec, 2026	New Project	ES-DMA	Q1-Q2-Q3-Q4	₦10,000,000	₦10,000,000	
3.13.19.2.6	Organize 3 awareness programs to commemorate at least 3 major World Health Days in 2026	New Project	ES-DMA	Q1-Q4	₦620,000	₦620,000	
3.13.19.2.7	Conduct a 5-day learning exchange visit to a State with operational DMA by the Change Management Team by April, 2026	New Project	ES-DMA	Q1	₦7,500,000	₦7,500,000	
3.13.19.2.8	Conduct a 3-day orientation and capacity building workshops for 24 newly employed personnel by May, 2026	New Project	ES-DMA	Q2	₦6,810,000	₦6,810,000	
3.13.19.4	Ensure establishment of sustainable funding mechanisms for drugs, vaccine and other health commodities at all levels of health services in the country				₦1,011,650,000	₦1,011,650,000	
3.13.19.4.1	Conduct advocacy visits to 10 potential business partners and investors through the year 2026	New Project	ES-DMA	Q1-Q2-Q3-Q4	₦5,200,000	₦5,200,000	
3.13.19.4.2	Conduct targeted advocacy to concerned MDAs for the creation of a unified budget line for essential medicines and public health programs by the end of Quarter 2	New Project	ES-DMA	Q2	250,000	250,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
3.13.19.4.3	Facilitate advocacy and engagement efforts to encourage PPP for warehousing, logistics or co-financing of health commodities by the end of Q3	New Project	ES-DMA	Q3	250,000	250,000	
3.13.19.4.4	Develop and institutionalize SOPs for financial management across all health facilities by the end of Q3	New Project	ES-DMA	Q3	₦5,000,000	₦5,000,000	
3.13.19.4.5	Conduct a 1-day Dissemination meeting of change management team by September, 2026	New Project	ES-DMA	Q3	₦1,450,000	₦1,450,000	
3.13.19.4.6	Procure and distribute drugs and health related commodities for Government owned health facilities by the end of Q1	New Project	ES-DMA	Q1	₦5,000,000,000	₦5,000,000,000	
3.13.19.5	Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels)				₦2,846,350,000	₦2,846,350,000	
3.13.19.5.1	conduct a 1-day commissioning program for the upgraded Pharma-grade warehouse by January, 2026	New Project	ES-DMA	Q1	₦1,350,000	₦1,350,000	
3.13.19.5.2	Procure essential office furniture and equipment by February, 2026	New Project	ES-DMA	Q1	₦45,000,000	₦45,000,000	
3.13.19.5.3	Develop an Enterprise Resource Plan (ERP) by end of Q1	New Project	ES-DMA	Q1	₦150,000,000	₦150,000,000	
3.13.19.5.4	Pilot ERP system by end of Q3	New Project	ES-DMA	Q3	₦100,000,000	₦100,000,000	
3.13.19.5.5	Deploy ERP system by end of Q4	New Project	ES-DMA	Q4	₦50,000,000	₦50,000,000	
3.13.19.5.6	Procure 5 3tonnage trucks by October 2026	New Project	ES-DMA	Q4	₦2,500,000,000	₦2,500,000,000	
3.12.18.5	Strengthen locally developed entrepreneurial solutions				₦2,846,350,000	₦2,846,350,000	
3.12.18.5.1	Reconstruct the drug manufacturing plant within the CMS by end of Q4	New Project	ES-DMA	Q1	500,000,000	500,000,000	
3.12.18.5.2	Equip constructed drug manufacturing plant by end of Q4	New Project	ES-DMA	Q2	500,000,000	500,000,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
3.12.18.5.3	Organize groundbreaking ceremony for the proposed Edo State Manufacturing plant by end of Q4	New Project	ES-DMA	Q3	2550000	2550000	
EDOEMS Total					5,761,399,056	5,761,399,056	
AOP Pillar(2)					₦5,761,399,056	₦5,761,399,056	
2.8.12.11	Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level				₦5,743,989,056	₦5,743,989,056	
2.8.12.11.1	PROCURE AND DEPLOY 12 TRICYCLE AMBULANCES AND 12 BIKE AMBULANCES, WITH 3 OF EACH ALLOCATED TO EVERY MAMII LGA HUB, TO ENHANCE THE HUB-AND-SPOKE EMERGENCY RESPONSE MODEL WITHIN 6 MONTHS	New Project	SMOH, EDOEMS	Q1-Q2	₦240,000,000	₦240,000,000	
2.8.12.11.2	PROVIDE FIRST AID TRAINING TO COMMUNITY TRANSPORT PARTNERSHIP SCHEME DRIVERS IN ALL MAMII LGAs, CONDUCTING 2 SESSIONS ANNUALLY PER LGA FOR 5 DRIVERS PER WARD, TO STRENGTHEN COMMUNITY-LEVEL EMERGENCY RESPONSE, WITH COMPLETION TRACKED AFTER EACH SESSION.	New Project	EDOEMS, SMOH	Q1-Q2-Q3-Q4	₦24,410,000	₦24,410,000	
2.8.12.11.3	PURCHASE AND DISTRIBUTE 3 NASG TO EACH MAMII LGA TO ENHANCE EMERGENCY OBSTETRIC CARE, ENSURING FULL DEPLOYMENT WITHIN 3 MONTHS WITH VERIFIED INVENTORY TRACKING.	New Project	SMOH, EDPHCDA	Q1	₦3,600,000	₦3,600,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.11.4	COMMENCE THE COMMUNITY TRANSPORT PARTNERSHIP SCHEME (CTPS) AND DISTRIBUTE RESMAT VOUCHERS IN ALL MAMII LGAs ENSURING FULL ENROLLMENT AND VOUCHER DISTRIBUTION WITHIN FIRST 3 MONTHS, WITH PROGRESS TRACKED MONTHLY.	New Project	EDOEMS, EDPHCDA	Q1-Q2	₦1,160,000	₦1,160,000	
2.8.12.11.5	PROCURE AND DEPLOY 40 FULL BLS AMBULANCES, WITH ATLEAST 2 AMBULANCES PER LGA, TO SUPPORT THE HUB-AND-SPOKE MODEL, ENSURE URBAN COVERAGE, AND EXPAND SERVICES, COMPLETING THE PROCESS WITHIN 6 MONTHS WITH VERIFIED OPERATIONAL READINESS	New Project	SMOH, EDOEMS	Q1-Q2	₦5,200,000,000	₦5,200,000,000	
2.8.12.11.6	TRAIN AND MOBILIZE ALL MEDICAL OFFICERS OF HEALTH (MOH) IN MAMII LGAs FOR RESMAT PROGRAM IMPLEMENTATION. ENSURING FULL PARTICIPATION AND READINESS WITHIN FIRST 2 MONTHS, WITH VERIFICATION AND REPORTING AFTER TRAINING.	New Project	EDPHCDA, EDOEMS	Q1	₦2,170,000	₦2,170,000	
2.8.12.11.7	PRINT AND DISTRIBUTE VOUCHERS WITH QR CODES OR VERIFIABLE PINS TO ALL ELIGIBLE PREGNANT WOMEN IN MAMII LGAs UNDER THE RESMAT PROGRAM, ENSURING FULL COVERAGE AND VERIFIABLE	New Project	EDOEMS, EDPHCDA	Q1	₦280,000	₦280,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	TRACKING WITHIN FIRST 3 MONTHS						
2.8.12.11.8	REACTIVATE A STATEWIDE REAL-TIME MONITORING AND FEEDBACK SYSTEM FOR INCIDENT REPORTING, RESPONSE TIMES AND PATIENT OUTCOMES, ENSURING FULL FUNCTIONALITY AND ACTIONABLE REPORTING WITHIN FIRST 6 MONTHS	On-going Project	EDOEMS, SMOH	Q1-Q2	₦1,200,000	₦1,200,000	
2.8.12.11.9	INCREASE THE TOTAL NUMBER OF ANNUAL EMERGENCY CALLS BY ATLEAST 60% THROUGH REGULAR MEDIA AIRTIME, PUBLICITY MATERIALS, AND STRATEGICALLY PLACED BILLBOARDS, WITH MONTHLY MONITORING AND QUARTERLY PERFORMANCE REVIEWS OVER 12 MONTHS	On-going Project	EDOEMS, SMOH	Q1-Q2-Q3-Q4	₦10,840,000	₦10,840,000	
2.8.12.11.10	REDUCE THE AVERAGE EdoEMS EMERGENCY RESPONSE TIME TO BELOW 20 MINUTES BY ENHANCING OPERATIONAL COORDINATION WITH EDSTMA, FRSC AND THE NPF, ACHIEVING MEASURABLE RESULTS IN 6 MONTHS AND MONTHLY MONITORING	On-going Project	EDOEMS, SMOH	Q1-Q2-Q3-Q4	₦3,680,000	₦3,680,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.12.11.11	EMPLOY EDOEMS PERSONNEL - 132 STAFF (80 PARAMEDICS, 40 DRIVERS, 8 MEDICAL DISPATCHERS, 4 OPERATIONS STAFF) ENSURING FULL ONBOARDING AND OPERATIONAL READINESS IN QUARTERLY PHASES	New Project	SMOH, HMA	Q1-Q2-Q3-Q4	₦216,649,056	₦216,649,056	
2.8.12.11.12	CARRY OUT MAINTENANCE, SERVICING AND REPAIR OF AT LEAST 60% VEHICLES MONTHLY, ACHIEVING 100% COMPLIANCE, TO REDUCE VEHICLE BREAKDOWNS AND WEAR-OUT, WITH MONTHLY MONITORING AND REPORTING.	On-going Project	EDOEMS	Q1-Q2-Q3-Q4	₦40,000,000	₦40,000,000	
2.8.12.11.13	HOLD MONTHLY SEMTC MEETINGS IN LINE WITH NEMSAS DIRECTIVES.	New Project	EDOEMS	Q1-Q2-Q3-Q4	₦10,260,000.00	₦10,260,000.00	
2.8.12.57	Incooperate RMNCAEH+N services into the State Emergency Preparedness and response Plan to ensure continuity of essential health services for RMNCAH+N during emergencies and outbreaks				₦7,150,000	₦7,150,000	
2.8.12.57.1	TRAIN ALL EdoEMS RESPONSE TEAMS ON RMNCAEH+N, COMMUNICATION MATERIALS, STAKEHOLDER MEETING, TECHNICAL GROUP SESSIONS AND DATA COLLECTION, ENSURING FULL PARTICIPATION AND COMPETENCE WITHIN 3 MONTHS WITH POST-TRAINING EVALUATION	New Project	EDOEMS, DEPARTMENT OF FAMILY HEALTH SMOH, EDPHCDA	Q1-Q2-Q3-Q4	₦7,150,000	₦7,150,000	
EDOCNS Total					9,501,425,115	9,501,425,115	
AOP Pillar(2)					₦5,675,300,000	₦5,675,300,000	

Operational Plan Activities	Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds	
2.5.6.1	Strengthen Governance and Stewardship for Health promotion Multi-sectoral Coordination			₦406,000,000	₦406,000,000		
2.5.6.1.1	Construct 1000 seater sports complex at the college of Nursing Sciences to be completed by December 2026	On-going Project	EDOCNS/Sports Unit	Q1-Q4	₦406,000,000	₦406,000,000	
2.9.15.1	Increase production of health workers			₦5,269,300,000	₦5,269,300,000		
2.9.15.1.1	Complete the construction of a 300 bed space hostel facility at the College of Nursing Sciences to be completed by December 2026	On-going Project	EDOCNS/Facility Department	Q1-Q4	₦1,526,600,000	₦1,526,600,000	
2.9.15.1.2	Construct and equip ultra-modern two (2) blocks of eight (8) classrooms at the College of Nursing Sciences to be completed by December 2026	On-going Project	EDOCNS/Facility Department	Q1-Q4	₦740,950,000	₦740,950,000	
2.9.15.1.3	Upgrade the Nursing and Midwifery skills laboratories with high fidelity mannequins (2 per Lab) at the College of Nursing Sciences by quarter 3	On-going Project	EDOCNS/Nursing & Midwifery Department	Q2-Q3	₦900,000,000	₦900,000,000	
2.9.15.1.4	Equip the public health nursing skills laboratory (with accident and emergency equipment, family planning equipments, occupational health nursing equipments and preventive health services equipments) at the College of Nursing Sciences by quarter 3	On-going Project	EDOCNS/Facility Department	Q1-Q4	₦761,250,000	₦761,250,000	
2.9.15.1.5	Construct a perimeter fence around the College of Nursing Sciences to be completed by December 2026	On-going Project	EDOCNS/Facility Department	Q2-Q4	₦1,300,000,000	₦1,300,000,000	
2.9.15.1.6	Award Scholarships to 50 (5%) indigent students of the College of Nursing Sciences by quarter 3 and quarter 4	On-going Project	EDOCNS/Provost	Q3-Q4	₦200,000,000	₦200,000,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.9.15.1.7	Train 80 (46%) faculty members and staff on didactics and other administrative/professional/essential duties on a quarterly basis	On-going Project	EDOCNS/Labour Relations Unit	Q1-Q4	₦70,000,000	₦70,000,000	
2.9.15.1.8	Recruit 195 staff members (Clinical Instructors, ICT staff, drivers, artisans, faculty members, etc) into the College of Nursing Sciences by September 2026	On-going Project	EDOCNS/Personnel Unit	Q3-Q4	₦500,000	₦500,000	
2.9.15.1.9	Expand the library's space in the College of Nursing Sciences by December 2026	On-going Project	EDOCNS/Librarian	Q2-Q4	₦900,000,000	₦900,000,000	
AOP Pillar(3)					₦200,000,000	₦200,000,000	
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				₦200,000,000	₦200,000,000	
3.10.16.3.1	Award a one-year research grant to identified staff (35) and students (55) from the College of Nursing Sciences in 2026	On-going Project	EDOCNS/Provost	Q1-Q4	₦200,000,000	₦200,000,000	
AOP Enabler(1)					₦249,000,000	₦249,000,000	
1.16.23.6	Procure and expand Infrastructure for digitizing the health system				₦249,000,000	₦249,000,000	
1.16.23.6.1	Procure 150 units of laptops (intel core i7, 500 SSD, 8GB RAM, 14 inches) for data entry and processing in the College of Nursing Sciences in June 2026	On-going Project	EDOCNS/Procurement Unit	Q2	₦225,000,000	₦225,000,000	
1.16.23.6.2	Procure 20 colour Laser Jet Pro Printer for office use at the College of Nursing Sciences in June 2026	On-going Project	EDOCNS/Procurement Unit	Q2	₦6,000,000	₦6,000,000	
1.16.23.6.3	Procure 6 colour Laser Jet Pro photocopier for office use at the College of Nursing Sciences in June 2026	On-going Project	EDOCNS/Procurement Unit	Q2	₦18,000,000	₦18,000,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
Other Organizational Functions					₦1,868,725,600	₦1,868,725,600	
498.0.1.1	Procure and expand logistics and operational assets for improving health system				₦1,545,125,600	₦1,545,125,600	
498.0.1.1.1	Procure two new coaster buses to convey students of College of Nursing Sciences to clinical sites in June 2026	On-going Project	EDOCNS/Procurement Unit	Q2	₦300,000,000	₦300,000,000	
498.0.1.1.2	Procure 2 new Hilux vans for office use at College of Nursing Sciences in June 2026	On-going Project	EDOCNS/Procurement Unit	Q2	₦280,000,000	₦280,000,000	
498.0.1.1.3	Procure 1 new fully equipped ambulance for emergency services for the College of Nursing Sciences by September	On-going Project	EDOCNS/Procurement Unit	Q3	₦70,000,000	₦70,000,000	
498.0.1.1.4	Procure 4 new utility vehicles for staff transportation	On-going Project	EDOCNS/Procurement	Q3	₦560,000,000	₦560,000,000	
498.0.1.1.5	Procure office stationeries for 4 departments in Edo State College of Nursing Sciences on a quarterly basis in 2026	On-going Project	EDOCNS/Procurement Unit	Q1-Q4	₦26,625,600	₦26,625,600	
498.0.1.1.6	Procure toiletries for 4 departments in Edo State College of Nursing Sciences on a quarterly basis in 2026	On-going Project	EDOCNS/Procurement Unit	Q1-Q4	₦3,000,000	₦3,000,000	
498.0.1.1.7	Repair faulty computers; service lawn mowers, vehicles, plumbing lines, generator plants in Edo State College of Nursing Sciences in 2026	On-going Project	EDOCNS/Facility Department	Q1-Q4	₦60,000,000	₦60,000,000	
498.0.1.1.8	Fuel vehicles, generators, and lawn mowers in Edo State College of Nursing Sciences in 2026	On-going Project	EDOCNS/Facility Department	Q1-Q4	₦52,500,000	₦52,500,000	
498.0.1.1.9	Pay year 2026 electricity account/bills in Edo State College of Nursing sciences	On-going Project	EDOCNS/Bursary Department	Q1-Q4	₦10,000,000	₦10,000,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
498.0.1.1.10	Procure the following materials and supplies; Drugs, Magazines, Periodicals, Uniforms and beddings for the sickbay, skills lab and offices in Edo state College of Nursing Sciences in 2026	On-going Project	EDOCNS/Procurement Unit	Q1-Q4	₦30,000,000	₦30,000,000	
