



GOMBE STATE
STRATEGIC HEALTH DEVELOPMENT PLAN-II
(GSSHDP-II) 2018 - 2022

ACKNOWLEDGEMENT

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Finally, the effort of the two state consultants Ms. Saba'atu Elizabeth Danladi and Mr. Jonah Lah) that guided the planning, development process and final production of the refined plan is highly appreciated.

Hajiya Laraba Ahmed Kawu

Permanent Secretary
Ministry of Health
Gombe State

FOREWORD

The first five-year State Strategic Health Development Plan (SSHDP-I) 2010-2015 was developed in 2010 with the aim of achieving significant improvement in the health care delivery system to enable the state meet the relevant MDGs by 2015, improve the wellbeing of Gombe populace, thereby contributing to improved Nigeria's ranking in the global human development index (HDI). The State Council on Health (NCH), the highest policy making body on health matters in the state, approved the implementation of the SSHDP-I (2010-2015) in 2010. In recognition of the importance of health and to further strengthen the leadership role of the state government to the provision of quality, efficient, affordable and equitable health care delivery services to the population in Gombe State, the government, in line with resolution of the National Council on Health at its 58th meeting held in Sokoto State from 7th – 11th March, 2016, that the implementation of the first Plan at both national and state levels should continue until the completion of its successor Plan (SSHDP-II) complied with this directive.

In view of the foregoing, and in line with the National Strategic Framework (NSF) guidelines, the development of the SSHDP-II (2018-2022) was preceded by National orientation workshop which brought together all the 36 States including FCT. Ten (10) National Consultants supported Zonal Consultants as well as State Consultants (2 per State). At the State level the team of 2 consultants (the planning consultant and costing consultant respectively) facilitated the planning and development processes. Series of consultative meetings were held between the consultants and SMOH during which plans were finalized for the various workshops. A 75-member State planning committee comprising a cross section of stakeholders in the State was inaugurated by the Honourable Commissioner of Health and followed by the inauguration of a 50-member committee of the Technical Working Group (also known as the State Co-planning team) chaired by the Permanent Secretary Ministry of health with defined terms of reference (TOR).

An extensive desk review was conducted by the team of State Consultants to facilitate the situation analysis and completion of the One Health Tool (OHT) and data requirement/information templates from the National. This was followed by the stakeholder's orientation meeting was held and followed by situation analysis workshop and stakeholders retreat for the development of the plan, M&E plan and Implementation plan as well as costing of all the three documents. The draft plan was reviewed by National following which inputs were incorporated and validated by State stakeholders. Final approval of the plan was endorsed by the Executive Governor of Gombe State, the approved SSHDP-II (2018-2022) was disseminated at a stakeholder's forum.

The SSHDP-II 2018-2022 offers us great opportunity to consolidate the gains made on the preceding plan and incorporate, lessons learnt to ensure better health sector outcomes by 2022. The SSHDP-II 2018-2022 will ensure synergy and better cohesion that guarantees greater participation, ownership, sustainability and full implementation of the Plan at all levels of government in the state. This bottom-up approach is geared towards the realization of our goal of ONE FRAMEWORK, ONE PLAN AND ONE M&E for the State health sector,

The SSHDP-I 2010-2015 addressed only the Health System building blocks under the eight priority areas of the old National Health Policy (2004) This second plan (SSHDP-II) takes a more comprehensive, inclusive and holistic approach. It is organized along three parts; Service delivery; which covers RMNCAH, Communicable and Non- Communicable diseases, Mental Health, NTD's etc., the Health Systems component focusing on the nine thrusts of the National Health Policy, 2016; governance, human resources, financing, health information system, medicines, vaccines and other technologies, research etc., and the M&E component which cuts across all the programmes. The adoption of the framework for the development of the SSHDP-II is consistent with the National Framework in line with National Health Policy (NHP) 2016, and the National Health Act (NHA) 2014 that provide the legal backing required towards Gombe state's attainment of Universal Health Coverage (UHC) through PHC, and the reduction of the burden of diseases in Gombe by 30% in year 2022.

Dr. Ishaya Kennedy

Honourable Commissioner of Health
Gombe State

PRINCIPLES

We the undersigned this ... day of Declare our commitment to the following principles:

- 2.1 To ensure that the attainment of universal health coverage shall be the philosophy and strategy for State health development;
- 2.2 To strengthen PHC as the bedrock of the State health system that supports equitable distribution of services and resources to those in greatest need based on evidence and to uphold the right of consumers of health care, particularly vulnerable population;
- 2.3 To strengthen capacity for the active involvement of communities at all levels of health services delivery;
- 2.4 To promote the provision of quality care by all actors at all levels that is gender sensitive, evidence based, responsive, pro-poor and sustainable with a focus on outcomes;
- 2.5 To provide support for equitable distribution of services and resources to those in greatest need based on evidence and to uphold the rights of consumers of health care, particularly vulnerable populations;
- 2.6 To provide voluntary and timely information to feed into the State agreed M&E framework to track, monitor and evaluate the State health system;
- 2.7 To provide policy direction and adequate funding that facilitates the involvement of all stakeholders from both the public and the private sector towards joint collaboration between health and related sectors (water and sanitation, basic education, infrastructure, etc.), expanding utilization and delivery options and coordinating technical assistance;
- 2.8 To promote and strengthen inter-sectoral action for health through effective partnership among all stakeholders for health development by mainstreaming health in all policies not only within the context of prevention, but beyond; and
- 2.9 To strengthen development partners coordination mechanism to ensure the effectiveness of all aid assistance at all levels.
- 2.7 To support the State Ministry of Health in discharging its mandate as the coordinating authority for health in State.

UNDERTAKINGS

Bearing in mind that Gombe State is committed towards meeting the health related goals of the SDGs, we therefore resolve to take immediate and relevant actions in addressing the complexities and challenges posed by the stagnating health status through the SSHDP - II Framework and as listed below, and build on these and other national, State I and global commitments for future health investments.

- 3.1 Promote the use of the SSHDP - II Framework for the development of the respective health plans for each tier of government;
- 3.2 Ensure that the health plans encompass cost-effective interventions that strengthen the delivery of essential health services and referral services including secondary and tertiary care, which include Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) strategies, malaria control, immunization, TB, HIV/AIDS, public private partnerships;
- 3.3 Ensure equitable distribution and management of the human resource for health through appropriate strategies including capacity building, incentives; and task delegation;
- 3.4 Ensure adequate funding for health services at all levels in the country to meet its commitment on the Abuja declaration of ensuring 15% of total national budget is allocated to health as well as the 1% Basic Health Care Provision Fund as provided for in the NHAct, 2014.
- 3.5 Ensure that appropriate and broad -based partnerships are built with the community and media to promote behavioural change towards improved health;
- 3.6 Engage all stakeholders under the leadership of the SMOH to update programmes and projects to promote compatibility with the SSHDP Framework;
- 3.7 Strive towards synchronized planning and review cycles in line with the annual review and planning systems in order to maximize the use of national capacities and competencies;
- 3.8 Institutionalize the constitution of a standing committee to ensure strict adherence to standards and norms across all levels of health care delivery system.
- 3.9 Promote data collection, through harmonized reporting procedures and timelines within the national NHMIS framework; strengthen information sharing and knowledge management mechanisms for better planning;
- 3.10 Ensure constituency representation in the various subcommittees of the State Council on Health to facilitate SMOH's task in effectively fulfilling its coordination role;
- 3.11 Create conducive environment for the advancement of science and research in the State whilst adhering to highest ethical and scientific standards.

IN WITNESS WHEREOF, the undersigned, being duly authorized representatives of the parties hereto has signed this Declaration of Commitment on the day and year first above written.

Signed:

1. Honourable Commissioner of Health
2. The Executive Secretary, SPHCDA

3. Chair, ALGON Forum
4. Representatives of Multilateral and Bilateral Development partners
WHO
UNICEF
WORLD BANK
5. Representatives of Private Health Care Providers
6. Representatives of Civil Society Organisations (CSOs)
7. Representatives of the community (Chairman, Traditional Rulers Council)

ACRONYMS

ACT	Artemisinin Combination Therapy
AIDS	Acquired Immune Deficiency Syndrome
AMFM	Affordable Medicines Facility for Malaria
ANC	Ante – Natal Care
APHPN	Association of Public Health Physician of Nigeria
APOC	African Program for Onchocerciasis Control
ARH	Adolescent Reproductive Health
ART	Ante Retrieval Therapy
BCC	Behaviour Change Communication
BCG	Badilus Culmette Guerin
BHCPF	Basic Health Care Provision Fund
BMPHS	Basic Minimum Package of Health Services
BoT	Board of Trustees
C.V	Community Volunteers
CBA	Commodity Based Access
CBHI	Community Based Health Insurance
CCW	Central Contraceptive Warehouse
CDA	Community Development Association
CEDAW	Convention on Elimination on the Elimination of all forms of Discrimination Against Women
CFFI	Counterpart Fiscal Funding Instrument
CHEW	Community Health Extension Worker
CIHP	Centre for Integrated Health Programmes
CIP	Costed Implementation Plan
CISFP	Civil Society for Family Health
CLMS	Contraceptive Logistics Management System
CMAM	Community-Based Management of Acute Malnutrition
CORP	Community Resource Persons
CPR	Contraceptive Prevalence Rate
CRF	Consolidated Revenue Fund
CS	Contraceptive Services
CSOs	Civil Society Organization
CTC	Care Technical Committee
CYP	Couple Years Protection
DALY	Disability Adjusted Life Years
DFAAR	Decentralized Financing for a Accountability and Results
DFF	Decentralized Facility Financing
DGC	Demand Generation and Behaviour Change Communication
DHIS 2	District Health Information Software Version 2
DPT	Diphtheria Pertussis Tetanus
EmONC	Emergency Obstetrics and New Born Care

EMTCH	Elimination of Mother to – Child Transmission of HIV
EU PRIME	European Union Partnership for Routine Immunization
FBOs	Faith Based Organizations
FCT	Federal Capital Territory
FEC	Federal Executive Council
FGM	Female Genital Mutilation
FHI	Family Health International
FMoH	Federal Ministry of Health
FMoH	Federal Ministry of Health
FP	Family Planning
FP – CIP	Family Planning Costed Implementation Plan
FP 2020	Family Planning 2020
FR	Fertility Rate
FSW	Female Sex Workers
GAR	Gross Attendance Ratio
GFF	Global Financial Facility
GPI	Gender Parity Index
HF	Health Facility
HIV	Human Immune deficiency Virus
HMIS	Health Management Information System
HREC	Health Research Ethics Committee
HRH	Human Resource for Health
IBBSS	Integrated Biological and Behavioral Surveillance Survey
ICAP	International Centre for AIDS Prevention
ICPD	International Conference on Population and Development.
ICPD +5	Special Session of the General Assembly of the United Nations for the Review of Fifth Year of the Implementation
ICT	Information and Communication Technology
IDD	Iodine Deficiency Disorders
IDPs	Internally Displaced Persons
IDPs	International Development Partners
IDVs	Injecting Drug Users
IE	Vesico Vaginal Fistula
IEC	Information, Communication and Education
IHVN	Institute for Human Virology in Nigeria
IMNCAH+N	Integrated Maternal, Newborn Child and Adolescent Health + Nutrition
IPC	Infection Prevention and Control
IPTP	Inter militant Preventive Treatment by women during Pregnancy
ITN	Insecticide Treated Net
IUD	Intra Uterine Device
JAR	Joint Annual Review
JCHEW	Junior Community Health Extension Worker

LARC	Long – Acting Reversible Contraceptive
LGA	Local Government Area
LLIN	Long Lasting Insecticidal Net
LMIS	Logistics Management and Information System
LSMU	Life Saving Maternal Commodities
M&E	Monitoring and Evaluation
MCPR	Modern Contraceptive Prevalence Rate
MDAs	Ministry Department and Agencies
MDCN	Medical and Dental Council of Nigeria
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn and Child Health
Mo. HE	Ministry of Higher Education
MoENV	Ministry of Environment
MoU	Memorandum of Understanding
MSF	Medicines Save Frontiers
MSS	Midwives Service Scheme
MWR	Ministry of Water Resources
MWRA	Married Women of Reproductive Age
NANNM	National Association of Nigerian Nurses and Midwives
NARHS	National HIV/AIDS and Reproductive Health Survey
NBS	National Bureau of Statistics
NBTS	National Blood Transfusion Services
NCH	National Council on Health
NDHS	Nigeria Demographic and Health Survey
NEEDS	National Economics Empowerments and Developments Strategy
NEMA	National Emergency Management Agency
NGN	Nigeria Naira
NGO	Non-Government Organization
NHA	National Health Act
NHIS	National Health insurance Scheme
NPHCDA	National Primary Health Care Development Agency
NPopC	National Population Commission
NRHWG	National Reproductive Health Working Group
NSHDP	National Strategic Health Plan
PAC	Post Abortion Care
PCN	Pharmacist Council of Nigeria
PHC	Primary Health Care
PHCUOR	Primary Health Care Under One Roof
PMTCT	Prevention of Mother-to Child Transmission
PMV	Patient Medicine Vendors

PNC	Post Natal Care
PNMR	Post Neonatal Mortality Rate
PoA	Program of Action
PPM	Part Per Million
PWDs	Persons with Disabilities
RDT	Rapid Diagnostic Test
RH	Reproductive Health
RVF	Recto – Vagina Fistula
SAM	Severe Acute Malnutrition
SC	Supply and Commodities
SCs	Stabilization Centres
SD	Service Delivery
SD	Service Delivery
SDGs	Sustainable Developments Goals
SDP	Service Delivery Points
SFA	State Fund Administrator
SFH	Society for Family Health
SMC	Supervision, Monitoring and Coordination
SMC	Social Mobilization Committee
SMoH	State Ministry of Health
SOMLI	Save One Million Lives Initiative
SPHCDA	State Primary Health Care Development Agency
SPSS	Statistical Package for Social Sciences
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Right
STIs	Sexually Transmitted Infections
TFR	Total Fertility Rate
TOR	Terms of Reference
TOT	Training of Trainers
TSA	Treasury Single Account
TWG	Technical Working Group
UHC	Universal Health Coverage
UNAIDS	United Nations Program on HIV /AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
VVF	Vesico Vaginal Fistula
WDC	Ward Development Committee.
WHO	World Health Organization
WHS	Ward Health System
WRA	Women of Reproductive Age

CONTENTS

FOREWORD	Error! Bookmark not defined.	2
DECLARATION	Error! Bookmark not defined.	4
ACRONYMS	Error! Bookmark not defined.	8
Acknowledgement.....		
EXECUTIVE SUMMARY	Error! Bookmark not defined.	14
CHAPTER 1: INTRODUCTION.....		14
1.1. Background		18
1.2. Global, National and State Context.....	Error! Bookmark not defined.	48
1.3. The SSHDP-II and the National Health Policy (2016)	Error! Bookmark not defined.	24
1.4. State Profile	Error! Bookmark not defined.	22
1.5. Overview of the State Health System		24
1.6. Overview of the Health Status in Gombe	Error! Bookmark not defined.	25
1.7. Overview of Performance of the First State Strategic Health Development Plan.....	Error! Bookmark not defined.	26
1.8. Development of the Second State Strategic Health Development Plan (SSHDP-II).....	Error! Bookmark not defined.	28
CHAPTER 2: STRATEGIC DIRECTIONS OF THE SECOND STATE HEALTH STRATEGIC DEVELOPMENT PLAN.....		26
2.0. Outline of the SSHDP II		30
2.1. Strategic Approach		36
2.2 Vision, Mission, Goal and Core Values and Principles....	Error! Bookmark not defined.	34
2.3. The Core Values and Principles of the SSHDP-II		37
2.4. The Conceptual Framework of the SSHDP-II		38
2.5. SSHDP-II Strategic Objectives	Error! Bookmark not defined.	33
2.6. SSHSP-II Health Sector Priorities.....		39
2.6.1. Health Service Delivery Priorities:.....		40
2.6.2. Health System Strengthening Priorities		40
2.6.3. Monitoring and Evaluation		41
2.7. The Results Framework of the SSHDP-II.....		41
CHAPTER 3: ENABLED ENVIRONMENT FOR ATTAINMENT OF SECTOR OUTCOMES		36
3.1. Leadership & Governance	Error! Bookmark not defined.	38

3.2. Community Participation	4641
3.3. Partnerships in Health	4742
3.3.1. Partnership with Private for profit Health Care Providers	<u>Error! Bookmark not defined.</u> 43
3.3.2. Health Development Partners (DP)	<u>Error! Bookmark not defined.</u> 43
3.3.3. Other Sectoral Ministries, Department and Agencies (MDAs)	<u>Error! Bookmark not defined.</u> 44
3.3.4. Health Professional Groups	<u>Error! Bookmark not defined.</u> 44
3.3.5. Communities	<u>Error! Bookmark not defined.</u> 45
CHAPTER 4: INCREASED UTILISATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES.....	4447
4.1. Introduction.....	<u>Error! Bookmark not defined.</u> 47
4.2. Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition	<u>Error! Bookmark not defined.</u> 47
4.2.1. Maternal Health	<u>Error! Bookmark not defined.</u> 49
4.2.2. Fistula Care	<u>Error! Bookmark not defined.</u> 52
4.1.3. Sexual and Reproductive Health (Family Planning and Post-abortion care)	<u>Error! Bookmark not defined.</u> 54
4.1.4. Newborn and Child Health.....	<u>Error! Bookmark not defined.</u> 55
4.1.5. Adolescent Health	<u>Error! Bookmark not defined.</u> 59
4.1.6. Nutrition	<u>Error! Bookmark not defined.</u> 64
4.2. Communicable Disease ((Malaria, TB, Leprosy, HIV/AIDS) and Neglected Tropical Diseases)	<u>Error! Bookmark not defined.</u> 62
4.2.1. HIV/AIDS.....	<u>Error! Bookmark not defined.</u> 63
4.2.2. Viral Hepatitis	<u>Error! Bookmark not defined.</u> 63
4.2.3. Malaria	<u>Error! Bookmark not defined.</u> 63
4.2.4. Tuberculosis	<u>Error! Bookmark not defined.</u> 64
4.2.5. Neglected Tropical Diseases	<u>Error! Bookmark not defined.</u> 64
4.3. Non-Communicable Disease	<u>Error! Bookmark not defined.</u> 69
4.3.1. Non-communicable Diseases	<u>Error! Bookmark not defined.</u> 69
4.3.2. Care of the Elderly	<u>Error! Bookmark not defined.</u> 72
4.3.3. Mental Health	<u>Error! Bookmark not defined.</u> 74
4.3.4. Oral Health	<u>Error! Bookmark not defined.</u> 77
4.3.5. Eye HealthCare	<u>Error! Bookmark not defined.</u> 79

4.4. General & Emergency Hospital/Health Facilities' Services	Error! Bookmark not defined.	80
4.4.1. Provision of Health Services at Public and Private Health Facilities	Error! Bookmark not defined.	84
4.4.2. Integrated Emergency and Trauma Care.....	Error! Bookmark not defined.	82
4.4.3. Provision of Ambulatory (outpatient) Services at all levels of Health Care	Error! Bookmark not defined.	82
4.4.4. Access to Safe Blood and Blood Products.....	Error! Bookmark not defined.	83
4.4.5. Public Health Laboratory Services	Error! Bookmark not defined.	85
4.4.6. Access to Palliative and End of Life Care	Error! Bookmark not defined.	87
4.5. Health Promotion and Social determinants of Health (Environmental Health)	Error! Bookmark not defined.	87
4.5.1. Wellbeing of individuals and communities through protection from health risks, and promotion of healthy lifestyle and environment.....	Error! Bookmark not defined.	90
4.5.2. Food Hygiene and Safety	Error! Bookmark not defined.	94
4.5.3. Safe Water and Sanitation.....	Error! Bookmark not defined.	94
4.5.4 Snake Bites Morbidity and mortality.....	Error! Bookmark not defined.	95
4.5.5. Protect human health, environment and infrastructure from chemical hazard, medical & Bio-waste and poisoning	Error! Bookmark not defined.	96
4.5.6. Promote optimal health and safety of workers in their work environment.....	Error! Bookmark not defined.	97
4.6. Strengthening Primary Health Care Services and Service Delivery	Error! Bookmark not defined.	98
Chapter 5: STRENGTHENED HEALTH SYSTEM FOR DELIVERY OF PACKAGE OF ESSENTIAL HEALTH CARE SERVICES.....	Error! Bookmark not defined.	109
5.1. Human Resources for Health.....	Error! Bookmark not defined.	109
5.1.1. Coordination and Partnership for HRH Development	Error! Bookmark not defined.	114
5.1.2. Adequacy of Numbers of skilled Health workers...	Error! Bookmark not defined.	114
5.1.3. M&E of HRH.....	Error! Bookmark not defined.	115
5.1.4. Effective Workforce management.....	Error! Bookmark not defined.	115
5.1.5. Effective Workforce planning	Error! Bookmark not defined.	116
5.2. Health Infrastructure	Error! Bookmark not defined.	116
5.3. Medicines, Vaccines and Other Commodities and Supplies	Error! Bookmark not defined.	118

5.4. Health Information	<u>Error! Bookmark not defined.</u>	124
5.5. Research for Health.....	<u>Error! Bookmark not defined.</u>	123
CHAPTER 6: PROTECTION FROM HEALTH EMERGENCIES	<u>Error! Bookmark not defined.</u>	125
CHAPTER 7: PREDICTABLE FINANCING AND RISK PROTECTION	<u>Error! Bookmark not defined.</u>	126
Health Financing	<u>Error! Bookmark not defined.</u>	126
APPENDIX 1: METHODOLOGY FOR DEVELOPING THE SSHDP-II	<u>Error! Bookmark not defined.</u>	132

EXECUTIVE SUMMARY

Health is considered by Gombe State Government to be central to sustainable development as it promotes productivity among the populace. Consequently, access to quality health care and prevention services are vital for poverty reduction and economic growth, which is key to the attainment of the SDG 3, Ensure Healthy Lives and Promote Well Being for all at all ages.

In recognition of the importance of achieving universal health coverage for all Nigeria as set by the Federal Government of Nigeria, and in pursuit of this cause, Gombe State launched the first five-year Health Development Plan (SSHDP-I) 2010-2015 in 2010. The State government in an effort to reform the health sector and to bring health services closer to its people created the State Primary Health Care Development Agency (SPHCDA) which was backed by a law in the State House of Assembly (SHA). The first SSHDP sought to address the weaknesses in the health systems that have militated against effective health care delivery. Therefore, the focus of the SSHDP-I was on strengthening prioritized health system building blocks (leadership and governance, health financing, human resources for health, health information, service delivery, partnerships, community participation and health research). The SSHDP-I invested in strategies to strengthen PHC at the LGA level, the level that has the responsibility for PHC services provision.

A review of the implementation of SHDP-I showed achievements in some areas. However, the health system remains with challenges. Provision of PHC services continue to pose challenges and coverage with key interventions remains low, Sustainability of donor supported interventions

remains a big challenge, Poor maintenance culture, referral system is only one way and very weak and weak Integrated Supportive supervision (ISS). The indicators improvements in maternal and child health with reduction in maternal and child mortality rates and a marginal increase in life expectancy in the state. Despite these gains, the health status of Gombe State remains poor.

The second plan SSHDP-II (2018-2022) is designed to consolidate and build on achievements made on the first plan. The plan was developed to provide specific direction and guidance on increasing investment in health sector in order to derive the desired outcomes in the Gombe State. The SSHDP-II (2018-2022) was developed in collaboration with stakeholders. The vision is ***“To Guarantee a Healthy and Productive State” while the Mission is “To ensure that the Gombe populace have universal access to comprehensive, appropriate, affordable, efficient, equitable, and quality essential health care through a strengthened health system”.***

The plan is prepared within the framework of Vision 2020, the Economic Recovery and Growth Plan (2018-2020), Sustainable Development Goals (SDGs) covering the period of 2016-2030 and the 2016 revised National Health Policy. It is also being guided by all relevant national and international policies and legislations, including the National Health Act and international declarations, majorly the UN-Sustainable Development Goals (SDGs) as well as State policies and legislations.

Preceding the development of the SSHDP-II, the State participated at the national orientation workshop which provided the framework and guidance for the process. Therefore in using this Framework, the State developed her costed plans through participatory approaches to reflect the local context and prevailing issues.

Major steps adopted in the development of the SSHDP- II framework include the inauguration by the State Honourable Commissioner of Health of a Technical Working Committee comprising of government, Development Partners, CSOs, academicians and experts in development planning. Through the review of State Health Development Plan (SSHDP-I) 2010-2015 and use of other technical resource materials, wide consultations and participatory techniques, it was decided that whereas the SHDP I's priority concern was to improve the Gombe State health system for delivery of health services, the services to be delivered were not given adequate attention. Consequently, a major shift from SSHDP-I is the inclusion of technical health service programmes. These health service programmes are derived in line with National Strategic Health Development plan II, (2018-2022) which comprise of the following:

- Reproductive, maternal, Newborn, child health and nutrition –related programmes;
- Control of communicable diseases (malaria, tuberculosis, HIV/AIDS, hepatitis and neglected tropical diseases);
- Control of non-communicable diseases;
- Mental health;
- Care of the elderly;
- Public health emergencies;

- Oral health;
- Eye health;
- Environmental health (water and sanitation, food safety, snakebites and chemical programme);
- General and emergency hospital services;
- Health promotion.

