ANNUAL OPERATIONAL PLAN

2025

Enugu State Ministry of Health

Preamble

The Enugu State 2025 Annual Operational Plan (AOP) has been developed in line with the Health Sector Strategic Blueprint (HSSB) 2024-2027 approved by the President and adopted by the National Council on Health (NCH) in 2023. The HSSB is the central strategic health framework aimed at significantly improving the Nigerian healthcare system by outlining key priority areas and strategies to address major health challenges, including maternal and child health, immunisation, non-communicable diseases, and overall access to quality healthcare.

The HSSB contains eighteen (18) Strategic Objectives, twenty-seven (27) priority initiatives framed along four (4) pillars, and three (3) enablers of the Nigerian Health Sector Renewal Investment initiative (NHSRII). The development of the 2025 AOP of Enugu State follows the operationalisation of the HSSB 2024-2027.

The process of developing the plan provided an opportunity for the sector to analyse its performance in 2024. The plan can track the performance of planned and implemented health interventions, improve coordination, integrate partners' activities to avoid duplication and incorporate the 2025 business plans from the 260 Primary Healthcare Centres implementing Basic Healthcare Provision Fund (BHCPF) in the State. The process was consultative and participatory, involving all stakeholders at all levels/tiers of health.

This document has put in place activities for the Enugu State Health sector for the year 2025 across the identified strategic objectives, priority initiatives framed along pillars, and enablers that will help us in achieving Universal Health Coverage. The pillars and enables are organised as follows.

Strategic Pillar One: Effective Governance

Strategic Pillar Two: Efficient, Equitable and Quality Health System

Strategic Pillar Three: Unlocking Value Chains

Strategic Pillar Four: Health Security

Enabler 1: Data Digitisation

Enabler 2: Financing

Enabler 3: Culture and Talent

I thank all the stakeholders who have contributed in one way or another for the State to develop this plan. I encourage all partners to use this plan as an advocacy tool in their 2025 interventions in the State.

Finally, I affirm our commitment to the full implementation of this plan as it has also formed the bases for our annual 2025 budget.

Assoc. Prof. Emmanuel Ikechukwu Obi

Hon. Commissioner of Health

Enugu State Ministry of Health

Acknowledgements

The successful development of the Enugu State 2025 AOP, a crucial document aimed at ensuring better health outcomes and strengthening the State's health system, is the result of dedicated effort and collaboration from numerous stakeholders.

We first wish to acknowledge the invaluable leadership and support provided throughout this process. Our deepest gratitude goes to the Hon. Commissioner for Health, Associate Professor Emmanuel Ikechukwu Obi, for the opportunity entrusted to the Department of Health Planning, Research and Statistics to coordinate this vital undertaking. We also sincerely thank the Permanent Secretary, Dr. Mrs. Chinwe Anibeze, for her unwavering support and guidance.

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List of Abbreviations

AOP	Annual Operational Plan
ART	Antiretroviral Therapy
BHCPF	Basic Health Care Provision Fund
CCTV	Closed-Circuit Television
CHIPS	Community Health Influencers, Promoters and Services
CMD	Chief Medical Director
CSM	Cerebrospinal Meningitis
CSO	Civil Society Organisation
DEC	December
DMS	Department of Medical Services
DNA	Deoxyribonucleic Acid
DNA-LC	Deoxyribonucleic Acid Learning Centre
DPRS	Department of Planning, Research and Statistics
DQA	Data Quality Assessment
EMR	Electronic Medical Record
ESA-UHC	Enugu State Agency for Universal Health Coverage
ESCMS	Essential Supply Chain Management System
ESMOH	Enugu State Ministry of Health
ESPHCDA	Enugu State Primary Health Care Development Agency
ESUHCS	Enugu State Universal Health Coverage Scheme
ESUTH-P	Enugu State University Teaching Hospital Parklane
FCT	Federal Capital Territory
FGM	Female Genital Mutilation
FMOH	Federal Ministry of Health
FMOH&SW	Federal Ministry of Health and Social Welfare
HCH	Honourable Commissioner for Health
HIV	Human Immunodeficiency Virus
HMB	Hospital Management Board
HMIS	Health Management Information System
HOD	Head of Department
HRH	Human Resources for Health
HS	Health Services
HSPC	Health Sector Planning Cell

HSSB	Health Sector Strategic Blueprint
HW	Health Worker
HWR	Health Workforce Registry
IMCI	Integrated Management of Childhood Illnesses
JAR	Joint Annual Review
LF	Lymphatic Filariasis
LGA	Local Government Area
LLIN	Long-Lasting Insecticidal Net
LMU	Logistics Management Unit
MDA	Ministries, Departments and Agencies
MDA	Mass Drug Administration
M&E	Monitoring and Evaluation
MMDP	Morbidity Management and Disability Prevention
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOH	Ministry of Health
NBTE	National Board for Technical Education
NCD	Non-Communicable Disease
NGO	Non-Governmental Organisation
NHIA	National Health Insurance Authority
NHMIS	National Health Management Information System
NMCN	Nursing and Midwifery Council of Nigeria
NTD	Neglected Tropical Diseases
OOP	Out-of-Pocket (Expenditure)
PATHS	Partnership for Transforming Health Systems
PHC	Primary Health Care
PHC	Primary Healthcare Centre
PHCDA	Primary Health Care Development Agency
PHCS	Primary Health Care Services
PPSMB	Post Primary Schools Management Board
PTS	Patient Transport Services
QPR	Quarterly Performance Review
RB	River Blindness
RD	Round

RMET	Risk Management and Evaluation Team
SBA	Skilled Birth Attendant
SCHISTO	Schistosomiasis
SEMCHIC	State Emergency Maternal and Child Health Intervention Committee
SEMSAS	State Emergency Medical Services and Ambulance Scheme
SHMB	State Hospital Management Board
SMART	Specific, Measurable, Achievable, Relevant, Time-bound
SMOH	State Ministry of Health
SPHCDA	State Primary Health Care Development Agency
STH	Soil-Transmitted Helminths
SUMAS	State Universal Medical Assurance Scheme
SWAp	Sector-Wide Approach
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TA	Technical Assistance
TB	Tuberculosis
TCC	Technical Coordinating Committee
TOR	Terms of Reference
TV	Television
TWG	Technical Working Group
UHC	Universal Health Coverage
WASH	Water, Sanitation, and Hygiene

Executive Summary

The Enugu State 2025 Annual Operational Plan serves as the principal implementation roadmap for the state's health sector, meticulously aligned with the Nigeria Health Sector Strategic Blueprint 2024-2027. Developed through a comprehensive, consultative, and participatory process involving key government agencies, development partners, civil society organizations, and communities, this AOP translates the state's ambitious Vision "To make the state a hub for medical tourism in West Africa" into concrete actions for the upcoming year.

Building upon a detailed situational analysis of Enugu State's health profile, the AOP acknowledges significant progress, such as high rates in skilled birth attendance and ART coverage. However, it also squarely addresses persistent challenges including rising child malnutrition trends, low uptake of modern contraceptives and health insurance coverage, and the burden of communicable and non-communicable diseases. Lessons learned from the 2024 AOP implementation, particularly the importance of strategic partner alignment, technical capacity building, and outcomes-focused performance reviews, have critically informed this plan.

The 2025 AOP operationalises the HSSB framework, focusing on eighteen (18) Strategic Objectives and twenty-seven (27) priority initiatives structured around four pillars (Effective Governance, Efficient/Equitable/Quality Health System, Unlocking Value Chains, Health Security) and three enablers (Data Digitisation, Financing, Culture and Talent). It outlines specific, time-bound activities designed to drive improvements across priority health areas and strengthen essential health system functions.

The total estimated resource requirement for the full implementation of this ambitious plan in 2025 is NGN55.75 billion. The Enugu State Government demonstrates strong commitment by allocating a substantial NGN66.15 billion to the health sector. Alongside this, the AOP leverages contributions from the BHCPF, and an estimated NGN3.81 billion from Development Partners, while also seeking engagement from the private sector. Addressing the remaining funding gap and ensuring the timely release and efficient utilisation of allocated resources are recognised as critical for success.

A robust Performance Monitoring Plan outlines the mechanisms for tracking progress using data from multiple sources including DHIS2, SORMAS, and targeted surveys. Emphasising data quality assurance and structured quarterly and annual reviews, the AOP aims to foster evidence-based decision-making and joint accountability among all stakeholders.

In essence, the Enugu State 2025 AOP is a strategic, evidence-informed, and collaborative blueprint designed to tackle the state's pressing health challenges and accelerate progress towards Universal Health Coverage. Its successful implementation hinges on strong governance, effective coordination, dedicated financing, and the collective efforts of all partners committed to improving the health and well-being of the people of Enugu State.

CHAPTER 1: INTRODUCTION

1.1 Background of the Locality

Enugu State, popularly known as the Coal-City State, is situated in the South-East geopolitical zone of Nigeria. Created on August 27, 1991, from Anambra State. Enugu State retained Enugu city as its capital. The state covers 7,625 km^2 and is one of Nigeria's thirty-six states. It is delineated by Kogi and Benue States to the North, Ebonyi State to the East, Abia State to the South, and Anambra State to the West.

The state's geography is characterised by the Udi-Nsukka Plateau, which rises to over 300 metres. The landscape comprises open grassland with interspersed woodlands and clusters of oil palm trees. Enugu State falls predominantly within the Tropical Rainforest climatic region, featuring patches of derived Savannah. The climate is marked by a prominent rainy season from April to October and a dry season from November to March, with mean temperatures typically ranging between 27 and 28 degrees Celsius.

1.2 Purpose of the Annual Operational Plan

The Enugu State Health Sector AOP is the principal implementation roadmap for the state's health sector over the next fiscal year. It translates the strategic vision, goals, and objectives from the Enugu State Health Sector Development Plan into specific, time-bound, and measurable activities. The AOP provides a detailed framework guiding the contributions of government MDAs, development partners, CSOs, the private sector, and communities towards improving Enugu State's health outcomes.

Specifically, the 2025 AOP aims to:

- Identify and prioritise key activities for 2025 based on the HSSB and current health needs.
- Align programmatic efforts across various health sector actors under a single, harmonised framework.
- Allocate required financial and human resources to planned activities.
- Establish clear performance targets and indicators for monitoring progress.
- Facilitate coordinated implementation, resource mobilisation, and joint accountability among all stakeholders operating within the sector.
- Serve as a transparent document for public information and engagement regarding the state's health priorities and planned actions for the year

CHAPTER 2: SITUATIONAL ANALYSIS

2.1 Overview of the State Health Profile

2.1.2. Demographics

The National Bureau of Statistics projected the state's population in 2022 to be 4,690,100.[1] With a 3.4% growth rate, the total population reached an estimated 5.54 million in 2024. Gender distribution is near parity, with the male population estimated at 49.4% and the female population at 50.6%.[1] The population structure is predominantly youthful; 41% are under 15 years, 55% are aged 15-64 years, and 4% are aged 65 years and above. This demographic profile results in a dependency ratio of 82 dependants per 100 working-age individuals.[1] Population density varies considerably across the 17 LGAs, with higher concentrations observed in urban centres. Global Data Lab's 2023 estimate indicates approximately 69% of the population lives in urban or semi-urban areas.[2]

2.1.3 Life Expectancy

Life expectancy at birth in Enugu State is estimated at 58 years, which is marginally higher than the national average of 55 years. Female life expectancy at 61.9 years exceeds that of males at 57.3 years.[1] Although life expectancy in the state remains below the global benchmark of 73 years,[3] it continues to exceed the national average, indicating progress in health outcomes and the potential for further gains through sustained investments in the health system.

2.1.4 Fertility Rate

The total fertility rate in Enugu State is estimated at 3.5 children per woman, representing a significant decrease from 4.1 in 2018 and remaining below most recent national average of 4.6.[1] Fertility patterns depend on several factors, including a contraceptive prevalence rate estimated at 25.9%, although modern method usage is only 11.2%, among married women.[4] Broader socio-economic determinants of fertility are also critical factors shaping reproductive choices and outcomes.[5]

2.1.5 Social Determinants of Health

Social determinants of health – broadly defined as the conditions in which people are born, grow, live, work and age, and people's access to power, money and resources – have a powerful influence on health inequities.[6] Differences in education, employment, basic infrastructure, and social protection contribute to variations in health status and access to care across populations. Evidence indicates that these social determinants can outweigh genetic influences or healthcare access in terms of influencing health.[6] Individuals with stronger social and economic support structures tend to experience lower rates of disease, disability, and premature mortality.[7]

Achieving meaningful health improvements requires a people-centred approach that places individuals, families, and communities at the core of planning and service delivery. Strengthening collaboration

[1] National Bureau of Statistics. *Demographic Statistics Bulletin, NBS 2022*. National Population Commission; 2022. Available from: https://www.nigerianstat.gov.ng/elibrary/read/1241422

[2] Data retrieved from the Demographic indicators of the Global Data Lab, https://globaldatalab.org/demographics/, version v1.0

[3] World Health Organization. *Global health estimates 2020: Life expectancy and leading causes of death and disability*. World Health Organization; 2020. Available from: https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates

[4] National Population Commission - NPC and ICF. 2024. *Preliminary Report: Key Indicators Report, Nigeria Demographic and Health Survey (NDHS), 2023-2024*. Abuja, Nigeria: NPC and ICF. Available from: https://dhsprogram.com/publications/publication-pr157-preliminary-reports-key-indicators-reports.cfm?cssearch=1772691_1

[5] Bolarinwa OA, Tlou B, Saeed BQ, Ahinkorah BO, Seidu A-A, Osei DB, et al. Fertility trends and differentials in Nigeria: evidence from the 2003 to 2018 Nigeria Demographic and Health Surveys. *BMC Womens Health*. 2025;25(1):58. doi:10.1186/s12905-025-03636-z

[6] World Health Organization. Social determinants of health [Internet]. Geneva: WHO; c2024 [cited 2025 Apr 29]. Available from: https://www.who.int/health-topics/social-determinants-of-health

[7] Merson MH, Black RE, Mills AJ, editors. *Global health: diseases, programs, systems, and policies*. 3rd ed. Burlington (MA): Jones & Bartlett Learning; 2012

across sectors, such as education, housing, and social development, is crucial to addressing the underlying determinants of health.

Education: The literacy rate in Enugu State stands at 84.6% for men and 67.3% for women. These figures are higher than the national averages (55.2% for men, 42.5% for women),[8] which shows a comparatively more educated population. Improved literacy, particularly among women, is strongly correlated with better child nutritional outcomes and increased uptake of essential health services such as ANC and Skilled Birth Attendance.[9,10]

Employment: In 2023, the unemployment rate in Enugu State was recorded at 5.1%, with 4.9% for males and 5.4% for females. A higher proportion of women, 92%, are employed in the informal sector, compared to 83% of men.[11] The unemployment rate is highest among individuals aged 15-24, at 18%. Employment status plays a significant role in determining household income, which in turn affects access to healthcare.

Household Characteristics: According to NDHS 2023/2024 data, the average household size in Enugu State is 2.7 persons.[8] Female-headed households accounting for 35% of these households;[12] and in such contexts, gender norms can influence decision-making related to health and wellbeing. On access to basic amenities, about 70% of households live in dwellings constructed with durable materials, improved drinking water sources are accessible to 94.5% of these households, 69.1% have access to improved sanitation facilities.[8] , and 40% use clean cooking fuels. Approximately 35% of households in the state are food insecure, with rural areas experiencing higher rates.[8]

Social Protection and Access: The health insurance coverage in Enugu State remains low but growing. Coverage among women is 3.6%, men 2.4%, and for children aged 5–17 years, it is 3.3%.[8] According to the Sub-National Health Accounts study (2015-2020), out of pocket payments OOP, constituted an estimated **83%** of total health expenditure in the state in 2020, which is above the national average of 75%.[13] This high reliance on OOP leads to catastrophic health expenditure for many households and indicates low levels of financial risk protection. In addition, data from the MICS 2021 indicated that only 5.7% of households in Enugu State reported receiving any form of social transfer or benefit.[8]

[8] National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF). August, 2022. Multiple Indicator Cluster Survey 2021, Survey Findings Report. Abuja, Nigeria: National Bureau of Statistics and United Nations Children's Fund. Available from: https://www.unicef.org/nigeria/media/6316/file/2021%20MICS%20full%20report%20.pdf

[9] Adedokun ST, Uthman OA, Bisiriyu LA. Determinants of partial and adequate maternal health services utilization in Nigeria: analysis of cross-sectional survey. BMC Pregnancy Childbirth. 2023 Jun 20;23(1):457. doi: 10.1186/s12884-023-05712-4. PMID: 37340350; PMCID: PMC10283328.

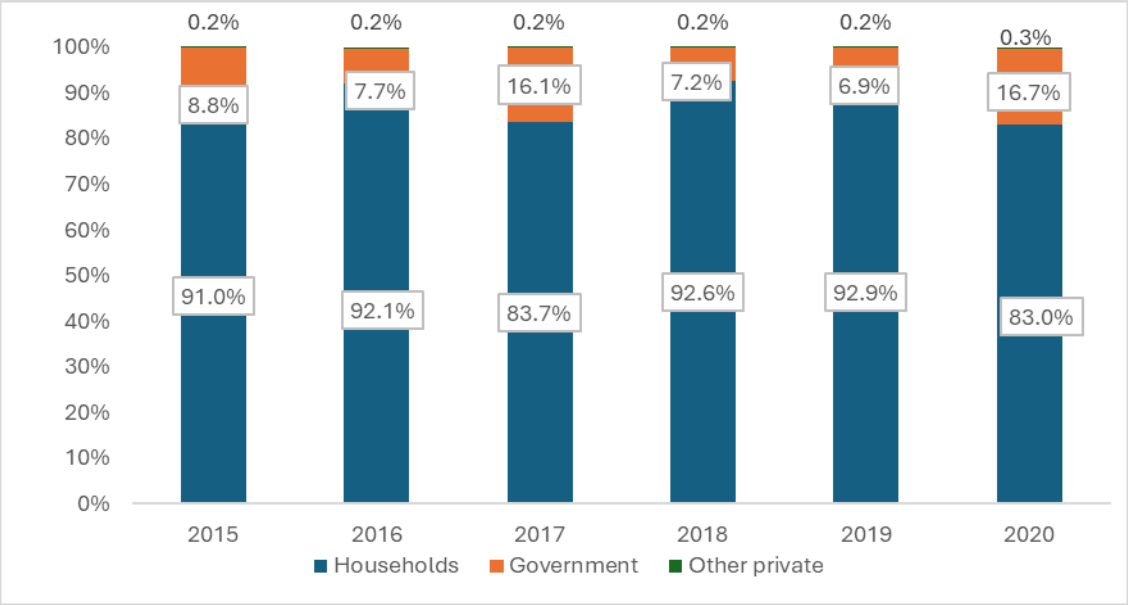
[10] Lawal SA, Okunlola DA, Adegboye OA, Adedeji IA. Mother's education and nutritional status as correlates of child stunting, wasting, underweight, and overweight in Nigeria: Evidence from 2018 Demographic and Health Survey. Nutr Health. 2024 Dec;30(4):821-830. doi: 10.1177/02601060221146320. Epub 2023 Jan 2. PMID: 36591921.

[11] National Bureau of Statistics (NBS). *Nigeria Labour Force Survey Annual Report 2023*. Abuja: NBS; 2023. Available from: https://www.nigerianstat.gov.ng/pdfuploads/Annual_Nigerian_Labour_Force_Survey_Report.pdf

[12] National Bureau of Statistics (NBS). *Nigeria Living Standards Survey 2018–2019*. Abuja: NBS; 2020. Available from: https://microdata.nigerianstat.gov.ng/index.php/catalog/68/download/830

[13] World Health Organization. Global Health Expenditure Database: Out-of-pocket expenditure as % of current health expenditure [Internet]. Geneva: WHO; [cited 2025 Apr 29]. Available from: https://apps.who.int/nha/database/ViewData/Indicators/en

Figure 1: Institutional Financing Agents (FA): Who Managed Healthcare Finances?



Source: Enugu State Sub-National Health Accounts Study (2015 - 2020)

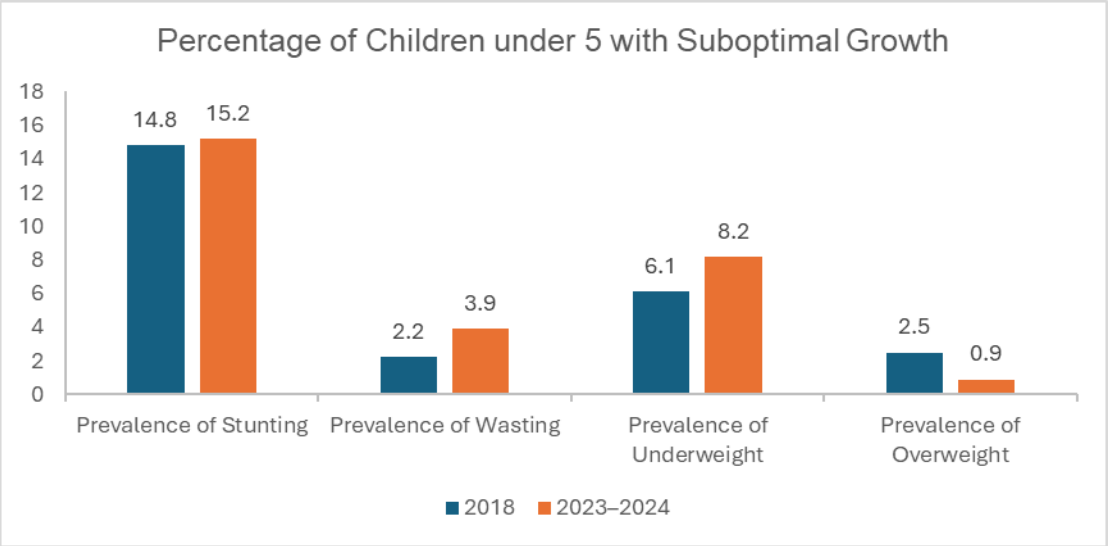
2.1.6. Epidemiology and Disease Burden

Maternal Health: According to the NDHS 2023/2024 data, the state made significant progress in SBA, reaching 96% in 2023.[4] ANC coverage stands at 61%. However, the use of modern contraceptive methods among married women remains low at 11.2%, with an estimated unmet need for family planning of 23.6%.[4] The data presents a strong foundation that when supported by targeted interventions to improve access to and uptake, can further improve outcomes in obstetric emergencies and uptake of family planning services.

Child Health: Penta 3 coverage among children aged 12–23 months in Enugu State is estimated at 81.6%, surpassing the national target of 80%, which indicates progress in routine immunisation delivery. The full immunisation stands at 51.8% for basic antigens, while only 29% of children are fully immunised according to the national immunisation schedule.[4] Children aged 12-23 months that did not receive any immunisation (Zero Dose Children) is at 12.8%.[4] Between 2018 and 2023, there were marginal shifts in key child nutrition indicators. Stunting rose slightly from 14.8% to 15.2%, while wasting increased from 2.2% to 3.9%. The proportion of underweight children also increased from 6.1% to 8.2%. Conversely, the percentage of overweight children decreased from 2.5% to 0.9%.[4,14] These figures signal the continued need for strengthened child nutrition interventions and improved access to health and social services. According to the ten-year early childhood mortality rates survey, Enugu State recorded a neonatal mortality rate at 25%, infant mortality at 34% and under-5 mortality rate of 49%, all above the national targets. [4]

[14] National Population Commission - NPC and ICF. 2019. *Nigeria Demographic and Health Survey 2018 - Final Report*. Abuja, Nigeria: NPC and ICF. Available at http://dhsprogram.com/pubs/pdf/FR359/FR359.pdf

Figure 2: Trends in Child Growth Measures

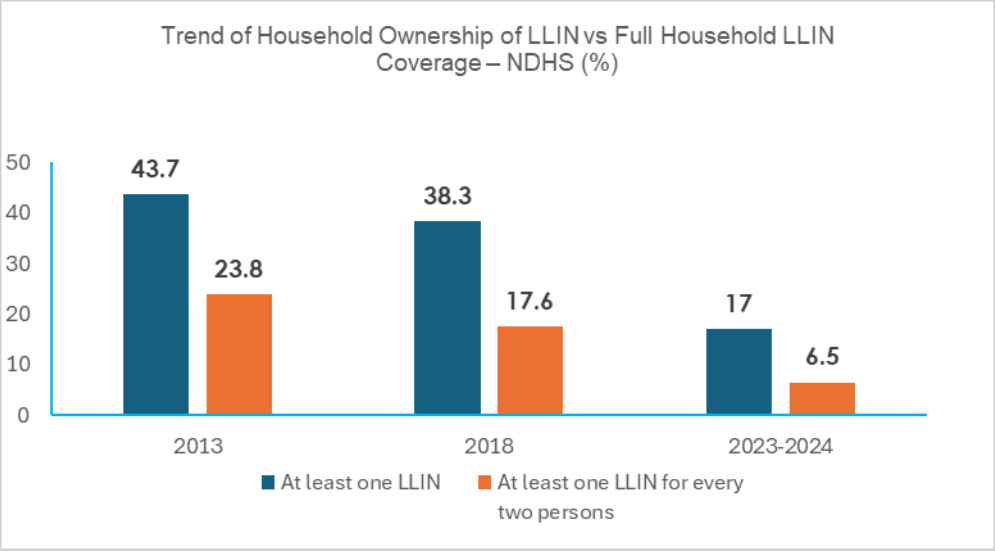


Source: National Demographic and Household Survey

Malaria: Malaria remains endemic in Enugu state, especially among children under five and pregnant women. The proportion of febrile children under 5 for whom advice or treatment was sought decreased slightly from 59.3% in 2018 to 52% in 2023, while those who received a finger or heel prick for malaria diagnosis also decreased from 10.3% in 2018 to 2.1% in 2023.[4,14]

Household ownership of LLINs was estimated at 17%, a significant drop from the 38.3% rate in 2018.[4,14] Utilisation of existing LLINs by children under 5 years at 40.1%, was down from 56.9% in 2018.[4,14] IPTp uptake (3+ doses) by pregnant women in the state is at 43%.[4]

Figure 3: Trend of Household Ownership of LLIN vs Full Household LLIN Coverage



Source: Nigeria Demography and Health Survey

HIV/AIDS: According to the 2024 HIV Spectrum Estimates[15], HIV prevalence among adults in Enugu State aged 15–49 years is at 1.5%. Prevalence is higher among females (1.9%) than males (1.1%). ART coverage stands at 92.2%, reflecting substantial progress towards achieving the UNAIDS 95-95-95 targets.[15]

Tuberculosis: According to the TBLCP's treatment outcome report in 2024, the estimated incidence of tuberculosis in the state was 4.4%, indicating a concerning disease burden. Treatment outcomes have shown progress, with a treatment success rate of 87% among notified cases in the same year. The TB/HIV co-infection rate stands at 12.3%, underscoring the continued need for integrated TB and HIV services.

Epidemiological Outbreaks: The state remains prone to sporadic outbreaks of diseases like Lassa fever, cholera, measles, and meningitis, requiring robust surveillance and response capacity. According to data from the SORMAS platform, the state reported 14 confirmed cases of Lassa fever in 2024, primarily in the endemic LGAs, with 3 fatalities. 34 confirmed cases of Cholera were recorded, particularly during the rainy season, with 6 deaths. 8 confirmed cases of Mpox were reported across two LGAs, marking the first recorded occurrence in the state since 2022. No major meningitis outbreak was reported during the year; however, the state remains within the African meningitis belt.

The observed fatalities related to these diseases highlight areas where strengthening healthcare services, particularly in early case detection, timely clinical management, and community engagement, remain critical to reduce disease morbidity and control outbreaks.

Neglected Tropical Diseases: Endemic neglected tropical diseases in Enugu State include Onchocerciasis, Lymphatic Filariasis, Soil-Transmitted Helminthiasis, and Schistosomiasis. Mass drug administration campaigns for these endemic NTDs achieved ~75% coverage of the targeted population in the last round in 2024, with ongoing efforts to improve reach and address equity.

Non-Communicable Diseases: Hypertension prevalence is estimated at 4.8% for men and 4.7% for women, aged 15 to 45 years.[4] Cancers (particularly breast and prostate) are significant causes of morbidity/mortality, but screening rates are low. Access to affordable diagnostics and long-term medication is crucial for enhanced quality of life.

Mental Health: Across the globe, a considerable mismatch exists between the demand for mental health treatment and its actual availability, with many services falling short in quality. Data shows that fewer than one in three individuals with psychosis receive mental health care, and health professionals only formally treat about a third of those with depression.[16,17] The Federal Neuropsychiatric Hospital and ESUTH Parklane Psychiatry department predominantly offer mental health services, with limited integration into PHC and secondary care facilities.

2.1.7 Injuries and Violence

Road traffic accidents are a major cause of injury-related mortality and morbidity, though comprehensive data is sparse. However, according to MICS data, the prevalence of female genital mutilation among women aged 15–49 years in Enugu State is 19%.[8] Among girls aged 0–14 years, the prevalence is lower at 3.7%, suggesting a gradual decline in the practice across younger generations.[8]

[15] National Agency for the Control of AIDS (NACA). *2024 HIV Spectrum Estimates*. Abuja: NACA; 2025. Available from: https://naca.gov.ng/

[16] World Health Organization. *Mental health atlas 2020*. Geneva: WHO; 2021.

[17] Moitra M, Santomauro D, Collins PY, Vos T, Whiteford H, Saxena S, et al. The global gap in treatment coverage for major depressive disorder in 84 countries from 2000–2019: a systematic review and Bayesian meta-regression analysis. *PLoS Med*. 2022;19(2):e1003901. doi:10.1371/journal.pmed.1003901.

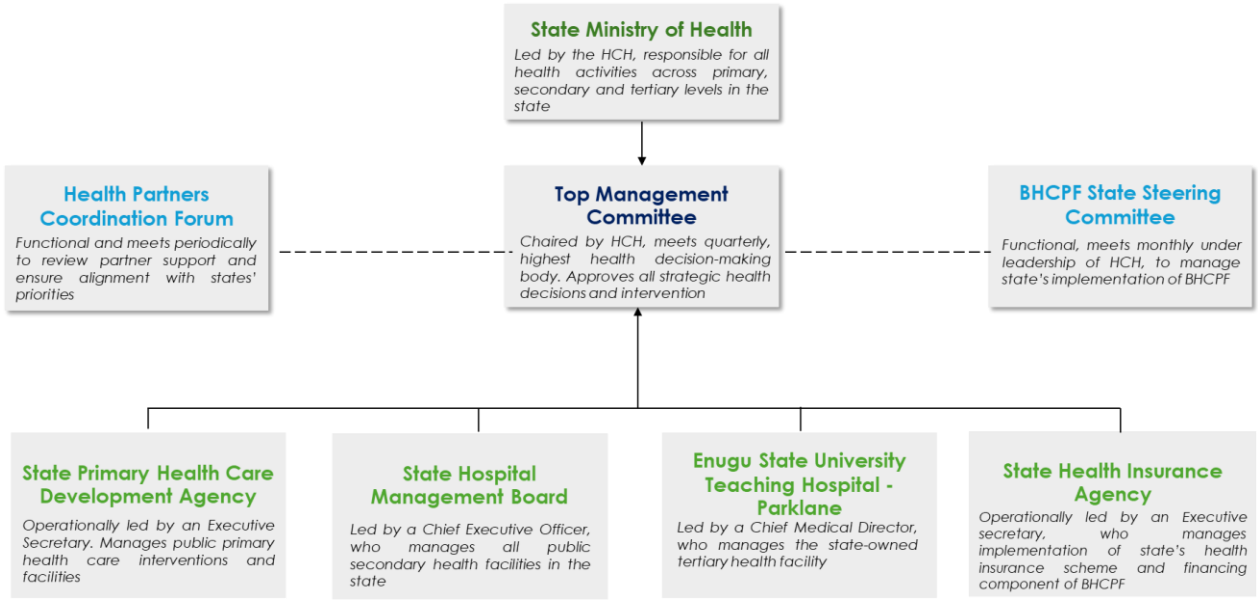
2.2 Health System Structure

2.2.1 Leadership and Governance

Enugu State and its 17 Local Government Areas are responsible for the provision of healthcare, as captured on the concurrent legislative list. They, in unison, formulate different health policies that are being implemented to improve the health of the people right from the grassroots. The State health sector operates under the Enugu State Health Sector Reform Law enacted by the House of Assembly of Enugu State in 2017. The law establishes a comprehensive framework for the regulation, development, and management of the state's health system that covers emergency, preventive, curative, rehabilitative, hospital, diagnostic and primary, secondary, tertiary level of care.

The Ministry of Health under the Honourable Commissioner for Health provides stewardship for the health sector, supported by its departments and agencies. Coordination mechanisms, such as the State Health Council and Health Partners Coordination Forum, facilitate collaboration among governmental and non-governmental stakeholders.

Figure 4: Governance Structure of the Enugu State Health Sector



2.2.2 Service Delivery

Health care services are delivered in the state through primary, secondary and tertiary health facilities. The state has a total of 1252 functional health facilities, consisting of 787 PHC facilities, 449 secondary health facilities, and 16 tertiary hospitals. In Enugu State, national treatment guidelines are in use across public health facilities; however, adherence varies across service delivery points. Quality assurance mechanisms, including standard operating procedures and routine audits, are in place in most facilities but require further capacity strengthening to ensure consistent service quality across the health system.

Table 1: Health Facilities by Ownership in 2024

Health Facilities by Ownership	
Government	614
Private/Faith-based	623
Total	**1,245**

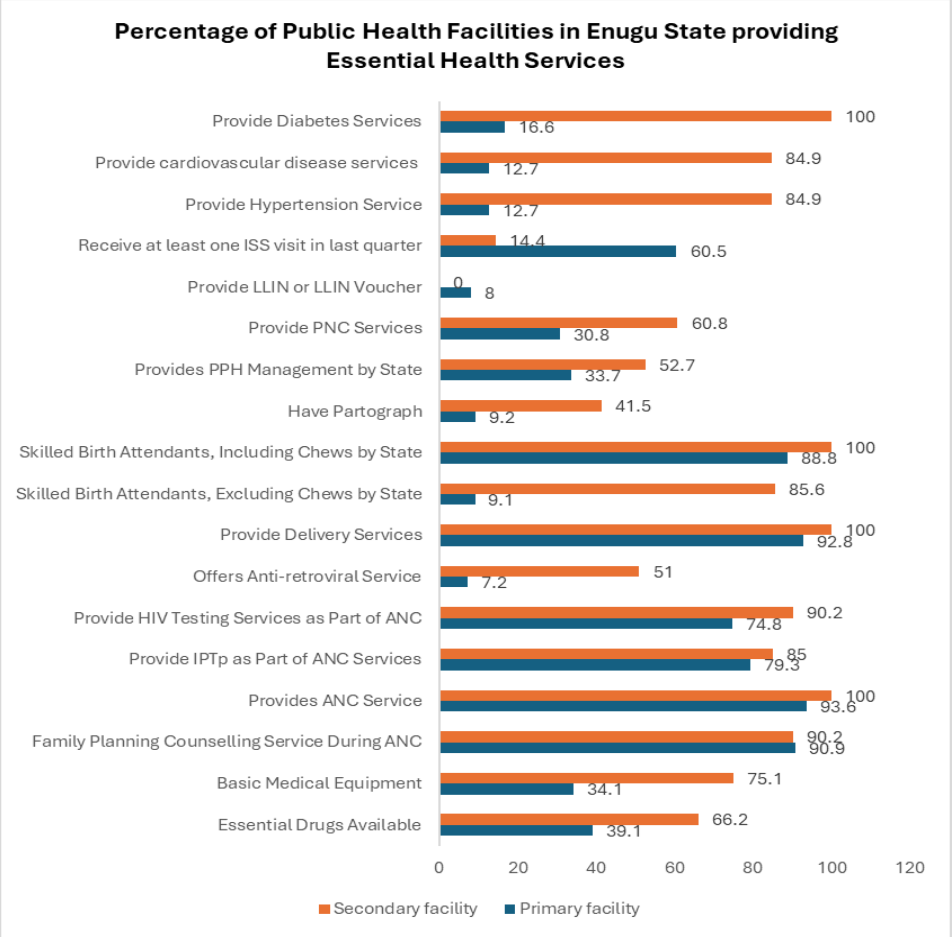
Source: Enugu State Ministry of Health

Table 2: Health Facilities by Level of Care in 2024

Health Facilities by Level of Care			
Level	**Private**	**Public**	**Total**
Primary	100	566	**666**
Secondary	530	43	**573**
Tertiary	1	5	**6**
Total	**623**	**614**	**1,245**

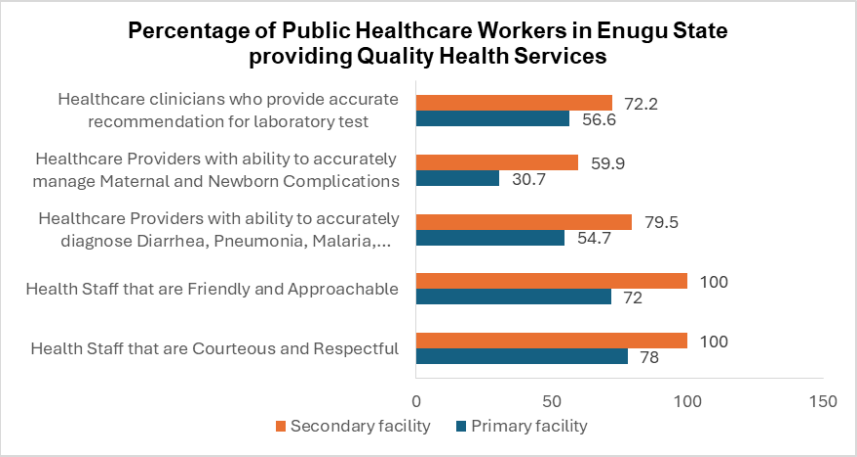
Source: Enugu State Ministry of Health

Figure 5: Availability of Essential Health Services in Public health facilities



Source: National Health Facility Survey 2023

Figure 6: Provision of Essential Health Services in Public health facilities



Source: National Health Facility Survey 2023

2.2.3. Health Workforce

According to the Enugu State Health Workforce report, the total health workforce is made up of 12,495 health workers, with nurses and midwives making up the largest cadre at 2,982, representing 20% of the workforce. There are 2,572 doctors with a doctor-to-population ratio of 0.46 per 1,000 people. Workforce production is on the rise, with the Enugu State College of Nursing Sciences targeting up to 600 nursing graduates annually, following a recent indexing approved by the Nursing and Midwifery Council of Nigeria in 2024.

Table 3: Human Resource Availability by Cadre in 2024

Human Resource for Health Breakdown	Number	Density (Per 1000 Population)
Medical Doctors	2,572	0.46
Nurses/Midwives	2,982	0.54
Community Health Workers	1,248	–
Junior Community Health Extension Workers	561	–
Pharmacists	561	–
Physiotherapists	14	–
Pharmacy Technicians	64	–
Lab Scientists	1,531	–
Lab Technicians	64	–
Medical Record Officers	136	–
Other Health Professionals	2,762	–
Total	**12,495**	

Source: Enugu State Ministry of Health

Table 4: Health Training Institutions by Ownership in 2024

Health Training Institutions	Private	Public	Total
Colleges of Medicine	2	3	**5**
College of Nursing & Midwifery	5	2	**7**
Schools of Nursing & Midwifery	5	3	**8**
Schools of Health Technology	4	3	**7**
School of Dental Health	-	1	**1**
Total	**16**	**12**	**28**

Source: Enugu State Ministry of Health

2.2.4 Health Financing

The state government's allocation to health was 7% of the total state budget in 2024, below the Abuja Declaration target of 15%. The per capita government health spending amounted to 6,507 naira.[18] The budget performance for the health sector in 2024 was 66.7%.[19] ESA-UHC reported a total of 188,123 enrolees under its various schemes in 2024, representing 3.8% of the population. Expanding the state's health insurance coverage, especially to the formal sector, presents a key opportunity for enhancing access to health services across the state.

Table 5: Health Insurance Enrolment by Programme

Enrolee Breakdown for 2024	
Basic Healthcare provision Fund (BHCPF)	82,386
Equity	-
Formal	-
Informal	105,737
Tertiary Institutions Social Health Insurance Programme (TISHIP)	-
Adoption/Diaspora Programmes	2026
Grand Total	**188,123**

Source: Enugu State Agency for Universal Health Coverage

2.2.5 Health Management Information System

The DHIS2 platform is operational state-wide. In 2024, the state achieved an average data reporting completeness rate of 84% - meeting the national HMIS benchmark for reporting coverage, and a timeliness rate of 65%. Routine quarterly performance reviews are conducted, contributing to a growing culture of evidence-based planning and monitoring across state, LGA, and facility levels.

While EMR usage was previously limited to select private and tertiary facilities, the State Government's ongoing implementation of EMR across the public health facilities is expected to strengthen data management, service delivery, and continuity of care. Meanwhile, the potential of mHealth technologies to support data collection, client engagement, and service tracking remains untapped, presenting an opportunity for future investments.

[18] Enugu State Government. Enugu State FY 2024 Approved Budget [Internet]. 2025 [cited 2025 May 1]. Available from: https://enugustate.gov.ng/wp-content/uploads/2024/07/Enugu-State-FY-2024-Approved-Budget-3-1.pdf

[19] Enugu State Government. Enugu State Q4 2024 Budget Performance Report [Internet]. 2025 [cited 2025 May 1]. Available from: https://mbp.en.gov.ng/enugu-state-2024-q4-budget-performance-report-bpr/

2.2.6. Medical Products and Technologies:

The Enugu State Drug Management Division oversees procurement and distribution of medicines and health commodities. The Division operates a pharma-grade warehouse with adequate capacity, recently upgraded with support from the Global Fund, and coordinates a single, state-wide supply chain system through the Logistics Management Coordination Unit. Building on these strengths, there are opportunities to further improve forecasting and optimise last-mile distribution, which the state currently manages. Enhancing these processes could lead to more consistent availability of key tracer items

2.3 Review of AOP 2024 Performance

2.3.1 Achievements

The AOP 2024 for Enugu State focused on 15 priority areas aimed at strengthening the health system and improving service delivery across the state. The implementation of activities under the 15 priority areas recorded measurable progress in several programme areas despite operational constraints. The table below is a detailed description of key achievements from the 2024 AOP, serving as a foundation for setting priorities and refining strategies for the 2025 planning cycle.

Table 6: Achievements in 2024 Implementation

S/N	Project Name	Project Description	Status (Dec. 2024)
1	Enugu State Ministry of Health Command Centre, Situation Room and Public Health Emergency Operations Centre	A greenfield project creating a Centre for effective coordination of the Enugu health sector: systems, policies, plans, and interventions, a situation room for public health event, Emergency Preparedness and Response and as a data repository. Located at the Enugu State Ministry of Health Headquarters.	Ongoing
2	African Medical City Project	A greenfield diaspora private medical corporation partnership with the Enugu State Government for an ultramodern Medical City with every conceivable state-of-the-art Medical Service, and for Research and Training. Located on 100 hectares of state government provided land at Owo, Nkanu East LGA, Enugu State.	Ongoing
3	Enugu International Hospital	A brownfield reconstruction of an abandoned Maternal and Child health Hospital complex into ultra-modern hospital complex for quaternary level health care services. Located at the Rangers Avenue, Independence layout Enugu.	Ongoing
4	Deoxyribonucleic Acid Learning Centre (DNA-LC). Center for DNA Forensics and Criminal Investigation (CeDFOCI)	A brownfield collaboration between the Enugu State Government and Godfrey Okoye University in a deliberate policy to unlock and utilise the potentials of DNA Technology for relevant social and medical services to ensure a fair, transparent and effective criminal investigation and a criminal justice system, in Enugu and beyond in a Partnership. The Centre is located at the Ugwuomu Nike Campus of the Godfrey Okoye University, Enugu.	Ongoing
5	Upgrade of Enugu State Central Medical Store (ESCMS) to a Pharma-grade Facility	A brownfield project sponsored by the Global Fund with 15% counterpart contribution by the Enugu State Government to renovate to pharma grade, the existing State Central Medical Stores to enhance drugs and commodities management and supply chain.	Completed
6	State Emergency Medical Treatment Gateway of the BHCPF	Provision of counterpart fund for activation of State Emergency Medical Treatment Committee and the State Emergency Medical Service and Ambulance System (SEMSAS) programme for the state.	Ongoing
7	State University of Medical and Applied Sciences Teaching Hospital Igboeno, Enugu.	Brownfield project of completion of the SUMAS teaching hospital complex commenced in the last administration	Ongoing
8	Six level building for Pathology and Medical Laboratory at ESUTH-P	Greenfield project to ensure more space for laboratories and the field of pathology in the teaching hospital	Ongoing
9	Six level Hostel complex at ESUTH-P	Greenfield project to ensure more hostel space for students in the teaching hospital	Ongoing
10	Expansion of the Accident and Emergency building of ESUTH to include a 3 level Triage complex with offices		Completed

S/N	Project Name	Project Description	Status (Dec. 2024)
11	E – Hospital (E-Clerking, E-Laboratory, E-Pharmacy, E-Records, E-Personnel records, E-Staff attendance, Installation of CCTV Cameras)		Completed
12	ESUTH-P Annex Iji-Nike	Brown field renovation into a comprehensive health center attached to the ESUTH Teaching Hospital to enhance Family Medicine physician's practice and accreditation	Completed
13	Cottage Hospital Nenwe	Brownfield renovation to a comprehensive health center attached to ESUTH Teaching Hospital - for rural training of medical students and resident doctors	Completed
14	Twenty-two General and Cottage Hospitals in Enugu	Brownfield project of Renovation and equipping of General and Cottage Hospitals Across the State for enhanced service delivery	Ongoing
15	Revitalisation of State Dental Clinic	Brownfield Project - Renovation of the State Dental Clinic and installation of dental technological equipment and instruments	Completed
16	Electronic Medical Record (EMR) platform in secondary health facilities and PHCS in Enugu State	Deployed in a Partnership between the Enugu State Government and Elephant Group	Ongoing
17	Government house Medical Centre	Brownfield project of an upgrade renovation and equipping of the existing Government house health facility	Completed
18	260 Type 2 Primary Health Centres	Greenfield and brownfield projects one each in all 260 political wards in the state, of building and in some cases revitalising existing type 2 PHCs to enhance universal health coverage of medical services	61 completed, equipping in progress
19	Enhancement of 3 Type 3 PHCs in the 3 senatorial zones	Brownfield Purchase of medical, Laboratory, furniture, housekeeping commodities and solar installation for the Type - 3 PHCs at Agbogugu (Awgu LGA) Enugu West Zone, Nara (Nkanu-East LGA) Enugu East Zone, Adani (Uzo-uwani LGA) Enugu North Zone.	Completed
20	Payment of State social health insurance BHCPF 25% counterpart fund	This is to enable the State social health insurance draw their full fund from the BHCPF)	Completed
21	Installation of solar panels at the student's hostel building at the School of Midwifery, Awgu		Completed
22	Construction and equipping of demonstration room and provision of education equipment at college of nursing science Nsukka		Completed
23	Construction of a 150-bed capacity hostel, a modern classroom, a kitchen and perimeter fencing for students of the School of Midwifery, Awgu		Completed
24	Construction of 2 nos 3 storey building, one in Enugu and one in Awgu – upgrading of Enugu College of Nursing		Ongoing

2.3.2 Lessons Learnt

Building upon the review of the 2024 AOP implementation, which recorded measurable progress across several programme areas despite inherent operational constraints. The implementing of these AOP activities under the fifteen priority areas, while yielding commendable achievements as detailed in the preceding section, has provided several key lessons that must necessarily inform the strategic adjustments and operational refinements for the 2025 planning cycle.

The key lessons learnt from the 2024 AOP implementation are outlined below:

1. Proactive and detailed disclosure of partner intentions, including proposed activities, geographical focus, timelines, and indicative budgets, is crucial for ensuring genuine harmonisation, preventing duplication, and achieving alignment with the State Government's own prioritised activities and budgetary allocations. This necessitates a more structured mechanism for partner workplan integration into the AOP planning process itself.

2. Observations during 2024 indicated a tendency for some partners to focus on activities that might be described as 'incidental' or less directly aligned with the priority activities detailed within the consolidated AOP document. While complementary initiatives are valuable, a persistent focus on activities outside the core, jointly agreed-upon AOP framework undermines the principle of a single programmatic framework. This fragmentation can dilute effort, complicate coordination, and make performance tracking challenging. It is therefore important that all Development Partners, commit to aligning their support and planned activities squarely within the framework and priorities outlined in the AOP, ensuring that resources are channelled towards the jointly identified needs of the state health sector.

3. A significant operational challenge identified pertains to the technical capacity within the State Ministry of Health and its agencies, particularly among Programme Officers. There was a discernible need for enhanced understanding of how to effectively associate their planned activities, as articulated in the AOP, with the specific government earmarked budget lines within the state budget. Furthermore, challenges were noted in the technical proficiency required to prepare and submit accurate and timely proposals for the release of these funds. This capacity deficit directly impacts the timely access to and utilisation of allocated government resources, hindering implementation progress. Addressing this requires targeted capacity building programmes focused on public financial management, budgeting, and standard government procurement and fund release procedures for relevant programme staff.

4. The Quarterly and mid-term reviews conducted in 2024, while providing a platform for interaction, highlighted the immense, albeit not fully leveraged, opportunity such joint forums present. These reviews are not merely reporting sessions; they are critical mechanisms for all stakeholders and partners to collectively share achievements, discuss challenges encountered during implementation, align on best practices, and engage in a constructive performance dialogue. The lesson here is the need to elevate these reviews into more outcomes-focused discussions that genuinely inform necessary course corrections and strengthen joint accountability for results.

2.4 SWOT Analysis

This analysis plays a critical role in shaping strategic priorities by showing what is working well, where gaps exist, and what external factors could affect implementation. The insights drawn from the SWOT will directly inform the development and execution of the 2025 Enugu State Health Sector AOP, ensuring that planning is evidence-based, focused, and responsive to both internal challenges and external dynamics.

Table 7: SWOT Analysis Matrix

THEMATIC AREA	STRENGTHS & OPPORTUNITIES	WEAKNESSES & THREATS
Effective Governance	**Strengths** • Health Sector Reform Law enacted, establishing a comprehensive framework. • Coordination mechanisms like the State Health Council and Health Partners Coordination Forum facilitate collaboration. • Adoption of a Sector-Wide Approach (SWAP) to unify efforts. • Data use for planning and monitoring is improving at state, LGA, and facility levels. **Opportunities** • Strengthening collaboration across sectors (education, housing, social development) to address underlying determinants of health. • Expanding the state's health insurance coverage presents a key opportunity for enhancing access.	**Weaknesses** • Budget performance for the health sector in 2024 was 66.7%. • Data quality remains a concern in the HMIS. Last-mile delivery for medical products is not yet fully managed at the state level **Threats** • Insufficient funding (budget below target) potentially hinders comprehensive system strengthening. • Poor data quality can impede effective planning and decision-making.
Efficient, Equitable & Quality Health System	**Strengths** • Life expectancy exceeds the national average. • Fertility rate is stable and below the national average. • SBA is high at 96%. • Penta 3 immunisation coverage (81.6%) surpasses the national target. • High ART coverage for HIV (92.2%). • TB detection and treatment improving. • Ongoing infrastructure initiatives (PHCs, clinics, hospitals). **Opportunities** • Strong maternal health foundation can be enhanced. • Opportunity for increased uptake of family planning services. • High potential for mHealth for service delivery. • People-centred approach and cross-sector collaboration to address social determinants. • Strengthening quality assurance mechanisms.	**Weaknesses** • Low modern contraceptive use (11.2%) and high Unmet family planning need (23.6%). • Marginal increases in child malnutrition. • LLIN use by children under 5 declined. • Low IPTp uptake (43%). • High TB incidence (4,400/100,000). • Limited access to NCD diagnostics. • Limited integration of mental health services into Primary healthcare and secondary care. • Essential service availability varies by facility. **Threats** • Financial barriers limit access to care. • Worsening child malnutrition trends. • High child mortality rates.

THEMATIC AREA	STRENGTHS & OPPORTUNITIES	WEAKNESSES & THREATS
Unlocking Value Chains	**Strengths** • Enugu State Drug Management Division is autonomous, oversees procurement and distribution. • Operates a pharma-grade warehouse, recently upgraded. • Unified supply chain system coordinated by LMU. • Last-mile distribution is managed by the state. **Opportunities** • Improve forecasting of medical products. • Reduce stockouts through better delivery systems. • Capitalised PHCs as base for distribution improvements.	**Weaknesses** • Activities related to promoting clinical R&D, stimulating local production, and shaping markets are primarily national functions. **Threats** Stockouts negatively affect service delivery and outcomes.
Health Security	**Strengths** • Estimated 75% coverage in mass drug campaigns for NTDs. • High ART coverage supports HIV control. **Opportunities** • Strengthen outbreak surveillance and response. • Improve early disease detection, management, and community engagement. • Enhance NTD reach and equity.	**Weaknesses** • Prone to outbreaks (Lassa fever, cholera, measles, etc.). • Outbreaks caused morbidity and fatalities in 2024. **Threats** • High communicable disease burden. • Preventive declines increase malaria vulnerability. • Sporadic outbreaks strain the system.
Data & Digitisation	**Strengths** • DHIS2 operational state-wide. • Regular Data reviews at all levels. • EMR implementation ongoing. • EMR to improve service and data quality. **Opportunities** • Improving data quality to enable stronger decisions.	**Weaknesses** • mHealth underutilised. • Digital HWR and HIE not yet operational. **Threats** • Poor data quality undermines planning. • Incomplete/timely reporting reduces HMIS utility.
Financing	**Strengths** • Per capita government health spending above national average at ₦6,507. **Opportunities** • Expand insurance coverage, especially formal sector. • Improve budget performance. • Reduce OOP reliance via insurance.	**Weaknesses** • Budget performance in 2024 low (66.7%). • High OOP (83%) vs national average (75%). • Low insurance coverage (women 3.6%, men 2.4%, children 3.3%). **Threats** • Financial barriers limit care access and equity. • Low allocation hinders intervention scale. • OOP spending can drive poverty up.

THEMATIC AREA	STRENGTHS & OPPORTUNITIES	WEAKNESSES & THREATS
Culture & Talent	**Strengths** • Nursing school targets 600 graduates annually. • Presence of multiple health training institutions. **Opportunities** • Indexing of nursing school enables more graduates. • Capacity building linked to quality assurance. • EMR use provides opportunity for digital skills training.	**Weaknesses** • Doctor density is low. • Some cadres (e.g., Physios, Technologists) underrepresented. • Varying staff ability in diagnostics and care. **Threats** • Skill/capacity variations affect trust and quality. • Workforce maldistribution risks service delivery. Skills and performance gaps remain a threat.

2.5 Risk Management and Mitigation

The successful implementation of the Enugu State Health Sector AOP is contingent upon effectively identifying and mitigating potential risks that could impede the achievement of its stated objectives. This section outlines key risks anticipated during the 2025 AOP period and proposes corresponding mitigation strategies. The aim is to foster proactive management, enhance resilience, and increase the likelihood of attaining improved health outcomes for the population of Enugu State.

2.5.1 Risk Identification and Assessment Process

The risks detailed below have been identified through a comprehensive review of:

- The SWOT analysis conducted for this AOP.
- Lessons learned from the implementation of the AOP 2024 and previous health sector plans.
- Consultations with key stakeholders during the 2025 AOP development process.
- The broader operational context of the health sector in Enugu State and Nigeria.

Risks have been categorised for clarity and focus. A qualitative assessment of likelihood (Low, Medium, High) and potential impact is implicitly considered in the prioritisation of these risks and the formulation of mitigation strategies.

2.5.2 Risk Mitigation Plan

The table below details the identified risks, their potential impact on AOP objectives, their assessed likelihood, specific mitigation strategies, the entities primarily responsible for overseeing these strategies, and key indicators for monitoring the risks and mitigation efforts.

Table 8: Risk Management and Mitigation Matrix

Risk Category	Identified Risk	Assessed Likelihood	Mitigation Strategies	Responsible Entities	Monitoring Indicator(s)
Financial	**1. Delayed Release of Budgeted Funds**	High	1. Sustained high-level advocacy by the Honourable Commissioner for Health to State Government for timely and complete release of allocated health sector budget. 2. Prioritise AOP activities based on actual fund availability.	SMOH (HCH, PS, DPRS), ESA-UHC, SPHCDA, SHMB, All MDAs	Quarterly % of budgeted funds released vs. planned; RMET reports.

Risk Category	Identified Risk	Assessed Likelihood	Mitigation Strategies	Responsible Entities	Monitoring Indicator(s)
			3. Strengthen and institutionalise Resource Mapping and Expenditure Tracking (RMET) processes to provide evidence for advocacy and improve transparency. 4. Actively pursue and coordinate partner/donor funding aligned with AOP priorities.		
	2. High Out-of-Pocket (OOP) Expenditure Limiting Access	High	1. Expand enrolment in the State Health Insurance Scheme, targeting the vulnerable groups in particular. 2. Improve utilisation of BHCPF for free basic minimum package of health services at PHC level. 3. Promote awareness of available financial risk protection mechanisms.	ESA-UHC, SMOH, SPHCDA	Health insurance coverage rate; % of BHCPF funds utilised effectively.
Operational & Technical	**3. Data Quality Issues in HMIS/DHIS2**	High	1. Implement the detailed Data Quality Assurance plan including regular DQAs. 2. Conduct targeted capacity building for facility, LGA, and state M&E staff on data management, DHIS2, and EMR use. 3. Strengthen supportive supervision with a dedicated data verification component. 4. Expedite and standardise EMR implementation across public facilities.	SMOH (DPRS, M&E Unit), SPHCDA, SHMB, LGA M&E Officers	DHIS2 reporting completeness & timeliness; DQA scores; % of staff trained in HMIS/EMR.
	4. Sub-optimal Performance/Functionality of some Health Facilities (especially PHCs)	Medium	1. Implement phased needs-based upgrades of prioritised PHCs to achieve full functionality (infrastructure, equipment, workforce, commodities) as per BHCPF guidelines and AOP priorities. 2. Strengthen supportive supervision and mentoring for PHC staff. 3. Ensure effective implementation of PHC business plans with LGA oversight. 4. Improve community engagement and accountability mechanisms for PHC governance.	SPHCDA, LGA Health Authorities, SMOH	% of PHCs meeting minimum service package standards; Facility readiness scores.
External/ Contextual	**5. Unforeseen Public Health Emergencies (e.g., Outbreaks, Natural Disasters)**	Medium	1. Strengthen the State's EOC and rapid response team capacity. 2. Enhance IDSR systems for early detection and reporting. 3. Allocate/secure contingency funds for public health emergency response.	SMOH (Dept. of Public Health), State EOC, SPHCDA	Timeliness of detection and response to public health events; EOC functionality assessment.