498.0.1.1.11	Pay for monthly waste disposal in the college of Nursing Sciences in 2026	On-going Project	EDOCNS/Facility Department	Q1-Q4	₦5,000,000	₦5,000,000	
498.0.1.1.12	Provide sitting allowances for 83 members of the 20 respective college committees in 2026	On-going Project	EDOCNS/Provost Office	Q1-Q4	₦30,000,000	₦30,000,000	
498.0.1.1.13	Procure and Install a 40KVA solar system(alternative power) for the main campus college hostel in 2026	On-going Project	EDOCNS/Facility Department	Q2	₦100,000,000	₦100,000,000	
498.0.1.1.14	Procure and Install a 50KVA solar system(alternative power) for the administrative building of the college of Nursing Sciences in 2026	On-going Project	EDOCNS/Facility Department	Q2	₦18,000,000	₦18,000,000	
504.0.2.1	Increase the college's student enrollment/graduation capacity				₦323,600,000	₦323,600,000	
504.0.2.1.1	Conduct entrance CBT exams for 2000 new applicants in the College of Nursing Sciences by August 2026	On-going Project	EDOCNS/Admission Unit	Q2-Q3	₦3,600,000	₦3,600,000	
504.0.2.1.2	Matriculate 250 newly admitted students into the College of Nursing Sciences in October 2026	On-going Project	EDOCNS/Provost	Q4	₦10,000,000	₦10,000,000	
504.0.2.1.3	Convoke 350 students from Edo State College of Nursing Sciences in November 2026	On-going Project	EDOCNS/Provost	Q4	₦12,000,000	₦12,000,000	
504.0.2.1.4	Accredit three specialty programs; Accident and Emergency, Perioperative Nursing and Pediatric Nursing in the College of Nursing Sciences by September 2026	On-going Project	EDOCNS/Provost	Q2-Q3	₦100,000,000	₦100,000,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
504.0.2.1.5	Pay health insurance premium for 1027 students of the College of Nursing Sciences in 2026	On-going Project	EDOCNS/Bursary Department	Q3	₦24,000,000	₦24,000,000	
504.0.2.1.6	Pay indexing fee for 250 students and annual subscription fee/license renewal to professional bodies for 30 staff	On-going Project	EDOCNS/Bursary Department	Q1-Q4	₦12,000,000	₦12,000,000	
504.0.2.1.7	Pay for College of Nursing Sciences's JAMB/NBTE/NMCN provisional and full accreditation in 2026	On-going Project	EDOCNS/Provost	Q2-Q3	₦162,000,000	₦162,000,000	
EDOCOHES Total					3,894,526,950	3,894,526,950	
Other Organizational Functions					₦3,894,526,950.00	₦3,894,526,950.00	
306.0.2.2	Construct and renovate buildings to meet modern standards and safety codes.				₦1,070,700,000.00	₦1,070,700,000.00	
306.0.2.2.1	Construct a demonstration ground facility for the School of Environmental Health within first to third quarter of 2026 academic year to enhance practical training and student learning.	New Project	Dean, Environmental Health /Auditor/ EDOCHOEST	Q1-Q3	₦20,700,000.00	₦20,700,000.00	
306.0.2.2.2	Building of 3 additional classroom in Community Health Department ,Staff and Student Lounge with Furnitures, construction of stainless rails in the building corridor	New Project	Dean, Community Health/ Auditor/ EDOCHOEST	Q1-Q3	₦200,000,000.00	₦200,000,000.00	
306.0.2.2.3	Construct an Entrepreneurship Center/building for entrepreneurship studies and practical for School of General Studies (2026/2027)	New Project	Dean, General Studies/ Auditor/ EDOCHOEST	Q1-Q2-Q3	₦350,000,000.00	₦350,000,000.00	
306.0.2.2.4	Construction of an office space building for the staff of General Studies by Q3 2026	New Project	Dean, General Studies/ Auditor/ EDOCHOEST	Q1-Q3	₦500,000,000.00	₦500,000,000.00	
306.0.3.1	Procure and maintain computers and equipment for administration, learning, and research.				₦486,079,400.00	₦486,079,400.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₱)	Total Government Fund	Other Sources of Funds
306.0.3.1.1	Procure, install, and commission ten (10) essential lab units (including hematology and biochemical analyzers) for the School of Medical Laboratory Technicians. Achieve 100% operational status to support practical training for 2026/2027 academic session.	New Project	Dean, Medical Laboratory Technician/ Auditor/ EDOCOHEST	Q1-Q3	₱17,585,000.00	₱17,585,000.00	
306.0.3.1.5	Procurement 141 HP Laptop Computer (Core i7, 1TB SSD, 16GB RAM) for high-performance mobile computing, administrative tasks, planning, and professional staff work by Q1, 2026	New Project	Provost /Auditor/ EDOCOHEST	Q1	₱211,500,000.00	₱211,500,000.00	
306.0.3.1.6	Purchase 14 Photocopier machines (Sharp AR/7024) for the Document Management System, handling printing, scanning, copying, and reproduction of official documents, and ready by Q2, 2026	New Project	Provost /Auditor/ EDOCOHEST	Q1-Q2	₱21,000,000.00	₱21,000,000.00	
306.0.3.1.7	Procurement of 10 Office Shredders (Sanyo SBS 620C) for the destruction of confidential paper and ensuring data security by Q2 2026	New Project	Provost /Auditor/ EDOCOHEST	Q1-Q2	₱1,350,000.00	₱1,350,000.00	
306.0.3.1.8	Procurement of 62 HP Desktop Computer (Core i7, 500SSD, 16GB RAM) for stationary office work, data processing, specific software operations, and permanent workstation setups by Q2, 2026	New Project	Provost /Auditor/ EDOCOHEST	Q1-Q2	₱31,000,000.00	₱31,000,000.00	
306.0.3.1.9	Procurement of 19 Extension Coils. Primary to different programs and departments in the college, completed by the end of Q1.	New Project	Provost /Auditor/ EDOCOHEST	Q1	₱190,000.00	₱190,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
306.0.3.1.10	Procurement of 11 refrigerators (Hisense 100L) used for staff welfare, storage of perishables, beverages, or specific office materials requiring cooling by Q1, 2026	New Project	Provost /Auditor/ EDOCHOEST	Q1	₦4,070,000.00	₦4,070,000.00	
306.0.3.1.11	Purchase 45 Standing Fan (Rechargeable Binatone) used for localized cooling and air circulation, 100% readiness by Q1, 2026	New Project	Provost /Auditor/ EDOCHOEST	Q1	₦2,700,000.00	₦2,700,000.00	
306.0.3.1.12	To procure 11 standard LG microwave units for the Laboratory and central staff breakroom. Achieve 100% operational status by July 2026.	New Project	Provost /Auditor/ EDOCHOEST	Q1-Q3	₦2,200,000.00	₦2,200,000.00	
306.0.3.1.14	Acquire 3 Panasonic medium-sized FM radio set to the designated Security Office communications hub. Ensure 100% reliable operation by February, 2026.	New Project	Provost/ Auditor/ EDOCHOEST	Q1-Q2	₦81,000.00	₦81,000.00	
306.0.3.1.15	To procure 3 Canon Digital Cameras and the corresponding Camera Tripod Stand for the Public Relations and Documentation Unit. Verify 100% functional readiness by March, 2026	New Project	Provost/ Auditor/ EDOCHOEST	Q1	₦30,000,000.00	₦30,000,000.00	
306.0.3.1.16	To acquire 5 Public Address (PA) systems with wireless microphones, for the main Administration Department, and the conference hall. Verify 100% sound coverage across the hall by Q1 2026	New Project	Provost/ Auditor/ EDOCHOEST	Q1	₦2,750,000.00	₦2,750,000.00	
306.0.3.1.17	Procurement of 18 units of 86-inch HiSense Smart Boards across all designated classrooms and meeting rooms. Achieve 100% operational status by August, 2026	New Project	Provost/ Auditor/ EDOCHOEST	Q1-Q3	₦81,995,400.00	₦81,995,400.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
306.0.3.1.18	To procure 21 of 1TeraByte SSD Hard drives to upgrade the primary workstation. Verify 100% operational status and confirm a minimum 50% boot time reduction by June 2026	New Project	Provost/ Auditor/ EDOCHOEST	Q1-Q2	₦2,520,000.00	₦2,520,000.00	
306.0.3.1.19	Acquire 101 of 64Giga-Byte Flash Drives for departmental use for essential data backup and secure archival. Ensure 100% distribution to all designated users by March 2026	New Project	Provost/ Auditor/ EDOCHOEST	Q1	₦1,212,000.00	₦1,212,000.00	
306.0.3.1.20	Procure 11 Giant size and 25 Medium size of Kangaro Staplers to the Central Administration and Documentation Offices. Verify 100% distribution by January 2026	New Project	Provost/ Auditor/ EDOCHOEST	Q1	₦627,500.00	₦627,500.00	
306.0.3.1.21	Procure 101 Giant size and 301 medium size (6 months supply) of standard and heavy-duty Kangaro Stapler Pins for the Central Administration Office. Ensure 100% inventory readiness by Q1, 2026	New Project	Provost/ Auditor/ EDOCHOEST	Q1	₦1,558,500.00	₦1,558,500.00	
306.0.3.1.22	Acquire 11 heavy-duty double-hole perforators and 11 light-duty hole punchers for the Central Registry and Documentation Unit. Ensure all are installed and fully operational by Q1, 2026	New Project	Provost/ Auditor/ EDOCHOEST	Q1	₦440,000.00	₦440,000.00	
306.0.3.1.25	Procurement of 26 high-resolution projectors across all designated classrooms, lecture halls, and meeting rooms. Achieve 100% operational status by Q1, 2026	New Project	Provost/ Auditor/ EDOCHOEST	Q1	₦14,300,000.00	₦14,300,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
306.0.3.1.26	To procure 118 UPS units to provide stable backup power to all critical workstations, servers, and networking devices. Achieve 100% successful deployment by Q1, 2026	New Project	Provost/ Auditor/ EDOCHOEST	Q1	₦59,000,000.00	₦59,000,000.00	
306.0.3.2	Upgrade electricity and electronic systems to support ICT-driven processes.				₦2,460,000.00	₦2,460,000.00	
306.0.3.2.1	Acquire and deploy a dedicated server for the School of Community Health, ensuring 100% installation and operational readiness by Mar 2026 (Q1) to support data storage and digital learning.	New Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q1	₦1,800,000.00	₦1,800,000.00	
306.0.3.2.4	Procure standing fans for the School of Pharmacy Technician by Mar 2026 (Q1) to ensure a comfortable learning environment.	New Project	Dean, School of Pharmacy Technician/Bur sary/ EDOCHOEST	Q1	₦660,000.00	₦660,000.00	
306.0.4.1	Procure laboratory equipment for teaching, diagnostics, and research.				₦57,454,000.00	₦57,454,000.00	
306.0.4.1.1	Procure and install laboratory equipment for the Entomology and Environmental Health Museum Laboratory, achieving 100% setup by Mar 2026 (Q1) to enhance research and practical learning.	New Project	Dean School of Environmental Health/Auditor / EDOCHOEST	Q1	₦8,518,000.00	₦8,518,000.00	
306.0.4.1.2	Procure all essential chemical reagents for the School of Pharmacy Technician, ensuring 100% acquisition, delivery, and inventory by Jun 2026 (Q1–Q2) to support practical teaching and lab activities.	New Project	Dean, School of Pharmacy Technician/Bur sary/ EDOCHOEST	Q1-Q2	₦1,500,000.00	₦1,500,000.00	
306.0.4.1.3	Procure and deliver essential clinical equipment and supplies for the School of Community Health, ensuring 100% acquisition and documentation by Jun 2026 (Q1–Q2) to support clinical training.	New Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q1-Q2	₦13,480,000.00	₦13,480,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
306.0.4.1.4	Procure and deploy digital graph boards for the School of General Studies, achieving 100% installation and readiness by Mar 2026 (Q1) to enhance teaching delivery.	New Project	Dean of General Studies/Aditor/ EDOCHOEST	Q1	₦2,400,000.00	₦2,400,000.00	
306.0.4.1.5	Establish and equip a standard laboratory for Environmental Health, Public Health, and Epidemiology, ensuring 100% setup and operational readiness by Jun 2026 (Q2) to support training and research.	New Project	Dean School of Environmental Health/Auditor / EDOCHOEST	Q2	₦9,896,000.00	₦9,896,000.00	
306.0.4.1.6	Procure and set up an audiovisual lab for the School of Environmental Technology by Jun 2026 (Q2) to enhance teaching and presentations.	New Project	Dean School of Environmental Health/Auditor / EDOCHOEST	Q2	₦21,660,000.00	₦21,660,000.00	
306.0.4.2	Acquire and maintain plants, machines, and other specialized equipment.				₦453,886,000.00	₦453,886,000.00	
306.0.4.2.1	Procure and install a high-capacity scanner, biometric system, and ID card machine for staff and students, ensuring 100% setup and readiness by Mar 2026 (Q1) to improve records and identification.	New Project	ICT/Registrar/Auditor/ EDOCHOEST	Q1	₦3,530,000.00	₦3,530,000.00	
306.0.4.2.2	Maintain all counselling unit machines in good working condition throughout 2026 (Q1–Q4) to ensure uninterrupted service.	New Project	Head of Counseling unit/Auditor/ EDOCHOEST	Q1-Q2-Q3-Q4	₦500,000.00	₦500,000.00	
306.0.4.2.3	Procure and install five (5) 10KVA Felicity Inverter Systems (including batteries, panels, and consumables) to establish backup power. Achieve 100% stable power continuity verified by a minimum 8-hour load test by June, 2026	New Project	Provost /Auditor/ EDOCHOEST	Q1-Q2	₦269,136,000.00	₦269,136,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
306.0.4.2.4	Procure, install four (4) distinct 5KVA Felicity Inverter Systems (including batteries, panels, and consumables) to establish backup power. Achieve 100% stable power continuity verified by a minimum 6-hour load test in all four hostels by July, 2026	New Project	Provost /Auditor/ EDOCHOEST	Q1-Q2	₦26,000,000.00	₦26,000,000.00	
306.0.4.2.5	Procure and deploy 4 refrigerators, 4 standing fans, and 4 water dispensers for the Bursary Department by Mar 2026 (Q1) to improve staff comfort and efficiency.	New Project	Bursar/Auditor / EDOCHOEST	Q1	₦2,720,000.00	₦2,720,000.00	
306.0.4.2.6	Procure and install 200 wall fans in student hostels by Jun 2026 (Q1–Q2) to improve ventilation and comfort.	New Project	Deputy Provost Administration /Auditor/EDOC HOEST	Q1-Q2	₦22,000,000.00	₦22,000,000.00	