Within the context of the priority areas, included in the plan, it is proposed that the following should be given higher priority in SSHDP-II (208-2022):

- Ensuring effective leadership and governance with emphasis on increasing resource mobilization and aligning funding to UHC;
- Reducing geographic and socio-economic barriers to access, strengthening coordination of different levels of the health care system and also among various stakeholders and strengthening regulatory institutions to ensure effective functionality; and
- Improving human resource management through effective performance appraisals and reward systems based on performance;
- Review financing mechanisms to ensure functionality, allocative efficiency and rapid expansion of social health insurance so as to increase risk protection and increased funding, including state government's increased funding to the health sector in line with Abuja Declaration;
- Strengthen PHC and other levels of the health care system by defining and approving an essential health care package for all Nigerians;
- Strengthening LGA/primary health care services and community systems to ensure resilience and guarantee health security;
- Develop standards of practice at different levels of the health care system, referral guidelines and ensure functionality of the referral system;
- Reduce medical tourism by improvement in quality of care and enforcements of standards. Increase investments in health promotion and disease prevention;
- Redress human resource gaps, promote industrial harmony and reduce strikes within the sector, and invest in health research and innovations.

The overall purpose of the plan is to reduce disease burden from all causes of ill health in the state, and reduce disparities therein through increasing access to a comprehensive package of appropriate, affordable, quality, equitable and integrated essential health care services within the context of strengthened health care system, aligning resources in relation to needs. Services to be provided and resources required for each level of the health care system will be properly defined. The entry point for the delivery of the essential package of health care services will be the strengthened LGA and ward primary health care system and appropriate referrals pathways to other levels of care that will support this level of care, which will be defined.

The implementation of the SSHDP-II Plan (2018-2022) will be monitored periodically and led by the monitoring and evaluation team with active participation of stakeholders at state, LGA, community and private sector. Implementation progress will be assessed periodically, while a mid-term review will be carried out appropriately.

The plan aligns with the result framework as schematised in Chapter 1. The situation analysis, strategies and interventions are detailed in the respective chapters of the plan.

CHAPTER 1

INTRODUCTION

1.1 Background

Health is the first wealth of a Nation and central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy population live longer, more productive and save more. Many factors influence health status and a country's, as well as a State's ability to provide quality health services for its people. Ministries of health are important actors and so are other government departments, donor organizations, civil society groups and communities themselves.

In an effort to adopt the strategic approach to the provision of quality health services in the State, the State in collaboration with development and implementing partners developed its first five years Health Development Plan (SHDP) 2010-2015. The vision was "to reduce the morbidity and mortality rates due to communicable diseases to the barest minimum: reverse the increasing prevalence of non-communicable disease: meets global target on the elimination and eradication of diseases: and significantly reduce the life expectancy and quality of life of the people of Gombe State". In 2010 the State government in an effort to reform the health sector and to bring health services closer to its people created the State Primary Health Care Development Agency (SPHCDA) which was backed by a law by the State House of Assembly (SHA).

As a successor to the Gombe State Strategic Health Development Plan-I (GSSHDP-I), 2010-2015, this second plan SSHDP-II (2018-2022) is designed to consolidate and build on achievements made. The plan will provide specific direction and guidance on the imperative of increasing investment in health sector in order to derive the desired outcomes.

1.1.1 Purpose and Justification of the SSHDP

There have been a growing number of players in the health sector which calls for an organized, structured and coordinated system for the delivery of health care services in the State in order to avoid duplication of efforts and achieved the desired synergy for effective and efficient delivery of health care services. The National Health Act 2014, the National Health Policy 2016 and the National Strategic Health Development Framework –II provide the policy framework and guidelines with which the State government should key in to and derive State specific health policies and guidelines for the delivery of health care services. Consequently, the Gombe State Health Development Plan (SSHDP- II 2018-2022) is developed in response to this need.

Therefore, the purpose of this plan is to provide access to quality health care services to the people of Gombe State in order to improve and sustain quality of life. The plan also provide a platform for stakeholders in both private and public sector to key in to both National and State Health Policies to achieve the desired health goal and objectives.

In addition, the plan will ensure that donor support and activities are delivered in a coordinated manner to maximize benefits to citizens. Also it will build on achievements of the previous Gombe State Health Development Plan (SSHDP- I 2010-2015).

1.1.2 National and State Context

1.1.2.1 National Context

The Government of Nigeria recognizes the synergy between health and development as central to international declarations aimed at sustainable development. The Country has also keyed in to the UN General Assembly's declaration in 2000 adopting the millennium declaration committing eight integrated goals; The MDGs four and six address reducing child mortality including maternal health and reversing HIV/AIDS, Tuberculosis and malaria with specific targets to be achieved. The Sustainable Development Goals (SDGs) covers the period of 2016-2030 with 17 goals and 169 targets that are interlinked implying that sustainable development requires multi-sectoral and multidimensional policy interventions.

These interventions will address hunger, malnutrition, poverty, insecurity, universal health coverage (UHC), education, environmental protection and employment, within an equitable framework. SGD 3 focuses on health and has as a goal to '*Ensure healthy lives and wellbeing for all ages*' The goal has 13 targets that include the unfinished agenda from MDG, new targets to address the other health threats and challenges and targets that cover the means of implementation. These are presented below.

Table 1: The Health Sustainable Development Goals

SDG 3: ENSURE HEALTHY LIVES AND PROMOTE WELL BEING FOR ALL AT ALL AGES		
TARGET 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all		
<i>MDG unfinished and expanded agenda</i>	<i>New SDG 3 targets</i>	<i>SDG3 means of Implementation targets</i>
TARGET 3.1: Reduce maternal mortality to less 70/100, 000 live births	TARGET 3.4: Reduce mortality from NCD and promote mental health	3.a: Strengthen implementation of framework convention on tobacco control
TARGET 3.2: End preventable newborn and child deaths	TARGET 3.5: Strengthen prevention and treatment of substance abuse	3.b: Provide access to medicines and vaccines for all, support R&D of vaccines and medicines for all
TARGET 3.3: End the epidemics of HIV, TB,	TARGET 3.6: Halve global deaths and injuries from	3.c: Increase health financing

malaria and NTD and combat hepatitis, waterborne and other communicable diseases TARGET 3.7: Ensure universal access to sexual and reproductive health-care services	road traffic accidents TARGET 3.9: Reduce deaths from hazardous chemicals and air, water and soil pollution and contamination	and health workforce in developing countries 3.d: Strengthen capacity for early warning, risk reduction and management of health risks
Implementation expected to interface with economic, other social and environmental SDGs and the SDG 17 can serve as the means of implementation		

The *Abuja 2001 Declaration and Abuja+12 Declaration* committed the African Union Member States to allocate at least 15% of their annual national budget to health, while the *Common African Position (CAP) on the Post 2015 Agenda* (African Union 2014) seeks to achieve universal and equitable access to quality health care on the continent, prioritizing improvement in MNCH, enhanced access to sexual and reproductive health and family planning. Emphasis was made on vulnerable groups, including youths, unemployed, children, elderly and people with disabilities; reduction in incidence of communicable diseases (HIV/AIDS, malaria and TB), and NCDs including mental health and emerging diseases; as well as strengthening health systems including health financing, improved hygiene and sanitation and improving monitoring and evaluation and quality assurance systems.

The Nigeria's Development Agenda tagged Vision 20:2020, sets the goal for Nigeria to become one of the twenty largest economies in the world by the year 2020. This envisions the development of a large diversified, sustainable, competitive economy that will harness the talents and potentials of her people as well as natural resources to improve standard of living and quality of life for the populace. The health sector is expected to contribute to the attainment of the Vision through ensuring a healthy, vibrant and productive labour force. In addition, the medium-term plan, Nigeria's Economic Recovery Plan (EGRP) 2018-2020, delineates three broad strategic objectives, including restoring growth; investing in our people, and building a globally competitive economy.

The EGRP 10 policy objectives for the health sector are as follows:

- Improve the availability, accessibility, affordability and quality of health services;
- Expand healthcare coverage to all Local Governments;
- Provide sustainable financing for the health care sector;
- Revitalize 10,000 primary health care centres and establish at least one functional primary health centre (PHC) in each ward to improve access to health care;
- Fully implement the primary health care refinancing program to mobilize domestic resources;

- Drive progress to meet UN SDG health targets;
- Reduce infant and maternal mortality rates;
- Roll out universal health coverage (NHIS);
- Strengthen delivery beyond the primary health care system;
- Reduce infant and maternal mortality rates.

These policy goals have been considered in the development of the NHSDP II accordingly.

1.1.2.2 State Context

Gombe State Health sector identifies with the National Health policies, strategic frameworks and guidelines. These policies provide directions for the development and implementation of the State specific policies and services at all levels. The plan is developed in the context of Nigeria's commitment to various international conventions and declarations as identified under the section on National Context as well as the second National Strategic Health Development Framework. The State Strategic Health Development Plan - II also recognizes the strategic role of the health sector in contributing to the achievement of these objectives. Consequently, the plan is derived on the basis of these policy directions.

The State first Strategic health development plan – I (2010-2015) was developed in 2010 and elapsed in 2015. This plan is a successor to the Gombe State Strategic Health Development Plan-I (GSSHDP-I), 2010-2015, designed to consolidate and build on achievements made. The plan will provide specific direction and guidance on the imperative of increasing investment in health sector in order to derive the desired outcomes.

1.1.3 Policy Environment

The Nigeria constitution of 1999 (as amended) places the responsibility for health care on the three tiers of government namely; Federal, State, and LGA. The National Health Act 2014, provision for the Nigerian Health System include; (a) The Federal Ministry of Health; (b) States' Ministries of Health and the Federal Capital Territory's Department of Health; (c) Parastatals under the federal and state Ministries of Health; (d) all Local Government health authorities; (e) the ward health committees; (f) the village health committees; and (g) the private health care providers. Furthermore, the Act defines the relationship between the various tiers of government and provides a framework for standards and regulation of health services, as well as for the establishment of a Basic Health Care Provision Fund.

Moreover, the National Health Act -2014, the National Health Policy-2016, with the theme "Promoting the Health of Nigerians to Accelerate Socio-economic Development", provides direction in health care delivery in the country. The health policy's mission statement is "to provide stakeholders in health with a comprehensive framework for harnessing all resources for health development towards the achievement of Universal Health Coverage, as encapsulated in the National Health Act in tandem with the Sustainable Development Goals (SDGs)". The Policy has

a primary focus on the health system. The goal is “To strengthen Nigeria’s health system, particularly the primary health care sub-system, to deliver quality, effective, efficient, equitable, accessible, affordable, acceptable and comprehensive health care services to all Nigerians.” Furthermore, the Policy proposes strategic actions in ten health areas: Governance and Stewardship for Health; Health Service Delivery; Human Resources for Health; Health Financing; National Health Management Information System; Partnerships for Health; Health Promotion, Community Participation and Ownership; Health Research and Development; Medicine, Vaccines and other Health technologies and Health Infrastructures.

Gombe State does not have a State health policy. However, the State health thrust is in line with National health Policy 2016. The Ministry of Health has a Human Resource for Health (HRH) policy which provides the guidelines for the engagement and deployment of appropriate health personnel. The State policy on Free Maternal and Child Health Services ensures that pregnant women are provided free ANC and delivery services. However, the implementation of this policy has been met with some challenges. The State HIV/AIDS Strategic Plan 2008-2022 provides the direction for the state response to HIV/AIDS while the Gombe State Primary Health Care Development Agency Strategic Plan 2018-2022 has put in place the direction for ensuring the provision of appropriate health care services to the people at primary level. The Family Planning and Reproductive Health (FP/RH) Costed Implementation Plan– 2008-2020 gives guidelines for program implementation for FP/RH interventions. In addition, the Task Shifting and Task sharing policy - 2016 in the State is main to expand access to services in rural communities. The State also has a Policy on OVC with which to ensure that these special groups are reached with special services. Consequently, the strategies for achieving the objectives in these policies have been appropriately situated in this SSHDP –II (2008-2022).



1.2 State Profile:

Gombe State (Jewel in the Savannah) was created from the old Bauchi state on 1st October 1996. It is one of the 36 States of Nigeria, located in the North-east part of the Country on the coordinates of 10°17' degree north and 11°10' degrees East covering an area of 20,265sq. Km. It shares common boundaries with Borno to the east, Yobe to the north-east, Bauchi to west, Taraba to the

Table 2. The socio-economic indices of Gombe State

Focal Area	
Population	3,341,591 (projection from 2006 Census)
Male	1, 583, 914 (47.4%)
Female	1,757, 677 (52.6%)
Young (10-29years)	1,333,295 (39.9%)
Women of reproductive age	1, 452,233 (44.8%)
Under Five Population	645,076 (19.3%)
Annual population growth	3.2%
Rural population	85%
Life Expectancy	Male: 47.8 years; Female: 32.7%
Employment	68.7% self employed
Occupation	70% subsistence agriculture
Literacy rate	Male: 66.6% ; Female: 32.7%
Major Tribes	Hausa, Fulani, Tangale, Waja, Tera, Bolewa, Tula, Cham, Lunguda, Awak, Kamo, Dadiya, Pero Shonge.

south, and Adamawa to the South East (GomSACA, 2010 – 2015). With a growth rate of 3.2% and based on the 2006 figures, the State has a projected population of 3,225,382 of which, 615,916(50.1%) are males and 1,609,466(49.9%) are females. Young persons (10-29 years) comprise 39.9%, while women of reproductive age are 4.4% of the population. The population of children aged 5years and below is 645,076, (See Table 2).

Structurally, the State has 11 local government areas including, Akko, Balanga, Billiri, Dukku, Funakaye, Gombe, Kaltungo, Kwami, Nafada, Shongom and Yamaltu Deba (Fig 1). For political administrative purposes, the State is organized into three senatorial districts (North, Central and South districts) with one hundred and fourteen (114) political wards. Additionally, the literacy level in the State is low (Male 66.6%; females 32.7%) (NDHS, 2013). The major tribes in the State includes; Hausa, Fulani, Tangale, Waja, Tera, Bolewa, Tula, Cham, Lunguda, Awak, Kamo, Dadiya, Pero, Shonge. An estimated 68.7% of the population are self-employed with 70% engaged in subsistence agriculture.

A number of economic activities take place in the state. The people of the state engage in both dry and rainy season farming as well as trading. In the area of agriculture, the main cash crops are sorghum, maize, groundnut, rice, millet, soybeans, cotton, beniseed and vegetables. In addition livestock farming contributes significantly to the economy of the State. Three major dams

including DadinKowa, Balanga and Cham as well as some rivers provide appropriate environment for irrigation farming and fishing activities. Solid minerals available in the State also present high potential for economic activities that will support health provision in the state. These include: coal, uranium, calcium, silica, limestone and gypsum.

The presence of some industries in the State including Coal mining activities in Maiganga, Ashaka Cement Factory, Gombe Oil Mill and Cotton Ginneries have also boosted economic activities in the State.

The State has nine (9) tertiary institutions which are; Federal University Kashere, Gombe State University, College of Nursing and Midwifery Gombe, College of Health Sciences and Technology Kaltungo, Federal College of Education Gombe, Gombe State College of Education Billiri, Gombe State Polytechnic Bajoga, Federal College of Horticulture DadinKowa, College of Legal and Islamic Studies Nafada.

1.3 Methodology for Development of the Plan

The development of the second strategic health development plan–II is in line with the National Strategic Framework (NSF) guidelines. It was preceded by National orientation workshop which brought together all the 36 States including FCT. Ten (10) National Consultants supported Zonal Consultants as well as State Consultants (2 per State).

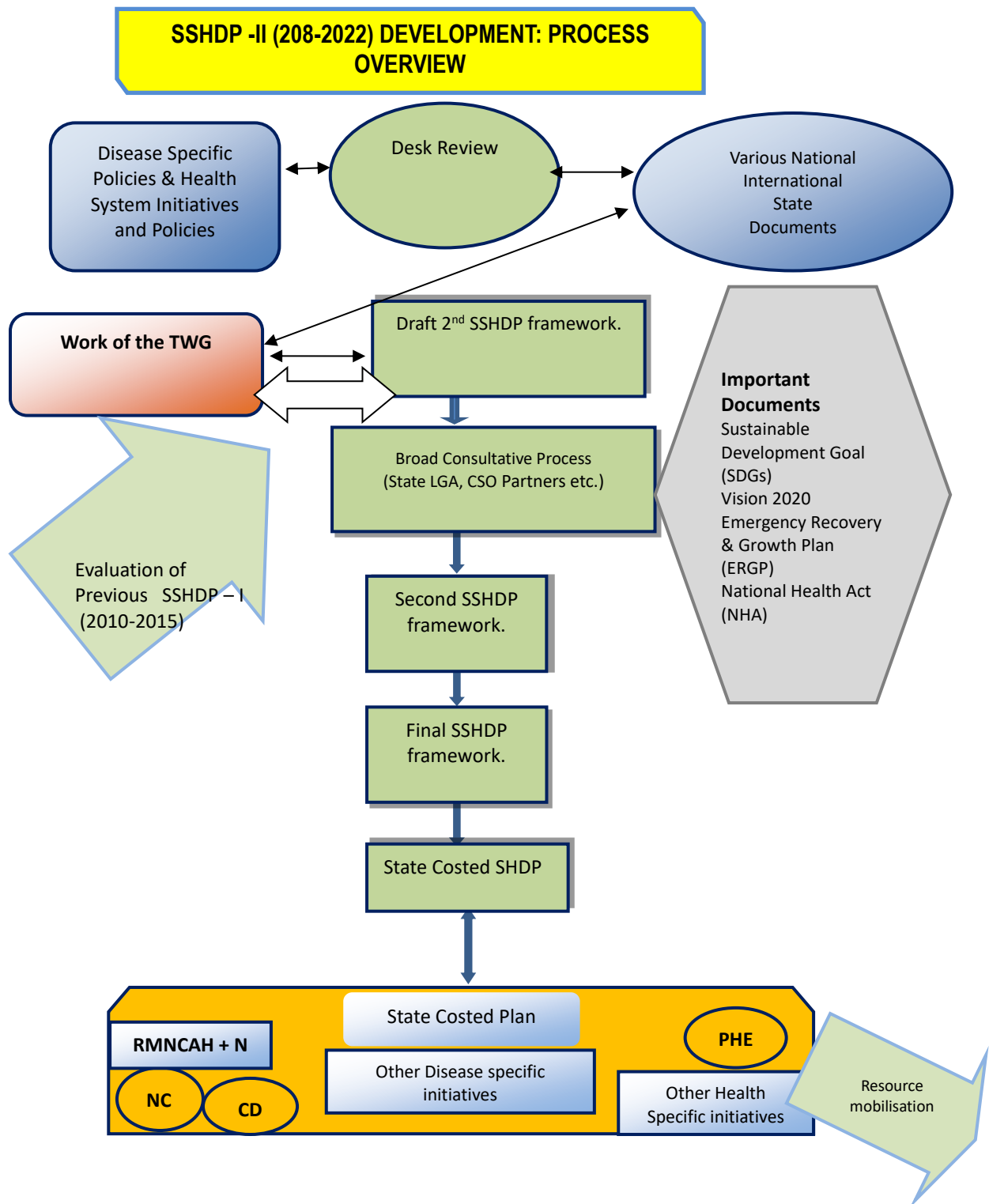
At the State level the team of 2 consultants (the planning consultant and costing consultant respectively) facilitated the planning and development processes. Series of consultative meetings were held between the consultants and SMOH during which plans were finalized for the various workshops.

A 75-member State planning committee comprising a cross section of stakeholders in the State was inaugurated by the Honourable Commissioner of Health and followed by the inauguration 50 member committee of the technical working group (also known as the State Co-planning team) chaired by the Permanent Secretary Ministry of health with defined terms of reference (TOR).

Extensive desk review was conducted by the team of State Consultants to facilitate the situation analysis and completion of the One Health Tool (OHT) and data requirement/information templates from the National.

A stakeholder's orientation meeting was held and followed by situation analysis workshop and stakeholders retreat for the development of the plan, M&E plan and Implementation plan as well as costing of all the three documents. The draft plan was reviewed by National following which inputs were incorporated and validation was held at State level forum by stakeholders. Final approval of the plan was endorsed by the Executive Governor of Gombe State. The approved SSHDP-II (2018-2022) was disseminated at a stakeholder's forum.

Figure 2: Development Process of the NHSDP II – Adapted from national



CHAPTER 2

STRATEGIC DIRECTIONS OF THE SECOND STATE HEALTH STRATEGIC

DEVELOPMENT PLAN-II (SSHDP-II)

2.1 Socioeconomic Context

Gombe State has a poverty index rate of 76.9% which is way above the National Average of 46.0% and ranked 28th in the Country (UN Poverty Index 2014). The State is also ranked 35th in the Country with a GDP per Capital Income of \$2,501 (NBS 208). Its economy is financed from the Federal allocation, grants, aid and to a lesser extent internally generated revenue. Industrial activity is in three forms viz: large scale manufacturing e.g. Ashaka Cement Factory, medium and small scale industries, and other forms of commercial activities, farming (crop and livestock). The State is also endowed with vast solid mineral deposits other than gypsum and limestone.

Education is in two forms, viz: Western and Qur'anic education. There are efforts to integrate Qur'anic education in to Western school curriculum. Although there is a steady increase in the girl-child school enrolment, girl child education remains low at 39.3% of primary school enrolment. In addition, enrolment at Secondary level is 24.5 % (NDHS, 2013).

Many economic factors such as underdevelopment, decline in standards of living, poverty, rate of inflation, influx of internally displaced persons (IDPs) due to activities of insurgents and insecurity impact upon the Health Sector. There is inequitable distribution of health outcomes between the lower and upper quintiles with the poor, rural populations, uneducated populations, and females having worse indices. These problems are further compounded by low investments in disease prevention, promotion. Only 61% of the households in Nigeria have access to an improved source of drinking water while only 30% of households have access to improved toilet facility, (NDHS, 2013).

Water supply is from pipe-borne water, underground water (borehole, DadinKowa Dam treatment plant and domestic well). Only 30% of the total populace in Gombe State has access to safe drinking water (RUWASA Survey, 2014). However, a proportion of population depend on surface water such as ponds, rivers and streams as their source of water. The State has a rural water supply and sanitation agency (RUWASSA) established in 2016 with the responsibility of promoting low cost options in the design and construction of Water, Sanitation and Hygiene facilities and collaborates with Federal Government, Local Governments, UNICEF, USAID, WHO, NGOs, CBOs. The State is one of the high socio-economic burdened states, with water and sanitation related health problems. The Water, Sanitation and Hygiene (WASH) coverage in Gombe state is still low as 29.8% and 32.7% of the total population for access to safe drinking water and improved sanitation respectively.

2.2 Health Status of the Population

The total fertility rate of 7.0 is higher than the North-east average of 6.3 and above the National average of 5.5. The State is one of the poorest States in Nigeria with 95% of the population being rural and more than 70% classified as being very poor (NDHS, 2008 & 2013). While life expectancy is 47.8 years, Immunization coverage for children under five years has increased from 16% in 2008 to 22% in 2013 (NDHS, 2008 & 2013). The under-five mortality in the North-east where Gombe State is located is 160/1,000 live births (NDHS, 2008 & 2013). The Percentage of children under age 5 who are stunted (too short for age), based on 2006 WHO Child Growth Standards is 48% higher than the North-east average of 42%. Contraceptive use in the State is 4% while the unmet need for family planning is 19%. A delivery by skilled provider is 26.6% which is below the zonal average of 36.3%. Use of LLINs by households in the state is 97% (NDHS, 2008 & 2013).

2.3 Overview of the health system

Health system administration and governance in the state is decentralized in line with the provisions of the National Health Policy (FMOH 2006); consequently the State Primary Health Care Development Agency (SPHCDA) take administrative responsibility for primary health care facilities, while the State Ministry of Health is responsible for secondary health facilities. The Federal government owns and is responsible for the Federal Teaching Hospital Gombe.

The State Ministry of Health occupies the central position in this structural and functional arrangement and sets and adapts policy, provides strategic leadership and stewardship for the entire health system. Health governance permeates down to the community level through Ward Development Committees (WDCs) and health facility management committees.

There is a broad range of health facilities in Gombe state, characterized principally as public and private health facilities. The public health facilities consist of the Specialist, General and Cottage Hospitals, Primary Health Centres., dispensaries and health posts. The private health facilities consist of individually owned clinics and hospitals, faith-based health clinics, and traditional medicine practitioners.

The majority of the public health facilities are primary health facilities followed by the secondary health facilities and then the federal government-owned tertiary health facility. There are 23 secondary public health facilities spread across the 11 LGAs. The state has 592 primary public health facilities. Similarly, there are 68 private health facilities in the state. In total, there are 616 health facilities in the state distributed across the 11 LGAs (State DHIS, 2016).

2.4 Health services provision and coverage

The State implements the World Health Organization (WHO) recommended minimum health care package at all levels (Tertiary, Secondary and Primary). In line with the current health sector reform agenda by the Federal government, the State has invested in the provision of healthcare services to increase access to health care delivery especially to rural and underserved communities. Base on the situation analysis (SITA) conducted, there is inequitable distribution of health personnel in the State with more distribution skewed to Urban thus limiting access of rural communities to some services by skilled personnel.

The implementation of two –way- referral systems ensures that clients at all levels receive appropriate health care services in the State. The range of services provided includes MCH, Neonatal Care, Nutrition Services, Immunization, General Health Care preventive and curative services, Mental Health, Post abortion care, Malaria, Family Planning, Reproductive health, Adolescent health, Ophthalmic Care, TBL, HIV/AIDS, Snake bite among many other services. However, the State has one centre in Kaltungo for the provision of Snake bite services and also one TBL centre located in Zambuk that caters for the entire.