Risk Category	Identified Risk	Assessed Likelihood	Mitigation Strategies	Responsible Entities	Monitoring Indicator(s)
	6. Limited Inter-sectoral Collaboration for Addressing Social Determinants of Health	Medium	1. Strengthen the State Health Council and Health Partners Coordination Forum as platforms for inter-sectoral dialogue and joint planning. 2. Actively engage with Ministries of Education, Environment, Water Resources, Gender, etc., on joint initiatives.	SMOH (Office of HCH/PS), State Health Council	Number of active inter-sectoral collaborations/MOUs; Jointly implemented programs.

CHAPTER 3: STRATEGIC FRAMEWORK AND OPERATIONAL PLAN

3.1 Vision and Mission

VISION

"To make the state a hub for medical tourism in West Africa"

MISSION

To ensure Penetration of modern healthcare to all areas of the State through innovative technologies for diagnosis and basic treatment.

3.2 Overview of the AOP Development Process

The Enugu State Ministry of Health led a participatory and evidence-informed process to develop this 2025 AOP, ensuring relevance, alignment with state and national priorities, and broad stakeholder ownership for successful implementation.

3.2.1 Planning Process

The planning cycle commenced with focused internal sessions led by the Enugu State Ministry of Health's Top Management Committee, including the Honourable Commissioner for Health, Permanent Secretary, Directors, and Heads of relevant State Health Agencies. These initial planning sessions were critical for defining the strategic direction for the year. They involved:

- Comprehensively reviewing the 2024 AOP's performance, highlighting key achievements, challenges, and lessons learned.
- An analysis of the current health situation in Enugu State, drawing upon the State Health Management Information System (HMIS), recent surveys, and other pertinent data sources to inform decision-making.
- Identifying and prioritising key intervention areas for 2025, guided by the 2024-2027 HSSB's strategic imperatives and pinpointing state-level priorities unique to Enugu's context.
- Determination of the appropriate level of implementation for these priorities, whether at the MDA level, specific health facility level, or community level.
- Broader state health leadership validating the identified 2025 health agenda and priorities.
- Heads of Departments and Agencies providing formal sign-off on the aligned priority areas that were agreed upon, signifying commitment to the collaborative workplan.

3.2.2 Stakeholder Engagement

Extensive engagement with a range of stakeholders was integral throughout the planning process, reflecting SWAp principles of collaboration and partnership.

This involved several layers of consultation:

- Consultations were held with key departments and agencies within the Ministry of Health, SPHCDA, SHMB, ESA-UHC, ESUTH-P and Health Institutions to ensure alignment across government entities.
- Departments and agencies engaged their respective development partners in further discussions on the key priorities to collaboratively define the scope of planned work and clarify respective state and partner responsibilities for aligned areas.
- Consultations were also undertaken with representatives from CSOs, professional bodies, and community groups to gather diverse perspectives and ensure the plan addresses the needs and priorities of the populace.

3.2.3 Development, Costing, and Finalisation Workshop

The core of the detailed operational plan development and resource allocation took place through a structured workshop process designed to build capacity and consolidate inputs from various levels. The following were achieved by the workshop:

- The SMOH conducted a capacity building workshop specifically for Planning Cell Heads and key Programme Officers across all Departments and Agencies, focusing on enhancing skills in operational planning and costing methodologies.
- The Primary Healthcare Board provided training to LGA officers on the AOP process, enabling Local Government Areas to conduct situational analyses to determine facility-level needs, and develop their annual business plans that are explicitly linked to the state-level AOP priorities.
- The main plan development and costing phase involved a comprehensive multi-day workshop process that the SMOH organised. This included a 4-day workshop dedicated to AOP development and validation, followed by a separate 3-day workshop specifically focused on detailed costing and finalisation.

3.2.4 Validation and Consensus

Ensuring validation and securing consensus among stakeholders was woven throughout the entire process, culminating in formal approval. The draft AOP, developed and costed during the detailed workshops, underwent a validation exercise with the stakeholders present, allowing for final review and necessary adjustments.

The final stage of validation involved the formal review and approval of the completed AOP for 2025 by the SMOH Top Management Committee, signifying the state endorsement of the plan as the official roadmap for the health sector for the upcoming year.

3.3 Alignment with National Policies and Frameworks

The Enugu State Health Sector operates within the broader national health system and is guided by national policies, strategies, and initiatives. This 2025 AOP is aligned with the following relevant national frameworks to ensure coherence, leverage national support, and contribute to national health goals.

National Health Policy: This sets the overarching policy direction and guiding principles for health development in Nigeria. The Enugu AOP aligns with the core tenets of the National Health Policy, including the commitment to achieving Universal Health Coverage, strengthening primary healthcare, and enhancing health security.

Sector-Wide Approach: This 2025 AOP is developed and intended for implementation based on SWAp principles. SWAp is a development cooperation mechanism where government and partners work together around a single sector policy, a single comprehensive program framework, common systems for planning, budgeting, reporting, and monitoring, and where possible, common arrangements for funding.

Nigeria Health Sector Renewal Investment Initiative: The NHSRII is a critical framework for mobilising investment and driving systemic renewal across the health sector. This AOP identifies opportunities for alignment with the NHSRII's investment priorities, particularly in areas such as expanding financial risk protection (including effective utilisation of BHCPF), addressing health workforce challenges (such as mitigating brain drain), and strengthening health infrastructure and technology. The plan aims to position Enugu State to both benefit from and contribute to the implementation of the NHSRII in 2025.

3.4 Nigeria Health Sector Strategic Blueprint 2024–2027

The HSSB, which serves as the country's medium-term roadmap for health sector reform and investment, is the central strategic framework intended to drive transformative improvements across Nigeria's healthcare system. This blueprint represents a major national effort to revitalise the health sector. The activities outlined in this AOP incorporates the strategic priorities of the HSSB, with particular focus on its key pillars and are designed to support the attainment of HSSB objectives within Enugu State in 2025.

This operational plan is anchored on the following key elements of the HSSB 2024–2027:

- Four Strategic Pillars:
    - Effective Governance
    - Efficient, Equitable, and Quality Health System
    - Unlocking Value Chains
    - Health Security
- Three Enablers:
    - Data Digitisation
    - Financing
    - Culture and Talent
- Eighteen Strategic Objectives that set the overarching goals.
- Twenty-Seven Priority Initiatives that translate strategic objectives into actionable programs.
- Two Hundred and Seventy-Two Interventions.

3.5 Operational Plan by HSSB 2023 – 2027 Pillars and Enablers

Guided by our situational analysis and lessons from previous performance reviews, the Enugu State Health Sector has translated the overarching HSSB objectives into concrete activities. This represents the unified annual plan for the sector, developed by the Ministry and its Agencies, in alignment with the SWAp principles, consolidating efforts under a single, cohesive framework. The comprehensive matrix detailing specific activities, timelines, designated responsible entities, and associated resource allocations is fully documented in Appendix A.

We have structured our operational plan for 2025 around the key strategic pillars and enablers that guide both our state-level efforts and align with the national health sector's strategic directions.

3.5.1 Pillar 1: Effective Governance and Stewardship

Strategic Objectives:

- Strengthen NCH as a coordinating and accountability mechanism across the health system
- Increase accountability to and participation of relevant stakeholders and Nigerian citizens
- Strengthen regulatory capacity to foster the highest standards of service provision
- Improve cross-functional coordination & effective partnerships to drive delivery

Table 9: Pillar One AOP Summary

Priority Initiative	SWOT-Mapped Interventions	Number of Activities
Strengthen NCH as a coordinating and accountability mechanism across the health system	Tailor NCH Meeting and memos guidelines to ensure meetings focus on the "National Health Act", "National Health Policy" , and "National Health Development Plan" including a conversation on the state of the Health of the Nation report to inform policy decisions	1
Comprehensive and intentional communication strategy for stakeholder engagement and advocacy	Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs, Servicom for feedback and functional grievance redress	6
Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products	Harmonize frameworks for health professional regulatory bodies along different cadres.	7
	Harmonize accreditation/inspection standards for health facilities across the regulators.	15
A Sector Wide Action Plan (SWAp) to defragment health system programming and funding	Strengthen a functional health sector planning cell (HSPC) for integrated planning, implementation, monitoring, and evaluation of the performance of the health system.	3
	Develop AOP and ensure alignment of partners' plans to national/state health sector AOP	4
	Support to HMB, SPHCDA/B, and LGA Health Authorities on the development and consolidation of health facilities AOP (One Plan) focussing on SWAp priorities.	4
	Strengthen the Resource Mapping and Expenditure Tracking (RMET) processes to track funds	4
	Coordinate pooled and non-pooled (Aligned) funds for efficient resource allocation including TA pooling arrangement.	2
	Provide regular on-boarding SWAp orientation to newly appointed program officers/managers	1
	Conduct Joint missions to Federal/states/ sites in line with Joint Annual Review (JAR) calendar	5
	Conduct regular sub-national Strategic engagement to ensure successful implementation of Sector Wide Approach (SWAp)	2

Priority Initiative	SWOT-Mapped Interventions	Number of Activities
	Ensure deployment of relevant TA support to support states and be part of the process of Joint development of AOPs by the states and relevant stakeholders, including DPs.	1
Increase collaboration with internal and external stakeholders for better delivery and performance management	Conduct strategic engagement to orientate all Federal and subnational stakeholders on Sector Wide Approach (SWAp)	1
	Strengthen capacity of relevant Federal, State and LGA stakeholders to coordinate, monitor and manage delivery and performance in the health sector.	1
	Review health sector coordination platforms at Federal, States and LGA level with clear terms of reference that delineate roles and responsibilities in consonance with SWAp principles .	2

3.5.2 Pillar 2: Efficient, Equitable, and Quality Health System

Strategic Objectives:

- Drive health promotion in a multi-sectoral way.
- Strengthen prevention through primary health care and community health care.
- Improve quality of care and service delivery across public and private health care providers.
- Revitalise the end-to-end (production to retention) healthcare workers' pipeline.

Table 10: Pillar Two AOP Summary

Priority Initiative	SWOT-Mapped Interventions	Number of Activities
Drive multi-sectoral coordination to put in place and facilitate the implementation of appropriate policies and Programs that drive health promotion behaviors (e.g., to disincentivize unhealthy behaviors)	Strengthen Governance and Stewardship for Health promotion Multi-sectoral Coordination	3
	Promote Advocacy for Mullti-sectoral coordination at all Levels of health and across the sectors that are proactive health promotion	10
	Build Capacity of FMoH/SMOH/LGA program managers to provide leadership and co-ordination for Multi-sectoral Partnership including CSOs for effective collaboration.	12
	Establish Partnerships with Global and Regional Alliance for Multi-sectoral Coordination	3
	Monitor Trends and Determinants of Health and evaluate progress of coordination	7
	Strengthen accountability mechanism and community engagement to accelerate community participation and improve service delivery	3
	Foster and integrate effective Multisectoral Health Promotion strategy	2
	Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes	4
	Strengthen SBC (RCCE)multisectoral coordination mechanism to facilitate the implementation of routine and Emergency interventions.	3
	Increase Demand Generation to improve health service uptake including RMNCAH, Nutrition, NCD, Mental Health, NTD Vaccination, Family Planning and other health services	13
	Accelerate the Integration of awareness programs/health campaigns to improve health outcomes including primary health interventions	1
	Leverage formal education system to improve healthy behaviors	4
Accelerate immunisation programs for priority antigens (e.g., DPT3, Polio, Measles, Yellow Fever) with a focus on decreasing zero dose children	Implementation of Zero-Dose Reduction Operational Plan (Z-DROP) in prioritised LGAs.	2
	Conduct Identification, Enumeration and vaccination (IEV) under immunized and zero dose children strategies in prioritised LGAs and Mapping of Zero Dose Communities	3
	Conduct of Big-Catch Up Campaign in prioritised LGAs	2
	Expand access to immunization Services.	10
	Strenthening Communities to demand immunization services and reduce vaccine hesitancy.	9
	Strengthening immunization data system for effective decision making and assessment of vaccine safety and impact.	2

Priority Initiative	SWOT-Mapped Interventions	Number of Activities
	Enhance the deployment of effective immmunization vaccine management system to reduce stock out of vaccines such as DPT3, Polio, Measles, Yellow Fever, etc.	10
Slow down the growth rate of NCD Prevalence	An NCD prevention task force with a focus on high priority illnesses (Strengthen governance, coordination, collaboration and leadership)	3
	Implement the MPOWER strategy to reduce tobacco use and adapt the Protocol to Eliminate Illicit Trade to reduce supply.	3
	Develop and Implement a comprehensive national alcohol control policy and regulation/law	1
	Strengthening and supporting regulatory authorities to promote healthy diets, by policy formulations, and awareness creation at the community and schools	3
	Adapt and implement the Global Action Plan on Physical Activity.	4
	Advocate and collaborate with the Nigerian Road Safety Authority and other sectors to Implement the Nigeria Road Safety Strategy.	2
	Raise public awareness on pre-marital/pre-conception screening for sickle cell disease including genetic counseling	3
	Strengthen health systems to address Prevention and Control of Non-Communicable Diseases at all levels of care and contribute to reducing risk factors.	7
Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)	Strengthen Communicable disease prevention task forces focused on HIV, TB, Malaria and NTDs at the national and sub-national level	9
	Scale up integrated HIV prevention services	14
	Increase uptake and access to HIV services (testing , treatment, care, viral suppression , including procurement of HIV rapid test kits)	4
	Reach, treat and sustain Vertical HIV transmission and Paediatrics interventions	4
	Improve access and utilisation of integrated vector control interventions (ITNs, Targeted IRS, targeted LSM, vector surveillance and insecticide resistance monitoring)	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.	13
	Increase access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination theraphy (ACTs) and malaria vaccine	11
	Increase access and uptake of Tuberculosis Preventive Therapy (TPT)	5
	Improve access to Tuberculosis care - case finding and treatment	10
	Sustain and Improve Treament Success Rate	15
	Improve access to WHO Recommended Molecular diagnostics (WRD)	5
	Improve early diagnosis and treatment of Leprosy and Buruli Ulcer	2
Revitalize tertiary and quaternary care hospitals to improve access to specialized care	Build capacity of health workers to improve access and quality to specialize care using available Resources inluding engagement of Nigerian Health care Personnel in the Diaspora	1
	To deepen the Private sector participation in tertiary and quaternarry healthcare delivery using various Public Private Partnership (PPP) modules	7
	To develope business models to ensure access and affordability of tertiary and quaternary medical services to Nigerian as part of Universal Health Coverage	1
Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition	Establish/revitalize MNCAH+N task force and new accountability mechanism to crash MMR & under-5 mortality at the sub-national(State and LGA) level	6
	Develop & Implement a mechanism for tracking RMNCAEH+N resources and its use.	4
	Institutionalize maternal, perinatal and child death surveillance and response (MPCDSR) at all facilities/communities for quality improvement and monitor response.	9
	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	2
	Roll out of Post-partum care PRE/PEE and Post Abortal Care (PAC) interventions in high volume delivery primary, secondary and tertiary health facilities in all the 36 states plus FCT.	2
	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	10
	Roll out Post-partum Hemorrhage(PPH) management at the health facilities using E-motive bundle, active management of 3rd stage of labour etc	6

Priority Initiative	SWOT-Mapped Interventions	Number of Activities
	Create 'midwifery led' community outreach model with incentives for HCWs to improve ANC coverage	2
	Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level	6
	Upskill midwives on supervision, innovations and refresher courses for deployed midwives	4
	Drive uptake of innovations such the calibrated drap, Moyo Heart and Multiple Micronutrient Supplement (MMS) etc	2
	Roll out updated PPH traning in line with national standards which will include training of educators, clinical preceptors and Pre-service midwifery curriculum	1
	Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.	9
	Expand access to a full range of modern contraceptives including immediate postpartum, post-abortion FP, through mobile outreach sevice delivery in providing a wide range of congraceptives.	8
	Adapt and Implement the National FP Communication Strategy to raise demand and reduce Unmet Need for FP at the state level	3
	Accelerate implementation of Essential Newborn Care (ENC) at the Primary health facilities	6
	Promote home visits on community- based newborn through empowering communitiess, Outreaches and Mobile Clinics	3
	Set-up small and sick newborn unit with Continous Positive Airway Pressure (CPAP), Kangaroo Mother Care-KMC (immediate and Routine) in level-2 (Secondary) health facilities to scale up comprehensive Newborn Care	5
	Strengthen neonatal intensive care unit at level-3 (Tertiary) health facilities	1
	Improve Capacity of frontline health workers on Comprehensive new born at Secondary and tertiary Health facilities	6
	Establish birth defect surveillance and response	1
	Adapt and Contextualize the National Child Survivial Action Plan-NCSAP (2024-2028) into state AOPs for roll out	3
	Assess health facility readiness to improve integrated management of childhood illness services with linkage to community	2
	Improve capacity skills of doctors, nurses, CHEWs at PHC for Integrated Management of Childhood Ilness (IMCI) and community Health workers on Integrated Community Case Management (ICCM)	1
	Scale-up capacity of Doctors, Nurses, Wives, CHEWs to deliver adolescent plus youth-friendly services	5
	Collaborate with Ministry of Education to Review the school health Policy, adopt and domesticate school health services standards at state level.	1
	Empower community to support adolescent program at the community level (peer to peer support, parents guardian etc)	2
	Strengthen the community HMIS and Civil Registration and Vital Statistics	8
	Revitalize of baby friendly initiative (BFI) at all levels of care	11
	Conduct Nutrition assessment, counselling and support (NACS)	2
	Provision of growth monitoring and promotion (GMP) services at all level of care	1
	Accelerate the scale up of integrated management of acute malnutrition (IMAM) at all level of care	1
	Improve out-patient therapeutic (OTP) services in at least 2 PHC per ward across 36 states and FCT.	2
	Strengthen in-patient care for Severe Acute Malnutrition (SAM) with complication in secondary and/or tertiary facility across all the 774 LGAs of the federation.	1
	Scaling up community Nutrition best practices	4
	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	5

Priority Initiative	SWOT-Mapped Interventions	Number of Activities
	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)	1
	Review the 2 ways referral forms for RMNCAH+ Nutrition and provide orientation to all Community Health Workers (CHWs) to Primary Health Centres (PHCs) and other healthcare facilities	1
	Strengthen the linkage between community health structure and health system to sustain RMNCAEH+N services to targetted Vulnerable & marginalized groups and other communities	6
Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance	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	4
	Establish standards for PHC functionality and stratify existing PHCs accordingly	1
	Update nationwide PHC assessments to establish baseline, and create a sustainable system for real time visibility into PHC functionality status	3
	Galvanize all government and partner resources for phased needs-based upgrades of prioritized PHCs to achieve full functionality (infrastructure, equipment, workforce, commodities etc)	8
	Develop and implement a holistic Advocacy, Communication and Community Engagement strategy	2
	Enforce quarterly disbursement of funds in line with BHCPF guidelines	2
	Update financial management and reporting guidelines and processes for SSHIAs (where necessary)	1
	Use of accounting software to monitor end-to-end disbursement funds including transactions at PHCs	3
	Leverage technology for end-to-end BHCPF financial management and expenditure tracking	7
	Utilize Financial Management Officers (FMOs) for quarterly tracking of spending with clear ToR	2
	Revise tariffs to encourage private sector involvement	1
	Enhance sustainability by implementing better risk management practices, counterpart funding, defined role of TPAs and reinsurance.	1
	Increase operational budget to enhance fiduciary oversight and to intensify monitoring and LGA supervision	5
	Deliver BHCPF as One Package at the last mile.	7
	Harmonize NPHCDA and NHIA MSP	4
	Standardize the overall minimum benefit package to beneficiaries (across SSHIAs, NHIA, NPHCDA and other NHIA programs)	3
	Quarterly MOC meetings on the BHCPF's performance.	2
Expand financial protection to all citizens through health insurance expansion and other innovative financing mechanisms	Expand health insurance coverage and other pre-pooling mechanism for health	10
	Improve equity of coverage through effective implementation of public subsidies	6
	Utilize strategic purchasing mechanism for high impact interventions	5
Increase availability and quality of HRH	Increase production of health workers	10
	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	6

3.5.3 Pillar 3: Unlocking Value Chains

Strategic Objective:

Strengthen supply chains

Table 11: Pillar Three AOP Summary

Priority Initiative	SWOT-Mapped Interventions	Number of Activities
Re-Position Nigeria at the forefront of emerging R&D innovation, starting with local clinical trials and translational science	Strenghten National and Sub-national R&D coordination framework through the National Health Research Committee and National Health Research Ethics Committee	3
	Encourage the standardization, local production, and commercialization of traditional medicines and services	2
Streamline existing supply chains to remove complexity	Setting up of the National Medicines, Vaccines and Health Commodities Management Agency at the Federal Level to harmonize and coordinate all health supply chain activities (including emergency response supply chain system)	8
	Strenghten 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)	12
	Ensure establishment of sustainable funding mechanisms for drugs, vaccine and other health commodities at all levels of health services in the country	5
	Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels)	8
	Strenghten 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)	5

3.5.4 Pillar 4: Health Security

Strategic Objectives:

- Improve the ability to detect, prevent, and respond to public health threats.
- Build climate resiliency for the health system in collaboration with all other sectors.

Table 12: Pillar Four AOP Summary

Priority Initiative	SWOT-Mapped Interventions	Number of Activities
Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security	Establish Presidential Task Force/ Cabinet Committee for effective coordination, oversight and funding involving all relevent 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	2
	Workforce Capacity Building - Enhances capabilities to achieve health security	7
	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.	8
	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.	7
	Develop and pilot urban preparedness strategies in line with Global Framework for Strengthening Emergencies in Urban Settings in priority municipalities	10
Establish a One Health approach for threat	Create a clear accountability mechanism to track the implementation of Climate Health resolutions and commitments.	4

detection and response, incorporating climate-linked threats	Coordinate rapid response to zoonotic, vector borne, climate-sensitive diseases and emergencies, AMR pathogens of pandemic potential, epidemic prone bacterial and fungal infections through One Health Approach	5

3.5.5 Enabler 1: Data Digitisation

Strategic Objective:

Digitise the health system & have data-backed decision making.

Table 13: Enabler One AOP Summary

Priority Initiative	SWOT-Mapped Interventions	Number of Activities
Strengthen health data collection, reporting and usage – starting with the core indicators	Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs	6
	Review, update, and adapt strategic documents on HIS to support monitoring and evaluation of health sector plans and interventions	4
	Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data	2
	Strengthen Civil Registration and Vital Statistics (CRVS) system to generate vital statistics of births & deaths including reporting of deaths with the causes	4
	Support coordination, design and implementation of health surveys	7
	Establish standards for Health Information Exchange	4
	Strengthen data analysis and use for decision making	3
	Strengthen human resources for health capacity for data management and health information system support	5
Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate	Establish/strengthen digital health governance structure and coordination at all levels	4
	Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness	3
	Procure and expand Infrastructure for digitizing the health system	1

3.5.6 Enabler 2: Financing

Strategic Objective:

Increase effectiveness and efficiency of healthcare spending.

Table 14: Enabler Two AOP Summary

Priority Initiative	SWOT-Mapped Interventions	Number of Activities
Improve oversight and monitoring of budgeting process to increase budget utilization	Adopt lumpsum approval approch for aggregate activities based on annual workpaln in line with approve budget.	3
	Strengthen oversight for monitoring and reporting of health sector budget utilization including quarterly AOP reports.	7
	Strengthen health financing evidence generation and use	2
	Increase resource mobilization for the health sector	5

3.5.7 Enabler 3: Culture and Talent

Strategic Objective:

Strengthen skills, capabilities & values and drive a performance-based culture within the State Health Sector.

Table 15: Enabler Three AOP Summary

Priority Initiative	SWOT-Mapped Interventions	Number of Activities
Transformation within F/SMoH – towards a values and performance driven culture	Strengthen F/SMOH Collaboration with stakeholders and development partners to reach a consensus on long term pursuits of defined transformation/change management actions towards a value-driven and performance-oriented culture.	2
Top-talent learning program to develop well-rounded for public health leaders	Design/improve on a comprehensive learning and development curriculum that covers a wide range of competencies such as strategic thinking, decision-making, policy development, stakeholder management and effective communication required for effective public health leaders.	7
	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.	4
	Promote culture of Continuously monitoring and evaluating program's effectiveness, seeking feedback from participants, mentors, and key stakehold	3

3.6 Costing and Financing

3.6.1 Resource Requirements

The Budget and Financing Plan sets the direction for mobilising, allocating, and tracking financial inputs required to achieve the sector's priority objectives.

A comprehensive costing of all planned activities and necessary inputs—including human resources, infrastructure development and maintenance, equipment, essential medicines and commodities, training, and operational costs—as itemised in the AOP Activity Matrix (Appendix A), indicates that the total estimated resource requirement for the full implementation of the Enugu State Health Sector 2025 AOP is **NGN55,752,407,150.**

3.6.2 Funding Sources

The financing for the implementation of the 2025 AOP is anticipated from a diverse array of sources, reflecting a consolidated approach consistent with SWAp principles.

Enugu State Government: Budget The total budget allocated to the health sector by the Enugu State Government for 2025 amounts to NGN66.15 billion, representing 6.81% of the State's overall budget of NGN973.15 billion.

S/N	MDA	Recurrent (NGN)	Capital (NGN)	Total (NGN)
1	Enugu State Ministry of Health	1,236,524,106	21,945,607,000	23,182,131,106
2	Enugu State Primary Health Care Development Agency	1,818,966,896	17,646,690,000	19,465,656,896
3	Enugu State Hospital Management Board	2,024,995,730	3,598,199,000.00	5,623,194,730
4	Enugu State Agency for Universal Health Coverage	54,800,000	3,598,199,000.00	3,652,999,000
5	Enugu State University Teaching Hospital -Parklane	6,706,974,072	2,335,000,000	9,041,974,072
6	Enugu State Action Committee on AIDS (ENSACA)	25,980,000	32,975,000	58,955,000
7	College of Nursing Science, Nsukka	200,653,782	2,071,000,000	2,271,653,782
8	College of Health Technology, Oji River	355,353,782	100,000,000	455,353,782
9	Enugu College of Nursing science Parklane /Awgu	393,900,000	2,008,671,000	2,402,571,000
	Total Health Budget	**12,818,148,368**	**53,336,341,000**	**66,154,489,368**

Local Government Area Contributions: The expected financial contributions from the 17 LGAs of the state are primarily designated for the funding of the Health Facilities Business Plans developed at the PHC level and contribution of 40% of the cost for infrastructural developments at the PHC facilities.

Basic Healthcare Provision Fund: The utilisation of BHCPF funds will be prioritised towards enhancing the delivery of the basic minimum package of health services at PHC facilities, strengthening the State Health Insurance Scheme gateway for improved financial risk protection, and funding the State Emergency Medical Services and Ambulance System, in strict accordance with national guidelines and adapted to state-specific needs.

Development Partner Contributions: The anticipated contributions from key development partners aligned with the priorities outlined in the AOP are estimated at NGN3,809,736,537, representing 6.8% of total budget. Continuous effort will be made to enhance the harmonisation of partner support with government planning and reporting systems to improve efficiency, transparency, and aid effectiveness, consistent with SWAp principles. A comprehensive breakdown of partner contributions per AOP activity is included in Appendix A.

Private Sector and Other Sources: In addition to budgeted public and donor resources, contributions will be mobilised from the private sector, corporate social responsibility initiatives, philanthropic organisations, and community-based support mechanisms. These sources are expected to

complement public investment by targeting critical gaps, particularly in underserved areas or strategic initiatives. Engagement with the private sector will be intensified through structured dialogue and partnership frameworks aligned with the Nigeria Health Sector Renewal Investment Initiative. As such opportunities materialise, contributions from these sources will be tracked and integrated into quarterly and annual financial reporting cycles to ensure transparency and alignment with the health sector priorities.

CHAPTER 4: MONITORING, EVALUATION, ACCOUNABILITY, RESEARCH AND LEARNING

4.1 Performance Monitoring Plan

To ensure effective tracking of the implementation status of the 2025 AOP, the state will leverage on the HSSB MEARL plan developed by the Federal Ministry of Health and Social Welfare (FMoH&SW). The M&E team of the SMOH will adapt this standardised framework to the local context, to support comprehensive monitoring across all the interventions of the 2025 AOP.

4.2 Data Collection and Reporting

4.2.1 Data Sources

The monitoring of the Enugu State 2025 AOP will draw data from a variety of sources to ensure a comprehensive understanding of performance and impact.

District Health Information System: This will be the primary platform for collecting routine service delivery data from public health facilities across the state. The AOP notes the DHIS2 platform is operational state-wide, with an average data reporting completeness rate of 84% and a timeliness rate of 65% in 2024.

Programme-Specific Data Systems:

- Data from the SORMAS platform will be crucial for tracking epidemiological outbreaks such as Lassa fever and cholera
- National Data Reporting System (NDARS) for HIV programme
- Budget performance reports on financial allocation and expenditure for health sector activities, including from the Resource Mapping and Expenditure Tracking (RMET) processes.
- Data on procurement, distribution, and stock levels of medicines and health commodities via the LMCU logistics management information system.

Surveys and Assessments:

- Findings from Health Surveys like the NDHS and MICs will be used for periodic evaluation and to contextualise routine data.
- Health Facility Assessments data from specific assessments of facility readiness, quality of care, and availability of essential services.

Qualitative Data Sources:

- Performance review meeting reports.
- Supervisory reports & field visit reports.

4.2.2 Data Collection and Reporting Flow

Facility Level: Health workers at PHC, secondary, and tertiary facilities will be responsible for collecting data on services provided, commodities used, disease surveillance, and other relevant indicators using standardised tools. Data will be entered into facility-level registers and, where applicable, directly into digital platforms like DHIS2 or EMR. Data form registers will be aggregated into monthly summary forms for onward transmission.

LGA Level: The LGA M&E Officers and other designated personnel will collect aggregated data from facilities within their jurisdiction. They will be responsible for performing initial validation checks for completeness and consistency, and inputing the data into the DHIS2 platform if not already done at the facility level. Each LGA will submit aggregated data reports (primarily through DHIS2) and qualitative reports to the State level.

State Level: The State M&E Officer, housed within the SMOH in the Department of Planning, Research, and Statistics, and M&E units within relevant MDAs will be responsible for pulling data from DHIS2 and other state-level health management information systems. The data from these various sources will be analysed to track progress against AOP indicators, identify trends, and highlight areas of success or concern.

4.2.3 Data Quality Assurance

Ensuring the quality of data is paramount for effective monitoring, evaluation, and evidence-based decision-making. The 2025 AOP will incorporate the following DQA measures:

Standardised Tools:

- Use of national standardised data collection tools, registers, and indicators with clear definitions to ensure consistency across all levels.
- Use of the HSSB MEARL metrics for each AOP intervention.

Capacity Building:

- Regular training and retraining of health workers, M&E officers at facility, LGA, and state levels on data collection, management, analysis, reporting, and the use of information systems (DHIS2, EMR, SORMAS).
- Integrated supportive supervision visits from state and LGA teams to facilities will include data verification, on-the-job mentoring, and feedback on data quality issues.

Data Validation:

- Regular checks for completeness, timeliness, internal consistency, and accuracy of data at facility, LGA, and state levels.
- Triangulation of data from different sources (e.g., DHIS2 vs. program reports) to identify discrepancies and ensure coherence.

4.3 Performance Review Process

In alignment with the principles of SWAp, Enugu State Health Sector will implement a structured review process involving key stakeholders at regular intervals throughout the year.

This mechanism includes three primary levels of review: Quarterly Performance Reviews, a Midterm Review, and an End-of-Year Annual Performance Assessment. These reviews will ensure that progress is tracked, challenges are identified and addressed proactively, and performance insights inform decision-making and future planning.

4.3.1 Quarterly Performance Reviews

The State Ministry of Health will convene QPR meetings involving State health MDAs – SMOH, SHMB, SPHCDA, ESUTH-P, ESA-UHC, ENSACA and Health training institutions – alongside line ministries, development partners, and representatives from civil society organisations and other key stakeholders. These meetings are operational in focus and will take place at the end of each quarter.

The core objectives of the QPRs are to:

- Track the implementation status of planned activities outlined in the 2025 AOP against established timelines.
- Review performance against the set output indicators across all AOP interventions with activities under them, as defined in the M&E Framework.
- Identify and discuss emerging challenges and implementation bottlenecks at state, LGA and facility levels, and determine clear action plans for addressing identified issues.

- Review budget expenditure and resource utilisation, making recommendations for necessary realignments or reallocation of resources where required to improve performance.
- Foster dialogue and coordination among all stakeholders, promoting a shared understanding of progress and challenges.

The State M&E Officer will summarise the findings and action points from each QPR in concise quarterly factsheets and reports The DPRS SMOH will disseminate these reports to all stakeholders to inform their respective efforts and feed into higher-level decision-making processes.

4.3.2 Joint Annual Review

The Enugu State health sector will conduct a comprehensive joint annual review of the AOP implementation at the end of the second quarter of the year. This review will provide a more in-depth assessment compared to the quarterly reviews. Participation will involve a broader range of government officials and stakeholders.

The purpose of the joint annual review is to:

- Evaluate the cumulative performance against mid-year targets for key output and outcome indicators, assessing the overall effectiveness and efficiency of interventions implemented during the first half of the year.
- Conduct a deeper analysis of challenges and opportunities identified through the quarterly reviews and ongoing monitoring.
- Reassess priorities and planned activities considering any significant contextual changes, emerging health issues, or shifts in resource availability.
- Inform the priority-setting process and shape the health sector agenda for the development of the 2026 AOP.

APPENDICES

Appendix A: Enugu State Health Sector 2025 AOP Matrix

Category	Code
Pillar	
Strategic Objectives	
Priority Initiatives	
Interventions	
Operational Plan Activities	

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
Grand Total		**₦55,752,407,150**	**₦47,250,007,133**	**₦3,809,736,537**	**₦4,708,854,980**					
Pillar One		**₦ 996,884,250**	**₦ 809,029,250**	**₦ 198,378,500**	**-₦ 10,523,500**					
1.1	**Strengthen NCH as a coordinating and accountability mechanism across the health system**									
1.1.1	**Strengthen NCH as a coordinating and accountability mechanism across the health system**	**₦2,940,000**	**₦1,345,000**	**₦2,000,000**	**-₦405,000**					
1.1.1.1	**Tailor NCH Meeting and memos guidelines to ensure meetings focus on the "National Health Act", "National Health Policy" , and "National Health Development Plan" including a conversation on the state of the Health of the Nation report to inform policy decisions**	**₦2,940,000**	₦1,345,000	₦2,000,000	**-₦405,000**					
1.1.1.1.a	Conduct 3 day 2025 State Council (SCH) Meeting of 70 participants Prior to the NCH Meeting to Review the 2024 Health Sector Performance and fine tune Memos for the NCH	₦2,940,000	₦1,345,000	₦2,000,000	**-₦405,000**	**State & FCT level**			▲	
1.2	**Increase accountability to and participation of relevant stakeholders and Nigerian citizens**									
1.2.2	**Comprehensive and intentional communication strategy for stakeholder engagement and advocacy**	**₦7,000,000**	**₦3,350,000**	**₦3,650,000**	**₦0**					
1.2.2.2	**Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs, Servicom for feedback and functional grievance reddress**	**₦7,000,000**	₦3,350,000	₦3,650,000	**₦0**					
1.2.2.2.a	conduct a one off Expansion of existing communication strategy to create awareness on other ESUHCS (Formal. Informal and adoption program) in the State within 6 months.	₦100,000	₦0	₦100,000	**₦0**	**Workplaces (formal/informal)**		▲		
1.2.2.2.b	Conduct 1 day biannual airing of short documentary programmes on Afia TV on ESUHCS programme and benefits	₦200,000	₦200,000	₦0	**₦0**	**Workplaces (formal/informal)**	▲	▲	▲	▲
1.2.2.2.c	Conduct 1 day bi-monthly Radio Phone in programme in 3 radio stations on ESUHCS programmes and benefits	₦1,800,000	₦1,750,000	₦50,000	**₦0**	**State & FCT level**	▲	▲	▲	▲

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
1.2.2.2.d	Conduct one day ESAUHC yearly Website Management and maintenance of corporate image subscription	₦800,000	₦800,000	₦0	**₦0**	**Workplaces (formal/informal)**		▲		
1.2.2.2.e	Conduct daily Social media outreach (instagram, facebook, whatsapp,twitter, youtube, podcasts) to reach the populace on ESUHCS for 1 year by monthly internet subscription	₦600,000	₦600,000	₦0	**₦0**	**State & FCT level**	▲	▲	▲	▲
1.2.2.2.f	Conduct 1 day online meeting with ESAUHC Software Consultant on expansion of ESAUHC local server by ESAUHC 5 staff for storage of data	₦3,500,000	₦0	₦3,500,000	**₦0**	**Workplaces (formal/informal)**		▲		
1.3	**Strengthen regulatory capacity to foster the highest standards of service provision**									
1.3.3	**Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products**	**₦731,865,000**	**₦709,013,000**	**₦22,852,000**	**₦0**					
1.3.3.1	**Harmonize frameworks for health professional regulatory bodies along different cadres.**	**₦611,090,000**	₦607,090,000	₦4,000,000	**₦0**					
1.3.3.1.a	Carry out dvocacy visits to the ministries of Health and Education for funding of accreditation facilities/equipments.	₦420,000	₦420,000	₦0	**₦0**	**Health Training Institutions**	▲	▲	▲	▲
1.3.3.1.a	Accreditation of Anaesthesia Department	₦200,000,000	₦200,000,000	₦0	**₦0**	**Tertiary Facilities**			▲	
1.3.3.1.a	Organize a one day Quarterly meeting of 30 member Stakeholders to Harmonize frameworks for health professional regulatory bodies along different cadres.	₦5,360,000	₦1,360,000	₦4,000,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
1.3.3.1.b	Coonduct of 5 days training and retraining of teachersi in the two Colleges of Health Technology located at Nsukka and Oji-River	₦392,100,000	₦392,100,000	₦0	**₦0**	**Health Training Institutions**	▲	▲	▲	▲
1.3.3.1.c	Supply of equipments/facilities as a prerequiste/standard required of National Board for Technical Education (NBTE) and other regulators of programmes offered in the institutions.	₦10,161,000	₦10,161,000	₦0	**₦0**	**Health Training Institutions**	▲	▲	▲	▲
1.3.3.1.d	Annually monitor and collect data on nurse/midwife educators who attended the update course on continuin mandatory professional development program	₦491,500	₦491,500	₦0	**₦0**	**Health Training Institutions**			▲	
1.3.3.1.e	conduct bi-annual verification visits by experts from state NMCN to the 2 accredited collages	₦2,557,500	₦2,557,500	₦0	**₦0**	**Health Training Institutions**	▲			
1.3.3.2	**Harmonize accreditation/inspection standards for health facilities across the regulators.**	**₦120,775,000**	₦101,923,000	₦18,852,000	**₦0**					
1.3.3.2.a	Conduct 1 day pre-accreditation meeting for 10 persons from ESAUHC, NHIA Zonal and State Office for accreditation of 36 HFs	₦40,000	₦40,000	₦0	**₦0**	**Workplaces (formal/informal)**	▲			
1.3.3.2.a	Conduct a one day meeting of 33 members stakeholders to review and adopt the national regulatory documents for inspection and monitoring of private and mission health facility in Enugu State.	₦1,436,000	₦1,436,000	₦0	**₦0**	**State & FCT level**	▲			▲
1.3.3.2.b	To embark on quaterly licence drive among nurse educators to ensure educators are updated	₦5,886,000	₦5,886,000	₦0	**₦0**	**Health Training Institutions**	▲	▲	▲	▲

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
1.3.3.2.b	Conduct 1 day Accreditation visit by 2 officers to 18 SHCs by ESAUHC/NHIA across 17 LGAs	₦2,436,000	₦2,436,000	₦0	**₦0**	**Secondary Health Facilities**	▲		▲	
1.3.3.2.b	Conduct a ONE day training for a 10 member enforcement team for monitoring and inspection of private and mission health facilities in the Enugu State.	₦70,000	₦70,000	₦0	**₦0**	**State & FCT level**	▲			
1.3.3.2.c	Conduct 1 day Re-accreditation visit to 50 PHCs/ SHFs across 17 LGAs	₦230,000	₦230,000	₦0	**₦0**	**Primary Health Facilities**		▲		
1.3.3.2.c	Repair, Servicing and fueling of one hilus van to be used in the monitoring and inspection of private and mission health facilities in Enugu State.	₦2,165,000	₦2,165,000	₦0	**₦0**	**State & FCT level**	▲			▲
1.3.3.2.d	Conduct 14 days Quarterly Quality Assurance to 350 PHCs across 17 LGAs by 3 ooficers	₦13,932,000	₦0	₦13,932,000	**₦0**	**Primary Health Facilities**	▲	▲	▲	▲
1.3.3.2.d	Procurement of 300 seals, 300 keys, 300 chains and 1500 invitation letters for private and mission Health Facility closure in Enugu State	₦3,950,000	₦3,950,000	₦0	**₦0**	**State & FCT level**	▲	▲	▲	▲
1.3.3.2.e	Conduct 5 days Quarterly Quality Assurance to 18 SHCs across 17 LGAs	₦4,920,000	₦0	₦4,920,000	**₦0**	**Secondary Health Facilities**	▲	▲	▲	▲
1.3.3.2.e	Regulation and Monitoring of health outreaches organised by Government of all levels, private and mission health facility owners in Enugu State by 5 officers.	₦85,000	₦85,000	₦0	**₦0**	**State & FCT level**	▲	▲	▲	▲
1.3.3.2.f	Conduct a 5 days joint health inspection on facilities by 30 member inspectorate team, management staff, regulators, press and security officers with 2 hilus and 2 buses from the ministry.	₦5,245,000	₦5,245,000	₦0	**₦0**	**State & FCT level**	▲			▲
1.3.3.2.g	Hosting of Kobo Tool bos for monitoring and inspection of private and mission health Facilities in Enugu State	₦80,000	₦80,000	₦0	**₦0**	**State & FCT level**	▲			
1.3.3.2.h	airing of 3 days monthly radio jingles sensitizing the public on the need to register and renew their facilities as at when due.	₦300,000	₦300,000	₦0	**₦0**	**State & FCT level**	▲	▲	▲	▲
1.3.3.2.i	Purschase of One Hilus van For Monitoring and Inspection Of Private And Misssion Health Facilities In Enugu State.	₦80,000,000	₦80,000,000	₦0	**₦0**		▲			
1.4	**Improve cross-functional coordination & effective partnerships to drive delivery**									
1.4.4	**A Sector Wide Action Plan (SWAp) to defragment health system programming and funding**	**₦153,968,000**	**₦5,400,000**	**₦156,976,500**	**-₦8,408,500**					
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.**	**₦15,540,000**	₦1,000,000	₦14,540,000	**₦0**					
1.4.4.1.a	Set up one day quarterly meeting of 20 member TWG/commitee on Health Sctor Planning Cells to enhance integrated planning, implementation, monitoring and evaluation of health system performance across the health facilities in the state.	₦2,640,000	₦0	₦2,640,000	**₦0**	**State & FCT level**	▲			

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
1.4.4.1.b	Conduct one day quarterly meeting of 50 strategic stakeholders to track health sector performance across the health system in the state.	₦4,500,000	₦1,000,000	₦3,500,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
1.4.4.1.c	Conduct one day quarterly health partners coordination meeting of 80 participants to enhance alignment of state and partners' performance implementation program	₦8,400,000	₦0	₦8,400,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
1.4.4.2	**Develop AOP and ensure alignment of partners' plans to national/state health sector AOP**	**₦76,035,500**	₦0	₦80,669,000	**-₦4,633,500**					
1.4.4.2.a	Conduct 3-day residential meeting of 50 participants to review of LGA business plan	₦16,410,000	₦0	₦18,457,500	**-₦2,047,500**	**Local Government level**			▲	
1.4.4.2.b	Conduct 3 days residential meeting of 55 participants on Annual Review of 2025 AOP performance	₦18,882,500	₦0	₦21,715,000	**-₦2,832,500**	**State & FCT level**				▲
1.4.4.2.d	Conduct 5 day residential workshop of 75 participants on development and costing of 2026 AOP	₦34,362,500	₦0	₦34,363,500	**-₦1,000**	**State & FCT level**				▲
1.4.4.2.e	Conduct 2-day residential workshop of 35 participants on AOP cleaning and harmonization	₦6,380,500	₦0	₦6,133,000	**₦247,500**	**State & FCT level**				▲
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.**	**₦28,465,000**	₦1,000,000	₦30,390,000	**-₦2,925,000**					
1.4.4.3.a	Conduct 2-day non residential refresher training of 50 LGA core planning cells on AOP tools	₦3,335,000	₦500,000	₦2,885,000	**-₦50,000**	**State & FCT level**			▲	
1.4.4.3.b	Conduct one day quarterly training of 35 participants on health indices status tracking and presentation to health sector stakeholders	₦6,210,000	₦500,000	₦5,780,000	**-₦70,000**	**State & FCT level**	▲	▲	▲	▲
1.4.4.3.c	Conduct 3 day training for 50 State planning cell officers on AOP devdelopment	₦10,975,000	₦0	₦12,550,000	**-₦1,575,000**	**State & FCT level**		▲		
1.4.4.3.d	Conduct 2 days training of 30 LGA planning cell officers on AOP development	₦7,945,000	₦0	₦9,175,000	**-₦1,230,000**	**State & FCT level**		▲		
1.4.4.4	**Strengthen the Resource Mapping and Expenditure Tracking (RMET) processes to track funds**	**₦6,380,000**	₦330,000	₦6,200,000	**-₦150,000**					
1.4.4.4.a	One day meeting of 10 participants to Develop a resource framework	₦240,000	₦240,000	₦0	**₦0**	**State & FCT level**	▲			
1.4.4.4.b	one day meeting of 20 participants to Collate/mapping of partners' resource	₦80,000	₦80,000	₦0	**₦0**	**State & FCT level**	▲			
1.4.4.4.c	one day Quarterly meeting of 75 participants on presentation of resource mapping and expenditure tracking	₦6,050,000	₦0	₦6,200,000	**-₦150,000**	**State & FCT level**	▲	▲	▲	▲
1.4.4.4.d	Publication of 50 copies of health sector performance report	₦10,000	₦10,000	₦0	**₦0**	**State & FCT level**				▲
1.4.4.5	**Coordinate pooled and non-pooled (Aligned) funds for efficient resource allocation including TA pooling arrangement.**	**₦12,000,000**	₦2,310,000	₦9,900,000	**-₦210,000**					

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
1.4.4.5.a	Conduct 3 -day training of 40 research assistants on identification and mapping of pooled and non-pooled funds	₦2,910,000	₦0	₦2,970,000	**-₦60,000**	**State & FCT level**	▲	▲	▲	▲
1.4.4.5.b	Establish a day quaterly resource coordination meeting for 75 strategic health sector stakeholders and partners for pooled and non -pooled fund alignment	₦9,090,000	₦2,310,000	₦6,930,000	**-₦150,000**	**State & FCT level**	▲	▲	▲	▲
1.4.4.6	**Provide regular on-boarding SWAp orientation to newly appointed program officers/managers**	**₦320,000**	₦320,000	₦0	**₦0**					
1.4.4.6.a	Conduct quarterly orientation meeting of 20 participants on SWAP	₦320,000	₦320,000	₦0	**₦0**	**State & FCT level**		▲		
1.4.4.7	**Conduct Joint missions to Federal/states/ sites in line with Joint Annual Review (JAR) calendar**	**₦4,947,500**	₦440,000	₦4,857,500	**-₦350,000**					
1.4.4.7.a	Participation in a day quarterly (physical/virtual) meeting of 5 relevant stakeholders on joint mission based on Joint Annual Review (JAR) framework	₦200,000	₦200,000	₦0	**₦0**	**State & FCT level**				▲
1.4.4.7.b	Conduct a day trainning of 50 participants on the developed Framework	₦1,745,000	₦0	₦1,770,000	**-₦25,000**	**State & FCT level**	▲			
1.4.4.7.c	Conduct a day Quarterly Collation of performance report on the implemented health activities	₦160,000	₦160,000	₦0	**₦0**	**State & FCT level**			▲	
1.4.4.7.d	Develop one day 20 copies Report Writing and presentation of findings	₦80,000	₦80,000	₦0	**₦0**	**State & FCT level**			▲	
1.4.4.7.e	Conduct one day meeting of 65 participants on state joint annual review	₦2,762,500	₦0	₦3,087,500	**-₦325,000**	**State & FCT level**		▲		
1.4.4.8	**Conduct regular sub-national Strategic engagement to ensure successful implementation of Sector Wide Approach (SWAp)**	**₦8,980,000**	₦0	₦9,120,000	**-₦140,000**					
1.4.4.8.a	Conduct a day quarterly meeting of 5 stakeholders in national and regional strategic engagement to ensure successful implementation of Sector Wide Approach (SWAp)	₦400,000	₦0	₦400,000	**₦0**	**State & FCT level**		▲	▲	
1.4.4.8.b	Conduct a day quarterly physical or virtual meeting of 70 participants to discuss SWAp implementation, performance tracking,challenges and sucessess across state, LGA and the DPs	₦8,580,000	₦0	₦8,720,000	**-₦140,000**	**State & FCT level**		▲	▲	
1.4.4.9	**Ensure deployment of relevant TA support to support states and be part of the process of Joint development of AOPs by the states and relevant stakeholders, including DPs.**	**₦1,300,000**	₦0	₦1,300,000	**₦0**					
1.4.4.9.a	Engagement of 2 external TAs to support 5 day AOP planning and development in the state	₦1,300,000	₦0	₦1,300,000	**₦0**	**State & FCT level**				▲
1.4.5	**Increase collaboration with internal and external stakeholders for better delivery and performance management**	**₦101,111,250**	**₦89,921,250**	**₦12,900,000**	**-₦1,710,000**					
1.4.5.1	**Conduct strategic engagement to orientate all Federal and subnational stakeholders on Sector Wide Approach (SWAp)**	**₦400,000**	₦0	₦400,000	**₦0**					

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
1.4.5.1.a	Participation in a day signing of developed COMPACT by HCH	₦400,000	₦0	₦400,000	₦0	State & FCT level		▲		
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.**	**₦86,921,250**	₦86,921,250	₦0	₦0					
1.4.5.2.a	Procurement of office funiture and equpiment for Setting up a SWAP Office for integrated planning, implementation, monitoring and evaluation of the performance of the health system and for successful harnessing of knowledge	₦86,921,250	₦86,921,250	₦0	₦0	State & FCT level	▲			
1.4.5.3	**Review health sector coordination platforms at Federal, States and LGA level with clear terms of reference that delineate roles and responsibilities in consonance with SWAp principles .**	**₦13,790,000**	₦3,000,000	₦12,500,000	**-₦1,710,000**					
1.4.5.3.a	A day quarterly review meeting of 30 stakeholders on health sector coordination platoform with emphasis on TOR and adherence to SWAp principles	₦3,240,000	₦0	₦3,300,000	**-₦60,000**	State & FCT level	▲			
1.4.5.3.b	1-day Quartely enagagement meeting and dialogues with 75 participants: DPs and Line MDAs/phc coordinators on coordination and adherence to SWAp principles	₦10,550,000	₦3,000,000	₦9,200,000	**-₦1,650,000**	State & FCT level	▲	▲	▲	▲
Pillar Two		**₦ 51,737,619,448**	**₦ 44,539,692,583**	**₦ 2,699,233,535**	**₦ 4,492,728,330**					
2.5	**Drive health promotion in a multi-sectoral way (incl. intersectionality with education, environment, WASH and Nutrition)**									
2.5.6	**Drive multi-sectoral coordination to put in place and facilitate the implementation of appropriate policies and Programs that drive health promotion behaviours (e.g., to disincentivize unhealthy behaviours)**	**₦336,908,300**	**₦17,690,800**	**₦281,714,500**	**₦37,503,000**					
2.5.6.1	**Strengthen Governance and Stewardship for Health promotion Multi-sectoral Coordination**	**₦598,000**	₦388,000	₦210,000	**₦0**					
2.5.6.1.a	one day biannual advocacy visits to health sector stakeholders,allied health MDAs (MOA,MOE,MOE, ENSACA,PHCDA,UHC,ENSHMB) and other non governmental health oganizatin/foundations (CSO) for the implimentation and domestication of National Health Promotion Policy/strategies in Enugu State.	₦178,000	₦178,000	₦0	**₦0**	State & FCT level	▲			
2.5.6.1.b	Establish an integrated 50 member Health promotion Coordination Committee communication channel and platforms in Reproductive Health, NCD, NTD, HIV,TB & TB, Epidermology, Nutrition on health promotion coveragies.	₦210,000	₦0	₦210,000	**₦0**	State & FCT level	▲			
2.5.6.1.c	One day monthly meeting of 50 memebers cordination platform on review and Implimentaion of Health promotion interventions using perfomance indicator	₦210,000	₦210,000	₦0	**₦0**	State & FCT level	▲			

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.5.6.2	**Promote Advocacy for Mullti-sectoral coordination at all Levels of health and across the sectors that are proactive health promotion**	**₦22,291,000**	₦2,825,000	₦19,706,000	**-₦240,000**					
2.5.6.2.a	Conduct two- day State Level Advocacy Visits to 3 MOH, 2 MOE, 2 ENSUBEB, 2 PPSMB, 1 ESPHDA, 1NAPPS AND 2MOLG by five officers	₦340,000	₦0	₦340,000	**₦0**	**State & FCT level**	▲			
2.5.6.2.b	Conduct 2-day LGA level Advocacy visit to 17 LGA chairmen / Traditional rulers/PGs by the 17 NTD state team , 17 LGA NTD Coordinator and 17 Social Mob	₦2,142,000	₦0	₦2,142,000	**₦0**	**Local Government level**		▲		
2.5.6.2.c	Conduct 2-day Strategic Planning Meeting of 90 relevant stakeholders on health promotion	₦5,209,000	₦0	₦5,299,000	**-₦90,000**	**State & FCT level**		▲		
2.5.6.2.d	Conduct a one day biannual Community mobilization & sensitization on commencement of 1st RB and 2nd RB MDA in Nkanueast/Uzouwani LGAs 126 HW, 10 State team and TCC	₦4,240,000	₦0	₦4,240,000	**₦0**	**Community/Ward level**		▲		▲
2.5.6.2.e	Conduct a one day training by 10 NTDs team member to 22 school authorities/teachers on community mobilization and sensitization.	₦780,000	₦0	₦780,000	**₦0**	**Community/Ward level**		▲		
2.5.6.2.f	biannual production of two jingles and daily airing for one month to improve public awareness and medicine intake	₦770,000	₦0	₦770,000	**₦0**	**State & FCT level**		▲		
2.5.6.2.g	Conduct a one day planning meeting of 50 participants on mainstreaming SCH/STH to government	₦1,580,000	₦0	₦1,580,000	**₦0**	**State & FCT level**	▲			
2.5.6.2.h	One day WORLD NTDs campaign of 120 participants in DAY 2025	₦3,470,000	₦885,000	₦2,635,000	**-₦50,000**	**State & FCT level**	▲			
2.5.6.2.i	One day World Rabies campaign of 60 participants	₦1,890,000	₦1,940,000	₦0	**-₦50,000**				▲	
2.5.6.2.j	One day World Snake campaign of 60 participants	₦1,870,000	₦0	₦1,920,000	**-₦50,000**				▲	
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.**	**₦73,314,500**	₦5,338,000	₦67,130,500	**₦846,000**					
2.5.6.3.a	Conduct two day capacity building of 29 programme officers on case search of MMDP by 2 FMOH Facilitator	₦2,872,500	₦0	₦2,872,500	**₦0**	**State & FCT level**		▲		
2.5.6.3.b	One day collection of approved medicine by the FMOH from Oshodi Lagos using big truck	₦2,322,000	₦1,322,000	₦1,000,000	**₦0**	**State & FCT level**		▲		
2.5.6.3.c	Conduct 2 days bi-annual Mass Drug Administration on RB in Nkanu East and Uzouwani LGAs using 126 HW	₦6,576,000	₦0	₦6,576,000	**₦0**	**State & FCT level**		▲		▲
2.5.6.3.d	Conduct a 2 day RB/LF Post Treatment Surveillance (PTS) by 12 officials in 15 LGAs	₦1,468,000	₦0	₦1,468,000	**₦0**	**State & FCT level**		▲		
2.5.6.3.e	conduct a one day Mass Drug Admistration by 735 teachers on SCHISTO/STH MDA across 11 LGAs	₦8,016,000	₦4,016,000	₦4,000,000	**₦0**	**Community/Ward level**		▲		
2.5.6.3.f	Conduct five day data entry by five SIHTs on treatment given	₦650,000	₦0	₦650,000	**₦0**	**State & FCT level**		▲		▲