306.0.4.2.8	Procurement of a 500KVA industrial-grade Power Generating Plant with all necessary infrastructure. Achieve 100% integration into the institutional power grid and 72 continuous hours by June 2026	New Project	Provost /Auditor/ EDOCHOEST	Q1-Q2	₦130,000,000.00	₦130,000,000.00	
306.0.5.1	Provide furniture and fittings for conducive learning and work environments.				₦25,600,000.00	₦25,600,000.00	
306.0.5.1.1	Procure and install beds, wardrobes, fans, and lighting in hostels by Jun 2026 (Q1–Q2) to improve student living and learning conditions.	New Project	Deputy Provost Administration /Auditor/EDOC HOEST	Q1-Q2	₦5,000,000.00	₦5,000,000.00	
306.0.5.1.2	Purchase and install furniture and TVs in staff and student lounges, School of Community Health by Mar 2026 (Q1) to enhance comfort and a conducive environment.	New Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q1	₦3,700,000.00	₦3,700,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
306.0.5.1.3	Procure office furniture, shelves, water dispensers, and a first-aid box for Facility staff by Jun 2026 (Q1–Q2) to ensure a conducive work environment.	New Project	Director of Facilities/Audit or / EDOCHOEST	Q1-Q2	₦16,900,000.00	₦16,900,000.00	
306.0.5.2	Procure motor vehicles for mobility, logistics, and outreach programs.				₦489,160,000.00	₦489,160,000.00	
306.0.5.2.1	Procure a fully equipped ambulance for staff and students by Jun 2026 (Q2) to ensure timely response to health emergencies.	New Project	Deputy Provost Administration /Auditor/EDOC HOEST	Q2	₦74,160,000.00	₦74,160,000.00	
306.0.5.2.2	Procurement of nine (9) new vehicles designated for high-level travel, official functions, and administrative logistics. Ensure 100% full registration and comprehensive insurance by October, 2026	New Project	Provost /Auditor/ EDOCHOEST	Q1-Q3	₦415,000,000.00	₦415,000,000.00	
306.0.5.4	Expand and update library books and resources for academic and professional growth				₦33,760,000.00	₦33,760,000.00	
306.0.5.4.1	Procure textbooks and resource books for the School of Community Health by Jun 2026 (Q1–Q2) to enhance learning resources for staff and students.	New Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q1-Q2	₦3,140,000.00	₦3,140,000.00	
306.0.5.4.2	Acquire textbooks, print journals, and local/international periodicals for the College Library by Jun 2026 (Q1–Q2) to strengthen academic and research resources for students and staff.	On-going Project	College Librarian/Audit or/ EDOCHOEST	Q1-Q2	₦17,500,000.00	₦17,500,000.00	
306.0.5.4.3	Acquire counseling textbooks, manuals, assessment tools, and workbooks for the Counseling Unit by Mar 2026 (Q1) to strengthen staff and student guidance services.	New Project	Head of Counseling unit/Auditor/ EDOCHOEST	Q1	₦150,000.00	₦150,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
306.0.5.4.4	Acquire textbooks and reference books for the School of Environmental Health Technology, Public Health, and Epidemiology by Jun 2026 (Q2) to enhance staff and student learning and research.	New Project	Dean School of Environmental Health/Auditor / EDOCHOEST	Q1-Q2	₦10,500,000.00	₦10,500,000.00	
306.0.5.4.5	Provide daily newspapers to the Registrar's Office throughout 2026 (Q1–Q4) to ensure timely access to current affairs for staff.	On-going Project	Registrar/Auditor/ EDOCHOEST	Q1-Q2-Q3-Q4	₦2,070,000.00	₦2,070,000.00	
306.0.5.4.6	Provide monthly magazines and periodicals to designated offices throughout 2026 (Q1–Q4: Jan–Dec) to keep staff updated on professional developments.	On-going Project	Registrar/Auditor/ EDOCHOEST	Q1-Q2-Q3-Q4	₦100,000.00	₦100,000.00	
306.0.5.4.7	Acquire and catalogue four hundred (400) high-educational textbooks focusing on the top ten (10) priority modules for the School of Health Information Management (HIM) curriculum by October 2026	New Project	Dean, Health Information Management /Auditor/ EDOCHOEST	Q1-Q3	₦300,000.00	₦300,000.00	
310.0.8.1	Establish in-house printing facilities for routine institutional needs				₦9,150,000.00	₦9,150,000.00	
310.0.8.1.1	Facilitate outsourced printing of banners, brochures, reports, and programs for official events organized by the Office of the Deputy Provost (Administration) by Q1 (March) and Q4 (December 2026), ensuring timely delivery.	On-going Project	Deputy Provost Administration /Auditor/ EDOCHOEST	Q1-Q4	₦1,200,000.00	₦1,200,000.00	
310.0.8.1.2	Procurement of twenty (20) HP LaserJet network-ready printers to support the document management system. Ensure 100% successful configuration in their designated departmental locations by March 2026	New Project	Provost /Auditor /EDOCOHEST	Q1-Q2	₦3,000,000.00	₦3,000,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
310.0.8.1.3	Procurement of eleven (11) HP ScanJet G4010 scanners across designated departmental workstations to fully support the institution. Ensure 100% network functionality on all units by Q1, 2026	New Project	Provost /Auditor /EDOCHEST	Q1-Q2	₦4,950,000.00	₦4,950,000.00	
311.0.9.1	Provide reliable local transport services for staff mobility, student fieldwork, and official assignments.				₦35,570,000.00	₦35,570,000.00	
311.0.9.1.1	Organize a field trip for School of Pharmacy Technicians by Q2 (June) and Q3 (September 2026) to enhance practical learning and real-world exposure	New Project	Dean, School of Pharmacy Technician/Bursary/ EDOCHOEST	Q2-Q3	₦1,000,000.00	₦1,000,000.00	
311.0.9.1.2	Provide local transport allowance for Registry staff attending workshops and trainings within the state, ensuring full disbursement from Q1–Q4 (Jan–Dec 2026) to support staff development.	On-going Project	HR/Registrar/Bursary/EDOCHOEST	Q1-Q4	₦5,000,000.00	₦5,000,000.00	
311.0.9.1.3	Provide local transport support for Registry staff on official duties within the state, ensuring timely disbursement from Q1–Q4 (Jan–Dec 2026).	On-going Project	HR/Registry/Bursary/EDOCHOEST	Q1-Q4	₦18,000,000.00	₦18,000,000.00	
311.0.9.1.4	Provide local transport support for School of Community Health staff and students on official duties within and outside the state (Q1–Q4: Jan–Dec 2026) to ensure timely and efficient movement.	On-going Project	Dean School of Community Health /Bursary/ EDOCHOEST	Q1-Q2-Q3-Q4	₦9,600,000.00	₦9,600,000.00	
311.0.9.1.5	Provide local transport for library staff for training and official assignments (Q1–Q4: Jan–Dec 2026) to ensure timely participation in all activities	On-going Project	College Librarian/Bursary/EDOCHOEST	Q1-Q2-Q3-Q4	₦1,000,000.00	₦1,000,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
311.0.9.1.6	Provide local transport funding for the School of General Studies (Q1–Q4: Jan–Dec 2026) to ensure efficient execution of official duties and activities.	On-going Project	Dean of General Studies/Bursary/ EDOCHOEST	Q1-Q2-Q3-Q4	₦600,000.00	₦600,000.00	
311.0.9.1.8	Provide local transport for School of Pharmacy Technician staff (Q1–Q4: Jan–Dec 2026) to ensure timely and efficient completion of official duties.	New Project	Dean, School of Pharmacy Technician/Bursary/ EDOCHOEST	Q1-Q2-Q3-Q4	₦120,000.00	₦120,000.00	
311.0.9.1.9	Provide transport and logistics for HIM staff and HRORBN officials during accreditation activities (Q1–Q3: Mar & Sep 2026) to ensure smooth coordination.	New Project	Dean, Health Information Management /Bursary/ EDOCHOEST	Q1-Q3	₦250,000.00	₦250,000.00	
311.0.9.2	Maintain institutional vehicles for safe and efficient internal transportation needs				₦24,000,000.00	₦24,000,000.00	
311.0.9.2.1	Maintain all college vehicles, including servicing, tyre changes, and repairs (Q1 & Q3: Mar & Sep 2026) to ensure safety and reliability.	New Project	Director of Facilities/Audit or / EDOCHOEST	Q1-Q3	₦24,000,000.00	₦24,000,000.00	
310.0.13.1	Provide adequate stocks of essential stationeries such as A4 paper, pinches, and paper clips				₦41,579,000.00	₦41,579,000.00	
310.0.13.1.2	Procure and distribute essential stationery (pens, notebooks, A4 sheets, files, staplers, etc.) and hygiene items (sanitizers, soap, disinfectants, etc.) across all College units by the end of Q1 (March 2026) to ensure uninterrupted academic and operational activities	On-going Project	Registrar/Auditor/EDOCHOEST	Q1	₦41,579,000.00	₦41,579,000.00	
313.0.14.1	Organize workshops to enhance practical and technical skills.				₦81,620,000.00	₦81,620,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
313.0.14.1.1	Organize workshops and trainings for three officers under the School of Medical Laboratory Technicians by the end of Q2 (June), Q3 (September), and Q4 (December 2026) to enhance their skills and professional development.	New Project	Dean, School of Medical Laboratory Technician/Auditor/ EDOCHOEST	Q2-Q3-Q4	₦1,950,000.00	₦1,950,000.00	
313.0.14.1.2	Provide specialized training for staff under the School of Medical Laboratory Technicians on the use of the biosafety cabinet and water distiller by the end of Q2 (June 2026) to enhance laboratory safety and operational efficiency.	New Project	Dean, School of Medical Laboratory Technician/Auditor/ EDOCHOEST	Q2	₦500,000.00	₦500,000.00	
313.0.14.1.3	Organize staff and student development activities—including seminars, workshops, and training—for 16 lecturers and 3 technologists under the School of Environmental Health, and provide opportunities for student participation, by the end of Q1 (March) and Q3 (September 2026) to enhance teaching, research, and professional skills.	New Project	Dean School of Environmental Health/Auditor / EDOCHOEST	Q1-Q3	₦40,180,000.00	₦40,180,000.00	
313.0.14.1.4	Organize an operational development workshop for 30 staff under the Office of the Deputy Provost (Administration) by the end of Q2 (June) and Q4 (December 2026), ensuring full attendance and completion to enhance administrative efficiency and professional capacity. during the 2025/2026 academic session.	New Project	Deputy Provost Administration /Auditor/EDOC HOEST	Q2-Q4	₦2,490,000.00	₦2,490,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
313.0.14.1.5	Organize a 5-day training, including seminars and workshops, for staff of the School of Community Health by the end of Q1 (March) and Q3 (September 2026), ensuring full attendance and completion to enhance professional skills and capacity.	New Project	Dean School of Community Health /Bursary/ EDOCHOEST	Q1-Q3	₦23,600,000.00	₦23,600,000.00	
313.0.14.1.6	Organize operational development workshops and seminars for 53 Facilities Department staff, with quarterly trainings for all staff based on designation. Complete each quarterly training by the end of Q1–Q4 (March, June, September, and December 2026)	New Project	Director of Facilities/Audit or / EDOCHOEST	Q1-Q2-Q3-Q4	₦8,000,000.00	₦8,000,000.00	
313.0.14.1.7	Conduct and organize quarterly seminars, workshops, and training sessions for 14 senior and junior staff of the Registry Department (within and outside the institution) by the end of Q1–Q4 (March, June, September, December 2026) to enhance staff skills, improve work efficiency, and strengthen departmental performance.	On-going Project	HR/Registry/Bursary/EDOCHOEST	Q1-Q2-Q3-Q4	₦4,900,000.00	₦4,900,000.00	
313.0.14.2	Conduct trainings to build administrative, academic, and professional capacity.				₦24,550,000.00	₦24,550,000.00	
313.0.14.2.1	Conduct a training course on environmental safety, firefighting drills, emotional intelligence, and team building for 20 staff by the end of Q1 (March 2026), ensuring full attendance and completion of all modules, to improve workplace safety, collaboration, and overall performance during the 2025/2026 academic session	New Project	Deputy Provost Administration /Auditor/EDOC HOEST	Q1	₦3,600,000.00	₦3,600,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
313.0.14.2.2	Organize a training for 20 hostel staff on student-staff relationship management by the end of Q2 (June 2026) to enhance communication, resolve conflicts effectively, and improve overall hostel administration during the 2025/2026 academic session.	New Project	Deputy Provost Administration /Auditor/EDOC HOEST	Q2	₦3,000,000.00	₦3,000,000.00	
313.0.14.2.3	Conduct a training for 20 staff on cultism and crisis management by the end of Q3 (September 2026) to raise awareness, strengthen prevention strategies, and improve the College's response to security-related issues during the 2025/2026 academic session.	New Project	Deputy Provost Administration /Auditor/EDOC HOEST	Q3	₦3,000,000.00	₦3,000,000.00	
313.0.14.2.4	Organize professional development training for staff of the School of General Studies by the end of Q2 (June) and Q4 (December) 2026 to enhance teaching methods and research skills, with participation and outcomes tracked	New Project	Dean of General Studies/Bursary/ EDOCHOEST	Q2-Q4	₦2,900,000.00	₦2,900,000.00	
313.0.14.2.5	Organize professional training for non-academic staff of the School of Community Health at the beginning of Q2 (April 2026) to enhance their skills, efficiency, and contribution to the School's operations, with participation and learning outcomes tracked for effectiveness.	New Project	Dean School of Community Health /Bursary/ EDOCHOEST	Q2	₦12,050,000.00	₦12,050,000.00	
313.0.14.3	Facilitate attendance at conferences and seminars to promote knowledge exchange and networking.				₦67,600,000.00	₦67,600,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