The State has keyed in to the National Immunization program especially to the poliomyelitis prevention and control. This is achieved through active participation National Immunization plus Days (IPDs) Campaign and put in place a system to improve routine immunization (RI) uptake. The State has distributed LLIN to all the 11 LGAs in the State while diagnostic and treatment services are available in all Primary and Secondary facilities. The State HIV/AIDS response program has expanded access to preventive and treatment services across the State at all levels.

2.5 Implementation of first SSHDP

The Gombe State first Strategic health development plan 2010-2015 was developed in 2010 with support from development and implementing partners covering a period of 5 years. The plan had 8 priority areas. A desk and stakeholders performance review is summarised below:

2.5.1 Leadership and Governance for Health

The goal for this priority area is to create and sustain an enabling environment for the provision of quality health care and development in Gombe State with the objective to provide clear policy direction for health development. Achievements include

Improved Strategic planning at State and Local government levels through the development and reviews of Annual Operational Plans drawn from the SSHDP-I, coordination meetings between government and partners. The Board of traditional medicine was also constituted and supported. In addition, intersectoral collaboration strengthened the integration and coordination of health programs. The State council on health annual meetings were held during which resolutions on strategic direction were reached. A number of policies and Standard Operating Procedures (SOPs) to improve service provision in the health sector were reviewed and adopted. Within the

5 years period, the State collaborated with the private sector to mobilize resources for financing health care programs. The State supported various committees at the LGA, Ward and community level to create demand and ensure ownership of programs.

2.5.2 Infrastructural provision for governance

The state over the period experienced improvement in infrastructural provision. PHC facility upgrading and renovation as well as supply of equipment, establishment of the snakebite centre and women and children hospital were undertaken in the SSHDP-I 2010-2015 period. In addition the construction of structures at the state college of medicine, College of Nursing and Midwifery as well as the College of Health Sciences and Technology Kaltungo was ongoing. The Provision of communication equipment such as telephones, power generating plants etc. in all health care institutions in the state was inadequate, while accommodation for health managers at all levels was inadequate. Establish and build capacity for equipment maintenance in all health facilities across the state had not been achieved as planned.

2.5.3 Facilitating legislation and regulatory framework for health development

A number of legislative frameworks that facilitated the delivery of quality health care were put in place. These include the law for free health services for all pregnant women and under five children enacted in 2010, the Health Bill prohibiting drug hawking, blood sale; incentives utilization of obstetric and immunization services for all citizens especially children and pregnant women; and free health care for all accident victims which have been passed into law by the State House of Assembly. The media both print and electronic were engaged in awareness creation activities on these laws.

2.5.4 Strengthening regulatory functions of government

The SMOH in collaboration with various professional regulatory agencies renewed/issued professional licenses and operational guidelines to all professionals in public, corporate, and private health sectors in the state. Update courses on ethical health care provision for all cadres of health personnel in the health sector, was also carried out.

2.5.5 Legislative support for environmental sanitation

Environmental sanitation had been out sourced to private companies in the state with specific regulatory guidelines and laws that also provide for sanction on defaulter.

2.5.6 Legislation against cultural practices detrimental to health

The law on prevention of cultural practices detrimental to health e.g. FGM was enacted. Health education as a right for all citizens was adopted including provision of health education through print and electronic media.

2.5.7 Ensuring the sustainability of best practices in health care delivery

A health service quality maintenance taskforce monitored public and private health facilities to ensure compliance with quality of service delivery. Career opportunities were provided to persons with disabilities

2.5.8 Strengthening accountability, transparency and responsiveness of State/ L.G.A. health system.

Partnership and collaborative mechanism was established between government and implementing partners Pact/SFH/Save the Children. Community level partnership was fostered through the Ward Village Health Committees as well as other community organisations using the platform of Health fora at local government, ward and village levels strengthened the provision of maternal and child health services. The domestication of the fiscal responsibility bill and procurement Act at State and LGAs levels further strengthened fiscal accountability in the health sector.

2.5.9 Utilization of health information for community based intervention

Collation of health data for submission to community leaders at all levels was done through quarterly driven meetings. Information provided informed decisions on community-based interventions. Regular submission and review of state wide health information and surveillance data to the DPRS facilitated informed decision for planning community level interventions.

2.5.10 Health audit system in all local government areas

Guidelines were established for regulating the conduct of all health businesses (food vendors, patent medicine vendors, pharmaceutical shops, traditional health practitioners, water vendors etc.) in the State.

The establishment by act of law of the State Primary Health Care Development Agency decentralised the health system. While an Advisory Committee of senior citizens in the health sector was established.

Service delivery

2.5.11 The **Minimum** health care package was adopted and partially implemented with support from Pact/SFH. Health interventions (specifically communicable and non-communicable disease control programmes) in the state were mostly supported by partners/donors. SOPs and guidelines for provision of health services were available in some facilities but not fully utilised by service providers. Inventory, mapping and assessing the capacity of existing facilities at State and LGA level was ongoing while criteria for citing new HF at State and LGA levels were in place. Although drugs were supplied to facilities, this was not on a regular basis.

2.5.12 Human Resources for Health

The establishment of Human resources for health (HRH) unit was facilitated by the resolution at the National Council on Health (NCH) Meeting. The State implemented the State HRH policy that guided the operations of the unit. During the reporting period, Policies on Task shifting and task sharing was domesticated, with their corresponding SOPs. The activities of the unit were strengthened by the constitution and support of the HRH Technical Working Group (TWG) which conducted regular HRH quarterly stakeholders meetings.

Furthermore, the capacity of the health training institutions was strengthened through infrastructural, equipment and materials support to scale up production of required health workers. The review and adaptation of relevant training programmes for community health professionals based on national priorities was carried out. The health workforce was strengthened through training and other capacity building activities.

Training and retraining of health workers to improve performance was supported majorly by partners in the State while the distribution of health workforce was not equitable.

A system of mandatory deployment of newly qualified staff/health workers to underserved rural areas had been instituted, but accommodation for staff remained a challenge. Policies for Motivation of health workforce by the provision of incentives for health workers that will attract and retain staff in rural areas were in place but partially implemented. In order to strengthen provider client relationship re-orientation of health workforce toward attitudinal change were carried out, Quarterly meetings to strengthen communication, cooperation, and collaboration between health professional associations and regulatory bodies on professional issues that have significant implications for the health system was regularly conducted. Collaboration between public sector and nongovernmental health providers was fostered within the period e.g. internship programs conducted at the FTH/SSHG for various professional groups. Although there is a robust sponsorship scheme in the State ministry of health for the training of some cadres is in place, funding for postgraduate programs does not fully cover other cadres.

2.5.13 Financing For Health

Within the period under review the total State budget was **N533,421,692,026.29** out of which **N38,012,862,000.00** was appropriated for the health sector while the total sum of **N22,827,663,487.52** was released; the difference being **N15,18 5,199,512.48**, representing 4.3% percent. This performance is below the 15% Abuja Declaration.

2.5.14 State Health Information System

In 2013 the Federal and State Ministries of Health produced and reproduced tools that were distributed to all health facilities across the State which facilitated the collection of data.

2.5.15 Community Participation and Ownership

In the period under review, community participation and ownership was strengthened through various interventions supported by partners. Sustainability community level structures were established.

2.5.16 Partnerships For Health

In the implementation of the last strategic plan partnership in the health sector with other MDAs was strengthened through intersectoral coordination mechanisms. Similarly the collaboration between the SMOH and donors/implementing partners was strengthened through quarterly Health Donor Partners Forum. Collaboration with the Education Sector resulted in the partial inclusion of health business in the social studies and health education curricula of primary and junior secondary schools in the state.

2.5.17 Research For Health

Research which is an important component of Health, its outcomes are used for decision making and informed policy formulation. Health Research Ethics Committee was established at the State Ministry of Health with mandate to review research protocols and issue clearance, perform oversight functions and regulate conduct of research in the state.

2.6 Swot Analysis

Table 3 SWOT ANALYSIS OF GOMBE STATE HEALTH SECTOR

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> Established SPHCDA and GomSACA backed by law Presence of State policy on student sponsorship scheme on medical/ health related courses in Colleges/Universities in Nigeria Implementation of Task shifting/sharing policy Primary health care under one roof Existing Strong Partnership and Collaboration/coordination with other sectors and partners Stable payment of staff salary 	<ul style="list-style-type: none"> Inadequate man power (number & skill mix) Inadequate funding Poor record keeping Inadequate drugs supply to health facilities at all levels Presence of Bureaucratic bottle necks Lack of Continuity arising from frequent transfer

<ul style="list-style-type: none"> • Existence of free drug policy for pregnant women attending ANC and at delivery • Good road network linking health facilities to communities in the state • Active community engagement (WDC/VHW) • Established training institutions that produce health personnel e.g. CON&M and COHS&T • Implementation of the National Public Health Training Initiative (NPHTI) at the COHST in the State • Available skilled health personnel • Use of community based approach using frontline workers to provide basic health services • Presence of functional Logistics Management System • Existence of a regulatory body for private health clinics/facilities • Presence of emergency response state-wide committee 	<ul style="list-style-type: none"> • Inadequate medical equipment and supplies in health facilities • Poor maintenance culture • Uneven distribution of skilled health workers • Over dependence on donors • Lack of staff development plan • Non-compliance with existing SOPs • Inadequate Monitoring and evaluation system
OPPORTUNITIES <ul style="list-style-type: none"> • Presence of Development & Implementing Partners in the state • Existence of Health trust fund • Availability of Saving one million lives Fund • NHIS/SHIS/ NSHIP • Availability of National health Act and Policy • Presence of a large number of active NGOs/CBOs • Presence of GSM service providers in the state • Presence of large number of private health facilities providing services • Utilisation of services by the public • Capacity building programmes for health workers • Presence of large number of financial institutions and other corporate organisations offering corporate social responsibility • National policies giving direction to programmes • Presence of media houses for awareness creation and publicity for demand creation 	THREATS <ul style="list-style-type: none"> • Technological advancement • Proliferation of illegal health facilities • Quackeries/impersonation • Insecurity • Influx of IDPs in the state • Inadequate power supply • Brain drain • Unstable Political Administrations • Global economic recession • High staff attrition rate due to retirement and other factors • Inter cadre conflict among health workers

2.7 Key Issues and Challenges

Following the SWOT analysis, the under listed are the key issues and challenges identified that will require interventions in order to improve health care provision services in the State.

- Major issue of concern is how to fast track provision of health services in the rural communities without jeopardizing quality.
- Sustainability of donor supported interventions remains a big challenge.
- Poor maintenance culture
- The referral system is only one way and also very weak.
- Integrated Supportive supervision (ISS) is weak

Other challenges specific to thematic areas are:

Leadership and Governance

- Poorly defined roles and responsibilities of the different actors within the health sector
- Weak regulatory control mechanism of private, traditional and religious health service providers in the State
- Weak donor coordinating mechanism
- Poor funding/Untimely release of funds for health interventions
- Donor dependency
- Lack of sustainability plans/strategy
- Weak Public Private Partnership
- Fragmented disease control programs

Service Delivery

- Insurgency has placed heavy burden on health care system
- The reliance by rural population on traditional medicine poses a threat to modern health service provision
- Inadequate number of skilled health care providers
- Poor access to health facilities, some of which are over located hundred kilometres away.
- Weak community support
- Poor attitude of health care providers.
- Weak emergency preparedness and response to epidemics.

Health Financing

- Poor coordination of donors/partners
- Inadequate/untimely release of allocated funds
- Poor resource management in the health sector
- Poor mobilization of community resources for health care

State Health Management Information System

- Stock-out of HMIS data collection tools at health facilities.
- Need to redefine some indicators to account for missing data and generate standard indicators to monitor health care service delivery
- Weak mechanism for feedback to the health facilities who generate data

Community Participation & Ownership

- Inadequate feedback to the communities.

Partnership for Health

- Lack of mechanism for development of partnership for Public-Private Partnership (PPP).
- Non-Governmental Organizations and Community Based Organizations operates parallel programs without due recourse to State plans and programs.

Research for Health

- Weak capacity to conduct research in the State Ministry of Health, its Agencies and LGAs.
- Findings from research work conducted by development partners are not shared with the State.
- Inadequate documentation and publication of research findings that gives feedback for planning purposes.

CHAPTER 3

STRATEGIC DIRECTIONS OF THE PLAN

3.0 Outline of the SSHDP - II

The State Strategic Health Development Plan (SSHDP-II_2018-2022) clearly delineates broadly the strategic directions in the health sector for the period of 5 years. The plan also defines the vision, mission, goals, strategic objectives and interventions based on priority areas. The core values reflect the principles to be adopted in the implementation of the plan.

The overall goal is “to ensure healthy lives and promote the wellbeing of all Gombe populace through enhancing access to quality, affordable, cost- effective, preventive, curative, rehabilitative and promotive healthcare delivery’. The SSHDP–II (2018-2022) provide cost estimates for public sector programs and projects, as well as an overview of total financial resource requirements for implementing the plan over the period of five-years.

Strategic Approach

The State Council on Health is responsible for providing strategic leadership and direction for the implementation of SSHDP – II (2018-2022) while the ministry of health is responsible for the coordination of the processes. The principles of the four ones “one health policy, one national plan, and one budget, and one monitoring and evaluation framework; for all levels of government” will continue to guide the approach for the implementation of the plan. The ministry of health will strengthen multi-sectoral collaboration through the existing platforms in order to address the social factors that affect the health of the people. The primary health care (PHC) will remain the key health-delivery-entry-point for most of the people particularly the rural dwellers and the under-served populations.

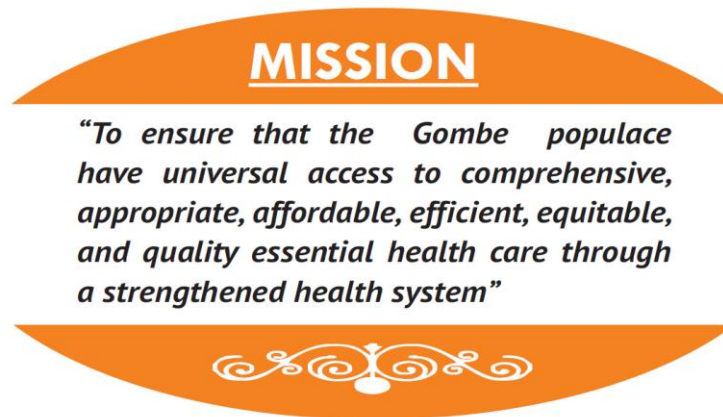
The initiative in this plan is increasing focus on provision of Essential Package of health to strengthen health services delivery. The strategic direction of the plan is also informed by the provisions outlined in the National Health Policy of 2016.

3.1 Vision

The Plan adapted the vision and Mission statements in line with National. The following are the State Vision and Mission:



3.2 Mission



3.3 The Core Values and Principles of the SSHDP–II (2018-2022)

The development of the plan was based on some core values and principles as adopted from National.

- Accountability
- Transparency
- Equity-driven
- Alignment
- Efficiency and effectiveness
- Ethics and respect for human rights
- Industrial harmony Teamwork
- Innovativeness
- Evidence-based measures
- Quality of care
- People-centred
- Gender-sensitivity
- Community participation

- Multi-sectoral collaboration
- Partnership(s)
- Sustainability

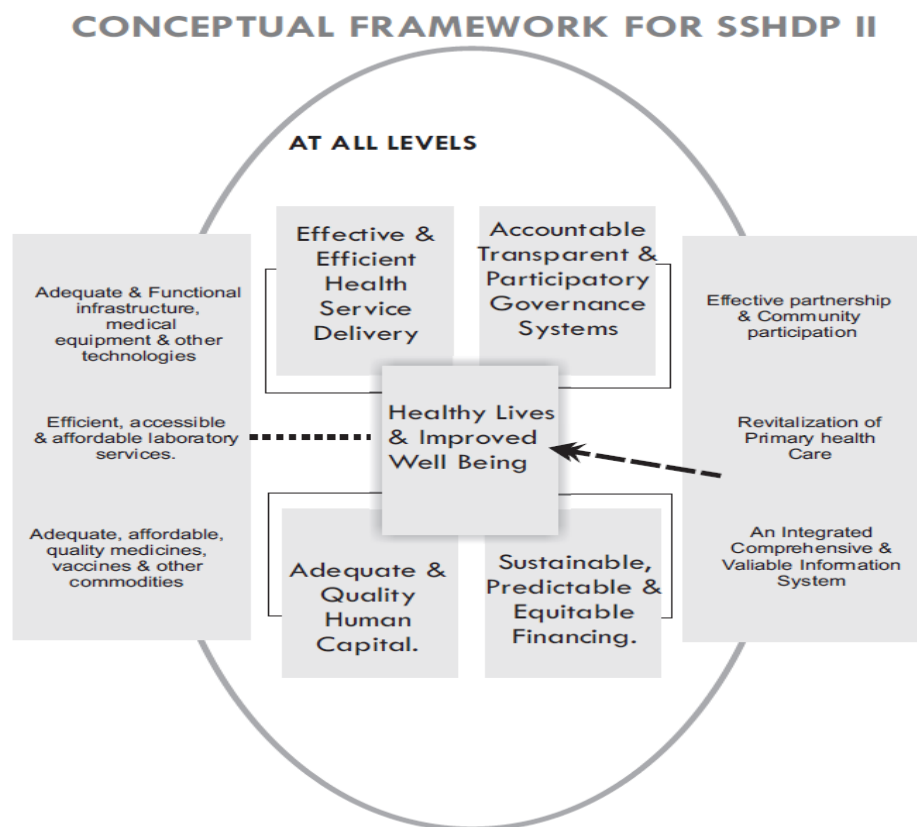
These core values and principles have been reflected across the strategies and approaches in the SSHDP-II (2018-2022).

3.4 Strategic Themes and Strategic Results

The Conceptual Framework of the SSHDP-II (2018-2022)

The overall development of the plan was guided by the agreed conceptual framework as depicted in figure 2.

Figure 12: The Conceptual framework of the SSHDP II as adapted from the National



3.4.1 SSHDP-II (2018-2022) Strategic Objectives

The core strategic objectives of the SSHDP–II as adopted from national are outlined in this section:

1. Promote an enabling environment for attainment of sector goals:

- a. Strengthen coordination at all levels
- b. Ensure harmonization and alignment within the sector
- c. Strengthen regulatory systems and processes
- d. Enhance multi-sectoral collaboration

2. Equitably Increase coverage with packages of quality essential health care services

(The essential health care services package comprise a) reproductive, maternal, Newborn, child and adolescent health plus nutrition, b) prevention and control of communicable diseases, c) prevention and control of non-communicable diseases, d) health promotion and environmental health):

- a. Increase access to package of essential health care services
- b. Create demand for essential health care services
- c. Improve quality of essential health care services.

3. Strengthen health system for delivery of packages of essential health care services:

- a. Equitably improve the quantity, skill mix, motivation and distribution of health workforce
- b. Increase funding to health sector and allocative and technical efficiencies
- c. Improve sustained availability of medicines, vaccines, commodities and health technologies
- d. Improve availability and distribution of functional infrastructure for health services delivery
- e. Strengthen the health information system for timely evidence-based decision-making

4. Improve protection for health emergencies and risks:

- a. Strengthen national surveillance system and early warning mechanisms
- b. Strengthen mechanisms for timely response to public health emergencies.

5. Enhance healthcare financial risk protection:

- a. Increase coverage with social health insurance.

3.4.2 SSHDP-II (2018-2022) Health Sector Priorities

The previous SSHDP –I (2010-2015) had eight (8) priority areas as against the current SSHDP – II (2018-2022) with 15 priorities as outlined in the succeeding sections. These priorities are meant to address the gaps in service delivery in order to improve the health care delivery system as well as promote evidence based planning and implementation.

3.4.3 Health Service Delivery Priorities

- i. RMNCAH+ Nutrition
- ii. Communicable Diseases, including environmental health, health emergencies and preparedness response, and neglected tropic diseases (NTDs)
- iii. Non- communicable Diseases, including mental health, injuries, and care of the elderly.

3.4.4 Health System Strengthening Priorities

The SSHDP–II (2018-2022) will further strengthen health financing, human resources for health, health infrastructure and information management system. Additionally, it will improve partnerships for health, community participation and ownership for health development. The following are the priorities for strengthening the health system:

- i. Leadership and governance: Highlights regulatory and legal framework and processes, coordination with the objective to reduce geographic and socio-economic barriers to access;
- ii. Health human resources: Major focus is to ensure availability and equitable distribution of productive, highly motivated, customer-centred health workers, with the right skills and in the right mix;
- iii. Sustainable Health financing: Emphasis will be on increasing resource mobilization and public sector funding in line with 15% Abuja Declaration, improving equity and efficiency in resource allocation and utilization; improving PFM ; increasing financial risk protection to reduce out of pocket expenditure and rapid expansion of social health insurance coverage;
- iv. National Health management Information System: Emphasis will be on ensuring that the National Health Information System promotes evidence-based decision making.
- v. Essential Medicines, Vaccines, Equipment Supplies and logistics: The focus will be on increasing access to safe, affordable and quality essential medicines vaccines equipment supplies through the building and maintaining of an integrated supply chain system.
- vi. Partnerships for Health; The emphasis will be on *building and strengthening collaborative mechanisms for involving all partners in the development and sustenance of the health sector*
- vii. Community Participation and Ownership; The focus will be on deepening community participation and ownership
- viii. Research and Development.

3.4.5 Monitoring and Evaluation

The State M&E plan will provide guidance for monitoring and evaluation of the SSHDP–II (2018-2022) which shall essentially focus on generating quality evidence for informed decision in the health sector as well as track progress against targets.

3.4.6 The Results Framework of the SSHDP- II (2018-2022)

The SSHDP-II (2018-2022) hinges on five strategic pillars namely:

- Strategic Pillar One: Enabled environment for attainment of sector outcomes
- Strategic Pillar Two: Increased utilisation of essential package of health care services
- Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services
- Strategic Pillar Four: Protection from health emergencies and risks
- Strategic Pillars Five: Predictable Financing and Risk Protection

As indicated in the Results Framework (figure 3), for each pillar, the prioritized areas were identified and for each prioritised area, the core interventions were developed targeting specific outcomes and an ultimate goal to *‘Ensure healthy lives and promote well-being of the Nigerian populace at all ages’*.

The context and core interventions for each strategic pillar have been elaborated in specific sections of this plan to provide overall guidance for lower level planning activities by State Ministry of health, Departments, Agencies and LGAs.