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.5.6.3.g	Conduct two day data Review meeting by 10 state team, 14 LIHTC and two TCC on drug treatment	₦1,181,000	₦0	₦1,181,000	**₦0**	**State & FCT level**			▲	▲
2.5.6.3.h	Conduct four day biannual meeting of two NTDs offices and two TCC staff on Data Quality Assurance (DQA)	₦1,224,000	₦0	₦1,224,000	**₦0**	**State & FCT level**			▲	▲
2.5.6.3.i	Conduct 5 days Case search of people with elephantiasis and hydrocele across 5532 villages by the 5532 trained CDDs	₦36,166,000	₦0	₦36,166,000	**₦0**			▲		
2.5.6.3.j	Conduct 2 day biannual supervision by 12 officials on RB 1st and 2nd RD MDA in Nkanu East and Uzouwani LGAs	₦2,840,000	₦0	₦2,840,000	**₦0**			▲		▲
2.5.6.3.k	Conduct a 2 day non residential Step-down Training for 73 Health Facility Staff on snake bite envenoming Management by 4 Facilitators	₦4,999,500	₦0	₦4,076,500	**₦923,000**				▲	
2.5.6.3.l	Conduct a 2 day non residential Step-down Training for 60 Health Facility Staff on Rabies Management by 4 Facilitators	₦4,999,500	₦0	₦5,076,500	**-₦77,000**					▲
2.5.6.4	**Establish Partnerships with Global and Regional Alliance for Multi-sectoral Coordination**	**₦4,506,000**	₦136,000	₦4,370,000	**₦0**					
2.5.6.4.a	conduct one day advocacy to Identify and map out potential partners and stakeholders and develop resource mobilization strategy	₦10,000	₦10,000	₦0	**₦0**	**State & FCT level**	▲			
2.5.6.4.b	Conduct a 2 day advocacy meeting with 4 regional stakeholders and partners to adapt global alliance strategies to rejgional context	₦126,000	₦126,000	₦0	**₦0**	**State & FCT level**	▲			
2.5.6.4.c	To conduct a 2 day biannual meeting of 50 member on multi sectorial resoure mobilization for the global and regional alliance to develop/adapt a shared vision and strategies for health promotion interventions.	₦4,370,000	₦0	₦4,370,000	**₦0**	**State & FCT level**	▲	▲		
2.5.6.5	**Monitor Trends and Determinants of Health and evaluate progress of coordination**	**₦66,501,500**	₦0	₦61,835,500	**₦4,666,000**					
2.5.6.5.a	Conduct a day quarterly advocacy visits of 14 persons to health sector Stakeholders and alied health MDAs (MOA,MOE,MOE, ENSACA,PHCDA,UHC,ENSHMB) and other non governmental health oganization/foundations (CSO) for the implimentation and domestication of National Health Promotion Policy/strategies in Enugu State.	₦4,666,000	₦0	₦0	**₦4,666,000**	**State & FCT level**	▲			
2.5.6.5.a	Conduct a 1-Day residential capacity building of 48 M&Es by 2 facilitators in the 17 LGAs on behaviral changes in health promotion tools, Data collection and reporting .	₦4,456,000	₦0	₦4,456,000	**₦0**	**State & FCT level**			▲	
2.5.6.5.b	Conduct a day residential meeting of 53 persons to establish integreted Health promotion Coordination Committee communication channel and platforms in Nutition, Immunization, Family planning, CHIPS, SEMCHIC, BHCPF, IMCI on health promotion coverages.	₦4,540,500	₦0	₦4,540,500	**₦0**	**State & FCT level**	▲			

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.5.6.5.c	Conduct a day biannual Training of 291 Town Announcers in the 291 wards in the State in awereness Creation, enhance mobilization and demand creation in the communities.	₦20,189,000	₦0	₦20,189,000	**₦0**	**State & FCT level**	▲	▲		
2.5.6.5.d	Procurement of 1 Mega phones for each of the 291 wards to enhance mobilization and demand generation by 2 officers	₦17,529,000	₦0	₦17,529,000	**₦0**	**State & FCT level**	▲			
2.5.6.5.e	Conduct a day biannual awareness creation by 12 persons on intensive community/school engagement/sensitization on PHC delivery and demand generation in 566 facility catchmentt areas	₦10,321,000	₦0	₦10,321,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.5.6.5.f	To engage in a day monthly regular phone- in programme in 4 different radio stations on promotion of primary healthcare activities	₦4,800,000	₦0	₦4,800,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.5.6.6	**Strengthen accountability mechanism and community engagement to accelerate community participation and improve service delivery**	**₦865,500**	₦114,000	₦771,500	**-₦20,000**					
2.5.6.6.a	A one day biannual Sensitization/orientation by 2 officials to the 17 LGA Traditional Rulers,17 LGAs Chairmen, leveraging on their Meeting for Community engagement sustainability of healthy sociocultural behavior on disease preventive pratices	₦114,000	₦114,000	₦0	**₦0**	**State & FCT level**	▲		▲	
2.5.6.6.b	Conduct A-1 Day community dialogue/Town-Hall meeting of 30 community gatekeepers stakehoders on community participation/engagement and ownership for healthy lifestyles/Socialcultural behaviors and sustainability in the Communities 35 participant in each LGAs.	₦467,500	₦0	₦467,500	**₦0**	**Community/Ward level**	▲			
2.5.6.6.c	A day meeting by 6 officials to Leverage on women August Meetings for sensitization and awareness campaign to improvement and sustainability of Social behaviors in accessing quality health services delivery	₦284,000	₦0	₦304,000	**-₦20,000**	**Local Government level**		▲		
2.5.6.7	**Foster and integrate effective Multisectoral Health Promotion strategy**	**₦761,000**	₦0	₦911,000	**-₦150,000**					
2.5.6.7.a	A day meeting by 10 participants to develop, adopt and the production of health promotion manuals for trainings at all level of Health promotion Intervention	₦140,000	₦0	₦140,000	**₦0**	**State & FCT level**	▲			
2.5.6.7.b	A one day residential workshop by 30 participants (17 LGA Health Educators officers/Social Mobilization Officers (SMOs) with State HP Officers, SMO) on Annual Review meeting	₦621,000	₦0	₦771,000	**-₦150,000**	**Local Government level**	▲			
2.5.6.8	**Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes**	**₦10,258,000**	₦2,200,000	₦8,708,000	**-₦650,000**					
2.5.6.8.a	To set up functional Infordemic management System to control Health related Panic due to misinformation,	₦3,600,000	₦1,000,000	₦2,600,000	**₦0**	**State & FCT level**	▲			

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
	disinformation and malinformation to foster economic growth and development.									
2.5.6.8.b	A one day quarterly training /Sensitisation of 40 Community Mobilizers, WFPs, OICs, HWs, on demand generation and to increase uptake of health service provider and disseminate information on disease preventive practices	₦3,160,000	₦0	₦3,160,000	**₦0**	**Local Government Level**	▲	▲	▲	▲
2.5.6.8.c	A day meeting of 4 officials to Deploy 120 trained Community Mobilizers, HWs to the affected Community to dissemiate information on the disease preventive practices,health care Services in the Community	₦1,888,000	₦1,200,000	₦1,288,000	**-₦600,000**	**Local Government Level**	▲			
2.5.6.8.d	A day motorized Campaign of 40 participants for awareness creation on sustainability of healthy lifestly/disease outbreake PREVETION and assessing timely Health care service	₦1,610,000	₦0	₦1,660,000	**-₦50,000**	**Local Government Level**	▲			
2.5.6.9	**Strengthen SBC (RCCE)multisectoral coordination mechanism to facilitate the implementation of routine and Emergency interventions.**	**₦15,640,000**	₦1,920,000	₦13,720,000	**₦0**					
2.5.6.9.a	Develop a day quarterly SBC/IEC Marterial to build capacity of Health Workres Service delivery	₦13,720,000	₦0	₦13,720,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.5.6.9.b	Quarterly Production and airing of jingles in three languages for 3 times a week (English,Pigen & Igbo languages) for a month for health promotion Activities	₦720,000	₦720,000	₦0	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.5.6.9.c	To conduct quarterly Phone in programme (Media Engagement) in 3 radio Stations in the State to create more awareness for health service uptake	₦1,200,000	₦1,200,000	₦0	**₦0**	**Community/Ward level**	▲	▲	▲	▲
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**	**₦136,241,000**	₦4,015,000	₦99,175,000	**₦33,051,000**					
2.5.6.10.a	Conduct 1 day sensitization meeting and awareness creation for 100 programme officers in MDAs under SMOH on promotion of ESUHCS in the State	₦445,000	₦445,000	₦0	**₦0**	**State & FCT level**				
2.5.6.10.a	Conduct a day bI-weekly sensitization/awareness creation on family planning services in communities in the 17 LGA by 70 Community Oriented Resources persons (CORPS)	₦26,040,000	₦0	₦26,040,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.5.6.10.a	Conduct two day Capacity buiding for 29 HW on case search of MMDP by FMOH Facilitator	₦1,615,500	₦350,000	₦1,265,500	**₦0**	**State & FCT level**		▲		
2.5.6.10.b	Conduct 2 day quarterly sensitization/awareness creation on Family planning by trained 308 CPs and PPMVs through IntegratE project IPCA in 5 LGAs.	₦38,192,000	₦0	₦4,774,000	**₦33,418,000**	**State & FCT level**	▲	▲	▲	▲
2.5.6.10.b	Conduct 2 day LGA level training of 56 LIHT and HFS on case search of MMDP in LF 14 LGAs	₦15,632,500	₦640,000	₦14,992,500	**₦0**	**Local Government level**		▲		

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Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.5.6.10.c	Conduct a day monthly house to house moblization by 2 persons on family planning to improve uptake	₦1,212,000	₦0	₦962,000	**₦250,000**	**State & FCT level**	▲	▲	▲	▲
2.5.6.10.c	Conduct a day community level training of 775 CDDs on case search of MMDP in 14 LGAs	₦16,268,000	₦1,080,000	₦15,188,000	**₦0**	**Community/Ward level**		▲		
2.5.6.10.d	Conduct 2 day quarterly outreach by 3 HCWs on family planning services at PPFN facility	₦280,000	₦0	₦280,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.5.6.10.d	Conduct 5 days Case search of people with elephantiasis and hydrocele across 5532 villages by the 5532 trained CDDs	₦27,660,000	₦1,500,000	₦26,160,000	**₦0**	**Community/Ward level**		▲		
2.5.6.10.e	Conduct a day quarterly dialogue meetings with 35 men for male involvement on FP by 3 HCWs	₦4,092,000	₦0	₦3,689,000	**₦403,000**	**State & FCT level**	▲	▲	▲	▲
2.5.6.10.e	Conduct a 2-day meeting of 10 participants on Data collation, report and submission on case search	₦856,000	₦0	₦856,000	**₦0**	**Community/Ward level**		▲		
2.5.6.10.f	A day monthly meeting of 17 participants to Intensify interpersonal communication (IPC) for the uptake of family planing, ANC and other RMNCAH services among 308 providers Community pharmacist and private partient medicine vendores by intigrate -E(CPs 55 & PPMVs 253)	₦3,108,000	₦0	₦4,128,000	**-₦1,020,000**	**Community/Ward level**	▲	▲	▲	▲
2.5.6.10.g	Conduct a day Monthly review meetings of 10 participants for CPs and PPMV	₦840,000	₦0	₦840,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.5.6.11	**Accelerate the Integration of awareness programs/health campaigns to improve health outcomes including primary health interventions**	**₦564,800**	₦564,800	₦0	**₦0**					
2.5.6.11.a	A day monthly meeting to liaise with Ministry of Environment during State Monthly Sanitation Exercise	₦564,800	₦564,800	₦0	**₦0**	**Local Government level**	▲	▲	▲	▲
2.5.6.12	**Leverage formal education system to improve healthy behaviors**	**₦5,367,000**	₦190,000	₦5,177,000	**₦0**					
2.5.6.12.a	A day advocacy Visit to Hon Commissioner MOE to leverage NAPPs and integrate Health promotion into the school curriculum and Establishing HEALTH PROMOTION CLUB in All the Primary/Secondary SCHOOLS in the State	₦36,000	₦36,000	₦0	**₦0**	**State & FCT level**	▲			
2.5.6.12.b	A day event by 4 consultants to commission Health promotion Club in all Secondary /Primary Schools in Enugu State, Using Okpara Square,	₦5,090,000	₦0	₦5,090,000	**₦0**	**State & FCT level**	▲			
2.5.6.12.c	One day awareness creation, sensitization of 34 Government and 34 private secondary schools acrose the senatorial zones on disease preventive practies and sexual health /social behaviors, healthy lifestlye sustainability.	₦154,000	₦154,000	₦0	**₦0**	**Local Government level**		▲		

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.5.6.12.d	A day Bi-annual suppervisory visit of 12 participants to secondary schools for sustainability of healthy behaviours	₦87,000	₦0	₦87,000	₦0	Local Government level			▲	
2.6	**Strengthen prevention through primary health care and community health care**									
2.6.8	**Accelerate immunization programs for priority antigens (e.g., DPT3, Polio, Measles, Yellow Fever) with a focus on decreasing zero dose children**	**₦1,066,423,000**	**₦349,000,000**	**₦142,016,000**	**₦575,407,000**					
2.6.8.1	**Implementation of Zero-Dose Reduction Operational Plan (Z-DROP) in prioritised LGAs.**	**₦15,645,000**	₦0	₦8,000,000	**₦7,645,000**					
2.6.8.1.a	To conduct a 1 day planning meeting on microplanning of the zero settlements and Big-Catch up by 6 team each from 17 LGAs, 9 State team members, 1 accountant and 5 partners	₦1,120,000	₦0	₦0	**₦1,120,000**	State & FCT level	▲			
2.6.8.1.b	To conduct a 2 day residential microplanning of the zero settlements mapping using surveillance data from 17 LGAs by 6 LGA team members, 9 State team members, 1 accountant, 5 partners	₦14,525,000	₦0	₦8,000,000	**₦6,525,000**	State & FCT level	▲			
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**	**₦70,631,000**	₦0	₦0	**₦70,631,000**					
2.6.8.2.a	To condcut a 5 day house to house enumeration of immunization status of under fives in the 17 LGAs using 6 enumerators per LGA with supervision from the 9 state team, 1 accountant	₦17,773,000	₦0	₦0	**₦17,773,000**	State & FCT level	▲			
2.6.8.2.b	To conduct 5 day RI intensification in the identified ZD settlements in 17 LGAs with 170 man teams in supervision of 17 state team members, 2 accountant, 17 independent monitors	₦45,985,000	₦0	₦0	**₦45,985,000**	Community/Ward level	▲		▲	
2.6.8.2.c	Conduct one day biannual review meeting on the conducted RI Intensification in the 17 LGAs with the 6 LGA team members across the selected LGAs, 9 state team members and 5 partners, 1 accountant	₦6,873,000	₦0	₦0	**₦6,873,000**	State & FCT level		▲		▲
2.6.8.3	**Conduct of Big-Catch Up Campaign in prioritised LGAs**	**₦58,802,000**	₦0	₦0	**₦58,802,000**					
2.6.8.3.a	Conduct a 3 day Desk review of 2 years RI registers for RI defaulters/drop outs in 736 RI offering health facilities by 2 HCWs with supervision from 4 LGA team members(PHCCs, LIOs, LCCOs, M&E), 9 State teams	₦20,838,000	₦0	₦0	**₦20,838,000**	Community/Ward level	▲			
2.6.8.3.b	Conduct a 2 day microplanning for outreach/linkage to HFs of drop-out children by the 17 LIOs and 17 LGA M&Es with validation from the 9 state team members and 5 partners	₦37,964,000	₦0	₦0	**₦37,964,000**	Community/Ward level		▲		
2.6.8.5	**Expand access to immunization Services.**	**₦188,589,000**	₦0	₦86,311,000	**₦102,278,000**					

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.6.8.5.a	Conduct a one day orientation of 4 LGA team members (LIOs, LCCOs, M&Es and LHEs) of the 17 LGAs on the REW microplan by the 9 state team members, 5 partners	₦2,503,000	₦0	₦2,503,000	**₦0**	**State & FCT level**	▲			
2.6.8.5.b	Print and distribute 850 copies of REW (800 of HF copies, 50 copies of LGA summary) microplan to the LGAs	₦4,100,000	₦0	₦4,100,000	**₦0**	**State & FCT level**	▲			
2.6.8.5.c	Print and distribute copies of the current National Immunization Schedules to the LGAs	₦3,450,000	₦0	₦3,450,000	**₦0**	**State & FCT level**	▲			
2.6.8.5.d	Conduct a day Quarterly meeting of the 45 taskforce on immunization and other PHC services	₦5,000,000	₦0	₦5,000,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.8.5.e	Conduct a 5 day RI intensification in 10 selected LGAs (100 teams of 4 persons), 1 day road show, one day stakeholders engagement meeting to commemorate African Vaccination week	₦31,800,000	₦0	₦23,161,000	**₦8,639,000**	**Community/Ward level**		▲		
2.6.8.5.f	Conduct 1 day Road show of 50 participants in commemoration of 2025 African vaccination week	₦560,000	₦0	₦560,000	**₦0**	**State & FCT level**		▲		
2.6.8.5.g	Conduct one day monthly RI technical meeting of the 17 LIOs, 17 LGA M&Es , 9 state team members, 5 partners, 3 zonal officers	₦13,278,000	₦0	₦8,278,000	**₦5,000,000**	**State & FCT level**	▲	▲	▲	▲
2.6.8.5.h	Conduct one day quarterly meeting of 40 RI TWG	₦1,600,000	₦0	₦1,600,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.8.5.i	Conduct 3 day quarterly special HPV vaccination in 5 schools from 6 poor performing LGAs each using 3 man team per settlement with supervision from 6 LIOs, 6 state officers	₦46,298,000	₦0	₦37,659,000	**₦8,639,000**			▲	▲	▲
2.6.8.5.j	Request for state counterpart fund during the 3 rounds of OBR and one round of NPSIA	₦80,000,000	₦0	₦0	**₦80,000,000**		▲	▲	▲	▲
2.6.8.7	**Strenthening Communities to demand immunization services and reduce vaccine hesitancy.**	**₦56,544,000**	₦20,000,000	₦25,925,000	**₦10,619,000**					
2.6.8.7.a	Conduct 3 day monthly sensitization of teachers and parents (70 persons) during PTA on vaccine acceptability and other health intervention	₦22,896,000	₦0	₦22,896,000	**₦0**	**Local Government level**	▲	▲	▲	▲
2.6.8.7.b	Conduct 1 day biannual sensitization of key stakeholders by 9 state team members, 3 zonal officers, 5 partners	₦1,489,000	₦0	₦1,489,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.8.7.c	Production of two radio jingles on Importance of routine immunizaion and vaccine acceptability (including HPV vaccine)	₦60,000	₦0	₦60,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.8.7.d	To conduct a 3 day per week, monthly airing of immunization jingles in 4 media houses	₦1,080,000	₦0	₦1,080,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.8.7.e	Production of 2000 pieces of immunization apron	₦10,000,000	₦0	₦0	**₦10,000,000**	**State & FCT level**	▲			
2.6.8.7.f	Conduct 1 day Road show in commemoration of 2025 African vaccination week	₦250,000	₦0	₦0	**₦250,000**	**State & FCT level**		▲		

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.6.8.7.g	Conduct 1 day engagement with 18 stakeholders from the 10 communities in commemoration of 2025 African Vaccination week	₦369,000	₦0	₦0	**₦369,000**	**State & FCT level**		▲		
2.6.8.7.h	Conduct a day quarterly 30 minutes in radio discussion programme on HPV by the SIO	₦400,000	₦0	₦400,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.8.7.j	Conduct National Immunization Plus days (NIPDS) program	₦20,000,000	₦20,000,000	₦0	**₦0**				▲	
2.6.8.8	**Strengthening immunization data system for effective decision making and assessment of vaccine safety and impact.**	**₦176,952,000**	₦0	₦0	**₦176,952,000**					
2.6.8.8.a	Conduct one day monthly RI technical meeting of RI focal persons from the 736 RI offering HFs with 6 LGA team members of the 17 LGAs, 17 officers and partners	₦149,952,000	₦0	₦0	**₦149,952,000**	**Local Government level**	▲	▲	▲	▲
2.6.8.8.b	Procurement of 18 laptops for the SIO and 17 LIOs for data management	₦27,000,000	₦0	₦0	**₦27,000,000**	**State & FCT level**		▲		
2.6.8.9	**Enhance the deployment of effective immmunization vaccine management system to reduce stock out of vaccines such as DPT3, Polio, Measles, Yellow Fever, etc.**	**₦499,260,000**	₦329,000,000	₦21,780,000	**₦148,480,000**					
2.6.8.9.a	Conduct one day quarterly meeting of 35 SLWG	₦560,000	₦0	₦0	**₦560,000**	**State & FCT level**	▲	▲	▲	▲
2.6.8.9.b	Conduct one day monthly meeting of the 17 LCCOs and 17 ALCCOs with 9 state team members, 5 partners, 3 zonal officers	₦21,780,000	₦0	₦21,780,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.8.9.c	Condcut 3 day Qarterly Cold Chain inventorey Assessment using 34 assessors, and 5 partners	₦32,920,000	₦0	₦0	**₦32,920,000**	**State & FCT level**	▲	▲	▲	▲
2.6.8.9.d	Conduct a day Monthly distribution of vaccine to 17 LGAs under PUSH system	₦16,320,000	₦0	₦0	**₦16,320,000**	**Local Government level**	▲	▲	▲	▲
2.6.8.9.e	conduct a day quarterly waste management of used/unusable vaccine vials through a crush, boil & bury or incineration of immunization sharps from the 291 wards to the 17 LGAs to the state.	₦25,080,000	₦0	₦0	**₦25,080,000**	**State & FCT level**	▲	▲	▲	▲
2.6.8.9.f	Procurement/Installation of one incinerator for the 3 senatorial district at state level and quarterly operational cost of maintenance.	₦154,000,000	₦150,000,000	₦0	**₦4,000,000**	**State & FCT level**		▲		
2.6.8.9.g	Procurement of one vaccine Distribution Van & monthly cost operational maintenance	₦169,600,000	₦100,000,000	₦0	**₦69,600,000**	**State & FCT level**	▲	▲	▲	▲
2.6.8.9.h	Conduct minor infrastructural maintenance of cold chain building and surroundings	₦10,000,000	₦10,000,000	₦0	**₦0**	**State & FCT level**	▲			
2.6.8.9.k	Purchase of 10 WHO prequalified cold chain freezers for AFP specimen and other cold chain equipment	₦60,000,000	₦60,000,000	₦0	**₦0**	**State & FCT level**	▲			
2.6.8.9.l	Construction of iron shelves for packing of vaccine devices and other dry stock commodities	₦9,000,000	₦9,000,000	₦0	**₦0**	**State & FCT level**	▲			

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.6.9	**Slow down the growth rate of NCD Prevalence**	**₦61,021,000**	**₦5,710,650**	**₦57,435,350**	**-₦2,125,000**					
2.6.9.1	**An NCD prevention task force with a focus on high priority illnesses (Strengthen governance, coordination, collaboration and leadership)**	**₦3,760,000**	₦1,833,750	₦1,951,250	**-₦25,000**					
2.6.9.1.a	One day inauguration meeting of 5 NCD Coordination Officers at the State and a Desk Officer in the 17 LGAs for Coordination of NCD Program in the State.	₦850,000	₦862,500	₦0	**-₦12,500**	**State & FCT level**	▲			
2.6.9.1.b	One-day Training of 20 NCD Stakeholders and five NCD sub-committee on the management of Mental Health at LGA Level.	₦967,500	₦0	₦980,000	**-₦12,500**	**Local Government level**		▲		
2.6.9.1.c	Conduct one day awareness campaign of 50 participants on World Mental Health Day and the dangers of chronic stress on the Mental health.	₦1,942,500	₦971,250	₦971,250	**₦0**	**Community/Ward level**				▲
2.6.9.2	**Implement the MPOWER strategy to reduce tobacco use and adapt the Protocol to Eliminate Illicit Trade to reduce supply.**	**₦4,912,500**	₦0	₦4,922,500	**-₦10,000**					
2.6.9.2.a	Conduct one day non residential training of 20 Data collectors for Tobacco Survey	₦650,000	₦0	₦660,000	**-₦10,000**	**State & FCT level**	▲			▲
2.6.9.2.b	Conduct one day quarterly Review Meetings of 20 Tobacco Stakeholders.	₦2,520,000	₦0	₦2,520,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.9.2.c	Conduct one day awareness campaign of 40 participants on the World No-Tobacco day on the dangers of Tobacco.	₦1,742,500	₦0	₦1,742,500	**₦0**	**State & FCT level**		▲		
2.6.9.3	**Develop and Implement a comprehensive national alcohol control policy and regulation/law**	**₦420,100**	₦0	₦420,100	**₦0**					
2.6.9.3.a	Conduct one day awareness campaign on the dangers of Alcohol in the State and involve the Law enforcement agencies (Police and Road Safety)	₦420,100	₦0	₦420,100	**₦0**	**State & FCT level**	▲			
2.6.9.4	**Strengthening and supporting regulatory authorities to promote healthy diets, by policy formulations, and awareness creation at the community and schools**	**₦382,500**	₦90,000	₦292,500	**₦0**					
2.6.9.4.a	Conduct awareness campaign on Foods containg fats and Oil regulations and importance of healthy diets.	₦292,500	₦0	₦292,500	**₦0**	**State & FCT level**	▲			
2.6.9.4.b	Conduct one day Advocacy visit to State School board to facilitate the inclusion of nutritional education in Primary & Secondary School Curriculum (4 NCD Officers)	₦43,000	₦43,000	₦0	**₦0**	**Local Government level**	▲	▲		▲
2.6.9.4.c	Conduct one day Advocacy visits by 4 persons to 3 community leaders and 20 schools in Enugu Urban (4 NCD Officers)	₦47,000	₦47,000	₦0	**₦0**	**Workplaces (formal/informal)**		▲		
2.6.9.5	**Adapt and implement the Global Action Plan on Physical Activity.**	**₦5,984,900**	₦1,244,900	₦4,800,000	**-₦60,000**					

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.6.9.5.a	One day Advocacy Visit by 2 NCD officers to the Commissioner of Health and the Commissioner for Youths & Sports for inclusion of physical exercise in State work schedule	₦22,400	₦22,400	₦0	**₦0**	**Federal level**	▲			
2.6.9.5.b	Conduct awareness campaign among the Staff of Enugu State on the importance of exercise on Mental health.	₦372,500	₦422,500	₦0	**-₦50,000**	**State & FCT level**	▲			
2.6.9.5.c	One day Inauguration of 20 man Health Team in the State for coordination of Monthly exercise	₦790,000	₦800,000	₦0	**-₦10,000**	**State & FCT level**		▲		
2.6.9.5.d	Conduct one day Monthly Walk out of 100 Staff of Enugu State civil service at Okpara Square	₦4,800,000	₦0	₦4,800,000	**₦0**	**Workplaces (formal/informal)**	▲	▲	▲	▲
2.6.9.6	**Advocate and collaborate with the Nigerian Road Safety Authority and other sectors to Implement the Nigeria Road Safety Strategy.**	**₦722,000**	₦42,000	₦680,000	**₦0**					
2.6.9.6.a	One day Advocacy Visit by 4 NCD officers to the Controller of Road Safety in the State	₦42,000	₦42,000	₦0	**₦0**	**State & FCT level**		▲		
2.6.9.6.b	Conduct one day Sensitization Meeting of 15 Road Safety Officers on road safety measures	₦680,000	₦0	₦680,000	**₦0**	**State & FCT level**		▲		
2.6.9.7	**Raise public awareness on pre-marital/pre-conception screening for sickle cell disease including genetic counseling**	**₦2,709,500**	₦0	₦2,759,500	**-₦50,000**					
2.6.9.7.a	Conduct one day Sreening exercise by 30 staffs for Sickle Cell disease on World Sickle Cell Anaemia day at SMOH	₦1,285,500	₦0	₦1,285,500	**₦0**	**Local Government level**		▲		
2.6.9.7.b	Conduct one day awareness campaign on the Causes, Symptoms, prevention, Treatments and implications of Sickle Cell Anaemia.	₦245,000	₦0	₦295,000	**-₦50,000**	**Local Government level**		▲		
2.6.9.7.c	Conduct one day Training of 34 Frontline health workers to improve in the management of Sickle Cell disease.	₦1,179,000	₦0	₦1,179,000	**₦0**	**Local Government level**			▲	
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.**	**₦42,129,500**	₦2,500,000	₦41,609,500	**-₦1,980,000**					
2.6.9.8.a	Conduct 9 day awareness campaign of 50 participants on the prevention and treatment of Common NCDs on their World Health Days eg: Hypertension, Diabetes, Heart, Asthma, Lung, Epilepsy, Cervical cancer, Sight and Stroke.	₦19,117,500	₦1,500,000	₦18,067,500	**-₦450,000**	**State & FCT level**	▲	▲	▲	▲
2.6.9.8.b	conduct a day Awareness campaign by Roche Products Limited and Enugu SMOH on Breast Cancer Control Navigation.	₦1,430,000	₦0	₦1,430,000	**₦0**	**State & FCT level**				▲
2.6.9.8.c	Conduct 4 day Advocacy Visit by Roche Products Limited and Enugu SMOH to Traditinal & Religious Leaders, Women Organization, Markets and Schools.	₦2,832,000	₦0	₦2,832,000	**₦0**	**State & FCT level**			▲	

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.6.9.8.d	One day residential Training of 20 CHEWS and 20 Nurses on Breast Cancer Screening in the State by 5 facilitators.	₦5,165,000	₦0	₦6,312,500	**-₦1,147,500**	**State & FCT level**		▲		
2.6.9.8.e	One day residential Training of 10 Radiographers on Breast Ultra Sound\Mammography by 5 facilitators	₦1,955,000	₦0	₦2,337,500	**-₦382,500**	**State & FCT level**			▲	
2.6.9.8.f	Set up Breast Clinic Facilities Assessment	₦7,850,000	₦0	₦7,850,000	**₦0**	**State & FCT level**	▲			
2.6.9.8.g	One day Inaugauration of 10 Man Enugu State Cancer Control Planning Committee & Flag Off of Breast Cancer Clinic.	₦3,780,000	₦1,000,000	₦2,780,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10	**Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)**	**₦2,432,663,600**	**₦97,302,800**	**₦1,038,900,744**	**₦1,296,460,056**					
2.6.10.1	**Strengthen Communicable disease prevention task forces focused on HIV, TB, Malaria and NTDs at the national and sub-national level**	**₦56,632,000**	₦96,000	₦56,466,000	**₦70,000**					
2.6.10.1.a	Attend the quarterly DPH colaborative coordination meeting of HIV, TB, NTD, malaria and other diseases by 3 persons	₦120,000	₦0	₦0	**₦120,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.1.a	To conduct a day quarterly co ordination meeting of 25 Task force team members on HIV service implementation using National guidelines	₦3,670,000	₦0	₦3,720,000	**-₦50,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.1.b	To Conduct 5 days quarterly supportive supervision of 25 Task force team members to 23 comprehensive sites and PMTCT spoke sites to over see HIV srvice inplementation using National guidelines	₦32,250,000	₦0	₦32,250,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10.1.c	Attend one day Quaterly co-ordination meeting of the Task Force Committee for Malaria control	₦96,000	₦96,000	₦0	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10.1.d	Conduct 2 day Community mobilization/ sensitization of 25 teachers on Schistosomiasis(SCHIST) and Soil Transmitted Helminthiasis (STH) mass drug administration in eleven endermic LGAs of Enugu state/ Impact Assessment of both SCHIST/STH	₦3,085,000	₦0	₦3,085,000	**₦0**	**State & FCT level**		▲	▲	▲
2.6.10.1.e	To Conduct a 1 day quarterly supportive supervision of 25 Task force team members to 23 comprehensive sites and PMTCT spoke sites to over see HIV srvice inplementation using National guidelines	₦7,450,000	₦0	₦7,450,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10.1.f	Conduct a day monthly coordination meeting of 18 program managers	₦4,866,000	₦0	₦4,866,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10.1.g	Conduct a day Quarterly DPH coordination meeting with 15 program managers of HIV, TB, Malaria (ATM) and NTD and also with partners supporting those programs	₦2,460,000	₦0	₦2,460,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10.1.h	3-day residential Training of 10 program managers on proposal writing and use of data for decision	₦2,635,000	₦0	₦2,635,000	**₦0**	**State & FCT level**	▲			

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.6.10.2	**Scale up integrated HIV prevention services**	**₦89,900,800**	₦48,633,800	₦26,803,000	**₦14,464,000**					
2.6.10.2.a	Conduct a 5 day Non Residential workshop for the review of both Igbo and English version of Key Population targeted HIV Information, Education, Communication materials by 25 persons	₦4,760,000	₦0	₦4,760,000	**₦0**	**State & FCT level**		▲		
2.6.10.2.a	Procurement of HIV consumables to facilitate HIV testing serevices at the Health facilities	₦2,880,000	₦0	₦2,880,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10.2.b	Print 30,000 coloured copies of both Igbo and English version of KP targeted HIV Information, Education, Communication materials	₦3,000,000	₦0	₦3,000,000	**₦0**	**State & FCT level**	▲			
2.6.10.2.b	Conduct a 17 day key population targeted sensitization awareness creation and HTS acrss the 17 LGAs by 34 persons	₦16,078,000	₦0	₦1,614,000	**₦14,464,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.2.c	Conduct a 1 day dissemination meeting of 30,000 copies of both Igbo and English version of KP targeted HIV Information, Education, Communication materials by 20 persons (3 per LGA)	₦280,000	₦0	₦280,000	**₦0**	**State & FCT level**		▲		
2.6.10.2.d	Procure HIV consumables to facilitate HIV testing services	₦2,880,000	₦0	₦2,880,000	**₦0**	**State & FCT level**	▲			
2.6.10.2.e	Equip the existing One Stop Shop (OSS) as a domicile for HIV Key Population safe zone facilities	₦24,742,800	₦24,742,800	₦0	**₦0**	**State & FCT level**			▲	
2.6.10.2.f	Grant for sustaining HIV intervention in Enugu State	₦10,000,000	₦10,000,000	₦0	**₦0**	**State & FCT level**	▲			
2.6.10.2.g	Conduct a 1 day HIV special events targeting 500 persons eg: World AIDS day commemoration	₦2,499,500	₦2,499,500	₦0	**₦0**	**State & FCT level**		▲		
2.6.10.2.h	Conduct a 17 day Key Population targeted sensitization, awareness creation and HTS across the 17 LGAs by 34 persons	₦1,614,000	₦0	₦1,614,000	**₦0**	**Local Government level**			▲	
2.6.10.2.i	Conduct a 2 day non residential training on needle and syringe programme for 50 KP community members	₦3,445,000	₦0	₦3,445,000	**₦0**				▲	▲
2.6.10.2.j	Conduct a 2 day non residential training on undectatable = untransmittable retension to care programming and skill acquisition for 100 Key Population community members	₦6,330,000	₦0	₦6,330,000	**₦0**		▲			
2.6.10.2.k	Conduct a 5 day NR DQA and supportive supervision visit of selected NHS Networks, IPs, CSOs and CBOs implementing in the state by 10 man team	₦501,500	₦501,500	₦0	**₦0**					▲
2.6.10.2.l	Conduct Meetings, publicity/advertisement, medical consultancy and anti-discrimination workshops	₦10,890,000	₦10,890,000	₦0	**₦0**		▲	▲	▲	▲
2.6.10.3	**Increase uptake and access to HIV services (testing , treatment, care, viral suppression , including procurement of HIV rapid test kits)**	**₦151,495,500**	₦30,000,000	₦126,743,000	**-₦5,247,500**					
2.6.10.3.a	To procure 2000 packs of HIV rapid test kits and 500 packs of HBV & HCV test kits for both HTS and Viral Hepatitis Services	₦87,500,000	₦30,000,000	₦57,500,000	**₦0**	**State & FCT level**	▲			

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.6.10.3.b	A 5 day residential refresher training of 23 ART managers in 23 comprehensive sites for both Doctors and Nurses on current treatment guidelines and managerial skills	₦21,170,500	₦0	₦22,920,500	**-₦1,750,000**	**State & FCT level**		▲		
2.6.10.3.c	To conduct a day quarterly coordination meeting of 30 technical working group members for proper coordination of ART Services	₦3,140,000	₦0	₦3,200,000	**-₦60,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.3.d	A 5 day residential training of 50 HTS focal persons on HTS services across the comprehensive and PMTCT sites	₦39,685,000	₦0	₦43,122,500	**-₦3,437,500**	**State & FCT level**		▲		
2.6.10.4	**Reach, treat and sustain Vertical HIV transmission and Paediatrics interventions**	**₦30,946,500**	₦0	₦32,019,000	**-₦1,072,500**					
2.6.10.4.a	To conduct a 3 day non residential zonal training of 50 HCW/ viral load champions on EID/ Viral load services selected from different spoke sites	₦3,159,000	₦0	₦3,240,000	**-₦81,000**	**State & FCT level**		▲		
2.6.10.4.b	To conduct one day monthly PMTCT review meeting by 20 critical stakeholders on PMTCT services	₦7,800,000	₦0	₦7,920,000	**-₦120,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.4.c	To conduct a 3 day quarterly monitoring and supervisory visits by 12 state team members to both Hub and spoke sites offering PMTCT services.	₦9,288,000	₦0	₦9,288,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10.4.d	To conduct a 3 day residential training of 17 selected PPMV or community pharmacist one per LGA on differentiated service delivery models and practices	₦10,699,500	₦0	₦11,571,000	**-₦871,500**	**State & FCT level**		▲		
2.6.10.5	**Improve access and utilisation of integrated vector control interventions (ITNs, Targeted IRS, targeted LSM, vector surveillance and insecticide resistance monitoring)**	**₦520,501,500**	₦15,500,000	₦506,650,500	**-₦1,649,000**					
2.6.10.5.a	procurement of 120,000 ITN for routine distribution by 17 officers to respective LGAs	₦484,624,000	₦15,000,000	₦469,624,000	**₦0**	**State & FCT level**		▲		
2.6.10.5.b	Conduct a 3 day ResidentialTraining for 10 state and 17 LGA officers on Vector surveillance and control Interventions with two Facilitators	₦8,575,500	₦0	₦9,644,500	**-₦1,069,000**	**State & FCT level**		▲		
2.6.10.5.c	Conduct a day Quarterly Review of vector control activities in the state with 10 state and 17 IVM Officers	₦3,858,000	₦0	₦4,198,000	**-₦340,000**	**State & FCT level**		▲		▲
2.6.10.5.d	A day Distribution of procured ITNs for mass distribution campaign in 17 LGAs	₦4,624,000	₦0	₦4,624,000	**₦0**	**State & FCT level**		▲		
2.6.10.5.e	Conduct a 4-day non-residntial microplanning meeting by 40 stakeholders for state and LGA level ITN campaign	₦6,580,000	₦500,000	₦6,160,000	**-₦80,000**	**State & FCT level**		▲		
2.6.10.5.f	Conduct 4-day non residntial state-level TOT for 80 persons on ITN mass campaign (State coordinators, 17 monitors and 17 supervisors, etc)	₦12,240,000	₦0	₦12,400,000	**-₦160,000**	**State & FCT level**		▲		
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.**	**₦98,030,000**	₦0	₦98,723,000	**-₦693,000**					

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.6.10.6.a	Conduct 2 days refresher Training of 80 officers (3 states, 34 LGA M&E and MFP) on NMDR/data validation process by 1 Failitator	₦4,029,000	₦0	₦4,447,000	**-₦418,000**	**State & FCT level**	▲			
2.6.10.6.b	Conduct 1 day Monthly LGA level data validation meeting for 30 HFs/17 LGAs	₦5,616,000	₦0	₦5,616,000	**₦0**	**Local Government level**	▲	▲	▲	▲
2.6.10.6.c	Conduct one day Quarterly joint M&E coordination and data review meeting by 50 officers in 6 State and 17 LGA M&E, 17 MFPs and Provide quarterly stipends for 3 State & 17 LGA M&E Officers /qtr for data subscription.	₦9,020,000	₦0	₦9,120,000	**-₦100,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.6.d	Conduct 4 days Quarterly DQA with HMIS and LMIS data triangulation to 16 HFs in 17 LGAs by 9 state officers and 1 M&E in each LGA..	₦3,888,000	₦0	₦3,888,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10.6.e	Printing of Quarterly 200 Buletins for state and 200 SOPs per LGA	₦16,320,000	₦0	₦16,320,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10.6.f	Conduct 4 day Quartely Integrated mentoring and supervisory visit to 16 HFs by 10 state staffs, 1 LGA M&E, and 1 MFP in each LGA	₦4,656,000	₦0	₦4,656,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10.6.g	Conduct 2 days monthly LGA level DQA by 51 officers (1 State and 2 LGA persons per LGA) to 15% HFs in each LGA	₦29,448,000	₦0	₦29,448,000	**₦0**	**Local Government level**	▲	▲	▲	▲
2.6.10.6.h	Bi-monthly Collation, validation and entry of BFSR commodity data into NHLMIS and triangulation meeting with SMEP, 17 LGA RBM and 8 LMCU team.	₦6,705,000	₦0	₦6,705,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10.6.i	Inauguration and Quarterly Meetings of M&E Core -Group/ Sub-committee TWG of 30 Participants	₦5,540,000	₦0	₦5,600,000	**-₦60,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.6.j	Conduct a 5-day 2026 MOP developement including Domestic Resource Mobilization Plan. with 30 participants and 2 Facilitators	₦7,455,000	₦0	₦7,530,000	**-₦75,000**	**State & FCT level**			▲	
2.6.10.6.k	One-day Blannual meeting for MOP Performance review of 2025 MOP by 20 participants	₦1,192,000	₦0	₦1,202,000	**-₦10,000**	**State & FCT level**		▲		▲
2.6.10.6.l	Conduct a day Biweekly Internal coordination meeting of 12 SMEP on Mapping of private sector Organizations in Malaria.	₦1,152,000	₦0	₦1,152,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10.6.m	Two days to establish Domestic Resource Mobilization Committee of 30 participants to develope DRM Plan including the mapped Private Organizations	₦3,009,000	₦0	₦3,039,000	**-₦30,000**	**State & FCT level**		▲		
2.6.10.7	**Increase access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination theraphy (ACTs) and malaria vaccine**	**₦114,655,000**	₦1,073,000	₦115,812,000	**-₦2,230,000**					
2.6.10.7.a	Conduct a day Bimonthly distribution of LMD of medicines, test kits by 17 officers to 540 HFs in the 17 LGAs	₦27,744,000	₦0	₦27,744,000	**₦0**	**State & FCT level**	▲	▲	▲	▲

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.6.10.7.b	Conduct 2 days non residntial training of 108 secondary and 10 tertary health workers on severe malaria by 2 facilitators	₦9,604,000	₦0	₦9,724,000	**-₦120,000**	**State & FCT level**	▲			
2.6.10.7.c	Conduct Two days non residntial training of 50 PHC health officers per 17 LGAs on malaria diagnosis and Case Mgt and identification of signs and prerefferal treatment of severe malaria by 2 Facilitators	₦2,959,000	₦0	₦2,959,000	**₦0**	**State & FCT level**	▲			
2.6.10.7.d	Conduct 2 days Orientation and engagement workshop of 260 CHIPS and CORPS on malaria case management in 4 clusters	₦11,570,000	₦0	₦11,570,000	**₦0**	**State & FCT level**		▲		
2.6.10.7.e	Procurement of 1500 packs of malaria RDTs	₦28,500,000	₦0	₦28,500,000	**₦0**	**State & FCT level**		▲		
2.6.10.7.f	Conduct a 10-day residential training for 18 Medical Laboratory Scientists on WHO Certified Malaria Microscopy by 2 facilitators	₦20,470,000	₦0	₦22,580,000	**-₦2,110,000**	**State & FCT level**	▲			
2.6.10.7.g	conduct a day awareness campaign with 200 participants on commemoration of World Malaria Day	₦5,450,000	₦1,000,000	₦4,450,000	**₦0**	**State & FCT level**		▲		
2.6.10.7.h	Print and distribute 200 per LGA quality assurance guideline, SOPs and job aid for malaria diagnosis to the health facilities by 2 people.	₦3,400,000	₦0	₦3,400,000	**₦0**	**State & FCT level**	▲			
2.6.10.7.i	Airing of 2 Jingles in 3 radio stations for 4 days per week in 3 months for sensitization and demand creation for malaria	₦2,160,000	₦0	₦2,160,000	**₦0**	**State & FCT level**	▲			
2.6.10.7.j	One day Flaf-Off Campaign of 150 participants for new available Free Malaria Services	₦2,725,000	₦0	₦2,725,000	**₦0**	**State & FCT level**	▲			
2.6.10.7.k	One day Advocacy visit to Governor's wife for Malaria Ambassador and House Committee on Health for Policy and legislative for strenghtening of malarialintervention and increase in budgetary provision	₦73,000	₦73,000	₦0	**₦0**	**State & FCT level**	▲			
2.6.10.8	**Increase access and uptake of Tuberculosis Preventive Therapy (TPT)**	**₦16,360,500**	₦0	₦16,045,500	**₦315,000**					
2.6.10.8.a	conduct 1 day quarterly community outreach with 20 persons in each senatorial zone with high burden of TB for TPT	₦2,848,000	₦0	₦828,000	**₦2,020,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.8.b	Conduct one day Contact tracing of index TB cases in the 17 LGAs	₦340,000	₦0	₦340,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10.8.c	Conduct 2 day residential Capacity building for 50 HCW on TB and TPT with 5 facilitators	₦12,662,500	₦0	₦14,367,500	**-₦1,705,000**	**State & FCT level**		▲		
2.6.10.8.d	Conduct one day Mapping of private HF by TBLSs in 17 LGAs for presumptive screening	₦340,000	₦0	₦340,000	**₦0**	**Local Government level**	▲			
2.6.10.8.e	Conduct one day Sensitization of mapped private HF in the 17 LGAs for presumptive screening	₦170,000	₦0	₦170,000	**₦0**	**Local Government level**	▲	▲	▲	▲

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.6.10.9	**Improve access to Tuberculosis care - case finding and treatment**	**₦279,480,500**	₦1,000,000	₦27,759,600	**₦250,720,900**					
2.6.10.9.a	Conduct a day National Child testing week in 3 senatorial zones	₦61,974,500	₦0	₦0	**₦61,974,500**	**State & FCT level**		▲		
2.6.10.9.b	Conduct a day National TB testing week in 3 senatorial zones	₦1,611,000	₦0	₦0	**₦1,611,000**	**State & FCT level**			▲	
2.6.10.9.c	conduct a day awareness campaign with 1000 participants to Commomorate World TB day	₦94,026,000	₦1,000,000	₦0	**₦93,026,000**	**State & FCT level**	▲			
2.6.10.9.d	conduct 2 day quarterly HIV outreaches for 6 batches of NYSC at Awgu camp by 6 persons	₦6,648,000	₦0	₦0	**₦6,648,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.9.e	Conduct 1 day biannual PQE review meeting for 6 mentors and state team	₦1,152,000	₦0	₦0	**₦1,152,000**	**State & FCT level**		▲		▲
2.6.10.9.f	Conduct 2 day residential Training of 50 linkage cordinators on OPD TB screening in high burden facilities with 5facilitators	₦13,252,500	₦0	₦0	**₦13,252,500**	**State & FCT level**	▲			
2.6.10.9.g	Conduct 2 day residential Training of 50 DOTs with 5 facilitators	₦13,252,500	₦0	₦4,400,000	**₦8,852,500**	**State & FCT level**			▲	
2.6.10.9.h	Conduct 2 day Quarterly residential State review meeting of 32 participants	₦30,200,000	₦0	₦13,359,600	**₦16,840,400**	**State & FCT level**	▲	▲	▲	
2.6.10.9.i	Condcut Daily TB screening of patients in high burden facility OPDs for 1 year	₦52,000,000	₦0	₦10,000,000	**₦42,000,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.9.j	Conduct 6 days monthly State mentor supervision of DOTS	₦5,364,000	₦0	₦0	**₦5,364,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.10	**Sustain and Improve Treament Success Rate**	**₦83,435,100**	₦0	₦31,208,444	**₦52,226,656**					
2.6.10.10.a	Conduct 2 day residential Training of 30 HCWs for 5 new centres for DRTB OPD clinic	₦6,150,000	₦0	₦6,122,500	**₦27,500**	**State & FCT level**		▲		
2.6.10.10.b	Conduct a day monthly Patients tracking for defaulters in 17 LGAs	₦4,080,000	₦0	₦4,080,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.6.10.10.c	Conduct a day Training of 150 HCWs on new regimen of DRTB during clinical meetings in 3 tertiary instititions	₦642,600	₦0	₦0	**₦642,600**	**State & FCT level**		▲		
2.6.10.10.d	Conduct 2 day residential training of 50 HCW with 5 facilitators on DRTB management	₦9,282,500	₦0	₦9,845,000	**-₦562,500**	**State & FCT level**		▲		
2.6.10.10.e	Conduct 7 days Quarterly State supportive supervision to LGAs by 4 officers	₦8,344,000	₦0	₦4,824,000	**₦3,520,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.10.f	Conduct 3 days Quarterly home visit to DRTB patients	₦384,000	₦0	₦0	**₦384,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.10.g	One day Quarterly Consillium meeting for 6 stakeholders	₦336,000	₦0	₦0	**₦336,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.10.h	Conduct 6 days Quaterly Quality Assurance Supervision to labs	₦768,000	₦0	₦0	**₦768,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.10.i	Conduct 30 days Quarterly 17 LGA supervision to DOT centres	₦20,400,000	₦0	₦5,290,944	**₦15,109,056**		▲	▲	▲	▲
2.6.10.10.j	3 days Quarterly finance spot Check to 17 LGA and community	₦894,000	₦0	₦0	**₦894,000**		▲	▲	▲	▲

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.6.10.10.k	Conduct 3 day monthly supervisions by 5 LGA mentors	₦13,410,000	₦0	₦0	**₦13,410,000**		▲	▲	▲	▲
2.6.10.10.l	Conduct 20 days quarterly Last mile distribution of drugs to 17 LGAs	₦16,000,000	₦0	₦0	**₦16,000,000**		▲	▲	▲	▲
2.6.10.10.m	Conduct one day Monthly DRTB OPD clinic	₦894,000	₦0	₦0	**₦894,000**		▲	▲	▲	▲
2.6.10.10.n	Conduct one day Quarterly reporting to NTBLCP	₦956,000	₦0	₦812,000	**₦144,000**		▲	▲	▲	▲
2.6.10.10.o	Conduct 3 days Quarterly Logistic supervision to LGA	₦894,000	₦0	₦234,000	**₦660,000**		▲	▲	▲	▲
2.6.10.11	**Improve access to WHO Recommended Molecular diagnostics (WRD)**	**₦988,529,200**	₦1,000,000	₦670,700	**₦986,858,500**					
2.6.10.11.a	Provision of TB molecular diagnostic equipments in 5 LGAs to Increase access to molecular diagnosis.	₦619,370,000	₦0	₦0	**₦619,370,000**	**State & FCT level**	▲			
2.6.10.11.b	Conduct 1 day meeting of 23 facility CMO to safeguard existing Genexprt machines	₦659,200	₦0	₦670,700	**-₦11,500**	**State & FCT level**	▲			
2.6.10.11.c	Procurement of consumables- gloves, catridges,HIV test kits,	₦342,500,000	₦0	₦0	**₦342,500,000**	**State & FCT level**	▲			
2.6.10.11.d	Printing of lab recording and reporting tools	₦20,000,000	₦1,000,000	₦0	**₦19,000,000**	**State & FCT level**	▲			
2.6.10.11.e	Monthly provision of Genexpert incentives	₦6,000,000	₦0	₦0	**₦6,000,000**	**State & FCT level**	▲	▲	▲	▲
2.6.10.12	**Improve early diagnosis and treatment of Leprosy and Buruli Ulcer**	**₦2,697,000**	₦0	₦0	**₦2,697,000**					
2.6.10.12.a	Airing of twice daily jingles for 7 days and participation in a day radio program to commemorate world leprosy day	₦245,000	₦0	₦0	**₦245,000**	**State & FCT level**	▲			
2.6.10.12.b	Conduct a day Quarterly Outreaches/skin campping in 1 LGAs with high leprosy burden	₦2,452,000	₦0	₦0	**₦2,452,000**	**State & FCT level**	▲	▲	▲	▲
2.7	**Improve quality of care and service delivery across public (secondary, tertiary and quaternary) and private health care providers**									
2.7.11	**Revitalize tertiary and quaternary care hospitals to improve access to specialized care**	**₦22,339,491,000**	**₦22,335,000,000**	**₦5,067,000**	**-₦576,000**					
2.7.11.3	**Build capacity of health workers to improve access and quality to specialize care using available Resources inluding engagement of Nigerian Health care Personnel in the Diaspora**	**₦4,491,000**	₦0	₦5,067,000	**-₦576,000**					
2.7.11.3.a	Conduct a 2 day Training of 17 Bio-medical engineers on planned preventive maintenance of oxygen equipments in the State by 1 facilitator	₦4,491,000	₦0	₦5,067,000	**-₦576,000**	**State & FCT level**		▲		
2.7.11.5	**To deepen the Private sector participation in tertiary and quaternarry healthcare delivery using various Public Private Partnership (PPP) modules**	**₦22,135,000,000**	₦22,135,000,000	₦0	**₦0**					

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							Q1	Q2	Q3	Q4
2.7.11.5.a	Construction of 2 No. twin six storey buildings for Pathology,Medical laboratory & Nursing lecture complex.	₦1,000,000,000	₦1,000,000,000	₦0	**₦0**		▲			
2.7.11.5.a	Construction of Enugu Quaternary Hospital at Rangers Avenue by the end of	₦20,000,000,000	₦20,000,000,000	₦0	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.7.11.5.b	Construction of 2 No. buildings for Radiology Department:A storey building & a bungalow.	₦185,000,000	₦185,000,000	₦0	**₦0**					
2.7.11.5.c	Construction of 2 Storey building at Iji-Nike annex.	₦350,000,000	₦350,000,000	₦0	**₦0**			▲		
2.7.11.5.d	Upgrade of 2 No. buildings at ESUTTH.Parklane Annex Colliery	₦350,000,000	₦350,000,000	₦0	**₦0**				▲	
2.7.11.5.e	Fencing Nenwe hospital	₦150,000,000	₦150,000,000	₦0	**₦0**					▲
2.7.11.5.f	Procure Ultra sound machine	₦100,000,000	₦100,000,000	₦0	**₦0**				▲	
2.7.11.6	**To develope business models to ensure access and affordability of tertiary and quaternary medical services to Nigerian as part of Universal Health Coverage**	**₦200,000,000**	₦200,000,000	₦0	**₦0**					
2.7.11.6.a	Revitalization, Renovation and Equipping Summas Business Model	₦200,000,000	₦200,000,000	₦0	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8	**Improve equity and affordability of quality care for patients, expand insurance**									
2.8.12	**Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition**	**₦6,653,762,076**	**₦3,998,999,000**	**₦503,347,012**	**₦2,145,451,064**					
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**	**₦26,047,500**	₦4,000,000	₦5,030,000	**₦17,017,500**					
2.8.12.1.a	Adopt and leverage the Immunization Taskforce committee of 55 members as RMNCAH+N Task force	₦467,500	₦0	₦0	**₦467,500**	**State & FCT level**	▲	▲	▲	▲
2.8.12.1.a	A one day meeting to establish functional 10 strong MNCH+N task force aligned to the terms of reference at State Level	₦690,000	₦0	₦790,000	**-₦100,000**	**State & FCT level**	▲	▲		
2.8.12.1.b	Conduct Advocacy and technical support for establishment of LEMCHIC in all the 17 LGAs.	₦4,000,000	₦4,000,000	₦0	**₦0**	**State & FCT level**	▲	▲		
2.8.12.1.b	A one day meeting to establish functional 85 strong MNCH+N task force aligned to the terms of reference at LGA Level	₦3,390,000	₦0	₦4,240,000	**-₦850,000**	**State & FCT level**	▲	▲		
2.8.12.1.c	Conduct 2-day Quarterly Monitoring and Supervision RMNCAEH + H services by 5 persons to ensure improve quality of care	₦2,580,000	₦0	₦0	**₦2,580,000**	**State & FCT level**	▲	▲	▲	▲
2.8.12.1.c	One day Quartely meeting of 95 State and LGA MNCH+N task force	₦14,920,000	₦0	₦0	**₦14,920,000**	**State & FCT level**	▲	▲	▲	▲
2.8.12.2	**Develop & Implement a mechanism for tracking RMNCAEH+N resources and its use.**	**₦12,631,500**	₦0	₦12,756,500	**-₦125,000**					
2.8.12.2.a	3 days non residential training of 30 M&E on Development and implement standardized data collection tools and	₦4,530,000	₦0	₦4,575,000	**-₦45,000**	**State & FCT level**	▲			