313.0.14.3.1	Train 5 chartered and non-chartered accountants in the Department of Bursary by the end of Q2 (June) and Q4 (December 2026), ensuring all participants complete practical exercises and achieve at least 80% score on post-training assessments, to improve financial management skills, strengthen compliance, and boost departmental efficiency	On-going Project	Bursar/Auditor / EDOCHOEST	Q2-Q4	₦26,400,000.00	₦26,400,000.00	
313.0.14.3.2	Conduct the annual PGDE Primary Healthcare Educator training for academic staff of the School of Community Health by the end of Q3 (September 2026) to strengthen teaching skills, build professional capacity, and improve primary healthcare education, with success measured through participation and post-training assessments.	New Project	Dean School of Community Health /Bursary/ EDOCHOEST	Q3	₦1,800,000.00	₦1,800,000.00	
313.0.14.3.3	Ensure 20 staff of the School of Community Health participate in the Reproductive and Child Health Project (RCHP) scientific training in Q2 (June 2026), coordinated by the Community Health Practitioners Registration Board of Nigeria (CHPRBN), to strengthen scientific knowledge, research skills, and professional competence, with participation and outcomes monitored for effectiveness	New Project	Dean School of Community Health /Bursary/ EDOCHOEST	Q2	₦1,400,000.00	₦1,400,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
313.0.14.3.4	Facilitate academic staff attendance at seminars, workshops, and conferences in Q1 (March) and Q3 (September 2026) to promote professional growth, knowledge exchange, and skill development, with outcomes tracked for effectiveness.	New Project	Dean of General Studies/Bursary/ EDOCHOEST	Q1-Q3	₦20,000,000.00	₦20,000,000.00	
313.0.14.3.5	Facilitate library staff participation in local training programs and professional conferences from Q1 (January–March) through Q4 (October–December 2026) to enhance skills, knowledge, and service delivery, with outcomes monitored for effectiveness.	On-going Project	College Librarian/Auditor/EDOCHOEST	Q1-Q2-Q3-Q4	₦12,000,000.00	₦12,000,000.00	
313.0.14.3.6	Organize a conference for 12 senior staff of the Registry Department in Q3 (July–September 2026) to enhance professional development, knowledge sharing, and administrative efficiency, with participation and outcomes monitored for effectiveness.	On-going Project	HR/Registry/Bursary/EDOCHOEST	Q2-Q3	₦6,000,000.00	₦6,000,000.00	
313.0.15.1	Provide staff research grants to support academic inquiry and publications.				₦44,500,000.00	₦44,500,000.00	
313.0.15.1.1	Facilitate non-academic staff of the Office of the Deputy Provost (Administration) to attend professional conferences and training programs throughout Q1–Q4 (January–December 2026) to enhance skills, knowledge, and administrative efficiency, ensuring at least 90% participation, with outcomes monitored for effectiveness.	New Project	Deputy Provost Administration /Auditor/EDOC HOEST	Q1-Q2-Q3-Q4	₦3,000,000.00	₦3,000,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
313.0.15.1.2	Facilitate hostel staff of the Office of the Deputy Provost (Administration) to attend seminars and conferences in Q2 (April–June) and Q4 (October–December 2026) to enhance skills, knowledge, and efficiency, ensuring at least 90% participation and monitored outcomes	New Project	Deputy Provost Administration /Auditor/EDOC HOEST	Q2-Q4	₦1,500,000.00	₦1,500,000.00	
313.0.15.1.3	Provide at least 5 educational and research grants and subscribe to 10 academic journals for the School of General Studies throughout Q1–Q4 (January–December 2026) to support teaching, research, and academic development, with usage and outcomes monitored for effectiveness	New Project	Dean of General Studies/Bursary/ EDOCHOEST	Q1-Q2-Q3-Q4	₦40,000,000.00	₦40,000,000.00	
313.0.15.2	Support student research projects and innovation-driven activities through education grants.				₦10,000,000.00	₦10,000,000.00	
313.0.15.2.1	To conduct the pilot work /study program, enrolling a minimum of forty (40) eligible students to fill defined administrative and technical support roles. Complete 100% of student placements by April 2026	New Project	Provost /Auditor	Q1-Q2	₦5,000,000.00	₦5,000,000.00	
313.0.15.2.2	To conduct tutoring program involving five (5) faculty members to provide academic support to a minimum of fifty (50) identified struggling students. Track a minimum 10% average grade improvement among participating students by the end of the 2026/2027 Semester.	New Project	Provost /Auditor	Q1-Q2	₦5,000,000.00	₦5,000,000.00	
272.0.17.1	Allocate funds for medical expenses to support staff and students in need				₦4,752,000.00	₦4,752,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
272.0.17.1.1	Provide emergency health services for all staff and students throughout Q1–Q4 (January–December 2026), including medical fees, vehicle support, first aid, and drugs, ensuring at least 95% of emergencies are attended within 15 minutes, with outcomes monitored for effectiveness	New Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q1-Q4	₦4,752,000.00	₦4,752,000.00	
272.0.17.2	Provide for other unforeseen expenses that contribute to the smooth running of the institution				₦6,500,000.00	₦6,500,000.00	
272.0.17.2.1	Carry out 3 social responsibility initiatives for the Office of the Deputy Provost (Administration) in Q1 (Jan–Mar) and Q3 (Jul–Sep 2026) to engage the host community and strengthen the College’s relationship, ensuring at least 80% community participation.	New Project	Deputy Provost Administration /Auditor/EDOC HOEST	Q2-Q3	₦4,500,000.00	₦4,500,000.00	
272.0.17.2.5	Prepare and implement the College’s 2025/2026 annual administrative budget in Q4 (October–December 2026), ensuring at least 95% of departmental allocations are approved and utilized effectively, with expenditures monitored for accountability and efficiency.	On-going Project	Registrar/Auditor/EDOCHOEST	Q4	₦2,000,000.00	₦2,000,000.00	
312.0.18.1	Provide for annual audit fees to ensure compliance and financial integrity				₦12,500,000.00	₦12,500,000.00	
312.0.18.1.1	Engage external auditors and financial/tax consultants in Q1 (January–March) and Q4 (October–December 2026) to audit all college account expenses, review tax compliance, and submit certified financial and audit reports by the end of Q4 (October–December 2026), ensuring 100% compliance and accuracy, with outcomes reviewed by management	On-going Project	Bursar/Auditor / EDOCHOEST	Q1-Q4	₦12,500,000.00	₦12,500,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
312.0.18.2	Pay statutory financial fees (eg, regulatory bodies, tax-related obligations) to maintain institutional credibility.				₦6,000,000.00	₦6,000,000.00	
312.0.18.2.1	Ensure successful HND (NBTE) accreditation for the School of Community Health in Q2 (Apr–Jun) and Q4 (Oct–Dec 2026) by preparing all required documentation, coordinating staff and facility readiness, and achieving 100% compliance with NBTE standards, with results formally documented and reviewed	On-going Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q2-Q4	₦6,000,000.00	₦6,000,000.00	
313.0.19.2	Provide for other developmental activities aimed at improving staff and student welfare, growth, and career progression.				₦25,950,000.00	₦25,950,000.00	
313.0.19.2.1	Organize a student skills acquisition and entrepreneurship workshop under the Dean of Students in Q1 (January–March 2026) to enhance practical and entrepreneurial skills, ensuring at least 80% of participants achieve the learning objectives, with outcomes assessed through practical exercises.	New Project	Dean of Students/ Auditor/ EDOCHOEST	Q1	₦1,300,000.00	₦1,300,000.00	
313.0.19.2.3	Sponsor 36 administrative staff to attend the CIPM programme to strengthen professional competence. Achieve at least 90% successful completion by the end of Q4 (December) 2026.	On-going Project	Registrar/Auditor/EDOCHOEST	Q4	₦24,650,000.00	₦24,650,000.00	
311.0.20.1	Pay and manage telephone charges to facilitate official communication.				₦17,255,000.00	₦17,255,000.00	
311.0.20.1.1	Provide monthly telephone allowance for 41 Registry staff from Q1–Q4 to support official communication and achieve at least 80% timely response to internal and external enquiries.	On-going Project	Registrar/Auditor/EDOCHOEST	Q1-Q2-Q3-Q4	₦2,500,000.00	₦2,500,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
311.0.20.1.2	Procure a smartphone and a 5G MTN internet router for the School of Pharmacy Technician in Q1 of the 2025/2026 academic session to improve digital access and communication	New Project	Dean, School of Pharmacy Technician/Auditor/EDOCHOEST	Q1	₦340,000.00	₦340,000.00	
311.0.20.1.3	Provide telephone and internet communication support for hostel managers, supervisors, and porters in Q1 to ensure effective communication with parents, students, and during emergencies.	New Project	Deputy Provost Administration/Auditor/EDOC HOEST	Q1-Q2-Q3-Q4	₦1,200,000.00	₦1,200,000.00	
311.0.20.1.4	Provide internet and communication support for the Office of the Deputy Provost (Administration) throughout Q1–Q4 (January–December 2026) to ensure timely and efficient administrative operations	New Project	Deputy Provost Administration/Auditor/EDOC HOEST	Q1-Q2-Q3-Q4	₦960,000.00	₦960,000.00	
311.0.20.1.5	Purchase a 5G MTN internet router and provide data allowance for all staff of the School of Community Health in Q1 (January–March 2026) to enhance connectivity and support academic and administrative activities.	New Project	Dean School of Community Health/Auditor/EDOCHOEST	Q1	₦9,895,000.00	₦9,895,000.00	
311.0.20.1.6	Ensure uninterrupted access to essential library utilities—internet, telephone services, and bank charges—by fully funding and maintaining them in Q1 (January–March 2026) to support efficient library operations.	On-going Project	College Librarian/Auditor/EDOCHOEST	Q1	₦2,360,000.00	₦2,360,000.00	
311.0.20.4	Renew software licenses and ICT subscription (including cloud services) to maintain compliance and digital efficiency.				₦57,570,000.00	₦57,570,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
311.0.20.4.1	Procure and set up library database and plagiarism-detection software in Q1–Q2 (January–June 2026) to support academic integrity and improve access to digital resources, ensuring everything is fully ready before the start of the 2025/2026 academic session.	On-going Project	College Librarian/Auditor/EDOCHOEST	Q1-Q2	₦44,000,000.00	₦44,000,000.00	
311.0.20.4.2	Acquire and set up licensed software for the School of Pharmacy Technicians in Q1 (January–March 2026) to support teaching and student record management for the 2025/2026 academic session.	New Project	Dean, School of Pharmacy Technician/Auditor/EDOCHOEST	Q1	₦1,000,000.00	₦1,000,000.00	
311.0.20.4.3	Renew essential software licenses and subscriptions for online/cloud storage in the College Library in Q1 (January–March 2026) to ensure uninterrupted access to digital resources throughout 2026	On-going Project	College Librarian/Auditor/EDOCHOEST	Q1	₦1,150,000.00	₦1,150,000.00	
311.0.20.4.4	Procure, install, and configure accounting software and engage a certified consultant in Q1 (January–March 2026) for the Bursary Department to ensure all staff are trained and the software is fully operational, achieving 100% readiness for daily financial operations by the end of the quarter	New Project	Bursar/Auditor / EDOCHOEST	Q1	₦10,000,000.00	₦10,000,000.00	
311.0.20.4.5	To procure, install, and deploy the Student Record System, LMS, Health Information Data Tool, productivity software, antivirus, and cloud backup solutions for Health Information Technology. Ensure full system functionality and staff readiness by the end of Q1 (March) 2026.	New Project	Dean, Health Information Management/ Auditor/ EDOCHOEST	Q1	₦1,420,000.00	₦1,420,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
312.0.21.1	procure and maintain adequate plumbing materials for water supply and sanitation system.				₦41,281,000.00	₦41,281,000.00	
312.0.21.1.1	Procure plumbing materials, tools, and equipment in Q1–Q2 (January–June 2026) to ensure 100% of hygiene facilities in the College are fully maintained and functional	New Project	Director of Facilities/Audit or / EDOCHOEST	Q1-Q2	₦41,281,000.00	₦41,281,000.00	
312.0.21.2	provide electrical consumables to support lighting, power distribution, and emergency repairs.				₦402,606,900.00	₦402,606,900.00	
312.0.21.2.1	Procure electrical materials, tools, and equipment in Q1 (January–March 2026) to ensure 100% of the College’s facilities—including staff offices, lecture halls, laboratories, and hostels—are fully maintained and have a steady supply of electricity throughout the year.	New Project	Director of Facilities/Audit or / EDOCHOEST	Q1	₦402,606,900.00	₦402,606,900.00	
312.0.35.1	Provide reliable communication devices (e.g., radios, phones, intercoms) for security operations.				₦4,780,000.00	₦4,780,000.00	
312.0.35.1.1	Procurement of 45 Mini Walkie-Talkies, 45 security touch lights, 25 security Outdoor flood lights, and 8 High-Definition Video Surveillance systems. Achieve 100% campus-wide coverage and verify communication reliability by April 2026	New Project	Chief Security Officer /Auditor	Q1-Q2	₦4,780,000.00	₦4,780,000.00	