Figure 3: The Results Framework of the SSHDP - II (2018-2022) adapted from national

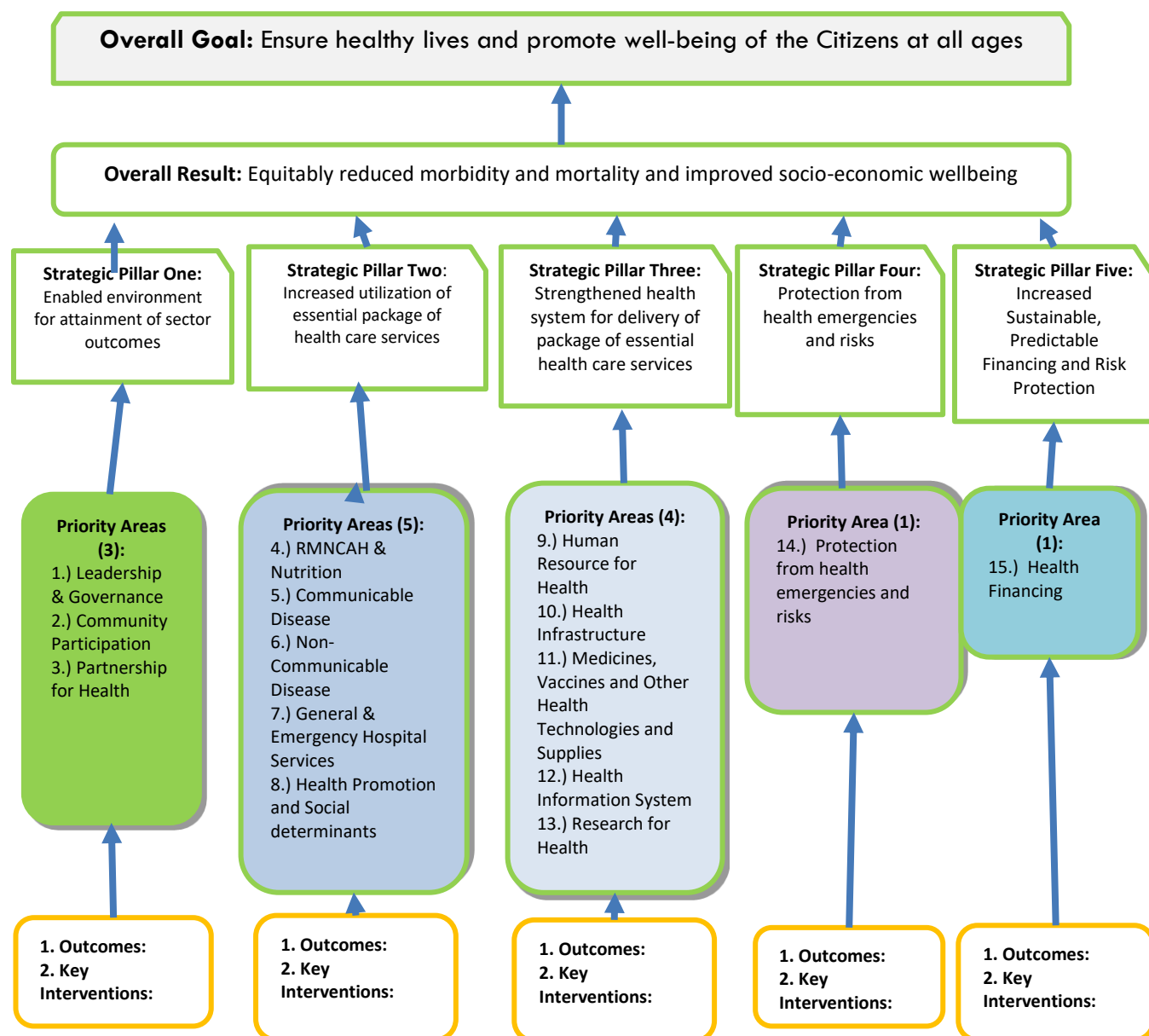
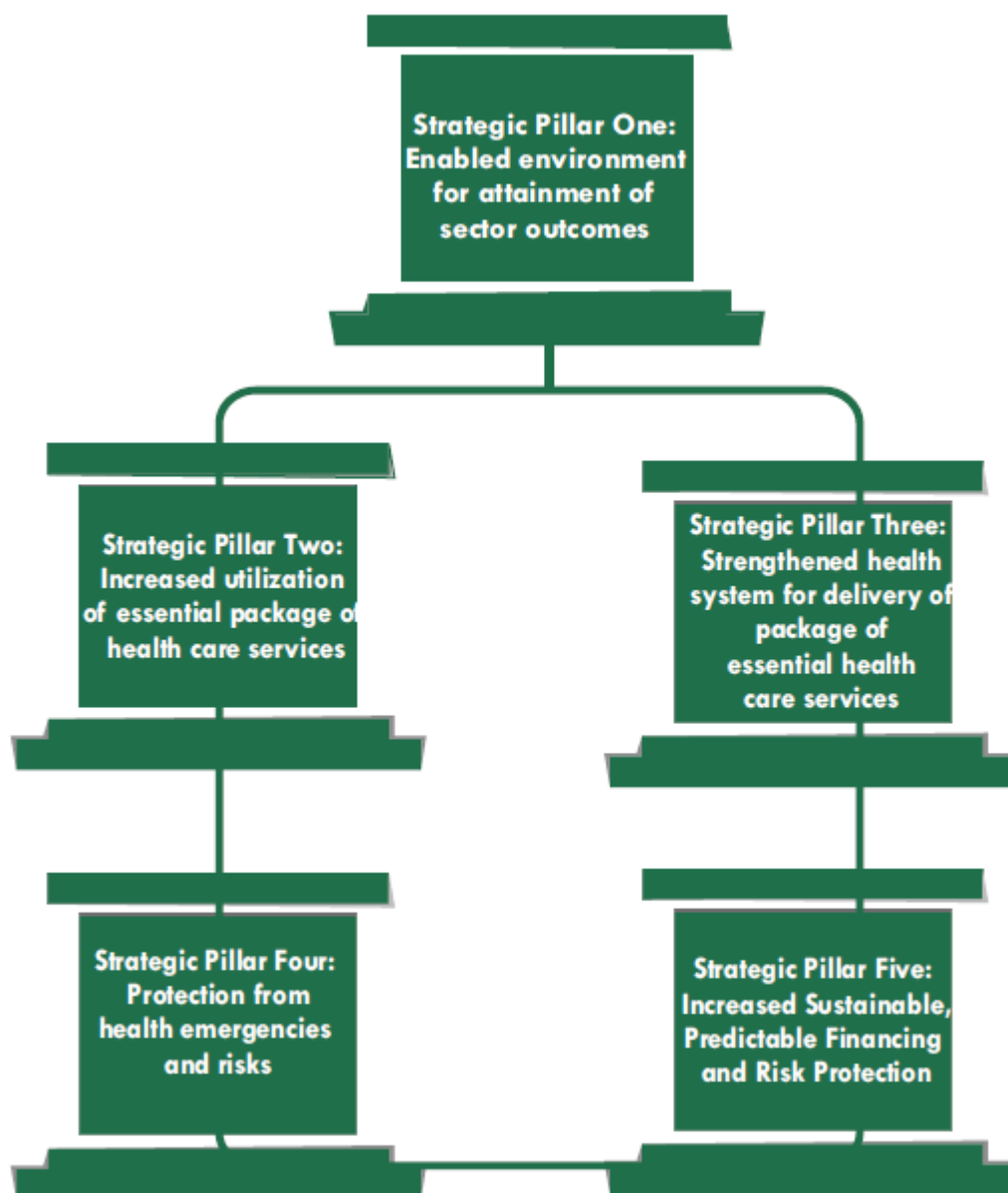


Figure 7 STRATEGIC PILLARS

(Guide for the Development and Alignment of Strategies for Operational Plans and for the Monitoring and Evaluation of the SSHDP – II (2018-2022))



CHAPTER 4: STRATEGIC PILLAR ONE

ENABLED ENVIRONMENT FOR ATTAINMENT OF SECTOR OUTCOMES

4.1 Leadership And Governance

The Gombe state Government aligns with the constitution of the Federal Republic of Nigeria, which places health on the concurrent list and implies that the state can legislate on Health services. The National Health Act 2014 assigned responsibility areas to the Primary, Secondary and Tertiary Healthcare delivery services. The Health system in the State is faced with several challenges such as inadequate budgetary allocation and untimely release of funds, over dependency on Donor agencies and partners, lack of sustainability plan, weak public private partnership among others. While it is the responsibility of the Ministry of Health to lead in setting policies, laws and guidelines, however, there is no commitment to ensure compliance at the state and local government level.

The State made effort to create an effective policy environment by adapting the Public Private Partnership for health policy 2005. Furthermore, effort has been made to include other stakeholders such as the private sector, CBOs, CSOs and partners in policy and planning processes for health care delivery. A significant progress was made in multi-sectoral collaboration as demonstrated by the broad response to epidemics, insurgency and Disaster as well as the State HIV response. Despite all these efforts a lot needs to be done to reinforce inter-sectoral collaboration. There is inefficiency and accountability challenges in the health system, in addition to monitoring and supervisory role resulting to ineffective service delivery.

In an attempt to address these challenges and to significantly impact governance by strengthening coordination in the health system, the government has initiated strategies and coordination platforms such as State Council on Health, primary health care under one roof and adapted the National Health Act 2014 for revitalization and legislation. Also there is need to put in place mechanisms for quality assurance in the health sector at all levels.

Strategic and Specific Objectives/Targets

To provide effective leadership and an enabling policy environment that ensures adequate oversight and accountability for the delivery of quality health care and sustainable development of the State Health System is the core strategic objective. The interventions shall target the following:

- 90% of state health MDAs increase annual budget implementation rate by 25%
- State ministry of health publish annual state of health report
- 70% of coordination organs at state and sub-state level (State Council on Health, LGAs, PHCD, WDC and health related partners are to be effectively functional).

Strategic Interventions

1. To strengthen legal and regulatory framework for the health system
 - Promote legal and regulatory processes for governance of the health system
2. To strengthen transparency and accountability in planning, budgeting, procurement , and reporting systems:
 - Strengthen Public Finance Management Systems including oversight in fund disbursement and utilization at all levels.
 - To strengthen community participation and CSO engagement in planning and budgeting and budget implementation
3. Strengthen coordination of the health sector at all levels:
 - Improve partnership with professional groups and other relevant stakeholders for effective service delivery.
 - Strengthen coordinating mechanism of health development partners.

Strategic and specific objectives/Targets

The core strategic objective is to provide effective leadership and an enabling policy environment that ensures adequate oversight and accountability for the delivery of quality health care and sustainable development of the National Health System. The interventions shall target that:

- 80% of Federal & States health MDAs increase annual budget implementation rate by 25%;
- 80% of national health priorities are included in the MTEF (States and Federal);
- FMOH and 36 SMOH+ FCT HSS publish annual state of health report;
- 70% of coordination organs at national and sub-national levels (NCH, SCH, WDC, Health Partners Coordination Committee, etc.) are established and functional;
- 20% of all health establishments achieve more than 50% of Service Charter standards.

Strategic Interventions

The interventions shall be in four strategic areas.

1. Strengthen legal and regularly framework for the health system
 - Promote legal and regulatory processes for governance of the health system
2. Strengthen transparency and accountability in planning, budgeting, procurement, and reporting systems:
 - Strengthen Public Finance Management systems including oversight in Fund disbursement and utilization at all levels
 - Strengthen mechanism for planning and budgeting at all levels including MTEF/MTSS/Annual Budget linkage.
 - Strengthen community participation, and CSO engagement in planning and budgeting, and budget implementation
3. Improve health sector performance through regular integrated reviews and reporting:

- Strengthen annual operational/work-planning for the health sector at all levels
 - Improve information generation and sectoral information basis for decision-making to enhance performance
 - Strengthen mechanisms for institutionalizing sectoral performance review
 - Promote Sector performance reporting & dissemination in line with the NH Act
 - Promote an incentives and reward system for the efficient performance of the health sector at all levels
4. Strengthen coordination of the health sector at all levels:
- Strengthen health governance structures, rules and processes at all levels
 - Strengthen intra-sectoral and inter-sectoral collaboration at all levels.
 - Improve partnership with professional groups and other relevant stakeholder for effective service delivery and industrial harmony.
 - Strengthen implementation of Health Service Charters at all levels
 - Strengthen coordinating mechanism of health development partners (Development Partners and Private Sector Partners)

4.1.1 Community Participation

Community participation involves the engagement of communities in the planning, implementation, monitoring and evaluation of various health interventions to promote ownership and sustenance thereby empowering them to manage their health challenges. This approach also ensures that the services are provided to the underserved populations.

The establishment of health committees at the community level across the State is aimed at strengthening community participation and ownership. Some of these efforts include the formation of Ward Development Committees (WDCs) in 114 political wards, construction of Model Health Centres. Others include the creation and strengthening of State Primary Health Care Agency (SPHCDA) and Local Government Area Primary Health Care Development Committee (LGAPHCDC) to support Ward Development Committee and Village Development Committee (WDCs & VDCs) initiative and the development of State guidelines for community participation. These have resulted in significant improvement in community mobilization, and ensured community representations at high level health management fora.

In 2013, a Technical working group (TWG) was inaugurated to study the National Health Insurance Scheme (NHIS) with a view to determining the modalities for its implementation in the state. Therefore, government plans to strengthen existing structures for effective partnerships and collaboration with communities at all levels with the aim of achieving better health outcomes.

Strategic Objectives and Targets

The strategic objectives of the planned interventions are to strengthen community level coordination mechanisms and capacities for health planning and to strengthen community participation in the implementation, monitoring and evaluation of health programmers.

- At least 50% of PHC are linked to Community Health Committees;
- 50% of Wards have functional Ward Development Committees;
- At least 50% of LGA with functional PHC management committees;
- At least 50% of PHC are implementing minimum service package (MSP)

Strategic Interventions

- Formulate appropriate policies and guidelines on community partnership and ownership and disseminate them to the health committees and other relevant stakeholders
- Update guideline for establishment of health committees
- Ensure equitable representation of the private sector, CSO's and women, in the health committees.
- Develop and institutionalize effective supportive supervisory scheme for the health committees
- Facilitate the training and capacity building of members of health committees to enable them adequately understands their roles and responsibilities and effectively participates in health planning, monitoring and evaluation for decision making.

4.1.2 Partnerships in Health

The issue of health is multidimensional which underscores the imperative of partnership and collaboration between the State government and the private sector, non- governmental organizations, community and development partners as well as other social and economic sectors essential to deliver health services that can meet the needs of its populace on a sustainable basis.

The key actors within Gombe Health Sector include the donors/funding organizations, the implementing partners, government Ministries, Department & Agencies, Civil Society Organizations and their Networks and Trade Unions. The health MDAs are: State Ministry of Health, Gombe State Primary Health Care Development Agency, Gombe State Agency for the Control of AIDS, Specialist and General/Cottage Hospitals, College of Medicine, College of Nursing and Midwifery, College of Health Sciences & Technology and Trade Unions (NMA, NANNM, MHWUN, PSN)..

The State has also established a board for Traditional Medicine Practitioners to test the efficacy of the herbs in addressing the health challenges in the State. This Board is under the public health department of the Ministry. There are a total of 616 Health Facilities in the State, 592 Public PHC, 68 Private Health Facilities, 23 Public Secondary Health Facilities and 1 Tertiary Health Facility. (DHIS, 2016). The State also has Faith-Based Facilities that include: ECWA, Catholic and

Sunnah Clinics spread across the LGAs. The sector is also endowed with 14 Private Laboratories, 21 Private Pharmacy Shops and 1391 Patent Medicine Vendors (PHRRA, MoH).

According to 2013 NDHS, it is estimated that majority of the people in Gombe State access healthcare by the public sector. This is also supported by the fact that the State has more Public Health Facilities than Private (See table below).

Table 4

S/No	Indicator	Estimate
1	% of Children for whom advice was sought from health facility providers:	
	• Public	36.7
	• Private	21.0
	• Other Source	17.2
2	% of women aged 15-49 years with a life birth in the last two years by place of delivery on their last birth	
	• Public Sector	27.3
	• Private Sector	2.0
	• Home	68.4

The State Ministry of Health is responsible for the regulation and control of Private Health Facilities in Gombe State with a structure for supervision. Public-private partnership in health is not the same as privatization, which involves complete transfer of public assets to private owners. The basis for undertaking public-private partnership (PPP) in improving health service delivery is to leverage additional resources and managerial approaches from the private sector with the social orientation of the public sector in order to improve the delivery of health services in the State.

4.1.3 Partnership with Private for profit Health Care Providers

The private health sector is growing fast with a range of private sector providers from private hospitals, clinics, pharmaceutical stores, patent medicine stores and traditional healers increasingly patronised by growing numbers of people to access health services. Most of such facilities are unregistered; employ unqualified health workers and dispense counterfeit drugs despite the regulatory framework provided by the National Agency for Food and Drugs Administration and Control (NAFDAC Report, 2005). Other surveys have however indicated a higher utilisation of private facilities, in its entirety than public ones due to the perceived better quality of care (Health Reform Foundation of Nigeria, 2007). Despite the high costs, the poor

represent a significant proportion of beneficiaries of varied forms of private health care, although effectively priced out of the health care market. Formal partnership mechanism does not exist for the health sector in the state.

4.1.4 Health Development Partners (DP)

The responsibility for partner's coordination rests with the Ministry of Budget and Economic Planning in the State. The major coordination platform in the State is the Technical Working Group/Core Technical Committees for various issues like MNCH etc. However, there has been a lack of a harmonized framework for coordination between the SMOH and health development partners. As a result, effective coordination has been poor with donors working separately through various departments and agencies within the sector.

Other key health partners are donor agencies that include World Bank, World Health Organization, Bill & Melinda Gates Foundation, USAID, CDC, United Nations, EU Prime and UNICEF. The key implementing partners are Pact, CIHP, SCI, Mamaye, Marie Stopes, MSH, UNFPA, and Society for Family Health, PATHFINDER etc. The major Civil Society Organizations/Faith-Based Organizations include members of the following Networks & Coalitions: Gombe State Accountability Mechanism, CiSHAN, AONN, NEPWHAN, etc.

4.1.5 Other Sectoral Ministries, Department and Agencies (MDAs)

Inter-ministerial collaboration exists between health MDAs and other relevant ministries, departments and agencies. These include; Ministry of Women Affairs (Girl child education, harmful traditional practices, Gombe State Environmental Protection Agency (GOSEPA) Environmental sanitation, house to house inspection and education), Ministry of Youth and Transport (Adolescent Health), Ministry of Agriculture (Food and Nutrition), Poverty Alleviation (Empowerment), Ministry for Local government and Chieftaincy Affairs (LGA affairs), Ministry of Budget and Economic Planning (Donor coordination and Budgetary allocation and release).

4.1.6 Health Professional Groups

The presence of strong integrated health system at the State and LGA level to support the provision of universal care and services is a requirement for health professionals and health workers. Health professional groups within the State have significantly contributed to quality health services at community level through collaboration with government with relevant professional groups. These professional groups include Nigerian Medical Association and its affiliates, National Association of Nigerian Nurses and Midwives (NANNM), Pharmaceutical Society of Nigeria (PSN), Nigerian Association of Medical Laboratory Technicians, Anaesthetists, Medical and Health Workers Union of Nigeria (MHWUN), Medical laboratories, Medical and Dental Council of Nigeria and other professional bodies. Health professional associations and societies therefore have vital roles to play in ensuring that health professionals are well equipped to deliver quality care.

4.1.7 Communities

Households account for significant health care provision at community level. They are also the major consumers of health care at facility levels. The largest numbers of health facilities are located in communities, for example PHCs, health clinics etc. and are therefore, expected to respond to the needs of the respective communities. Recently, the government has set up intensive collaboration at local government levels aimed at community empowerment and ownership of health programs e.g. example, the present Village Health Workers Scheme, Mother's Group to address child and maternal health issues through WDCs and other community structures aimed at improving health care delivery.

4.1.8 Corporate Social Responsibility (CSR)

Corporate social responsibility has attracted attention from businesses and stakeholders in regard to its benefits and what it is. Therefore, corporate social responsibility refers to "the ethical principle that an organization should be responsible for how its behavior might affect society and the environment". To meet the need for services within communities in which they operate to ensure service quality and sustainability. Having the opportunities to partner with private sector entities to expand access to market opportunities, health and social services for women, children and their families should be considered. A large number of business exist in the state that resources could be leveraged from them through their corporate social responsibility activities. Some of these sectors include banks, Ashaka Cement Company, and GSM providers. The Private Sector should collaborate with government in providing sustainable health and social services for children and families.

The overall goal of partnership for health in this context is to harmonize implementation of essential health services in line with National health policy goals.

Strategic Objective and Targets

The strategic objective is to ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance of the health sector by 2022. The targets are that:

- At least 30% of funding of health is from partners (development partners and private sector) by 2022
- At least 70% of all health facilities at all levels are implementing SERVICOM by 2022
- Increase by 50% the proportion of health institutions administered through PPP by 2022.

Strategic Interventions

- Promote the adoption and utilization of national policies and guidelines on PPP
- Strengthen legal and coordinating framework for PPP at all levels
- Establish a single Development Partners Forum at federal and state levels, which comprises of only health development partners;

- Strengthen mechanisms for the implementation of PPP (e.g. contracting or out-sourcing, leases, concessions, social marketing, and franchising mechanism)
- Scale-up PPP in planning and implementation of health programmes
- Promote joint (public and private sector) monitoring and evaluation of health programs
- Scale up resource mobilization interventions (funding, skills - e.g. managerial approaches) targeting the private sector
- Establish mechanisms for resource coordination through common basket funding models such as Joint funding Agreement, Sector Wide Approaches, and sectoral multi-donor budget support.
- Promote the establishment of an inter-sectoral ministerial forum at all levels to facilitate inter-sectoral collaboration, involving all relevant MDAs directly engaged in the implementation of specific health programmes
- Promote effective partnership with professional groups and other relevant stakeholders through jointly setting standards of training by health institutions, subsequent practice and professional competency assessments;
- Strengthen collaboration between government and professional groups including Nigerian health professionals in diaspora to advocate for increased coverage of essential interventions, particularly increased funding;
- Leverage human resources for health from partners, health professionals, other levels of government to optimize resource use and improve service delivery
- Promote linkages with academic institutions to undertake research, education and monitoring through existing networks; and
- Promote partnerships with communities to address felt needs of the communities
- Strengthen implementation of Health Service Charters at all levels, with Civil Society Organisations, traditional and religious institutions to promote the concept of citizen's rights and entitlement to quality, accessible basic health services.