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
	methodologies across all the health facilities to ensure consistency and accuracy in tracking Maternal, Newborn and Child indicators.									
2.8.12.2.b	2 days non resdiential Capacity Building and Training of 40 health workers, statisticians, and Decision-makers at all levels on data collection, analysis and interpretation for(Ending Preventable Maternal Mortality), (Every Newborn Action Plan) and (Child Survival Action Plan)	₦2,021,500	₦0	₦2,061,500	**-₦40,000**	**State & FCT level**	▲			
2.8.12.2.c	Conduct one day quarterly meeting of 17 LGA M&E offciers and 3 State M&E on data quality assurance for EPMM, ENAP,CSAP.	₦4,080,000	₦0	₦4,120,000	**-₦40,000**	**State & FCT level**	▲	▲	▲	▲
2.8.12.2.d	Develop a unified platform to integrate maternal, newborn and child health data systems that can be easily accessed and analysed by stakeholders, for effective monitoring of EPMM, ENAP and CSAP.	₦2,000,000	₦0	₦2,000,000	**₦0**	**State & FCT level**		▲		
2.8.12.3	**Institutionalize maternal, perinatal and child death surveillance and response (MPCDSR) at all facilities/communities for quality improvement and monitor response.**	**₦60,833,000**	₦10,000,000	₦14,667,500	**₦36,165,500**					
2.8.12.3.a	Conduct a day Inaguration of 31 member functional Steering committee on MPDCSR	₦2,643,000	₦0	₦0	**₦2,643,000**	**State & FCT level**	▲			
2.8.12.3.a	one day meeting to Expand and Activate MPDCSR 25-man committee at state and LGA levels	₦867,500	₦0	₦867,500	**₦0**	**State & FCT level**	▲			
2.8.12.3.b	Print and distribute 3000 MPDCSR data capturing tools	₦600,000	₦0	₦600,000	**₦0**	**State & FCT level**	▲			
2.8.12.3.c	Establisshment of state and LGA MPDSR response team	₦10,000,000	₦10,000,000	₦0	**₦0**	**Local Government level**	▲			
2.8.12.3.c	3 days non residential training of 100 HCWs at all levels on the use of MPDCSR tools	₦8,280,000	₦0	₦9,430,000	**-₦1,150,000**	**State & FCT level**	▲			
2.8.12.3.d	Conduct a day quarterly reviw meetings for the 82 technical and Steering committee by 4 facilitators	₦12,628,000	₦0	₦0	**₦12,628,000**	**Primary Health Facilities**	▲			
2.8.12.3.d	Conduct a day quarterly review meeting of 25 MPDCSR committee	₦3,720,000	₦0	₦3,770,000	**-₦50,000**	**State & FCT level**	▲			
2.8.12.3.f	Conduct 2-day quarterly health facility Supportive Supervision by 34 field officers on MPCDSR	₦8,772,000	₦0	₦0	**₦8,772,000**	**State & FCT level**	▲			
2.8.12.3.h	Conduct one -day community awearness, Sensitization/Mobilization by 5 persons on the need for MPCDSR	₦13,322,500	₦0	₦0	**₦13,322,500**	**State & FCT level**	▲			
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**	**₦3,880,000**	₦0	₦3,917,500	**-₦37,500**					

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.8.12.4.a	One day meeting to Inaugurate 15-man state RMNCAEH+N quality of care committee/team	₦860,000	₦0	₦867,500	**-₦7,500**	**State & FCT level**	▲			
2.8.12.4.b	Cooduct 2- days review meeting of 30 stakeholders QI team review to adapt/adopt national QI AOP	₦3,020,000	₦0	₦3,050,000	**-₦30,000**	**State & FCT level**		▲		
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.**	**₦43,790,000**	₦0	₦44,290,000	**-₦500,000**					
2.8.12.7.a	Conduct 5-day update training of 200 selected Human resources of health comprising Doctors, Nurses & CHOs on post-partum care & post abortal care	₦31,830,000	₦0	₦32,330,000	**-₦500,000**	**State & FCT level**		▲		
2.8.12.7.b	5 days Mapping of high volume health facilities in the state that can provide the care with 34 enumerators	₦11,960,000	₦0	₦11,960,000	**₦0**	**State & FCT level**		▲		
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**	**₦82,770,000**	₦30,592,000	₦8,695,000	**₦43,483,000**					
2.8.12.8.a	To conduct 2 days trainings of 50 nurses/midwives on antenatal and post-natal care in secondary health facilities	₦9,688,000	₦9,688,000	₦0	**₦0**	**Secondary Health Facilities**		▲		
2.8.12.8.a	Conduct 1 day campaign of 100 participants to celebrate annual safe motherhood week to sensitize WCBA & the general public on the need for ANC & SBA	₦3,075,000	₦0	₦3,075,000	**₦0**	**State & FCT level**		▲	▲	
2.8.12.8.b	To conduct community sensitization and community mobilization in the 5 communities	₦4,585,000	₦4,585,000	₦0	**₦0**	**Community/Ward level**	▲	▲	▲	▲
2.8.12.8.b	Conduct one day quartely non residential training of 51 nurses/CHEWs on monthly Home Visitis at 3 per facility in the 17 LGA	₦17,318,000	₦0	₦0	**₦17,318,000**	**State & FCT level**	▲	▲	▲	▲
2.8.12.8.b	Conduct 5-day residential training for 90 frontline health workers & midwives work at Ante Natal Clinic on IPC and ANC protocol	₦24,925,000	₦0	₦0	**₦24,925,000**	**State & FCT level**		▲		
2.8.12.8.c	To conduct one day re-orient health care workers in 22 secondary health facilities on free maternal and child health care services	₦3,344,000	₦3,344,000	₦0	**₦0**	**Secondary Health Facilities**	▲		▲	
2.8.12.8.c	3 days Sensitization campaign of 30 women and CBOs especially during August conference on ANC	₦3,150,000	₦0	₦3,600,000	**-₦450,000**	**State & FCT level**			▲	
2.8.12.8.d	To conduct outreaches in 5 communities	₦12,275,000	₦12,275,000	₦0	**₦0**	**Community/Ward level**	▲	▲	▲	▲
2.8.12.8.d	Use of 4 slots per day for 4 times a week airing in media houses, TV discussion and press briefing during Safe motherhood week	₦2,720,000	₦700,000	₦2,020,000	**₦0**	**State & FCT level**		▲	▲	

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.8.12.8.e	Conduct a day quarterly Community awareness, Sensitization and Mobilization by 4 persons on GANC and ANC	₦1,690,000	₦0	₦0	**₦1,690,000**	**State & FCT level**	▲		▲	
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**	**₦204,322,000**	₦135,000,000	₦58,650,000	**₦10,672,000**					
2.8.12.9.a	Provision of blood bank services in the 9 GHs	₦40,000,000	₦40,000,000	₦0	**₦0**	**Secondary Health Facilities**			▲	
2.8.12.9.a	Conduct 3- day residential training of 145 Health workers on the use of E-motive bundule, and active management of 3rd stage of labour in PPH management	₦6,900,000	₦0	₦0	**₦6,900,000**	**State & FCT level**	▲		▲	
2.8.12.9.a	Conduct 5-day training for 100 HCWs on current safe motherhood protocol including EMOTIvE BUNDLE of care	₦43,650,000	₦0	₦48,650,000	**-₦5,000,000**	**State & FCT level**		▲	▲	
2.8.12.9.b	Procure Manual Vacuum Aspirator kit in 5 SHFs	₦95,000,000	₦95,000,000	₦0	**₦0**	**Secondary Health Facilities**			▲	
2.8.12.9.b	Conduct a two day bi - annual Supportive supervision by 34 supervisors on the implementation of the E - motive bundle in the Health facilities in the LGAs.	₦8,772,000	₦0	₦0	**₦8,772,000**	**State & FCT level**	▲		▲	
2.8.12.9.b	Procurement & distribution of maternal health commordities like Oxytocin, Carbetocine, Tranexamic acid, Misoprostol etc	₦10,000,000	₦0	₦10,000,000	**₦0**	**State & FCT level**		▲	▲	
2.8.12.10	**Create 'midwifery led' community outreach model with incentives for HCWs to improve ANC coverage**	**₦3,862,400**	₦0	₦3,862,400	**₦0**					
2.8.12.10.a	conduct a day Mapping of one community with low facility attendance in the 17 LGAs of the state	₦720,800	₦0	₦720,800	**₦0**	**State & FCT level**	▲	▲		
2.8.12.10.b	Organize a one day midwifery led community outreach in the selected 17 comunities in the state	₦3,141,600	₦0	₦3,141,600	**₦0**	**State & FCT level**	▲		▲	
2.8.12.11	**Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level**	**₦36,158,000**	₦0	₦7,260,000	**₦28,898,000**					
2.8.12.11.a	Conduct one- day training of 34 personnel on surveys and interviews with the TBAs, health care providers and community leaders in the 17 LGAs in the state	₦2,862,000	₦0	₦0	**₦2,862,000**	**State & FCT level**	▲			
2.8.12.11.a	conduct One day Mapping & enrollmentof 170 TBAs in the state	₦6,410,000	₦0	₦7,260,000	**-₦850,000**	**State & FCT level**	▲	▲	▲	▲
2.8.12.11.b	Conduct a day quarterly review of existing data on the availability and distribution of TBAs from health facilities, NGOs and government records in the state	₦1,806,000	₦0	₦0	**₦1,806,000**	**State & FCT level**	▲			
2.8.12.11.b	2 day non residential training of 300 TBAs in 6 batches as suppporters for referral and follow up with regular supervision	₦23,290,000	₦0	₦0	**₦23,290,000**	**State & FCT level**	▲	▲	▲	▲
2.8.12.11.d	Create a database or spreadsheet to store TBA informations for the 17 LGAs	₦500,000	₦0	₦0	**₦500,000**	**State & FCT level**	▲			

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							Q1	Q2	Q3	Q4
2.8.12.11.f	Conduct a day inaguration of 20 man State TBA Registry TWG members to develop standards and guidelines for TBA training, and Certification, including scope of practice and roles	₦1,290,000	₦0	₦0	**₦1,290,000**	**State & FCT level**		▲		
2.8.12.14	**Upskill midwives on supervision, innovations and refresher courses for deployed midwives**	**₦17,553,000**	₦12,392,000	₦0	**₦5,161,000**					
2.8.12.14.a	Develop a supervisory plan and conduct quaterly on the job capacity building of midwives in 22 SHFs	₦2,684,000	₦2,684,000	₦0	**₦0**	**Secondary Health Facilities**	▲	▲	▲	▲
2.8.12.14.a	Conduct 2 day non residential Upskilling training of 51 Midwives on supervision, innovation and refresher cources for deployment.	₦3,871,000	₦0	₦0	**₦3,871,000**	**State & FCT level**		▲		▲
2.8.12.14.b	Conduct 2 days refresher training for 50 midwives	₦9,708,000	₦9,708,000	₦0	**₦0**	**Secondary Health Facilities**		▲		
2.8.12.14.b	Conduct a day quarterly Supervision by 5 Midwives at 1 per 2 health facilities in selected LGAs	₦1,290,000	₦0	₦0	**₦1,290,000**	**Community/Ward level**			▲	
2.8.12.16	**Drive uptake of innovations such the calibrated drap, Moyo Heart and Multiple Micronutrient Supplement (MMS) etc**	**₦3,610,000**	₦0	₦4,060,000	**-₦450,000**					
2.8.12.16.a	Procurement of 100 calibrated drapes from designated local available sources to ensure acurate measurement of blood loss during delivery	₦400,000	₦0	₦400,000	**₦0**	**State & FCT level**		▲		
2.8.12.16.b	Organize 3-day capacity building for 30 HCWs on the use of calibrated drapes and other maternal new products	₦3,210,000	₦0	₦3,660,000	**-₦450,000**	**State & FCT level**		▲	▲	
2.8.12.17	**Roll out updated PPH traning in line with national standards which will include training of educators, clinical preceptors and Pre-service midwifery curriculum**	**₦5,965,000**	₦0	₦0	**₦0**					
2.8.12.17.a	Conduct 2-day meeting for 30 stakeholders from training institutions and colleges to review Midwifery pre -service training curriculum with national standard	₦5,965,000	₦0	₦0	**₦0**	**State & FCT level**		▲	▲	
2.8.12.21	**Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.**	**₦3,537,273,100**	₦3,231,627,500	₦40,980,000	**₦264,665,600**					
2.8.12.21.a	To conduct 3 days training of 50 doctors on Emergency Obstetrics and new born resuscitation(Cemonc and Beonc care (SHFs)	₦12,819,500	₦12,819,500	₦0	**₦0**	**Secondary Health Facilities**		▲		
2.8.12.21.a	Conduct 3 day annual non - residential training of 51 health workers on BEMOnC and Newborn Resucitation by 5 facilitators	₦14,305,500	₦0	₦0	**₦14,305,500**	**State & FCT level**		▲		▲
2.8.12.21.b	To conduct 2 days training of 50 nurses on Emergency Obstetrics and new born resuscitation	₦17,622,500	₦17,622,500	₦0	**₦0**	**Secondary Health Facilities**		▲		

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2.8.12.21.b	Procurement of 15 BeMONC equipment for demonstration activities.	₦15,000,000	₦15,000,000	₦0	**₦0**	**State & FCT level**	▲			▲
2.8.12.21.c	To print and distribute 1000 standard operating procedures and guidelines on Cemonc and Beonc) @ 22 SHFs	₦820,500	₦820,500	₦0	**₦0**	**Secondary Health Facilities**		▲		
2.8.12.21.c	conduct a day quarterly supportive supervision by 34 supervisors for on the job training of HCWs on BEMOnC and CEMOnC	₦8,772,000	₦0	₦0	**₦8,772,000**	**State & FCT level**	▲	▲	▲	▲
2.8.12.21.d	To procure surgical instruments and equipment for Emergency Obstetrics and New Born in 22 SHFs	₦1,907,933,100	₦1,625,365,000	₦0	**₦282,568,100**	**Secondary Health Facilities**		▲		
2.8.12.21.e	Recapitalization of DRF in 9 General Hospital, 1 Dental clinic and 2 cottage hospital	₦60,000,000	₦60,000,000	₦0	**₦0**	**Secondary Health Facilities**		▲		
2.8.12.21.f	Renovation and Upgrading of 10 General and 13 Cottage hospitals	₦1,500,000,000	₦1,500,000,000	₦0	**₦0**	**Secondary Health Facilities**		▲		
2.8.12.22	**Expand access to a full range of modern contraceptives including immediate postpartum, post-abortion FP, through mobile outreach sevice delivery in providing a wide range of congraceptives.**	**₦192,674,900**	₦0	₦105,361,612	**₦87,313,288**					
2.8.12.22.a	Conduct a 5 day non residential training on long acting reversible contraceptives (LARC) by 4 facilitators at the 291 wards in 5 clusters	₦62,107,500	₦0	₦25,938,000	**₦36,169,500**	**State & FCT level**		▲		▲
2.8.12.22.b	Conduct 4 day bi - monthly supportive supervision visits by the 4 master trainers for on the job training for the 30 providers	₦16,056,000	₦0	₦20,640,000	**-₦4,584,000**	**State & FCT level**		▲		▲
2.8.12.22.c	Conduct 3 days bi - monthly Supportive Supervision Visit by 6 State Teams for 45 Trained Community Pharmacist, patent properatory (PPMV)s	₦9,474,000	₦0	₦7,288,000	**₦2,186,000**	**Local Government level**	▲	▲	▲	▲
2.8.12.22.d	Conduct a 2 day mobile outreach services in each of the 17 LGAs by 5 Health Workers in each LGA Annually.	₦3,145,000	₦0	₦1,612	**₦3,143,388**	**Local Government level**	▲	▲	▲	▲
2.8.12.22.e	Conduct 6 day quarterly Cervical screening with Family planning Services during 2025 Annual August Meetings in 6 communities by 5 Health workers and 6 Community Resource Persons (CORPS)	₦8,522,400	₦0	₦8,388,000	**₦134,400**	**State & FCT level**			▲	
2.8.12.22.f	Conduct a 5 day biannual residential Training by 5 master trainers on Post Abortion Care for 25 FP Facility providers	₦44,236,000	₦0	₦42,606,000	**₦1,630,000**	**State & FCT level**	▲	▲		
2.8.12.22.g	Conduct a 5 day biannual residential training on Post Partum Family planning (PPFP)for 30 Health workers by 4 master trainers for 2 quarters.	₦44,174,000	₦0	₦0	**₦44,174,000**	**State & FCT level**			▲	▲
2.8.12.22.h	Conduct a day community awareness and sensitization of 120 persons for the 2025 World Contraceptive Celebration Day	₦4,960,000	₦0	₦500,000	**₦4,460,000**	**State & FCT level**			▲	

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							Q1	Q2	Q3	Q4
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**	**₦40,980,000**	₦0	₦0	**₦40,980,000**					
2.8.12.24.a	focused on improving the quality of service delivery among Community Pharmacists (CPs) and Patent and Proprietary Medicine Vendors (PPMVs).	₦1,980,000	₦0	₦0	**₦1,980,000**	**State & FCT level**		▲	▲	
2.8.12.24.b	Conduct a refresher on the MEC Wheel, Infection Prevention practices, and Sayanna Press.	₦38,000,000	₦0	₦0	**₦38,000,000**	**State & FCT level**		▲	▲	
2.8.12.24.c	To ensure CPs and PPM Vs are integrated into the broader primary health care system	₦1,000,000	₦0	₦0	**₦1,000,000**	**State & FCT level**		▲		
2.8.12.26	**Accelerate implementation of Essential Newborn Care (ENC) at the Primary health facilities**	**₦73,607,500**	₦0	₦0	**₦73,607,500**					
2.8.12.26.a	A 1-day quarterly TWG meeting at state level for 50 persons .(including LGA participants from the private sector)	₦16,920,000	₦0	₦0	**₦16,920,000**	**State & FCT level**	▲	▲	▲	▲
2.8.12.26.b	Conduct 3 batches of ENC TOT for 26 participants per batch, 6 trainers , 1 course director, 1 clinical instructor, 2 secretariat staff for 5 night.(including 2 participants from the private sector per batch)	₦30,180,000	₦0	₦0	**₦30,180,000**	**State & FCT level**	▲			
2.8.12.26.c	Quarterly meeting (virtual) for developing criteria for selection and the TOR of child health champions	₦2,800,000	₦0	₦0	**₦2,800,000**	**State & FCT level**	▲	▲	▲	▲
2.8.12.26.d	Conduct a 3 nights orientation meeting with 6 champions per zone (45 participants)	₦7,397,500	₦0	₦0	**₦7,397,500**	**State & FCT level**	▲			
2.8.12.26.e	Conduct a 4 day residential workshop to develop the comprehensive child healthn intervention training plan for 70 participants.(including 2 participants from the private sector)	₦12,230,000	₦0	₦0	**₦12,230,000**	**State & FCT level**	▲			
2.8.12.26.f	Deployment of the assessment tool to IMCI focal persons in the LGA via electronic platform	₦4,080,000	₦0	₦0	**₦4,080,000**	**State & FCT level**	▲	▲	▲	▲
2.8.12.28	**Promote home visits on community- based newborn through empowering communitiess, Outreaches and Mobile Clinics**	**₦31,847,000**	₦0	₦0	**₦31,847,000**					
2.8.12.28.a	Conduct a day non residential trainig of 170 CHWs on community-based Newborn Home visit and outreaches in the 17 LGAs by 5 facilitators	₦14,303,000	₦0	₦0	**₦14,303,000**	**Federal level**	▲			
2.8.12.28.b	Conduct a day quarterly Home visit by 2 CHWs per LGA on community-based Newborn Home visit in the 17 LGAs	₦8,772,000	₦0	₦0	**₦8,772,000**	**Community/Ward level**	▲	▲	▲	▲
2.8.12.28.c	Cnduct 1 day quarterly outreach service with 170 CHWs and 34 supervisors	₦8,772,000	₦0	₦0	**₦8,772,000**	**Community/Ward level**	▲	▲	▲	▲
2.8.12.29	**Set-up small and sick newborn unit with Continous Positive Airway Pressure (CPAP), Kangaroo Mother Care-KMC**	**₦175,316,000**	₦173,496,000	₦1,820,000	**₦0**					

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							Q1	Q2	Q3	Q4
	(immediate and Routine) in level-2 (Secondary) health facilities to scale up comprehensive Newborn Care									
2.8.12.29.a	Conduct 3 days assessment in 9 General hospital	₦7,976,000	₦7,976,000	₦0	**₦0**	**Secondary Health Facilities**	▲	▲		
2.8.12.29.a	Conduct one day Assessment of secondary health facilities by 60 enumerators for capacity to provide Continuous Positve Airway Pressure (CPAP), Kangaroo Mother Care (KMC) immediate and routine) to scale up comprehensive newborn care with 60 Eunemerators	₦1,820,000	₦0	₦1,820,000	**₦0**	**State & FCT level**	▲			
2.8.12.29.b	Training of 12 neonatologists, 18 nurses/anaesthetic nurses in 9 general hospitals	₦7,808,000	₦7,808,000	₦0	**₦0**	**Secondary Health Facilities**	▲	▲		
2.8.12.29.c	Procurement of new born equipment for 5 General hospitasl	₦156,300,000	₦156,300,000	₦0	**₦0**	**Secondary Health Facilities**			▲	
2.8.12.29.d	Conduct 2 days training of 6 data collectors on data collection tools and payment for ODK server/tool	₦1,412,000	₦1,412,000	₦0	**₦0**	**Community/Ward level**	▲			
2.8.12.30	**Strengthen neonatal intensive care unit at level-3 (Tertiary) health facilities**	**₦74,000**	₦0	₦84,000	**-₦10,000**					
2.8.12.30.a	Conduct one day Assessment of the neonatal care unit of the two tertiary institution in the state for provision of quality care	₦74,000	₦0	₦84,000	**-₦10,000**	**State & FCT level**	▲			
2.8.12.31	**Improve Capacity of frontline health workers on Comprehensive new born at Secondary and tertiary Health facilities**	**₦30,791,500**	₦30,791,500	₦0	**₦0**					
2.8.12.31.a	Conduct 3 days training of 50 doctors on comprehensive new born	₦14,679,500	₦14,679,500	₦0	**₦0**	**Secondary Health Facilities**		▲		
2.8.12.31.b	Conduct training of 100 nurses/midwives on comprehensive new born	₦9,745,000	₦9,745,000	₦0	**₦0**	**Secondary Health Facilities**		▲		
2.8.12.31.c	Printing and distribution of 1000 standard operating procedures and guidelines on comprehensive new born	₦420,000	₦420,000	₦0	**₦0**	**State & FCT level**		▲		
2.8.12.31.d	Conduct training of 20 biomedical technicians on comprehensive new born equipment maintenance	₦4,783,000	₦4,783,000	₦0	**₦0**	**Secondary Health Facilities**		▲		
2.8.12.31.e	Printing of 100 monitoring check list to monitor capacity skills	₦20,000	₦20,000	₦0	**₦0**	**State & FCT level**		▲		
2.8.12.31.f	Conduct monthly visits to 22 SHFs to monitor capacity skills	₦1,144,000	₦1,144,000	₦0	**₦0**	**Secondary Health Facilities**		▲		
2.8.12.32	**Establish birth defect surveillance and response**	**₦660,000**	₦0	₦0	**₦660,000**					
2.8.12.32.a	Develop digital server system to report birth defect in the facilities.	₦660,000	₦0	₦0	**₦660,000**	**State & FCT level**	▲	▲	▲	▲
2.8.12.34	**Adapt and Contextualize the National Child Survivial Action Plan-NCSAP (2024-2028) into state AOPs for roll out**	**₦55,375,000**	₦0	₦0	**₦55,375,000**					

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							Q1	Q2	Q3	Q4
2.8.12.34.a	Domesticate the national child survival action plan with emphasis on the child survival component of the RMNCAEH at the state level	₦11,285,000	₦0	₦0	**₦11,285,000**	**State & FCT level**	▲			
2.8.12.34.b	Conduct a 2 day mid-term review of the NCSAP for 60 participants	₦20,600,000	₦0	₦0	**₦20,600,000**	**State & FCT level**	▲		▲	
2.8.12.34.c	Conduct a 3-day Annual Child Survival summit meeting on child health interventions for 100 participants	₦23,490,000	₦0	₦0	**₦23,490,000**	**State & FCT level**			▲	
2.8.12.35	**Assess health facility readiness to improve integrated management of childhood illness services with linkage to community**	**₦20,540,000**	₦0	₦0	**₦20,540,000**					
2.8.12.35.a	A 2-day virtual meeting for the adoption of the IMCI follow-up tool (to include the number of master trainers, course directors, clinical instructors,) on facility assessment for 51 .(including participants from the private sector) participants	₦5,280,000	₦0	₦0	**₦5,280,000**	**State & FCT level**	▲	▲	▲	▲
2.8.12.35.b	Conduct a two days quarterly assessment review meeting on IMCI service delivery.	₦15,260,000	₦0	₦0	**₦15,260,000**	**State & FCT level**	▲	▲	▲	▲
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)**	**₦50,000,000**	₦50,000,000	₦0	**₦0**					
2.8.12.36.a	Develop integrated management of childhood illnesses (IMCI) program for orientation of caregivers and HWs on IMCI case management.	₦50,000,000	₦50,000,000	₦0	**₦0**	**Local Government level**		▲		
2.8.12.39	**Scale-up capacity of Doctors, Nurses, Wives, CHEWs to deliver adolescent plus youth-friendly services**	**₦3,145,000**	₦0	₦3,295,000	**-₦150,000**					
2.8.12.39.a	Conduct one day advocacy visit to LGA chairman/community leaders on the impact of hard drug and illicit drink consumption on the reproductive system of the adolescents	₦500,000	₦0	₦500,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.12.39.b	Printing and distribution of IEC Materials to adolescents on merits and demerits of drug use and reproductive health	₦100,000	₦0	₦100,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.12.39.c	Conduct 4-day awareness campaign by 30 participants on menstrual hygiene to adolescent girls in different schools in three senatorial zones	₦2,050,000	₦0	₦2,200,000	**-₦150,000**	**State & FCT level**	▲	▲	▲	▲
2.8.12.39.d	1 day Distribution of sanitary pads to the trained school girls	₦400,000	₦0	₦400,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.12.39.e	One day airing of 2 Radio jingles concerning adolescent health services	₦95,000	₦0	₦95,000	**₦0**	**State & FCT level**	▲	▲	▲	▲

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							Q1	Q2	Q3	Q4
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.**	**₦8,030,000**	₦0	₦8,230,000	**-₦200,000**					
2.8.12.40.a	Organise I day meeting of 20 stake holders to domesticate school health policy in the state	₦8,030,000	₦0	₦8,230,000	**-₦200,000**	**State & FCT level**		▲		
2.8.12.41	**Empower community to support adolescent program at the community level (peer to peer support, parents guardian etc)**	**₦3,310,000**	₦0	₦3,310,000	**₦0**					
2.8.12.41.a	Conduct 6-day awareness campaign by 50 participants for adolescents in 6 different communities on drug use, reproductive health and other life styles	₦3,080,000	₦0	₦3,080,000	**₦0**	**State & FCT level**	▲	▲	▲	
2.8.12.41.b	Create adolescent clubs in secondary schools across the 17 LGAs of the state	₦230,000	₦0	₦230,000	**₦0**	**State & FCT level**		▲	▲	
2.8.12.42	**Strengthen the community HMIS and Civil Registration and Vital Statistics**	**₦177,255,500**	₦100,000	₦157,037,500	**₦20,118,000**					
2.8.12.42.a	Conduct a day training for 1240 community data volunteers, 620 health facility M&E Officers, 17 LGA M&E Officers on community data collection, reporting and tracking	₦16,620,000	₦0	₦0	**₦16,620,000**	**Local Government level**	▲	▲	▲	▲
2.8.12.42.a	Conduct a 2 days non residential training for 150 TBAs + 39 CPs and 6 SMOH staff on the use of CHMIS tools	₦10,628,000	₦0	₦11,023,000	**-₦395,000**	**State & FCT level**		▲		
2.8.12.42.b	Print 1,240 community data tools.	₦12,400,000	₦0	₦0	**₦12,400,000**	**Local Government level**	▲	▲		
2.8.12.42.b	conduct a 2 day non residential training of 261 ward focal person on proper reporting of CHMIS tools to E-platform.	₦14,915,500	₦0	₦17,786,500	**-₦2,871,000**	**State & FCT level**		▲		
2.8.12.42.c	Distribute 1240 community data tools to 1240 community data volunteers.	₦1,360,000	₦0	₦0	**₦1,360,000**	**Local Government level**	▲	▲		
2.8.12.42.c	conduct 2day quarterly non residential data review meeting for 5 5CPs and 253 PPMVs+150 TBAs	₦107,276,000	₦0	₦128,228,000	**-₦20,952,000**	**State & FCT level**			▲	
2.8.12.42.d	Carry a day quarterly community data reporting review meeting at 17 LGAs of the state by 2 persons.	₦13,956,000	₦0	₦0	**₦13,956,000**	**Local Government level**	▲	▲	▲	▲
2.8.12.42.d	Printing and distribution of CHMIS data tools	₦100,000	₦100,000	₦0	**₦0**	**Local Government level**	▲	▲	▲	▲
2.8.12.44	**Revitalize of baby friendly initiative (BFI) at all levels of care**	**₦177,478,400**	₦32,000,000	₦0	**₦145,478,400**					
2.8.12.44.a	Designation of Nutrition desk officers in all the 736 PHCs in the State. Advocacy to the Stakeholders (HCH, ES, Chairman SCFN, ALGON Chairman, Chairman Local Government Civil Service Commision, LGA Chairmen, PHCCs) by 5 team members.	₦106,800	₦0	₦0	**₦106,800**	**State & FCT level**	▲			

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.8.12.44.b	Conduct 2 Day non residential Orientation of the nominated 736 nutrition officers in the PHCs in the state in 9 clusters by 5 State Staff	₦52,485,200	₦0	₦0	**₦52,485,200**	**Local Government level**	▲			
2.8.12.44.c	Conduct 1 Day Reorientation by 5 facilitators of the nominated officers in the PHCs in the state in 9 clusters x 5 facilitators	₦16,245,700	₦0	₦0	**₦16,245,700**	**Local Government level**		▲		
2.8.12.44.d	Conduct 5 Day Quarterly Supportive Supervision of 736 PHCs on MIYCN Protocols and other nutrition interventions by 34 State Supervisors and 85 LGA teams (PHCC, NFPs,LIOs, M&E, SMOs) yearly .	₦46,880,000	₦0	₦0	**₦46,880,000**	**Local Government level**	▲	▲	▲	▲
2.8.12.44.e	Conduct a day community awareness, social sensitization and mobilization of 51 participants for the 2025 World Breastfeeding Week	₦20,333,500	₦20,000,000	₦0	**₦333,500**	**State & FCT level**			▲	
2.8.12.44.f	Conduct a one day promotion of Exclusive Breastfeeding from 0 to 6 months and continued breastfeeding up to 2 years and beyond through awareness creation to 204 women of child bearing age and 34 health workers in 17 LGAs that will commomerate the 2025 WBW by 3 facilitators	₦4,540,700	₦0	₦0	**₦4,540,700**	**Local Government level**	▲	▲	▲	▲
2.8.12.44.g	conduct a day Monitoring and technical support of LGAs flagging off of the 2025 WBW	₦72,000	₦0	₦0	**₦72,000**	**Local Government level**			▲	
2.8.12.44.h	Conduct a 2 day sensitization meeting on Early Initiation, Exclusive breastfeeding and growth monitoring for 17 PHCCs, 10 MDs from General Hospital and 15 Private Hospitals.	₦2,697,500	₦0	₦0	**₦2,697,500**	**Local Government level**		▲	▲	▲
2.8.12.44.i	Conduct 3-Day Supportive Supervision of 260 BHCPF designated Health Facilities at all levels on MIYCN Protocols by 34 State Supervisors and 85 LGA teams (PHCC, NFPs,LIOs, M&E, SMOs).	₦13,659,500	₦0	₦0	**₦13,659,500**			▲		
2.8.12.44.j	Conduct a day Cascade of MIYCN programmes by 6 officers in 12 communities (6 LGAs) to improve awareness of Nutrition care	₦8,457,500	₦0	₦0	**₦8,457,500**			▲		
2.8.12.44.k	To establish infant and young child feeding program in the 17 LGAs	₦12,000,000	₦12,000,000	₦0	**₦0**			▲		
2.8.12.45	**Conduct Nutrition assessment, counselling and support (NACS)**	**₦4,279,000**	₦0	₦0	**₦4,279,000**					
2.8.12.45.a	Conduct a day aggressive campaign of 263 participants to sensitize and create awareness on continued nutrition surveillance of children from birth till 59 months of age in 12 communities in 6 LGAS (2 communities per LGAs) involving the state Staff Nutrition officer, State health educators, LGANFPs, LGA Soc. mobs, Town Announcers,	₦3,412,000	₦0	₦0	**₦3,412,000**	**Local Government level**	▲			

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.8.12.45.b	Conduct 5 days visit 0f 6 officers with incentives to Assess the Nutritional status of U- 5 children and nutrition counselling of mothers and care givers in 12 communities (6 LGAs) to improve uptake of Nutrition services in PHCs to motivate for contineued nutrition uptake of their childre until 5 years	₦867,000	₦0	₦0	**₦867,000**	**Local Government level**		▲		
2.8.12.46	**Provision of growth monitoring and promotion (GMP) services at all level of care**	**₦7,622,500**	₦0	₦0	**₦7,622,500**					
2.8.12.46.a	Conduct 3- Day Training of 184 Health Workers (50 OICs/SZ ,6NFPS and M&E/SZ) on Growth Monitoring and Promotion protocols in 3 batches by 9 officers.	₦7,622,500	₦0	₦0	**₦7,622,500**	**Local Government level**	▲	▲	▲	▲
2.8.12.47	**Accelerate the scale up of integrated management of acute malnutrition (IMAM) at all level of care**	**₦30,000,000**	₦30,000,000	₦0	**₦0**					
2.8.12.47.a	Establishment of atleast 3 community management of Acute Malnutrition (CMAM) at type 3 PHCs	₦30,000,000	₦30,000,000	₦0	**₦0**	**State & FCT level**	▲			
2.8.12.48	**Improve out-patient therapeutic (OTP) services in atleast 2 PHC per ward across 36 states and FCT.**	**₦32,362,000**	₦0	₦0	**₦32,362,000**					
2.8.12.48.a	Conduct a 2 day Training of 10 Community Volunteers (CV)in 19 OTP sites (ie 190 OTP CVs) as allocated to Enugu State by 4 officers for active identification of SAM children	₦9,562,000	₦0	₦0	**₦9,562,000**	**Local Government level**	▲			
2.8.12.48.b	Monthly stipends/transport allowance for the CVs	₦22,800,000	₦0	₦0	**₦22,800,000**	**Local Government level**	▲			
2.8.12.49	**Strengthen in-patient care for Severe Accute Malnutrition (SAM) with complication in secondary and/or tertiary facility accross all the 774 LGAs of the federation.**	**₦3,442,500**	₦0	₦0	**₦3,442,500**					
2.8.12.49.a	Conduct 3- Day State level Training of 20 Health Workers across selected secondary and Tertiary Health facilities on In Patient Care (IPC) for the management of Severe acute malnutrition with complications by 5 state officers.	₦3,442,500	₦0	₦0	**₦3,442,500**	**State & FCT level**			▲	
2.8.12.50	**Scaling up community Nutrition best practices**	**₦27,089,076**	₦12,000,000	₦0	**₦15,089,076**					
2.8.12.50.a	Conduct a day Advocacy to the state stakeholders in the ministries, HOS, Civil Service commission, Chairman committee on Health on Nutrition Department mapping in the State by State Nutrition team and the National Nutriton Technical working group,	₦614,500	₦0	₦0	**₦614,500**	**State & FCT level**	▲			
2.8.12.50.b	Establishment and equipping of Nutrition Department in SMOH	₦5,000,000	₦0	₦0	**₦5,000,000**	**State & FCT level**	▲			
2.8.12.50.c	Conduct 2- Day Food Demonstration training for 51 Health workers across all the zones on Complementary Food recipes by 5 state officers.	₦6,737,500	₦0	₦0	**₦6,737,500**	**Local Government level**		▲		

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.8.12.50.d	Establishment of Nutrition corners and food demonstration corners in the 291 health facilities (1 Health Facility/ward)	₦14,737,076	₦12,000,000	₦0	**₦2,737,076**	**Local Government level**		▲		
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**	**₦115,570,000**	₦33,000,000	₦20,040,000	**₦62,530,000**					
2.8.12.54.a	To procure Family planning Contraceptives -Male Condom, 7,200,000 peces, DMPA-SC-15000 , ImplanonNXT, -7200, Hormonal IUD -2000 pieces	₦43,000,000	₦10,000,000	₦0	**₦33,000,000**	**State & FCT level**		▲		
2.8.12.54.b	Conduct a quaterly Last Mile distribution to 17 LGA Supervisors and 650 SDPs by 5 state team mmbers	₦26,910,000	₦13,000,000	₦1,180,000	**₦12,730,000**	**State & FCT level**	▲	▲	▲	▲
2.8.12.54.c	Procure LARC consumables for 200 Health facilities in one quarter	₦11,860,000	₦0	₦11,860,000	**₦0**	**State & FCT level**			▲	
2.8.12.54.d	Procure Family planning Equipments for 200 LARC providers in one quarter	₦23,800,000	₦0	₦7,000,000	**₦16,800,000**	**State & FCT level**				▲
2.8.12.54.e	Procurement of LARC insertion instruments for family planning	₦10,000,000	₦10,000,000	₦0	**₦0**	**State & FCT level**		▲		
2.8.12.55	**Procure and Utilize nutrition commodities for nutritonally 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)**	**₦1,023,627,200**	₦200,000,000	₦0	**₦823,627,200**					
2.8.12.55.a	Procurement and distribution of 45 Cartons of Vitamin A, 100 Cartons Iron Folate , 100 cartons Albendazole, 100 Folic acid,3,081 MMS, 500 Cartons MNP, 500 Cartons of SQ-LNS, 10,000 Cartons of RUTF	₦1,023,627,200	₦200,000,000	₦0	**₦823,627,200**	**State & FCT level**		▲		
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**	**₦5,660,000**	₦0	₦0	**₦5,660,000**					
2.8.12.59.a	Production and printing of 2 way referral forms to facilitate prompt referral and feed back mechanism and improve quality of care	₦5,660,000	₦0	₦0	**₦5,660,000**	**State & FCT level**	▲	▲		
2.8.12.62	**Strengthen the linkage between community health structure and health system to sustain RMNCAEH+N services to targetted Vulnerable & marginalized groups and other communities**	**₦324,329,500**	₦14,000,000	₦0	**₦310,329,500**					

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.8.12.62.a	Conduct a 2 day Selection/Engagement of 12 CHIPS Personnel per ward in 45 wards in the State by 12 state PIU and 45 Ward development committee chairmen	₦5,880,000	₦0	₦0	**₦5,880,000**	**Community/Ward level**	▲			
2.8.12.62.b	Conduct 7 day residential State Training of 24 Trainers for the selected CHIPS by 3 PIU facilitators	₦21,969,500	₦0	₦0	**₦21,969,500**	**State & FCT level**	▲			
2.8.12.62.c	Conduct 10 day Ward Level Training of 540 selected CHIPS and 90 CHEWs by 24 state facilitators.	₦102,555,000	₦0	₦0	**₦102,555,000**	**Community/Ward level**	▲			
2.8.12.62.e	Deployment of the selected 540 CHIPS Personnel for Community mapping and service provision	₦179,925,000	₦0	₦0	**₦179,925,000**	**Community/Ward level**		▲		
2.8.12.62.f	Procurement and distribution of health commodities to both existing and new CHIPS to improve efficiency	₦10,000,000	₦10,000,000	₦0	**₦0**	**Community/Ward level**	▲			
2.8.12.62.g	Provision of data tools for the CHIPS agents for 12 months	₦4,000,000	₦4,000,000	₦0	**₦0**	**Community/Ward level**	▲			
2.8.13	**Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance**	**₦17,712,481,229**	**₦16,795,801,000**	**₦632,978,929**	**₦283,701,300**					
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**	**₦96,858,000**	₦0	₦96,858,000	**₦0**					
2.8.13.2.a	Produce and print I copy each of the revise BHCPF 2.0 guidline for the 30 state core team, 17 LGA, 566 OICs, 260 WDCs	₦4,365,000	₦0	₦4,365,000	**₦0**	**State & FCT level**	▲			
2.8.13.2.b	Distribute new produced BHCPF 2:0 implementation guideline to 17 LGAs	₦340,000	₦0	₦340,000	**₦0**	**State & FCT level**	▲			
2.8.13.2.c	Conduct 3 day residential TOT for 30 state and 17 LGA persons on BHCPF 2.0	₦8,909,000	₦0	₦8,909,000	**₦0**	**Community/Ward level**	▲			
2.8.13.2.d	Conduct 3 day lower level capacity buidling on BHCPF 2.0 implementation for 566 OIC, 566 assistant OICs, and 260 WDCs	₦83,244,000	₦0	₦83,244,000	**₦0**	**State & FCT level**	▲			
2.8.13.3	**Establish standards for PHC functionality and stratify existing PHCs accordingly**	**₦30,000,000**	₦30,000,000	₦0	**₦0**					
2.8.13.3.a	Conduct PHC summit to ensure thw uptake on infrstructural and community adoiption program as a means to achieving universal health coverage	₦30,000,000	₦30,000,000	₦0	**₦0**	**Local Government level**			▲	
2.8.13.4	**Update nationwide PHC assessments to establish baseline, and create a sustainable system for real time visibility into PHC functionality status**	**₦16,990,000**	₦0	₦16,990,000	**₦0**					

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							Q1	Q2	Q3	Q4
2.8.13.4.a	Conduct a 3-days residential state level TOT on WASH FIT methodology for 47 state and 17 LGA staff	₦15,500,000	₦0	₦15,500,000	**₦0**	**State & FCT level**	▲			
2.8.13.4.b	Conduct a day PHC Assessment in 566 PHCs by the 47 state and 17 LGA staffs	₦1,240,000	₦0	₦1,240,000	**₦0**	**Primary Health Facilities**	▲			
2.8.13.4.c	Produce and print 50 comprehensive report of PHC Assessment	₦250,000	₦0	₦250,000	**₦0**	**State & FCT level**	▲			
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)**	**₦16,925,102,300**	₦16,625,000,000	₦16,401,000	**₦283,701,300**					
2.8.13.5.a	Conduct a day Meeting of 6 persons to select prioritized PHCs for revitalization	₦24,000	₦0	₦24,000	**₦0**	**State & FCT level**	▲			
2.8.13.5.b	Conduct a day meeting of 6 persons from the agency and 6 persons from MoW to assess the selected PHC and develop Bill of Quantity	₦720,000	₦0	₦720,000	**₦0**	**State & FCT level**	▲			
2.8.13.5.c	Equipping the 299 Type 2 Primary Health Care Facilities throughout the State to enhance Service delivery	₦4,139,473,300	₦4,000,000,000	₦60,000	**₦139,413,300**	**State & FCT level**	▲			
2.8.13.5.d	Conduct a day engagement meeting on Monitoring and tracking of the revitalization by 12 monitors per week for 3 months	₦768,000	₦0	₦360,000	**₦408,000**	**State & FCT level**	▲	▲		
2.8.13.5.e	Renovation, upgrading and procurement of medical equipment in the 6 revitalised PHCs across the 17 LGAs to enhance service delivery	₦555,237,000	₦540,000,000	₦15,237,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.13.5.f	CP - construction of 160 type 2 PHCs across the 17 LGAs to expand healthcare coverage and improved service delivery.	₦10,043,880,000	₦10,000,000,000	₦0	**₦43,880,000**	**State & FCT level**	▲	▲	▲	▲
2.8.13.5.g	Upgrading and renovation of 30 existing type 2 PHCs across the 17 LGAs to improve infrastructure and healthcare accessibility	₦2,100,000,000	₦2,000,000,000	₦0	**₦100,000,000**	**State & FCT level**	▲	▲	▲	▲
2.8.13.5.h	Installation of solar-powered electricity systems at the State Primary Health Care Development Agency to ensure uninterrupted power supply and operational efficiency.	₦85,000,000	₦85,000,000	₦0	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.13.6	**Develop and implement a holistic Advocacy, Communication and Community Engagement strategy**	**₦5,340,000**	₦5,000,000	₦340,000	**₦0**					
2.8.13.6.a	distribute WASH factsheet indicators to 17 LGAs for PHC collection	₦340,000	₦0	₦340,000	**₦0**	**State & FCT level**		▲		
2.8.13.6.b	Construction and provision of 2 overhead plastic tanks with metal stands for WASH at the SPHCDA office	₦5,000,000	₦5,000,000	₦0	**₦0**	**State & FCT level**		▲		
2.8.13.7	**Enforce quarterly disbursement of funds in line with BHCPF guidelines**	**₦193,592,679**	₦0	₦193,592,679	**₦0**					
2.8.13.7.a	Conduct 3 day Monthly Preparation and computation of capitation payments to 274 BHCPF PHCs	₦140,000	₦0	₦140,000	**₦0**	**Workplaces (formal/informal)**	▲	▲		

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							Q1	Q2	Q3	Q4
2.8.13.7.b	Conduct 3 days Monthly Capitation Disbursement to 274 PHCs	₦193,452,679	₦0	₦193,452,679	**₦0**	**Community/Ward level**	▲	▲		
2.8.13.9	**Update financial management and reporting guidelines and processes for SSHIAs (where necessary)**	**₦982,000**	₦0	₦982,000	**₦0**					
2.8.13.9.a	Conduct 3 days monthly updated reports of ESAUHC financial activities of 274 BHCPF PHCs and other ESUHCS programmes to State NHIA, Enugu	₦982,000	₦0	₦982,000	**₦0**	**Workplaces (formal/informal)**	▲	▲		
2.8.13.11	**Use of accounting software to monitor end-to-end disbursement funds including transactions at PHCs**	**₦5,350,000**	₦1,146,000	₦4,204,000	**₦0**					
2.8.13.11.a	Conduct 1 day meeting with a Consultant to Develop ESAUHC accounting software by 3 ESAUHC UHC staff	₦150,000	₦50,000	₦100,000	**₦0**	**Workplaces (formal/informal)**				
2.8.13.11.b	Conduct 3 day training of 6 Accounting Officers by 2 software consultants on the use of the account software in tracking of funds expenditure by 274 PHCs across the State	₦96,000	₦96,000	₦0	**₦0**	**State & FCT level**				
2.8.13.11.c	Conduct 1 day Quarterly Training and retraining of 88 OICs in 17 LGAs by 2 facilitators on the use of the account software in reporting fund disbursement and utilization	₦5,104,000	₦1,000,000	₦4,104,000	**₦0**	**Local Government level**	▲	▲		
2.8.13.12	**Leverage technology for end-to-end BHCPF financial management and expenditure tracking**	**₦13,528,000**	₦0	₦13,528,000	**₦0**					
2.8.13.12.a	Develop and deploy a web-based application to track revenue, fund utilization, and expenditure at the PHC level	₦1,500,000	₦0	₦1,500,000	**₦0**	**State & FCT level**	▲			
2.8.13.12.b	Conduct a day app development checklist for data collection tool.	₦500,000	₦0	₦500,000	**₦0**	**State & FCT level**	▲			
2.8.13.12.c	Conduct a day 15 persons stakeholders' co-creation workshop for data collection tool	₦115,000	₦0	₦115,000	**₦0**	**State & FCT level**	▲			
2.8.13.12.d	Deploy and maintain app through internet subscription	₦2,000,000	₦0	₦2,000,000	**₦0**	**State & FCT level**		▲		
2.8.13.12.e	Conduct a day quarterly review meeting of 30 persons on financial management and app's performance	₦2,280,000	₦0	₦2,280,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.13.12.f	Conduct a day HRH capacity building on how to use app for 566 OICs by 17 facilitator	₦6,053,000	₦0	₦6,053,000	**₦0**	**Community/Ward level**			▲	
2.8.13.12.g	provision of a day monthly technical support by 3 persons on data management	₦1,080,000	₦0	₦1,080,000	**₦0**	**Community/Ward level**	▲	▲	▲	▲
2.8.13.13	**Utilize Financial Management Officers (FMOs) for quarterly tracking of spending with clear ToR**	**₦2,124,000**	₦764,000	₦1,360,000	**₦0**					
2.8.13.13.a	Conduct 1 day quarterly check of financial Records at 88 PHCs by 6 ESAUHC Accountants	₦1,764,000	₦764,000	₦1,000,000	**₦0**	**Local Government level**	▲	▲		

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.8.13.13.b	Conduct 1 day Monthly capitation retirement check from 274 PHCs by 3 ESAUHC accountants	₦360,000	₦0	₦360,000	**₦0**	**Workplaces (formal/informal)**	▲	▲		
2.8.13.16	**Revise tariffs to encourage private sector involvement**	**₦560,000**	₦200,000	₦360,000	**₦0**					
2.8.13.16.a	Conduct 1 day quarterly meeting with 10 Private Healthcare providers on the implementation of ESUHCS by ESAUHC health department	₦560,000	₦200,000	₦360,000	**₦0**	**Workplaces (formal/informal)**	▲	▲		
2.8.13.20	**Enhance sustainability by implementing better risk management practices, counterpart funding, defined role of TPAs and reinsurance.**	**₦133,691,000**	₦133,691,000	₦0	**₦0**					
2.8.13.20.a	Demand the State Counterpart Fund for 260 BHCPF PHC Facility overhead (ie 25% of NPHCPF budget) to strengthening of service delivery, improving commodity avaliability, ensuring PHC Facility functionality & generating demand.	₦133,691,000	₦133,691,000	₦0	**₦0**	**State & FCT level**	▲			
2.8.13.21	**Increase operational budget to enhance fiduciary oversight and to intensify monitoring and LGA supervision**	**₦52,980,000**	₦0	₦52,980,000	**₦0**					
2.8.13.21.a	To support the 26 OICs on day monthly reporting platform with data and state monitors with monthly transport.	₦9,360,000	₦0	₦9,360,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.13.21.b	Develop near real time dashboard for tracking of PHC weekly report	₦2,200,000	₦0	₦2,200,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.13.21.c	Conduct 4 day monthly monitoring visits by 17 LGAs officers the LGA PHC	₦16,820,000	₦0	₦16,820,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.13.21.d	Conduct 5 day quarterly state's M&E data collection for 26 mentors	₦10,660,000	₦0	₦10,660,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.13.21.e	Conduct 5 day quarterly state's Quality Assessment for 34 quality assessors	₦13,940,000	₦0	₦13,940,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.13.22	**Deliver BHCPF as One Package at the last mile.**	**₦24,207,250**	₦0	₦24,207,250	**₦0**					
2.8.13.22.a	Procurement of 4 Office Equipment in BHCPF unit (4 laptops, 1 Photocopier, 1 Printer, 5 realm of paper every quarter, 4 printer tonners everyquarter, 4 catridges every 6 months)	₦3,017,250	₦0	₦3,017,250	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.13.22.b	provide monthly internet subscription for the desk office	₦50,000	₦0	₦50,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.13.22.c	conduct a day quarterly review meeting of 60 people on BHCPF facilities	₦7,920,000	₦0	₦7,920,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.13.22.d	Develop and deploy a web-based application to track absenteesim in PHCs	₦3,500,000	₦0	₦3,500,000	**₦0**	**State & FCT level**	▲			
2.8.13.22.e	Develop a checklist for app development of data collection tool for BHCPF facilities	₦500,000	₦0	₦500,000	**₦0**	**State & FCT level**	▲			
2.8.13.22.f	Server subscription and software maintenance	₦1,200,000	₦0	₦1,200,000	**₦0**	**State & FCT level**		▲		

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.8.13.22.h	To provide a day technical support by 4 persons to the 566 PHCs in the 17 LGAs	₦8,020,000	₦0	₦8,020,000	**₦0**	**Community/Ward level**	▲	▲	▲	▲
2.8.13.28	**Harmonize NPHCDA and NHIA MSP**	**₦1,584,000**	₦0	₦1,584,000	**₦0**					
2.8.13.28.a	Conduct a day Inter-gateway forum meeting of 26 participants for harmonization of MSP	₦104,000	₦0	₦104,000	**₦0**	**State & FCT level**	▲			
2.8.13.28.b	Conduct a day State sensitization meeting to 26 Mentors on harmonised MSP	₦104,000	₦0	₦104,000	**₦0**	**State & FCT level**	▲			
2.8.13.28.c	Conduct a day sensitization at LGA level on harmonization (involving 17 HOD and 17 Liaison Officers)	₦1,166,000	₦0	₦1,166,000	**₦0**	**State & FCT level**	▲			
2.8.13.28.d	Conduct a day Joint supervision between 6 SPHCDA and 3 UHC on implentation of MSP, 5 person per 17 LGA.	₦210,000	₦0	₦210,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.8.13.29	**Standardize the overall minimum benefit package to beneficiaries (across SSHIAs, NHIA, NPHCDA and other NHIA programs)**	**₦206,242,000**	₦0	₦206,242,000	**₦0**					
2.8.13.29.a	Print and distribute copies of BMSPH to all 566 PHCs by the 17 LGAs	₦3,170,000	₦0	₦3,170,000	**₦0**	**State & FCT level**	▲			
2.8.13.29.b	procure laboratory equipment to meet the equipment need of the BMSPH in 260 PHCs	₦191,100,000	₦0	₦191,100,000	**₦0**	**State & FCT level**		▲		
2.8.13.29.c	Conduct statewide advocacy and sensitization to 566 communities on availability of BMSPH in all PHC catchments	₦11,972,000	₦0	₦11,972,000	**₦0**	**Community/Ward level**		▲		
2.8.13.32	**Quarterly MOC meetings on the BHCPF's performance.**	**₦3,350,000**	₦0	₦3,350,000	**₦0**					
2.8.13.32.a	Conduct 2 day Biannual meeting of 25 participants on Performance Monitoring of 50 selected BHCPF facilities	₦1,550,000	₦0	₦1,550,000	**₦0**	**State & FCT level**	▲		▲	
2.8.13.32.b	Conduct one day quarterly meeting of 25 committee members on State Oversight of BHCPF	₦1,800,000	₦0	₦1,800,000	**₦0**	**State & FCT level**	▲		▲	
2.8.14	**Expand financial protection to all citizens through health insurance expansion and other innovative financing mechanisms**	**₦421,870,333**	**₦404,220,333**	**₦17,650,000**	**₦0**					
2.8.14.1	**Expand health insurance coverage and other pre-pooling mechanism for health**	**₦139,895,000**	₦131,787,000	₦8,108,000	**₦0**					
2.8.14.1.a	Conduct a 1 day advocacy/sensitization visit to 5 House Committee members on Health at State house of Assembly on enforcement of ESAUHC law	₦2,026,000	₦26,000	₦2,000,000	**₦0**	**State & FCT level**			▲	
2.8.14.1.b	Conduct one day advocacy/ sensitization visit to 24 members of House assembly on ESAUHC programme and enforcement of ESUHCS law	₦26,000	₦26,000	₦0	**₦0**	**State & FCT level**				

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.8.14.1.c	Conduct 17 day advocacy/sensitization visit by 3 ESAUHC staff to the newly elected 17 LGA Chairmen at LGA HQTs on implementation of ESUHCS	₦2,006,000	₦394,000	₦1,612,000	**₦0**	**Local Government level**				
2.8.14.1.d	Conduct a bimonthly Follow up advocacy/senstization visit to 24 Memebers of House of Assembly and 17 LGA Chairmen through sms, email and whatsapp by ESAUHC ES	₦60,000	₦60,000	₦0	**₦0**	**Community/Ward level**	▲	▲		
2.8.14.1.e	Create 1 day Public awareness in 4 radio stations on packages and benefit of health insurance for 12 months using jingles and IEC materials eg fliers, posters, billboard, lamp post banners	₦19,290,000	₦18,090,000	₦1,200,000	**₦0**	**Local Government level**	▲	▲		
2.8.14.1.f	Conduct 1 day Training in 3 or 4 LGAs by 3 ESAUHC Staff per LGA for 2 Enrolment Agents per ward for the 260 wards in the 17 LGAs over 5 days .	₦9,050,000	₦8,050,000	₦1,000,000	**₦0**		▲	▲		
2.8.14.1.h	Conduct 1 day quarterly enrollment drive of vulnerable group,disable, social mothers, and individuals by ESAUHC staff to 260 wards at the strategic market places in the 17 LGAs	₦91,024,000	₦91,024,000	₦0	**₦0**	**Workplaces (formal/informal)**	▲	▲		
2.8.14.1.j	Conduct 1 day Launching of Enugu State Universal Health Coverage Scheme for Formal, Informal, Adoption/Diaspora, T-Ship)	₦12,727,000	₦12,727,000	₦0	**₦0**					
2.8.14.1.k	Conduct 1 day quartely meeting for 6 staff of ESAUHC, State and Zonal NHIA on quartely review of health insurance activities by ESAUHC	₦296,000	₦0	₦296,000	**₦0**		▲	▲		
2.8.14.1.l	Conduct 1 day Commomoration of UHC Day by 35 ESAUHC staff and 150 invites	₦3,390,000	₦1,390,000	₦2,000,000	**₦0**	**State & FCT level**		▲		
2.8.14.2	**Improve equity of coverage through effective implementation of public subsidies**	**₦278,803,333**	₦270,695,333	₦8,108,000	**₦0**					
2.8.14.2.a	Conduct 1 day Advocacy visit to 300 Igwes, PGs, Religiuos groups, Philantropist in 17 LGA by ESAUHC Staff over 5 days	₦680,000	₦680,000	₦0	**₦0**	**Community/Ward level**				
2.8.14.2.b	Conduct 1 day Quarterly meeting for 20 officers from Min of Health, SHMB, SPHCDA, Min of Gender affairs, Poverty reduction, Education and State Safety Protection Coordinating Unit on identification of vulnerables, disables and social mothers	₦320,000	₦320,000	₦0	**₦0**	**Workplaces (formal/informal)**	▲	▲		
2.8.14.2.c	Conduct 1 day biannual meeting with 260 Ward Enrolment Committee Chairmen by 12 ESA UHC staffs	₦8,068,000	₦0	₦8,068,000	**₦0**	**Local Government level**	▲	▲		
2.8.14.2.d	1 day one off Payment of equity fund of 1% CRF by State Government into State Health Insurance Health Fund account as stated in the law that established ESAUHC for expansin of coverage	₦100,000,000	₦100,000,000	₦0	**₦0**	**State & FCT level**				