312.0.39.1	Procure PPE (Personal Protective Equipment) such as reflective jackets, helmets, boots, and gloves.				₦2,455,000.00	₦2,455,000.00	
312.0.39.1.1	Procurement of a total of 265 various essential PPE consumables to 100% of all security personnel. Achieve 100% documented distribution and confirm staff training on proper usage by April 2026	New Project	Chief Security Officer /Auditor	Q1-Q2	₦2,455,000.00	₦2,455,000.00	
312.0.40.2	Regularly review and update security items to match evolving institutional needs.				₦2,860,000.00	₦2,860,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
312.0.40.2.1	Procurement and deployment of a total of 625 various contemporary security equipment and hazard marking hardware. Ensure 100% installation, full system integration, and staff training on all new equipment by April 2026	New Project	Provost /Auditor	Q1-Q2	₦2,860,000.00	₦2,860,000.00	
313.0.22.1	Procure and stock chemical consumables for routine laboratory experiments and tests				₦768,850.00	₦768,850.00	
313.0.22.1.1	Procure essential laboratory materials, including antiseptic wipes, manual centrifuge, and other items, for the School of Medical Laboratory Technician in Q1–Q2 (January–June 2026) to fully support all teaching and practical sessions.	On-going Project	Dean, School of Medical Laboratory Technician/Auditor/ EDOCHOEST	Q1-Q2	₦355,000.00	₦355,000.00	
313.0.22.1.2	Procure pharmacology, biology, and physics consumables for the School of General Studies in Q1 (January–March 2026) to fully support all teaching and practical sessions for the 2025/2026 academic session.	New Project	Dean of General Studies/Auditor / EDOCHOEST	Q1	₦413,850.00	₦413,850.00	
313.0.22.2	Ensure timely provision of standard chemical reagents for specialised procedures				₦5,947,000.00	₦5,947,000.00	
313.0.22.2.1	Procure medical microbiology consumables (e.g., anaerobic jar, DCA, nutrient broth) in Q1–Q2 (Jan–Jun 2026) to ensure 100% availability for practical sessions	On-going Project	Dean, School of Medical Laboratory Technician/Auditor/ EDOCHOEST	Q1-Q2	₦876,500.00	₦876,500.00	
313.0.22.2.2	Procure Histopathology consumables (e.g., ethanol, cover slips, xylene) in Q1–Q3 (Jan–Sep 2026) to ensure 100% availability for practicals.	New Project	Dean, School of Medical Laboratory Technician/Auditor/ EDOCHOEST	Q1-Q2-Q3	₦2,394,500.00	₦2,394,500.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
313.0.22.2.3	Procure Chemistry (CHM 206) consumables (e.g., trisodium citrate, sodium carbonate, $\alpha$ -naphthol) in Q1–Q3 (Jan–Sep 2026) to ensure 100% availability for practical sessions	On-going Project	Dean, School of Medical Laboratory Technician/Auditor/ EDOCHOEST	Q1-Q2-Q3	₦1,115,000.00	₦1,115,000.00	
313.0.22.2.4	Procure Biochemistry and Chemistry reagents for the School of General Studies in Q1 (Jan–Mar 2026) to ensure 100% availability for teaching and practical sessions.	On-going Project	Dean of General Studies/Auditor / EDOCHOEST	Q1	₦1,561,000.00	₦1,561,000.00	
315.0.23.1	Provide support for indexing students with relevant professional and regulatory bodies.				₦8,775,000.00	₦8,775,000.00	
315.0.23.1.1	Carry out regulatory body activities for the School of Pharmacy Technicians in Q2–Q3 (Apr–Sep 2026) to ensure 100% compliance with professional standards for the 2025/2026 academic session.	New Project	Dean, School of Pharmacy Technician/Auditor/ EDOCHOEST	Q2-Q3	₦7,495,000.00	₦7,495,000.00	
315.0.23.1.2	Carry out student indexing activities for the School of Community Health in Q2–Q4 (Apr–Dec 2026) to ensure 100% of student records are properly organized and accessible	On-going Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q2-Q3-Q4	₦80,000.00	₦80,000.00	
315.0.23.1.3	Provide financial support for Health Information Management (HIM) students' indexing fees in Q2–Q4 (Apr–Dec 2026) to ensure 100% timely registration with HRORBN	On-going Project	Dean,Health Information Management/ Auditor/ EDOCHOEST	Q2-Q3-Q4	₦1,200,000.00	₦1,200,000.00	
315.0.23.3	Support SIWES (Industrial Training) programs to build practical skills and employability.				₦4,280,000.00	₦4,280,000.00	
315.0.23.3.1	Facilitate clinical posting for School of Community Health students in Q3–Q4 (Jul–Dec 2026) to ensure 100% completion of practical training requirements	On-going Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q3-Q4	₦2,320,000.00	₦2,320,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
315.0.23.3.2	Coordinate and place School of Health Information Management (HIM) students in accredited health facilities for SIWES in Q2–Q4 (Apr–Dec 2026) to ensure 100% completion of industrial training requirements for the 2025/2026 academic session.	On-going Project	Dean, Health Information Management/ Auditor/ EDOCHOEST	Q2-Q3-Q4	₦1,960,000.00	₦1,960,000.00	
311.0.24.4	Maintain postal and courier services for reliable communication and logistics.				₦5,050,000.00	₦5,050,000.00	
311.0.24.4.1	Provide postage and courier services for transcripts, certificates, and other official documents in Q1–Q4 (Jan–Dec 2026) to ensure 100% timely delivery by the Registry Department.	On-going Project	Registrar/Auditor/EDOCHOEST	Q1-Q2-Q3-Q4	₦5,000,000.00	₦5,000,000.00	
311.0.24.4.2	Submit completed and approved School of Health Information Management (HIM) accreditation documents to the HRORBN office in Abuja in Q1 (Jan–Mar 2026) to ensure 100% compliance with submission deadlines.	New Project	Dean, Health Information Management/ Auditor/ EDOCHOEST	Q1	₦50,000.00	₦50,000.00	
315.0.25.1	Organize student orientation programs to ease transition and integration into the institution.				₦7,000,000.00	₦7,000,000.00	
315.0.25.1.1	Conduct induction sessions for new students in Q1–Q3 (Jan–Sep 2026) to ensure all students are familiar with the College culture and resources for a smooth start to their studies.	On-going Project	Dean of Students/ Auditor/ EDOCHOEST	Q1-Q2-Q3	₦7,000,000.00	₦7,000,000.00	
315.0.25.2	Conduct debates, quiz competitions, and related activities to foster critical thinking, teamwork, and healthy competition.				₦7,000,000.00	₦7,000,000.00	
315.0.25.2.1	Organize sports, cultural events, and intellectual competitions in Q2 and Q4 (Apr–Jun, Oct–Dec 2026) to ensure 100% student participation and enhance fitness, critical thinking, and public speaking skills	New Project	Dean of Students/ Auditor/ EDOCHOEST	Q2-Q4	₦7,000,000.00	₦7,000,000.00	
314.0.26.1	Provide funds for accreditation fees required by regulatory and professional bodies.				₦9,700,000.00	₦9,700,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
314.0.26.1.1	Facilitate accreditation for the School of Pharmacy Technicians in Q2–Q3 (Apr–Sep 2026) to ensure full compliance with regulatory requirements for the 2025/2026 academic session.	New Project	Dean, School of Pharmacy Technician/Auditor/EDOCHOEST	Q2-Q3	₦9,500,000.00	₦9,500,000.00	
314.0.26.1.2	Process and pay HRORBN accreditation and registration fees for the School of Health Information Management programme in Q1–Q2 (Jan–Jun 2026) to ensure 100% compliance and secure accreditation.	New Project	Dean, Health Information Management/ Auditor/ EDOCHOEST	Q1-Q2	₦200,000.00	₦200,000.00	
314.0.26.2	Allocate resources for logistics, documentation, and hospitality during accreditation exercises.				₦34,450,000.00	₦34,450,000.00	
314.0.26.2.1	Provide honorarium, accommodation, and liaison support for National Regulatory Body visits to the School of Community Health in Q2–Q3 (Apr–Sep 2026) to ensure 100% successful oversight and compliance activities.	On-going Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q2-Q3	₦6,000,000.00	₦6,000,000.00	
314.0.26.2.2	Provide meals, drinks, and welcome packs for 4 HRORBN officials (3 days), staff, and students during HIM accreditation in Q2–Q3 (Apr–Sep 2026) to ensure smooth accreditation activities	New Project	Dean, Health Information Management/ Auditor/ EDOCHOEST	Q2-Q3	₦250,000.00	₦250,000.00	
314.0.26.2.3	Arrange hotel accommodation for 4 HRORBN accreditation team members during their HIM visit in Q2–Q3 (Apr–Sep 2026) to ensure 100% comfortable stay	New Project	Dean, Health Information Management/ Auditor/ EDOCHOEST	Q2-Q3	₦640,000.00	₦640,000.00	
314.0.26.2.4	Provide honorarium and sitting allowances for Registry staff during official meetings and accreditation activities in Q1–Q4 (Jan–Dec 2026) to ensure 100% staff participation.	On-going Project	Registrar/Auditor/EDOCHOEST	Q1-Q2-Q3-Q4	₦2,880,000.00	₦2,880,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
314.0.26.2.5	Provide lunch honorarium for 6 School of Health Information Management staff during the 3-day student indexing exercise in Q2 and Q4 (Apr–Jun, Oct–Dec 2026) to ensure smooth coordination and full participation.	New Project	Dean, Health Information Management/ Auditor/ EDOCHOEST	Q2-Q4	₦180,000.00	₦180,000.00	
314.0.26.2.6	Renew annual professional body subscriptions for the Registry Department in Q1 and Q4 (Jan–Mar, Oct–Dec 2026) to ensure 100% compliance and active professional affiliation.	On-going Project	Registrar/Auditor/EDOCHOEST	Q1-Q4	₦24,500,000.00	₦24,500,000.00	
315.0.28.1	Provide student uniforms to promote unity and institutional identity.				₦8,000,000.00	₦8,000,000.00	
315.0.28.1.1	Produce 2 pairs of uniforms, 1 lab coat, and a customized student bag for each School of Community Health student in Q1 and Q4 (Jan–Mar, Oct–Dec 2026) to ensure 100% readiness for academic and practical activities.	New Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q1-Q4	₦7,000,000.00	₦7,000,000.00	
315.0.28.1.2	Procure and distribute scrubs for 100 Health Information Management (HIM) students in Q1 and Q4 (Jan–Mar, Oct–Dec 2026) to ensure 100% uniformity and clinical compliance.	On-going Project	Dean, Health Information Management/ Auditor/ EDOCHOEST	Q1-Q4	₦1,000,000.00	₦1,000,000.00	
315.0.28.2	Allocate resources for other student-related activities that support welfare, inclusion, and holistic development.				₦6,600,000.00	₦6,600,000.00	
315.0.28.2.1	Organize field trips for all students across the college in Q2 (Apr–Jun 2026) to promote experiential learning, personal development, and teamwork	New Project	Head of Counseling unit/Auditor/ EDOCHOEST	Q2	₦1,000,000.00	₦1,000,000.00	
315.0.28.2.2	To oversee conduct and fund Student Union elections in Q3 (Jul–Sep 2026) to ensure all elected leaders gain leadership, accountability, and communication skills.	New Project	Dean of Students/ Auditor/ EDOCHOEST	Q3	₦5,600,000.00	₦5,600,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
313.0.30.1	Supply essential glass wares such as beakers, flasks, test tubes, and pipettes				₦506,500.00	₦506,500.00	
313.0.30.1.1	Procure clinical chemistry consumables (e.g., universal containers, fluoride oxalate sample containers) for the School of Medical Laboratory in Q1–Q2 (Jan–Jun 2026) to ensure 100% uninterrupted practical sessions.	On-going Project	Dean, School of Medical Laboratory Technician/Auditor/ EDOCHOEST	Q1-Q2	₦506,500.00	₦506,500.00	
312.0.31.1	Supply furniture and fittings consumables for timely repairs and replacements.				₦5,289,300.00	₦5,289,300.00	
312.0.31.1.2	Provide funds to maintain and repair all library furniture and equipment in Q1–Q4 (Jan–Dec 2026) to keep them fully functional and long-lasting.	On-going Project	College Librarian/Auditor/EDOCHOEST	Q1-Q2-Q3-Q4	₦1,900,000.00	₦1,900,000.00	
312.0.31.1.3	Procure furniture and fittings consumables (e.g., set of chisels, screwing machine, etc.) in Q1–Q2 (Jan–Jun 2026) to ensure timely maintenance, repair, and replacement of college furniture.	New Project	Director of Facilities/Auditor / EDOCHOEST	Q1-Q2	₦3,389,300.00	₦3,389,300.00	
312.0.32.1	Allocate fees for adverts to promote institutional programs, tenders and announcements.				₦10,000,000.00	₦10,000,000.00	
312.0.32.1.1	Place quarterly adverts in newspapers, radio, magazines, and online (Jan–Dec 2026) to inform students, parents, staff, alumni, and the community about programs and admissions.	On-going Project	Registrar/PRO/Auditor/ EDOCHOEST	Q1-Q2-Q3-Q4	₦10,000,000.00	₦10,000,000.00	
312.0.32.2	Provide funds for matriculation and convocation ceremonies to uphold academic traditions.				₦125,000,000.00	₦125,000,000.00	
312.0.32.2.1	Provide funds in Q4 (Oct–Dec 2026) for the matriculation ceremony, including venue setup with rented canopies and chairs, to ensure a successful event.	On-going Project	Admissions/Registry /Auditor/ EDOCHOEST	Q4	₦45,000,000.00	₦45,000,000.00	
312.0.32.2.2	Provide funds in Q3 (Jul–Sep 2026) for the convocation ceremony to ensure proper coordination, documentation, and celebration of graduating students.	On-going Project	Admissions/Registry /Auditor/ EDOCHOEST	Q3	₦60,000,000.00	₦60,000,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
312.0.32.2.3	Provide funds in Q3 (Jul–Sep 2026) for admission-related expenses to ensure smooth coordination, processing, and documentation of student admissions in the Registry Department.	On-going Project	Admissions/Registry /Auditor/ EDOCHOEST	Q3	₦20,000,000.00	₦20,000,000.00	
312.0.32.3	Allocate examination related expenses to ensure smooth assessment processes				₦72,920,000.00	₦72,920,000.00	
312.0.32.3.1	Provide funds in Q1 and Q3 (Jan–Mar & Jul–Sep 2026) for examination-related expenses to ensure smooth conduct, coordination, and documentation of student exams.	On-going Project	Exams and Records/Registry /Auditor/ EDOCHOEST	Q1-Q3	₦60,000,000.00	₦60,000,000.00	