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
1.Leadership and Governance															
1.1.1.a	Review, adopt,produce and disseminate State Health Policies.	1. Conduct 2days review meeting with 50 persons	1. Hall Hire @ N50,000 2. two Tea Breaks 1500*50*2days. 3. Lunch 1700*50*2days. 4. transport 3000*50prs* ii*2days. 5. Public Address 10000*2days. 6. Projector 10000*2days	900,000	1	1	0	0	0	900,000	900,000	-	-	-	1,800,000
1.1.1.b	Domesticate existing National Standard Operating Procedures (SOPs) and dissemination to all health facilities and key stakeholders.	1. Conduct 1day meeting to domesticate national SOPs 45 persons.	1. Hall Hire @ N25,000; 2. two Tea Breaks 1500*45*1day. 3. Lunch 1700*45*1day. 4. transport 3000*45prs* ii*1day. 5. Public Address 10000*1day. 6.	430,000	1	1	0	0	0	430,000	430,000	-	-	-	860,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
			Projector 10000*1day												
1.1.1.c	Domesticate existing national Standard Operating Procedures (SOPs), based and dissemination to all health facilities	Conduct 2days capacity building workshop for 30 (30 each year)	1. Hall Hire @ N30,000 2. two Tea Breaks 1500*30*2days. 3. Lunch 1700*30*2days. 4. transport 3000*32prs*2*2days. 5. Public Address 10000*2days. 6. Projector 10000*2days; 7. Accomodation @N20,000*32*2days; 8. Per diem@ N10,000*32*2days ; Resource persons @N20,000*2*2days	390,000	1	1	0	0	0	390,000	390,000	-	-	-	780,000
1.1.1.d	Review, adapt, produce and disseminate the National Health Act	1. Conduct 3days review meeting with 45 persons	1. Hall Hire @ N100,000; 2. two Tea Breaks 1500*45*3days. 3.								-	-	-	-	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	(NHAct) for Gombe State	(Activity cost linked to 1.1.1a)	Lunch 1700*45*3days. 4. transport 3000*45prs* 2*3days. 5. Public Address 10000*3days. 6. Projector 10000*3days; Accommodation @N20,000*45*3days; per diem @N10,000*45*3days; materials@N1000*45	1,422,000	1	0	0	0	0	1,422,000					1,422,000
1.1.1.e	Enact appropriate legislations in support of health reforms and strengthened health systems, including laws to back integrated ESP.	1. Conduct 1day planning meeting for 45 persons	Hall hire@N25000; Tea break@N1000*45*2; Lunch@N1700*45; transport@N3000*45*2	974,000	1	0	0	0	0	974,000	-	-	-	-	974,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
1.1.1.f	1. Develop the SSHDP	conduct 5 days workshop for 60 people to develop SSHP	1. Hall Hire @ N50,000*5days ; two Tea Breaks 1500*60*5days. 3. Lunch 1700*60*5days; transport 20000*60prs; Public Address 10000*5days; Projector 10000*5days; per diem@N10000*60*5days	620,000		0	0	0	1	-	-	-	-	620,000	620,000
1.1.1.g	1day planning meeting with stakeholders for 30 persons.	1day planning meeting with stakeholders for 30 persons.	1. Hall Hire @ N25,000; 2. two Tea Breaks 1500*30*1day. 3. Lunch 1700*30*1day. 4. transport 3000*30prs* ii*1day. 5. Public Address 10000*1day. 6. Projector 10000*1day	900,000	1	0	0	0	0	900,000	-	-	-	-	900,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
1.2.1.a	Develop a framework and plan for resource mobilisation.	1. Conduct 1days annual review of SIP for 50 persons.	1. Hall Hire @ N25,000; 2. two Tea Breaks 1500*50*1day. 3. Lunch 1700*50*1day. 4. transport 3000*50prs*2*1day. 5. Public Address 10000*1day. 6. Projector 10000*1day	500,000	1	0	0	0	0	500,000	-	-	-	-	500,000
1.2.1.b	Develop and implement a financial management assesment plan	1. Conduct 2days budget development for 30 persons	1. Hall Hire @ N25,000*2; 2. two Tea Breaks 1500*30*2days. 3. Lunch 1700*30*2days. 4. transport 3000*30prs*2*2; 5. Public Address 10000*2days. 6. Projector 10000*2days; Accommodation@ N20,000*30*2days								-	-	-	-	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (20 21)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
			; per diem@N10000*30 *2days	1,095,200	1	0	0	0	0	1,095,200					1,095,200
1.2.2.c	Review and develop a health Sector Implementation Plan (SIP) that reflects and articulates priorities in Gombe State Development Plan & MTEF	Conduct a 2day quarterly dialog meeting with CSOs to discuss emerging issues for 50 persons.	1. Hall Hire @ N50,000*4qtrs; 2. two Tea Breaks 1500*50*2days*4. 3. Lunch 1700*50*2days. 4. transport 3000*50prs*2*4qtr s. 5. Public Address 10000*2days*4qtrs . 6. Projector 10000*2days*4 qtrs; accommodation@ N20000*50*2*4; per diem@N10000*50 *2*4	810.000	1	0	0	0	0	810.000	-	-	-	-	810.000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
1.2.2.d	Prepare, publish and disseminate annual health sector budget	<ul style="list-style-type: none"> Development Printing Dissemination 	<ul style="list-style-type: none"> Development Printing Dissemination 	820,000	0	0	1	0	0	-	-	820,000	-	-	820,000
1.2.3.a	Create a Civil Society Platform that will dialogue with key stakeholders in both public and private sectors and act as a 'watch dog' to ensure accountability and project the voice of the people to foster responsiveness of services.	1.conduct 2days review meeting with 45 persons	1. Hall Hire @ N50,000 2. two Tea Breaks 1500*45*2days. 3. Lunch 1700*45*2days. 4. transport 3000*45prs*2*2days. 5. Public Address 10000*2days. 6. Projector 10000*2days	539,000	0	0	1	0	0	-	-	539,000	-	-	539,000
1.2.3.b	Review, develop, produce and disseminate health sector annual operational plan.	1.conduct 5days JAR with 45 persons	1. Hall Hire @ N50,000*5days ; two Tea Breaks 1500*45*5days. 3. Lunch 1700*45*5days; transport							-	1,670,000	-	-	-	1,670,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
			20000*45prs; Public Address 10000*5days; Projector 10000*5days; per diem@N10000*45*5days; Accommodation@N20000*45*5days	1,670,000	0	1	0	0							
1.2.3.c	supervision of private facilities	2days quarterly supervision of private facilities for 15 persons	Transport@N10000*2*15*4qtrs; Lunch@N1700*2*15*4; materials@N500*2*15*4	250,000	1	1	1	1	1	250,000	250,000	250,000	250,000	250,000	1,250,000
1.2.3.d	Conduct Joint Annual Reviews (JARs), Mid-Term review, end-term review, Produce and Disseminate JAR, midterm and End Term Evaluation (ETE) Reports	1.Conduct 3days workshop to develop scorecard for 30 persons	1. Hall Hire @ N50,000; 2. two Tea Breaks 1500*30*3days. 3. Lunch 1700*30*3days. 4. transport 3000*30prs*2*3days. 5. Public Address							-		-	-	-	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		10000*3days. 6. Projector 10000*3days; Accommodation @N20,000*30*3days; per diem @N10,000*30*3days; materials@N1000*30	1,795,000	0	1	0	0	0		1,795,000					1,795,000
1.2.3.e	Regulate private practice in support of health reforms to strengthened health systems in Gombe state.		₦ 810,000	0	1	0	1		₦ -	₦ 810,000	₦ -	₦ 810,000	₦ -	₦ 1,620,000	
1.3.4.a	Produce and Disseminate Joint Annual Review (JAR) and End Term Evaluation (ETR) Reports	1. Conduct 2 days meeting to adapt the policy with 45 persons							-	539,000	-	-	-		539,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
			10000*2days; Accommodation@N20,000*45*2days; per diem@N10000*45*2days	539,000	0	1	0	0	0						
1.3.4.b	Develop and disseminate scorecards of various intervention areas (IMNCH, Malaria, TBL, HIV, NTDs, etc)	1.Conduct 1day meeting to inaugurate Joint committee for identification of rewardees 45 persons	Hall Hire @N25000; Tea break@N1500*45*2; Lunch@N1700*45; Transport@N3000*2*45; materials@N1000*45; projector@N10000; PAS@N10000	1,670,000	0	1	0	0	0	-	1,670,000	-	-	-	1,670,000
1.3.5.a	Develop and disseminate scorecards of various intervention areas (IMNCH, Malaria, TBL, HIV, NTDs, etc)	1 Conduct 5day State council meeting with 200persons	Hall Hire @N100000; Tea break@N1500*100*2; Lunch@N1700*200; transport@N3000*200; materials @N1000*200;	995,000	0	1	1	1	1	-	995,000	995,000	995,000	995,000	3,980,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
			Projector@N10000 ; PAS@N10000												
1.3.5.b	Conduct 1day quarterly coordination meeting on (MNCH-CTC, FMCH, MPDSR,) for 120 persons	Conduct 1day quarterly coordination meeting on (MNCH-CTC, FMCH, MPDSR,) for 120 persons	Hall hire@N100000*4qtrs: Materials@N1000*120*4; tea break@N100*120*2*4; Lunch@N1700*120*4; Projector@N15000*4; PAS@N10000*4	226,600	1	1	1	1	1	226,600	226,600	226,600	226,600	226,600	1,133,000
1.4.1.a	Convene core technical committees to strengthen RMNCH services	conduct 1day quarterly coordination meeting for (MNCH-CTC, FMCH, MPDSR,) for 80 persons. Hiring of hall	conduct 1day quarterly coordination meeting for (MNCH-CTC, FMCH, MPDSR,) for 80 persons. Hiring of hall												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (20 21)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		50000, meeting materials 80000, lunch 136000, tea break 120000, transport 240000, supervisors 40000.	materials 80000, lunch 136000, tea break 120000, transport 240000, supervisors 40000.	275,000	1	1	1	1	1	275,000	275,000	275,000	275,000	275,000	1,375,000
1.4.1.b	Semester meeting with relevant stakeholders for 50 persons	One day semester meeting with relevant stakeholders for 50 persons	Hall hire@N25000; Tea break@N1000*50*2; Lunch@N1700*50; transport@N3000*50*2; projector@N10000	950,000	1	0	0	0	0	950,000	-	-	-	-	950,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
1.4.2.a	Convene Annual State Council on Health and disseminate report and resolutions to all stakeholders	• Refreshment at 3 days technical meeting during SCH Meeting for atleast 350 persons • Hall hire, workshop materials, Stationeries for printing and photocopies, hall hire, cost for communications, data and local running	• Refreshment at 3 days technical meeting during SCH Meeting for atleast 350 persons • Hall hire, workshop materials, Stationeries for printing and photocopies, hall hire, cost for communications, data and local running	10,000,000	1	1	1	1	1	10,000,000	10,000,000	10,000,000	₦ 10,000,000	₦ 10,000,000	₦ 50,000,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
1.4.2.b	Convene core technical committees to strengthen RMNCH services	<ul style="list-style-type: none"> Hall hire, workshop materials, Stationeries for printing and photocopies, hall hire, cost for communications, data and local running 	<ul style="list-style-type: none"> Hall hire, workshop materials, Stationeries for printing and photocopies, hall hire, cost for communications, data and local running 	359,000	1	0	0	0	0	359,000	-	-	-	-	359,000
1.4.2.c	meeting to review partnership agreement of professional bodies for 30 persons	1. Conduct 2 days meeting to review partnership agreement of professional bodies for 30 persons	hall hire@N25000; tea break@N1500*30*2*2days; Lunch@N1700*30*2; projector@N10000	₦ 750,000	0	1	0	0	0	₦ -	₦ 750,000	₦ -	₦ -	₦ -	₦ 750,000
1.4.3.a	Review and develop sector implementation plan (SIP)	conduct 2days workshop	<ul style="list-style-type: none"> Refreshment, hall hire workshop materials, logisitcs, 	₦ 730,000	1	1	0	0	0	₦ 730,000	₦ 730,000	₦ -	₦ -	₦ -	₦ 1,460,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		stationeries, communication •													
1.4.3.c	1. Conduct 4 days meeting with stakeholders to develop service charter for PHCs for 45 persons.	1. Conduct 4 days meeting with stakeholders to develop service charter for PHCs for 45 persons.	₦ 910,000	0	1	0	0	0	₦ -	₦ 910,000	₦ -	₦ -	₦ -	₦ 910,000	
1.4.4.a	Convene meeting with relevant ministries and agencies (MoWA, RUWASA, GOSEPA, Agriculture, Min. Of Env. etc) to address issues	ond day meeting	Teabreak@N1700*20*2; Lunch@N1700*20						-	-	285,000	285,000	-	570,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	related to health determinants			285,000	0	0	1	1							
1.4.4.c	1. Conduct 2 days meeting to review partnership agreement of development partners for 50 persons	1. Conduct 2 days meeting to review partnership agreement of development partners for 50 persons	Teabreak@N1700*50*2; Lunch@N1700*50; projector@N10000	793,000	0	1	0	0	0	-	793,000	-	-	-	793,000
1.4.5.a	Develop and review operational partnership agreements with professional groups (NMA, NANM, MHWUN, PSN, etc) and other stakeholders for effective service delivery and industrial harmony	Hold on day meeting to develop partnership agreement	<ul style="list-style-type: none"> Refreshment @N3000*20, hall hire@N25000 workshop materials, logistics, stationeries, communication 	263,000	0	0	1	0	0	-	-	263,000	-	-	263,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
									₦ 20,211,800	₦ 23,133,600	₦ 13,653,600	₦ 12,841,600	₦ 12,366,600	₦ 82,207,200	
2.Community Participation and Ownership															
2.1.1.a	Organize a town hall meeting with Traditional and religious leaders on their role in health care services	1) Workshop materia @ 1,000 per person for 51 pers. 2) Hiring of public address system @ 10,000 per day X 2 days 3) Tea break Lunch @ 1500 for 51 persons for 2 days 4) Participants transportation @ 5,000 for 51 persons x 2 and fro 5) Facilitation	1) Workshop materia @ 1,000 per person for 51 pers. 2) Hiring of public address system @ 10,000 per day X 2 days 3) Tea break Lunch @ 1500 for 51 persons for 2 days 4) Participants transportation @ 5,000 for 51 persons x 2 and fro 5) Facilitation fees @ 10,000 per day for 2 days 6) Local transport for facilitators and secretariat staff @ 5,000 per day X 2 days X 6 people												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		fees @ 10,000 per day for 2 days 6) Local transport for facilitators and secretariat staff @ 5,000 per day X 2 days X 6 people	300,000	1	1	1	1		300,000	300,000	300,000	300,000	-	1,200,000	
2.1.1.b	Training of WDCs, VDCs, and CBOs on their role in health care delivery services	Workshop material for 500 participant @ 1000 per part X 2days ,teabreak 1500 X 2days, group lunch 1,700 per participant X 2days, group hall hiring, 70000 X 3 holes x 2 days ,transportation 5400 to and fro for 500 participant facilitators transport for local running 5000 X3 ,accommodation for												-	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		n 5400 to and fro for 500 participant facilitators transport for local running 5000 X3 , accomodation for 500 participants @N10,000.	500 participants @N10,000.	1,915,000	0	1	0	0	0	-	1,915,000	-	-		1,915,000
2.1.1.c	TRAINING of peer group on health care services in the community	Training materials for 235 participants, 1000 x 235, tea break 1500 x 235, lunch with water 1700 x 235, transport N5400 to and fro x 235, DSA 2500 x 235, hall N70,000 x 3, hotel accomodation	Training materials for 235 participants, 1000 x 235, tea break 1500 x 235, lunch with water 1700 x 235, transport N5400 to and fro x 235, DSA 2500 x 235, hall N70,000 x 3, hotel accomodation N10,000 x 235 for 3 days							-	-	-	-		

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (20 21)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		N10,000 x 235 for 3 days		1,989,300	1	0	0	0	0	1,989,300					1,989,300
2.1.1.e	To promote Community, individuals participations and responsibility on health care activities	Sensitization meeting on identifying the roles and responsibilities of health committees. 500 participant @ 1000 per part X 2days ,tea break 1500 X 2days,group lunch 1,700 per participant X 2days hall hiring,70000 X 3 holes x 2 days ,trasportation 5400 to and fro for 5 participant	Sensitization meeting on identifying the roles and responsibilities of health committees. 500 participant @ 1000 per part X 2days ,tea break 1500 X 2days,group lunch 1,700 per participant X 2days hall hiring,70000 X 3 holes x 2 days ,transportation 5400 to and fro for 5 participant												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		facilitators transport for local running 5000 x 3, accomodation N10,000 x 500 participants.	1,015,000	1	0	0	0	1	1,015,000					1,015,000	2,030,000
2.1.2.a	Advocate and sensitize the community on the importance of health care delivery	Hold a town hall meeting to sensitise the community on the importance of health care delivery.	Hall hire @N50000; Refreshment @N2000*200; projector @N10000; PAS @N10000; transport @N5000*200	1,162,800	0	1	0	0	-	1,162,800	-	-	-	-	1,162,800
									₦ 3,304,300	₦ 3,377,800	₦ 300,000	₦ 300,000	₦ 1,015,000	₦ 8,297,100	
3.Partnerships for Health															

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
3.1.1.a	Training of traditional and religious leaders on their role health care service delivery	Training of traditional and religious leaders on their role health care service delivery	₦ 3,290,000	1	0	0	0	0	₦ 3,290,000	₦ -	₦ -	₦ -	₦ -	₦ -	₦ 3,290,000
3.1.1.b	Form a minimum of ten member committee on health care in all traditional institution	Form a minimum of ten member committee on health care in all traditional institution	₦ 530,000	1	0	0	0	0	₦ 530,000	₦ -	₦ -	₦ -	₦ -	₦ -	₦ 530,000
3.1.1.c	Conduct periodic meeting with traditional institutions on health care delivery.	Conduct periodic meeting with traditional institutions on health care delivery.	₦ 1,200,000	0	1	0	0	0	₦ -	₦ 1,200,000	₦ -	₦ -	₦ -	₦ -	₦ 1,200,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
3.1.1.d	Ensure development of feedback mechanism like suggestion boxes, radio programme to audit health programmes	Ensure development of feedback mechanism like suggestion boxes, radio programme to audit health programmes	Ensure development of feedback mechanism like suggestion boxes, radio programme to audit health programmes	₦ 350,000	1	0	0	0	0	₦ 350,000	-	-	-	-	₦ 350,000
3.1.1.e	Replicate traditional health committees policy in the community	Replicate traditional health committees policy in the community	hall hire @N25005000; refreshment @N3000*50; transport @N3000*50; review meetings @N50000*10	1,800,000	0	0	1	0	0	-	-	₦ 1,800,000	-	-	₦ 1,800,000
3.1.3.a	Conduct quarterly multisectoral forum meetings to strengthen collaboration of all stakeholders	Conduct quarterly multisectoral forum meetings to strengthen collaboration of all stakeholders	Conduct quarterly multisectoral forum meetings to strengthen collaboration of all stakeholders							435,000	435,000	435,000	435,000	435,000	2,175,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
			435,000	1	1	1	1	1							
3.1.3.c	Set up an inter-departmental forum at LGA to facilitate intersectoral collaboration involving relevant departments directly engaged in implementation of programs such as Environment and Forestry in Malaria Control and Prevention, Agriculture in Nutrition program, Water Resources in Control of Water-Borne Diseases, Women's Affairs in	Set up an inter-departmental forum at LGA to facilitate intersectoral collaboration involving relevant departments directly engaged in implementation of programs such as Environment and Forestry in Malaria Control and Prevention, Agriculture in Nutrition	refreshment at inaugural meeting @N50000*11 LGAs; materials@N1000*200												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	MNCH, and information in BBC. annual meetings.	program, Water Resources in Control of Water-Borne Diseases, Women's Affairs in MNCH, and information in BBC. annual meetings.		710,000	0	0	1	0	0	-	-	710,000	-	-	710,000
3.1.4.a	Conduct health priority setting activities with professional groups, CBOs, and	Conduct health priority setting activities with professional	Refreshment @N3000*30*3	₦ 260,000	0	1	1	0	1	₦ -	₦ 260,000	₦ 260,000	₦ -	₦ 260,000	₦ 780,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	CSOs on Leadership and Governance.	groups, CBOs, and CSOs on Leadership and Governance.													
3.1.4.b	Conduct budget planning meetings with professional groups, CBOs, and CSOs.	Conduct budget planning meetings with professional groups, CBOs, and CSOs.	Refreshment @N3000*30*3*2	550,000	0	1	0	1	0	-	550,000	-	550,000	-	1,100,000
3.1.4.c	Conduct town hall meeting to monitor and evaluate health projects and activities implementation with professional groups.	Conduct town hall meeting to monitor and evaluate health projects and activities implementation with professional groups.	Hall hire @N20000; Refreshment @N1000*200; projector @N10000; PAS @N10000; transport @N5000*200	₦ 220,000	1	1	1	1	1	₦ 220,000	₦ 220,000	₦ 220,000	₦ 220,000	₦ 220,000	₦ 1,100,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
3.1.7.a	Mapping of Existing Corporate Bodies, Private Partners within the State	Mapping of Existing Corporate Bodies, Private Partners within the State	transport, materials and refreshment	400,000	0	1	0	1	0	-	400,000	-	400,000	-	800,000
3.1.7.b	Advocate for Partners and Corporate Bodies support in the State	Advocate for Partners and Corporate Bodies support in the State	Transport and refreshment	35,000	1	1	1	1	1	35,000	35,000	35,000	35,000	35,000	175,000
3.1.8.a	Advocacy and Mobilization to partners in health sector	Advocacy and Mobilization to partners in health sector	Transport and refreshment	42,000	1	1	1	1	1	42,000	42,000	42,000	42,000	42,000	210,000
3.1.8.b	Conduct budget planning meetings with professional groups, CBOs, and CSOs	Conduct budget planning meetings with professional groups, CBOs, and CSOs	refreshment, and materials		1	1	1	1	1	₦ 98,500	₦ 98,500	₦ 98,500	₦ 98,500	₦ 98,500	₦ 492,500

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
			98,500												
3.1.8.c	Conduct quarterly meetings to share and disseminate financial information with professional groups, CBOs, and CSOs	Conduct quarterly meetings to share and disseminate financial information with professional groups, CBOs, and CSOs	Hall hire, refreshment, projector, and materials	103,000	1	1	1	1	1	103,000	103,000	103,000	103,000	103,000	515,000
3.1.9.a	Establishment of inter-ministerial forum meeting	Establishment of inter-ministerial forum meeting	refreshment during meetings and materials	51,800	1	1	1	1	1	51,800	51,800	51,800	51,800	51,800	259,000
3.1.9.b	Quarterly inter-ministerial meetings	Quarterly inter-ministerial meetings	refreshment during meetings and materials	65,100	1	1	1	1	1	65,100	65,100	65,100	65,100	65,100	325,500

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
3.1.10. a	Establishment of pre-service institutions	Establishment of pre-service institutions	transport refreshment during meetings and materials	382,000	1	1	1	1	1	382,000	382,000	382,000	382,000	382,000	1,910,000
3.1.10. b	Involve the professional bodies in policy formulation of the training institutions.	Involve the professional bodies in policy formulation of the training institutions.	transport refreshment during meetings and materials	300,000	1	1	1	1	1	300,000	300,000	300,000	300,000	300,000	1,500,000
3.1.11. a	Develop a viable mechanism for sensitizing the available professional groups to obtain their maximum support towards improving health care deliveries	Develop a viable mechanism for sensitizing the available professional groups to obtain their maximum support towards improving health care deliveries	communication costs	34,000	1	1	1	1	1	34,000	34,000	34,000	34,000	34,000	170,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
3.1.11. b	Advocate for technical support from the professional bodies towards capacity building for health care providers to improved, sop's in the health care institutions	Advocate for technical support from the professional bodies towards capacity building for health care providers to improved, sop's in the health care institutions	communication and transport	12,400	1	1	1	1	1	12,400	12,400	12,400	12,400	12,400	62,000
3.1.12. a	Conduct Mapping of professional bodies through civil society organization.	Conduct Mapping of professional bodies through civil society organization.	Transportation, refreshment, materials, printing and production	3,200,000	1	0	0	0	0	3,200,000	-	-	-	-	3,200,000
3.1.12. b	Conduct advocacies to the professional bodies and other partners.	Conduct advocacies to professional bodies and	cost of transport , materials and refreshment			1	1	1		-	193,000	193,000	193,000	-	579,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		other partners.	193,000												
3.1.12. c	Quarterly meeting with resource bodies	Quarterly meeting with resources bodies.	cost of transport , refreshment,, and materials	200,000	1	1	1	1	1	200,000	200,000	200,000	200,000	200,000	1,000,000
3.1.13. a	Establish continuous learning programmes in learning institutions in the state	Identification of learning institutions within the state.	Hall hire, transport, tea breaks, lunch, materials, resource persons, projector, PAS,	2,500,000	0	1	0	0	0	-	2,500,000	-	-	-	2,500,000
3.1.13. b	Conduct quarterly meetings with learning institutions and partners..	Conduct quarterly meetings with learning institutions and partners..	Refreshment, materials, projector and transport refund	210,000	1	1	1	1	1	210,000	210,000	210,000	210,000	210,000	1,050,000
3.1.14. a	Conduct town hall meetings to share useful information on health that isculturally	Conduct town hall meetings to share useful information on health that	Hall hire, refreshment, projector, and materials		1	1	1	1		193,000	193,000	193,000	193,000	-	772,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	acceptable with HDCs	isculturally acceptable with HDCs		193,000											
3.1.14. b	Conduct training and retraining of women and youth groups for effective referral and linkages on health related issues	Conduct training and retraining of women and youth groups for effective referral and linkages on health related issues	hall hire, tea breaks, lunch, transport, accommodation, per diem	1,900,000	0	0	1	0	0	-	-	1,900,000	-	-	1,900,000
3.1.15. a	Develop and disseminate health service charter at all levels	Develop and disseminate health service charter at all levels	hall hire, tea breaks, lunch, transport, accommodation, per diem	3,200,000	0	1	0	0	0	-	3,200,000	-	-	-	3,200,000
3.1.15. b	Conduct sensitization to CSOs, traditional and religious institutions on health service charter	Conduct 1 day sensitization seminar for CSOs, traditional and religious institutions on								-		-	-	-	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		health service charter	1,003,202	0	1	0	0	0		1,003,202				1,003,202	
3.1.15.c	Establish and maintain Desk Unit in the SMOH in charge of health service charter	Establish and maintain Desk Unit in the SMOH in charge of health service charter	2,931,000	0	1	0	0	0	-	2,931,000	-	-	-	2,931,000	
3.1.15.d	Training of Desk Officers accross the state on health charter services.	Training of Desk Officers accross the state on health charter services.	783,000	0	1	0	0	0	-	783,000	-	-	-	783,000	
									₦ 9,751,800	₦ 15,402,002	₦ 7,244,800	₦ 3,524,800	₦ 2,448,800	₦ 38,372,202	

CHAPTER 5: STRATEGIC PILLAR TWO

5.1 INCREASED UTILISATION OF ESSENTIAL PACKAGE OF HEALTH CARE SERVICES

Introduction

The provision of essential package of health care services is key to increasing utilization by communities. However, a major cause for public health concern is that, the out-of-pocket expenses on health are high. The influx of people into the State resulting from insurgency also pose a serious health challenges as the State may experience other emerging health issues. The foregoing and other emerging health challenges have made it imperative for the inclusion of social determinant of health in the plan as well as the domestication of the National essential health package.

The proposed essential health package for the period of the plan is presented in this section. The context, the objectives and proposed interventions are also presented below.

- i. Reproductive, maternal, neonatal, child, adolescent health and nutrition (including Focused antenatal care; Skilled delivery and emergency obstetric care; Obstetrics fistula care; Sexual and reproductive health services, including family planning; Newborn and child health care (essential new-born care, IMCI and C-IMCI and Nutrition)
- ii. Control of communicable diseases and neglected tropical diseases (malaria, tuberculosis, HIV/AIDS, hepatitis, and NTD)
- iii. Control of non-communicable diseases (cardiovascular diseases, diabetes, cancers, sickle cell disease)
- iv. Mental health
- v. Oral health
- vi. Eye Health
- vii. Care of the elderly
- viii. Public health emergencies
- ix. Environmental health (water and sanitation, food safety, chemicals and snake bites)
- x. Essential medical and emergency services

5.1.1 Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition

Context

The aim of reproductive, maternal, new-born, child and adolescent health plus nutrition (RMNCAH+N) is to promote health through life time. This is a strategy to integrate the existing interventions to promote efficient use of resources and greatly expand access and coverage to quality health services for women, new-born, children and adolescents. These thematic areas cover reproductive, maternal, new-born, child and adolescent health as well as nutrition programs. The services are organized in different components and described in line with their thematic areas. Consequently, policies as well as strategic plans in responding to RMNCAH+N exist to provide program direction. Nigeria has made insignificant progress in improving RMNCAH+N

outcomes. Similarly, the situation in Gombe State is even worse than the National outlook as depicted in the following table.