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.8.14.2.e	One off Payment of 25% BHCPF counterpart fund by the State Government into the State Health Insurance Health Fund account for coverage of vulnerables	₦169,695,333	₦169,695,333	₦0	**₦0**	**State & FCT level**	▲	▲		
2.8.14.2.f	Conduct 1 day Quartely Zoom meetings with 10 Adoption/ Diaspora/CSR benefactors on the progress of the scheme	₦40,000	₦0	₦40,000	**₦0**	**Workplaces (formal/informal)**	▲	▲		
2.8.14.3	**Utilize strategic purchasing mechanism for high impact interventions**	**₦3,172,000**	₦1,738,000	₦1,434,000	**₦0**					
2.8.14.3.a	Conduct a one day meeting with 10 Private hospitals on implementation of ESUHCS and referrals by ESAUHC 5 staff	₦90,000	₦0	₦90,000	**₦0**	**Workplaces (formal/informal)**	▲	▲		
2.8.14.3.b	Conduct a one day quarterly meeting by 8 ESA UHC staffs for 27 Public Hospitals on implementation of ESUHCS and referrals.	₦1,640,000	₦1,000,000	₦640,000	**₦0**	**Workplaces (formal/informal)**	▲	▲		
2.8.14.3.c	Conduct 3 days Quarterly Quality Assessment of 27 Public and Private Hospitals using a checklist by ESAUHC	₦1,404,000	₦700,000	₦704,000	**₦0**	**Local Government level**	▲	▲		
2.8.14.3.d	Conduct 1 day meeting with 15 persons from private and public HFS for review and adoption of ESAUHC tariff extracted from NHIA Tariff for PCL and SCL by 7 ESAUHC staff.	₦30,000	₦30,000	₦0	**₦0**	**Workplaces (formal/informal)**				
2.8.14.3.e	Conduct 5 days review and Amendement of ESAUHC contract agreement by Legal Advisor, ES and 6 management team	₦8,000	₦8,000	₦0	**₦0**	**Workplaces (formal/informal)**		▲		
2.9	**Revitalize the end-to-end (production to retention) healthcare workers' pipeline**									
2.9.15	**Increase availability and quality of HRH**	**₦712,998,910**	**₦535,968,000**	**₦20,124,000**	**₦156,906,910**					
2.9.15.1	**Increase production of health workers**	**₦692,504,910**	₦535,548,000	₦0	**₦156,956,910**					
2.9.15.1.a	Carryout two days advocacy visit to gvernment and her agencies to lobby for recriutment of qualified tutors enabling environment teaching and learning in the two Colloges of Health Technology, Nsukka and Oji-River.	₦4,560,000	₦4,560,000	₦0	**₦0**	**Health Training Institutions**	▲	▲	▲	▲
2.9.15.1.b	Conduct five (5) days capacity building workshops for teachers	₦130,950,000	₦130,950,000	₦0	**₦0**	**Health Training Institutions**	▲	▲	▲	▲
2.9.15.1.c	Support Teachers to conduct scientific and emperical based reseach.	₦9,575,000	₦9,575,000	₦0	**₦0**	**Health Training Institutions**	▲	▲	▲	▲
2.9.15.1.d	Purchase of utility vehicles	₦160,000,000	₦160,000,000	₦0	**₦0**	**Health Training Institutions**	▲	▲	▲	▲
2.9.15.1.e	Collect data annually on the available Nurse educators/Midwives in the 2 state collages of Nursing training institutions	₦456,500	₦456,500	₦0	**₦0**	**Health Training Institutions**	▲		▲	
2.9.15.1.f	Advocacy for replacement of retired workforce in the 2 state collages	₦450,500	₦450,500	₦0	**₦0**	**Health Training Institutions**	▲			

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							Q1	Q2	Q3	Q4
2.9.15.1.g	Advocacy for allowances, renumerations and motivation to the collage staff	₦13,260,000	₦13,260,000	₦0	**₦0**	**Health Training Institutions**				▲
2.9.15.1.h	Advocacy to retain adequate number of staff with the right specialty qualifications in the 2 colleges	₦5,796,000	₦5,796,000	₦0	**₦0**	**Health Training Institutions**				▲
2.9.15.1.i	Equip the 2 collages of Nursing sciences	₦210,500,000	₦210,500,000	₦0	**₦0**	**Health Training Institutions**				
2.9.15.1.j	Conduct accreditation exercise once every three years in the 3 state collages of nursing sciences to fulfil the requirement from the Nursing and Midwifery council of Nigeria NMCN.	₦156,956,910	₦0	₦0	**₦156,956,910**	**Health Training Institutions**			▲	
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**	**₦20,494,000**	₦420,000	₦20,124,000	**-₦50,000**					
2.9.15.4.a	Conduct a 5 Day residential Training of 25 Participants on Workload Indication of Staffing Needs (WISN) Tool for Assessing Workload Pressure among Health Workers and Between Health Facilities for Equitable Distribution of Healthcare Workers	₦9,200,000	₦0	₦9,200,000	**₦0**	**State & FCT level**	▲			
2.9.15.4.b	Conduct a 5 day Pilot Survey of 20 Health Facilities Across the State on WISN Tool with 4 Data Collectors	₦280,000	₦0	₦280,000	**₦0**	**State & FCT level**		▲		
2.9.15.4.c	Conduct one day Quarterly Meeting of the 35 Member HRH TWG to Review Activities and Situation Around the State	₦1,960,000	₦0	₦1,960,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.9.15.4.d	Inauguration of the 30 Member HRH State Steering Committee (SSC)	₦420,000	₦420,000	₦0	**₦0**	**State & FCT level**	▲			
2.9.15.4.e	Conduct one day Quarterly Meeting of the 30 Member HRH SSC to Review the Operations of the HRH-TWG	₦1,680,000	₦0	₦1,680,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.9.15.4.f	Procurement of Equipment for the HRH Unit of the Planning, Research & Statistics Department for effectiveness of the unit	₦6,954,000	₦0	₦7,004,000	**-₦50,000**	**State & FCT level**	▲	▲	▲	
Pillar Three		**₦ 763,039,452**	**₦ 454,341,220**	**₦ 321,275,382**	**-₦ 12,577,150**					
3.10	**Promote clinical research and development**									
3.10.16	**Re-Position Nigeria at the forefront of emerging R&D innovation, starting with local clinical trials and translational science**	**₦26,089,750**	**₦13,044,150**	**₦28,254,000**	**-₦15,208,400**					
3.10.16.2	**Strenghten National and Sub-national R&D coordination framework through the National Health Research Committee and National Health Research Ethics Committee**	**₦19,897,250**	**₦6,851,650**	**₦13,334,000**	**-₦288,400**					
3.10.16.2.a	5-day residential training of the 12 newly constituted State health research committee on research ethics by 3 facilitators	₦10,334,000	₦0	₦10,334,000	**₦0**	**State & FCT level**	▲			

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							Q1	Q2	Q3	Q4
3.10.16.2.b	One day Bi-weekly meeting of 12 State Health research Ethics Committee to review and give approval letters to researchers	₦8,064,000	₦5,064,400	₦3,000,000	**-₦400**	**State & FCT level**	▲	▲	▲	▲
3.10.16.2.c	Provision of operational costs to print research approvals	₦1,499,250	₦1,787,250	₦0	**-₦288,000**	**State & FCT level**	▲	▲	▲	▲
3.10.16.6	**Encourage the standardization, local production, and commercialization of traditional medicines and services**	**₦6,192,500**	**₦6,192,500**	**₦14,920,000**	**-₦14,920,000**					
3.10.16.6.b	Conduct a one day 40 member Stakeholders meeting for moitoring and inspection of Traditional Medicine Practitioners	₦1,660,000	₦1,660,000	₦0	**₦0**	**State & FCT level**	▲			▲
3.10.16.6.d	Procurement of office equipment for traditional Medicine Practitioners Departmental office at Enugu State Ministry of Health Head quarters.	₦4,532,500	₦4,532,500	₦0	**₦0**	**State & FCT level**	▲			
3.13	**Strengthen supply chains**									
3.13.19	**Streamline existing supply chains to remove complexity**	**₦736,949,702**	**₦441,297,070**	**₦293,021,382**	**₦2,631,250**					
3.13.19.1	**Setting up of the National Medicines, Vaccines and Health Commodities Management Agency at the Federal Level to harmonize and coordinate all health supply chain activities (including emergency response supply chain system)**	**₦422,404,570**	**₦414,115,070**	**₦8,389,500**	**-₦100,000**					
3.13.19.1.a	Conduct a day advocacy visit to the PS and HCH on esthablising DMA.	₦80,000	₦0	₦80,000	**₦0**	**State & FCT level**	▲			
3.13.19.1.b	Conduct one day Inuguration/establishment of the 20 management team of the newly upgraded CMS/warehouse.	₦290,000	₦0	₦290,000	**₦0**	**State & FCT level**	▲			
3.13.19.1.c	Conduct a three day workshop of 9 management team members of the newly upgraded warehouse by 6 facilitators	₦7,919,500	₦0	₦8,019,500	**-₦100,000**	**State & FCT level**	▲			
3.13.19.1.e	Procurment of office equipment, office funitures and fitting for the 18 offices and one confrence hall in the newly upgraded warehouse at the CMS.	₦31,935,070	₦31,935,070	₦0	**₦0**	**State & FCT level**	▲		▲	
3.13.19.1.f	Conduct one day quarterly meeting of 10 management members of the new upgraded warehouse.	₦260,000	₦260,000	₦0	**₦0**	**State & FCT level**	▲		▲	
3.13.19.1.g	Conduct one day refresher training of the 20 warehouse management for the newly upgraded warehouse.	₦120,000	₦120,000	₦0	**₦0**	**State & FCT level**	▲			
3.13.19.1.h	Ensure the Recapitalization of the drug revolving fund scheme (DRF) effective takeoff of the upgraded central medical store (CMS) to serve as State Drug Management Agency.	₦350,000,000	₦350,000,000	₦0	**₦0**	**State & FCT level**	▲			
3.13.19.1.i	Procurement of one 100KVA Perkins Generator for the newly upgraded to pharmagrade warehouse with the State 2 cold chain store that will be relocated.	₦31,800,000	₦31,800,000	₦0	**₦0**	**State & FCT level**	▲			
3.13.19.2	**Strenghten 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)**	**₦132,615,250**	**₦1,052,000**	**₦138,602,250**	**-₦7,039,000**					

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							Q1	Q2	Q3	Q4
3.13.19.2.a	To participate in a one day rotational quarterly by 3 (DPS, DMLS and LMCU Coordinator) on intergrated Regional PROCUREMENT SUPPLY CHAIN MANAGEMENT TECHNICAL WORKING GROUP (iRPSMTWG) MEETING .	₦3,028,000	₦0	₦5,502,000	**-₦2,474,000**	**State & FCT level**	▲	▲	▲	▲
3.13.19.2.b	Conduct a one day rotational quarterly intergrated Regional PROCUREMENT SUPPLY CHAIN MANAGEMENT TECHNICAL WORKING GROUP (iRPSMTWG) MEETING.	₦4,222,800	₦0	₦4,222,800	**₦0**	**State & FCT level**	▲	▲	▲	▲
3.13.19.2.c	Conduct a one day biannual meeting of 35 ARV focal persons.	₦2,655,200	₦0	₦3,035,200	**-₦380,000**	**State & FCT level**	▲	▲	▲	▲
3.13.19.2.d	Conduct a one day bi-monthly Logistics Management Coordinating Unit (LMCU) meeting of 30 persons	₦780,000	₦0	₦780,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
3.13.19.2.e	Conduct one day Bi-monthly LOGISTICS meeting of 6 persons on data report collation, review/validation and data entry into NHLMIS for different health programs in the state.	₦900,000	₦0	₦1,080,000	**-₦180,000**	**State & FCT level**	▲	▲	▲	▲
3.13.19.2.f	Conduct a 5 day biannual capacity building workshop for 150 LGAs LMCUs and health facility logistics officers on logistics management of public health commodities.	₦111,570,000	₦0	₦115,570,000	**-₦4,000,000**	**State & FCT level**	▲			▲
3.13.19.2.g	Conduct a one day quarterly intergrated Monitoring and supportive supervison to health facilities by 6 persons	₦2,804,000	₦0	₦2,804,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
3.13.19.2.h	Conduct a 3 day Bi-monthly Last Mile Delivery Monitoring to health facilities	₦1,512,000	₦1,000,000	₦512,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
3.13.19.2.i	Production and distribution of inventory control cards.	₦2,095,000	₦0	₦2,095,000	**₦0**		▲			
3.13.19.2.j	Conduct a one day biannual meeting of 4 persons on Sustainable Drug Supply System Management Meeting (SDSS)	₦52,000	₦52,000	₦0	**₦0**		▲		▲	
3.13.19.2.k	Repair and servicing of one HILUX vehicle attached to DPS office.	₦2,000,000	₦0	₦2,000,000	**₦0**		▲		▲	
3.13.19.2.l	Purchase of a laptop and a printer for the secratery of DPS	₦996,250	₦0	₦1,001,250	**-₦5,000**		▲			
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**	**₦22,428,750**	**₦0**	**₦13,872,500**	**₦8,556,250**					
3.13.19.4.a	Conduct a two day quarterly meeting of 6 state CMS stakeholders	₦672,000	₦0	₦672,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
3.13.19.4.b	A two days rresidential workshop of 15 HODs of pharmacy and 15 accountants from the state ministry of finance attached to public health facilities to orient them on the upgraded warehouse operational guidelines and SOP.	₦9,537,500	₦0	₦0	**₦9,537,500**	**State & FCT level**		▲		
3.13.19.4.c	Procurment of 1 laptops and 1 three in one printers for the M & E and inspectorate unit of Pharmacy Dept. to enable them report/give data, access data and analyse data.	₦981,250	₦0	₦1,962,500	**-₦981,250**	**State & FCT level**	▲			

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
3.13.19.4.d	Conduct 4 day quarterly routine DRF moinitoring and evaluation of all public health facilities in the state to acertain complaince with DRFoperations guideline.	₦1,144,000	₦0	₦1,144,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
3.13.19.4.e	Printing and distribution of reporting tools for logistics management of health products and services for the various public health programs.	₦10,094,000	₦0	₦10,094,000	**₦0**	**State & FCT level**	▲			
3.13.19.5	**Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels)**	**₦32,054,000**	**₦26,130,000**	**₦4,680,000**	**₦1,244,000**					
3.13.19.5.a	Conduct a one day bimonthly pharmcovigilance of 25 stackholders meeting from representatives of CMS, LMCU , M & E, inspectorate and Partners.	₦660,000	₦0	₦660,000	**₦0**	**State & FCT level**	▲		▲	
3.13.19.5.b	Conduct one day quarterly reseidential supervision visit by 3 persons on public health facility to improve ADR screening, docmentation and reporting using NAFDAC yellow form	₦1,554,000	₦0	₦0	**₦1,554,000**	**State & FCT level**	▲	▲	▲	▲
3.13.19.5.c	Biannual Printing and distribution of Pharmacovigilance reporting tools for different public health programs	₦4,020,000	₦0	₦4,020,000	**₦0**	**State & FCT level**	▲			▲
3.13.19.5.d	One day PCN inspection of the newly upgraded warehouse	₦310,000	₦620,000	₦0	**-₦310,000**	**State & FCT level**		▲		
3.13.19.5.e	Registration of the newly Upgraded Enugu State CMS/warehouse with Pharmacist Council of Nigeria	₦1,500,000	₦1,500,000	₦0	**₦0**	**State & FCT level**		▲		
3.13.19.5.f	Insurance of the upgraded Enugu State Warehouse	₦10,010,000	₦10,010,000	₦0	**₦0**	**State & FCT level**		▲		
3.13.19.5.g	Conduct one day quarterly maintainenace of the newly upgraded Enugu State warehouse (payment of electricity bill, fueling of generator, cutting of grasses/fumigation, maintenance of electrical installations etc)	₦2,000,000	₦2,000,000	₦0	**₦0**	**State & FCT level**	▲	▲	▲	▲
3.13.19.5.h	Procurement and installation of one 100KVA step down transformer at the newly upgraded Enugu State Drug Warehouse	₦12,000,000	₦12,000,000	₦0	**₦0**	**State & FCT level**	▲			
3.13.19.6	**Strenghten 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)**	**₦127,447,132**	**₦0**	**₦127,477,132**	**-₦30,000**					
3.13.19.6.a	To Participate in a day monthly monitoring and inspection of community pharmacies and PPMVs in Enugu State.	₦80,948,000	₦0	₦80,948,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
3.13.19.6.b	conduct a 3 day residential Setting up, installation, standardization and training of the QC unit of Enugu CMS by 2 consultant	₦456,000	₦0	₦486,000	**-₦30,000**	**State & FCT level**		▲		
3.13.19.6.c	Procurement of the Quality Control equipment for the QC lab. of the newly upgraded warehouse .	₦35,336,132	₦0	₦35,336,132	**₦0**	**State & FCT level**		▲		

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3.13.19.6.e	Printing and distribution of the reviewed and adopted Enugu State Essential Drug List.	₦10,069,000	₦0	₦10,069,000	**₦0**	**State & FCT level**	▲			
3.13.19.6.f	One day Bimonthly surpervision by 2 persons of all interns in designated pharmacists internship training centers in the state.	₦638,000	₦0	₦638,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
Pillar Four		**₦ 1,754,039,700**	**₦ 1,303,064,500**	**₦ 317,870,200**	**₦ 133,105,000**					
4.14	**Improve the ability to detect, prevent and respond to public health threats (e.g., Cholera, Lassa)**									
4.14.20	**Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security**	**₦1,571,739,700**	**₦1,282,424,500**	**₦309,780,200**	**-₦20,465,000**					
4.14.20.1	**Establish Presidential Task Force/ Cabinet Committee for effective coordination, oversight and funding involving all relevent 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**	**₦7,725,000**	**₦1,847,500**	**₦7,390,000**	**-₦1,512,500**					
4.14.20.1.a	Conduct a 1 day meeting of 55 stakeholders to establish enugu state Integrated Health Emergency Operation (IHEOC) Center technical working group	₦1,545,000	₦1,847,500	₦0	**-₦302,500**	**State & FCT level**	▲			
4.14.20.1.b	Conduct a day quarterly meeting of IHEOC technical working committee	₦6,180,000	₦0	₦7,390,000	**-₦1,210,000**	**State & FCT level**	▲	▲	▲	▲
4.14.20.3	**Workforce Capacity Building - Enhances capabilities to achieve health security**	**₦132,273,500**	**₦97,430,000**	**₦37,880,000**	**-₦3,036,500**					
4.14.20.3.a	Advocacy for employment of Nurse/Midwife educators of different specialty/ mix to enable them teach every aspect of nursing care	₦70,000,000	₦70,000,000	₦0	**₦0**	**Health Training Institutions**	▲			
4.14.20.3.a	conduct a 3 day residential capacity building workshop of 56 Surveillance officers at the state and LGAs in line with 7 - 1 - 7 approach by 4 facilitators	₦15,770,000	₦0	₦16,330,000	**-₦560,000**	**State & FCT level**	▲			
4.14.20.3.b	Organize special training/workshops for nurse, midwives and student nurses in the collages of nursing on emergency preparedness, lss, bls to imact them on safety issues to ensure the security of lives they care for	₦25,650,000	₦25,650,000	₦0	**₦0**	**Health Training Institutions**	▲		▲	
4.14.20.3.b	Conduct a 2 day residential Training of 27 Epidemiology and one health staff on Event Based Surveillance and tracking of signal by 4 facilitators	₦8,700,500	₦0	₦9,807,500	**-₦1,107,000**	**State & FCT level**	▲			
4.14.20.3.c	Conduct a 2 day Training of 35 PHEOC staff on real time monitoring and visualization of diseases at State EOC by 4 facilitators	₦4,052,500	₦0	₦4,437,500	**-₦385,000**	**State & FCT level**	▲			

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							Q1	Q2	Q3	Q4
4.14.20.3.d	Conduct a 3 day exercise of 45 participants on outbreak simulation	₦6,562,500	₦0	₦7,305,000	**-₦742,500**	**State & FCT level**	▲			
4.14.20.3.e	Conduct a 1 day meeting of 44 high level stakeholders on integrated disease surveillance engagement	₦1,538,000	₦1,780,000	₦0	**-₦242,000**	**State & FCT level**		▲		
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.**	**₦88,107,000**	**₦11,700,000**	**₦86,583,000**	**-₦10,176,000**					
4.14.20.5.a	Conduct a 3 day residential training of 54 state and LGA surveillance officers on multiple disease and health related events reporting platforms (SORMAS, EBS, CBS)	₦17,492,000	₦0	₦20,656,000	**-₦3,164,000**	**State & FCT level**	▲			
4.14.20.5.b	Provision of reporting equipment for 22 State surveillance officers	₦4,700,000	₦4,700,000	₦0	**₦0**	**State & FCT level**	▲			
4.14.20.5.c	Conduct a 1 day non residential meeting to inaugurate 52 State Event based Surveillance (EBS) Technical working group (TWG)	₦3,828,000	₦0	₦4,374,000	**-₦546,000**	**State & FCT level**	▲			
4.14.20.5.d	Conduct a 1 day non residential quarterly meeting of 52 EBS TWG	₦7,616,000	₦0	₦8,760,000	**-₦1,144,000**	**State & FCT level**	▲	▲	▲	▲
4.14.20.5.e	Conduct 3 day non residential training of 174 health facility staff, LGA DSNOs and surveillance officers (in 3 clusters) on SORMAS reporting	₦27,339,000	₦7,000,000	₦22,949,000	**-₦2,610,000**	**State & FCT level**	▲			
4.14.20.5.f	Conduct a one day monthly joint supportive visit to LGAs by 22 state team to ensure proper and timely reporting from responsible officers	₦12,936,000	₦0	₦14,388,000	**-₦1,452,000**	**State & FCT level**	▲	▲	▲	▲
4.14.20.5.g	Conduct a day monthly meeting of 20 participants on data harmonization	₦9,720,000	₦0	₦10,920,000	**-₦1,200,000**	**State & FCT level**		▲	▲	▲
4.14.20.5.h	Conduct monthly surveillance technical review meeting	₦4,476,000	₦0	₦4,536,000	**-₦60,000**	**State & FCT level**	▲	▲	▲	▲
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.**	**₦624,727,200**	**₦604,000,000**	**₦24,927,200**	**-₦4,200,000**					
4.14.20.6.a	Building and equiping a public health laboratory	₦600,000,000	₦600,000,000	₦0	**₦0**	**State & FCT level**	▲	▲	▲	
4.14.20.6.b	Support for laboratory sample transport from LGA to the state laboratory collection hub for epidemic prone diseases (Cholera, lassa fever, Mpox, diphtheria, other outbreaks	₦9,000,000	₦4,000,000	₦8,000,000	**-₦3,000,000**	**State & FCT level**	▲	▲	▲	▲
4.14.20.6.c	Acute flacid paralysis stool sample transport to National reference laboratory Ibadan	₦2,793,600	₦0	₦2,793,600	**₦0**	**State & FCT level**	▲	▲	▲	▲
4.14.20.6.d	Environmental surveillance sample transport to National Reference Laboratory Ibadan	₦2,793,600	₦0	₦2,793,600	**₦0**	**State & FCT level**	▲	▲	▲	▲

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4.14.20.6.e	Stipend to supervisors for Supervision of Environmental surveillance sample collection	₦480,000	₦0	₦480,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
4.14.20.6.f	Conduct a 1 day monthly meeting of 35 environmental surveillance officers	₦6,960,000	₦0	₦8,160,000	**-₦1,200,000**	**State & FCT level**	▲	▲	▲	▲
4.14.20.6.g	Provision of monthly logistic support to 20 state and LGA Rapid Response Team	₦2,700,000	₦0	₦2,700,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
4.14.20.10	**Develop and pilot urban preparedness strategies in line with Global Framework for Strengthening Emergencies in Urban Settings in priority municipalities**	**₦718,907,000**	**₦567,447,000**	**₦153,000,000**	**-₦1,540,000**					
4.14.20.10.a	Restructuring/Expansion of ESMERD building	₦150,000,000	₦0	₦150,000,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
4.14.20.10.c	Procurement Of Equipments For the 10 Ambulances	₦10,000,000	₦10,000,000	₦0	**₦0**	**State & FCT level**	▲	▲	▲	▲
4.14.20.10.d	procurement Of 5 Toyota Middle Carbin Ambulances	₦400,000,000	₦400,000,000	₦0	**₦0**	**State & FCT level**	▲	▲		
4.14.20.10.e	Procurement of 15 Office Equipment in ESMERD	₦7,500,000	₦7,500,000	₦0	**₦0**	**State & FCT level**	▲	▲		
4.14.20.10.g	one day Meeting of 20 Staff and 20 EMT/SEMSAS Stakeholders on operationalization of EMT/SEMSAS in ESMERD	₦780,000	₦0	₦1,660,000	**-₦880,000**	**State & FCT level**	▲			
4.14.20.10.h	One day Inauguration of 30 Member EMT/SEMSAS Committee	₦680,000	₦0	₦1,340,000	**-₦660,000**		▲			
4.14.20.10.i	One day quarterly Meeting of 30 members on EMT/SEMSAS Committee	₦5,360,000	₦5,360,000	₦0	**₦0**		▲	▲	▲	▲
4.14.20.10.j	One day Installation of GIS in all the Available Ambulances in Enugu State by 6 consultants	₦5,600,000	₦5,600,000	₦0	**₦0**			▲		
4.14.20.10.k	3 days mapping of all Ambulances in Public and Private facilities Across All 17 LGAs by 17 Research Assistants and 4 State Stake holders.	₦3,602,000	₦3,602,000	₦0	**₦0**		▲	▲	▲	▲
4.14.20.10.l	Establishment of Command And Control center on EMS System for Realtime Dispatcher of Ambulances And Monitoring Of Emmergency Services In Enugu State	₦135,385,000	₦135,385,000	₦0	**₦0**		▲	▲	▲	▲
4.15	**Build climate resiliency for the health system in collaboration with all other sectors**									
4.15.21	**Establish a One Health approach for threat detection and response, incorporating climate-linked threats**	**₦182,300,000**	**₦20,640,000**	**₦8,090,000**	**₦153,570,000**					
4.15.21.1	**Create a clear accountability mechanism to track the implementation of Climate Health resolutions and commitments.**	**₦156,800,000**	**₦0**	**₦0**	**₦156,800,000**					
4.15.21.1.a	Construction of drainage in 260 PHC Facilities across the State	₦52,000,000	₦0	₦0	**₦52,000,000**	**State & FCT level**	▲	▲	▲	▲
4.15.21.1.b	Clearing of drainages, checking of blockage of natural Flood with channels in 260 PHC Facilities	₦52,000,000	₦0	₦0	**₦52,000,000**	**State & FCT level**	▲	▲	▲	▲
4.15.21.1.c	PHC Beauitification: Planting of trees and flower in 260 PHC Facilities to enhance land management.	₦52,000,000	₦0	₦0	**₦52,000,000**	**State & FCT level**	▲	▲	▲	▲

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4.15.21.1.d	Quarterly monitoring and reporting the progress of these activities .	₦800,000	₦0	₦0	**₦800,000**	**State & FCT level**	▲	▲	▲	▲
4.15.21.5	**Coordinate rapid response to zoonotic, vector borne, climate-sensitive diseases and emergencies, AMR pathogens of pandemic potential, epidemic prone bacterial and fungal infections through One Health Approach**	**₦25,500,000**	**₦20,640,000**	**₦8,090,000**	**-₦3,230,000**					
4.15.21.5.a	Outbreak response (OBR) to possible disease outbreak such as yellow fever, lassa fever and cholera	₦20,000,000	₦20,000,000	₦0	**₦0**	**Local Government level**	▲	▲	▲	▲
4.15.21.5.b	One day advocacy to 4 stakeholders in each LGA and 2 state stakeholders in Enugu State on health hazards associated with sub-standard and expired food	₦120,000	₦140,000	₦0	**-₦20,000**	**State & FCT level**	▲	▲	▲	
4.15.21.5.c	A day training of 300 food handlers from the 3 senatorial zones in Enugu State by 5 state facilitators	₦1,295,000	₦0	₦1,320,000	**-₦25,000**	**State & FCT level**			▲	▲
4.15.21.5.d	Training of 15 enumerators by 5 facilitators on Mapping of food handlers contact in Enugu State	₦1,135,000	₦0	₦1,220,000	**-₦85,000**	**State & FCT level**	▲	▲		
4.15.21.5.e	Conduct one day awareness campaign of 100 persons for world Environmental special day (food handlers week, World Environmental Week) 250 persons	₦2,950,000	₦500,000	₦5,550,000	**-₦3,100,000**	**State & FCT level**	▲	▲	▲	▲
Enabler One		**₦ 318,029,300**	**₦ 82,070,000**	**₦ 152,433,000**	**₦ 105,682,800**					
1.16	**Digitize the health system & have data-backed decision making**									
1.16.22	**Strengthen health data collection, reporting and usage – starting with the core indicators**	**₦244,333,300**	**₦61,300,000**	**₦98,004,500**	**₦107,185,300**					
1.16.22.1	**Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs**	**₦27,478,000**	**₦15,000,000**	**₦7,894,000**	**₦4,584,000**					
1.16.22.1.a	Particpate in a day quarterly meeting of 4 participants in Health Data Consultative Committee.	₦352,000	₦0	₦352,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
1.16.22.1.a	One day meeting of 20 members on Re-activation of HDCC Governance Structure	₦230,000	₦0	₦230,000	**₦0**	**Local Government level**			▲	
1.16.22.1.b	Establish a day meeting of 12 M&E TWG in the SPHCDA	₦452,000	₦0	₦452,000	**₦0**	**State & FCT level**	▲			
1.16.22.1.b	Conduct a day Quaterly meeting of 50 key stakeholders on HDCC data sharing	₦6,020,000	₦0	₦6,860,000	**-₦840,000**	**Local Government level**			▲	
1.16.22.1.c	Conduct a 3 day quarterly meeting of the 12 M&E TWG members in the SPHCDA	₦5,424,000	₦0	₦0	**₦5,424,000**	**State & FCT level**	▲	▲	▲	▲
1.16.22.1.e	Strengthen HMIS in the 567 PHCs in the state	₦15,000,000	₦15,000,000	₦0	**₦0**	**State & FCT level**	▲	▲	▲	▲

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1.16.22.2	**Review, update, and adapt strategic documents on HIS to support monitoring and evaluation of health sector plans and interventions**	**₦73,268,400**	**₦0**	**₦33,360,000**	**₦39,908,400**					
1.16.22.2.a	Payment of monthly data subscription for the Developed interoperable facility wide electronic medical records systems for collecting and reporting data, staff absenteeism monitoring, tracking and other for mentioned above.	₦1,200,000	₦0	₦0	**₦1,200,000**	**State & FCT level**	▲			
1.16.22.2.a	Conduct 3 days monthly meeting of 17LGA M&Es ,4 DPRS SMOH, 2PHCDA, 2 SHMB data officers and 1 person from DMS on data vaildation	₦45,660,000	₦0	₦30,000,000	**₦15,660,000**	**State & FCT level**	▲	▲	▲	▲
1.16.22.2.b	Conduct one day Quarterly Data consultative meetings of 30 participants	₦5,100,000	₦0	₦3,360,000	**₦1,740,000**	**State & FCT level**	▲	▲	▲	▲
1.16.22.2.d	Conduct a 3 day Monthly review meeting for 24 mentors, 17 HOD and 10 state persons on PHCs performance	₦21,308,400	₦0	₦0	**₦21,308,400**	**State & FCT level**				
1.16.22.3	**Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data**	**₦15,628,000**	**₦0**	**₦0**	**₦15,628,000**					
1.16.22.3.a	Conduct a 2 day monthly LGA data validtion meeting for 17 LGAs to ensure timely and quality data for decision mking	₦8,976,000	₦0	₦0	**₦8,976,000**	**State & FCT level**				
1.16.22.3.b	Conduct a 2 day quarterly State data consultative meeting for 12 program officers, 17 LGA M&E Officers and 8 partners.	₦6,652,000	₦0	₦0	**₦6,652,000**	**State & FCT level**				
1.16.22.4	**Strengthen Civil Registration and Vital Statistics (CRVS) system to generate vital statistics of births & deaths including reporting of deaths with the causes**	**₦2,176,000**	**₦100,000**	**₦2,231,500**	**-₦155,500**					
1.16.22.4.a	Conduct a day Collaborative meeting by 5 officers with National Population Commission to strenghthen births and deaths certification reporting system	₦480,500	₦0	₦480,500	**₦0**	**State & FCT level**	▲	▲		
1.16.22.4.a	conduct one day Advocay Visit by 5 SMOH stakeholders to NPC stakeholders for CVRS access sharing	₦75,000	₦100,000	₦0	**-₦25,000**	**State & FCT level**		▲		
1.16.22.4.b	Conduct 3 days non residential training of 6 DPRS staff on the use of CRVS to generate data	₦897,500	₦0	₦943,000	**-₦45,500**	**State & FCT level**		▲		
1.16.22.4.c	Conduct 2-days non residential training of 17 LGA MandE officers on the need to collect birth regiration data	₦723,000	₦0	₦808,000	**-₦85,000**	**State & FCT level**			▲	
1.16.22.5	**Support coordination, design and implementation of health surveys**	**₦50,917,400**	**₦1,200,000**	**₦22,239,000**	**₦27,478,400**					
1.16.22.5.a	Conduct a 3 day monthly routine monitoring and supervision by 5 officers to assess facility performance	₦11,610,000	₦0	₦0	**₦11,610,000**	**Local Government level**	▲	▲	▲	▲
1.16.22.5.a	conduct a Days Refresher training of 17 LGA M&Es , 4 staff of DPRS SMOH, 2 PHCDA and 2 SHMB data officers and 1 Facilitator on the use of NHMIS tools	₦989,900	₦0	₦992,500	**-₦2,600**	**State & FCT level**		▲		

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
1.16.22.5.b	Establish monthly Power BI online data collection collection and visualization with data subcription	₦3,420,000	₦0	₦3,420,000	**₦0**	**Local Government level**	▲	▲	▲	▲
1.16.22.5.b	Conduct 2 days residential meeting of 22 participants and 1 facilitator for the Harmonization of HFR and DHIS2 facilities	₦7,521,500	₦1,200,000	₦7,234,500	**-₦913,000**	**State & FCT level**			▲	
1.16.22.5.c	To conduct one day inaguration of 11 member Integrated Supportive Supervision team (ISS) in the State and 17 LGAs	₦592,000	₦0	₦592,000	**₦0**	**State & FCT level**	▲			
1.16.22.5.d	Conduct 4 day quaterly Integrated Supportive Supervision by 20 members to 620 health facilities with a view to improve service delivery.	₦21,920,000	₦0	₦10,000,000	**₦11,920,000**	**State & FCT level**	▲	▲	▲	▲
1.16.22.5.e	Conduct a 2 day quarterly Review and debrief meeting on the outcome of the Integrated Supportive Supervision to 30 relevant stakeholders.	₦4,864,000	₦0	₦0	**₦4,864,000**	**State & FCT level**	▲	▲	▲	▲
1.16.22.6	**Establish standards for Health Information Exchange**	**₦50,198,000**	**₦25,000,000**	**₦12,040,000**	**₦13,158,000**					
1.16.22.6.a	Conduct 3 day qurterly survey intervention in 17 LGAs by 17 officers	₦13,158,000	₦0	₦0	**₦13,158,000**	**State & FCT level**	▲	▲	▲	▲
1.16.22.6.a	Procurement of 20 HP20G3 laptops for the 17LGA M&Es and 3 State Data Officers for routine data reporting into DHIS2	₦10,000,000	₦0	₦10,000,000	**₦0**	**State & FCT level**		▲		
1.16.22.6.b	Procurement of 500 Tabltes for MROs and faith based Hospital to reports data onDHI2 platform	₦25,000,000	₦25,000,000	₦0	**₦0**	**State & FCT level**			▲	
1.16.22.6.d	Momthly data bundles subscription for 17 LGA M&E officers for 12 months	₦2,040,000	₦0	₦2,040,000	**₦0**	**State & FCT level**		▲		
1.16.22.7	**Strengthen data analysis and use for decision making**	**₦23,584,000**	**₦0**	**₦7,000,000**	**₦16,584,000**					
1.16.22.7.a	Conduct a day training of 620 health facility M&E Officers on comprehensive health data management.	₦7,000,000	₦0	₦7,000,000	**₦0**		▲			
1.16.22.7.b	Conduct a 2 day quarterly monitoring and tracking of health system data for improved decision making by 4 officers.	₦2,584,000	₦0	₦0	**₦2,584,000**		▲	▲	▲	▲
1.16.22.7.c	Conduct a 2 day quarterly assessment and evaluation of health interventions and projects in 17 LGA susing SWAP initiative.	₦14,000,000	₦0	₦0	**₦14,000,000**		▲	▲	▲	▲
1.16.22.10	**Strengthen human resources for health capacity for data management and health information system support**	**₦24,323,500**	**₦20,286,000**	**₦4,037,500**	**₦0**					
1.16.22.10.a	Conduct one day understudying of ESAUHC activities and data collection by State M& E officer to link ESAUHC to DHIS2	₦150,000	₦50,000	₦100,000	**₦0**		▲			
1.16.22.10.a	Procurement of customized gadgets (100 tablets) for data capturing and transmission to DHIS2 platform.	₦20,000,000	₦20,000,000	₦0	**₦0**		▲			
1.16.22.10.b	Conduct 1 day training of 15 TOT ESAUHC staff of M & E officers on the use of DHIS2 by 2 State M&E Officer	₦68,000	₦36,000	₦32,000	**₦0**		▲			

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
1.16.22.10.b	Provide monthly data bundle to 17 LGA M&E Officer and 10 State data team members for effective data reporting and improved health outcomes.	₦3,240,000	₦0	₦3,240,000	₦0		▲	▲	▲	▲
1.16.22.10.c	Conduct 3 Days training of 17 M & E LGA officers on the use of DHIS2 for tracking of ESAUHC data by 3 ESAUHC M& E Staff	₦865,500	₦200,000	₦665,500	₦0		▲			
1.16.23	**Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate**	**₦73,696,000**	**₦20,770,000**	**₦54,428,500**	**-₦1,502,500**					
1.16.23.1	**Establish/strengthen digital health governance structure and coordination at all levels**	**₦34,272,500**	**₦770,000**	**₦34,237,500**	**-₦735,000**					
1.16.23.1.a	A 1 day preparatory meeting by 20 stakeholders to Adapt and domesticate digital Health Governance structure in Enugu State	₦420,000	₦430,000	₦0	**-₦10,000**	State & FCT level	▲			
1.16.23.1.b	Conduct A-2day residential meeting by 45 stakeholders to review the Adapted Digital Health Governance strcture in Enugu State	₦31,237,500	₦0	₦31,687,500	**-₦450,000**	State & FCT level		▲		
1.16.23.1.d	Conduct a day quarterly online validation meetings to develop and establish Enugu State E-Health data register in Enugu State by 2 consultants and 4 DPRS SMOH M&Es	₦840,000	₦340,000	₦500,000	**₦0**	State & FCT level	▲	▲	▲	▲
1.16.23.1.e	Conduct 1 day non residential meeting of 50 participants to adopt and developed Enugu State E-Health data register	₦1,775,000	₦0	₦2,050,000	**-₦275,000**	State & FCT level				
1.16.23.5	**Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness**	**₦19,423,500**	**₦0**	**₦20,191,000**	**-₦767,500**					
1.16.23.5.a	To conduct 1-day monthly M&E meeting for 30 participants on data collection, collation, validation and triangulation	₦9,420,000	₦0	₦9,600,000	**-₦180,000**	State & FCT level	▲	▲	▲	▲
1.16.23.5.b	Conduct a 3-day residential Training of 25 LGA M & E by 2 facilitators on digitization of malaria on DHIS2, Android App. Data Capturing and the use of DHIS2 web data entry	₦6,727,500	₦0	₦7,515,000	**-₦787,500**	State & FCT level	▲	▲	▲	▲
1.16.23.5.d	To conduct a 2 day Quaterly health sector data quality assessment(DQA) and service quality assessment (SQA) at the health facilities by 8 participants	₦3,276,000	₦0	₦3,076,000	**₦200,000**	State & FCT level	▲	▲	▲	▲
1.16.23.6	**Procure and expand Infrastructure for digitizing the health system**	**₦20,000,000**	**₦20,000,000**	**₦0**	**₦0**					
1.16.23.6.c	Establishment of E - library and procurement of ICT equipment at the SPHCDA	₦20,000,000	₦20,000,000	₦0	**₦0**			▲		
Enabler Two		**₦115,213,000**	**₦33,731,580**	**₦80,906,920**	**₦574,500**					
2.17	**Increase effectiveness and efficiency of healthcare spending**									
2.17.24	**Improve oversight and monitoring of budgeting process to increase budget utilization**	**₦115,213,000**	**₦33,731,580**	**₦80,906,920**	**₦574,500**					
2.17.24.1	**Adopt lumpsum approval approch for aggregate activities based on annual workpaln in line with approve budget.**	**₦378,000**	**₦378,000**	**₦0**	**₦0**					

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.17.24.1.a	Conduct 2 days Intra Agency 2026 Preparatory AOP for 36 ESAUHC Staff	₦288,000	₦288,000	₦0	**₦0**	**Workplaces (formal/informal)**			▲	
2.17.24.1.b	Conduct 1 day Preparation of 2026 Annual Budget by 6 ESAUHC staff	₦64,000	₦64,000	₦0	**₦0**	**Workplaces (formal/informal)**			▲	
2.17.24.1.c	Conduct 1 day writing for the release of ESAUHC approved budget to HE by ESAUHC ES	₦26,000	₦26,000	₦0	**₦0**	**Workplaces (formal/informal)**			▲	
2.17.24.2	**Strengthen oversight for monitoring and reporting of health sector budget utilization including quarterly AOP reports.**	**₦36,003,500**	**₦29,746,000**	**₦5,952,500**	**₦305,000**					
2.17.24.2.a	Conduct 1 day Monthly monitoring of KPIs of ESAUHC activities for 35 staffs of ESA UHC for tracking of AOP performance	₦1,680,000	₦500,000	₦1,180,000	**₦0**	**Workplaces (formal/informal)**	▲	▲	▲	▲
2.17.24.2.a	Developing a monitoring tool and equip the M&E office for tracking the progress of approved AOP workplan across various Units in the Agency	₦4,712,500	₦0	₦4,712,500	**₦0**	**State & FCT level**	▲			
2.17.24.2.b	Conduct 1 day Bi-monthly monitoring and evaluation of 2026 budget release to ESAUHC by HoD (M&E)	₦216,000	₦216,000	₦0	**₦0**	**Workplaces (formal/informal)**	▲	▲	▲	▲
2.17.24.2.b	Conduct one day quarterly training for the 6 Head of Department for tracking the new approved AOP work plan for budget execution and Utilization	₦60,000	₦0	₦60,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
2.17.24.2.c	Conduct 1 day Quarterly AOP and budget Report by 5 ESAUHC (M&E)	₦30,000	₦30,000	₦0	**₦0**	**Workplaces (formal/informal)**	▲	▲	▲	▲
2.17.24.2.c	Procurement of 15 laptops, I desktops and accessories, 5 UPS, 3 stabilizers, 2 photopiers and 6 printers for SPHCDA and HMIS/M&E	₦27,305,000	₦27,000,000	₦0	**₦305,000**	**State & FCT level**	▲			
2.17.24.2.d	Purchase of 1 office safe for Accounts department	₦2,000,000	₦2,000,000	₦0	**₦0**	**State & FCT level**	▲			
2.17.24.4	**Strengthen health financing evidence generation and use**	**₦269,500**	**₦0**	**₦0**	**₦269,500**					
2.17.24.4.a	Routine data collection on AOP and budget perfomace	₦138,000	₦0	₦0	**₦138,000**	**State & FCT level**			▲	
2.17.24.4.b	Data collection, analysis and presentation of Health sector throgh the State accountant report of the pervious year report.	₦131,500	₦0	₦0	**₦131,500**	**State & FCT level**			▲	
2.17.24.6	**Increase resource mobilization for the health sector**	**₦78,562,000**	**₦3,607,580**	**₦74,954,420**	**₦0**					
2.17.24.6.a	Conduct 1 day Meeting with 40 private sectors for informal sector enrolment by 3 ESAUHC Staff	₦82,000	₦82,000	₦0	**₦0**	**Workplaces (formal/informal)**	▲	▲	▲	▲
2.17.24.6.b	Conduct 1 day quarterly meeting with philantropists for adoption/diaspora programmes by 3 ESAUHC staff	₦328,000	₦0	₦328,000	**₦0**	**Community/Ward level**	▲	▲	▲	▲
2.17.24.6.b	conduct Fourteen days survey on tracking of healthcare expenditure on GOVERNMENT, NGOs, DONORS, INSURANCE and ENTERPRISE by 40 enumerators	₦30,240,000	₦0	₦30,240,000	**₦0**	**State & FCT level**			▲	

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
2.17.24.6.c	Conduct a day Meeting with Heads of State owned tertiary institutions for T-Ship	₦82,000	₦82,000	₦0	**₦0**	**Workplaces (formal/informal)**	▲	▲	▲	▲
2.17.24.6.c	Conduct fourteen days residential workshop of 44 participants on data analysis, data entering using National Health Account and Resource Mapping Expenditure tools on the data collected and report	₦47,830,000	₦3,443,580	₦44,386,420	**₦0**	**State & FCT level**			▲	
Enabler Three		**₦ 67,582,000**	**₦ 28,078,000**	**₦ 39,639,000**	**-₦ 135,000**					
3.18	**Strengthen skills, capabilities & values and drive a performance-based culture within the FMoH**									
3.18.26	**Transformation within F/SMoH – towards a values and performance driven culture**	**₦3,250,000**	**₦2,185,000**	**₦1,200,000**	**-₦135,000**					
3.18.26.1	**Strengthen F/SMOH Collaboration with stakeholders and development partners to reach a consensus on long term pursuits of defined transformation/change management actions towards a value-driven and performance-oriented culture.**	**₦3,250,000**	**₦2,185,000**	**₦1,200,000**	**-₦135,000**					
3.18.26.1.e	purchase of Communication gadget for effective service delivery in Public Relation Office	₦2,050,000	₦2,050,000	₦0	**₦0**	**State & FCT level**		▲		
3.18.26.1.f	Conduct twice monthly press briefing by the HCH	₦1,200,000	₦0	₦1,200,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
3.18.27	**Top-talent learning program to develop well-rounded for public health leaders**	**₦64,332,000**	**₦25,893,000**	**₦38,439,000**	**₦0**					
3.18.27.1	**Design/improve on a comprehensive learning and development curriculum that covers a wide range of competencies such as strategic thinking, decision-making, policy development, stakeholder management and effective communication required for effective public health leaders.**	**₦11,696,000**	**₦2,974,000**	**₦8,722,000**	**₦0**					
3.18.27.1.a	Conduct 1 day quarterly in-house traing for 35 ESAUHC staff/Adhoc on ICT compliance by ICT support staff	₦576,000	₦288,000	₦288,000	**₦0**	**Workplaces (formal/informal)**	▲	▲	▲	▲
3.18.27.1.b	Conduct 1 day quarterly in-house training for 35 ESAUHC staff/Adhoc on implementation of ESUHCS by ES	₦560,000	₦230,000	₦330,000	**₦0**	**Workplaces (formal/informal)**	▲	▲	▲	▲
3.18.27.1.c	Conduct a-3 day residential training of ESAUHC 3 Accountants in Abuja on Remitta platform by OAG	₦2,064,000	₦0	₦2,064,000	**₦0**	**National level**	▲			
3.18.27.1.d	Conduct 1 day quarterly training /capacity building for 14 staff of the 56 SHCFs on implementation of BHCPF and ESUHCS by ESAUHC Staff	₦784,000	₦392,000	₦392,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
3.18.27.1.e	Conduct 1 day quarterly training /capacity building for 90 OICs of the 350 OICs on implementation of BHCPF and ESUHCS	₦5,508,000	₦2,000,000	₦3,508,000	**₦0**	**Local Government level**	▲	▲	▲	▲
3.18.27.1.f	Conduct a 3 day residential Training of 3 ESA-UHC Staff on claims coding and medical billing by NHIA Abuja	₦2,064,000	₦64,000	₦2,000,000	**₦0**	**National level**		▲		

Header	POPIs	Total Annual Cost	Total Government Fund	Other MDA's Sources of Funds (Partners etc)	Funding Gap	Programme Level	Planned Period			
							Q1	Q2	Q3	Q4
3.18.27.1.g	Conduct 1 day step down training on claims coding and medical billing to 32 ESAUHC Staff by 3 ToT	₦140,000	₦0	₦140,000	**₦0**	**Workplaces (formal/informal)**		▲		
3.18.27.3	**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.**	**₦12,396,000**	**₦3,624,000**	**₦8,772,000**	**₦0**					
3.18.27.3.a	Conduct 1 day monthly staff meetings for 35 ESAUHC Staff on review of guideline on implementation of ESUHCS by ES	₦1,680,000	₦1,680,000	₦0	**₦0**	**Workplaces (formal/informal)**	▲	▲	▲	▲
3.18.27.3.b	Conduct 1 quarterly meetings with 51 (Liaision officers, LG M & E, PHCC Cordinators) on the implementation of BHCPF and ESUHCS by 3 ESAUHC Staff	₦2,944,000	₦944,000	₦2,000,000	**₦0**	**Workplaces (formal/informal)**	▲	▲	▲	▲
3.18.27.3.c	Conduct 1 day Quarterly meetings for 35 M-SIT stakeholders participation in BHCPF and ESUHCS review by ES	₦1,440,000	₦0	₦1,440,000	**₦0**	**Workplaces (formal/informal)**	▲	▲	▲	▲
3.18.27.3.d	Conduct 1 day quarterly M & E Meetings with 88 (OICs, M & E, LLO) on the implementation of BHCPF and ESUHCS by 9 ESAUHC Staff	₦6,332,000	₦1,000,000	₦5,332,000	**₦0**	**Local Government level**	▲	▲	▲	▲
3.18.27.4	**Promote culture of Continuously monitoring and evaluating program's effectiveness, seeking feedback from participants, mentors, and key stakehold**	**₦40,240,000**	**₦19,295,000**	**₦20,945,000**	**₦0**					
3.18.27.4.a	Conduct 1 Day monthly Submission of Encounter manual Forms by 17 LGA M & E to ESAUHC Office	₦2,040,000	₦800,000	₦1,240,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
3.18.27.4.b	Conduct 5 days monthly monitoring of 274 PHCs performace through Encounter Forms by 3 ESAUHC zonal M& E Staff	₦1,800,000	₦0	₦1,800,000	**₦0**	**State & FCT level**	▲	▲	▲	▲
3.18.27.4.c	Conduct 2 days weekly mentoring of 274 PHCs sttaff by 35 ESAUHC staff on clients utilization per week	₦36,400,000	₦18,495,000	₦17,905,000	**₦0**	**State & FCT level**	▲	▲	▲	▲

Appendix B1: ENSACA 2025 AOP

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
Grand Total		₦ 71,062,800	₦ 48,633,800	₦ 22,309,000	₦ 120,000
Pillar Two		₦ 71,062,800	₦ 48,633,800	₦ 22,309,000	₦ 120,000
2.6.10	Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)	₦ 71,062,800	₦ 48,633,800	₦ 22,309,000	₦ 120,000
2.6.10.1	Strengthen Communicable disease prevention task forces focused on HIV, TB, Malaria and NTDs at the national and sub-national level	₦ 120,000	₦ 0	₦ 0	₦ 120,000
2.6.10.1.a	Attend the quarterly DPH collaborative coordination meeting of HIV, TB, NTD, malaria and other diseases by 3 persons	₦ 120,000	₦ 0	₦ 0	₦ 120,000
2.6.10.2	Scale up integrated HIV prevention services	₦ 70,942,800	₦ 48,633,800	₦ 22,309,000	₦ 0
2.6.10.2.a	Conduct a 5 day Non Residential workshop for the review of both Igbo and English version of Key Population targeted HIV Information, Education, Communication materials by 25 persons	₦ 4,760,000	₦ 0	₦ 4,760,000	₦ 0
2.6.10.2.b	Print 30,000 coloured copies of both Igbo and English version of KP targeted HIV Information, Education, Communication materials	₦ 3,000,000	₦ 0	₦ 3,000,000	₦ 0
2.6.10.2.c	Conduct a 1 day dissemination meeting of 30,000 copies of both Igbo and English version of KP targeted HIV Information, Education, Communication materials by 20 persons (3 per LGA)	₦ 280,000	₦ 0	₦ 280,000	₦ 0
2.6.10.2.d	Procure HIV consumables to facilitate HIV testing services	₦ 2,880,000	₦ 0	₦ 2,880,000	₦ 0
2.6.10.2.e	Equip the existing One Stop Shop (OSS) as a domicile for HIV Key Population safe zone facilities	₦ 24,742,800	₦ 24,742,800	₦ 0	₦ 0
2.6.10.2.f	Grant for sustaining HIV intervention in Enugu State	₦ 10,000,000	₦ 10,000,000	₦ 0	₦ 0
2.6.10.2.g	Conduct a 1 day HIV special events targeting 500 persons eg: World AIDS day commemoration	₦ 2,499,500	₦ 2,499,500	₦ 0	₦ 0
2.6.10.2.h	Conduct a 17 day Key Population targeted sensitization, awareness creation and HTS across the 17 LGAs by 34 persons	₦ 1,614,000	₦ 0	₦ 1,614,000	₦ 0
2.6.10.2.i	Conduct a 2 day non residential training on needle and syringe programme for 50 KP community members	₦ 3,445,000	₦ 0	₦ 3,445,000	₦ 0
2.6.10.2.j	Conduct a 2 day non residential training on undectatable = untransmittable retension to care programming and skill acquisition for 100 Key Population community members	₦ 6,330,000	₦ 0	₦ 6,330,000	₦ 0
2.6.10.2.k	Conduct a 5 day NR DQA and supportive supervision visit of selected NHS Networks, IPs, CSOs and CBOs implementing in the state by 10 man team	₦ 501,500	₦ 501,500	₦ 0	₦ 0
2.6.10.2.l	Conduct Meetings, publicity/advertisement, medical consultancy and anti-discrimination workshops	₦ 10,890,000	₦ 10,890,000	₦ 0	₦ 0

Appendix B2: SHMB 2025 AOP

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
Grand Total		₦ 3,880,767,100	₦ 3,598,199,000	₦ 0	₦ 282,568,100
Pillar Two		₦ 3,880,767,100	₦ 3,598,199,000	₦ 0	₦ 282,568,100
2.8.12	Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition	₦ 3,880,767,100	₦ 3,598,199,000	₦ 0	₦ 282,568,100
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	₦ 29,892,000	₦ 29,892,000	₦ 0	₦ 0
2.8.12.8.a	To conduct 2 days trainings of 50 nurses/midwives on antenatal and post-natal care in secondary health facilities	₦ 9,688,000	₦ 9,688,000	₦ 0	₦ 0
2.8.12.8.b	To conduct community sensitization and community mobilization in the 5 communities	₦ 4,585,000	₦ 4,585,000	₦ 0	₦ 0
2.8.12.8.c	To conduct one day re-orient health care workers in 22 secondary health facilities on free maternal and child health care services	₦ 3,344,000	₦ 3,344,000	₦ 0	₦ 0
2.8.12.8.d	To conduct outreaches in 5 communities	₦ 12,275,000	₦ 12,275,000	₦ 0	₦ 0
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	₦ 135,000,000	₦ 135,000,000	₦ 0	₦ 0
2.8.12.9.a	Provision of blood bank services in the 9 GHs	₦ 40,000,000	₦ 40,000,000	₦ 0	₦ 0
2.8.12.9.b	Procure Manual Vacuum Aspirator kit in 5 SHFs	₦ 95,000,000	₦ 95,000,000	₦ 0	₦ 0
2.8.12.14	Upskill midwives on supervision, innovations and refresher courses for deployed midwives	₦ 12,392,000	₦ 12,392,000	₦ 0	₦ 0
2.8.12.14.a	Develop a supervisory plan and conduct quaterly on the job capacity building of midwives in 22 SHFs	₦ 2,684,000	₦ 2,684,000	₦ 0	₦ 0
2.8.12.14.b	Conduct 2 days refresher training for 50 midwives	₦ 9,708,000	₦ 9,708,000	₦ 0	₦ 0
2.8.12.21	Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.	₦ 3,499,195,600	₦ 3,216,627,500	₦ 0	₦ 282,568,100
2.8.12.21.a	To conduct 3 days training of 50 doctors on Emergency Obstetrics and new born resuscitation(Cemonc and Beonc care (SHFs)	₦ 12,819,500	₦ 12,819,500	₦ 0	₦ 0
2.8.12.21.b	To conduct 2 days training of 50 nurses on Emergency Obstetrics and new born resuscitation	₦ 17,622,500	₦ 17,622,500	₦ 0	₦ 0
2.8.12.21.c	To print and distribute 1000 standard operating procedures and guidelines on Cemonc and Beonc) @ 22 SHFs	₦ 820,500	₦ 820,500	₦ 0	₦ 0
2.8.12.21.d	To procure surgical instruments and equipment for Emergency Obstetrics and New Born in 22 SHFs	₦ 1,907,933,100	₦ 1,625,365,000	₦ 0	₦ 282,568,100