312.0.32.3.2	Provide funds in Q1 and Q3 (Jan–Mar & Jul–Sep 2026) for examination expenses in the School of Community Health to ensure smooth conduct, coordination, and documentation of student exams	On-going Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q1-Q3	₦6,000,000.00	₦6,000,000.00	
312.0.32.3.3	Provide honorarium in Q1 and Q3 (Jan–Mar & Jul–Sep 2026) for internal examination supervision in the School of General Studies to ensure proper conduct and monitoring of exams.	On-going Project	Dean of General Studies/Auditor / EDOCHOEST	Q1-Q3	₦2,120,000.00	₦2,120,000.00	
312.0.32.3.4	Provide honorarium in Q1 and Q3 (Jan–Mar & Jul–Sep 2026) for internal and summer examination supervision in the School of Community Health to ensure proper conduct and monitoring of exams.	On-going Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q1-Q2-Q3-Q4	₦4,800,000.00	₦4,800,000.00	
314.0.33.2	Provide for other accreditation-related expenses to ensure smooth and successful evaluations.				₦10,050,000.00	₦10,050,000.00	
314.0.33.2.1	Fund essential library resources in Q1 and Q3 (Jan–Mar & Jul–Sep 2026) to support accreditation of the School of Pharmacy Technicians and Health Information Management.	On-going Project	College Librarian/Auditor/EDOCHOEST	Q1-Q3	₦10,000,000.00	₦10,000,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
314.0.33.2.2	Prepare, compile, and bind all HRORBN accreditation files by February 2026 (Q1) to meet board requirements.	New Project	Dean, Health Information Management/ Auditor/ EDOCHOEST	Q1	₦50,000.00	₦50,000.00	
312.0.35.1	Provide reliable communication devices (e.g., radios, phones, intercoms) for security operations.				₦4,780,000.00	₦4,780,000.00	
312.0.35.1.1	Procure and deploy two-way radios, mobile phones, or an intercom system in Q1 (Jan–Mar 2026) to ensure constant communication among security personnel and key offices.	New Project	CSO/ Security Department/A auditor	Q1	₦4,780,000.00	₦4,780,000.00	
312.0.36.1	Procure environmental consumables to support landscaping, beautification, and environmental safety.				₦5,050,000.00	₦5,050,000.00	
312.0.36.1.1	Procure essential light equipment (hand slasher, mower, sludge pump) in Q1 (Jan–Mar 2026) to support efficient maintenance operations.	New Project	Director of Facilities/Audit or / EDOCHOEST	Q1	₦5,050,000.00	₦5,050,000.00	
313.0.37.1	Provide maintenance kits and consumables for routine servicing of laboratory equipment				₦500,000.00	₦500,000.00	
313.0.37.1.1	Procure and maintain laboratory machines for the School of Medical Laboratory Technician in Q1 and Q3 (Jan–Mar & Jul–Sep 2026) to ensure continuous functionality and accurate practical sessions.	New Project	Dean, School of Medical Laboratory Technician/Auditor/ EDOCHOEST	Q1-Q3	₦500,000.00	₦500,000.00	
312.0.39.1	Procure PPE (Personal Protective Equipment) such as reflective jackets, helmets, boots, and gloves.				₦3,130,000.00	₦3,130,000.00	
312.0.39.1.1	Provide PPE consumables (e.g., boots, raincoats) to relevant staff and security personnel in Q1 (Jan–Mar 2026) to ensure workplace safety compliance.	New Project	CSO/ Security Department/A auditor	Q1	₦3,130,000.00	₦3,130,000.00	
312.0.39.2	: Provide security uniforms to ensure identity, discipline, and professionalism				₦1,125,000.00	₦1,125,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
312.0.39.2.1	Procure and distribute operational uniforms for 45 security personnel in Q1 (Jan–Mar 2026) to ensure proper identification and professionalism.	New Project	CSO/ Security Department/A auditor	Q1	₦1,125,000.00	₦1,125,000.00	
312.0.40.2	Regularly review and update security items to match evolving institutional needs.				₦2,860,000.00	₦2,860,000.00	
312.0.40.2.1	Procure and deploy updated access-control, threat-detection, and crowd/vehicle-management equipment in January (Q1) to strengthen safety and meet operational needs	New Project	CSO/ Security Department/A auditor	Q1	₦2,860,000.00	₦2,860,000.00	
312.0.41.2	Provide other lubricants for the smooth functioning and longevity of machines and vehicles				₦23,800,000.00	₦23,800,000.00	
312.0.41.2.1	Ensure the Registrar’s official vehicle is fuelled bi-monthly from Jan–Dec 2026 (Q1–Q4), maintaining a fuel log to guarantee 100% availability for official duties.	On-going Project	Registrar /Auditor/ EDOCHOEST	Q1-Q2-Q3-Q4	₦6,600,000.00	₦6,600,000.00	
312.0.41.2.2	Provide bi-monthly fuelling for all college buses to maintain 100% transport availability from Jan–Dec 2026 (Q1–Q4).	On-going Project	Registrar /Auditor/ EDOCHOEST	Q1-Q2-Q3-Q4	₦7,200,000.00	₦7,200,000.00	
312.0.41.2.3	Provide bi-monthly fuel for the School of Community Health departmental buses to ensure 100% transport availability for students in Q1 and Q3.	New Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q1-Q3	₦10,000,000.00	₦10,000,000.00	
315.0.43.3	Fund for student week activities				₦3,100,000.00	₦3,100,000.00	
315.0.43.3.3	Conduct vocational skills workshops and research seminars for students across all schools of the College by the end of Q3 (May 2026) to enhance employability and industry exposure.	New Project	Dean of Students/ Auditor/ EDOCHOEST	Q3	₦3,100,000.00	₦3,100,000.00	
272.0.1.1	Organize staff meetings to enhance communication and decision-making				₦20,634,000.00	₦20,634,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
272.0.1.1.1	Organize and hold a meeting with the Medical Laboratory Science Council of Nigeria (MLSCN) in Q1 (Jan–Mar 2026) to address accreditation, compliance, and program development.	On-going Project	Dean, School of Medical Laboratory Technician/Auditor/ EDOCHOEST	Q1	₦1,300,000.00	₦1,300,000.00	
272.0.1.1.2	Conduct monthly Registry departmental meetings from Jan–Dec 2026 (Q1–Q4) to review performance, resolve issues, and plan activities.	On-going Project	Registrar /Auditor/ EDOCHOEST	Q1-Q2-Q3-Q4	₦4,920,000.00	₦4,920,000.00	
272.0.1.1.3	Conduct quarterly staff meetings for the School of Medical Laboratory Technician from Jan–Dec 2026 (Q1–Q4) to review performance, resolve issues, and plan academic activities.	On-going Project	Dean, School of Medical Laboratory Technician/Auditor/ EDOCHOEST	Q1-Q2-Q3-Q4	₦400,000.00	₦400,000.00	
272.0.1.1.4	Hold quarterly meetings with hostel and non-academic staff from Jan–Dec 2026 (Q1–Q4), achieving at least 90% attendance to review performance, resolve challenges, and improve service delivery.	On-going Project	Deputy Provost Administration /Auditor/EDOC HOEST	Q1-Q2-Q3-Q4	₦1,160,000.00	₦1,160,000.00	
272.0.1.1.5	Organize monthly meetings and manage internal exam logistics, refreshments, and administration for the School of Environmental Health from Jan–Dec 2026 (Q1–Q4), ensuring 100% timely execution.	On-going Project	Dean School of Environmental Health/Auditor / EDOCHOEST	Q1-Q2-Q3-Q4	₦970,000.00	₦970,000.00	
272.0.1.1.6	Hold a meeting with the Community Healthcare Practitioner Registration Board of Nigeria (CHPRBN) in Jan–Jun 2026 (Q1–Q2) to discuss accreditation and compliance matters.	New Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q1-Q2	₦5,200,000.00	₦5,200,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
272.0.1.1.7	Conduct monthly staff meetings for the School of Community Health from Jan–Dec 2026 (Q1–Q4) to review performance and plan activities.	New Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q1-Q2-Q3-Q4	₦1,080,000.00	₦1,080,000.00	
272.0.1.1.8	Hold monthly internal staff meetings for the School of General Studies from Jan–Dec 2026 (Q1–Q4) with 90% attendance to review performance and plan activities.	On-going Project	Dean of General Studies/Auditor / EDOCHOEST	Q1-Q2-Q3-Q4	₦1,200,000.00	₦1,200,000.00	
272.0.1.1.9	Provide monthly staff welfare and hospitality in the Library from Jan–Dec 2026 (Q1–Q4), ensuring all staff receive refreshments and support.	On-going Project	College Librarian/Auditor/EDOCHOEST	Q1-Q2-Q3-Q4	₦2,100,000.00	₦2,100,000.00	
272.0.1.1.10	Hold monthly internal unit meetings for 5 management staff and official visitors from Jan–Dec 2026 (Q1–Q4) to review performance and plan activities.	On-going Project	Registrar /Auditor/ EDOCHOEST	Q1-Q2-Q3-Q4	₦2,304,000.00	₦2,304,000.00	
272.0.1.2	Provide welfare packages to improve staff morale and motivation				₦9,750,000.00	₦9,750,000.00	
272.0.1.2.1	Provide welfare packages for Registry staff during official activities and festive periods in Jan–Mar and Oct–Dec 2026 (Q1 & Q4) to boost morale.	On-going Project	Registrar /Auditor/ EDOCHOEST	Q1-Q4	₦5,000,000.00	₦5,000,000.00	
272.0.1.2.2	Support School of Community Health staff with welfare packages for official duties and festive periods in Jan–Mar and Oct–Dec 2026 (Q1 & Q4) to enhance motivation.	On-going Project	Dean School of Community Health /Auditor/ EDOCHOEST	Q2	₦3,750,000.00	₦3,750,000.00	
272.0.1.2.3	To organize Annual Staff Awards & Recognition Program across the categories of Outstanding Service, Innovation, and Team Excellence. Ensure a minimum of 60% departmental	New Project	Provost /Auditor office EDOCHOEST	Q2	₦1,000,000.00	₦1,000,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	participation in the nomination process by December 2026.						
ESH Total					26,727,926,000	26,727,926,000	
AOP Pillar(2)					₦26,555,890,000	₦26,605,235,000	
2.7.11.3	Build capacity of health workers to improve access and quality to specialize care using available Resources including engagement of Nigerian Health care Personnel in the Diaspora				₦124,550,000	₦124,550,000	
2.7.11.3.1	Organize Quarterly Human Capacity Building for 624 staff and over 100 interns: Training in Communication/ Empathy/ stress Management/customer service management, Emotional Intelligence/Complaint resolution, MS Excel/Audit investigation/cash handling, AI and Financial Modeling, Basic Life Support, Procurement/supply chain/inventory Management, Supply chain/Inventory Management, Certified Electrical Technician Course/Medical Pipeline System Certification/Advanced Plumping and Pipe fitting in Healthcare Facilities	On-going Project	ESH	Q1-Q2-Q3-Q4	₦124,550,000	₦124,550,000	
2.8.13.5	Galvanize all government and partner resources for phased needs-based upgrades of prioritized PHCs to achieve full functionality (infrastructure, equipment, workforce, commodities etc)				₦26,421,040,000	₦26,421,040,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.13.5.1	Procurement of Ophthalmology Equipment/Instrument such as 1 Pulse Air Tonometer(brand-Keeler), 1 I-Care Tonometer (brand-Keeler), 1 OCT Machine (brand-top com), 1 Slit Lamp Biomicroscope + Applanation, 1 Tonometer, 1 Lensometer, 1 Visual Field Analyzer, 1 Operating Microscope	New Project	ESH	Q1-Q2-Q3-Q4	₦189,470,000	₦189,470,000	
2.8.13.5.2	Procurement of Dentistry Equipment/Instrument such as 10.Dental Unit including: Compressor, Inbuilt Ultrasonic Scalar, Inbuilt UV Light, Two Dentist Stool, Cup Holder, Tissue Dispenser, Fast Handpieces, Straight Handpiece, Contra Angle Handpiece, Micromotor 1 Mobile X-ray Machine, 1 Digital Sensor with Laptop, 2 Steam Autoclave, 1 Porcelain Casting Machine with Vacuum Pump made in Germany, 1 Oral & Maxilofacial Pathology Microscope, 1 Olypus compound light microscope with digital camera, 3 Sonda Digital Periodontal Probes, 1 Panoramic (OPG) Radiograph, 1 Cephalometric Radiograph, 1 Halimeter Machine,	New Project	ESH	Q1-Q2-Q3-Q4	₦154,060,000	₦154,060,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.13.5.3	Procurement of Lab - Histopathology Equipment/Instrument/tools such as 1 Semi-Automated Microtome, 1 Microscope with Camera, 1 Embedding Center, 1 Automatic Tissue Processor, 1 Floatation Bath(Warm Water Bath), 1 Slide Warmer, 1 Autostainer, 1 Digital Weighing Balance, 1 Microwave Oven, 1 Cytospin Centrifuge and Kit, and 1 Vortex Mixer,	New Project	ESH	Q1-Q2-Q3-Q4	₦226,950,000	₦226,950,000	
2.8.13.5.4	Procurement of Lab - Hematology & BTS Equipment/Instrument/tools such as 1 Haematocrit Centrifuge, 1 Electrophoresis Machine, 1 Binocular Microscope, 1 Refridgerator(-80°C), 1 Coagulometer, 1 Optia Spectra Aphaeresis Machine, 1 Semi Automated Esr Analyser, 1 Bucket Centrifuge (12 Tubes), 1 Plasma Expressor, 1 Platelet Agitator, 1 Cold Centrifuge, 1 Automatic Elisa Reader & Washer, 1 Lg Refridegrator, 1 Vein Finder,	New Project	ESH	Q1-Q2-Q3-Q4	₦80,050,000	₦80,050,000	
2.8.13.5.5	Procure ICU/NICU Equipment & Instrument: (1). 4 Mechanical Ventilator (GE Avance), (2). 4 ICU Multiparameter Monitor (GE Carescape), (3). 4 Basic Multiparameter Monitors (GE Mac 500), (4). 2 Manual Defibrillator with Paddles (GE), (5). 1 Videolaryngoscope (GE), (6). 2 Automatic External Defibrillator (GE), (7). 2 Neonatal Ventilators, and (8). 8 Big Sucntion Machines (GE).	New Project	ESH	Q1-Q2-Q3-Q4	₦153,100,000	₦153,100,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.13.5.6	Procurement of Lab - Chemistry Equipment/Instrument/tools such as 1 Automatic Elisa Reader & Washer, 1 Automated Chemistry Analyzer, 1 Distiller And Deionizer, 1 Electrolytes Analyzer, 1 LG Refrigerator,	New Project	ESH	Q1-Q2	₦44,600,000	₦44,600,000	