Table 5 Trends in coverage of components of elements of integrated management of childhood illnesses, Nigeria 2007-2015

Coverage measures	Baseline data (year and source)	Most recent (year and source)	Differences by States (highest/lowest)
Proportion of infants under 6 months exclusively breast-fed	11.7 (MICS 2007)	5% (MICS 2011)	Adamawa= 5, Gombe = 5 (MICS 2011) Yobe =5 Bauchi = 4 (MICS 2011) Borno = 4 Taraba = 4 (MICS 2011)
Proportion of infants 6-8 months who were breastfed and ate solid and semi-solid foods at least 2 times yesterday	31.4 (MICS 2007)	28.9 (MICS 2011)	Gombe= 28.9 Adamawa= 24.6 (MICS 2011) Taraba= 21.8 Borno=21.0 (MICS 2011) Yobe= 18.9 Bauchi= 15.7 (MICS 2011)
Proportion of HH that use iodised salt (15+ ppm)	74.9 (MICS 2007)	87.4 (MICS 2011)	Borno =90.2 Yobe=80.1(MICS 2011) Adamawa= 76.6 Bauchi= 68.4(MICS 2011) Gombe= 59.4 Taraba= 51.1 (MICS 2011)
Proportion of children 12-23 months of age vaccinated against measles before 12 months	41.4 (NDHS 2008)	42.1 (NDHS 2013)	Adamawa= 68.4 Gombe =52.7 (MICS 2011) Taraba 45.8 Bauchi =35.7(MICS 2011) Yobe=31.2 Borno=23.5 (MICS 2011)
Proportion of children 12-23 months of age who received DPT3	35.4 (NDHS 2008)	38.2(NDHS2013) 37.0 (MICS2011)	SE=66.9/NW-9.1(NDHS 2008) SE=80.7/ NW=13.9(NDHS 2013) SE=78.2/NW=13.2 (MICS 2011)
Proportion of under-5 children who slept under an ITN the previous night	3.5 (MICS 2007)	16.4 (MICS 2011)	SS=7.9 /NE=0.8 (MICS 2007) NW=22.4/SW= 9.8 (MICS 2011)

Coverage measures	Baseline data (year and source)	Most recent (year and source)	Differences by States (highest/lowest)
Proportion of mothers who received at least 4 ANC visits	44.8 (NDHS 2008) N/A	51 (NDHS 2013) 56.6 (MICS 2011)	Urban:68.8/ rural:33.8 (NDHS 2008) Urban:74.5/ rural:38.2 (NDHS 2013) SW: 85.7 /NW:32.8 (MICS 2011)
Proportion of mothers who received TT2+ during pregnancy	45.3 (NDHS 2008)	49 (NDHS2013) 50.9(MICS 2011)	SE:77.7 / NW:17.9 (NDHS 2008) SE:82.0 / NE:27.1 (NDHS 2013) SE:84.2/ NW:26.4 (MICSSS 2011)
Proportion of newborns protected against neonatal tetanus at birth	50.8 (MICS 2007)	55.2 (MICS 2011)	SE:83.5/ NW:23.5 (MICS 2007) SE:87.2 /NW:31.0 (MICS 2011)
Proportion of women who received iron during pregnancy	14.5(NDHS 2008)	20.5 (NDHS2013)	SW:44.2/ NW:4.8 (NDHS 2008) SW: 42.0/ NW:5.8 (NDHS 2013)
Proportion of pregnant women who slept under an ITN the previous night(in all households)	4.8 (NDHS 2008)	16.4 (NDHS 2013) 35.4 (MICS 2015)	NC&SW:3.4/ SW:7.2 (NDHS 2008) SE:23.2/ NE:13.2 (NDHS 2013) NE:55.5 /SE:12.0 (MICS 2015)
Proportion of pregnant women who received at least 2 doses of IPT in pregnancy	6.5 (NDHS 2008)	14.6 (NDHS 2013) 17.4% (MICS 2015)	SS:9.3/ NE:4.0 (NDHS 2008) SE:18.3/ SS:10.1 (NDHS 2013) SS:25.0/NC:10.4 (MIS 2015)
Proportion of HIV+ mothers who received ART prophylaxis	N/A	29% (2015) (End-of-term evaluation of NSP 2010-2015)	NA
Proportion of women delivered by skilled birth attendants	NE Average 15.5% (NDHS 2008)	26.6% (NDHS 2013)	Adamawa 36.3%, Borno 22.3%, Bauchi 16.3%, Taraba 14.3, Yobe 10.2% (NDHS 2013)
Still birth rate	228/1000	396/1000	

Coverage measures	Baseline data (year and source)	Most recent (year and source)	Differences by States (highest/lowest)
Neonatal Mortality rate (per 1000 live births)	National Average 40/1000 (NDHS 2008)	National Average 37/1000 (NDHS 2013)	National Average 37/1000 (NDHS 2013)
Infant Mortality rate (per 1000 live births)	National Average 75/1000 (NDHS 2008)	National Average 69/1000 (NDHS 2013)	National Average 69/1000 (NDHS 2013)
Under 5 Mortality rate (per 1000 live births)	National Average 157/1000 (NDHS 2008)	National Average 128/1000 (NDHS 2013)	National Average 128/1000 (NDHS 2013)
Exclusive breastfeeding rate	National Average 13% (NDHS 17% (MICS, 2011)	NE Average 21.3 % (MICS 2016/17)	NE Average 21.3%(MICS 2016/17)
Maternal mortality ratio (per 100, 000 live births)	National Average - 576/100,000 live births (NDHS 2008)	National Average - 576/100,000 live births (NDHS 2013)	National Average - 576/100,000 live births (NDHS 2013)
Contraceptive prevalence rate (CPR %)	8.1% (MICS 2011)	6% (MICS 2016/17)	Bauchi, 8.4%, Adamawa 7.1%, Taraba 5.6%, Borno 5.3% Yobe 3.3% (MICS 2016/17)
Unmet need for family planning	NA	19% (NDHS 2013)	Adamawa 22%, Taraba 20%, Borno 17%, Bauchi 16%, Yobe 14% (MICS 2016/17)
Adolescent Birth rate (%)	119 (MICS, 2011)	122/1000 (MICS, 2011)	Bauchi 186, Adamawa 113, Taraba 81, Yobe 159, Borno 128 (MICS 2016/17)

Source: NDHS 2008, 2013 and MICS, 2016/208

5.1.1. Maternal Health

Context

Maternal mortality during pregnancy, childbirth and postpartum periods continue to remain high and therefore of a serious health concern. The current maternal mortality is 576/100,000 live birth (NDHS, 2013). According to the National Health Policy 2016, maternal deaths account for 32% among women of reproductive age group. Recently, maternal death review was introduced in public health facilities in the State, about 214 deaths of women related to pregnancy were reported out of which 116 were audited (DHIS, 2.0, 2016). Causes of the deaths include; Ante-partum haemorrhage (APH), Pre-eclampsia, Postpartum haemorrhage (PPH), Sepsis, Obstetric Labor (OL), Abortion, Malaria, Anaemia and HIV.

Both public and private health care facilities provide focused Ante-natal care services with at least four (4) ANC visits. However, the revised WHO policy now recommends at least 8 visits. ANC uptake in the State is 67.5% (MICS, 2016/208) while number of visits is 27.9% (MICS, 2016/208). Only 34.1% of the women who attended ANC completed at least four ANC visits. The quality of ANC is encouraging as coverage Percentage of women whose last birth was protected against neonatal tetanus was 58.0% (NDHS, 2013). Percentage of women who received any IPT during an ANC visit is 32.0% (NDHS, 2013). Facility delivery is low at 26.4% (NDHS, 2013).

Strategic Objective, Specific Objectives and Targets

The strategic objective of the planned interventions is to reduce maternal morbidity and mortality. The specific objectives and targets are:

- Maternal mortality ratio reduced by 50 percent, from 576 per 100,000 live births to 288 per 100,000 live births by 2022.
- Skilled attendance at delivery increased from 27.6% to 57% by 2022.
- Attendance at 8 ANC visits by pregnant women increased from 27.9% to 50% by 2022
- Attendance at postnatal services by mothers within 48hrs of delivery increased to 50% by 2022.
- At least 80% of Primary/Ward Health Centres are providing basic Emergency Obstetric and neonatal care services by 2022.
- At least 50% of all LGAs have health facilities capable of providing Comprehensive Emergency Obstetric Services by 2022.

Interventions and strategies

The strategies shall include the following:

- Strengthen the enabling environment for the delivery of quality maternal health interventions in Nigeria.
- Strengthen Community participation and ownership to support efficient and effective delivery of high impact MH programmes.
- Strengthen operational partnership, resource mobilisation and multi-sectoral coordination of maternal health programmes (including the WHS).
- Advocacy strategies / groups on:
 - the supply and distribution of **free** Maternal life-saving medicines and commodities (LSMC) through the National supply chain & logistic management system (LMIS) for health and related products
 - Availability of two-way referral ambulance/transport system at service delivery points (especially primary and secondary care levels).
 - Implementation of the minimum service package for HRH/Equipment for PHCs.
 - Improve coverage of MH service delivery through innovative approaches: - Awareness creation and behavioural change & communication strategies at the grassroots and Development of a national operational plan/policy for performance based financing (PBF), vouchers, conditional cash transfers (CCTs) etc.
 - Improve quality of MH care through Capacity building of service providers especially on EmONC/life-saving skills (LSS); Standardization of PHC facilities requirement (infrastructure, equipment, operating hours – 24 hour/seven days a week), and Inclusion of training on EmONC/life-saving skills into institutional curricula for training of CHO and CHEWS.
 - Strengthen MH data management through: Promotion and Strengthening of Vital Statistics component of CRVS at facility levels and integration into the NHMIS; Bi-annual supervisory and monitoring visits to states for MH interventions particularly LSS/EmONC services, MPDSR etc.

Interventions

The proposed key interventions for maternal health and levels for their delivery are as shown in table 3 below:

Table 6 Key Interventions for Maternal Health

Intervention	Community	Primary	Referral
Pre-pregnancy			
Family planning	X	X	X
Prevent and manage sexually transmitted infections	X	X	X
Cervical cancer screening	-	X	X
Tetanus toxoid	-	X	X
Screening for HIV	X	X	X
Antiretroviral for HIV-positive pregnant women	-	X	X
Pregnancy			
Appropriate antenatal care package		X	X
<i>Iron and folic acid supplementation</i>	X	X	X

<i>Presumptive treatment of malaria</i>	X	X	X
<i>Use of long-lasting insecticide treated net</i>	X		
<i>Tetanus toxoid</i>		X	X
<i>Screening for HIV</i>	X	X	X
<i>Treatment for HIV-positive pregnant women (PMTCT)</i>	X	X	X
<i>Home visit</i>	X		
Post-abortion care for abortion cases	-	X	X
Labour and Delivery			
Partograph		X	X
Magnesium Sulphate for eclampsia	-	X	X
Induction of labour to manage prelabour rupture of membranes at term	-	-	X
Antibiotics for preterm prelabour rupture of membranes	-	X	X
Corticosteroids to prevent respiratory distress in newborns	-	-	X
Pneumatic anti-shock garments for haemorrhage	-	X	X
Induction of labour for prolonged pregnancy	-	-	X
Prophylactic uterotonics to prevent postpartum haemorrhage	X	X	X
Active management of third stage of labour to prevent postpartum haemorrhage	-	X	X
Management of postpartum haemorrhage (e.g. uterotonics, uterine massage)	X	X	X
Caesarean section for maternal/foetal indication	-	-	X
Prophylactic antibiotics for caesarean section	-	-	X
Postpartum (Mothers)			
Family planning	X	X	X
Prevent and treat anaemia	-	X	X
Screen for HIV and initiate treatment from HIV	-	X	X

5.1.2. Fistula Care

Context

Obstetric fistula is one of the most severe and debilitating childbirth injuries. It is a hole between the birth canal and bladder or rectum caused by prolonged, obstructed labour, without access to timely, high-quality medical treatment. The condition is characterised by women leaking urine, faeces or both, and often leads to chronic medical problems, depression, social isolation and deepening poverty. The prevalence of 150,000 of obstetric fistula in Nigeria shows that the country disproportionately accounts for 15% of the global burden (Engender Health 2010). The annual incidence of obstetric fistula as estimated by Engender Health (2010) is 13,000. Ijaiya et al, (2010) identified the commonest cause of obstetrics fistula in Nigeria as prolonged obstructed labour; accounting for between 65.9% - 96.5% of cases seen in various treatment centres in Nigeria. Iatrogenic fistula is becoming an increasing source of concern and many VVF treatment centres are reporting rising proportions of fistula resulting mainly from faulty C/S by poor skilled doctors and quacks.

Although obstetric fistula is found in all parts of the country, not many cases are reported in health facilities in Gombe State. While data is not available on the prevalence of obstetric fistula in the state, most clients seen in the health facilities come from neighbouring states. The cause of fistula in the state may include but not limited to early marriage, poor utilisation of antenatal and skilled birth attendants, non-utilisation of partographs to monitor labour, poor access to delivery and emergency obstetric services, and the attendant high cost of C/S. Only two units exist for the treatment of fistula. These are found in the State Specialist Hospital and the Federal Teaching Hospital Gombe.

Prevention is the key to ending fistula. providing skilled birth attendance at all births and providing timely and high quality emergency obstetric care for all women who develop complications during delivery will drastically reduce, if not eliminate the occurrence of fistula. Obstetric fistula can occur as a result of prolonged labour at home for days without access to emergency obstetrics services. This service is limited across communities especially in rural populations.

While Nigeria has a strategic plan for elimination of fistula and with the support of partners, notably UNFPA and Fistula Care; effort which has been on going to clear the fistula backlog through establishment/support to fistula treatment centres, Gombe State health sector has no such plan nor domesticated it. Major constraints to optimizing the VVF efforts in Nigeria are poor funding, limited donor interest, lack of integration of fistula work into the broad RMNCAH+ N programming, dearth of skilled personnel, poor commitment to fistula care at state levels and poor investment in preventive interventions. Eliminating Fistulae in Nigeria will invariably lead to significant reduction in maternal morbidity and mortality rates in Nigeria and globally.

The goal is to eliminate obstetric fistula in Nigeria, thus contributing to maternal mortality and morbidity reduction

Strategic Objective, Specific Objectives and Targets

The strategic objective is to strengthen prevention, treatment and rehabilitation of fistula services in Nigeria. The interventions shall target to:

- Incidence of obstetrics fistula reduced by 50% by 2022
- Treatment of new cases and backlog increased by 30% by 2022
- 75% of treated cases reintegrated into their communities

Strategic Interventions

- Develop and implement an OF Communication strategy that includes advocacy, social mobilization and behaviour change communication strategy
- Increase access to quality delivery and emergency obstetric services
- Invest in provision of family planning services
- *Expand access to treatment services*
- Establish more treatment sites and provide support to all sites to ensure functionality

- Build capacity/train health workers to run the OF centres
- *Reintegrate treated OF patients into their communities*
- Foster collaboration with Ministry of Women Affairs, NGOs and other partners to develop and implement rehabilitation programmes.

5.1.3. New-born and Child Health

Context

Gombe state contributes a disproportionately 12% to the North East burden of child mortality. However, the State recorded an improvement in child health with a positive decline in infant mortality rate (IMR) from 97/1,000 live births in 2008 to 90/1,000 live births in 2013. There is also a decline in under five mortality rate (U5MR) from 199/1,000 live births in 2008 to 162/1,000 live births in 2013. Prematurity, asphyxia, and infections account for 30% of neonatal deaths.

Coverage of high impact cost-effective child survival interventions remain much below the target with LGAs variations. Reports show that only 38.4% of babies in the state received pre-lacteal feed in 2013 and exclusive breast feeding rate is 17% (NDHS 2013) as against the National target of 50%. Immunization coverage has remained low as only 16.7% of children aged 12 – 23 months are fully immunized (NDHS 2013) and the proportion of U5 children who slept under insecticide treated net the night preceding the survey increased from 49.8% to 83.4% in 2013 whereas the proportion of children with fever who received appropriate antimalarial drugs reduced from 35.9% in 2008 with 4.5% in 2013 NDHS.

There is inequity in service delivery and uptake which have been attributed to both supply and demand related issues such as inequitable distribution of health care workers skewed in favour of urban centres, poor knowledge and involvement of the community in home based care, high out-of-pocket expenses, inadequate funding, adequate commodity logistic supply chain, lack of information on the skill and population of health workers in specific child-related services. Table 6 below shows the trends in coverage of selected integrated management of child illness services in Gombe.

Table 7 Trends in coverage of components of elements of integrated management of childhood illnesses, Nigeria 2007-2015

Coverage measures	Baseline data (year and source)	Most recent (year and source)	Differences by States (highest/lowest)
Proportion of infants under 6 months exclusively breast-fed	11.7 (MICS 2007)	5% (MICS 2011)	Adamawa= 5, Gombe = 5 (MICS 2011) Yobe =5 Bauchi = 4 (MICS 2011) Borno = 4 Taraba = 4 (MICS 2011)

Proportion of infants 6-8 months who were breastfed and ate solid and semi-solid foods at least 2 times yesterday	31.4 (MICS 2007)	28.9 (MICS 2011)	Gombe= 28.9 Adamawa= 24.6 (MICS 2011) Taraba= 21.8 Borno=21.0 (MICS 2011) Yobe= 18.9 Bauchi= 15.7 (MICS 2011)
Proportion of HH that use iodised salt (15+ ppm)	74.9 (MICS 2007)	87.4 (MICS 2011)	Borno =90.2 Yobe=80.1(MICS 2011) Adamawa= 76.6 Bauchi= 68.4(MICS 2011) Gombe= 59.4 Taraba= 51.1 (MICS 2011)
Proportion of children 12-23 months of age vaccinated against measles before 12 months	41.4 (NDHS 2008)	42.1 (NDHS 2013)	Adamawa= 68.4 Gombe =52.7 (MICS 2011) Taraba 45.8 Bauchi =35.7(MICS 2011) Yobe=31.2 Borno=23.5 (MICS 2011)
Proportion of children 12-23 months of age who received DPT3	35.4 (NDHS 2008)	38.2(NDHS2013) 37.0 (MICS2011)	SE=66.9/NW=9.1(NDHS 2008) SE=80.7/ NW=13.9(NDHS 2013) SE=78.2/NW=13.2 (MICS 2011)
Proportion of under-5 children who slept under an ITN the previous night	3.5 (MICS 2007)	16.4 (MICS 2011)	SS=7.9 /NE=0.8 (MICS 2007) NW=22.4/SW= 9.8 (MICS 2011)

Strategic Objective, Specific objectives and Targets:

The strategic objective is to reduce neonatal and childhood mortality and ensure optimal growth, protection and development for all newborns and children under-five. The targets for the interventions are:

- Neonatal mortality reduced by 50% from 37/1000 live births to 18/1000 live births by 2022
- Infant mortality reduced by 50% from 75/1000 live births to 38/1000 live births by 2022
- Under-five mortality reduced by 50% from 128/1000 live births to 64/1000 live births by 2022
- Exclusive breastfeeding rate increased to 50% by 2022
- 50% of all health facilities designated as “baby-friendly” facilities by 2024.
- 50% of all health facilities designated as IMCI facilities."

Interventions and Strategies

The strategies to be adopted in the delivery of the interventions have been identified.

- Improved partnership and multi-sectoral coordination
- Advocacy and resource mobilization at all levels of governance to scale-up high impact interventions at all levels of care.
- Community mobilisation and active participation in child health interventions
- Capacity building of service providers to improve delivery of quality neonatal care services.
- Expand coverage by partnering with the private sector.
- Improve data management at all levels for tracking progress.

The proposed interventions are presented in the table below:

Table 8 Key interventions for Newborn and Child Health and levels of Delivery

Intervention	Community	Primary	Referral
Postnatal (Newborn)			
Immediate thermal care	X	X	X
Initiation of exclusive breastfeeding (within 30 minutes)	X	X	X
Chlorhexidine gel for cord care	X	X	X
Basic neonatal resuscitation	X	X	X
Advanced neonatal resuscitation	-	-	X
Case management of neonatal sepsis, meningitis and pneumonia	-	X	X
Kangaroo mother care for preterm and for less than 2000g babies	-	X	X
Management of children with jaundice	-	X	X
Surfactant to prevent respiratory distress syndrome in preterm babies	-	-	X
Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	-	-	X
Extra support for feeding small and preterm babies	-	X	X
Presumptive antibiotics therapy for newborns at risk of bacterial infections	-	-	X
Postnatal visit within first seven days of birth		X	X
Erythromycin ointment for prophylactic eye care		X	X
Long-lasting insecticide net (LLIN) use by households	X	X	X
Home visits	X	X	X
Infancy and Childhood			
Exclusive breastfeeding for 6 months	X	X	X

Continued breastfeeding and complementary feeding from 6 months	X	X	X
Prevention of childhood malaria <i>Long-lasting insecticide net (LLIN) use by households</i> <i>Amodiaquine plus sulfadoxine-pyrimethamine (AQ+SP)</i> <i>chemoprevention for seasonal malaria chemoprophylaxis</i>	X	X	X
Rapid diagnosis test (RDT) + appropriate Antimalarial treatment	X	X	X
Vitamin A supplementation from 6 months of age	X	X	X
Routine childhood immunization	X	X	X
Management of severe acute malnutrition	X	X	X
Case management of childhood pneumonia Amoxicillin dispersible tabs	X	X	X
Case management of diarrhoea (Low Osmolar ORS + Zinc tabs)	X	X	X
Case management of confirmed malaria with positive RDT (ACT)	X	X	X
Long-lasting insecticide net (LLIN) use by households	X	X	X
Comprehensive care of children infected with or exposed to HIV <i>Nevirapine prophylaxis</i> <i>PCR at 6weeks</i> <i>Cotrimoxazole prophylaxis</i> <i>Antiretrovirals</i>	X	X	X
Deworming	X	X	X
Folate supplementation	-	X	X
Screening for sickle cell disease	-	-	X
Pulse oximetry in pneumonia	-	-	X
Ready-to-use-therapeutic food (RUTF) Facilitates rehabilitation of malnourished children			
Home visits	X	X	X

5.1.4. Adolescent Health

Context

Adolescent health or youth health is the range of approaches to preventing, detecting or treating young people's health and wellbeing (WHO, 2001). Young people in Gombe State constitute 39.9% of the total population and when projected based on the 2006 Census is 1, 333, 295. The state health sector does not have special provision for adolescent health services. Adolescents are treated as adults and thereby neglecting their unique health needs. Availability of adolescent friendly health services in the public sector is far lower than the desired level. Additionally, access to friendly health services is met with socio-cultural, provider and religious barriers. HIV prevalence rate among 15-24yrs age group in the state is 4.9% in the urban and 0.9% in the rural (NARHS, 2012). Epidemiological Impact Analysis conducted in 2014 indicated that only 15945 youth (8147 male and 7798 female) representing 35% of the total youth population in the state were reached with various HIV prevention services. In 2015 the state government, with support

from CIHP established three pilot sites for the provision of Youth Friendly Health Services. These centres are located in Bajoga, Billiri and Kaltungo LGAs. The centres are currently functioning. There is need to scale-up the centres to other facilities in the remaining LGAs.

Strategic Objective, Specific Objectives and Targets

The strategic objective of the interventions is to improve access to adolescent health information and services. The targets are:

- Awareness of availability of youth friendly sexual and reproductive health services among adolescents and young people increased to 80% by 2022
- Access to comprehensive youth friendly sexual and reproductive health services increased by 20% by 2022
- Proportion of health facilities offering comprehensive adolescent friendly reproductive and sexual health services increased to 50% by 2022.
- Utilization of adolescent reproductive health services increased to 50% by 2022
- Incidence of unplanned pregnancies among adolescent females reduced by 50% by 2022.
- Maternal mortality among adolescent females reduced by 50%.

Interventions and Strategies

- Integration of adolescent sexual and reproductive health (ASRH) care services into the continuum of care from community to referral facilities
- Increased awareness and education of adolescents via use of innovative ways like the social media and mobile technology to increase uptake of services.
- Increased Sensitization and mobilization of the community and opinion leaders as key change agents
- Integration of adolescent sexual and reproductive health education into our school system
- Involve parents / guardians through PTAs and other viable platforms to expand coverage of Adolescent health and development information

The proposed key interventions are presented in table 8 below:

Table 9: Key Interventions for Adolescent Health

Intervention	Community	Primary	Referral
Comprehensive sexual and reproductive health education	X		-
HPV immunization	X	X	-
Tetanus immunization	X	X	-
Screening for HIV and comprehensive HIV treatment for young people living with HIV	X	X	X
Family planning for sexually active adolescents	X	X	-
Menstrual hygiene promotion	X	X	-
Prevention and management of sexually transmitted infections	X	X	X

School health services	X	-	-
School feeding	X	-	-
Screening for drug use, internet addiction, self-harm, mental health, nutritional disorders, and other leading adolescent health problems	X	X	-
Intermittent iron and folic acid supplementation for girls, especially pregnant adolescents	X	X	-
Motivational counselling	X	X	X
Care in pregnancy, childbirth and postpartum period for adolescent mother and Newborn infant	X	X	X
Post abortion care for post-abortion cases	-	X	X
Integration of adolescent health services into primary health care	X	X	

5.1.5. Nutrition

Context

It is widely accepted that malnutrition has many causes – from lack of food and improper feeding and caring practices to Economic and Political structures. Gombe state suffers from all of these. Many nutritional problems in Gombe are compounded by poor infant and child feeding practices. Babies are deprived of crucial immunisation against bacteria and various viruses when they are most vulnerable (0 – 9 months). The low status, most particularly, the low level of education of women is another key cause of malnutrition. A mother's malnutrition is closely linked to malnourishment of her new-born babies and children.

Another key cause of malnutrition is a lack of access to Healthcare, Water and Sanitation. In Northern Nigeria, a study in two LGAs revealed that only 0.9% of infants receive all basic vaccinations, 34% did not have safe drinking water, and 22% did not have a safe way of disposing of human waste. The poor environmental sanitation, hygiene, and unsafe drinking water result in a high prevalence of infectious and parasitic diseases, particularly in infants and children, which further aggravates their already poor nutritional status. The situation has also been aggravated by the insurgency that plagued the North Eastern region for the past seven years. The recurrent terrorist attacks in the region have led to internal displacement of people and a disruption of economic activities. They have resulted in increased food insecurity as the prices of food products have increased, as well as limited access to water and sanitation services. These harsh conditions predispose the populations to increased exposure of diseases and malnutrition.

Despite of all these challenges, there has been a gradual improvement in the overall performance in almost all nutritional impact indicators in the state. The wasting rate among U5 children has gone down from 4.8%(NNHS 2015) to 3.5% (MICS 2016/208); the prevalence of low weight for height has also reduced from 23%(NNHS 2015) to 17.6% (MICS 2016/208) and the prevalence of low weight for age from 44.1% (NNHS 2015) to 32.6% (MICS 2016/208).

Strategic Objective, Specific objectives and targets

The strategic objective is to improve the nutritional status of Gombe populace throughout their lifecycle, with a particular focus on vulnerable groups especially women of reproductive age and children under five years of age.

- Exclusive breastfeeding rate in the first six months of life increased to 45% by 2022
- Incidence of low birth weight reduced from 27% to 10% by 2022
- Prevalence of childhood wasting reduced from 38% to less than 10% by 2022
- Prevalence of stunting in under-fives reduced from 72% to less than 20% by 2022
- Incidence of anaemia among women of reproductive age reduced by 15%
- Prevalence of childhood overweight reduced by 50% by 2022.
- Prevalence of malnutrition among women of reproductive age reduced from 11% to less than 5% by 2022
- Malnutrition among the elderly reduced by 50% by 2022.