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.21.e	Recapitalization of DRF in 9 General Hospital, 1 Dental clinic and 2 cottage hospital	₦ 60,000,000	₦ 60,000,000	₦ 0	₦ 0
2.8.12.21.f	Renovation and Upgrading of 10 General and 13 Cottage hospitals	₦ 1,500,000,000	₦ 1,500,000,000	₦ 0	₦ 0
2.8.12.29	Set-up small and sick newborn unit with Continous Positive Airway Pressure (CPAP), Kangaroo Mother Care-KMC (immediate and Routine) in level-2 (Secondary) health facilities to scale up comprehensive Newborn Care	₦ 173,496,000	₦ 173,496,000	₦ 0	₦ 0
2.8.12.29.a	Conduct 3 days assessment in 9 General hospital	₦ 7,976,000	₦ 7,976,000	₦ 0	₦ 0
2.8.12.29.b	Training of 12 neonatologists, 18 nurses/anaesthetic nurses in 9 general hospitals	₦ 7,808,000	₦ 7,808,000	₦ 0	₦ 0
2.8.12.29.c	Procurement of new born equipment for 5 General hospitasl	₦ 156,300,000	₦ 156,300,000	₦ 0	₦ 0
2.8.12.29.d	Conduct 2 days training of 6 data collectors on data collection tools and payment for ODK server/tool	₦ 1,412,000	₦ 1,412,000	₦ 0	₦ 0
2.8.12.31	Improve Capacity of frontline health workers on Comprehensive new born at Secondary and tertiary Health facilities	₦ 30,791,500	₦ 30,791,500	₦ 0	₦ 0
2.8.12.31.a	Conduct 3 days training of 50 doctors on comprehensive new born	₦ 14,679,500	₦ 14,679,500	₦ 0	₦ 0
2.8.12.31.b	Conduct training of 100 nurses/midwives on comprehensive new born	₦ 9,745,000	₦ 9,745,000	₦ 0	₦ 0
2.8.12.31.c	Printing and distribution of 1000 standard operating procedures and guidelines on comprehensive new born	₦ 420,000	₦ 420,000	₦ 0	₦ 0
2.8.12.31.d	Conduct training of 20 biomedical technicians on comprehensive new born equipment maintenance	₦ 4,783,000	₦ 4,783,000	₦ 0	₦ 0
2.8.12.31.e	Printing of 100 monitoring check list to monitor capacity skills	₦ 20,000	₦ 20,000	₦ 0	₦ 0
2.8.12.31.f	Conduct monthly visits to 22 SHFs to monitor capacity skills	₦ 1,144,000	₦ 1,144,000	₦ 0	₦ 0

Appendix B3: ESPHCDA AOP

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
Grand Total		₦21,452,925,526	₦17,646,691,000	₦835,975,362	₦2,954,844,664
Pillar Two		₦21,083,055,126	₦17,542,691,000	₦795,666,362	₦2,710,755,764
2.5.6	Drive multi-sectoral coordination to put in place and facilitate the implementation of appropriate policies and Programs that drive health promotion behaviours (e.g., to disincentivize unhealthy behaviours)	₦131,861,500	₦0	₦93,124,500	₦38,737,000
2.5.6.5	Monitor Trends and Determinants of Health and evaluate progress of coordination	₦62,045,500	₦0	₦57,379,500	₦4,666,000
2.5.6.5.a	Conduct a day quarterly advocacy visits of 14 persons to health sector Stakeholders and alied health MDAs (MOA,MOE,MOE, ENSACA,PHCDA,UHC,ENSHMB) and other non governmental health oganization/foundations (CSO) for the implimentation and domestication of National Health Promotion Policy/strategies in Enugu State.	₦4,666,000	₦0	₦0	₦4,666,000
2.5.6.5.b	Conduct a day residential meeting of 53 persons to establish integreted Health promotion Coordination Committee communication channel and platforms in Nutition, Immunization, Family planning, CHIPS, SEMCHIC, BHCPF, IMCI on health promotion coverages.	₦4,540,500	₦0	₦4,540,500	₦0
2.5.6.5.c	Conduct a day biannual Training of 291 Town Announcers in the 291 wards in the State in awereness Creation, enhance mobilization and demand creation in the communities.	₦20,189,000	₦0	₦20,189,000	₦0
2.5.6.5.d	Procurement of 1 Mega phones for each of the 291 wards to enhance mobilization and demand generation by 2 officers	₦17,529,000	₦0	₦17,529,000	₦0
2.5.6.5.e	Conduct a day biannual awareness creation by 12 persons on intensive community/school engagement/sensitization on PHC delivery and demand generation in 566 facility catchmentt areas	₦10,321,000	₦0	₦10,321,000	₦0
2.5.6.5.f	To engage in a day monthly regular phone- in programme in 4 different radio stations on promotion of primary healthcare activities	₦4,800,000	₦0	₦4,800,000	₦0
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	₦69,816,000	₦0	₦35,745,000	₦34,071,000
2.5.6.10.a	Conduct a day bI-weekly sensitization/awareness creation on family planning services in communities in the 17 LGA by 70 Community Oriented Resources persons (CORPS)	₦26,040,000	₦0	₦26,040,000	₦0

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.5.6.10.b	Conduct 2 day quarterly sensitization/awareness creation on Family planning by trained 308 CPs and PPMVs through IntegratE project IPCA in 5 LGAs.	₦38,192,000	₦0	₦4,774,000	₦33,418,000
2.5.6.10.c	Conduct a day monthly house to house moblization by 2 persons on family planning to improve uptake	₦1,212,000	₦0	₦962,000	₦250,000
2.5.6.10.d	Conduct 2 day quarterly outreach by 3 HCWs on family planning services at PPFN facility	₦280,000	₦0	₦280,000	₦0
2.5.6.10.e	Conduct a day quarterly dialogue meetings with 35 men for male involvement on FP by 3 HCWs	₦4,092,000	₦0	₦3,689,000	₦403,000
2.6.8	Accelerate immunization programs for priority antigens (e.g., DPT3, Polio, Measles, Yellow Fever) with a focus on decreasing zero dose children	₦1,066,423,000	₦349,000,000	₦142,016,000	₦541,465,000
2.6.8.1	Implementation of Zero-Dose Reduction Operational Plan (Z-DROP) in prioritised LGAs.	₦15,645,000	₦0	₦8,000,000	₦7,645,000
2.6.8.1.a	To conduct a 1 day planning meeting on microplanning of the zero settlements and Big-Catch up by 6 team each from 17 LGAs, 9 State team members, 1 accountant and 5 partners	₦1,120,000	₦0	₦0	₦1,120,000
2.6.8.1.b	To conduct a 2 day residential microplanning of the zero settlements mapping using surveillance data from 17 LGAs by 6 LGA team members, 9 State team members, 1 accountant, 5 partners	₦14,525,000	₦0	₦8,000,000	₦6,525,000
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	₦70,631,000	₦0	₦0	₦70,631,000
2.6.8.2.a	To condcut a 5 day house to house enumeration of immunization status of under fives in the 17 LGAs using 6 enumerators per LGA with supervision from the 9 state team, 1 accountant	₦17,773,000	₦0	₦0	₦17,773,000
2.6.8.2.b	To conduct 5 day RI intensification in the identified ZD settlements in 17 LGAs with 170 man teams in supervision of 17 state team members, 2 accountant, 17 independent monitors	₦45,985,000	₦0	₦0	₦45,985,000
2.6.8.2.c	Conduct one day biannual review meeting on the conducted RI Intensification in the 17 LGAs with the 6 LGA team members across the selected LGAs, 9 state team members and 5 partners, 1 accountant	₦6,873,000	₦0	₦0	₦6,873,000
2.6.8.3	Conduct of Big-Catch Up Campaign in prioritised LGAs	₦58,802,000	₦0	₦0	₦58,802,000
2.6.8.3.a	Conduct a 3 day Desk review of 2 years RI registers for RI defaulters/drop outs in 736 RI offering health facilities by 2 HCWs with supervision from 4 LGA team members(PHCCs, LIOs, LCCOs, M&E), 9 State teams	₦20,838,000	₦0	₦0	₦20,838,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.8.3.b	Conduct a 2 day microplanning for outreach/linkage to HFs of drop-out children by the 17 LIOs and 17 LGA M&Es with validation from the 9 state team members and 5 partners	₦37,964,000	₦0	₦0	₦37,964,000
2.6.8.5	Expand access to immunization Services.	₦188,589,000	₦0	₦86,311,000	₦68,336,000
2.6.8.5.a	Conduct a one day orientation of 4 LGA team members (LIOs, LCCOs, M&Es and LHEs) of the 17 LGAs on the REW microplan by the 9 state team members, 5 partners	₦2,503,000	₦0	₦2,503,000	-₦2,503,000
2.6.8.5.b	Print and distribute 850 copies of REW (800 of HF copies, 50 copies of LGA summary) microplan to the LGAs	₦4,100,000	₦0	₦4,100,000	₦0
2.6.8.5.c	Print and distribute copies of the current National Immunization Schedules to the LGAs	₦3,450,000	₦0	₦3,450,000	₦0
2.6.8.5.d	Conduct a day Quarterly meeting of the 45 taskforce on immunization and other PHC services	₦5,000,000	₦0	₦5,000,000	₦0
2.6.8.5.e	Conduct a 5 day RI intensification in 10 selected LGAs (100 teams of 4 persons), 1 day road show, one day stakeholders engagement meeting to commemorate African Vaccination week	₦31,800,000	₦0	₦23,161,000	-₦14,522,000
2.6.8.5.f	Conduct 1 day Road show of 50 participants in commemoration of 2025 African vaccination week	₦560,000	₦0	₦560,000	₦0
2.6.8.5.g	Conduct one day monthly RI technical meeting of the 17 LIOs, 17 LGA M&Es , 9 state team members, 5 partners, 3 zonal officers	₦13,278,000	₦0	₦8,278,000	-₦3,278,000
2.6.8.5.h	Conduct one day quarterly meeting of 40 RI TWG	₦1,600,000	₦0	₦1,600,000	₦0
2.6.8.5.i	Conduct 3 day quarterly special HPV vaccination in 5 schools from 6 poor performing LGAs each using 3 man team per settlement with supervision from 6 LIOs, 6 state officers	₦46,298,000	₦0	₦37,659,000	₦8,639,000
2.6.8.5.j	Request for state counterpart fund during the 3 rounds of OBR and one round of NPSIA	₦80,000,000	₦0	₦0	₦80,000,000
2.6.8.7	Strenthening Communities to demand immunization services and reduce vaccine hesitancy.	₦56,544,000	₦20,000,000	₦25,925,000	₦10,619,000
2.6.8.7.a	Conduct 3 day monthly sensitization of teachers and parents (70 persons) during PTA on vaccine acceptability and other health intervention	₦22,896,000	₦0	₦22,896,000	₦0
2.6.8.7.b	Conduct 1 day biannual sensitization of key stakeholders by 9 state team members, 3 zonal officers, 5 partners	₦1,489,000	₦0	₦1,489,000	₦0
2.6.8.7.c	Production of two radio jingles on Importance of routine immunizaion and vaccine acceptability (including HPV vaccine)	₦60,000	₦0	₦60,000	₦0
2.6.8.7.d	To conduct a 3 day per week, monthly airing of immunization jingles in 4 media houses	₦1,080,000	₦0	₦1,080,000	₦0

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.8.7.e	Production of 2000 pieces of immunization apron	₦10,000,000	₦0	₦0	₦10,000,000
2.6.8.7.f	Conduct 1 day Road show in commemoration of 2025 African vaccination week	₦250,000	₦0	₦0	₦250,000
2.6.8.7.g	Conduct 1 day engagement with 18 stakeholders from the 10 communities in commemoration of 2025 African Vaccination week	₦369,000	₦0	₦0	₦369,000
2.6.8.7.h	Conduct a day quarterly 30 minutes in radio discussion programme on HPV by the SIO	₦400,000	₦0	₦400,000	₦0
2.6.8.7.j	Conduct National Immunization Plus days (NIPDS) program	₦20,000,000	₦20,000,000	₦0	₦0
2.6.8.8	Strengthening immunization data system for effective decision making and assessment of vaccine safety and impact.	₦176,952,000	₦0	₦0	₦176,952,000
2.6.8.8.a	Conduct one day monthly RI technical meeting of RI focal persons from the 736 RI offering HFs with 6 LGA team members of the 17 LGAs, 17 officers and partners	₦149,952,000	₦0	₦0	₦149,952,000
2.6.8.8.b	Procurement of 18 laptops for the SIO and 17 LIOs for data management	₦27,000,000	₦0	₦0	₦27,000,000
2.6.8.9	Enhance the deployment of effective immmunization vaccine management system to reduce stock out of vaccines such as DPT3, Polio, Measles, Yellow Fever, etc.	₦499,260,000	₦329,000,000	₦21,780,000	₦148,480,000
2.6.8.9.a	Conduct one day quarterly meeting of 35 SLWG	₦560,000	₦0	₦0	₦560,000
2.6.8.9.b	Conduct one day monthly meeting of the 17 LCCOs and 17 ALCCOs with 9 state team members, 5 partners, 3 zonal officers	₦21,780,000	₦0	₦21,780,000	₦0
2.6.8.9.c	Condcut 3 day Qarterly Cold Chain inventorey Assessment using 34 assessors, and 5 partners	₦32,920,000	₦0	₦0	₦32,920,000
2.6.8.9.d	Conduct a day Monthly distribution of vaccine to 17 LGAs under PUSH system	₦16,320,000	₦0	₦0	₦16,320,000
2.6.8.9.e	conduct a day quarterly waste management of used/unusable vaccine vials through a crush, boil & bury or incineration of immunization sharps from the 291 wards to the 17 LGAs to the state.	₦25,080,000	₦0	₦0	₦25,080,000
2.6.8.9.f	Procurement/Installation of one incinerator for the 3 senatorial district at state level and quarterly operational cost of maintenance.	₦154,000,000	₦150,000,000	₦0	₦4,000,000
2.6.8.9.g	Procurement of one vaccine Distribution Van & monthly cost operational maintenance	₦169,600,000	₦100,000,000	₦0	₦69,600,000
2.6.8.9.h	Conduct minor infrastructural maintenance of cold chain building and surroundings	₦10,000,000	₦10,000,000	₦0	₦0
2.6.8.9.k	Purchase of 10 WHO prequalified cold chain freezers for AFP specimen and other cold chain equipment	₦60,000,000	₦60,000,000	₦0	₦0
2.6.8.9.l	Construction of iron shelves for packing of vaccine devices and other dry stock commodities	₦9,000,000	₦9,000,000	₦0	₦0

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.10	Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)	₦18,958,000	₦0	₦4,494,000	₦14,464,000
2.6.10.2	Scale up integrated HIV prevention services	₦18,958,000	₦0	₦4,494,000	₦14,464,000
2.6.10.2.a	Procurement of HIV consumables to facilitate HIV testing serevices at the Health facilities	₦2,880,000	₦0	₦2,880,000	₦0
2.6.10.2.b	Conduct a 17 day key population targeted sensitization awareness creation and HTS acrss the 17 LGAs by 34 persons	₦16,078,000	₦0	₦1,614,000	₦14,464,000
2.8.12	Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition	₦2,359,290,076	₦400,000,000	₦126,901,612	₦1,832,388,464
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	₦7,047,500	₦4,000,000	₦0	₦3,047,500
2.8.12.1.a	Adopt and leverage the Immunization Taskforce committee of 55 members as RMNCAH+N Task force	₦467,500	₦0	₦0	₦467,500
2.8.12.1.b	Conduct Advocacy and technical support for establishment of LEMCHIC in all the 17 LGAs.	₦4,000,000	₦4,000,000	₦0	₦0
2.8.12.1.c	Conduct 2-day Quarterly Monitoring and Supervision RMNCAEH + H services by 5 persons to ensure improve quality of care	₦2,580,000	₦0	₦0	₦2,580,000
2.8.12.3	Institutionalize maternal, perinatal and child death surveillance and response (MPCDSR) at all facilities/communities for quality improvement and monitor response.	₦47,365,500	₦10,000,000	₦0	₦37,365,500
2.8.12.3.a	Conduct a day Inaguration of 31 member functional Steering committee on MPDCSR	₦2,643,000	₦0	₦0	₦2,643,000
2.8.12.3.c	Establisshment of state and LGA MPDSR response team	₦10,000,000	₦10,000,000	₦0	₦0
2.8.12.3.d	Conduct a day quarterly reviw meetings for the 82 technical and Steering committee by 4 facilitators	₦12,628,000	₦0	₦0	₦12,628,000
2.8.12.3.f	Conduct 2-day quarterly health facility Supportive Supervision by 34 field officers on MPCDSR	₦8,772,000	₦0	₦0	₦8,772,000
2.8.12.3.h	Conduct one -day community awearness, Sensitization/Mobilization by 5 persons on the need for MPCDSR	₦13,322,500	₦0	₦0	₦13,322,500
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	₦19,008,000	₦0	₦0	₦19,008,000
2.8.12.8.b	Conduct one day quartely non residential training of 51 nurses/CHEWs on monthly Home Visitis at 3 per facility in the 17 LGA	₦17,318,000	₦0	₦0	₦17,318,000
2.8.12.8.e	Conduct a day quarterly Community awareness, Sensitization and Mobilization by 4 persons on GANC and ANC	₦1,690,000	₦0	₦0	₦1,690,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
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	₦15,672,000	₦0	₦0	₦15,672,000
2.8.12.9.a	Conduct 3- day residential training of 145 Health workers on the use of E-motive bundule, and active management of 3rd stage of labour in PPH management	₦6,900,000	₦0	₦0	₦6,900,000
2.8.12.9.b	Conduct a two day bi - annual Supportive supervision by 34 supervisors on the implementation of the E - motive bundle in the Health facilities in the LGAs.	₦8,772,000	₦0	₦0	₦8,772,000
2.8.12.11	Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level	₦6,458,000	₦0	₦0	₦6,458,000
2.8.12.11.a	Conduct one- day training of 34 personnel on surveys and interviews with the TBAs, health care providers and community leaders in the 17 LGAs in the state	₦2,862,000	₦0	₦0	₦2,862,000
2.8.12.11.b	Conduct a day quarterly review of existing data on the availability and distribution of TBAs from health facilities, NGOs and government records in the state	₦1,806,000	₦0	₦0	₦1,806,000
2.8.12.11.d	Create a database or spreadsheet to store TBA informations for the 17 LGAs	₦500,000	₦0	₦0	₦500,000
2.8.12.11.f	Conduct a day inaguration of 20 man State TBA Registry TWG members to develop standards and guidelines for TBA training, and Certification, including scope of practice and roles	₦1,290,000	₦0	₦0	₦1,290,000
2.8.12.14	Upskill midwives on supervision, innovations and refresher courses for deployed midwives	₦5,161,000	₦0	₦0	₦5,161,000
2.8.12.14.a	Conduct 2 day non residential Upskilling training of 51 Midwives on supervision, innovation and refresher cources for deployment.	₦3,871,000	₦0	₦0	₦3,871,000
2.8.12.14.b	Conduct a day quarterly Supervision by 5 Midwives at 1 per 2 health facilities in selected LGAs	₦1,290,000	₦0	₦0	₦1,290,000
2.8.12.21	Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.	₦38,077,500	₦15,000,000	₦0	₦23,077,500
2.8.12.21.a	Conduct 3 day annual non - residential training of 51 health workers on BEMOnC and Newborn Resucitation by 5 facilitators	₦14,305,500	₦0	₦0	₦14,305,500
2.8.12.21.b	Procurement of 15 BeMONC equipment for demonstration activities.	₦15,000,000	₦15,000,000	₦0	₦0
2.8.12.21.c	conduct a day quarterly supportive supervision by 34 supervisors for on the job training of HCWs on BEMOnC and CEMOnC	₦8,772,000	₦0	₦0	₦8,772,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.22	Expand access to a full range of modern contraceptives including immediate postpartum, post-abortion FP, through mobile outreach sevice delivery in providing a wide range of congraceptives.	₦192,674,900	₦0	₦106,861,612	₦85,813,288
2.8.12.22.a	Conduct a 5 day non residential training on long acting reversible contraceptives (LARC) by 4 facilitators at the 291 wards in 5 clusters	₦62,107,500	₦0	₦25,938,000	₦36,169,500
2.8.12.22.b	Conduct 4 day bi - monthly supportive supervision visits by the 4 master trainers for on the job training for the 30 providers	₦16,056,000	₦0	₦20,640,000	-₦4,584,000
2.8.12.22.c	Conduct 3 days bi - monthly Supportive Supervision Visit by 6 State Teams for 45 Trained Community Pharmacist, patent properatory (PPMV)s	₦9,474,000	₦0	₦7,288,000	₦2,186,000
2.8.12.22.d	Conduct a 2 day mobile outreach services in each of the 17 LGAs by 5 Health Workers in each LGA Annually.	₦3,145,000	₦0	₦1,612	₦3,143,388
2.8.12.22.e	Conduct 6 day quarterly Cervical screening with Family planning Services during 2025 Annual August Meetings in 6 communities by 5 Health workers and 6 Community Resource Persons (CORPS)	₦8,522,400	₦0	₦8,388,000	₦134,400
2.8.12.22.f	Conduct a 5 day biannual residential Training by 5 master trainers on Post Abortion Care for 25 FP Facility providers	₦44,236,000	₦0	₦42,606,000	₦1,630,000
2.8.12.22.g	Conduct a 5 day biannual residential training on Post Partum Family planning (PPFP)for 30 Health workers by 4 master trainers for 2 quarters.	₦44,174,000	₦0	₦0	₦44,174,000
2.8.12.22.h	Conduct a day community awareness and sensitization of 120 persons for the 2025 World Contraceptive Celebration Day	₦4,960,000	₦0	₦500,000	₦4,460,000
2.8.12.26	Accelerate implementation of Essential Newborn Care (ENC) at the Primary health facilities	₦73,607,500	₦0	₦0	₦73,607,500
2.8.12.26.a	A 1-day quarterly TWG meeting at state level for 50 persons .(including LGA participants from the private sector)	₦16,920,000	₦0	₦0	₦16,920,000
2.8.12.26.b	Conduct 3 batches of ENC TOT for 26 participants per batch, 6 trainers , 1 course director, 1 clinical instructor, 2 secretariat staff for 5 night.(including 2 participants from the private sector per batch)	₦30,180,000	₦0	₦0	₦30,180,000
2.8.12.26.c	Quarterly meeting (virtual) for developing criteria for selection and the TOR of child health champions	₦2,800,000	₦0	₦0	₦2,800,000
2.8.12.26.d	Conduct a 3 nights orientation meeting with 6 champions per zone (45 participants)	₦7,397,500	₦0	₦0	₦7,397,500
2.8.12.26.e	Conduct a 4 day residential workshop to develop the comprehensive child healthn intervention training plan for 70 participants.(including 2 participants from the private sector)	₦12,230,000	₦0	₦0	₦12,230,000
2.8.12.26.f	Deployment of the assessment tool to IMCI focal persons in the LGA via electronic platform	₦4,080,000	₦0	₦0	₦4,080,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.28	Promote home visits on community- based newborn through empowering communitiess, Outreaches and Mobile Clinics	₦31,847,000		₦0	₦31,847,000
2.8.12.28.a	Conduct a day non residential trainig of 170 CHWs on community-based Newborn Home visit and outreaches in the 17 LGAs by 5 facilitators	₦14,303,000	₦0	₦0	₦14,303,000
2.8.12.28.b	Conduct a day quarterly Home visit by 2 CHWs per LGA on community-based Newborn Home visit in the 17 LGAs	₦8,772,000	₦0	₦0	₦8,772,000
2.8.12.28.c	Cnduct 1 day quarterly outreach service with 170 CHWs and 34 supervisors	₦8,772,000	₦0	₦0	₦8,772,000
2.8.12.32	Establish birth defect surveillance and response	₦660,000	₦0	₦0	₦660,000
2.8.12.32.a	Develop digital server system to report birth defect in the facilities.	₦660,000	₦0	₦0	₦660,000
2.8.12.34	Adapt and Contextualize the National Child Survivial Action Plan-NCSAP (2024-2028) into state AOPs for roll out	₦55,375,000	₦0	₦0	₦55,375,000
2.8.12.34.a	Domesticate the national child survival action plan with emphasis on the child survival component of the RMNCAEH at the state level	₦11,285,000	₦0	₦0	₦11,285,000
2.8.12.34.b	Conduct a 2 day mid-term review of the NCSAP for 60 participants	₦20,600,000	₦0	₦0	₦20,600,000
2.8.12.34.c	Conduct a 3-day Annual Child Survival summit meeting on child health interventions for 100 participants	₦23,490,000	₦0	₦0	₦23,490,000
2.8.12.35	Assess health facility readiness to improve integrated management of childhood illness services with linkage to community	₦20,540,000	₦0	₦0	₦20,540,000
2.8.12.35.a	A 2-day virtual meeting for the adoption of the IMCI follow-up tool (to include the number of master trainers, course directors, clinical instructors,) on facility assessment for 51 .(including participants from the private sector) participants	₦5,280,000	₦0	₦0	₦5,280,000
2.8.12.35.b	Conduct a two days quarterly assessment review meeting on IMCI service delivery.	₦15,260,000	₦0	₦0	₦15,260,000
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)	₦50,000,000	₦50,000,000	₦0	₦0
2.8.12.36.a	Develop integrated management of childhood illnesses (IMCI) program for orientation of caregivers and HWs on IMCI case management.	₦50,000,000	₦50,000,000	₦0	₦0
2.8.12.42	Strengthen the community HMIS and Civil Registration and Vital Statistics	₦44,336,000	₦0	₦0	₦44,336,000
2.8.12.42.a	Conduct a day training for 1240 community data volunteers, 620 health facility M&E Officers, 17 LGA M&E Officers on community data collection, reporting and tracking	₦16,620,000	₦0	₦0	₦16,620,000
2.8.12.42.b	Print 1,240 community data tools.	₦12,400,000	₦0	₦0	₦12,400,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.42.c	Distribute 1240 community data tools to 1240 community data volunteers.	₦1,360,000	₦0	₦0	₦1,360,000
2.8.12.42.d	Carry a day quarterly community data reporting review meeting at 17 LGAs of the state by 2 persons.	₦13,956,000	₦0	₦0	₦13,956,000
2.8.12.44	Revitalize of baby friendly initiative (BFI) at all levels of care	₦177,478,400	₦32,000,000	₦0	₦145,478,400
2.8.12.44.a	Designation of Nutrition desk officers in all the 736 PHCs in the State. Advocacy to the Stakeholders (HCH, ES, Chairman SCFN, ALGON Chairman, Chairman Local Government Civil Service Commision, LGA Chairmen, PHCCs) by 5 team members.	₦106,800	₦0	₦0	₦106,800
2.8.12.44.b	Conduct 2 Day non residential Orientation of the nominated 736 nutrition officers in the PHCs in the state in 9 clusters by 5 State Staff	₦52,485,200	₦0	₦0	₦52,485,200
2.8.12.44.c	Conduct 1 Day Reorientation by 5 facilitators of the nominated officers in the PHCs in the state in 9 clusters x 5 facilitators	₦16,245,700	₦0	₦0	₦16,245,700
2.8.12.44.d	Conduct 5 Day Quarterly Supportive Supervision of 736 PHCs on MIYCN Protocols and other nutrition interventions by 34 State Supervisors and 85 LGA teams (PHCC, NFPs,LIOs, M&E, SMOs) yearly .	₦46,880,000	₦0	₦0	₦46,880,000
2.8.12.44.e	Conduct a day community awareness, social sensitization and mobilization of 51 participants for the 2025 World Breastfeeding Week	₦20,333,500	₦20,000,000	₦0	₦333,500
2.8.12.44.f	Conduct a one day promotion of Exclusive Breastfeeding from 0 to 6 months and continued breastfeeding up to 2 years and beyond through awareness creation to 204 women of child bearing age and 34 health workers in 17 LGAs that will commomerate the 2025 WBW by 3 facilitators	₦4,540,700	₦0	₦0	₦4,540,700
2.8.12.44.g	conduct a day Monitoring and technical support of LGAs flagging off of the 2025 WBW	₦72,000	₦0	₦0	₦72,000
2.8.12.44.h	Conduct a 2 day sensitization meeting on Early Initiation, Exclusive breastfeeding and growth monitoring for 17 PHCCs, 10 MDs from General Hospital and 15 Private Hospitals.	₦2,697,500	₦0	₦0	₦2,697,500
2.8.12.44.i	Conduct 3-Day Supportive Supervision of 260 BHCPF designated Health Facilities at all levels on MIYCN Protocols by 34 State Supervisors and 85 LGA teams (PHCC, NFPs,LIOs, M&E, SMOs).	₦13,659,500	₦0	₦0	₦13,659,500
2.8.12.44.j	Conduct a day Cascade of MIYCN programmes by 6 officers in 12 communities (6 LGAs) to improve awareness of Nutrition care	₦8,457,500	₦0	₦0	₦8,457,500
2.8.12.44.k	To establish infant and young child feeding program in the 17 LGAs	₦12,000,000	₦12,000,000	₦0	₦0
2.8.12.45	Conduct Nutrition assessment, counselling and support (NACS)	₦4,279,000	₦0	₦0	₦4,279,000
2.8.12.45.a	Conduct a day aggressive campaign of 263 participants to sensitize and create awareness on continued nutrition surveillance of children from birth till 59 months of age in 12 communities in 6 LGAS (2	₦3,412,000	₦0	₦0	₦3,412,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
	communities per LGAs) involving the state Staff Nutrition officer, State health educators, LGANFPs, LGA Soc. mobs, Town Announcers,				
2.8.12.45.b	Conduct 5 days visit 0f 6 officers with incentives to Assess the Nutritional status of U- 5 children and nutrition counselling of mothers and care givers in 12 communities (6 LGAs) to improve uptake of Nutrition services in PHCs to motivate for contineued nutrition uptake of their childre until 5 years	₦867,000	₦0	₦0	₦867,000
2.8.12.46	Provision of growth monitoring and promotion (GMP) services at all level of care	₦7,622,500	₦0	₦0	₦7,622,500
2.8.12.46.a	Conduct 3- Day Training of 184 Health Workers (50 OICs/SZ ,6NFPS and M&E/SZ) on Growth Monitoring and Promotion protocols in 3 batches by 9 officers.	₦7,622,500	₦0	₦0	₦7,622,500
2.8.12.47	Accelerate the scale up of integrated management of acute malnutrition (IMAM) at all level of care	₦30,000,000	₦30,000,000	₦0	₦0
2.8.12.47.a	Establishment of atleast 3 community management of Acute Malnutrition (CMAM) at type 3 PHCs	₦30,000,000	₦30,000,000	₦0	₦0
2.8.12.48	Improve out-patient therapeutic (OTP) services in atleast 2 PHC per ward across 36 states and FCT.	₦32,362,000	₦0	₦0	₦32,362,000
2.8.12.48.a	Conduct a 2 day Training of 10 Community Volunteers (CV)in 19 OTP sites (ie 190 OTP CVs) as allocated to Enugu State by 4 officers for active identification of SAM children	₦9,562,000	₦0	₦0	₦9,562,000
2.8.12.48.b	Monthly stipends/transport allowance for the CVs	₦22,800,000	₦0	₦0	₦22,800,000
2.8.12.49	Strengthen in-patient care for Severe Accute Malnutrition (SAM) with complication in secondary and/or tertiary facility accross all the 774 LGAs of the federation.	₦3,442,500	₦0	₦0	₦3,442,500
2.8.12.49.a	Conduct 3- Day State level Training of 20 Health Workers across selected secondary and Tertiary Health facilities on In Patient Care (IPC) for the management of Severe acute malnutrition with complications by 5 state officers.	₦3,442,500	₦0	₦0	₦3,442,500
2.8.12.50	Scaling up community Nutrition best practices	₦27,089,076	₦12,000,000	₦0	₦15,089,076
2.8.12.50.a	Conduct a day Advocacy to the state stakeholders in the ministries, HOS, Civil Service commission, Chairman committee on Health on Nutrition Department mapping in the State by State Nutrition team and the National Nutriton Technical working group,	₦614,500	₦0	₦0	₦614,500
2.8.12.50.b	Establishment and equipping of Nutrition Department in SMOH	₦5,000,000	₦0	₦0	₦5,000,000
2.8.12.50.c	Conduct 2- Day Food Demonstration training for 51 Health workers across all the zones on Complementary Food recipes by 5 state officers.	₦6,737,500	₦0	₦0	₦6,737,500

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.50.d	Establishment of Nutrition corners and food demonstration corners in the 291 health facilities (1 Health Facility/ward)	₦14,737,076	₦12,000,000	₦0	₦2,737,076
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	₦115,570,000	₦33,000,000	₦20,040,000	₦62,530,000
2.8.12.54.a	To procure Family planning Contraceptives -Male Condom, 7,200,000 peces, DMPA-SC-15000 , ImplanonNXT, -7200, Hormonal IUD -2000 pieces	₦43,000,000	₦10,000,000	₦0	₦33,000,000
2.8.12.54.b	Conduct a quaterly Last Mile distribution to 17 LGA Supervisors and 650 SDPs by 5 state team mmbers	₦26,910,000	₦13,000,000	₦1,180,000	₦12,730,000
2.8.12.54.c	Procure LARC consumables for 200 Health facilities in one quarter	₦11,860,000	₦0	₦11,860,000	₦0
2.8.12.54.d	Procure Family planning Equipments for 200 LARC providers in one quarter	₦23,800,000	₦0	₦7,000,000	₦16,800,000
2.8.12.54.e	Procurement of LARC insertion instruments for family planning	₦10,000,000	₦10,000,000	₦0	₦0
2.8.12.55	Procure and Utilize nutrition commodities for nutritonally 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)	₦1,023,627,200	₦200,000,000	₦0	₦823,627,200
2.8.12.55.a	Procurement and distribution of 45 Cartons of Vitamin A, 100 Cartons Iron Folate , 100 cartons Albendazole, 100 Folic acid,3,081 MMS, 500 Cartons MNP, 500 Cartons of SQ-LNS, 10,000 Cartons of RUTF	₦1,023,627,200	₦200,000,000	₦0	₦823,627,200
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	₦5,660,000	₦0	₦0	₦5,660,000
2.8.12.59.a	Production and printing of 2 way referral forms to facilitate prompt referral and feed back mechanism and improve quality of care	₦5,660,000	₦0	₦0	₦5,660,000
2.8.12.62	Strengthen the linkage between community health structure and health system to sustain RMNCAEH+N services to targetted Vulnerable & marginalized groups and other communities	₦324,329,500	₦14,000,000	₦0	₦310,329,500
2.8.12.62.a	Conduct a 2 day Selection/Engagement of 12 CHIPS Personnel per ward in 45 wards in the State by 12 state PIU and 45 Ward development committee chairmen	₦5,880,000	₦0	₦0	₦5,880,000
2.8.12.62.b	Conduct 7 day residential State Training of 24 Trainers for the selected CHIPS by 3 PIU facilitators	₦21,969,500	₦0	₦0	₦21,969,500

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.62.c	Conduct 10 day Ward Level Training of 540 selected CHIPS and 90 CHEWs by 24 state facilitators.	₦102,555,000	₦0	₦0	₦102,555,000
2.8.12.62.e	Deployment of the selected 540 CHIPS Personnel for Community mapping and service provision	₦179,925,000	₦0	₦0	₦179,925,000
2.8.12.62.f	Procurement and distribution of health commodities to both existing and new CHIPS to improve efficiency	₦10,000,000	₦10,000,000	₦0	₦0
2.8.12.62.g	Provision of data tools for the CHIPS agents for 12 months	₦4,000,000	₦4,000,000	₦0	₦0
2.8.13	Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance	₦17,506,522,550	₦16,793,691,000	₦429,130,250	₦283,701,300
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	₦96,858,000	₦0	₦96,858,000	₦0
2.8.13.2.a	Produce and print I copy each of the revise BHCPF 2.0 guidline for the 30 state core team, 17 LGA, 566 OICs, 260 WDCs	₦4,365,000	₦0	₦4,365,000	₦0
2.8.13.2.b	Distribute new produced BHCPF 2:0 implementation guideline to 17 LGAs	₦340,000	₦0	₦340,000	₦0
2.8.13.2.c	Conduct 3 day residential TOT for 30 state and 17 LGA persons on BHCPF 2.0	₦8,909,000	₦0	₦8,909,000	₦0
2.8.13.2.d	Conduct 3 day lower level capacity buidling on BHCPF 2.0 implementation for 566 OIC, 566 assistant OICs, and 260 WDCs	₦83,244,000	₦0	₦83,244,000	₦0
2.8.13.3	Establish standards for PHC functionality and stratify existing PHCs accordingly	₦30,000,000	₦30,000,000	₦0	₦0
2.8.13.3.a	Conduct PHC summit to ensure thw uptake on infrstructural and community adoiption program as a means to achieving universal health coverage	₦30,000,000	₦30,000,000	₦0	₦0
2.8.13.4	Update nationwide PHC assessments to establish baseline, and create a sustainable system for real time visibility into PHC functionality status	₦16,990,000	₦0	₦16,990,000	₦0
2.8.13.4.a	Conduct a 3-days residential state level TOT on WASH FIT methodology for 47 state and 17 LGA staff	₦15,500,000	₦0	₦15,500,000	₦0
2.8.13.4.b	Conduct a day PHC Assessment in 566 PHCs by the 47 state and 17 LGA staffs	₦1,240,000	₦0	₦1,240,000	₦0
2.8.13.4.c	Produce and print 50 comprehensive report of PHC Assessment	₦250,000	₦0	₦250,000	₦0
2.8.13.5	Galvanize all government and partner resources for phased needs-based upgrades of prioritized PHCs to achieve full functionality (infrastructure, equipment, workforce, commodities etc)	₦16,925,102,300	₦16,625,000,000	₦16,401,000	₦283,701,300

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.13.5.a	Conduct a day Meeting of 6 persons to select prioritized PHCs for revitalization	₦24,000	₦0	₦24,000	₦0
2.8.13.5.b	Conduct a day meeting of 6 persons from the agency and 6 persons from MoW to assess the selected PHC and develop Bill of Quantity	₦720,000	₦0	₦720,000	₦0
2.8.13.5.c	Equipping the 299 Type 2 Primary Health Care Facilities throughout the State to enhance Service delivery	₦4,139,473,300	₦4,000,000,000	₦60,000	₦139,413,300
2.8.13.5.d	Conduct a day engagement meeting on Monitoring and tracking of the revitalization by 12 monitors per week for 3 months	₦768,000	₦0	₦360,000	₦408,000
2.8.13.5.e	Renovation, upgrading and procurement of medical equipment in the 6 revitalised PHCs across the 17 LGAs to enhance service delivery	₦555,237,000	₦540,000,000	₦15,237,000	₦0
2.8.13.5.f	CP - construction of 160 type 2 PHCs across the 17 LGAs to expand healthcare coverage and improved service delivery.	₦10,043,880,000	₦10,000,000,000	₦0	₦43,880,000
2.8.13.5.g	Upgrading and renovation of 30 existing type 2 PHCs across the 17 LGAs to improve infrastructure and healthcare accessibility	₦2,100,000,000	₦2,000,000,000	₦0	₦100,000,000
2.8.13.5.h	Installation of solar-powered electricity systems at the State Primary Health Care Development Agency to ensure uninterrupted power supply and operational efficiency.	₦85,000,000	₦85,000,000	₦0	₦0
2.8.13.6	Develop and implement a holistic Advocacy, Communication and Community Engagement strategy	₦5,340,000	₦5,000,000	₦340,000	₦0
2.8.13.6.a	distribute WASH factsheet indicators to 17 LGAs for PHC collection	₦340,000	₦0	₦340,000	₦0
2.8.13.6.b	Construction and provision of 2 overhead plastic tanks with metal stands for WASH at the SPHCDA office	₦5,000,000	₦5,000,000	₦0	₦0
2.8.13.12	Leverage technology for end-to-end BHCPF financial management and expenditure tracking	₦13,528,000	₦0	₦13,528,000	₦0
2.8.13.12.a	Develop and deploy a web-based application to track revenue, fund utilization, and expenditure at the PHC level	₦1,500,000	₦0	₦1,500,000	₦0
2.8.13.12.b	Conduct a day app development checklist for data collection tool.	₦500,000	₦0	₦500,000	₦0
2.8.13.12.c	Conduct a day 15 persons stakeholders' co-creation workshop for data collection tool	₦115,000	₦0	₦115,000	₦0
2.8.13.12.d	Deploy and maintain app through internet subscription	₦2,000,000	₦0	₦2,000,000	₦0
2.8.13.12.e	Conduct a day quarterly review meeting of 30 persons on financial management and app's performance	₦2,280,000	₦0	₦2,280,000	₦0
2.8.13.12.f	Conduct a day HRH capacity building on how to use app for 566 OICs by 17 facilitator	₦6,053,000	₦0	₦6,053,000	₦0
2.8.13.12.g	provision of a day monthly technical support by 3 persons on data management	₦1,080,000	₦0	₦1,080,000	₦0

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.13.20	Enhance sustainability by implementing better risk management practices, counterpart funding, defined role of TPAs and reinsurance.	₦133,691,000	₦133,691,000	₦0	₦0
2.8.13.20.a	Demand the State Counterpart Fund for 260 BHCPF PHC Facility overhead (ie 25% of NPHCPF budget) to strengthening of service delivery, improving commodity avaliability, ensuring PHC Facility functionality & generating demand.	₦133,691,000	₦133,691,000	₦0	₦0
2.8.13.21	Increase operational budget to enhance fiduciary oversight and to intensify monitoring and LGA supervision	₦52,980,000	₦0	₦52,980,000	₦0
2.8.13.21.a	To support the 26 OICs on day monthly reporting platform with data and state monitors with monthly transport.	₦9,360,000	₦0	₦9,360,000	₦0
2.8.13.21.b	Develop near real time dashboard for tracking of PHC weekly report	₦2,200,000	₦0	₦2,200,000	₦0
2.8.13.21.c	Conduct 4 day monthly monitoring visits by 17 LGAs officers the LGA PHC	₦16,820,000	₦0	₦16,820,000	₦0
2.8.13.21.d	Conduct 5 day quarterly state's M&E data collection for 26 mentors	₦10,660,000	₦0	₦10,660,000	₦0
2.8.13.21.e	Conduct 5 day quarterly state's Quality Assessment for 34 quality assessors	₦13,940,000	₦0	₦13,940,000	₦0
2.8.13.22	Deliver BHCPF as One Package at the last mile.	₦24,207,250	₦0	₦24,207,250	₦0
2.8.13.22.a	Procurement of 4 Office Equipment in BHCPF unit (4 laptops, 1 Photocopier, 1 Printer, 5 realm of paper every quarter, 4 printer tonners everyquarter, 4 catridges every 6 months)	₦3,017,250	₦0	₦3,017,250	₦0
2.8.13.22.b	provide monthly internet subscription for the desk office	₦50,000	₦0	₦50,000	₦0
2.8.13.22.c	conduct a day quarterly review meeting of 60 people on BHCPF facilities	₦7,920,000	₦0	₦7,920,000	₦0
2.8.13.22.d	Develop and deploy a web-based application to track absenteesim in PHCs	₦3,500,000	₦0	₦3,500,000	₦0
2.8.13.22.e	Develop a checklist for app development of data collection tool for BHCPF facilities	₦500,000	₦0	₦500,000	₦0
2.8.13.22.f	Server subscription and software maintenance	₦1,200,000	₦0	₦1,200,000	₦0
2.8.13.22.h	To provide a day technical support by 4 persons to the 566 PHCs in the 17 LGAs	₦8,020,000	₦0	₦8,020,000	₦0
2.8.13.28	Harmonize NPHCDA and NHIA MSP	₦1,584,000	₦0	₦1,584,000	₦0
2.8.13.28.a	Conduct a day Inter-gateway forum meeting of 26 participants for harmonization of MSP	₦104,000	₦0	₦104,000	₦0
2.8.13.28.b	Conduct a day State sensitization meeting to 26 Mentors on harmonised MSP	₦104,000	₦0	₦104,000	₦0
2.8.13.28.c	Conduct a day sensitization at LGA level on harmonization (involving 17 HOD and 17 Liaison Officers)	₦1,166,000	₦0	₦1,166,000	₦0

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.13.28.d	Conduct a day Joint supervision between 6 SPHCDA and 3 UHC on implentation of MSP, 5 person per 17 LGA.	₦210,000	₦0	₦210,000	₦0
2.8.13.29	Standardize the overall minimum benefit package to beneficiaries (across SSHIAs, NHIA, NPHCDA and other NHIA programs)	₦206,242,000	₦0	₦206,242,000	₦0
2.8.13.29.a	Print and distribute copies of BMSPH to all 566 PHCs by the 17 LGAs	₦3,170,000	₦0	₦3,170,000	₦0
2.8.13.29.b	procure laboratory equipment to meet the equipment need of the BMSPH in 260 PHCs	₦191,100,000	₦0	₦191,100,000	₦0
2.8.13.29.c	Conduct statewide advocacy and sensitization to 566 communities on availability of BMSPH in all PHC catchments	₦11,972,000	₦0	₦11,972,000	₦0
Pillar Four		₦176,800,000	₦20,000,000	₦0	₦156,800,000
4.15.21	Establish a One Health approach for threat detection and response, incorporating climate-linked threats	₦176,800,000	₦20,000,000	₦0	₦156,800,000
4.15.21.1	Create a clear accountability mechanism to track the implementation of Climate Health resolutions and commitments.	₦156,800,000	₦0	₦0	₦156,800,000
4.15.21.1.a	Construction of drainage in 260 PHC Facilities across the State	₦52,000,000	₦0	₦0	₦52,000,000
4.15.21.1.b	Clearing of drainages, checking of blockage of natural Flood with channels in 260 PHC Facilities	₦52,000,000	₦0	₦0	₦52,000,000
4.15.21.1.c	PHC Beauitification: Planting of trees and flower in 260 PHC Facilities to enhance land management.	₦52,000,000	₦0	₦0	₦52,000,000
4.15.21.1.d	Quarterly monitoring and reporting the progress of these activities .	₦800,000	₦0	₦0	₦800,000
4.15.21.5	Coordinate rapid response to zoonotic, vector borne, climate-sensitive diseases and emergencies, AMR pathogens of pandemic potential, epidemic prone bacterial and fungal infections through One Health Approach	₦20,000,000	₦20,000,000	₦0	₦0
4.15.21.5.a	Outbreak response (OBR) to possible disease outbreak such as yellow fever, lassa fever and cholera	₦20,000,000	₦20,000,000	₦0	₦0
Enabler One		₦158,992,900	₦55,000,000	₦35,536,500	₦91,696,400
1.16.22	Strengthen health data collection, reporting and usage – starting with the core indicators	₦138,992,900	₦35,000,000	₦35,536,500	₦91,696,400
1.16.22.1	Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs	₦21,228,000	₦15,000,000	₦804,000	₦5,424,000
1.16.22.1.a	Particpate in a day quarterly meeting of 4 participants in Health Data Consultative Committee.	₦352,000	₦0	₦352,000	₦0
1.16.22.1.b	Establish a day meeting of 12 M&E TWG in the SPHCDA	₦452,000	₦0	₦452,000	₦0
1.16.22.1.c	Conduct a 3 day quarterly meeting of the 12 M&E TWG members in the SPHCDA	₦5,424,000	₦0	₦0	₦5,424,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.16.22.1.e	Strengthen HMIS in the 567 PHCs in the state	₦15,000,000	₦15,000,000	₦0	₦0
1.16.22.2	Review, update, and adapt strategic documents on HIS to support monitoring and evaluation of health sector plans and interventions	₦22,508,400	₦0	₦0	₦22,508,400
1.16.22.2.a	Payment of monthly data subscription for the Developed interoperable facility wide electronic medical records systems for collecting and reporting data, staff absenteeism monitoring, tracking and other for mentioned above.	₦1,200,000	₦0	₦0	₦1,200,000
1.16.22.2.d	Conduct a 3 day Monthly review meeting for 24 mentors, 17 HOD and 10 state persons on PHCs performance	₦21,308,400	₦0	₦0	₦21,308,400
1.16.22.3	Optimize the Health Management Information System (HMIS) including the DHIS2 to collect complete and timely routine data	₦15,628,000	₦0	₦0	₦15,628,000
1.16.22.3.a	Conduct a 2 day monthly LGA data validtion meeting for 17 LGAs to ensure timely and quality data for decision mking	₦8,976,000	₦0	₦0	₦8,976,000
1.16.22.3.b	Conduct a 2 day quarterly State data consultative meeting for 12 program officers, 17 LGA M&E Officers and 8 partners.	₦6,652,000	₦0	₦0	₦6,652,000
1.16.22.4	Strengthen Civil Registration and Vital Statistics (CRVS) system to generate vital statistics of births & deaths including reporting of deaths with the causes	₦480,500	₦0	₦480,500	₦0
1.16.22.4.a	Conduct a day Collaborative meeting by 5 officers with National Population Commission to strenghthen births and deaths certification reporting system	₦480,500	₦0	₦480,500	₦0
1.16.22.5	Support coordination, design and implementation of health surveys	₦42,406,000	₦0	₦14,012,000	₦28,394,000
1.16.22.5.a	Conduct a 3 day monthly routine monitoring and supervision by 5 officers to assess facility performance	₦11,610,000	₦0	₦0	₦11,610,000
1.16.22.5.b	Establish monthly Power BI online data collection collection and visualization with data subcription	₦3,420,000	₦0	₦3,420,000	₦0
1.16.22.5.c	To conduct one day inaguration of 11 member Integrated Supportive Supervision team (ISS) in the State and 17 LGAs	₦592,000	₦0	₦592,000	₦0
1.16.22.5.d	Conduct 4 day quaterly Integrated Supportive Supervision by 20 members to 620 health facilities with a view to improve service delivery.	₦21,920,000	₦0	₦10,000,000	₦11,920,000
1.16.22.5.e	Conduct a 2 day quarterly Review and debrief meeting on the outcome of the Integrated Supportive Supervision to 30 relevant stakeholders.	₦4,864,000	₦0	₦0	₦4,864,000
1.16.22.6	Establish standards for Health Information Exchange	₦13,158,000	₦0	₦0	₦13,158,000
1.16.22.6.a	Conduct 3 day qurterly survey intervention in 17 LGAs by 17 officers	₦13,158,000	₦0	₦0	₦13,158,000
1.16.22.7	Strengthen data analysis and use for decision making	₦23,584,000	₦0	₦7,000,000	₦16,584,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.16.22.7.a	Conduct a day training of 620 health facility M&E Officers on comprehensive health data management.	₦7,000,000	₦0	₦7,000,000	₦0
1.16.22.7.b	Conduct a 2 day quarterly monitoring and tracking of health system data for improved decision making by 4 officers.	₦2,584,000	₦0	₦0	₦2,584,000
1.16.22.7.c	Conduct a 2 day quarterly assessment and evaluation of health interventions and projects in 17 LGA susing SWAP initiative.	₦14,000,000	₦0	₦0	₦14,000,000
1.16.22.8	Data sharing and dissemination of health information	₦26,096,000	₦0	₦10,000,000	-₦10,000,000
1.16.22.8.a		₦592,000	₦0	₦0	₦0
1.16.22.8.b		₦20,640,000	₦0	₦10,000,000	-₦10,000,000
1.16.22.8.c		₦4,864,000	₦0	₦0	₦0
1.16.22.10	Strengthen human resources for health capacity for data management and health information system support	₦23,240,000	₦20,000,000	₦3,240,000	₦0
1.16.22.10.a	Procurement of customized gadgets (100 tablets) for data capturing and transmission to DHIS2 platform.	₦20,000,000	₦20,000,000	₦0	₦0
1.16.22.10.b	Provide monthly data bundle to 17 LGA M&E Officer and 10 State data team members for effective data reporting and improved health outcomes.	₦3,240,000	₦0	₦3,240,000	₦0
1.16.23	Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate	₦20,000,000	₦20,000,000	₦0	₦0
1.16.23.6	Procure and expand Infrastructure for digitizing the health system	₦20,000,000	₦20,000,000	₦0	₦0
1.16.23.6.c	Establishment of E - library and procurement of ICT equipment at the SPHCDA	₦20,000,000	₦20,000,000	₦0	₦0
Enabler Two		₦34,077,500	₦29,000,000	₦4,772,500	-₦4,407,500
2.17.24	Improve oversight and monitoring of budgeting process to increase budget utilization	₦34,077,500	₦29,000,000	₦4,772,500	-₦4,407,500
2.17.24.2	Strengthen oversight for monitoring and reporting of health sector budget utilization including quarterly AOP reports.	₦34,077,500	₦29,000,000	₦4,772,500	-₦4,407,500
2.17.24.2.a	Developing a monitoring tool and equip the M&E office for tracking the progress of approved AOP workplan across various Units in the Agency	₦4,712,500	₦0	₦4,712,500	-₦4,712,500
2.17.24.2.b	Conduct one day quarterly training for the 6 Head of Department for tracking the new approved AOP work plan for budget execution and Utilization	₦60,000	₦0	₦60,000	₦0
2.17.24.2.c	Procurement of 15 laptops, I desktops and accessories, 5 UPS, 3 stabilizers, 2 photopiers and 6 printers for SPHCDA and HMIS/M&E	₦27,305,000	₦27,000,000	₦0	₦305,000
2.17.24.2.d	Purchase of 1 office safe for Accounts department	₦2,000,000	₦2,000,000	₦0	₦0

Appendix B4: ESAUHC 2025 AOP

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
Grand Total		₦721,693,512	₦440,012,333	₦280,597,679	₦0
Pillar One		₦28,558,000	₦6,056,000	₦22,502,000	₦0
1.2.2	Comprehensive and intentional communication strategy for stakeholder engagement and advocacy	₦7,000,000	₦3,350,000	₦3,650,000	₦0
1.2.2.2	Strengthen existing communication mechanisms e.g phone-in TV/Radio/Social media/Media hub programs, Servicom for feedback and functional grievance reddress	₦7,000,000	₦3,350,000	₦3,650,000	₦0
1.2.2.2.a	conduct a one off Expansion of existing communication strategy to create awareness on other ESUHCS (Formal. Informal and adoption program) in the State within 6 months.	₦100,000	₦0	₦100,000	₦0
1.2.2.2.b	Conduct 1 day biannual airing of short documentary programmes on Afia TV on ESUHCS programme and benefits	₦200,000	₦200,000	₦0	₦0
1.2.2.2.c	Conduct 1 day bi-monthly Radio Phone in programme in 3 radio stations on ESUHCS programmes and benefits	₦1,800,000	₦1,750,000	₦50,000	₦0
1.2.2.2.d	Conduct one day ESAUHC yearly Website Management and maintenance of corporate image subscription	₦800,000	₦800,000	₦0	₦0
1.2.2.2.e	Conduct daily Social media outreach (instagram, facebook, whatsapp,twitter, youtube, podcasts) to reach the populace on ESUHCS for 1 year by monthly internet subscription	₦600,000	₦600,000	₦0	₦0
1.2.2.2.f	Conduct 1 day online meeting with ESAUHC Software Consultant on expansion of ESAUHC local server by ESAUHC 5 staff for storage of data	₦3,500,000	₦0	₦3,500,000	₦0
1.3.3	Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products	₦21,558,000	₦2,706,000	₦18,852,000	₦0
1.3.3.2	Harmonize accreditation/inspection standards for health facilities across the regulators.	₦21,558,000	₦2,706,000	₦18,852,000	₦0
1.3.3.2.a	Conduct 1 day pre-accreditation meeting for 10 persons from ESAUHC, NHIA Zonal and State Office for accreditation of 36 HFs	₦40,000	₦40,000	₦0	₦0
1.3.3.2.b	Conduct 1 day Accreditation visit by 2 officers to 18 SHCs by ESAUHC/NHIA across 17 LGAs	₦2,436,000	₦2,436,000	₦0	₦0
1.3.3.2.c	Conduct 1 day Re-accreditation visit to 50 PHCs/ SHFs across 17 LGAs	₦230,000	₦230,000	₦0	₦0
1.3.3.2.d	Conduct 14 days Quarterly Quality Assurance to 350 PHCs across 17 LGAs by 3 ooficers	₦13,932,000	₦0	₦13,932,000	₦0
1.3.3.2.e	Conduct 5 days Quarterly Quality Assurance to 18 SHCs across 17 LGAs	₦4,920,000	₦0	₦4,920,000	₦0
Pillar Two		₦624,924,012	₦406,775,333	₦218,148,679	₦0

2.5.6	Drive multi-sectoral coordination to put in place and facilitate the implementation of appropriate policies and Programs that drive health promotion behaviours (e.g., to disincentivize unhealthy behaviours)	₦445,000	₦445,000	₦0	₦0
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	₦445,000	₦445,000	₦0	₦0
2.5.6.10.a	Conduct 1 day sensitization meeting and awareness creation for 100 programme officers in MDAs under SMOH on promotion of ESUHCS in the State	₦445,000	₦445,000	₦0	₦0
2.8.13	Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance	₦202,608,679	₦2,110,000	₦200,498,679	₦0
2.8.13.7	Enforce quarterly disbursement of funds in line with BHCPF guidelines	₦193,592,679	₦0	₦193,592,679	₦0
2.8.13.7.a	Conduct 3 day Monthly Preparation and computation of capitation payments to 274 BHCPF PHCs	₦140,000	₦0	₦140,000	₦0
2.8.13.7.b	Conduct 3 days Monthly Capitation Disbursement to 274 PHCs	₦193,452,679	₦0	₦193,452,679	₦0
2.8.13.9	Update financial management and reporting guidelines and processes for SSHIAs (where necessary)	₦982,000	₦0	₦982,000	₦0
2.8.13.9.a	Conduct 3 days monthly updated reports of ESAUHC financial activities of 274 BHCPF PHCs and other ESUHCS programmes to State NHIA, Enugu	₦982,000	₦0	₦982,000	₦0
2.8.13.11	Use of accounting software to monitor end-to-end disbursement funds including transactions at PHCs	₦5,350,000	₦1,146,000	₦4,204,000	₦0
2.8.13.11.a	Conduct 1 day meeting with a Consultant to Develop ESAUHC accounting software by 3 ESAUHC UHC staff	₦150,000	₦50,000	₦100,000	₦0
2.8.13.11.b	Conduct 3 day training of 6 Accounting Officers by 2 software consultants on the use of the account software in tracking of funds expenditure by 274 PHCs across the State	₦96,000	₦96,000	₦0	₦0
2.8.13.11.c	Conduct 1 day Quarterly Training and retraining of 88 OICs in 17 LGAs by 2 facilitators on the use of the account software in reporting fund disbursement and utilization	₦5,104,000	₦1,000,000	₦4,104,000	₦0
2.8.13.13	Utilize Financial Management Officers (FMOs) for quarterly tracking of spending with clear ToR	₦2,124,000	₦764,000	₦1,360,000	₦0
2.8.13.13.a	Conduct 1 day quarterly check of financial Records at 88 PHCs by 6 ESAUHC Accountants	₦1,764,000	₦764,000	₦1,000,000	₦0
2.8.13.13.b	Conduct 1 day Monthly capitation retirement check from 274 PHCs by 3 ESAUHC accountants	₦360,000	₦0	₦360,000	₦0
2.8.13.16	Revise tariffs to encourage private sector involvement	₦560,000	₦200,000	₦360,000	₦0
2.8.13.16.a	Conduct 1 day quarterly meeting with 10 Private Healthcare providers on the implementation of ESUHCS by ESAUHC health department	₦560,000	₦200,000	₦360,000	₦0
2.8.14	Expand financial protection to all citizens through health insurance expansion and other innovative financing mechanisms	₦421,870,333	₦404,220,333	₦17,650,000	₦0