2.8.13.5.7	Procurement of Lab - Microbiology and Molecular Biology Equipment/Instrument/tools such as 2 Autoclave 50L, 1 Olympus Camera Microscope, 1 Olympus Microscope CX 23, 1 Bucket Centrifuges (12 Tubes), 1 Blood Culture Analyzer, 1 Biosafety Cabinet BLS 2, 1 Computer Assisted Seminal Fluid Analyzer, 1 Water Bath, 1 Improve Neubauer Chamber, 1 LG Refridgerator, 1 Digital Electronic Analytic Balance (5000G/0.01G), 1 Bact/Alert Machine,	New Project	ESH	Q1-Q2-Q3-Q4	₦255,350,000	₦255,350,000	
2.8.13.5.8	Procurement of Radiology Equipment 1vMammogram Machine	New Project	ESH	Q1-Q2-Q3-Q4	₦110,000,000	₦110,000,000	
2.8.13.5.9	Procurement of Urology Equipment/Instrument/tools such as 2 Zero-Degree Cystoscope, 2 30-Degree Cystoscope, 2 70-Degree Cystoscope,	New Project	ESH	Q1-Q2-Q3-Q4	₦12,000,000	₦12,000,000	
2.8.13.5.10	Procurement of 5 Dialysis machine for Dialysis Unit	New Project	ESH	Q1-Q2-Q3-Q4	₦100,560,000	₦100,560,000	
2.8.13.5.11	Procurement of Anaesthesia Equipment/Instrument/tools such as 4vMultiparameter Monitors with ETCO2 Monitoring, 1 Manual Defibrillator with Paddles (Not reusable pads)	New Project	ESH	Q1-Q2-Q3-Q4	₦15,000,000	₦15,000,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
2.8.13.5.12	Procurement of Nursing Unit Equipment/Instrument/tools such as 20 Suctioning Machine, 20 Bed Screen, 5 Infusion Pump, 10 Angle Poise Light, 5 Photo Light, 1 Mini Ultrasound machine, 3 Defibrillator, 3 Mechanical Ventilator.	New Project	ESH	Q1-Q2-Q3-Q4	₦79,900,000	₦79,900,000	
2.8.13.5.13	Infrastructural Expansion: (1). 150 beds wards 4-storey building with consulting rooms, consultants' offices, pharmacy, call rooms; (2). Morgue with modern facilities; (3). Multipurpose 2-Storey Building housing Kitchen/Canteen, Laundry, Biomedical Workshop, Security Office, Facility/Maintenance Office, Mini-Marts; (4). Entrance/Exit Gate with Security Post; (5). Bulk Stores/Warehouse with warehousing equipment, instrument, tools, and software.	New Project	ESH	Q1-Q2-Q3-Q4	₦25,000,000,000	₦25,000,000,000	
2.8.13.15	Establish independent monitoring and verification system				₦10,300,000	₦10,300,000	
2.8.13.15.1	Computerized Accounting System. Procurement of Sage 300 or Zoho books accounting software license and training of Account staff on software use	New Project	ESH	Q1-Q2-Q3-Q4	₦10,300,000	₦10,300,000	
AOP Enabler(1)					₦77,036,000	₦77,036,000	
1.16.22.7	Strengthen data analysis and use for decision making				₦25,036,000	₦25,036,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.16.22.7.1	Creation of Data Information Dashboard, Install Data Analysis Software, Prochase and Install a Server for Central Data Storage, Subscribe to a Safe Cloud Storage for Regular and Automated Data Backup, and Subscribe to a Collaborative Workspace for Seamless Execution of Data Analysis Tasks.	New Project	ESH	Q1	₦25,036,000	₦25,036,000	
1.16.23.6	Procure and expand Infrastructure for digitizing the health system				₦52,000,000	₦52,000,000	
1.16.23.6.1	Procurement of work tools: 30 Laptops (HP Pavillion X360 - 13TH Gen, Core i7, 1TB SSD - 32GB RAM, Touch BACKLIT W11), 50 Desktop Computer (Minimum Spec: All-in-One Desktop Computer Systems - 11th Gen Intel Core i5-1135G7 Processor, 16GB RAM, 1TB SSD, Full HD 23.8") 20 Printer (HP Laserjet All-in-One Printer MFP M127FN) 50 UPS (1.5KVA BlueGate ) and 5 Counting Machine	New Project	ESH	Q1-Q2	₦147,000,000.00	₦147,000,000.00	
EDOHERMA Total					3,561,439,682	3,561,439,682	
AOP Pillar(1)					₦187,660,000.00	₦187,660,000.00	
1.2.2.1.	Preparation and public disclosure/dissemination of health sector performance result e.g Annual state of health report to all relevant stakeholders				₦81,325,000.00	₦81,325,000.00	
1.2.2.1.1	Organise 30 advocacy visits/quarter to selected stakeholders by 10-Man Tean	New Project	EDOHERMA	Quarterly	₦34,800,000.00	₦34,800,000.00	
1.2.2.1.2	Execute the printing of 500 Patients' Right education posters	New Project	EDOHERMA	Q2	₦2,500,000.00	₦2,500,000.00	
1.2.2.1.3	Professional Branding of the Agency	New Project	EDOHERMA	Q2	₦33,300,000.00	₦33,300,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.2.2.1.4	Organise a 1-day awareness program on Patients' right for 300 participants each across the 3 senatorial districts by a 4-Man Team	New Project	EDOHERMA	Q2	₦10,725,000.00	₦10,725,000.00	
1.3.3.1	Harmonize frameworks for health professional regulatory bodies along different cadres.				₦83,795,000.00	₦83,795,000.00	
1.3.3.1.1	Conduct a 5-day residential workshop to Develop clinical, administrative, and operational guidelines for all categories of health facilities. with 50-Participants(with Technical and Professional capacities)	New Project	EDOHERMA	Q2	₦32,165,000.00	₦32,165,000.00	
1.3.3.1.2	Execute the printing and dissemination of 2000 copies per quarter of clinical, administrative and operational guidelines , SOPs for all health facilities inthe state	New Project	EDOHERMA	Quarterly	₦30,000,000.00	₦30,000,000.00	
1.3.3.1.3	Execute the printing and dissemination of 500 certificates each for facility, equipment and infection control	New Project	EDOHERMA	Q1,Q2,Q3	₦2,250,000.00	₦2,250,000.00	
1.3.3.1.4	Conduct a 10-day/quarter facility signage drive across the 3 senatorial districts by 10-Man Team	New Project	EDOHERMA	Quarterly	₦15,380,000.00	₦15,380,000.00	
1.3.3.1.5	Execute the printing of Handbooks for EDOHERMA Staff	New Project	EDOHERMA	Q2	₦4,000,000.00	₦4,000,000.00	
1.3.3.2	Harmonize accreditation/inspection standards for health facilities across the regulators.				₦22,540,000.00	₦22,540,000.00	
1.3.3.2.1	Conduct biannually, 10-Day inspection of Health facilities for standard compliance across the 3 senatorial districts by a 15-man Team	New Project	EDOHERMA	Q2 & Q4	₦14,340,000.00	₦14,340,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.3.3.2.2	Organize End of Year Award night for 60 Participants and award of of Certificates of standards to 20 deserving health facilities across the 3 Senatorial districts of the State	New Project	EDOHERMA	Q4	₦3,800,000.00	₦3,800,000.00	
1.3.3.2.3	Organize an annual innovation challenge by a 5-Man Committee	New Project	EDOHERMA	Q5	₦4,400,000.00	₦4,400,000.00	
AOP Pillar(2)					₦46,210,000.00	₦46,210,000.00	
2.8.12.6	Provide adequate WASH infrastructure and services in healthcare facilities and Monitoring indicators to ensure quality of care and IPC				₦46,210,000.00	₦46,210,000.00	
2.8.12.6.1	Conduct quarterly, a 10-day monitoring visit to 50 health facilities each at the 3 senatorial districts by 10 IPC Inspectors/Health safety Staff using the IPC score card	New Project	EDOHERMA	Quarterly	₦19,630,000.00	₦19,630,000.00	
2.8.12.6.2	Conduct quarterly, a 1-Day review meeting in each of the 3 senatorial districts by a 5-Man Team with 20 state IPC Focal Persons	New Project	EDOHERMA	Quarterly	₦12,760,000.00	₦12,760,000.00	
2.8.12.6.3	Inspect and distribute WASH equipment to 34 public health facilities by a 10 Man-Team for 6 days/Quarter as part of our corporate social responsibility	New Project	EDOHERMA	Quarterly	₦6,520,000.00	₦6,520,000.00	
2.8.12.6.4	Conduct a 1-day refresher training of 250 healthcare personnel on health safety, infection, prevention and control (IPC)best practices	New Project	EDOHERMA	Q3	₦7,300,000.00	₦7,300,000.00	
AOP Pillar(3)					₦108,222,383	₦108,222,383	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
3.10.16.1	Provide state-of-the-art equipment and Leverage on Electronic Management System to enhance regulatory processes within the R&D space to improve, quality, transparency and reduce bureaucracy				₦108,222,382.98	₦108,222,382.98	
3.10.16.1.1	Set up a multifunctional situation room and Database/electronic record system for the Agency to support real monitoring and regulatory activities	New Project	EDOHERMA	Q3	₦64,042,382.98	₦64,042,382.98	
3.10.16.1.2	Develop and install Health facilities-based CCTV System and Cybersecurity softwares	New Project	EDOHERMA	Q3	₦37,920,000.00	₦37,920,000.00	
3.10.16.1.3	Conduct A 2-day Training of 10 EdoHERMA Staff on the use and management of the ERS database for HF data storage, regulation and management	New Project	EDOHERMA	Q3	₦1,400,000.00	₦1,400,000.00	
3.10.16.1.4	Install and setup database and control centre at the Agency	New Project	EDOHERMA	Q2	₦4,860,000.00	₦4,860,000.00	
AOP Enabler(1)					₦25,830,000.00	₦25,830,000.00	
1.16.22.7	Strengthen data analysis and use for decision making				₦10,830,000.00	₦10,830,000.00	
1.16.22.7.1	Conduct a 3-day preparatory capacity building training for 30 staff on advanced data analysis, predictive analytics, Artificial Intelligence and Machine Learning	New Project	EDOHERMA	Q2	₦10,830,000.00	₦10,830,000.00	
1.16.22.8	Data sharing and dissemination of health information				₦15,000,000.00	₦15,000,000.00	
1.16.22.8.1	Produce and disseminate quarterly, 1000 copies of EDOHERMA Fact sheets	On-going	EDOHERMA	Quarterly	₦5,000,000.00	₦5,000,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
1.16.22.8.2	Produce and disseminate annually, 500 copies of EDOHERMA Newsletter	On-going	EDOHERMA	Quarterly	₦10,000,000.00	₦10,000,000.00	
Other Organizational Functions					₦3,194,367,300.15	₦3,194,367,300.15	
479.0.1.1	Conduct Inspection, registration, monitoring, auditing and supervision of all categories of health facilities as well as traditional medicine establishments				₦319,744,500.00	₦319,744,500.00	
479.0.1.1.1	Conduct a 4-day residential workshop for 50 Staff to improve efficiency and capacity of EdoHERMA Team on regulation and monitoring based on global best practices	New Project	EDOHERMA	Q2	₦27,857,500.00	₦27,857,500.00	
479.0.1.1.2	Conduct a 7-day per Quarter inspection to 50 randomly selected health facilities by 15 inspectors and 6 securities for the purpose of registration	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦26,660,000.01	₦26,660,000.01	
479.0.1.1.3	Conduct a 10-Day per Quarter enforcement exercise to non-compliant and unregistered facilities by 15 Enforcers and 6 securitie	On-going	EDOHERMA	Q1-Q2-Q3-Q4	₦22,000,000.00	₦22,000,000.00	
479.0.1.1.4	Supervise 10 days/quarter, Health Outreaches across the 3senatorial zones by 10 EdoHERMA Staff	On-going	EDOHERMA	Q1-Q2-Q3-Q4	₦14,100,000.00	₦14,100,000.00	
479.0.1.1.5	Conduct monthly, 10-day inspection and monitoring of 40 pharmacies and 80 PMS in collaboration with PCN by 10-Man Team	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦39,450,000.00	₦39,450,000.00	
479.0.1.1.6	Conduct quarterly, 10-day inspection of 100 mortuaries, embalment centres and other related services across the three senatorial districts to ensure	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦9,400,000.00	₦9,400,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
	compliance with registration within the calendar year by 7-Man Team						
479.0.1.1.7	Conduct a 3- day residential training of 200 proprietors of Nursing & Maternity Homes on Health Standards related to Nursing services	New Project	EDOHERMA	Q2	₦55,425,000.00	₦55,425,000.00	
479.0.1.1.8	Conduct a 2-day refresher training for 600 Managers /Directors & proprietors of Public and Private Hospitals & Clinics on Health Standards related to medical services. in 3 Batches	New Project	EDOHERMA	Q2	₦38,000,000.00	₦38,000,000.00	
479.0.1.1.9	Conduct a 2-day residential training for 40 Managers /Directors & proprietors of Public and Private Dental Clinics on Health Standards related to Dental services	New Project	EDOHERMA	Q2	₦19,015,000.00	₦19,015,000.00	
479.0.1.1.10	Conduct a 2-day residential training for 50 proprietors of Alternative Healthcare Centers & Clinics on Health Standards	New Project	EDOHERMA	Q2	₦11,137,000.00	₦11,137,000.00	
479.0.1.1.11	Conduct a 2-day refresher training for 600 proprietors of Community Pharmacies on Health Standards related to Pharmaceutical services	New Project	EDOHERMA	Q2	₦38,000,000.00	₦38,000,000.00	
479.0.1.1.12	Conduct a 2-day refresher training for 100 Managers /Directors & Proprietors of Public and Private Medical Laboratory facilities on Health Standards related to MLS services	New Project	EDOHERMA	Q2	₦6,800,000.00	₦6,800,000.00	
479.0.1.1.13	Conduct a 10-Man quarterly review meeting on health outreaches carried out in Edo state with publications	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦2,200,000.00	₦2,200,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
479.0.1.1.14	Conduct biannually, 10-day oversight and regulation of wellness and maternity clinics in Edo state with a publicized directory by 15-Man Team	New Project	EDOHERMA	Q2&Q4	₦9,700,000.00	₦9,700,000.00	
488.0.4.1	Improve regulatory activities by decentralization of operations of EdoHERMA				₦1,023,300,000.00	₦1,023,300,000.00	
488.0.4.1.1	Establish and equip regional regulatory offices with the necessary human and logistical resources to effectively implement inspection, monitoring, and enforcement functions across the entire state and levels of the health system	New Project	EDOHERMA	Q4	₦1,022,450,000.00	₦1,022,450,000.00	
488.0.4.1.2	Conduct a 2-day orientation of 14 newly deployed staff to the zonal offices on effective monitoring and enforcement of standards at health facilities by 4th Quarter	New Project	EDOHERMA	Q4	₦850,000.00	₦850,000.00	
489.0.5.1	Mark International Days and Weeks.				₦16,240,000	₦16,240,000	
489.0.5.1.1	Develop, plan and execute at least 10 international health days by the end of the year for 50 Participants	On-going	EDOHERMA	Q1-Q2-Q3-Q4	₦16,240,000.00	₦16,240,000.00	
489.0.5.1.2	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.						