Interventions and Strategies

- Promote delivery of effective interventions that will ensure adequate nutrition to all people of Gombe state, especially vulnerable groups.(women and children).
- Advocacy and Resource Mobilisation, to all stake holders.
- Enhance capacity to deliver effective and appropriate nutrition interventions at all level of health care deliveries.
- Promote and strengthen research, monitoring and evaluation, at all levels
- Promote and facilitate community participation for nutrition interventions and sustainability.
- Promote and strengthen nutrition coordination and multi-sectoral collaborations.
- Scale up of health promotion programme on infant and young child feeding practices from 25 wards to 89 wards of Gombe state.
- To strengthen the committee on food and Nutrition in ensuring the awareness creation in the state.
- Scale up of CMAM programme in all the remaining eight LGAs of the state.
- Ensure the availability of RUTF and Routine drugs for SAM cases of Gombe state children.

Table 9 outlines the proposed key interventions and levels of health Care where specific interventions can be delivered.

Table 10: Key Interventions for Nutrition

Intervention	Community	Primary	Referral

Early initiation of breastfeeding within the first 30 minutes of birth	X	X	X
Exclusive breastfeeding for 6 months	X	X	X
Continued breastfeeding and complementary feeding from 6 months	X	X	X
Complimentary feeding from 6 months to 2 years	X	X	X
Micronutrient powder supplementation	X	X	X
Management of acute malnutrition	X	X	X
Baby-friendly hospital initiative (BFHI)	X	X	X
Nutrition for children with persistent diarrhoea	X	X	X
School feeding	X	-	-
Nutrition for (children born to HIV-positive mothers, and infants and young children in emergency	X	X	X
Nutrition for infants with cleft palate, and children with developmental disabilities)	-	X	X
Iron-folic acid supplementation in pregnant women	X	X	X
Vitamin A supplementation in lactating women	X	X	X

5.1.2 Sexual and Reproductive Health (Family Planning and Post-abortion care)

Context

The total fertility rate (TFR) and median age of birth for ages 15 - 49 years in Gombe State has marginally reduced over the past five years to 7.0 % in 2013 as compared to 7.4% in 2008 and a median age of 20.2 years in 2013 as compared to 20.4 years in 2008 respectively. The modern contraceptive prevalence rate (CPR) has remained low at 4% and is characterized with variations across LGAs. Several supply related factors account for this situation. These include, but not limited to poor commodity logistics supply chain leading to stock outs; dearth of skilled and adequate number of healthcare workers; low male involvement, Non-involvement of private sector; Gaps in record keeping and monitoring and demand side issues such as poor knowledge of modern contraceptives, which varies by LGAs, education and socio-economic of women as well as poor motivation for use of modern contraceptives as adjudged by unmet need of 19% (NDHS 2013).

Post-Partum haemorrhage is one of the major causes of maternal morbidity in married women and Post abortion complications among youths. The annual abortion rate is 33 per 1,000 women aged 15–49 years and the Abortion ratio of 19 abortions per 100 live births in Nigeria is high. While specific figures may not be available for abortion rate in Gombe State, considering the poor health indices when compared to national will imply that the situation will be worse when compared to the foregoing abortion ratio in Nigeria. However, socio-cultural and religious factors militate against the interventions to reduce abortion related maternal mortality.

Strategic Objective, Specific Objectives and Targets

The strategic objective of the planned interventions is to create demand for and increase comprehensive reproductive health services (family planning services and management of unsafe abortion)

- Contraceptive prevalence rate increased from 4% to 22.1% by 2022.
- 50% reduction in unmet needs of FP among all females of reproductive age
- Proportion of health facilities offering post abortion care to increase from 3.3% to 7% by 2022

Interventions

The proposed interventions for sexual and reproductive health are detailed in table 5 below:

Table 11: Key Interventions for Reproductive health

Intervention	Community	Primary	Referral
Family Planning and PAC Services	X	X	X
Screening for HIV and comprehensive treatment for all HIV-positive people			X
Treatment of non-HIV sexually transmitted infections		X	X
Screening for Cervical Cancer			X
Education, counselling, early detection and treatment of breast cancer		X	X
Screening for Prostate Cancer			X
Provision of integrated sexual and reproductive health services	X	X	X
Education, counselling and treatment of rape, and other gender-based violence		X	X

Interventions and Strategies

- Establish budget lines for key SRH interventions - Family planning commodities and Post Abortion Care (PAC)
- Build capacity of health care workers across all cadre of practitioners in public and private facilities on Family planning and PAC services

- Involvement and sensitization of key stakeholders – faith based women groups, men groups, media and professional associations on key SRH interventions – FP/PAC.
- Improve data management at all levels for tracking service delivery for FP and PAC services in Gombe state.

5.1.3 Communicable Disease (Malaria, TB, Leprosy, HIV/AIDS) and Neglected Tropical Diseases)

Context

HIV/AIDS, tuberculosis, malaria and neglected tropical diseases contributes 32% of the burden of ill health in Africa, and seriously impact on health outcomes in every region of the world. The HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases (HTM) Cluster is concerned with the prevention and treatment of these high-burden diseases. In Nigeria these diseases account for 66% of the total burden of morbidity. To consolidate and extend progress on SDG Goal 3, challenges that need to be addressed include scaling up Communicable Disease such as Malaria, TB, Leprosy, HIV/AIDS) and Neglected Tropical Diseases and effective implementation of the national strategic frameworks for HIV/AIDS, malaria and tuberculosis control. In an effort to address these challenges, government has adopted and reinforced the implementation of an integrated approach to malaria control, tuberculosis and neglected tropical diseases (NTDs).

In Gombe State, access to and utilization of HIV prevention, care and support services increased with consequent reduction in prevalence from 8.2% in 2001 to 3.4% in 2014 (NDHS, 2013). The state achieved 35% universal access as against the target of 80% by 2016. Challenges plaguing the delivery of intervention for communicable diseases and NTDs are largely hinged on issues limiting the optimal functioning of the health system, ranging from issues on governance and stewardship, inadequate human resources for health and physical infrastructures; paucity of quality data; Inadequate logistics management systems, inadequate and poor utilization of drugs, low awareness and funding.

The overall goal of the planned interventions is to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases in Nigeria

5.1.3.1 HIV/AIDS

Since 2005, the reduction in the number of annual AIDS-related deaths has been minimal, indicative of the fact that only half (51%) of those living with HIV in Nigeria are accessing antiretroviral treatment (ART) (NACA, 2015; Nigeria GARPR, 2015). In Nigeria uptake of HIV counselling and testing among pregnant women has increased as 30.2% of the estimated 209,861 HIV-positive pregnant women are accessing interventions for prevention of mother-to-child transmission of HIV (PMTCT) through 7, 265 health facilities reaching a PMTCT service coverage rate of 46% (Federal Ministry of Health, 2015). About 12.4% of HIV-exposed infants

have accessed early infant diagnosis (EID) services within two months of birth and received PCR test results.

HIV epidemic remains one of the major public health concerns in Gombe State, with current prevalence of 3.4% (NARHS, 2012) which pose a threat to the socioeconomic development of the State. Prevalence has been on a downward trend from 2001 when it was as high as 8.2% to 3.4% in 2012 as against the National prevalence rate of 3.2. Prevalence is higher in urban areas, and in youth (15-24 years). The epidemic varies across the LGAs ranging from 7.2% to 0.7% (Sentinel Survey, 2010). The response has been a collaborative effort between government at all levels, private sector and Development Partners.

In the state, 27% females, 21% males of general population, 58% of key populations, 36.1% among pregnant women tested positive for HIV (NARHS 2012). Routine service statistics show that 36% of the estimated HIV-positive pregnant women received prophylaxis/ARV treatment through 212 health facilities (Gombe State HIV/AIDS, Fact Sheets 2016). About 10.8% of HIV-exposed infants in Gombe State, out of 54,201 people living with HIV/AIDS as at 2016, 23,640 (6,815 male and 15,589 female) are on treatment, giving a coverage of 43.6% (GomSACA Annual report, 2016). Gombe State have accessed early infant diagnosis (EID) services within two months of birth and received PCR test results.

5.1.3.2 Viral Hepatitis

Hepatitis B virus (HBV) is a major cause of liver disease morbidity and mortality worldwide, accounting for over 360 million cases of chronic hepatitis and 620,000 deaths per a year (World Health Organization. Hepatitis B and C, Immunization, Vaccines and Biologicals. 2013)

Nigeria is one of the most affected countries in Africa and the world. The prevalence of 11% for Hepatitis B and 2.2% of Hepatitis C has been reported between 2000 and 2013. Despite availability of highly effective and inexpensive vaccine for hepatitis B since 1995 only 41% of Nigerians were vaccinated against HBV in 2013 (Rainey JJ, et al 199-2009). In Nigeria, investigators have found high HBV prevalence among Health care workers, especially surgeons (25.7%), voluntary blood donors (23.4%), and infants (16.3%)(GAVI Alliance. Country Tailored Approach for Nigeria 2014-2018; 2). The actual burden of hepatitis is not known in Gombe State. However, the transmission of hepatitis B virus occurs mainly during childhood.

Education on HBV risk factor modification could be incorporated into the AIDS intervention programme as an alternative. This is because the problems associated with AIDS is being better appreciated and both share risk factors and mode of transmission

5.1.3.3 Malaria

Gombe State was supported by the World Bank to boost malaria interventions through the Malaria Booster Project commencing in 2006 and ended 2014. The State launched a massive scale up

of malaria interventions with massive support from partners, distributing 2.7 million long-lasting insecticidal nets (LLINs) between 2010 and 2014. As at 2014 household coverage with LLINs distribution was 97%. LLINs use in Gombe is 54.4% against the north east average of 50.4%. Percentage of women 15-49 years in the state who slept under LLINs was 53.7% against the north east average of 47.8%. The proportion of pregnant women that received at least one dose of Intermittent Preventive Treatment (IPT) was 38.2% for Gombe against the north east average of 59.9% (MICS, 2016/208). Children with malaria whom treatment was sought from health facility provider was 61.7% in the north east while Gombe state recorded 72.5%. On the other hand, treatment sought from community health providers was 11.4% in Gombe against the north east average of 48%. Percentage of children who received ACT -3 was 4.5% in Gombe, higher than the north east average of 3.5% (MICS, 2016/208)

5.1.3.4 Tuberculosis

Tuberculosis continues to be a significant public health problem and a leading cause of adult mortality in Nigeria. Nigeria has the highest TB burden in Africa and is fourth behind India, Indonesia and China as one of the six countries which accounted for 60% of the overall 10.4million new TB cases worldwide. Nigeria's TB prevalence survey results showed a burden of TB far higher than had been predicted, doubling the previous WHO estimates for TB prevalence to 323/100,000, and this accounts for the highest TB burden in Africa. Children & male adult population are most at risk. The TB burden in Nigeria is further compounded by the ongoing HIV/AIDS epidemic and the emergence of multi-drug resistant tuberculosis (MDR-TB).

Case detection rate for the estimated population affected with TB remains critically low at only 15%, though success rate among those who were commenced on treatment is impressive at 87%.The Gombe state estimated TB prevalence and incidence for 2016 was 10,050 and 10,517 respectively using the estimated state population and extrapolating national TB prevalence survey results. The TB burden is borne by the entire population of the State, but especially by higher risk populations such as, people living with HIV/AIDS and urban areas where several important risk factors for TB are concentrated amongst the urban poor. The greatest burden of TB incidence and mortality occurs among younger adults aged in the productive age group 25-45 years and in men than in women, with a ratio of about 2:1 while mortality was higher in women, likely related to HIV and advanced disease.

The burden among children under 15 years is relatively high and likely to represent a large pool of undetected cases. Evidence suggests that the high HIV prevalence is a major driver of the high TB burden. The State HIV prevalence among TB is presently high (21%), a decrease from 35% in 2011. Similarly, mortality and morbidity among TB/HIV co-infected patients has been on decrease over the years following improvement in access to both TB and HIV diagnosis and treatment services in the state. The emergence of DR-TB also poses a threat to TB control in the State, which if not effectively addressed, may wipe out the achievements of previous efforts in controlling TB.

The WHO End TB Strategy recently approved by the World Health Assembly in 2014, calls for a 90% reduction in TB deaths and an 80% reduction in the TB incidence rate by 2030 (Global TB Report 2015).

5.1.3.5 Neglected Tropical Diseases

Neglected Tropical Diseases (NTDs) are a group of disabling, chronic and disfiguring conditions that occur mostly in settings of extreme poverty, especially among, poor rural and some disadvantaged urban populations (Hotez JP, et al). These are communicable diseases linked with poverty and are prevalent in areas with poor sanitation, inadequate safe water supply and substandard housing conditions in low income and middle income countries in Africa, Asia and Latin America with about 534,000 deaths (WHO, 2009).

Nigeria accounts for 25 per cent of the 7 major NTDs in sub-Saharan Africa, and has the largest burden in the Africa. The major NTDs include Schistosomiasis, Soil-Transmitted Helminthiasis (STH), Onchocerciasis, Lymphatic Filariasis (Elephantiasis), Leprosy and Trachoma. These are found to be endemic in almost all the thirty six (36) States and the Federal Capital Territory (Abuja). Nigeria has a national policy on NTD's and a five (5) year strategic plan was developed in 2013 which outlined the strategic steps required to eliminate and control ten (10) of NTD's found in Nigeria. Integrated mapping/baseline surveys of these NTDs focussing on those infections that can be controlled or eliminated through community chemotherapy and health education started recently in Nigeria (FMoH, 2013). Nigeria is working with a number of national and international Non-Governmental Developmental Organizations (NGDO's) for the reduction in incidence which will lead to reduction/elimination. There are still some unmet diagnostic needs as well as challenges and practicalities which have to be addressed.

Although, the burden of most NTDs in Gombe State is not known as no survey/mapping was done. However, Leprosy, Lymphatic Filariasis, Onchocerciasis or river blindness; Soil Transmitted Helminthic (STH) are endemic in some LGAs while trachoma appears to be a disappearing disease in the State, considering that none of the LGAs had prevalence in children at or above the 5% elimination threshold set by WHO. This indicates gaps in the effort towards NTDs control in the state, therefore more need to be done.

The overall goal of the planned interventions is to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases in Nigeria.

Strategic Objectives

- To fast track the national response towards achieving 90-90-90 targets by 2020 towards ending AIDS in Nigeria

- To reduce the transmission of, morbidity and mortality caused by viral hepatitis, and to minimize the socioeconomic impact of the disease
- To reduce the malaria burden to pre-elimination levels towards bringing malaria-related mortality to zero
- To reduce tuberculosis prevalence rate and the tuberculosis mortality rate in Nigeria by ensuring universal access to high quality, client-centred TB/Leprosy diagnosis and treatment services
- To reduce morbidity, disability and mortality through the control and elimination of targeted NTDs

Specific Objectives/Targets

Malaria

- *80% of care seeking persons with suspected malaria is tested using mRDT or microscopy by 2022*
- *80% of all individuals with confirmed malaria seen in private or public facilities are treated with effective anti-malarial drugs by 2022*
- *Prevalence of malaria reduced by 80% in pregnancy and children by 2022*
- *Attain 60% local production of quality artemisinin-based combination therapy (ACT) by 2022*
- *80% of care seeking persons has access to antimalarial commodities by 2022*
- *Less than 10% of health facilities reported stock out of diagnostic kits and ACTs lasting more than one week in the past three months by 2022."*

Tuberculosis and Leprosy

- *TB prevalence rate reduced by 60% by 2022*
- *TB mortality reduced by 50% by 2022*
- *Case notification rate of all forms of TB increased from 57.3 per 100,000 to 27 per 100,000 by 6 2022*
- *Case detection of all forms of TB increased to 70% by 2022*
- *Ratio of TB diagnostic centres to population improved from 1:109,285 to 1: 50,000 or less*
- *70% level of implementation of the comprehensive strategies for case notification, management and control of tuberculosis and leprosy in the general population (Global Roadmap) attained by 2022*
- *100% access to high-quality integrated services for all people co-infected with tuberculosis and HIV attained by 2022*
- *100% access to diagnosis and treatment of multi-drug resistant tuberculosis attained by 2022*

HIV

- *Incidence of HIV infections among the key and general populations reduced by 70% by 2022*
- *Coverage of HIV testing increased from the current rate of 30% to 60% by 2022*

- Mother-to-child transmission of HIV eliminated in Nigeria by 2022
- All diagnosed PLHIV receive quality HIV treatment services, and at least 90% of those on ARV achieve sustained virological suppression by 2022
- 100% of People living with HIV (PLHIV), vulnerable children, and people affected by HIV/AIDS (PABA) have access to comprehensive rights-based care by 2022.
- 90% of the population know their HIV status.
- Provide quality HIV treatment services for all diagnosed PLHIV, and at least 90% of those on ARV achieve sustained virological suppression"

Viral Hepatitis

- 50% of persons infected with hepatitis B and C are aware of their infection status by 2022
- Prevalence of vaccine-preventable viral hepatitis reduced by 50% by 2022
- Prevalence of viral hepatitis reduced by 50% by 2022
- 50% of all persons eligible for hepatitis B treatment receive treatment by 2022

Neglected Tropical Diseases

- Proportion of States implementing integrated vector management for targeted neglected tropical diseases increased to 70% by 2022
- Prevalence of targeted NTDs reduced by 60% by 2022
- Attain 50% coverage in preventive chemotherapy for selected neglected tropical diseases by 2022"

Strategic Interventions

Malaria

- Expand access to integrated vector control interventions
- Strengthen laboratory services for diagnosis of malaria at all levels
- Build capacity of personnel in public and private health facilities for parasitological confirmation of malaria.
- Promote the local production of quality artemisinin-based combination therapy (ACT) to make antimalarial drugs widely affordable
- Improve availability of and access to commodities and supplies for treatment of uncomplicated and severe malaria
- Expand use of IPTp among pregnant women attending ANC
- Strengthen systems for quality assurance and quality control of malaria diagnosis and treatment.
- Promote active community participation in malaria control initiative

Tuberculosis

- Strengthen TB case detection, diagnostic capacity and access to quality treatment services.
- Promote demand for TB services

- Expand access to TB diagnosis and treatment services for persons co-infected by TB and HIV
- Scale up paediatric TB diagnosis and treatment services
- Increase access to diagnosis and management services for DR-TB
- Strengthen collaboration with and capacity of CBOs to support TB programming.
- Strengthen mechanism for coordination of TB/HIV collaborative activities at all levels of health care.
- Promote innovative advocacy, social mobilization and behaviour change intervention for the prevention and control of TB
- Expand and improve access to quality Leprosy and TB Services
- Build capacity of all cadres of health staff (GHW, Physicians, and specialist) and community members on Leprosy case finding and case management
- Integrate Leprosy control into the general health services
- Promote community based TB/Leprosy control initiatives
- Strengthen physical and socio-economic rehabilitation for leprosy

HIV/AIDS

- Expand access to Minimum Package of Preventive Interventions (MPPI) for HIV targeting key and general populations
- Expand access of people living with HIV and AIDS to ART and co-infection management services.
- Promote universal access to quality PMTCT services
- Strengthen referral and linkages between HIV/AIDS services and other health and social services
- Improve access to safe blood and blood products
- Promote injection safety and health care waste management practices
- Strengthen community systems to support HIV/AIDS programming for key and general populations
- Improve the logistics and supply chain management for all HIVAIDS- related drugs and commodities.
- Promote HIV/AIDS research for improved evidence-based response
- Strengthen advocacy, legislation, social mobilization and behaviour change communication for improved HIV response

Viral Hepatitis

- Strengthen advocacy, social mobilization and behaviour change communication on viral hepatitis
- Expand access of key and general populations to viral hepatitis prevention, screening and treatment services
- Scale-up interventions for the prevention of iatrogenic transmission of viral Hepatitis

- Expand coverage of interventions for prevention of mother-to-child transmission of viral hepatitis
- Strengthen HBV vaccination for adult populations, especially those at occupational risk
- Promote universal coverage of HBV vaccination at birth and other doses according to national schedule
- Expand access and delivery of hepatitis prevention, care and treatment services in health care facilities and closed settings

Neglected Tropical Diseases

- Strengthen advocacy, social mobilization and behaviour change communication for NTDs
- Scale up delivery of integrated preventive chemotherapy packages and other packages.
- Strengthen integrated vector and management and activities for health education, access to clean water, sanitation, and environmental improvement for targeted NTDs.
- Increase access to integrated case management for NTDs (Buruli Ulcer, Leishmaniasis, Trypanosomiasis, Loasis, Schistosomiasis, Zoonosis, soil-transmitted helminthic infections, onchocerciasis, filariasis)
- Strengthen capacity for NTD programming and implementation.
- Strengthen the integration and linkages of NTD programme and financial plans into sector-wide and national budgetary and financing mechanisms.
- Promote research on NTDs for evidence-based response

5.1.4 Non-Communicable Disease

5.1.4.1 Non-communicable Diseases (NCDs)

Context

In Nigeria, NCDs contribute significantly to adult mortality and morbidity. They impose a heavy economic burden on individuals, societies and health system as they affect the highly productive population. The major NCDs in Nigeria include cardiovascular diseases (hypertension, stroke, and coronary heart disease), diabetes mellitus, cancers, sickle cell disease and chronic obstructive airway diseases including asthma. Others include mental health disorders, violence, road traffic injuries and oral health. Although there is dearth of data on NCDs in Nigeria, as the last national survey on NCD was in 1992, the prevalence of NCDs is predicted to rise even more in the coming decades.

The Federal Ministry of Health through the Non-communicable Diseases Division is currently reviewing the National Policy and Strategic Plan of Action for the Prevention and Control of NCDs (2013), to ensure compliance with global best practices. In addition, various sub-programme guidelines such as the National Nutrition Guideline on the Prevention, Control and Management of NCDs, Guideline for the management of Sickle cell, NCD Case Management Desk Guide for

Clinicians and NCD education and lifestyle guide for health Educators have been developed. However, there is no current national nor Gombe State statistics on NCDs and over the years Nigeria has relied on estimates from the 1990-1992 survey, which is out dated and unsuitable for planning purposes.

Major barriers to prevention and control of NCDs in Gombe include gross underfunding, lack of donor support, poor legislation and enforcement of laws linked to prevention and control. Others include inadequate screening equipment particularly at the PHC level, paucity of adequately trained staff, weak health systems, high cost of treatment, un-coverage of NCDs in the NHIS and lack of multi-sectoral approach to their prevention and control. The burden of NCDs is further compounded by ignorance, cultural beliefs and misconceptions about these diseases.

Strategic Objective and Targets

The strategic objective of the planned interventions is to reduce the morbidity and mortality due to NCDs in Nigeria by 20% from current levels by 2022. The targets for the plan period are:

- Overall mortality from NCDs (cardiovascular diseases, cancer, diabetes, sickle cell diseases or chronic respiratory diseases.) reduced by 20% by 2022
- Prevalence rate of tobacco use among adults reduced by 30% from current rate of 5.6%
- Prevalence rate of insufficient physical activity and unhealthy diet reduced by 30%
- Prevalence rate of salt intake for mean adult (aged ≥ 18) population reduced by 30%
- Uptake of vaccines for carcinogenic viruses (HBV, high risk HPV serotypes and pneumococcal vaccination among children) increased to 50% by 2022
- Proportion of Adults who are aware of their genotype increased by 50% by 2022
- Proportion of eligible population screened for early detection and management of NCDs increased to 50% by 2022.
- Access to quality treatment facilities for persons with NCDs increased to 50% by 2022".

Interventions

- Establish multi-sectoral Coordination Committee for NCDs prevention and control
- Increase funding for NCD and remove economic barriers to accessing services (expand social health insurance to cover NCDs)
- Promote evidence-based decision-making for planning NCD interventions
- Expand coverage of NCD prevention and treatment to all public hospitals and to private and PHC facilities
- Increase NCD information dissemination, education, and cancer outreach services nationwide.
- Build capacity of health care providers, especially at lower levels (PHC) in prevention and screening for NCDs
- Remove economic barriers to accessing NCD services
- Create demand for NCD services

- Promote healthy lifestyles and behaviours for the prevention of NCDs.

5.1.4.2 Care of the Elderly

Context

The elderly, also variously described internationally as older persons, senior citizens or simply seniors, conventionally refer to persons aged 60 years and above. In Nigeria, it is estimated that older people make up about 10% of the Nigerian population (GlobalAge watch Report, 2015) and with increasing life expectancy; the proportion of the aged population is on the increase.

Older people are at increased risk of chronic degenerative diseases especially cardiovascular diseases, stroke and diabetes. People over 60 accounted for 75% of the 35 million deaths from NCDs worldwide in 2004 alone, with the majority in low and middle-income countries including Nigeria (HelpAge International, 2011). In Nigeria these disease conditions have their origin partly from the prevailing social, economic and environmental factors, which include poverty, loneliness and depression. Most of these have their roots in the fast declining traditional social security system which was once our heritage (Adebowale *et al* 2012).

In spite of the large population of the aged and their myriad of health problems, there is a seeming neglect of this group of people in health care planning and provision. Although there is dearth of data on the health of elderly persons in Nigeria, anecdotal evidence suggests that our health facilities lack basic personnel with skills to address the health needs of older persons. (*Global Age Report 2015*). Currently, there is only one standard government-owned geriatric health facility in Nigeria, located in the University College Hospital, Ibadan, known as Chief Tony Anenih Geriatric centre. The centre is run down and currently provides only minimal services through a voluntary insurance scheme.

The Federal Ministry of Health has established, an Elderly health unit, charged with the responsibility of coordinating the development and implementation of strategies and interventions aimed at addressing the health needs of older persons in Nigeria. This Unit carried out a survey to ascertain availability of geriatric services in 15 tertiary institutions across the country in 2010, leading to National Council on Health's resolution in 2010, to have geriatric centres established in all government institutions. The package of services to be provided for geriatrics is being determined. Despite these efforts, Nigeria's overall performance in terms of elderly care has been sub-optimal.