2.8.14.1	Expand health insurance coverage and other pre-pooling mechanism for health	₦139,895,000	₦131,787,000	₦8,108,000	₦0
2.8.14.1.a	Conduct a 1 day advocacy/sensitization visit to 5 House Committee members on Health at State house of Assembly on enforcement of ESAUHC law	₦2,026,000	₦26,000	₦2,000,000	₦0
2.8.14.1.b	Conduct one day advocacy/ sensitization visit to 24 members of House assembly on ESAUHC programme and enforcement of ESUHCS law	₦26,000	₦26,000	₦0	₦0
2.8.14.1.c	Conduct 17 day advocacy/sensitization visit by 3 ESAUHC staff to the newly elected 17 LGA Chairmen at LGA HQTs on implementation of ESUHCS	₦2,006,000	₦394,000	₦1,612,000	₦0
2.8.14.1.d	Conduct a bimonthly Follow up advocacy/senstization visit to 24 Memebers of House of Assembly and 17 LGA Chairmen through sms, email and whatsapp by ESAUHC ES	₦60,000	₦60,000	₦0	₦0
2.8.14.1.e	Create 1 day Public awareness in 4 radio stations on packages and benefit of health insurance for 12 months using jingles and IEC materials eg fliers, posters, billboard, lamp post banners	₦19,290,000	₦18,090,000	₦1,200,000	₦0
2.8.14.1.f	Conduct 1 day Training in 3 or 4 LGAs by 3 ESAUHC Staff per LGA for 2 Enrolment Agents per ward for the 260 wards in the 17 LGAs over 5 days .	₦9,050,000	₦8,050,000	₦1,000,000	₦0
2.8.14.1.h	Conduct 1 day quarterly enrollment drive of vulnerable group,disable, social mothers, and individuals by ESAUHC staff to 260 wards at the strategic market places in the 17 LGAs	₦91,024,000	₦91,024,000	₦0	₦0
2.8.14.1.j	Conduct 1 day Launching of Enugu State Universal Health Coverage Scheme for Formal, Informal, Adoption/Diaspora, T-Ship)	₦12,727,000	₦12,727,000	₦0	₦0
2.8.14.1.k	Conduct 1 day quartely meeting for 6 staff of ESAUHC, State and Zonal NHIA on quartely review of health insurance activities by ESAUHC	₦296,000	₦0	₦296,000	₦0
2.8.14.1.l	Conduct 1 day Commomoration of UHC Day by 35 ESAUHC staff and 150 invites	₦3,390,000	₦1,390,000	₦2,000,000	₦0
2.8.14.2	Improve equity of coverage through effective implementation of public subsidies	₦278,803,333	₦270,695,333	₦8,108,000	₦0
2.8.14.2.a	Conduct 1 day Advocacy visit to 300 Igwes, PGs, Religiuos groups, Philantropist in 17 LGA by ESAUHC Staff over 5 days	₦680,000	₦680,000	₦0	₦0
2.8.14.2.b	Conduct 1 day Quarterly meeting for 20 officers from Min of Health, SHMB, SPHCDA, Min of Gender affairs, Poverty reduction, Education and State Safety Protection Coordinating Unit on identification of vulnerables, disables and social mothers	₦320,000	₦320,000	₦0	₦0
2.8.14.2.c	Conduct 1 day biannual meeting with 260 Ward Enrolment Committee Chairmen by 12 ESA UHC staffs	₦8,068,000	₦0	₦8,068,000	₦0
2.8.14.2.d	1 day one off Payment of equity fund of 1% CRF by State Government into State Health Insurance Health Fund account as stated in the law that established ESAUHC for expansin of coverage	₦100,000,000	₦100,000,000	₦0	₦0

2.8.14.2.e	One off Payment of 25% BHCPF counterpart fund by the State Government into the State Health Insurance Health Fund account for coverage of vulnerables	₦169,695,333	₦169,695,333	₦0	₦0
2.8.14.2.f	Conduct 1 day Quartely Zoom meetings with 10 Adoption/ Diaspora/CSR benefactors on the progress of the scheme	₦40,000	₦0	₦40,000	₦0
2.8.14.3	Utilize strategic purchasing mechanism for high impact interventions	₦3,172,000	₦1,738,000	₦1,434,000	₦0
2.8.14.3.a	Conduct a one day meeting with 10 Private hospitals on implementation of ESUHCS and referrals by ESAUHC 5 staff	₦90,000	₦0	₦90,000	₦0
2.8.14.3.b	Conduct a one day quarterly meeting by 8 ESA UHC staffs for 27 Public Hospitals on implementation of ESUHCS and referrals.	₦1,640,000	₦1,000,000	₦640,000	₦0
2.8.14.3.c	Conduct 3 days Quarterly Quality Assessment of 27 Public and Private Hospitals using a checklist by ESAUHC	₦1,404,000	₦700,000	₦704,000	₦0
2.8.14.3.d	Conduct 1 day meeting with 15 persons from private and public HFS for review and adoption of ESAUHC tariff extracted from NHIA Tariff for PCL and SCL by 7 ESAUHC staff.	₦30,000	₦30,000	₦0	₦0
2.8.14.3.e	Conduct 5 days review and Amendement of ESAUHC contract agreement by Legal Advisor, ES and 6 management team	₦8,000	₦8,000	₦0	₦0
Enabler One		₦1,083,500	₦0	₦0	₦0
1.16.22	Strengthen health data collection, reporting and usage – starting with the core indicators	₦1,083,500	₦0	₦0	₦0
1.16.22.10	Strengthen human resources for health capacity for data management and health information system support	₦1,083,500	₦286,000	₦797,500	₦0
1.16.22.10.a	Conduct one day understudying of ESAUHC activities and data collection by State M& E officer to link ESAUHC to DHIS2	₦150,000	₦50,000	₦100,000	₦0
1.16.22.10.b	Conduct 1 day training of 15 TOT ESAUHC staff of M & E officers on the use of DHIS2 by 2 State M&E Officer	₦68,000	₦36,000	₦32,000	₦0
1.16.22.10.c	Conduct 3 Days training of 17 M & E LGA officers on the use of DHIS2 for tracking of ESAUHC data by 3 ESAUHC M& E Staff	₦865,500	₦200,000	₦665,500	₦0
Enabler Two		₦2,796,000	₦1,288,000	₦1,508,000	₦0
2.17.24	Improve oversight and monitoring of budgeting process to increase budget utilization	₦2,796,000	₦1,288,000	₦1,508,000	₦0
2.17.24.1	Adopt lumpsum approval approch for aggregate activities based on annual workpaln in line with approve budget.	₦378,000	₦378,000	₦0	₦0
2.17.24.1.a	Conduct 2 days Intra Agency 2026 Preparatory AOP for 36 ESAUHC Staff	₦288,000	₦288,000	₦0	₦0
2.17.24.1.b	Conduct 1 day Preparation of 2026 Annual Budget by 6 ESAUHC staff	₦64,000	₦64,000	₦0	₦0
2.17.24.1.c	Conduct 1 day writing for the release of ESAUHC approved budget to HE by ESAUHC ES	₦26,000	₦26,000	₦0	₦0
2.17.24.2	Strengthen oversight for monitoring and reporting of health sector budget utilization including quarterly AOP reports.	₦1,926,000	₦746,000	₦1,180,000	₦0

2.17.24.2.a	Conduct 1 day Monthly monitoring of KPIs of ESAUHC activities for 35 staffs of ESA UHC for tracking of AOP performance	₦1,680,000	₦500,000	₦1,180,000	₦0
2.17.24.2.b	Conduct 1 day Bi-monthly monitoring and evaluation of 2026 budget release to ESAUHC by HoD (M&E)	₦216,000	₦216,000	₦0	₦0
2.17.24.2.c	Conduct 1 day Quarterly AOP and budget Report by 5 ESAUHC (M&E)	₦30,000	₦30,000	₦0	₦0
2.17.24.6	Increase resource mobilization for the health sector	₦492,000	₦164,000	₦328,000	₦0
2.17.24.6.a	Conduct 1 day Meeting with 40 private sectors for informal sector enrolment by 3 ESAUHC Staff	₦82,000	₦82,000	₦0	₦0
2.17.24.6.b	Conduct 1 day quarterly meeting with philantropists for adoption/diaspora programmes by 3 ESAUHC staff	₦328,000	₦0	₦328,000	₦0
2.17.24.6.c	Conduct a day Meeting with Heads of State owned tertiary institutions for T-Ship	₦82,000	₦82,000	₦0	₦0
Enabler Three		₦64,332,000	₦25,893,000	₦38,439,000	₦0
3.18.27	Top-talent learning program to develop well-rounded for public health leaders	₦64,332,000	₦25,893,000	₦38,439,000	₦0
3.18.27.1	Design/improve on a comprehensive learning and development curriculum that covers a wide range of competencies such as strategic thinking, decision-making, policy development, stakeholder management and effective communication required for effective public health leaders.	₦11,696,000	₦2,974,000	₦8,722,000	₦0
3.18.27.1.a	Conduct 1 day quarterly in-house traing for 35 ESAUHC staff/Adhoc on ICT compliance by ICT support staff	₦576,000	₦288,000	₦288,000	₦0
3.18.27.1.b	Conduct 1 day quarterly in-house training for 35 ESAUHC staff/Adhoc on implementation of ESUHCS by ES	₦560,000	₦230,000	₦330,000	₦0
3.18.27.1.c	Conduct a-3 day residential training of ESAUHC 3 Accountants in Abuja on Remitta platform by OAG	₦2,064,000	₦0	₦2,064,000	₦0
3.18.27.1.d	Conduct 1 day quarterly training /capacity building for 14 staff of the 56 SHCFs on implementation of BHCPF and ESUHCS by ESAUHC Staff	₦784,000	₦392,000	₦392,000	₦0
3.18.27.1.e	Conduct 1 day quarterly training /capacity building for 90 OICs of the 350 OICs on implementation of BHCPF and ESUHCS	₦5,508,000	₦2,000,000	₦3,508,000	₦0
3.18.27.1.f	Conduct a 3 day residential Training of 3 ESA-UHC Staff on claims coding and medical billing by NHIA Abuja	₦2,064,000	₦64,000	₦2,000,000	₦0
3.18.27.1.g	Conduct 1 day step down training on claims coding and medical billing to 32 ESAUHC Staff by 3 ToT	₦140,000	₦0	₦140,000	₦0
3.18.27.3	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.	₦12,396,000	₦3,624,000	₦8,772,000	₦0
3.18.27.3.a	Conduct 1 day monthly staff meetings for 35 ESAUHC Staff on review of guideline on implementation of ESUHCS by ES	₦1,680,000	₦1,680,000	₦0	₦0

3.18.27.3.b	Conduct 1 quarterly meetings with 51 (Liaision officers, LG M & E, PHCC Cordinators) on the implementation of BHCPF and ESUHCS by 3 ESAUHC Staff	₦2,944,000	₦944,000	₦2,000,000	₦0
3.18.27.3.c	Conduct 1 day Quarterly meetings for 35 M-SIT stakeholders participation in BHCPF and ESUHCS review by ES	₦1,440,000	₦0	₦1,440,000	₦0
3.18.27.3.d	Conduct 1 day quarterly M & E Meetings with 88 (OICs, M & E, LLO) on the implementation of BHCPF and ESUHCS by 9 ESAUHC Staff	₦6,332,000	₦1,000,000	₦5,332,000	₦0
3.18.27.4	Promote culture of Continuously monitoring and evaluating program's effectiveness, seeking feedback from participants, mentors, and key stakehold	₦40,240,000	₦19,295,000	₦20,945,000	₦0
3.18.27.4.a	Conduct 1 Day monthly Submission of Encounter manual Forms by 17 LGA M & E to ESAUHC Office	₦2,040,000	₦800,000	₦1,240,000	₦0
3.18.27.4.b	Conduct 5 days monthly monitoring of 274 PHCs performace through Encounter Forms by 3 ESAUHC zonal M& E Staff	₦1,800,000	₦0	₦1,800,000	₦0
3.18.27.4.c	Conduct 2 days weekly mentoring of 274 PHCs sttaff by 35 ESAUHC staff on clients utilization per week	₦36,400,000	₦18,495,000	₦17,905,000	₦0

Appendix B5: ESMOH 2025 AOP

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
Grand Total		₦ 26,091,187,302	₦ 22,138,657,000	₦ 2,672,354,496	₦ 1,274,210,806
Pillar One		₦ 356,710,250	₦ 191,357,250	₦ 175,876,500	-₦ 10,523,500
1.1.1	Strengthen NCH as a coordinating and accountability mechanism across the health system	₦ 2,940,000	₦ 1,345,000	₦ 2,000,000	-₦ 405,000
1.1.1.1	Tailor NCH Meeting and memos guidelines to ensure meetings focus on the "National Health Act", "National Health Policy" , and "National Health Development Plan" including a conversation on the state of the Health of the Nation report to inform policy decisions	₦ 2,940,000	₦ 1,345,000	₦ 2,000,000	-₦ 405,000
1.1.1.1.a	Conduct 3 day 2025 State Council (SCH) Meeting of 70 participants Prior to the NCH Meeting to Review the 2024 Health Sector Performance and fine tune Memos for the NCH	₦ 2,940,000	₦ 1,345,000	₦ 2,000,000	-₦ 405,000
1.3.3	Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products	₦ 98,691,000	₦ 94,691,000	₦ 4,000,000	₦ 0
1.3.3.1	Harmonize frameworks for health professional regulatory bodies along different cadres.	₦ 5,360,000	₦ 1,360,000	₦ 4,000,000	₦ 0
1.3.3.1.a	Organize a one day Quarterly meeting of 30 member Stakeholders to Harmonize frameworks for health professional regulatory bodies along different cadres.	₦ 5,360,000	₦ 1,360,000	₦ 4,000,000	₦ 0
1.3.3.2	Harmonize accreditation/inspection standards for health facilities across the regulators.	₦ 93,331,000	₦ 93,331,000	₦ 0	₦ 0
1.3.3.2.a	Conduct a one day meeting of 33 members stakeholders to review and adopt the national regulatory documents for inspection and monitoring of private and mission health facility in Enugu State.	₦ 1,436,000	₦ 1,436,000	₦ 0	₦ 0
1.3.3.2.b	Conduct a ONE day training for a 10 member enforcement team for monitoring and inspection of private and mission health facilities in the Enugu State.	₦ 70,000	₦ 70,000	₦ 0	₦ 0
1.3.3.2.c	Repair, Servicing and fueling of one hilus van to be used in the monitoring and inspection of private and mission health facilities in Enugu State.	₦ 2,165,000	₦ 2,165,000	₦ 0	₦ 0
1.3.3.2.d	Procurement of 300 seals, 300 keys, 300 chains and 1500 invitation letters for private and mission Health Facility closure in Enugu State	₦ 3,950,000	₦ 3,950,000	₦ 0	₦ 0
1.3.3.2.e	Regulation and Monitoring of health outreaches organised by Government of all levels, private and mission health facility owners in Enugu State by 5 officers.	₦ 85,000	₦ 85,000	₦ 0	₦ 0

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.3.3.2.f	Conduct a 5 days joint health inspection on facilities by 30 member inspectorate team, management staff, regulators, press and security officers with 2 hilus and 2 buses from the ministry.	₦ 5,245,000	₦ 5,245,000	₦ 0	₦ 0
1.3.3.2.g	Hosting of Kobo Tool bos for monitoring and inspection of private and mission health Facilities in Enugu State	₦ 80,000	₦ 80,000	₦ 0	₦ 0
1.3.3.2.h	airing of 3 days monthly radio jingles sensitizing the public on the need to register and renew their facilities as at when due.	₦ 300,000	₦ 300,000	₦ 0	₦ 0
1.3.3.2.i	Purschase of One Hilus van For Monitoring and Inspection Of Private And Misssion Health Facilities In Enugu State.	₦ 80,000,000	₦ 80,000,000	₦ 0	₦ 0
1.4.4	A Sector Wide Action Plan (SWAp) to defragment health system programming and funding	₦ 153,968,000	₦ 5,400,000	₦ 156,976,500	-₦ 8,408,500
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.	₦ 15,540,000	₦ 1,000,000	₦ 14,540,000	₦ 0
1.4.4.1.a	Set up one day quarterly meeting of 20 member TWG/commitee on Health Sctor Planning Cells to enhance integrated planning, implementation, monitoring and evaluation of health system performance across the health facilities in the state.	₦ 2,640,000	₦ 0	₦ 2,640,000	₦ 0
1.4.4.1.b	Conduct one day quarterly meeting of 50 strategic stakeholders to track health sector performance across the health system in the state.	₦ 4,500,000	₦ 1,000,000	₦ 3,500,000	₦ 0
1.4.4.1.c	Conduct one day quarterly health partners coordination meeting of 80 participants to enhance alignment of state and partners' performance implementation program	₦ 8,400,000	₦ 0	₦ 8,400,000	₦ 0
1.4.4.2	Develop AOP and ensure alignment of partners' plans to national/state health sector AOP	₦ 76,035,500	₦ 0	₦ 80,669,000	-₦ 4,633,500
1.4.4.2.a	Conduct 3-day residential meeting of 50 participants to review of LGA business plan	₦ 16,410,000	₦ 0	₦ 18,457,500	-₦ 2,047,500
1.4.4.2.b	Conduct 3 days residential meeting of 55 participants on Annual Review of 2025 AOP performance	₦ 18,882,500	₦ 0	₦ 21,715,000	-₦ 2,832,500
1.4.4.2.d	Conduct 5 day residential workshop of 75 participants on development and costing of 2026 AOP	₦ 34,362,500	₦ 0	₦ 34,363,500	-₦ 1,000
1.4.4.2.e	Conduct 2-day residential workshop of 35 participants on AOP cleaning and harmonization	₦ 6,380,500	₦ 0	₦ 6,133,000	₦ 247,500

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
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.	₦ 28,465,000	₦ 1,000,000	₦ 30,390,000	-₦ 2,925,000
1.4.4.3.a	Conduct 2-day non residential refresher training of 50 LGA core planning cells on AOP tools	₦ 3,335,000	₦ 500,000	₦ 2,885,000	-₦ 50,000
1.4.4.3.b	Conduct one day quarterly training of 35 participants on health indices status tracking and presentation to health sector stakeholders	₦ 6,210,000	₦ 500,000	₦ 5,780,000	-₦ 70,000
1.4.4.3.c	Conduct 3 day training for 50 State planning cell officers on AOP devdelopment	₦ 10,975,000	₦ 0	₦ 12,550,000	-₦ 1,575,000
1.4.4.3.d	Conduct 2 days training of 30 LGA planning cell officers on AOP development	₦ 7,945,000	₦ 0	₦ 9,175,000	-₦ 1,230,000
1.4.4.4	Strengthen the Resource Mapping and Expenditure Tracking (RMET) processes to track funds	₦ 6,380,000	₦ 330,000	₦ 6,200,000	-₦ 150,000
1.4.4.4.a	One day meeting of 10 participants to Develop a resource framework	₦ 240,000	₦ 240,000	₦ 0	₦ 0
1.4.4.4.b	one day meeting of 20 participants to Collate/mapping of partners' resource	₦ 80,000	₦ 80,000	₦ 0	₦ 0
1.4.4.4.c	one day Quarterly meeting of 75 participants on presentation of resource mapping and expenditure tracking	₦ 6,050,000	₦ 0	₦ 6,200,000	-₦ 150,000
1.4.4.4.d	Publication of 50 copies of health sector performance report	₦ 10,000	₦ 10,000	₦ 0	₦ 0
1.4.4.5	Coordinate pooled and non-pooled (Aligned) funds for efficient resource allocation including TA pooling arrangement.	₦ 12,000,000	₦ 2,310,000	₦ 9,900,000	-₦ 210,000
1.4.4.5.a	Conduct 3 -day training of 40 research assistants on identification and mapping of pooled and non-pooled funds	₦ 2,910,000	₦ 0	₦ 2,970,000	-₦ 60,000
1.4.4.5.b	Establish a day quaterly resource coordination meeting for 75 strategic health sector stakeholders and partners for pooled and non -pooled fund alignment	₦ 9,090,000	₦ 2,310,000	₦ 6,930,000	-₦ 150,000
1.4.4.6	Provide regular on-boarding SWAp orientation to newly appointed program officers/managers	₦ 320,000	₦ 320,000	₦ 0	₦ 0
1.4.4.6.a	Conduct quarterly orientation meeting of 20 participants on SWAP	₦ 320,000	₦ 320,000	₦ 0	₦ 0
1.4.4.7	Conduct Joint missions to Federal/states/ sites in line with Joint Annual Review (JAR) calendar	₦ 4,947,500	₦ 440,000	₦ 4,857,500	-₦ 350,000
1.4.4.7.a	Participation in a day quarterly (physical/virtual) meeting of 5 relevant stakeholders on joint mission based on Joint Annual Review (JAR) framework	₦ 200,000	₦ 200,000	₦ 0	₦ 0

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.4.4.7.b	Conduct a day trainning of 50 participants on the developed Framework	₦ 1,745,000	₦ 0	₦ 1,770,000	-₦ 25,000
1.4.4.7.c	Conduct a day Quarterly Collation of performance report on the implemented health activities	₦ 160,000	₦ 160,000	₦ 0	₦ 0
1.4.4.7.d	Develop one day 20 copies Report Writing and presentation of findings	₦ 80,000	₦ 80,000	₦ 0	₦ 0
1.4.4.7.e	Conduct one day meeting of 65 participants on state joint annual review	₦ 2,762,500	₦ 0	₦ 3,087,500	-₦ 325,000
1.4.4.8	Conduct regular sub-national Strategic engagement to ensure successful implementation of Sector Wide Approach (SWAp)	₦ 8,980,000	₦ 0	₦ 9,120,000	-₦ 140,000
1.4.4.8.a	Conduct a day quarterly meeting of 5 stakeholders in national and regional strategic engagement to ensure successful implementation of Sector Wide Approach (SWAp)	₦ 400,000	₦ 0	₦ 400,000	₦ 0
1.4.4.8.b	Conduct a day quarterly physical or virtual meeting of 70 participants to discuss SWAp implementation, performance tracking,challenges and sucessess across state, LGA and the DPs	₦ 8,580,000	₦ 0	₦ 8,720,000	-₦ 140,000
1.4.4.9	Ensure deployment of relevant TA support to support states and be part of the process of Joint development of AOPs by the states and relevant stakeholders, including DPs.	₦ 1,300,000	₦ 0	₦ 1,300,000	₦ 0
1.4.4.9.a	Engagement of 2 external TAs to support 5 day AOP planning and development in the state	₦ 1,300,000	₦ 0	₦ 1,300,000	₦ 0
1.4.5	Increase collaboration with internal and external stakeholders for better delivery and performance management	₦ 101,111,250	₦ 89,921,250	₦ 12,900,000	-₦ 1,710,000
1.4.5.1	Conduct strategic engagement to orientate all Federal and subnational stakeholders on Sector Wide Approach (SWAp)	₦ 400,000	₦ 0	₦ 400,000	₦ 0
1.4.5.1.a	Participation in a day signing of developed COMPACT by HCH	₦ 400,000	₦ 0	₦ 400,000	₦ 0
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.	₦ 86,921,250	₦ 86,921,250	₦ 0	₦ 0
1.4.5.2.a	Procurement of office funiture and equpiment for Setting up a SWAP Office for integrated planning, implementation, monitoring and evaluation of the performance of the health system and for successful harnessing of knowledge	₦ 86,921,250	₦ 86,921,250	₦ 0	₦ 0
1.4.5.3	Review health sector coordination platforms at Federal, States and LGA level with clear terms of reference that delineate roles and responsibilities in consonance with SWAp principles .	₦ 13,790,000	₦ 3,000,000	₦ 12,500,000	-₦ 1,710,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.4.5.3.a	A day quarterly review meeting of 30 stakeholders on health sector coordination platoform with emphasis on TOR and adherence to SWAp principles	₦ 3,240,000	₦ 0	₦ 3,300,000	-₦ 60,000
1.4.5.3.b	1-day Quartely enagagement meeting and dialogues with 75 participants: DPs and Line MDAs/phc coordinators on coordination and adherence to SWAp principles	₦ 10,550,000	₦ 3,000,000	₦ 9,200,000	-₦ 1,650,000
Pillar Two		##########	##########	##########	##########
2.5.6	Drive multi-sectoral coordination to put in place and facilitate the implementation of appropriate policies and Programs that drive health promotion behaviours (e.g., to disincentivize unhealthy behaviours)	₦ 204,601,800	₦ 17,245,800	₦ 188,590,000	-₦ 1,234,000
2.5.6.1	Strengthen Governance and Stewardship for Health promotion Multi-sectoral Coordination	₦ 598,000	₦ 388,000	₦ 210,000	₦ 0
2.5.6.1.a	one day biannual advocacy visits to health sector stakeholders,allied health MDAs (MOA,MOE,MOE, ENSACA,PHCDA,UHC,ENSHMB) and other non governmental health oganizatin/foundations (CSO) for the implimentation and domestication of National Health Promotion Policy/strategies in Enugu State.	₦ 178,000	₦ 178,000	₦ 0	₦ 0
2.5.6.1.b	Establish an integrated 50 member Health promotion Coordination Committee communication channel and platforms in Reproductive Health, NCD, NTD, HIV,TB & TB, Epidermology, Nutrition on health promotion coveragies.	₦ 210,000	₦ 0	₦ 210,000	₦ 0
2.5.6.1.c	One day monthly meeting of 50 memebers cordination platform on review and Implimentaion of Health promotion interventions using perfomance indicator	₦ 210,000	₦ 210,000	₦ 0	₦ 0
2.5.6.2	Promote Advocacy for Mullti-sectoral coordination at all Levels of health and across the sectors that are proactive health promotion	₦ 22,291,000	₦ 2,825,000	₦ 19,706,000	-₦ 240,000
2.5.6.2.a	Conduct two- day State Level Advocacy Visits to 3 MOH, 2 MOE, 2 ENSUBEB, 2 PPSMB, 1 ESPHCDA, 1NAPPS AND 2MOLG by five officers	₦ 340,000	₦ 0	₦ 340,000	₦ 0
2.5.6.2.b	Conduct 2-day LGA level Advocacy visit to 17 LGA chairmen / Traditional rulers/PGs by the 17 NTD state team , 17 LGA NTD Coordinator and 17 Social Mob	₦ 2,142,000	₦ 0	₦ 2,142,000	₦ 0
2.5.6.2.c	Conduct 2-day Strategic Planning Meeting of 90 relevant stakeholders on health promotion	₦ 5,209,000	₦ 0	₦ 5,299,000	-₦ 90,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.5.6.2.d	Conduct a one day biannual Community mobilization & sensitization on commencement of 1st RB and 2nd RB MDA in Nkanueast/Uzouwani LGAs 126 HW, 10 State team and TCC	₦ 4,240,000	₦ 0	₦ 4,240,000	₦ 0
2.5.6.2.e	Conduct a one day training by 10 NTDs team member to 22 school authorities/teachers on community mobilization and sensitization.	₦ 780,000	₦ 0	₦ 780,000	₦ 0
2.5.6.2.f	biannual production of two jingles and daily airing for one month to improve public awareness and medicine intake	₦ 770,000	₦ 0	₦ 770,000	₦ 0
2.5.6.2.g	Conduct a one day planning meeting of 50 participants on mainstreaming SCH/STH to government	₦ 1,580,000	₦ 0	₦ 1,580,000	₦ 0
2.5.6.2.h	One day WORLD NTDs campaign of 120 participants in DAY 2025	₦ 3,470,000	₦ 885,000	₦ 2,635,000	-₦ 50,000
2.5.6.2.i	One day World Rabies campaign of 60 participants	₦ 1,890,000	₦ 1,940,000	₦ 0	-₦ 50,000
2.5.6.2.j	One day World Snake campaign of 60 participants	₦ 1,870,000	₦ 0	₦ 1,920,000	-₦ 50,000
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.	₦ 73,314,500	₦ 5,338,000	₦ 67,130,500	₦ 846,000
2.5.6.3.a	Conduct two day capacity building of 29 programme officers on case search of MMDP by 2 FMOH Facilitator	₦ 2,872,500	₦ 0	₦ 2,872,500	₦ 0
2.5.6.3.b	One day collection of approved medicine by the FMOH from Oshodi Lagos using big truck	₦ 2,322,000	₦ 1,322,000	₦ 1,000,000	₦ 0
2.5.6.3.c	Conduct 2 days bi-annual Mass Drug Administration on RB in Nkanu East and Uzouwani LGAs using 126 HW	₦ 6,576,000	₦ 0	₦ 6,576,000	₦ 0
2.5.6.3.d	Conduct a 2 day RB/LF Post Treatment Surveillance (PTS) by 12 officials in 15 LGAs	₦ 1,468,000	₦ 0	₦ 1,468,000	₦ 0
2.5.6.3.e	conduct a one day Mass Drug Admistration by 735 teachers on SCHISTO/STH MDA across 11 LGAs	₦ 8,016,000	₦ 4,016,000	₦ 4,000,000	₦ 0
2.5.6.3.f	Conduct five day data entry by five SIHTs on treatment given	₦ 650,000	₦ 0	₦ 650,000	₦ 0
2.5.6.3.g	Conduct two day data Review meeting by 10 state team, 14 LIHTC and two TCC on drug treatment	₦ 1,181,000	₦ 0	₦ 1,181,000	₦ 0
2.5.6.3.h	Conduct four day biannual meeting of two NTDs offices and two TCC staff on Data Quality Assurance (DQA)	₦ 1,224,000	₦ 0	₦ 1,224,000	₦ 0
2.5.6.3.i	Conduct 5 days Case search of people with elephantiasis and hydrocele across 5532 villages by the 5532 trained CDDs	₦ 36,166,000	₦ 0	₦ 36,166,000	₦ 0
2.5.6.3.j	Conduct 2 day biannual supervision by 12 officials on RB 1st and 2nd RD MDA in Nkanu East and Uzouwani LGAs	₦ 2,840,000	₦ 0	₦ 2,840,000	₦ 0
2.5.6.3.k	Conduct a 2 day non residential Step-down Training for 73 Health Facility Staff on snake bite envenoming Management by 4 Facilitators	₦ 4,999,500	₦ 0	₦ 4,076,500	₦ 923,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.5.6.3.l	Conduct a 2 day non residential Step-down Training for 60 Health Facility Staff on Rabies Management by 4 Facilitators	₦ 4,999,500	₦ 0	₦ 5,076,500	-₦ 77,000
2.5.6.4	Establish Partnerships with Global and Regional Alliance for Multi-sectoral Coordination	₦ 4,506,000	₦ 136,000	₦ 4,370,000	₦ 0
2.5.6.4.a	conduct one day advocacy to Identify and map out potential partners and stakeholders and develop resource mobilization strategy	₦ 10,000	₦ 10,000	₦ 0	₦ 0
2.5.6.4.b	Conduct a 2 day advocacy meeting with 4 regional stakeholders and partners to adapt global alliance strategies to rejgional context	₦ 126,000	₦ 126,000	₦ 0	₦ 0
2.5.6.4.c	To conduct a 2 day biannual meeting of 50 member on multi sectorial resoure mobilization for the global and regional alliance to develop/adapt a shared vision and strategies for health promotion interventions.	₦ 4,370,000	₦ 0	₦ 4,370,000	₦ 0
2.5.6.5	Monitor Trends and Determinants of Health and evaluate progress of coordination	₦ 4,456,000	₦ 0	₦ 4,456,000	₦ 0
2.5.6.5.a	Conduct a 1-Day residential capacity building of 48 M&Es by 2 facilitators in the 17 LGAs on behaviral changes in health promotion tools, Data collection and reporting .	₦ 4,456,000	₦ 0	₦ 4,456,000	₦ 0
2.5.6.6	Strengthen accountability mechanism and community engagement to accelerate community participation and improve service delivery	₦ 865,500	₦ 114,000	₦ 771,500	-₦ 20,000
2.5.6.6.a	A one day biannual Sensitization/orientation by 2 officials to the 17 LGA Traditional Rulers,17 LGAs Chairmen, leveraging on their Meeting for Community engagement sustainability of healthy sociocultural behavior on disease preventive pratices	₦ 114,000	₦ 114,000	₦ 0	₦ 0
2.5.6.6.b	Conduct A-1 Day community dialogue/Town-Hall meeting of 30 community gatekeepers stakehoders on community participation/engagement and ownership for healthy lifestyles/Socialcultural behaviors and sustainability in the Communities 35 participant in each LGAs.	₦ 467,500	₦ 0	₦ 467,500	₦ 0
2.5.6.6.c	A day meeting by 6 officials to Leverage on women August Meetings for sensitization and awareness campaign to improvement and sustainability of Social behaviors in accessing quality health services delivery	₦ 284,000	₦ 0	₦ 304,000	-₦ 20,000
2.5.6.7	Foster and integrate effective Multisectoral Health Promotion strategy	₦ 761,000	₦ 0	₦ 911,000	-₦ 150,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.5.6.7.a	A day meeting by 10 participants to develop, adopt and the production of health promotion manuals for trainings at all level of Health promotion Intervention	₦ 140,000	₦ 0	₦ 140,000	₦ 0
2.5.6.7.b	A one day residential workshop by 30 participants (17 LGA Health Educators officers/Social Mobilization Officers (SMOs) with State HP Officers, SMO) on Annual Review meeting	₦ 621,000	₦ 0	₦ 771,000	-₦ 150,000
2.5.6.8	Intensify SBC intervention to address risk factors, increase health literacy and healthy lifestyle and improve health outcomes	₦ 10,258,000	₦ 2,200,000	₦ 8,708,000	-₦ 650,000
2.5.6.8.a	To set up functional Infordemic management System to control Health related Panic due to misinformation, disinformation and malinformation to foster economic growth and development.	₦ 3,600,000	₦ 1,000,000	₦ 2,600,000	₦ 0
2.5.6.8.b	A one day quarterly training /Sensitisation of 40 Community Mobilizers, WFPs, OICs, HWs, on demand generation and to increase uptake of health service provider and disseminate information on disease preventive practices	₦ 3,160,000	₦ 0	₦ 3,160,000	₦ 0
2.5.6.8.c	A day meeting of 4 officials to Deploy 120 trained Community Mobilizers, HWs to the affected Community to dissemiate information on the disease preventive practices,health care Services in the Community	₦ 1,888,000	₦ 1,200,000	₦ 1,288,000	-₦ 600,000
2.5.6.8.d	A day motorized Campaign of 40 participants for awareness creation on sustainability of healthy lifestly/disease outbreake PREVETION and assessing timely Health care service	₦ 1,610,000	₦ 0	₦ 1,660,000	-₦ 50,000
2.5.6.9	Strengthen SBC (RCCE)multisectoral coordination mechanism to facilitate the implementation of routine and Emergency interventions.	₦ 15,640,000	₦ 1,920,000	₦ 13,720,000	₦ 0
2.5.6.9.a	Develop a day quarterly SBC/IEC Marterial to build capacity of Health Workres Service delivery	₦ 13,720,000	₦ 0	₦ 13,720,000	₦ 0
2.5.6.9.b	Quarterly Production and airing of jingles in three languages for 3 times a week (English,Pigen & Igbo languages) for a month for health promotion Activities	₦ 720,000	₦ 720,000	₦ 0	₦ 0
2.5.6.9.c	To conduct quarterly Phone in programme (Media Engagement) in 3 radio Stations in the State to create more awareness for health service uptake	₦ 1,200,000	₦ 1,200,000	₦ 0	₦ 0
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	₦ 65,980,000	₦ 3,570,000	₦ 63,430,000	-₦ 1,020,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.5.6.10.a	Conduct two day Capacity buiding for 29 HW on case search of MMDP by FMOH Facilitator	₦ 1,615,500	₦ 350,000	₦ 1,265,500	₦ 0
2.5.6.10.b	Conduct 2 day LGA level training of 56 LIHT and HFS on case search of MMDP in LF 14 LGAs	₦ 15,632,500	₦ 640,000	₦ 14,992,500	₦ 0
2.5.6.10.c	Conduct a day community level training of 775 CDDs on case search of MMDP in 14 LGAs	₦ 16,268,000	₦ 1,080,000	₦ 15,188,000	₦ 0
2.5.6.10.d	Conduct 5 days Case search of people with elephantiasis and hydrocele across 5532 villages by the 5532 trained CDDs	₦ 27,660,000	₦ 1,500,000	₦ 26,160,000	₦ 0
2.5.6.10.e	Conduct a 2-day meeting of 10 participants on Data collation, report and submission on case search	₦ 856,000	₦ 0	₦ 856,000	₦ 0
2.5.6.10.f	A day monthly meeting of 17 participants to Intensify interpersonal communication (IPC) for the uptake of family planing, ANC and other RMNCAH services among 308 providers Community pharmacist and private partient medicine vendores by intigrate - E(CPs 55 & PPMVs 253)	₦ 3,108,000	₦ 0	₦ 4,128,000	-₦ 1,020,000
2.5.6.10.g	Conduct a day Monthly review meetings of 10 participants for CPs and PPMV	₦ 840,000	₦ 0	₦ 840,000	₦ 0
2.5.6.11	Accelerate the Integration of awareness programs/health campaigns to improve health outcomes including primary health interventions	₦ 564,800	₦ 564,800	₦ 0	₦ 0
2.5.6.11.a	A day monthly meeting to liaise with Ministry of Environment during State Monthly Sanitation Exercise	₦ 564,800	₦ 564,800	₦ 0	₦ 0
2.5.6.12	Leverage formal education system to improve healthy behaviors	₦ 5,367,000	₦ 190,000	₦ 5,177,000	₦ 0
2.5.6.12.a	A day advocacy Visit to Hon Commissioner MOE to leverage NAPPs and integrate Health promotion into the school curriculum and Establishing HEALTH PROMOTION CLUB in All the Primary/Secondary SCHOOLS in the State	₦ 36,000	₦ 36,000	₦ 0	₦ 0
2.5.6.12.b	A day event by 4 consultants to commission Health promotion Club in all Secondary /Primary Schools in Enugu State, Using Okpara Square,	₦ 5,090,000	₦ 0	₦ 5,090,000	₦ 0
2.5.6.12.c	One day awareness creation, sensitization of 34 Government and 34 private secondary schools acrose the senatorial zones on disease preventive practies and sexual health /social behaviors, healthy lifestlye sustainability.	₦ 154,000	₦ 154,000	₦ 0	₦ 0
2.5.6.12.d	A day Bi-annual suppervisory visit of 12 participants to secondary schools for sustainability of healthy behaviours	₦ 87,000	₦ 0	₦ 87,000	₦ 0
2.6.9	Slow down the growth rate of NCD Prevalence	₦ 61,021,000	₦ 5,710,650	₦ 57,435,350	-₦ 2,125,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.9.1	An NCD prevention task force with a focus on high priority illnesses (Strengthen governance, coordination, collaboration and leadership)	₦ 3,760,000	₦ 1,833,750	₦ 1,951,250	-₦ 25,000
2.6.9.1.a	One day inauguration meeting of 5 NCD Coordination Officers at the State and a Desk Officer in the 17 LGAs for Coordination of NCD Program in the State.	₦ 850,000	₦ 862,500	₦ 0	-₦ 12,500
2.6.9.1.b	One-day Training of 20 NCD Stakeholders and five NCD sub-committee on the management of Mental Health at LGA Level.	₦ 967,500	₦ 0	₦ 980,000	-₦ 12,500
2.6.9.1.c	Conduct one day awareness campaign of 50 participants on World Mental Health Day and the dangers of chronic stress on the Mental health.	₦ 1,942,500	₦ 971,250	₦ 971,250	₦ 0
2.6.9.2	Implement the MPOWER strategy to reduce tobacco use and adapt the Protocol to Eliminate Illicit Trade to reduce supply.	₦ 4,912,500	₦ 0	₦ 4,922,500	-₦ 10,000
2.6.9.2.a	Conduct one day non residential training of 20 Data collectors for Tobacco Survey	₦ 650,000	₦ 0	₦ 660,000	-₦ 10,000
2.6.9.2.b	Conduct one day quarterly Review Meetings of 20 Tobacco Stakeholders.	₦ 2,520,000	₦ 0	₦ 2,520,000	₦ 0
2.6.9.2.c	Conduct one day awareness campaign of 40 participants on the World No-Tobacco day on the dangers of Tobacco.	₦ 1,742,500	₦ 0	₦ 1,742,500	₦ 0
2.6.9.3	Develop and Implement a comprehensive national alcohol control policy and regulation/law	₦ 420,100	₦ 0	₦ 420,100	₦ 0
2.6.9.3.a	Conduct one day awareness campaign on the dangers of Alcohol in the State and involve the Law enforcement agencies (Police and Road Safety)	₦ 420,100	₦ 0	₦ 420,100	₦ 0
2.6.9.4	Strengthening and supporting regulatory authorities to promote healthy diets, by policy formulations, and awareness creation at the community and schools	₦ 382,500	₦ 90,000	₦ 292,500	₦ 0
2.6.9.4.a	Conduct awareness campaign on Foods containg fats and Oil regulations and importance of healthy diets.	₦ 292,500	₦ 0	₦ 292,500	₦ 0
2.6.9.4.b	Conduct one day Advocacy visit to State School board to facilitate the inclusion of nutritional education in Primary & Secondary School Curriculum (4 NCD Officers)	₦ 43,000	₦ 43,000	₦ 0	₦ 0
2.6.9.4.c	Conduct one day Advocacy visits by 4 persons to 3 community leaders and 20 schools in Enugu Urban (4 NCD Officers)	₦ 47,000	₦ 47,000	₦ 0	₦ 0
2.6.9.5	Adapt and implement the Global Action Plan on Physical Activity.	₦ 5,984,900	₦ 1,244,900	₦ 4,800,000	-₦ 60,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.9.5.a	One day Advocacy Visit by 2 NCD officers to the Commissioner of Health and the Commissioner for Youths & Sports for inclusion of physical exercise in State work schedule	₦ 22,400	₦ 22,400	₦ 0	₦ 0
2.6.9.5.b	Conduct awareness campaign among the Staff of Enugu State on the importance of exercise on Mental health.	₦ 372,500	₦ 422,500	₦ 0	-₦ 50,000
2.6.9.5.c	One day Inauguration of 20 man Health Team in the State for coordination of Monthly exercise	₦ 790,000	₦ 800,000	₦ 0	-₦ 10,000
2.6.9.5.d	Conduct one day Monthly Walk out of 100 Staff of Enugu State civil service at Okpara Square	₦ 4,800,000	₦ 0	₦ 4,800,000	₦ 0
2.6.9.6	Advocate and collaborate with the Nigerian Road Safety Authority and other sectors to Implement the Nigeria Road Safety Strategy.	₦ 722,000	₦ 42,000	₦ 680,000	₦ 0
2.6.9.6.a	One day Advocacy Visit by 4 NCD officers to the Controller of Road Safety in the State	₦ 42,000	₦ 42,000	₦ 0	₦ 0
2.6.9.6.b	Conduct one day Sensitization Meeting of 15 Road Safety Officers on road safety measures	₦ 680,000	₦ 0	₦ 680,000	₦ 0
2.6.9.7	Raise public awareness on pre-marital/pre-conception screening for sickle cell disease including genetic counseling	₦ 2,709,500	₦ 0	₦ 2,759,500	-₦ 50,000
2.6.9.7.a	Conduct one day Sreening exercise by 30 staffs for Sickle Cell disease on World Sickle Cell Anaemia day at SMOH	₦ 1,285,500	₦ 0	₦ 1,285,500	₦ 0
2.6.9.7.b	Conduct one day awareness campaign on the Causes, Symptoms, prevention, Treatments and implications of Sickle Cell Anaemia.	₦ 245,000	₦ 0	₦ 295,000	-₦ 50,000
2.6.9.7.c	Conduct one day Training of 34 Frontline health workers to improve in the management of Sickle Cell disease.	₦ 1,179,000	₦ 0	₦ 1,179,000	₦ 0
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.	₦ 42,129,500	₦ 2,500,000	₦ 41,609,500	-₦ 1,980,000
2.6.9.8.a	Conduct 9 day awareness campaign of 50 participants on the prevention and treatment of Common NCDs on their World Health Days eg: Hypertension, Diabetes, Heart, Asthma, Lung, Epilepsy, Cervical cancer, Sight and Stroke.	₦ 19,117,500	₦ 1,500,000	₦ 18,067,500	-₦ 450,000
2.6.9.8.b	conduct a day Awareness campaign by Roche Products Limited and Enugu SMOH on Breast Cancer Control Navigation.	₦ 1,430,000	₦ 0	₦ 1,430,000	₦ 0
2.6.9.8.c	Conduct 4 day Advocacy Visit by Roche Products Limited and Enugu SMOH to Traditinal & Religious Leaders, Women Organization, Markets and Schools.	₦ 2,832,000	₦ 0	₦ 2,832,000	₦ 0
2.6.9.8.d	One day residential Training of 20 CHEWS and 20 Nurses on Breast Cancer Screening in the State by 5 facilitators.	₦ 5,165,000	₦ 0	₦ 6,312,500	-₦ 1,147,500

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.9.8.e	One day residential Training of 10 Radiographers on Breast Ultra Sound\Mammography by 5 facilitators	₦ 1,955,000	₦ 0	₦ 2,337,500	-₦ 382,500
2.6.9.8.f	Set up Breast Clinic Facilities Assessment	₦ 7,850,000	₦ 0	₦ 7,850,000	₦ 0
2.6.9.8.g	One day Inaugauration of 10 Man Enugu State Cancer Control Planning Committee & Flag Off of Breast Cancer Clinic.	₦ 3,780,000	₦ 1,000,000	₦ 2,780,000	₦ 0
2.6.10	Reduce the incidence of HIV, tuberculosis, malaria, and Neglected Tropical Diseases (NTDs)	₦ 2,342,642,800	₦ 48,669,000	₦ 1,012,097,744	₦ 1,281,876,056
2.6.10.1	Strengthen Communicable disease prevention task forces focused on HIV, TB, Malaria and NTDs at the national and sub-national level	₦ 56,512,000	₦ 96,000	₦ 56,466,000	-₦ 50,000
2.6.10.1.a	To conduct a day quarterly co ordination meeting of 25 Task force team members on HIV service implementation using National guidelines	₦ 3,670,000	₦ 0	₦ 3,720,000	-₦ 50,000
2.6.10.1.b	To Conduct 5 days quarterly supportive supervision of 25 Task force team members to 23 comprehensive sites and PMTCT spoke sites to over see HIV srvice inplementation using National guidelines	₦ 32,250,000	₦ 0	₦ 32,250,000	₦ 0
2.6.10.1.c	Attend one day Quaterly co-ordination meeting of the Task Force Committee for Malaria control	₦ 96,000	₦ 96,000	₦ 0	₦ 0
2.6.10.1.d	Conduct 2 day Community mobilization/ sensitization of 25 teachers on Schistosomiasis(SCHIST) and Soil Transmitted Helminthiasis (STH) mass drug administration in eleven endermic LGAs of Enugu state/ Impact Assessment of both SCHIST/STH	₦ 3,085,000	₦ 0	₦ 3,085,000	₦ 0
2.6.10.1.e	To Conduct a 1 day quarterly supportive supervision of 25 Task force team members to 23 comprehensive sites and PMTCT spoke sites to over see HIV srvice inplementation using National guidelines	₦ 7,450,000	₦ 0	₦ 7,450,000	₦ 0
2.6.10.1.f	Conduct a day monthly coordination meeting of 18 program managers	₦ 4,866,000	₦ 0	₦ 4,866,000	₦ 0
2.6.10.1.g	Conduct a day Quarterly DPH coordination meeting with 15 program managers of HIV, TB, Malaria (ATM) and NTD and also with partners supporting those programs	₦ 2,460,000	₦ 0	₦ 2,460,000	₦ 0
2.6.10.1.h	3-day residential Training of 10 program managers on proposal writing and use of data for decision	₦ 2,635,000	₦ 0	₦ 2,635,000	₦ 0
2.6.10.3	Increase uptake and access to HIV services (testing , treatment, care, viral suppression , including procurement of HIV rapid test kits)	₦ 151,495,500	₦ 30,000,000	₦ 126,743,000	-₦ 5,247,500
2.6.10.3.a	To procure 2000 packs of HIV rapid test kits and 500 packs of HBV & HCV test kits for both HTS and Viral Hepatitis Services	₦ 87,500,000	₦ 30,000,000	₦ 57,500,000	₦ 0

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.10.3.b	A 5 day residential refresher training of 23 ART managers in 23 comprehensive sites for both Doctors and Nurses on current treatment guidelines and managerial skills	₦ 21,170,500	₦ 0	₦ 22,920,500	-₦ 1,750,000
2.6.10.3.c	To conduct a day quarterly coordination meeting of 30 technical working group members for proper coordination of ART Services	₦ 3,140,000	₦ 0	₦ 3,200,000	-₦ 60,000
2.6.10.3.d	A 5 day residential training of 50 HTS focal persons on HTS services across the comprehensive and PMTCT sites	₦ 39,685,000	₦ 0	₦ 43,122,500	-₦ 3,437,500
2.6.10.4	Reach, treat and sustain Vertical HIV transmission and Paediatrics interventions	₦ 30,946,500	₦ 0	₦ 32,019,000	-₦ 1,072,500
2.6.10.4.a	To conduct a 3 day non residential zonal training of 50 HCW/ viral load champions on EID/ Viral load services selected from different spoke sites	₦ 3,159,000	₦ 0	₦ 3,240,000	-₦ 81,000
2.6.10.4.b	To conduct one day monthly PMTCT review meeting by 20 critical stakeholders on PMTCT services	₦ 7,800,000	₦ 0	₦ 7,920,000	-₦ 120,000
2.6.10.4.c	To conduct a 3 day quarterly monitoring and supervisory visits by 12 state team members to both Hub and spoke sites offering PMTCT services.	₦ 9,288,000	₦ 0	₦ 9,288,000	₦ 0
2.6.10.4.d	To conduct a 3 day residential training of 17 selected PPMV or community pharmacist one per LGA on differentiated service delivery models and practices	₦ 10,699,500	₦ 0	₦ 11,571,000	-₦ 871,500
2.6.10.5	Improve access and utilisation of integrated vector control interventions (ITNs, Targeted IRS, targeted LSM, vector surveillance and insecticide resistance monitoring)	₦ 520,501,500	₦ 15,500,000	₦ 506,650,500	-₦ 1,649,000
2.6.10.5.a	procurement of 120,000 ITN for routine distribution by 17 officers to respective LGAs	₦ 484,624,000	₦ 15,000,000	₦ 469,624,000	₦ 0
2.6.10.5.b	Conduct a 3 day ResidentialTraining for 10 state and 17 LGA officers on Vector surveillance and control Interventions with two Facilitators	₦ 8,575,500	₦ 0	₦ 9,644,500	-₦ 1,069,000
2.6.10.5.c	Conduct a day Quarterly Review of vector control activities in the state with 10 state and 17 IVM Officers	₦ 3,858,000	₦ 0	₦ 4,198,000	-₦ 340,000
2.6.10.5.d	A day Distribution of procured ITNs for mass distribution campaign in 17 LGAs	₦ 4,624,000	₦ 0	₦ 4,624,000	₦ 0
2.6.10.5.e	Conduct a 4-day non-residntial microplanning meeting by 40 stakeholders for state and LGA level ITN campaign	₦ 6,580,000	₦ 500,000	₦ 6,160,000	-₦ 80,000
2.6.10.5.f	Conduct 4-day non residntial state-level TOT for 80 persons on ITN mass campaign (State coordinators, 17 monitors and 17 supervisors, etc)	₦ 12,240,000	₦ 0	₦ 12,400,000	-₦ 160,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
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.	₦ 98,030,000	₦ 0	₦ 98,723,000	-₦ 693,000
2.6.10.6.a	Conduct 2 days refresher Training of 80 officers (3 states, 34 LGA M&E and MFP) on NMDR/data validation process by 1 Failitator	₦ 4,029,000	₦ 0	₦ 4,447,000	-₦ 418,000
2.6.10.6.b	Conduct 1 day Monthly LGA level data validation meeting for 30 HFs/17 LGAs	₦ 5,616,000	₦ 0	₦ 5,616,000	₦ 0
2.6.10.6.c	Conduct one day Quarterly joint M&E coordination and data review meeting by 50 officers in 6 State and 17 LGA M&E, 17 MFPs and Provide quarterly stipends for 3 State & 17 LGA M&E Officers /qtr for data subscription.	₦ 9,020,000	₦ 0	₦ 9,120,000	-₦ 100,000
2.6.10.6.d	Conduct 4 days Quarterly DQA with HMIS and LMIS data triangulation to 16 HFs in 17 LGAs by 9 state officers and 1 M&E in each LGA..	₦ 3,888,000	₦ 0	₦ 3,888,000	₦ 0
2.6.10.6.e	Printing of Quarterly 200 Buletins for state and 200 SOPs per LGA	₦ 16,320,000	₦ 0	₦ 16,320,000	₦ 0
2.6.10.6.f	Conduct 4 day Quartely Integrated mentoring and supervisory visit to 16 HFs by 10 state staffs, 1 LGA M&E, and 1 MFP in each LGA	₦ 4,656,000	₦ 0	₦ 4,656,000	₦ 0
2.6.10.6.g	Conduct 2 days monthly LGA level DQA by 51 officers (1 State and 2 LGA persons per LGA) to 15% HFs in each LGA	₦ 29,448,000	₦ 0	₦ 29,448,000	₦ 0
2.6.10.6.h	Bi-monthly Collation, validation and entry of BFSR commodity data into NHLMIS and triangulation meeting with SMEP, 17 LGA RBM and 8 LMCU team.	₦ 6,705,000	₦ 0	₦ 6,705,000	₦ 0
2.6.10.6.i	Inauguration and Quarterly Meetings of M&E Core -Group/ Sub-committee TWG of 30 Participants	₦ 5,540,000	₦ 0	₦ 5,600,000	-₦ 60,000
2.6.10.6.j	Conduct a 5-day 2026 MOP developement including Domestic Resource Mobilization Plan. with 30 participants and 2 Facilitators	₦ 7,455,000	₦ 0	₦ 7,530,000	-₦ 75,000
2.6.10.6.k	One-day Blannual meeting for MOP Performance review of 2025 MOP by 20 participants	₦ 1,192,000	₦ 0	₦ 1,202,000	-₦ 10,000
2.6.10.6.l	Conduct a day Biweekly Internal coordination meeting of 12 SMEP on Mapping of private sector Organizations in Malaria.	₦ 1,152,000	₦ 0	₦ 1,152,000	₦ 0
2.6.10.6.m	Two days to establish Domestic Resource Mobilization Committee of 30 participants to develope DRM Plan including the mapped Private Organizations	₦ 3,009,000	₦ 0	₦ 3,039,000	-₦ 30,000
2.6.10.7	Increase access to effective malaria prevention, diagnosis, treatment with Artemisinin-based combination theraphy (ACTs) and malaria vaccine	₦ 114,655,000	₦ 1,073,000	₦ 115,812,000	-₦ 2,230,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.10.7.a	Conduct a day Bimonthly distribution of LMD of medicines, test kits by 17 officers to 540 HFs in the 17 LGAs	₦ 27,744,000	₦ 0	₦ 27,744,000	₦ 0
2.6.10.7.b	Conduct 2 days non residntial training of 108 secondary and 10 tertary health workers on severe malaria by 2 facilitators	₦ 9,604,000	₦ 0	₦ 9,724,000	-₦ 120,000
2.6.10.7.c	Conduct Two days non residntial training of 50 PHC health officers per 17 LGAs on malaria diagnosis and Case Mgt and identification of signs and prerefferal treatment of severe malaria by 2 Facilitators	₦ 2,959,000	₦ 0	₦ 2,959,000	₦ 0
2.6.10.7.d	Conduct 2 days Orientation and engagement workshop of 260 CHIPS and CORPS on malaria case management in 4 clusters	₦ 11,570,000	₦ 0	₦ 11,570,000	₦ 0
2.6.10.7.e	Procurement of 1500 packs of malaria RDTs	₦ 28,500,000	₦ 0	₦ 28,500,000	₦ 0
2.6.10.7.f	Conduct a 10-day residential training for 18 Medical Laboratory Scientists on WHO Certified Malaria Microscopy by 2 facilitators	₦ 20,470,000	₦ 0	₦ 22,580,000	-₦ 2,110,000
2.6.10.7.g	conduct a day awareness campaign with 200 participants on commemoration of World Malaria Day	₦ 5,450,000	₦ 1,000,000	₦ 4,450,000	₦ 0
2.6.10.7.h	Print and distribute 200 per LGA quality assurance guideline, SOPs and job aid for malaria diagnosis to the health facilities by 2 people.	₦ 3,400,000	₦ 0	₦ 3,400,000	₦ 0
2.6.10.7.i	Airing of 2 Jingles in 3 radio stations for 4 days per week in 3 months for sensitization and demand creation for malaria	₦ 2,160,000	₦ 0	₦ 2,160,000	₦ 0
2.6.10.7.j	One day Flaf-Off Campaign of 150 participants for new available Free Malaria Services	₦ 2,725,000	₦ 0	₦ 2,725,000	₦ 0
2.6.10.7.k	One day Advocacy visit to Governor's wife for Malaria Ambassador and House Committee on Health for Policy and legislative for strenghtening of malarialintervention and increase in budgetary provision	₦ 73,000	₦ 73,000	₦ 0	₦ 0
2.6.10.8	Increase access and uptake of Tuberculosis Preventive Therapy (TPT)	₦ 16,360,500	₦ 0	₦ 16,045,500	₦ 315,000
2.6.10.8.a	conduct 1 day quarterly community outreach with 20 persons in each senatorial zone with high burden of TB for TPT	₦ 2,848,000	₦ 0	₦ 828,000	₦ 2,020,000
2.6.10.8.b	Conduct one day Contact tracing of index TB cases in the 17 LGAs	₦ 340,000	₦ 0	₦ 340,000	₦ 0
2.6.10.8.c	Conduct 2 day residential Capacity building for 50 HCW on TB and TPT with 5 facilitators	₦ 12,662,500	₦ 0	₦ 14,367,500	-₦ 1,705,000
2.6.10.8.d	Conduct one day Mapping of private HF by TBLSs in 17 LGAs for presumptive screening	₦ 340,000	₦ 0	₦ 340,000	₦ 0
2.6.10.8.e	Conduct one day Sensitization of mapped private HF in the 17 LGAs for presumptive screening	₦ 170,000	₦ 0	₦ 170,000	₦ 0
2.6.10.9	Improve access to Tuberculosis care - case finding and treatment	₦ 279,480,500	₦ 1,000,000	₦ 27,759,600	₦ 250,720,900
2.6.10.9.a	Conduct a day National Child testing week in 3 senatorial zones	₦ 61,974,500	₦ 0	₦ 0	₦ 61,974,500