490.0.6.1	Set up and operationalize advisory groups, Technical Working Groups (TWGs), committees, and advocacy groups as necessary.				₦14,400,000	₦14,400,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
490.0.6.1.1	set up and operationalize 6 committees/TWG made up of 10 members to improve the standards and regulation of health facilities and services	New Project	EDOHERMA	Q2	₦14,400,000	₦14,400,000	
491.0.7.1	Conduct a quackery awareness survey and campaign, and establish and roll out an anti-quackery surveillance network.				₦20,910,000.00	₦20,910,000.00	
491.0.7.1.1	Design and conduct a 5-Day online quackery awareness survey, reaching at least 1,000 respondents.	New Project	EDOHERMA	Q2	₦420,000	₦420,000	
491.0.7.1.2	Develop and launch an anti-quackery awareness campaign quarterly across all media platforms, targeting at least 500,000 people.	On-going	EDOHERMA	Q1-Q2-Q3-Q4	₦19,090,000	₦19,090,000	
	Conduct a 7-day physical survey on knowledge Attitude and Practice of Quackery in health facilities at Markets, Schools,parks,public space and so forth by a 10-Man research Team for 500 respondenc	New Project	EDOHERMA	Q2	₦1,400,000.00	₦1,400,000.00	
493.0.8.1	Strengthen routine health data collation and reporting to 100%.				₦281,740,000.00	₦281,740,000.00	
493.0.8.1.1	Develop a Quality Assurance App.	New Project	EDOHERMA	Q3	₦65,600,000	₦65,600,000	
493.0.8.1.2	Subscribe annually for Quality Assurance APP/Tool	New Project	EDOHERMA	Q3	₦2,500,000	₦2,500,000	
493.0.8.1.3	conduct quarterly, data review meetings with stakeholders with 50 Participants to appraise performance on quality health care delivery regulation processes	On-going	EDOHERMA	Q1-Q2-Q3-Q4	₦5,400,000.00	₦5,400,000.00	
493.0.8.1.4	Conduct a 1-Day training for 20 EdoHERMA Staff on Quality Assurance App	New Project	EDOHERMA	Q3	₦240,000	₦240,000	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
493.0.8.1.5	App roll-out engagement for 50 stakeholders to acquaint them of the development for sustainable and seamless regulatory processes.pose of data collection,analysis, and tracking of performance	New Project	EDOHERMA	Q3	₦1,000,000.00	₦1,000,000.00	
493.0.8.1.6	Develop and operationalize Registration Portal APP	New Project	EDOHERMA	Q2	₦70,000,000	₦70,000,000	
493.0.8.1.7	Develop Daily Monitoring APP for Agency Use	New Project	EDOHERMA	Q2	₦97,000,000	₦97,000,000	
493.0.8.1.8	Develop and launch of EDOHERMA Route Mappings geolocation APP	New Project	EDOHERMA	Q3	₦40,000,000	₦40,000,000	
494.0.9.1	Develop training schedule and conduct capacity building of personnel at all levels of healthcare delivery.				₦219,717,500.00	₦219,717,500.00	
494.0.9.1.1	Conduct a 2-day training session every Quarter for 30 staff of EdoHERMA	On-going	EDOHERMA	Q1-Q2-Q3-Q4	₦14,000,000	₦14,000,000	
494.0.9.1.2	Sponsor 50 staff of EdoHERMA for a 5-day Study tour tto prepare staff on the regulatory work aheadtion Agen	New Project	EDOHERMA	Q1	₦36,587,500.00	₦36,587,500.00	
494.0.9.1.3	Organize and conduct a 2-day stakeholder training meetings on CPR/BLS programme for 600 Participants in 3 batches	New Project	EDOHERMA	Q2	₦35,260,000.00	₦35,260,000.00	
494.0.9.1.4	Conduct quarterly, a 3-day refresher training of 250 healthcare professionals on the use of Oxygen for patients on admission across the 3 senatorial districts	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦20,750,000.00	₦20,750,000.00	
494.0.9.1.5	Organize quarterly, 1-day Workers Mental health meeting/exercise for 100 public/civil servants in the State,	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦8,200,000.00	₦8,200,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
494.0.9.1.6	Organize Annually, 5-day physical fitness certification program for 100 civil servants	New Project	EDOHERMA	Q2	₦23,250,000.00	₦23,250,000.00	
494.0.9.1.7	Conduct quarterly, 14-day Professional license validation for all professional health workers in civil service by a 10.Man Team	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦64,420,000.00	₦64,420,000.00	
494.0.9.1.8	Sponsor 5 staff from EdoHERMA to attend a 2 -day annual professional conferences of Pharmaceutical society and Medical and dental council of Nigeria	New Project	EDOHERMA	Q2	₦5,310,000	₦5,310,000	
494.0.9.1.9	Sponsor 5 staff from EdoHERMA to attend a 2 -day annual conference of Healthcare Federation of Nigeria in Lagos by Quarter 1	New Project	EDOHERMA	Q1	₦5,610,000.00	₦5,610,000.00	
494.0.9.1.10	Sponsor two staff from the EdoHERMA M&E Unit to attend and complete a 14-day international workshop on Monitoring and Evaluation of Public Health Programmes and the use of STATA Software at OAU Ile-Ife in Quarter 2	New Project	EDOHERMA	Q2	₦3,830,000.00	₦3,830,000.00	
494.0.9.1.11	Conduct a 1-day Realign meeting with DRM staff MOH and EDOHERMA staff	New Project	EDOHERMA	Q1	₦2,000,000.00	₦2,000,000.00	
494.0.9.1.12	Conduct a 2-day redeployment interview with 80 DRM staff on work ethics and their vision for EDOHERMA by 5-Man Team	New Project	EDOHERMA	Q1	₦500,000.00	₦500,000.00	
495.0.10.1	Promote collaborative working environment where personnel can engage with each other to build a strong team spirit.				₦37,850,000.00	₦37,850,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
495.0.10.1.1	Conduct bi-annual 2-day Team-building Workshop for 50 staff of EdoHERMA	On-going	EDOHERMA	Q2 & Q4	₦5,600,000.00	₦5,600,000.00	
495.0.10.1.2	Conduct a 1-day Monthly Departmental Meetings for 50 staff of EdoHERMA	On-going	EDOHERMA	Q1-Q2-Q3-Q4	₦12,000,000	₦12,000,000	
495.0.10.1.3	Organize Staff monthly reward system to encourage staff and improve performance	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦10,200,000.00	₦10,200,000.00	
495.0.10.1.4	Organise Orientation and welcome Party for 80 staf	New Project	EDOHERMA	Q1	₦3,650,000.00	₦3,650,000.00	
495.0.10.1.5	Conduct quarterly Staff performance review	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦6,400,000.00	₦6,400,000.00	
523.0.11.1	Public Awareness and Capacity Building on Safe Food Packaging Practices				₦23,065,000.00	₦23,065,000.00	
523.0.11.1.1	Conduct a 2-day/quarter awareness campaigns in major streets, business centres Parks and market places on the health and environmental hazards of using cellophane in wrapping hot food and other use.with 50 participants	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦12,450,000.01	₦12,450,000.01	
523.0.11.1.2	Conduct a 1 Day/Senatorial district training for 150 (50 each from the 3 senatorial district) street vendors on safe and sustainable packaging alternatives (e.g., banana leaves, biodegradable paper wraps, aluminum foil, or food-grade containers)	New Project	EDOHERMA	Q4	₦10,615,000.00	₦10,615,000.00	
524.0.12.1	Provision of adequate and functional transportation system for effective regulatory and monitoring of health facilities across the State				₦1,029,000,000.00	₦1,029,000,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
524.0.12.1.1	Procure one SUV , five Toyota Hilux vehicles, Ten 16-seater Toyota Hiace buses, and one 30-seater Coaster bus for the Agency by Quarter 1 2026 to enhance effective regulation and monitoring of health facilities across the State, with delivery, registration, and deployment of all vehicles completed and documented	New Project	EDOHERMA	Q1	₦954,000,000.00	₦954,000,000.00	
524.0.12.1.2	Maintain and fuel 15 Agency vehicles 10-day/quarter, using an approved servicing schedule and fueling plan to ensure reliable transportation for regulatory inspections, monitoring, and field operations statewide	New Project	EDOHERMA	Q2	₦75,000,000.00	₦75,000,000.00	
525.0.13.1	Strengthening Multi-Stakeholder Coordination and Professional Partnership Mechanisms				₦17,400,000	₦17,400,000	
525.0.13.1.1	Conduct a quarterly, 1-day stakeholders' meeting with 50 representatives of Private and Public Medical practioners, Pharmacy professional & technical groups, Medical Laboratory scientists, Morticians and mortuary owners	On-going	EDOHERMA	Q1-Q2-Q3-Q4	₦17,400,000.00	₦17,400,000.00	
526.0.14.1	Enhancement of Office Infrastructure and Logistics Support Systems				₦65,232,800.00	₦65,232,800.00	
526.0.14.1.1	Purchase of office stationeries	New Project	EDOHERMA	Q1	₦6,817,500.01	₦6,817,500.01	
526.0.14.1.2	Procure Office and operational equipment and tools for use by the Agency	New Project	EDOHERMA	Q1	₦38,415,300.00	₦38,415,300.00	
526.0.14.1.3	Execute plan maintenance and timely repair of office equipment for smooth operations across all units	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦20,000,000.00	₦20,000,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
580.0.15.1	Implement quarterly statewide School Health Compliance assessments across the 3 senatorial districts to identify gaps and enforce corrective actions.				₦45,040,000.00	₦45,040,000.00	
580.0.15.1.	Conduct a 14-day/quarter School Health Compliance drive to 100 schools across the 3 senatorial districts. by 2o-Man Team	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦45,040,000.00	₦45,040,000.00	
581.0.16.1	Conduct routine, statewide Emergency Preparedness Assessments and simulation exercises in health facilities to identify readiness gaps and enforce corrective actions				₦21,540,000.00	₦21,540,000.00	
581.0.16.1.1	Conduct a 12-day Facility Emergency Preparedness exercise to 150 facilities/quarter by a 10-Man Tea	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦21,540,000.00	₦21,540,000.00	
582.0.17.1	Implement biannual statewide enforcement and compliance audits of guidelines of practice for all designated facilities and service providers				₦21,180,000.00	₦21,180,000.00	
582.0.17.1.1	Conduct biannually, a 14-day Enforcements of standard guidelines of practice to Shelters, Orphanages, Sexual assault centers by a 7 -Man Team	New Project	EDOHERMA	Q2 & Q4	₦8,020,000.00	₦8,020,000.00	
582.0.17.1.2	Conduct quarterly, a 14-day Enforcements of standard guidelines of practice to alternative medicine practitioners. by a 7 -Man Team	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦13,160,000.00	₦13,160,000.00	
583.0.18.1	Strengthen security management systems within the Agency through sustained collaboration with recognized security providers				₦480,000.00	₦480,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
583.0.18.1.1	Provide two Police/NSCDC Security Personnel for protection of staff in office area during official working hours	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦480,000.00	₦480,000.00	
583.0.18.1.2	Strengthen the regulation, monitoring, and enforcement of food and nutrition standards across the State by implementing a risk-based inspection, licensing, and compliance system for all food establishments and nutrition service providers, to reduce food-borne diseases and improve public nutrition outcomes by at least 30% within three years.				₦37,527,500.00	₦37,527,500.00	
583.0.18.1.3	Conduct a 1-Day non-residential meeting involving 30 relevant stakeholders (Catering union, religious leaders, selected food vendors, bakery outlets, supermarket managers, major fruit sellers, Vegetable market head, NAFDAC etc) to enlighten them on the National guideline for food safety, processing and preservation	New Project	EDOHERMA	Q2	₦2,180,000.00	₦2,180,000.00	
583.0.18.1.4	Conduct a 14-day/quarter inspection of food and dairy product, water for contamination, bakery for bromide in bread and aflatoxin in flour and supermarkets for unwholesome food and expired products by 15 -Man Team	New Project	EDOHERMA	Q1-Q2-Q3-Q4	₦30,520,000.00	₦30,520,000.00	

Operational Plan Activities		Status of Implementation	Key Responsible Entity	Timeframe	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds
583.0.18.1.5	Conduct a 5-day visit to NIFCOST, Abuja by the CEO EDOHERMA and 5 other staff regarding training on food and drink regulation/inspection and signing of MoU on accreditation of the Agency to carry out food, drinks and water regulation in the State	New Project	EDOHERMA	Q1	₦4,827,500.00	₦4,827,500.00	

## **REFERENCES**

Edo State Strategic Health Development Plan II (2018).

Multiple Indicator Cluster Survey (2021).

National Demographic Health Survey (2018).

## ANNEXURE

### 2026 AOP Contributors

Table 40: 2026 AOP Contributors Details

S/N	NAME	DESIGNATION	ORGANIZATION
1	Dr Cyril Adams-Oshiomhole	Honourable Commissioner	SMOH
2	Dr. Stanley Ehiarimwian	Former Permanent Secretary	SMOH
3	Dr. Nelson Tenebe	Executive Secretary	HMA
4	Dr. Coulson Osoikhai Oahimire	Executive Secretary	EDSPHCDA
5	Dr. Augusta Ikpea-Enaholo	Director General	EDOHC
6	Dr. Adesuwa Urhoghhide Edigin	Permanent Secretary	EDOHERMA
7	Hon. Pharm. Kenny Okojie	Executive Secretary	EDMA
8	Omobude Mabel	Provost	ESCNS
9	Dr. Moyo Kasim	Provost	EDOCOHEST
10	Dr. Anthonia Inibokun Njoku	Chief Medical Director	ESH
11	High Chief Tdr. Abudu Ugbesia Godwin	Chairman	TMB
12	Peter O. Evbuomwan	Coordinator	EDOEMS
13	Dr. Odiko David	DFH	SMOH
14	Dr Lucky Inanoremhe	DDS	SMOH
15	Dr. Ojeifo Stephenson B.	DPH	SMOH
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17	Osahon Emovon	DSS	SMOH
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19	Dr. Oboh Eric Odianoson	DPRS	EDSPHCDA
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25	Odior Amanesi Joshua	Ag. DMLS	SMOH
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28	Bello Omoruyi Alonge	Director DCI	EDSPHCDA
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31	Peter Olayide Olateju	Admin Officer	IHVN
32	Ighodaro Lawani Osawe	State Coordinator	NPHCDA
33	Mrs. Uwaifo Vivian Ganiyatu	Secretary	TMB
34	Abiola Sunday Oshomah	DSS	EDMA
35	Felicia Osaro Omokaro	State IPC Focal Person	SMOH

<b>S/N</b>	<b>NAME</b>	<b>DESIGNATION</b>	<b>ORGANIZATION</b>
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39	Dr. Oghenekaro Onoriose Blessed	Program Manager NCDS	SMOH
40	Kelly Omorogbe	Planning Officer	SMOH
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43	Martins O. Anenih	Statistician	TMB
44	Okponavioboh Enosomhanfoh Christy	ADNS	EDCNS
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62	Peter Monday Cornelius	M&E Officer	SMOH
63	Frank E. Inenemoh	CEHO	SMOH
64	Amayo Cynthia O.	SM&E Officer	SMOH
65	Mary O. Oboigbe	SSO	IHVN
66	John Ehigbai Nelson	Scientific Officer	SMOH
67	Omorieghe Oghogho	Procurement Officer	SMOH
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135	Osamudiamen Destiny Agbonyinma	Provost Officer	EDOCOHEST
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146	Goodness Okosis	Clinical E.O.	CHF
147	Okeoghene Umokuro	Product E.O.	CHF
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149	Rufus Moses Ojo	EHO	SMOH
150	Ogbewe Iyobor Peace	STHCM	REDAID
151	Arome Andrew	Demand Generation	TCI
152	Ekhalume Maureen	Medical Records Technologist	SMOH
153	Brai Blessing Aiyedoyin	Higher Data Processing Officer	SMOH
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155	Enoch Okwudiri Chireme	Senior Accountant	ESH

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