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.10.9.b	Conduct a day National TB testing week in 3 senatorial zones	₦ 1,611,000	₦ 0	₦ 0	₦ 1,611,000
2.6.10.9.c	conduct a day awareness campaign with 1000 participants to Commomorate World TB day	₦ 94,026,000	₦ 1,000,000	₦ 0	₦ 93,026,000
2.6.10.9.d	conduct 2 day quarterly HIV outreaches for 6 batches of NYSC at Awgu camp by 6 persons	₦ 6,648,000	₦ 0	₦ 0	₦ 6,648,000
2.6.10.9.e	Conduct 1 day biannual PQE review meeting for 6 mentors and state team	₦ 1,152,000	₦ 0	₦ 0	₦ 1,152,000
2.6.10.9.f	Conduct 2 day residential Training of 50 linkage cordinators on OPD TB screening in high burden facilities with 5facilitators	₦ 13,252,500	₦ 0	₦ 0	₦ 13,252,500
2.6.10.9.g	Conduct 2 day residential Training of 50 DOTs with 5 facilitators	₦ 13,252,500	₦ 0	₦ 4,400,000	₦ 8,852,500
2.6.10.9.h	Conduct 2 day Quarterly residential State review meeting of 32 participants	₦ 30,200,000	₦ 0	₦ 13,359,600	₦ 16,840,400
2.6.10.9.i	Condcut Daily TB screening of patients in high burden facility OPDs for 1 year	₦ 52,000,000	₦ 0	₦ 10,000,000	₦ 42,000,000
2.6.10.9.j	Conduct 6 days monthly State mentor supervision of DOTS	₦ 5,364,000	₦ 0	₦ 0	₦ 5,364,000
2.6.10.10	Sustain and Improve Treament Success Rate	₦ 83,435,100	₦ 0	₦ 31,208,444	₦ 52,226,656
2.6.10.10.a	Conduct 2 day residential Training of 30 HCWs for 5 new centres for DRTB OPD clinic	₦ 6,150,000	₦ 0	₦ 6,122,500	₦ 27,500
2.6.10.10.b	Conduct a day monthly Patients tracking for defaulters in 17 LGAs	₦ 4,080,000	₦ 0	₦ 4,080,000	₦ 0
2.6.10.10.c	Conduct a day Training of 150 HCWs on new regimen of DRTB during clinical meetings in 3 tertiary instititions	₦ 642,600	₦ 0	₦ 0	₦ 642,600
2.6.10.10.d	Conduct 2 day residential training of 50 HCW with 5 facilitators on DRTB management	₦ 9,282,500	₦ 0	₦ 9,845,000	-₦ 562,500
2.6.10.10.e	Conduct 7 days Quarterly State supportive supervision to LGAs by 4 officers	₦ 8,344,000	₦ 0	₦ 4,824,000	₦ 3,520,000
2.6.10.10.f	Conduct 3 days Quarterly home visit to DRTB patients	₦ 384,000	₦ 0	₦ 0	₦ 384,000
2.6.10.10.g	One day Quarterly Consillium meeting for 6 stakeholders	₦ 336,000	₦ 0	₦ 0	₦ 336,000
2.6.10.10.h	Conduct 6 days Quaterly Quality Assurance Supervision to labs	₦ 768,000	₦ 0	₦ 0	₦ 768,000
2.6.10.10.i	Conduct 30 days Quarterly 17 LGA supervision to DOT centres	₦ 20,400,000	₦ 0	₦ 5,290,944	₦ 15,109,056
2.6.10.10.j	3 days Quarterly finance spot Check to 17 LGA and community	₦ 894,000	₦ 0	₦ 0	₦ 894,000
2.6.10.10.k	Conduct 3 day monthly supervisions by 5 LGA mentors	₦ 13,410,000	₦ 0	₦ 0	₦ 13,410,000
2.6.10.10.l	Conduct 20 days quarterly Last mile distribution of drugs to 17 LGAs	₦ 16,000,000	₦ 0	₦ 0	₦ 16,000,000
2.6.10.10.m	Conduct one day Monthly DRTB OPD clinic	₦ 894,000	₦ 0	₦ 0	₦ 894,000
2.6.10.10.n	Conduct one day Quarterly reporting to NTBLCP	₦ 956,000	₦ 0	₦ 812,000	₦ 144,000
2.6.10.10.o	Conduct 3 days Quarterly Logistic supervision to LGA	₦ 894,000	₦ 0	₦ 234,000	₦ 660,000
2.6.10.11	Improve access to WHO Recommended Molecular diagnostics (WRD)	₦ 988,529,200	₦ 1,000,000	₦ 670,700	₦ 986,858,500

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POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.6.10.11.a	Provision of TB molecular diagnostic equipments in 5 LGAs to Increase access to molecular diagnosis.	₦ 619,370,000	₦ 0	₦ 0	₦ 619,370,000
2.6.10.11.b	Conduct 1 day meeting of 23 facility CMO to safeguard existing Genexprt machines	₦ 659,200	₦ 0	₦ 670,700	-₦ 11,500
2.6.10.11.c	Procurement of consumables- gloves, catridges,HIV test kits,	₦ 342,500,000	₦ 0	₦ 0	₦ 342,500,000
2.6.10.11.d	Printing of lab recording and reporting tools	₦ 20,000,000	₦ 1,000,000	₦ 0	₦ 19,000,000
2.6.10.11.e	Monthly provision of Genexpert incentives	₦ 6,000,000	₦ 0	₦ 0	₦ 6,000,000
2.6.10.12	Improve early diagnosis and treatment of Leprosy and Buruli Ulcer	₦ 2,697,000	₦ 0	₦ 0	₦ 2,697,000
2.6.10.12.a	Airing of twice daily jingles for 7 days and participation in a day radio program to commemorate world leprosy day	₦ 245,000	₦ 0	₦ 0	₦ 245,000
2.6.10.12.b	Conduct a day Quarterly Outreaches/skin campping in 1 LGAs with high leprosy burden	₦ 2,452,000	₦ 0	₦ 0	₦ 2,452,000
2.7.11	Revitalize tertiary and quaternary care hospitals to improve access to specialized care	###############	###############	₦ 5,067,000	-₦ 576,000
2.7.11.3	Build capacity of health workers to improve access and quality to specialize care using available Resources inluding engagement of Nigerian Health care Personnel in the Diaspora	₦ 4,491,000	₦ 0	₦ 5,067,000	-₦ 576,000
2.7.11.3.a	Conduct a 2 day Training of 17 Bio-medical engineers on planned preventive maintenance of oxygen equipments in the State by 1 facilitator	₦ 4,491,000	₦ 0	₦ 5,067,000	-₦ 576,000
2.7.11.5	To deepen the Private sector participation in tertiary and quaternarry healthcare delivery using various Public Private Partnership (PPP) modules	###############	₦ 20,000,000,000	₦ 0	₦ 0
2.7.11.5.a	Construction of Enugu Quaternary Hospital at Rangers Avenue by the end of	₦ 20,000,000,000	₦ 20,000,000,000	₦ 0	₦ 0
2.7.11.6	To develope business models to ensure access and affordability of tertiary and quaternary medical services to Nigerian as part of Universal Health Coverage	₦ 200,000,000	₦ 200,000,000	₦ 0	₦ 0
2.7.11.6.a	Revitalization, Renovation and Equipping Summas Business Model	₦ 200,000,000	₦ 200,000,000	₦ 0	₦ 0
2.8.12	Improve Reproductive, Maternal, Newborn, Child health, Adolescent and Nutrition	₦ 413,704,900	₦ 800,000	₦ 377,945,400	₦ 28,994,500
2.8.12.1	Establish/revitalize MNCAH+N task force and new accountability mechanism to crash MMR & under-5 mortality at the sub-national(State and LGA) level	₦ 19,000,000	₦ 0	₦ 5,030,000	₦ 13,970,000
2.8.12.1.a	A one day meeting to establish functional 10 strong MNCH+N task force aligned to the terms of reference at State Level	₦ 690,000	₦ 0	₦ 790,000	-₦ 100,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.1.b	A one day meeting to establish functional 85 strong MNCH+N task force aligned to the terms of reference at LGA Level	₦ 3,390,000	₦ 0	₦ 4,240,000	-₦ 850,000
2.8.12.1.c	One day Quartely meeting of 95 State and LGA MNCH+N task force	₦ 14,920,000	₦ 0	₦ 0	₦ 14,920,000
2.8.12.2	Develop & Implement a mechanism for tracking RMNCAEH+N resources and its use.	₦ 12,631,500	₦ 0	₦ 12,756,500	-₦ 125,000
2.8.12.2.a	3 days non residential training of 30 M&E on Development and implement standardized data collection tools and methodologies across all the health facilities to ensure consistency and accuracy in tracking Maternal, Newborn and Child indicators.	₦ 4,530,000	₦ 0	₦ 4,575,000	-₦ 45,000
2.8.12.2.b	2 days non resdiential Capacity Building and Training of 40 health workers, statisticians, and Decision-makers at all levels on data collection, analysis and interpretation for(Ending Preventable Maternal Mortality), (Every Newborn Action Plan) and (Child Survival Action Plan)	₦ 2,021,500	₦ 0	₦ 2,061,500	-₦ 40,000
2.8.12.2.c	Conduct one day quarterly meeting of 17 LGA M&E offciers and 3 State M&E on data quality assurance for EPMM, ENAP,CSAP.	₦ 4,080,000	₦ 0	₦ 4,120,000	-₦ 40,000
2.8.12.2.d	Develop a unified platform to integrate maternal, newborn and child health data systems that can be easily accessed and analysed by stakeholders, for effective monitoring of EPMM, ENAP and CSAP.	₦ 2,000,000	₦ 0	₦ 2,000,000	₦ 0
2.8.12.3	Institutionalize maternal, perinatal and child death surveillance and response (MPCDSR) at all facilities/communities for quality improvement and monitor response.	₦ 13,467,500	₦ 0	₦ 14,667,500	-₦ 1,200,000
2.8.12.3.a	one day meeting to Expand and Activate MPDCSR 25-man committee at state and LGA levels	₦ 867,500	₦ 0	₦ 867,500	₦ 0
2.8.12.3.b	Print and distribute 3000 MPDCSR data capturing tools	₦ 600,000	₦ 0	₦ 600,000	₦ 0
2.8.12.3.c	3 days non residential training of 100 HCWs at all levels on the use of MPDCSR tools	₦ 8,280,000	₦ 0	₦ 9,430,000	-₦ 1,150,000
2.8.12.3.d	Conduct a day quarterly review meeting of 25 MPDCSR committee	₦ 3,720,000	₦ 0	₦ 3,770,000	-₦ 50,000
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	₦ 3,880,000	₦ 0	₦ 3,917,500	-₦ 37,500
2.8.12.4.a	One day meeting to Inaugurate 15-man state RMNCAEH+N quality of care committee/team	₦ 860,000	₦ 0	₦ 867,500	-₦ 7,500
2.8.12.4.b	Cooduct 2- days review meeting of 30 stakeholders QI team review to adapt/adopt national QI AOP	₦ 3,020,000	₦ 0	₦ 3,050,000	-₦ 30,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
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.	₦ 43,790,000	₦ 0	₦ 44,290,000	-₦ 500,000
2.8.12.7.a	Conduct 5-day update training of 200 selected Human resources of health comprising Doctors, Nurses & CHOs on post-partum care & post abortal care	₦ 31,830,000	₦ 0	₦ 32,330,000	-₦ 500,000
2.8.12.7.b	5 days Mapping of high volume health facilities in the state that can provide the care with 34 enumerators	₦ 11,960,000	₦ 0	₦ 11,960,000	₦ 0
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	₦ 33,870,000	₦ 700,000	₦ 8,695,000	₦ 24,475,000
2.8.12.8.a	Conduct 1 day campaign of 100 participants to celebrate annual safe motherhood week to sensitize WCBA & the general public on the need for ANC & SBA	₦ 3,075,000	₦ 0	₦ 3,075,000	₦ 0
2.8.12.8.b	Conduct 5-day residential training for 90 frontline health workers & midwives work at Ante Natal Clinic on IPC and ANC protocol	₦ 24,925,000	₦ 0	₦ 0	₦ 24,925,000
2.8.12.8.c	3 days Sensitization campaign of 30 women and CBOs especially during August conference on ANC	₦ 3,150,000	₦ 0	₦ 3,600,000	-₦ 450,000
2.8.12.8.d	Use of 4 slots per day for 4 times a week airing in media houses, TV discussion and press briefing during Safe motherhood week	₦ 2,720,000	₦ 700,000	₦ 2,020,000	₦ 0
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	₦ 53,650,000	₦ 0	₦ 58,650,000	-₦ 5,000,000
2.8.12.9.a	Conduct 5-day training for 100 HCWs on current safe motherhood protocol including EMOTIvE BUNDLE of care	₦ 43,650,000	₦ 0	₦ 48,650,000	-₦ 5,000,000
2.8.12.9.b	Procurement & distribution of maternal health commordities like Oxytocin, Carbetocine, Tranexamic acid, Misoprostol etc	₦ 10,000,000	₦ 0	₦ 10,000,000	₦ 0
2.8.12.10	Create 'midwifery led' community outreach model with incentives for HCWs to improve ANC coverage	₦ 3,862,400	₦ 0	₦ 3,862,400	₦ 0
2.8.12.10.a	conduct a day Mapping of one community with low facility attendance in the 17 LGAs of the state	₦ 720,800	₦ 0	₦ 720,800	₦ 0
2.8.12.10.b	Organize a one day midwifery led community outreach in the selected 17 comunities in the state	₦ 3,141,600	₦ 0	₦ 3,141,600	₦ 0
2.8.12.11	Build referral systems through TBA incentives and transport vouchers to increase SBA-assisted deliveries at the community level	₦ 29,700,000	₦ 0	₦ 7,260,000	₦ 22,440,000
2.8.12.11.a	conduct One day Mapping & enrollmentof 170 TBAs in the state	₦ 6,410,000	₦ 0	₦ 7,260,000	-₦ 850,000

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POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.11.b	2 day non residential training of 300 TBAs in 6 batches as suppporters for referral and follow up with regular supervision	₦ 23,290,000	₦ 0	₦ 0	₦ 23,290,000
2.8.12.16	Drive uptake of innovations such the calibrated drap, Moyo Heart and Multiple Micronutrient Supplement (MMS) etc	₦ 3,610,000	₦ 0	₦ 4,060,000	-₦ 450,000
2.8.12.16.a	Procurement of 100 calibrated drapes from designated local available sources to ensure acurate measurement of blood loss during delivery	₦ 400,000	₦ 0	₦ 400,000	₦ 0
2.8.12.16.b	Organize 3-day capacity building for 30 HCWs on the use of calibrated drapes and other maternal new products	₦ 3,210,000	₦ 0	₦ 3,660,000	-₦ 450,000
2.8.12.17	Roll out updated PPH traning in line with national standards which will include training of educators, clinical preceptors and Pre-service midwifery curriculum	₦ 5,965,000	₦ 0	₦ 0	₦ 0
2.8.12.17.a	Conduct 2-day meeting for 30 stakeholders from training institutions and colleges to review Midwifery pre -service training curriculum with national standard	₦ 5,965,000	₦ 0	₦ 0	₦ 0
2.8.12.21	Improve access to Basic and Comprehensive emergency obstetric and new born care (EMOnC) services through skill birth attendant.	₦ 40,980,000	₦ 0	₦ 40,980,000	₦ 0
2.8.12.21.a	Conduct 3 day health facility assessment by 30 enumerators to determine those with capacity to provide CEMOnC services and note observed gap	₦ 1,980,000	₦ 0	₦ 1,980,000	₦ 0
2.8.12.21.b	Conduct 5-day residential capacity building for 120 health care workers on EMOnC and newborn resuscitation across the 17 lga	₦ 38,000,000	₦ 0	₦ 38,000,000	₦ 0
2.8.12.21.c	Procurement of demonstration dommies for Helping Babies breath (HBB) and Bleeding After Birth Complete (BABC) resuscitation protocol in all the comprehensive facilities in the state	₦ 1,000,000	₦ 0	₦ 1,000,000	₦ 0
2.8.12.29	Set-up small and sick newborn unit with Continous Positive Airway Pressure (CPAP), Kangaroo Mother Care-KMC (immediate and Routine) in level-2 (Secondary) health facilities to scale up comprehensive Newborn Care	₦ 1,820,000	₦ 0	₦ 1,820,000	₦ 0
2.8.12.29.a	Conduct one day Assessment of secondary health facilities by 60 enumerators for capacity to provide Continuous Positve Airway Pressure (CPAP), Kangaroo Mother Care (KMC) immediate and routine) to scale up comprehensive newborn care with 60 Eunemerators	₦ 1,820,000	₦ 0	₦ 1,820,000	₦ 0
2.8.12.30	Strengthen neonatal intensive care unit at level-3 (Tertiary) health facilities	₦ 74,000	₦ 0	₦ 84,000	-₦ 10,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.12.30.a	Conduct one day Assessment of the neonatal care unit of the two tertiary institution in the state for provision of quality care	₦ 74,000	₦ 0	₦ 84,000	-₦ 10,000
2.8.12.39	Scale-up capacity of Doctors, Nurses, Wives, CHEWs to deliver adolescent plus youth-friendly services	₦ 3,145,000		₦ 3,295,000	-₦ 150,000
2.8.12.39.a	Conduct one day advocacy visit to LGA chairman/community leaders on the impact of hard drug and illicit drink consumption on the reproductive system of the adolescents	₦ 500,000	₦ 0	₦ 500,000	₦ 0
2.8.12.39.b	Printing and distribution of IEC Materials to adolescents on merits and demerits of drug use and reproductive health	₦ 100,000	₦ 0	₦ 100,000	₦ 0
2.8.12.39.c	Conduct 4-day awareness campaign by 30 participants on menstrual hygiene to adolescent girls in different schools in three senatorial zones	₦ 2,050,000	₦ 0	₦ 2,200,000	-₦ 150,000
2.8.12.39.d	1 day Distribution of sanitary pads to the trained school girls	₦ 400,000	₦ 0	₦ 400,000	₦ 0
2.8.12.39.e	One day airing of 2 Radio jingles concerning adolescent health services	₦ 95,000	₦ 0	₦ 95,000	₦ 0
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.	₦ 8,030,000	₦ 0	₦ 8,230,000	-₦ 200,000
2.8.12.40.a	Organise I day meeting of 20 stake holders to domesticate school health policy in the state	₦ 8,030,000	₦ 0	₦ 8,230,000	-₦ 200,000
2.8.12.41	Empower community to support adolescent program at the community level (peer to peer support, parents guardian etc)	₦ 3,310,000		₦ 3,310,000	₦ 0
2.8.12.41.a	Conduct 6-day awareness campaign by 50 participants for adolescents in 6 different communities on drug use, reproductive health and other life styles	₦ 3,080,000	₦ 0	₦ 3,080,000	₦ 0
2.8.12.41.b	Create adolescent clubs in secondary schools across the 17 LGAs of the state	₦ 230,000	₦ 0	₦ 230,000	₦ 0
2.8.12.42	Strengthen the community HMIS and Civil Registration and Vital Statistics	₦ 132,919,500	₦ 100,000	₦ 157,037,500	-₦ 24,218,000
2.8.12.42.a	Conduct a 2 days non residential training for 150 TBAs + 39 CPs and 6 SMOH staff on the use of CHMIS tools	₦ 10,628,000	₦ 0	₦ 11,023,000	-₦ 395,000
2.8.12.42.b	conduct a 2 day non residential training of 261 ward focal person on proper reporting of CHMIS tools to E-platform.	₦ 14,915,500	₦ 0	₦ 17,786,500	-₦ 2,871,000
2.8.12.42.c	conduct 2day quarterly non residential data review meeting for 5 5CPs and 253 PPMVs+150 TBAs	₦ 107,276,000	₦ 0	₦ 128,228,000	-₦ 20,952,000
2.8.12.42.d	Printing and distribution of CHMIS data tools	₦ 100,000	₦ 100,000	₦ 0	₦ 0

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.8.13	Revitalize BHCPF to drive SWAP, to increase access to quality health care for all citizens and to increase enrolment in health insurance	₦ 3,350,000	₦ 0	₦ 3,350,000	₦ 0
2.8.13.32	Quarterly MOC meetings on the BHCPF's performance.	₦ 3,350,000	₦ 0	₦ 3,350,000	₦ 0
2.8.13.32.a	Conduct 2 day Biannual meeting of 25 participants on Performance Monitoring of 50 selected BHCPF facilities	₦ 1,550,000	₦ 0	₦ 1,550,000	₦ 0
2.8.13.32.b	Conduct one day quarterly meeting of 25 committee members on State Oversight of BHCPF	₦ 1,800,000	₦ 0	₦ 1,800,000	₦ 0
2.9.15	Increase availability and quality of HRH	₦ 20,494,000	₦ 420,000	₦ 20,124,000	-₦ 50,000
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	₦ 20,494,000	₦ 420,000	₦ 20,124,000	-₦ 50,000
2.9.15.4.a	Conduct a 5 Day residential Training of 25 Participants on Workload Indication of Staffing Needs (WISN) Tool for Assessing Workload Pressure among Health Workers and Between Health Facilities for Equitable Distribution of Healthcare Workers	₦ 9,200,000	₦ 0	₦ 9,200,000	₦ 0
2.9.15.4.b	Conduct a 5 day Pilot Survey of 20 Health Facilities Across the State on WISN Tool with 4 Data Collectors	₦ 280,000	₦ 0	₦ 280,000	₦ 0
2.9.15.4.c	Conduct one day Quarterly Meeting of the 35 Member HRH TWG to Review Activities and Situation Around the State	₦ 1,960,000	₦ 0	₦ 1,960,000	₦ 0
2.9.15.4.d	Inauguration of the 30 Member HRH State Steering Committee (SSC)	₦ 420,000	₦ 420,000	₦ 0	₦ 0
2.9.15.4.e	Conduct one day Quarterly Meeting of the 30 Member HRH SSC to Review the Operations of the HRH-TWG	₦ 1,680,000	₦ 0	₦ 1,680,000	₦ 0
2.9.15.4.f	Procurement of Equipment for the HRH Unit of the Planning, Research & Statistics Department for effectiveness of the unit	₦ 6,954,000	₦ 0	₦ 7,004,000	-₦ 50,000
Pillar Three		₦ 763,039,452	₦ 454,341,220	₦ 321,275,382	-₦ 12,577,150
3.10.16	Re-Position Nigeria at the forefront of emerging R&D innovation, starting with local clinical trials and translational science	₦ 26,089,750	₦ 13,044,150	₦ 28,254,000	-₦ 15,208,400
3.10.16.2	Strenghten National and Sub-national R&D coordination framework through the National Health Research Committee and National Health Research Ethics Committee	₦ 19,897,250	₦ 6,851,650	₦ 13,334,000	-₦ 288,400
3.10.16.2.a	5-day residential training of the 12 newly constituted State health research committee on research ethics by 3 facilitators	₦ 10,334,000	₦ 0	₦ 10,334,000	₦ 0
3.10.16.2.b	One day Bi-weekly meeting of 12 State Health research Ethics Committee to review and give approval letters to researchers	₦ 8,064,000	₦ 5,064,400	₦ 3,000,000	-₦ 400

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
3.10.16.2.c	Provision of operational costs to print research approvals	₦ 1,499,250	₦ 1,787,250	₦ 0	-₦ 288,000
3.10.16.6	Encourage the standardization, local production, and commercialization of traditional medicines and services	₦ 6,192,500	₦ 6,192,500	₦ 14,920,000	-₦ 14,920,000
3.10.16.6.b	Conduct a one day 40 member Stakeholders meeting for moitoring and inspection of Traditional Medicine Practitioners	₦ 1,660,000	₦ 1,660,000	₦ 0	₦ 0
3.10.16.6.d	Procurement of office equipment for traditional Medicine Practitioners Departmental office at Enugu State Ministry of Health Head quarters.	₦ 4,532,500	₦ 4,532,500	₦ 0	₦ 0
3.13.19	Streamline existing supply chains to remove complexity	₦ 736,949,702	₦ 441,297,070	₦ 293,021,382	₦ 2,631,250
3.13.19.1	Setting up of the National Medicines, Vaccines and Health Commodities Management Agency at the Federal Level to harmonize and coordinate all health supply chain activities (including emergency response supply chain system)	₦ 422,404,570	₦ 414,115,070	₦ 8,389,500	-₦ 100,000
3.13.19.1.a	Conduct a day advocacy visit to the PS and HCH on esthablising DMA.	₦ 80,000	₦ 0	₦ 80,000	₦ 0
3.13.19.1.b	Conduct one day Inuguration/establishment of the 20 management team of the newly upgraded CMS/warehouse.	₦ 290,000	₦ 0	₦ 290,000	₦ 0
3.13.19.1.c	Conduct a three day workshop of 9 management team members of the newly upgraded warehouse by 6 facilitators	₦ 7,919,500	₦ 0	₦ 8,019,500	-₦ 100,000
3.13.19.1.e	Procurment of office equipment, office funitures and fitting for the 18 offices and one confrence hall in the newly upgraded warehouse at the CMS.	₦ 31,935,070	₦ 31,935,070	₦ 0	₦ 0
3.13.19.1.f	Conduct one day quarterly meeting of 10 management members of the new upgraded warehouse.	₦ 260,000	₦ 260,000	₦ 0	₦ 0
3.13.19.1.g	Conduct one day refresher training of the 20 warehouse management for the newly upgraded warehouse.	₦ 120,000	₦ 120,000	₦ 0	₦ 0
3.13.19.1.h	Ensure the Recapitalization of the drug revolving fund scheme (DRF) effective takeoff of the upgraded central medical store (CMS) to serve as State Drug Management Agency.	₦ 350,000,000	₦ 350,000,000	₦ 0	₦ 0
3.13.19.1.i	Procurement of one 100KVA Perkins Generator for the newly upgraded to pharmagrade warehouse with the State 2 cold chain store that will be relocated.	₦ 31,800,000	₦ 31,800,000	₦ 0	₦ 0
3.13.19.2	Strenghten 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)	₦ 132,615,250	₦ 1,052,000	₦ 138,602,250	-₦ 7,039,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
3.13.19.2.a	To participate in a one day rotational quarterly by 3 (DPS, DMLS and LMCU Coordinator) on intergrated Regional PROCUREMENT SUPPLY CHAIN MANAGEMENT TECHNICAL WORKING GROUP (iRPSMTWG) MEETING .	₦ 3,028,000	₦ 0	₦ 5,502,000	-₦ 2,474,000
3.13.19.2.b	Conduct a one day rotational quarterly intergrated Regional PROCUREMENT SUPPLY CHAIN MANAGEMENT TECHNICAL WORKING GROUP (iRPSMTWG) MEETING.	₦ 4,222,800	₦ 0	₦ 4,222,800	₦ 0
3.13.19.2.c	Conduct a one day biannual meeting of 35 ARV focal persons.	₦ 2,655,200	₦ 0	₦ 3,035,200	-₦ 380,000
3.13.19.2.d	Conduct a one day bi-monthly Logistics Management Coordinating Unit (LMCU) meeting of 30 persons	₦ 780,000	₦ 0	₦ 780,000	₦ 0
3.13.19.2.e	Conduct one day Bi-monthly LOGISTICS meeting of 6 persons on data report collation, review/validation and data entry into NHLMIS for different health programs in the state.	₦ 900,000	₦ 0	₦ 1,080,000	-₦ 180,000
3.13.19.2.f	Conduct a 5 day biannual capacity building workshop for 150 LGAs LMCUs and health facility logistics officers on logistics management of public health commodities.	₦ 111,570,000	₦ 0	₦ 115,570,000	-₦ 4,000,000
3.13.19.2.g	Conduct a one day quarterly intergrated Monitoring and supportive supervison to health facilities by 6 persons	₦ 2,804,000	₦ 0	₦ 2,804,000	₦ 0
3.13.19.2.h	Conduct a 3 day Bi-monthly Last Mile Delivery Monitoring to health facilities	₦ 1,512,000	₦ 1,000,000	₦ 512,000	₦ 0
3.13.19.2.i	Production and distribution of inventory control cards.	₦ 2,095,000	₦ 0	₦ 2,095,000	₦ 0
3.13.19.2.j	Conduct a one day biannual meeting of 4 persons on Sustainable Drug Supply System Management Meeting (SDSS)	₦ 52,000	₦ 52,000	₦ 0	₦ 0
3.13.19.2.k	Repair and servicing of one HILUX vehicle attached to DPS office.	₦ 2,000,000	₦ 0	₦ 2,000,000	₦ 0
3.13.19.2.l	Purchase of a laptop and a printer for the secratery of DPS	₦ 996,250	₦ 0	₦ 1,001,250	-₦ 5,000
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	₦ 22,428,750	₦ 0	₦ 13,872,500	₦ 8,556,250
3.13.19.4.a	Conduct a two day quarterly meeting of 6 state CMS stakeholders	₦ 672,000	₦ 0	₦ 672,000	₦ 0
3.13.19.4.b	A two days rresidential workshop of 15 HODs of pharmacy and 15 accountants from the state ministry of finance attached to public health facilities to orient them on the upgraded warehouse operational guidelines and SOP.	₦ 9,537,500	₦ 0	₦ 0	₦ 9,537,500
3.13.19.4.c	Procurment of 1 laptops and 1 three in one printers for the M & E and inspectorate unit of Pharmacy Dept. to enable them report/give data, access data and analyse data.	₦ 981,250	₦ 0	₦ 1,962,500	-₦ 981,250

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
3.13.19.4.d	Conduct 4 day quarterly routine DRF moinitoring and evaluation of all public health facilities in the state to acertain complaince with DRFoperations guideline.	₦ 1,144,000	₦ 0	₦ 1,144,000	₦ 0
3.13.19.4.e	Printing and distribution of reporting tools for logistics management of health products and services for the various public health programs.	₦ 10,094,000	₦ 0	₦ 10,094,000	₦ 0
3.13.19.5	Ensure availability and functionality of appropriate supply chain infrastructures (warehouses at national and sub-national levels)	₦ 32,054,000	₦ 26,130,000	₦ 4,680,000	₦ 1,244,000
3.13.19.5.a	Conduct a one day bimonthly pharmcovigilance of 25 stackholders meeting from representatives of CMS, LMCU , M & E, inspectorate and Partners.	₦ 660,000	₦ 0	₦ 660,000	₦ 0
3.13.19.5.b	Conduct one day quarterly reseidential supervision visit by 3 persons on public health facility to improve ADR screening, docmentation and reporting using NAFDAC yellow form	₦ 1,554,000	₦ 0	₦ 0	₦ 1,554,000
3.13.19.5.c	Biannual Printing and distribution of Pharmacovigilance reporting tools for different public health programs	₦ 4,020,000	₦ 0	₦ 4,020,000	₦ 0
3.13.19.5.d	One day PCN inspection of the newly upgraded warehouse	₦ 310,000	₦ 620,000	₦ 0	-₦ 310,000
3.13.19.5.e	Registration of the newly Upgraded Enugu State CMS/warehouse with Pharmacist Council of Nigeria	₦ 1,500,000	₦ 1,500,000	₦ 0	₦ 0
3.13.19.5.f	Insurance of the upgraded Enugu State Warehouse	₦ 10,010,000	₦ 10,010,000	₦ 0	₦ 0
3.13.19.5.g	Conduct one day quarterly maintainenace of the newly upgraded Enugu State warehouse (payment of electricity bill, fueling of generator, cutting of grasses/fumigation, maintenance of electrical installations etc)	₦ 2,000,000	₦ 2,000,000	₦ 0	₦ 0
3.13.19.5.h	Procurement and installation of one 100KVA step down transformer at the newly upgraded Enugu State Drug Warehouse	₦ 12,000,000	₦ 12,000,000	₦ 0	₦ 0
3.13.19.6	Strenghten 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)	₦ 127,447,132	₦ 0	₦ 127,477,132	-₦ 30,000
3.13.19.6.a	To Participate in a day monthly monitoring and inspection of community pharmacies and PPMVs in Enugu State.	₦ 80,948,000	₦ 0	₦ 80,948,000	₦ 0
3.13.19.6.b	conduct a 3 day residential Setting up, installation, standardization and training of the QC unit of Enugu CMS by 2 consultant	₦ 456,000	₦ 0	₦ 486,000	-₦ 30,000
3.13.19.6.c	Procurement of the Quality Control equipment for the QC lab. of the newly upgraded warehouse .	₦ 35,336,132	₦ 0	₦ 35,336,132	₦ 0

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
3.13.19.6.e	Printing and distribution of the reviewed and adopted Enugu State Essential Drug List.	₦ 10,069,000	₦ 0	₦ 10,069,000	₦ 0
3.13.19.6.f	One day Bimonthly surpervision by 2 persons of all interns in designated pharmacists internship training centers in the state.	₦ 638,000	₦ 0	₦ 638,000	₦ 0
Pillar Four		##########	##########	₦ 317,870,200	-₦ 23,695,000
4.14.20	Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security	₦ 1,476,089,700	₦ 1,186,774,500	₦ 309,780,200	-₦ 20,465,000
4.14.20.1	Establish Presidential Task Force/ Cabinet Committee for effective coordination, oversight and funding involving all relevent 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	₦ 7,725,000	₦ 1,847,500	₦ 7,390,000	-₦ 1,512,500
4.14.20.1.a	Conduct a 1 day meeting of 55 stakeholders to establish enugu state Integrated Health Emergency Operation (IHEOC) Center technical working group	₦ 1,545,000	₦ 1,847,500	₦ 0	-₦ 302,500
4.14.20.1.b	Conduct a day quarterly meeting of IHEOC technical working committee	₦ 6,180,000	₦ 0	₦ 7,390,000	-₦ 1,210,000
4.14.20.3	Workforce Capacity Building - Enhances capabilities to achieve health security	₦ 36,623,500	₦ 1,780,000	₦ 37,880,000	-₦ 3,036,500
4.14.20.3.a	conduct a 3 day residential capacity building workshop of 56 Surveillance officers at the state and LGAs in line with 7 - 1 - 7 approach by 4 facilitators	₦ 15,770,000	₦ 0	₦ 16,330,000	-₦ 560,000
4.14.20.3.b	Conduct a 2 day residential Training of 27 Epidemiology and one health staff on Event Based Surveillance and tracking of signal by 4 facilitators	₦ 8,700,500	₦ 0	₦ 9,807,500	-₦ 1,107,000
4.14.20.3.c	Conduct a 2 day Training of 35 PHEOC staff on real time monitoring and visualization of diseases at State EOC by 4 facilitators	₦ 4,052,500	₦ 0	₦ 4,437,500	-₦ 385,000
4.14.20.3.d	Conduct a 3 day exercise of 45 participants on outbreak simulation	₦ 6,562,500	₦ 0	₦ 7,305,000	-₦ 742,500
4.14.20.3.e	Conduct a 1 day meeting of 44 high level stakeholders on integrated disease surveillance engagement	₦ 1,538,000	₦ 1,780,000	₦ 0	-₦ 242,000
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.	₦ 88,107,000	₦ 11,700,000	₦ 86,583,000	-₦ 10,176,000

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
4.14.20.5.a	Conduct a 3 day residential training of 54 state and LGA surveillance officers on multiple disease and health related events reporting platforms (SORMAS, EBS, CBS)	₦ 17,492,000	₦ 0	₦ 20,656,000	-₦ 3,164,000
4.14.20.5.b	Provision of reporting equipment for 22 State surveillance officers	₦ 4,700,000	₦ 4,700,000	₦ 0	₦ 0
4.14.20.5.c	Conduct a 1 day non residential meeting to inaugurate 52 State Event based Surveillance (EBS) Technical working group (TWG)	₦ 3,828,000	₦ 0	₦ 4,374,000	-₦ 546,000
4.14.20.5.d	Conduct a 1 day non residential quarterly meeting of 52 EBS TWG	₦ 7,616,000	₦ 0	₦ 8,760,000	-₦ 1,144,000
4.14.20.5.e	Conduct 3 day non residential training of 174 health facility staff, LGA DSNOs and surveillance officers (in 3 clusters) on SORMAS reporting	₦ 27,339,000	₦ 7,000,000	₦ 22,949,000	-₦ 2,610,000
4.14.20.5.f	Conduct a one day monthly joint supportive visit to LGAs by 22 state team to ensure proper and timely reporting from responsible officers	₦ 12,936,000	₦ 0	₦ 14,388,000	-₦ 1,452,000
4.14.20.5.g	Conduct a day monthly meeting of 20 participants on data harmonization	₦ 9,720,000	₦ 0	₦ 10,920,000	-₦ 1,200,000
4.14.20.5.h	Conduct monthly surveillance technical review meeting	₦ 4,476,000	₦ 0	₦ 4,536,000	-₦ 60,000
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.	₦ 624,727,200	₦ 604,000,000	₦ 24,927,200	-₦ 4,200,000
4.14.20.6.a	Building and equiping a public health laboratory	₦ 600,000,000	₦ 600,000,000	₦ 0	₦ 0
4.14.20.6.b	Support for laboratory sample transport from LGA to the state laboratory collection hub for epidemic prone diseases (Cholera, lassa fever, Mpox, diphtheria, other outbreaks	₦ 9,000,000	₦ 4,000,000	₦ 8,000,000	-₦ 3,000,000
4.14.20.6.c	Acute flacid paralysis stool sample transport to National reference laboratory Ibadan	₦ 2,793,600	₦ 0	₦ 2,793,600	₦ 0
4.14.20.6.d	Environmental surveillance sample transport to National Reference Laboratory Ibadan	₦ 2,793,600	₦ 0	₦ 2,793,600	₦ 0
4.14.20.6.e	Stipend to supervisors for Supervision of Environmental surveillance sample collection	₦ 480,000	₦ 0	₦ 480,000	₦ 0
4.14.20.6.f	Conduct a 1 day monthly meeting of 35 environmental surveillance officers	₦ 6,960,000	₦ 0	₦ 8,160,000	-₦ 1,200,000
4.14.20.6.g	Provision of monthly logistic support to 20 state and LGA Rapid Response Team	₦ 2,700,000	₦ 0	₦ 2,700,000	₦ 0

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
4.14.20.10	Develop and pilot urban preparedness strategies in line with Global Framework for Strengthening Emergencies in Urban Settings in priority municipalities	₦ 718,907,000	₦ 567,447,000	₦ 153,000,000	-₦ 1,540,000
4.14.20.10.a	Restructuring/Expansion of ESMERD building	₦ 150,000,000	₦ 0	₦ 150,000,000	₦ 0
4.14.20.10.c	Procurement Of Equipments For the 10 Ambulances	₦ 10,000,000	₦ 10,000,000	₦ 0	₦ 0
4.14.20.10.d	procurement Of 5 Toyota Middle Carbin Ambulances	₦ 400,000,000	₦ 400,000,000	₦ 0	₦ 0
4.14.20.10.e	Procurement of 15 Office Equipment in ESMERD	₦ 7,500,000	₦ 7,500,000	₦ 0	₦ 0
4.14.20.10.g	one day Meeting of 20 Staff and 20 EMT/SEMSAS Stakeholders on operationalization of EMT/SEMSAS in ESMERD	₦ 780,000	₦ 0	₦ 1,660,000	-₦ 880,000
4.14.20.10.h	One day Inauguration of 30 Member EMT/SEMSAS Committee	₦ 680,000	₦ 0	₦ 1,340,000	-₦ 660,000
4.14.20.10.i	One day quarterly Meeting of 30 members on EMT/SEMSAS Committee	₦ 5,360,000	₦ 5,360,000	₦ 0	₦ 0
4.14.20.10.j	One day Installation of GIS in all the Available Ambulances in Enugu State by 6 consultants	₦ 5,600,000	₦ 5,600,000	₦ 0	₦ 0
4.14.20.10.k	3 days mapping of all Ambulances in Public and Private facilities Across All 17 LGAs by 17 Research Assistants and 4 State Stake holders.	₦ 3,602,000	₦ 3,602,000	₦ 0	₦ 0
4.14.20.10.l	Establishment of Command And Control center on EMS System for Realtime Dispatcher of Ambulances And Monitoring Of Emmergency Services In Enugu State	₦ 135,385,000	₦ 135,385,000	₦ 0	₦ 0
4.15.21	Establish a One Health approach for threat detection and response, incorporating climate-linked threats	₦ 5,500,000	₦ 640,000	₦ 8,090,000	-₦ 3,230,000
4.15.21.5	Coordinate rapid response to zoonotic, vector borne, climate-sensitive diseases and emergencies, AMR pathogens of pandemic potential, epidemic prone bacterial and fungal infections through One Health Approach	₦ 5,500,000	₦ 640,000	₦ 8,090,000	-₦ 3,230,000
4.15.21.5.b	One day advocacy to 4 stakeholders in each LGA and 2 state stakeholders in Enugu State on health hazards associated with sub-standard and expired food	₦ 120,000	₦ 140,000	₦ 0	-₦ 20,000
4.15.21.5.c	A day training of 300 food handlers from the 3 senatorial zones in Enugu State by 5 state facilitators	₦ 1,295,000	₦ 0	₦ 1,320,000	-₦ 25,000
4.15.21.5.d	Training of 15 enumerators by 5 facilitators on Mapping of food handlers contact in Enugu State	₦ 1,135,000	₦ 0	₦ 1,220,000	-₦ 85,000
4.15.21.5.e	Conduct one day awareness campaign of 100 persons for world Environmental special day (food handlers week, World Environmental Week) 250 persons	₦ 2,950,000	₦ 500,000	₦ 5,550,000	-₦ 3,100,000
Enabler One		#########	#########	#########	#########

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.16.22	Strengthen health data collection, reporting and usage – starting with the core indicators	₦ 104,256,900	₦ 26,300,000	₦ 62,468,000	₦ 15,488,900
1.16.22.1	Strengthen the health information system (HIS) governance frameworks to provide guidance and coordination of HIS resources and outputs	₦ 6,250,000	₦ 0	₦ 7,090,000	-₦ 840,000
1.16.22.1.a	One day meeting of 20 members on Re-activation of HDCC Governance Structure	₦ 230,000	₦ 0	₦ 230,000	₦ 0
1.16.22.1.b	Conduct a day Quaterly meeting of 50 key stakeholders on HDCC data sharing	₦ 6,020,000	₦ 0	₦ 6,860,000	-₦ 840,000
1.16.22.2	Review, update, and adapt strategic documents on HIS to support monitoring and evaluation of health sector plans and interventions	₦ 50,760,000	₦ 0	₦ 33,360,000	₦ 17,400,000
1.16.22.2.a	Conduct 3 days monthly meeting of 17LGA M&Es ,4 DPRS SMOH, 2PHCDA, 2 SHMB data officers and 1 person from DMS on data vaildation	₦ 45,660,000	₦ 0	₦ 30,000,000	₦ 15,660,000
1.16.22.2.b	Conduct one day Quarterly Data consultative meetings of 30 participants	₦ 5,100,000	₦ 0	₦ 3,360,000	₦ 1,740,000
1.16.22.4	Strengthen Civil Registration and Vital Statistics (CRVS) system to generate vital statistics of births & deaths including reporting of deaths with the causes	₦ 1,695,500	₦ 100,000	₦ 1,751,000	-₦ 155,500
1.16.22.4.a	conduct one day Advocay Visit by 5 SMOH stakeholders to NPC stakeholders for CVRS access sharing	₦ 75,000	₦ 100,000	₦ 0	-₦ 25,000
1.16.22.4.b	Conduct 3 days non residential training of 6 DPRS staff on the use of CRVS to generate data	₦ 897,500	₦ 0	₦ 943,000	-₦ 45,500
1.16.22.4.c	Conduct 2-days non residential training of 17 LGA MandE officers on the need to collect birth regiration data	₦ 723,000	₦ 0	₦ 808,000	-₦ 85,000
1.16.22.5	Support coordination, design and implementation of health surveys	₦ 8,511,400	₦ 1,200,000	₦ 8,227,000	-₦ 915,600
1.16.22.5.a	conduct a Days Refresher training of 17 LGA M&Es , 4 staff of DPRS SMOH, 2 PHCDA and 2 SHMB data officers and 1 Facilitator on the use of NHMIS tools	₦ 989,900	₦ 0	₦ 992,500	-₦ 2,600
1.16.22.5.b	Conduct 2 days residential meeting of 22 participants and 1 facilitator for the Harmonization of HFR and DHIS2 facilities	₦ 7,521,500	₦ 1,200,000	₦ 7,234,500	-₦ 913,000
1.16.22.6	Establish standards for Health Information Exchange	₦ 37,040,000	₦ 25,000,000	₦ 12,040,000	₦ 0
1.16.22.6.a	Procurement of 20 HP20G3 laptops for the 17LGA M&Es and 3 State Data Officers for routine data reporting into DHIS2	₦ 10,000,000	₦ 0	₦ 10,000,000	₦ 0
1.16.22.6.b	Procurement of 500 Tabltes for MROs and faith based Hospital to reports data onDHI2 platform	₦ 25,000,000	₦ 25,000,000	₦ 0	₦ 0

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
1.16.22.6.d	Momthly data bundles subscription for 17 LGA M&E officers for 12 months	₦ 2,040,000	₦ 0	₦ 2,040,000	₦ 0
1.16.23	Establish and integrate "single source of truth" data system that is digitized, interoperable, and accurate	₦ 53,696,000	₦ 770,000	₦ 54,428,500	-₦ 1,502,500
1.16.23.1	Establish/strengthen digital health governance structure and coordination at all levels	₦ 34,272,500	₦ 770,000	₦ 34,237,500	-₦ 735,000
1.16.23.1.a	• A 1 day preparatory meeting by 20 stakeholders to Adapt and domesticate digital Health Governance structure in Enugu State	₦ 420,000	₦ 430,000	₦ 0	-₦ 10,000
1.16.23.1.b	Conduct A-2day residential meeting by 45 stakeholders to review the Adapted Digital Health Governance strcture in Enugu State	₦ 31,237,500	₦ 0	₦ 31,687,500	-₦ 450,000
1.16.23.1.d	Conduct a day quarterly online validation meetings to develop and establish Enugu State E-Health data register in Enugu State by 2 consultants and 4 DPRS SMOH M&Es	₦ 840,000	₦ 340,000	₦ 500,000	₦ 0
1.16.23.1.e	Conduct 1 day non residential meeting of 50 participants to adopt and developed Enugu State E-Health data register	₦ 1,775,000	₦ 0	₦ 2,050,000	-₦ 275,000
1.16.23.5	Build the capacity of healthcare providers on digital health to improve efficiency and effectiveness	₦ 19,423,500	₦ 0	₦ 20,191,000	-₦ 767,500
1.16.23.5.a	To conduct 1-day monthly M&E meeting for 30 participants on data collection, collation, validation and triangulation	₦ 9,420,000	₦ 0	₦ 9,600,000	-₦ 180,000
1.16.23.5.b	Conduct a 3-day residential Training of 25 LGA M & E by 2 facilitators on digitization of malaria on DHIS2, Android App. Data Capturing and the use of DHIS2 web data entry	₦ 6,727,500	₦ 0	₦ 7,515,000	-₦ 787,500
1.16.23.5.d	To conduct a 2 day Quaterly health sector data quality assessment(DQA) and service quality assessment (SQA) at the health facilities by 8 participants	₦ 3,276,000	₦ 0	₦ 3,076,000	₦ 200,000
Enabler Two		₦ 78,339,500	₦ 3,443,580	₦ 74,626,420	₦ 269,500
2.17.24	Improve oversight and monitoring of budgeting process to increase budget utilization	₦ 78,339,500	₦ 3,443,580	₦ 74,626,420	₦ 269,500
2.17.24.4	Strengthen health financing evidence generation and use	₦ 269,500	₦ 0	₦ 0	₦ 269,500
2.17.24.4.a	Routine data collection on AOP and budget perfomace	₦ 138,000	₦ 0	₦ 0	₦ 138,000
2.17.24.4.b	Data collection, analysis and presentation of Health sector throgh the State accountant report of the pervious year report.	₦ 131,500	₦ 0	₦ 0	₦ 131,500
2.17.24.6	Increase resource mobilization for the health sector	₦ 78,070,000	₦ 3,443,580	₦ 74,626,420	₦ 0
2.17.24.6.b	conduct Fourteen days survey on tracking of healthcare expenditure on GOVERNMENT, NGOs, DONORS, INSURANCE and ENTERPRISE by 40 enumerators	₦ 30,240,000	₦ 0	₦ 30,240,000	₦ 0

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.17.24.6.c	Conduct fourteen days residential workshop of 44 participants on data analysis, data entering using National Health Account and Resource Mapping Expenditure tools on the data collected and report	₦ 47,830,000	₦ 3,443,580	₦ 44,386,420	₦ 0
Enabler Three		₦ 3,250,000	₦ 2,185,000	₦ 1,200,000	-₦ 135,000
3.18.26	Transformation within F/SMoH – towards a values and performance driven culture	₦ 3,250,000	₦ 2,185,000	₦ 1,200,000	-₦ 135,000
3.18.26.1	Strengthen F/SMOH Collaboration with stakeholders and development partners to reach a consensus on long term pursuits of defined transformation/change management actions towards a value-driven and performance-oriented culture.	₦ 3,250,000	₦ 2,185,000	₦ 1,200,000	-₦ 135,000
3.18.26.1.e	purchase of Communication gadget for effective service delivery in Public Relation Office	₦ 2,050,000	₦ 2,050,000	₦ 0	₦ 0
3.18.26.1.f	Conduct twice monthly press briefing by the HCH	₦ 1,200,000	₦ 0	₦ 1,200,000	₦ 0

Appendix B6: ESUTH 2025 AOP

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
Grand Total		₦ 2,335,000,000	₦ 2,335,000,000	₦ 0	₦ 0
Pillar One		₦ 200,000,000	₦ 200,000,000	₦ 0	₦ 0
1.3.3	Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products	₦ 200,000,000	₦ 200,000,000	₦ 0	₦ 0
1.3.3.1	Harmonize frameworks for health professional regulatory bodies along different cadres.	₦ 200,000,000	₦ 200,000,000	₦ 0	₦ 0
1.3.3.1.a	Accreditation of Anaesthesia Department	₦ 200,000,000	₦ 200,000,000	₦ 0	₦ 0
Pillar Two		₦ 2,135,000,000	₦ 2,135,000,000	₦ 0	₦ 0
2.7.11	Revitalize tertiary and quaternary care hospitals to improve access to specialized care	₦ 2,135,000,000	₦ 2,135,000,000	₦ 0	₦ 0
2.7.11.5	To deepen the Private sector participation in tertiary and quaternarry healthcare delivery using various Public Private Partnership (PPP) modules	₦ 2,135,000,000	₦ 2,135,000,000	₦ 0	₦ 0
2.7.11.5.a	Construction of 2 No. twin six storey buildings for Pathology,Medical laboratory & Nursing lecture complex.	₦ 1,000,000,000	₦ 1,000,000,000	₦ 0	₦ 0
2.7.11.5.b	Construction of 2 No. buildings for Radiology Department:A storey building & a bungalow.	₦ 185,000,000	₦ 185,000,000	₦ 0	₦ 0
2.7.11.5.c	Construction of 2 Storey building at Iji-Nike annex.	₦ 350,000,000	₦ 350,000,000	₦ 0	₦ 0
2.7.11.5.d	Upgrade of 2 No. buildings at ESUTTH.Parklane Annex Colliery	₦ 350,000,000	₦ 350,000,000	₦ 0	₦ 0
2.7.11.5.e	Fencing Nenwe hospital	₦ 150,000,000	₦ 150,000,000	₦ 0	₦ 0
2.7.11.5.f	Procure Ultra sound machine	₦ 100,000,000	₦ 100,000,000	₦ 0	₦ 0

Appendix B7: Health Institutions 2025 AOP

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
Grand Total		₦ 1,199,770,910	₦ 1,042,814,000	₦ 0	₦ 156,956,910
Pillar One		₦ 411,616,000	₦ 411,616,000	₦ 0	₦ 0
1.3.3	Improve regulation and regulatory processes for health workers, healthcare facilities and pharmaceutical products	₦ 411,616,000	₦ 411,616,000	₦ 0	₦ 0
1.3.3.1	Harmonize frameworks for health professional regulatory bodies along different cadres.	₦ 405,730,000	₦ 405,730,000	₦ 0	₦ 0
1.3.3.1.a	Carry out dvocacy visits to the ministries of Health and Education for funding of accreditation facilities/equipments.	₦ 420,000	₦ 420,000	₦ 0	₦ 0
1.3.3.1.b	Coonduct of 5 days training and retraining of teachersi in the two Colleges of Health Technology located at Nsukka and Oji-River	₦ 392,100,000	₦ 392,100,000	₦ 0	₦ 0
1.3.3.1.c	Supply of equipments/facilities as a prerequiste/standard required of National Board for Technical Education (NBTE) and other regulators of programmes offered in the institutions.	₦ 10,161,000	₦ 10,161,000	₦ 0	₦ 0
1.3.3.1.d	Annually monitor and collect data on nurse/midwife educators who attended the update course on continuin mandatory professional development program	₦ 491,500	₦ 491,500	₦ 0	₦ 0
1.3.3.1.e	conduct bi-annual verification visits by experts from state NMCN to the 2 accredited collages	₦ 2,557,500	₦ 2,557,500	₦ 0	₦ 0
1.3.3.2	Harmonize accreditation/inspection standards for health facilities across the regulators.	₦ 5,886,000	₦ 5,886,000	₦ 0	₦ 0
1.3.3.2.b	To embark on quaterly licence drive among nurse educators to ensure educators are updated	₦ 5,886,000	₦ 5,886,000	₦ 0	₦ 0
Pillar Two		₦ 692,504,910	₦ 535,548,000	₦ 0	₦ 156,956,910
2.9.15	Increase availability and quality of HRH	₦ 692,504,910	₦ 535,548,000	₦ 0	₦ 156,956,910
2.9.15.1	Increase production of health workers	₦ 692,504,910	₦ 535,548,000	₦ 0	₦ 156,956,910
2.9.15.1.a	Carryout two days advocacy visit to gvernment and her agencies to lobby for recriutment of qualified tutors enabling environment teaching and learning in the two Colloges of Health Technology, Nsukka and Oji-River.	₦ 4,560,000	₦ 4,560,000	₦ 0	₦ 0

POPIs	Sub/Operational Plan Activities	Total Annual Cost (₦)	Total Government Fund	Other Sources of Funds (Partners etc)	Funding Gap
2.9.15.1.b	Conduct five (5) days capacity building workshops for teachers	₦ 130,950,000	₦ 130,950,000	₦ 0	₦ 0
2.9.15.1.c	Support Teachers to conduct scientific and emperical based reseach.	₦ 9,575,000	₦ 9,575,000	₦ 0	₦ 0
2.9.15.1.d	Purchase of utility vehicles	₦ 160,000,000	₦ 160,000,000	₦ 0	₦ 0
2.9.15.1.e	Collect data annually on the available Nurse educators/Midwives in the 2 state collages of Nursing training institutions	₦ 456,500	₦ 456,500	₦ 0	₦ 0
2.9.15.1.f	Advocacy for replacement of retired workforce in the 2 state collages	₦ 450,500	₦ 450,500	₦ 0	₦ 0
2.9.15.1.g	Advocacy for allowances, renumerations and motivation to the collage staff	₦ 13,260,000	₦ 13,260,000	₦ 0	₦ 0
2.9.15.1.h	Advocacy to retain adequate number of staff with the right specialty qualifications in the 2 colleges	₦ 5,796,000	₦ 5,796,000	₦ 0	₦ 0
2.9.15.1.i	Equip the 2 collages of Nursing sciences	₦ 210,500,000	₦ 210,500,000	₦ 0	₦ 0
2.9.15.1.j	Conduct accreditation exercise once every three years in the 3 state collages of nursing sciences to fulfil the requirement from the Nursing and Midwifery council of Nigeria NMCN.	₦ 156,956,910	₦ 0	₦ 0	₦ 156,956,910
Pillar Four		₦ 95,650,000	₦ 95,650,000	₦ 0	₦ 0
4.14.20	Improve Public Health Emergencies prevention, detection, preparedness and response including pandemics to strengthen health security	₦ 95,650,000	₦ 95,650,000	₦ 0	₦ 0
4.14.20.3	Workforce Capacity Building - Enhances capabilities to achieve health security	₦ 95,650,000	₦ 95,650,000	₦ 0	₦ 0
4.14.20.3.a	Advocacy for employment of Nurse/Midwife educators of different specialty/ mix to enable them teach every aspect of nursing care	₦ 70,000,000	₦ 70,000,000	₦ 0	₦ 0
4.14.20.3.b	Organize special training/workshops for nurse, midwives and student nurses in the collages of nursing on emergency preparedness, lss, bls to imact them on safety issues to ensure the security of lives they care for	₦ 25,650,000	₦ 25,650,000	₦ 0	₦ 0