Key challenges in this regard include, the absence of a guiding ageing policy, the seeming low priority given to Elderly care by government in terms of funding and leadership, the lack of development partners support for issues concerning the elderly in Nigeria and the erosion of traditional family and communal values.

The increasing global attention on the health risks of the elders and their need for financial protection as reflected in SDG3, underscores the necessity for government to consider the introduction of community-based cost effective, equitable and dignified elderly care centres in the country. The inclusion of elderly care in the NSHDP2 is indicative of governments

determination to accord Elderly care a deserved attention in line with national and international commitments.

Strategic Objective and Targets

The strategic objective of the interventions is to improve the health and wellbeing of the elderly in Nigeria. The targets for the interventions shall include:

- 50% of the elderly in Nigeria access basic and long term care by 2022
- 50% of the elderly in Nigeria are active and stay healthy by 2022.
- 40% of the elderly have access to financial support schemes to meet their health care needs by 2022.

Interventions

- Promote generation of evidence for planning, implementation and monitoring of geriatric services
- Promote enabling policy environment for programming for the elderly
- Scale-up appropriate health services for the promotion of health and care of the elderly at all levels of care
- Build human resource capacity for the care and support of elderly at all levels of the health care system
- Strengthen Behaviour Change Communication (BCC) and Social Mobilization interventions for the elderly
- Promote community participation and partnerships for sustainability of health programmes for the elderly

5.1.4.3 Mental Health

Context

Mental illnesses are increasingly being recognized as a major chronic disability worldwide and one of the leading contributors to burden of diseases. In 2004, it was estimated that mental, neurological and substance use disorders accounted for 13 percent of global burden of disease (GBD) (WHO, 2013). Mental health has a major impact on quality of life, as well as social and economic viability of families, communities and the nation. A community study in Nigeria estimates around 1 in 5 persons would experience a significant mental health problem in their lifetime requiring long-term commitment to treatment.

Psychotic disorders, the most easily identifiable form of mental illness, which include the schizophrenias, manic illness and organic psychosis, affect about 1% of the general population. Depression alone accounted for 4.3% and is among the largest single causes of disability worldwide, particularly for women (WHO, 2014). There is evidence that depression is particularly common among Nigerian elderly, with over 7% reporting major depressive disorder in a 12-month period and over 25% reporting same in the course of a lifetime. At least 10% of the population will be suffering from those poorly identifiable disorders. These conditions run a chronic course and

are responsible for more morbidity (WHO, 2006).

Mental illnesses frequently co-occur with peri-partum conditions, HIV-related diseases and non-communicable diseases. Other risk factors for mental illness include use of illicit drugs such as marijuana, cocaine and organic solvents. The proportion Nigerians with mental illness receiving any treatment, orthodox or otherwise, within the previous 12 months is about 10%. As a result of the high prevalence, relatively low mortality rate, low identification rate and poor utilization of treatment, the MNS disorders are the largest single group, among NCDs contributing to disability.

Challenges include poor policy and legislative environment, poor budgetary allocation (only 3.3% of federal health budget goes to mental health, with 90% of it spent on tertiary care), acute shortages of skilled human resource at tertiary level and dearth of non-specialized skills at lower levels of the health system to detect and manage mental health problems, failure to integrate mental health into PHC, and lack of programming for mental health.

Recognising that addressing mental health requires a multi-disciplinary and multi-sectoral approach, the focus during the plan period will be on improving leadership and governance in order to resolve the constraints, address the risk factors and improve access to effective and efficient mental health services delivery.

Strategic Objective and Targets:

The strategic objective is to improve the mental health and psychosocial wellbeing of Nigerian populace by reducing prevalence of serious, moderate and mild mental illnesses; and substance use disorders. The targets are:

- Incidence of mental illnesses in Nigeria reduced by 20% by 2022
- Healthcare coverage of patients with mental illnesses and substance use dependence by increased to 60% by 2022;
- Social welfare support to persons with established serious mental illnesses and substance use dependence raised to 40% by 2022.

Interventions:

- Promote legal framework for mental health practice and services in Nigeria;
- Strengthen the generation of evidence for planning and programming
- Scale-up provision of comprehensive, integrated and responsive mental health services particularly, in primary health care and community-based settings
- Expand access to psychosocial support services as component of mental health services in communities
- Strengthen interventions for mental health prevention and promotion at all levels;
- Strengthen coordination mechanism for mental health service delivery at all levels
- Promote advocacy for improved financing for mental health
- Strengthen the supply chain system for the sustainable supply of mental health drugs and commodities at all levels

- Build capacity of health care providers for mental health service delivery at all levels.

5.1.4.4 Oral Health

Context

Oral diseases are major public health problems worldwide, as poor oral health has a profound effect on general health and quality of life. Oral diseases includes dental caries, periodontal disease, tooth loss, oral mucosal lesions, oropharyngeal cancers, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)-related oral disease and orodental trauma. Other oral health problems include malocclusion, traumatised teeth, dental fluorosis, and oral tumours. The burden of oral disease is increasing, particularly among the disadvantaged and poor population groups in both developing and developed countries. The 2010 Global Burden of Diseases, Injuries and Risk factors Study estimated that oral conditions affected 3.9billion people and that the burden of oral conditions had increased by almost 21% between 1990 and 2010 (Marcenes et al, 2013).

There is a dearth of statistics on the current situation in the country, and indeed Gombe State but data from experts indicates that dental caries (tooth decay) prevalence is between 6 to 23 per cent among Nigerians, of which 90 per cent of the patients are untreated, resulting in pain and tooth loss (Sofola, 2009)

Major challenges include the low level of awareness of an average Nigerian about oral health care, poor funding, limited availability of services, dearth of skilled personnel, limited access, high cost of services which limits affordability, Inequitable distribution of personnel and services, limited focus on prevention, and the non-integration of oral health into PHC.

Strategic Objectives and Targets

The strategic objective is to contribute to improvement in the quality of life and wellbeing of Nigerians through the promotion of preventive, curative and restorative oral health care. The interventions shall target:

- Incidence and prevalence of oral diseases (e.g. dental caries, gingivitis, cancrumoris etc.) reduced by 40% by 2022
- Level of oral health awareness in the country increased from less than 45% to 70% by 2022
- 50% of Nigerians have adequate access to oral health care by 2022
- 60% of PHCs provide basic package of oral care by 2022
- 60% of secondary level health care facilities are providing oral health care appropriate for that level"

Interventions

- Promote prevention and early care seeking for oral diseases

- Integrate oral health into primary health care.
- Expand access to oral health care services by integrating oral health at all levels of the health care system
- Train healthcare providers to meet the minimum international standards for different levels of care
- Provide oral health care based on minimum acceptable standards
- Increase oral health financing at all levels of health care
- Promote research and effective monitoring and evaluation of oral health activities
- Advocate for legislation to discourage habits that are harmful to oral health
- Provide school based oral health programming.

5.1.4.5 Eye HealthCare

Context

The latest available national data on eye health is from the 2005 – 2007 survey report which indicated a prevalence rate of blindness 4.2% among people aged 40 years and above and an overall prevalence rate of 0.78% in the country. The rate of severe visual impairment was 1.7%. Overall, 1.13 to 3.1 million persons are blind or visually impaired in the country. Higher rates of blindness/visual impairment were found in the North East/North West, among women, and illiterates. Among three quarters of blindness are caused by cataract. Other leading causes of blindness are glaucoma, trachoma, retinal disease and uncorrected aphakia while refractory errors are the leading cause of visual impairment.

In response, the FMoH has set up the National Eye Health Programme and has developed the National Eye Policy (2006).

Strategic Objective and Targets

The strategic objective of this plan is to contribute to the development of a healthy and productive population, through reduction in the prevalence and incidence of eye diseases in Nigeria. In particular, the interventions should aim to reduce the prevalence of avoidable visual impairment by 25% by the year 2022 (*National Blindness and Low Vision Survey of 2005 – 2007*) with targets as follows:

- 70% of blind and visually impaired persons have adequate access to eye treatment and rehabilitative services by 2022
- 30% of health facilities in the country have capacity to deliver appropriate quality eye care services by 2022
- 50% of blind and visually impaired needing rehabilitation have access to required services by 2022
- Prevalence of avoidable visual impairment in the country reduced to 25% by 2022.

Interventions

- Improve coordination of eye care services
- Promote the development of health plans and policies at all levels to be in consonance with the WHO Global Eye Health Action Plan 2014 - 2019
- Strengthen eye health focused research and information system;
- Strengthen advocacy, social mobilization and behaviour change communication on eye health
- Expand access (financial, geographical, social etc.) to comprehensive (promotive, preventive, curative and rehabilitative); appropriate and quality eye health services at all levels.

5.1.5 General & Emergency Hospital/Health Facilities' Services

Context

The health care delivery system is divided into the primary, secondary and tertiary sub-systems. The primary and secondary sub-systems are under the supervision of the Local and State governments respectively and they are the links. In the State, they are functional and this has seriously improved referral services. Gombe people have full confidence in these two sub-systems, and usually use them in their quest to access medical services.

The tertiary health care delivery sub-system is operated by the Federal Ministry of Health and is only one (1) Federal Teaching Hospital, providing services in this sub-system, is under the direct supervision of the Department of Hospital Services of the Ministry. The hospitals have adequate manpower and some level of equipment to deliver reasonable services but this is not usually the case as a result of poor attitude of health workers, inter-professional wrangling, incessant strike actions, conflict of interest, poor housekeeping and unregulated Labour Unionism etc.

The result is that most of Gombe people are fast losing confidence in this level of care and those who can afford it go outside the country to access care, which in some cases may not be up to the standard obtainable in the country. It has been estimated that Gombe state loses huge amount of money which is about N3, 000,000, to medical tourism annually. To stem this tide, the framework for the NSHDP II should be designed in such a way as to address the causative factors of this menace.

5.1.5.1 Provision of Health Services at Public and Private Health Facilities

Strategic objectives and Targets

The strategic objective is to strengthen the provision of health services at public and private health facilities that are appropriate, accessible and meet minimum quality and safety standard for optimized health outcomes. The targets include the following:

- Case fatality rates reduced by 30% by 2022
- Client satisfaction level improved by 50 % by 2022
- Utilisation of general medical services increased by 75% by 2022
- The proportion of LGAs with functional public health facility providing general medical services at secondary level increased to 70%.
- Adherence to quality measures improved by 50% by 2022
- Proportion of health facilities implementing IPC in line with standard guidelines.

Interventions

- Promote the development and implementation of policies, plans, legislations, regulations and clinical standards for safety and quality improvement of medical services across levels of care
- Scale up provision of accessible medical services
- Intensify continuous quality improvement in medical service provision at all levels
- Build capacity of health care providers for quality medical services
- Promote demand for appropriate use of medical services
- Strengthen Infection, Prevention and Control (IPC) practices in health care settings.
- Continuous monitoring and evaluation of all the medical services at all levels.
- Ensure the two way Referrals is maintained.
- Maintaining of equipment and consumables supply is always in place.
- Employment and refresher training of the health care providers are maintained.

5.1.5.2 Integrated Emergency and Trauma Care

Strategic objective and Targets

The strategic objective for the area is to increase provision and access to quality, affordable & integrated emergency and trauma care.

The targets have been set as follows:

- 80% of the states have dedicated centres for integrated emergency and trauma service
- 70% of Secondary and Tertiary hospitals have functional ambulances
- 30% of health emergencies responded to within 1-hour

Interventions

- Strengthen coordination and regulation mechanisms for emergency referral and trauma services at all levels care.
- Ensure provision and access to emergency and trauma services
- Strengthen integrated functional state and local referral systems.
- Strengthen coordinated and integrated transport systems for emergency and trauma services
- Build capacity (human and institutional) and infrastructure for continuous quality improvement of comprehensive emergency and trauma care.
- Ensure that emergency cases are responded within 1 hour.
- Intensify multi-sectoral and intra-sectoral collaboration and partnerships for emergency care and trauma service
- Promote demand for appropriate use of emergency and trauma care services.

5.1.5.3 Provision of Ambulatory (outpatient) Services at all levels of Health Care

Strategic objective and Targets

The strategic objective of the interventions is to improve provision, access, quality and responsiveness of Ambulatory (outpatient) Services at all levels of health care with the following target:

- 100% of Health facilities providing general outpatient services as appropriate to the level of care.

Interventions

- Promote the development of practice standards and guidelines for ambulatory services
- Scale-up functional and integrated ambulatory services (general, and specialized) in all facilities according to standards
- Promote & enhance capacity (human and institutional) for continuous quality improvement of Outpatient services
- Promote supervision, monitoring and evaluation of all the health facilities.

5.1.5.4 Access to Safe Blood and Blood Products

Context

A significantly large amount of laboratory investigations occur in the private sector, some of them referred. The blood safety program in Gombe faces challenges of poor access to and availability of safe blood and blood products, as well as poor implementation of quality management systems for blood transfusion. The State has adopted National Laboratory Blood Transfusion Services (NLBTS) policy in all the safety procedures for collecting, screening and transfusion of blood. There are currently 2 NBTLS centres across the north east zone in Maiduguri, Borno state and

Nangere, Yobe state. All blood collected in these centres are screened for HIV, HBV, HCV, syphilis and malaria.

Most of the critical cases that require emergency blood transfusion in our hospitals, apart from accident cases, are pregnant women due to complications of PPH (bleeding after birth) and antepartum haemorrhage (bleeding after 28 weeks of gestation). The lack of functional blood bank in some of the state facilities makes the required intervention difficult to come by and affects these groups. The state has 23 secondary health facilities. Blood transfusion services are provided in all the facilities, but the complete blood system, where blood is preserved in a refrigerator is lacking due to challenges of lack of power and funds to manage the facilities. Each of these facilities has a refrigerating system for the storage of blood and blood products such as serum, which is separated from whole blood. However, the problem is that the equipment cannot be used for the preservation of blood because of power supply problems and lack of funds to manage the facilities. There are currently only two functional blood banks in the state. The establishment of at least two functional blood banks in each of the three senatorial zones of the state will promote blood safety and transfusion services. Gombe State has qualified medical laboratory scientists, and the facilities to carry out desktop investigation to be certain the blood collected is free from blood-borne pathogens such as HIV, syphilis, malaria, and hepatitis B and C before transfusion.

Some challenges facing the state include lack of electric power supply in some of the facilities and inadequate running cost. In view of these challenges, the blood banks are not functional. Consequently patients are advised to get their relatives or friends to donate blood before transfusion which has a negative impact, including additional stress on the health worker who wants to save the life of the patient.

Strategic objective and Targets

The strategic objective is to promote provision of and access to effective, safe blood and blood products at appropriate levels of health care.

- Proportion of units of blood collected increased from current 2% to 50% of total need.
- Proportion of collected blood screened increased to 75% by 2022
- 100% of blood collection and utilisation centres meet the minimum quality standards by 2022 "

Interventions

- Promote the development and implementation of policies, plans, legislations, regulations and clinical standards for safe blood and safe blood products transfusion
- Expand the availability of access to safe blood and blood products including strengthening of linkages between hospitals and NBTS screening centres.
- Promote and increase public awareness on blood transfusion services including voluntary non remunerated blood donation.

- Strengthen resource mobilisation for blood transfusion services including promotion of PPP (private public partnership).to remove stigma and cultural beliefs.
- Develop quality management system and institutionalize hemovigilance for Blood and blood products services in all blood screening centres.
- Develop and institutionalize Data/Information Management system on blood transfusion (include developing a directory for public information and use) services in Gombe state.

5.1.5.5 Public Health Laboratory Services

As the practice of medicine and public health becomes more complex, demands on laboratory services are increasing. Laboratories are the first point for the detection of some outbreaks and also serve as a major source of health information. To have an effective functional health system, reliable and efficient laboratory services is paramount because they provide relevant information for patient care and treatment, monitoring, epidemic investigation and surveillance. It has been posited that optimal functioning of the public health system to reduce threats to health is dependent on availability of high quality network of laboratory facilities equitably distributed. (State team/donors, 2016).

In Gombe state, there is no Public Health laboratory. However, public sector clinical laboratory services are provided in primary, secondary and tertiary health care facilities, owned by the different tiers of government. The number of the facilities providing these services is not readily available. Basic laboratory services are provided in the PHCs, while secondary and tertiary facilities carry out higher diagnostic services. Private health facilities also provide laboratory services, and some of them are free standalone laboratories with some of them well equipped. (State team/ Donors). Many of these private sector laboratories are up-to-date because of on-going supervision by SMOH on regular basis and the quality of their services is subject to audit. There is also good communication between the private and public health laboratories in the state as a regular review meeting forum bring them together. In the public sector, the minimum package of services to be provided at each level has been defined; coordination of activities in public sector laboratories runs by the different levels of government providing the services exist.

5.1.5.6 Access to Palliative and End of Life Care

Strategic objective and Targets

The strategic objective is to promote the provision of and access to palliative and End-of-life care services at public and private health facilities that meet defined minimum quality and safety standards. The targets for the plan period shall include:

- 30% of Public & Private Health Facilities operate functional Palliative and End-of-life care services
- 30% of patients needing palliative and end-of-life services are receiving community system support

Interventions

- Promote the development and implementation of policies, plans, legislations, regulations and clinical standards for palliative and end-of -life care services
- Build capacity (human and institutional) for continuous quality improvement of palliative and End-of-life care services
- Strengthen community systems to support Palliative and End-of-life care services
- Promote appropriate disposal of dead bodies.

5.1.6 Health Promotion and Social determinants of Health (Environmental Health)

Context

Health Promotion is ‘the process of enabling people to increase control over and to improve their health’ (WHO 1986). It comprises actions aimed at fostering good health and wellbeing, focusing on populations within the context of their everyday lives aimed at promoting health and preventing disease. It addresses many factors that influence health such as Individual factors-(biological, socio-demographic and lifestyle and health care seeking behaviour); and Environmental factors (cultural, social, economic, physical, etc.). These are the social determinants of health.

Gombe State has been making concerted efforts aimed at promoting health and addressing some of the social determinants of health. Some of the actions initiated over the years include: Development of relevant Health Policies including the State Strategic Health Development plan (2010-2015), Human Resources for Health policy 2014, Human Resources for Health Strategic Plan 2014, Task Shifting and Task Sharing(TSTS) plan 2015, Standard Operating Procedure (SOP) for (TSTS) the State Food and Nutrition Policy(2016), State costed Plan on Food and Nutrition(208-2022), Legislation on the State Health Acts (SHActs), Primary Health Care Under one Roof (PHCUOR) Act, as a strategy to reduce geographic and economic inequities to access, strengthening Community Action and promoting the concept of Ward Development Committees and Reorienting health services.

These actions have been limited and have failed to make significant impact in improving the State's health status, redressing inequalities in health outcomes and dealing with the root causes of disease. Some of the national leading causes of premature death and years lived with disability in 2013 are as shown on table 5 below:

Table 12: Ranked Leading Causes of Premature death and Years Lived with Disability, 2013

Leading causes of premature death	Leading Causes of Years Lived with Disability
Malaria	Lower back and neck pain
Lower respiratory tract infection	Depressive disorders
Haemoglobinopathies	Sense organ diseases
HIV/AIDS	Skin diseases
Road Injuries	Schistosomiasis
Preterm birth complications	Malaria
Neonatal encephalopathy	HIV/AIDS
Diarrheal diseases	Road Injuries
Protein energy malnutrition	Chronic Obstructive Lung Diseases
Neonatal sepsis	Diarrheal diseases

Source: The Commonwealth and IHME Health Data .org

Gombe faces the challenges of poor access to health and other social services. Furthermore, there is inequitable distribution of health outcomes, with the poor, rural populations, uneducated populations, and females having worse indices. These problems are compounded by low investments in disease prevention, health education and promotion, poor health care seeking behaviour and failure to address the social determinants of ill-health. Addressing these challenges will require empowering individuals and communities with appropriate knowledge to take control and actions that promote their health and prevent disease, address factors in the community that influence health and wellbeing and impede inequities in health outcomes.

Some of the key factors militating against effective health promotion interventions include:

- i. Limited understanding of concepts of the Health Promotion and consumer rights,
- ii. Lack of a strong platform for multi-sectoral actions towards the promotion of supportive environments for health behavior change,
- iii. Inconsistent and poor implementation of health education across the levels of the health care system,
- iv. Non-integration of health promotion in curative services and across programs,
- v. Dearth of communication strategy and materials skills,
- vi. Inadequate framework for the coordination of organizations providing health education and
- vii. Absence of a dedicated funding for health promotion and community empowerment.

5.1.6.1 Wellbeing of individuals and communities through protection from health risks, and promotion of healthy lifestyle and environment

Protection from health risks and promotion of health lifestyle as well as of the environment result in wellbeing of individual and communities.

Strategic Objective and Targets

The strategic objective of this plan is to empower Nigerians with appropriate health knowledge, through health promotion to enable them develop and practice healthy lifestyles. The targets are:

- 25 % of communities have capacity for health promotion by 2022
- 40% of community members are making healthy lifestyle choices by 2022.

Interventions

- Promote the development and implementation of policies, plans, legislation and regulations that prevent health risks and ensures healthy life styles
- Strengthen community capacity for responses and ownership of health promotion.
- Strengthen health promotion coordination mechanisms at all levels
- Scale-up health promotion activities at all levels.
- Promote the inclusion of health promotion in workplace health programs
- Promote the inclusion of health promotion in school curricula at all levels
- Intensify multi-sectoral and intra-sectoral collaboration and partnerships in planning, implementation and health promotion activities.

5.1.6.2 Food Hygiene and Safety

Environmental health covers a broad range of areas and for the SSHDP-II (2018-2022) will cover: water supply, sewage disposal, housing, refuse disposal, vector control, air pollution, food sanitation and hygiene etc. Poor environmental sanitation increases the risk of transmission of communicable diseases.

Context

Food hygiene are the conditions and measures necessary to ensure the safety of food from production to consumption. The recent WHO global burden of foodborne illnesses worldwide estimated annual impacts of food safety failures in Nigeria are 13.7 million cases of food related illnesses and 20,600 deaths, of which 14,400 are diarrhoeal, where the burden falls mostly on children and the elderly. Chemical intoxications (mostly due to aflatoxins in nuts and grains) are responsible for up to 5,160 deaths per year, as well as stunting in innumerable children due to chronic exposure (WHO, 2015).

According to the Nigerian Integrated Disease Surveillance and Response there were 1,049,550 cases of Diarrhoea alone in the country with 1,164 deaths in 2012 (FMOH, 2014, p. 11). Other cases of foodborne illnesses such as typhoid fever, cholera, cancers etc. are becoming widespread and under-reported. The problems with foods in Nigeria have to do with availability, accessibility, quality and safety of the foods. The quality of food sold in the market in terms of nutritional content is far from acceptable. The Sustainable Development Goals (*target 2.2*) targeted that by 2030, all forms of malnutrition, including under nutrition, obesity and micronutrient deficiencies be ended (ICSU, 2015, p. 20). Currently, there are out dated regulations and standards related to the quality of food and food additives in the country. For example, the National Agency for Food and Drug Administration & Control (NAFDAC), has three (3) out dated

regulations. These are the Food Fortification Regulation (2005), the Food Fortification with Vitamin A Regulations (2005) and the Food Grade (Table or Cooking) Salt Regulation (2005).

Gombe State has a Food Regulated Premises Edict 2016 which provides for registration and regulation of premises for food vendors and restaurants. Recently, in the State, NAFDAC in collaborations with the state Ministry of health and SPHCDA as well as some Partners carried out monitoring of revised breast milk substitute code across the State to ensure that Pharmacies, Patent Medicine shops, health facilities, supermarkets and media houses complied with the International BMS Resolution. They did this to ensure that women especially of reproductive age exclusively breast feed their babies. With the support of Development Partners, and to further demonstrate the enforcement, NAFDAC in collaborations with stakeholders convened a stakeholders meeting, and inaugurated a joint monitoring committee comprising of SMOH, NAFDAC, SPHCDA and Development Partners and conducted integrated monitoring and supervisory visits to ensure that all monitoring tools are harmonised to ensure compliance.

The FMOH has a draft National Food Safety & Quality Bill as well as a draft Food Safety Institutional Framework which are yet to be passed into law. When eventually passed into law, Gombe state will leverage on these policies by domesticating them to promote food hygiene and safety.

Strategic Objective and Targets

The strategic objective is to ensure a modernised food control system that will reduce the incidence of illnesses and outbreaks associated with food, as well as assure that food is nutritious, wholesome and efficacious. The targets are:

- Incidence of foodborne diseases reduced by 20% by 2022
- Compliance and adherence to standards (HACCP) of food safety and hygiene by institutions and outlets involved in the food production and consumption pipeline increased to 50% by 2022.
- 60% of designated sentinel sites across the federation established and equipped to collect, collate and transmit foodborne illness data to the National Centre for Disease Control by end of 2018.
- A functional and sustainable high-risk food data bank by end of 2018.
- A comprehensive compilation of approved food additives used in the country by 2019."

Interventions

- Strengthen system for food and water safety surveillance.
- Strengthen the legal and regulatory framework for food safety in line with international guidelines.
- Intensify awareness and sensitization on food safety and quality particularly at the rural community level.

- Scale up the training of food inspectors that will ensure that foods sold within the country are in compliance with current standards and regulations.
- Promote the practice of food safety across the food production pipe line from farm to the table.

5.1.6.3 Safe Water and Sanitation

Context

Water and sanitation contribute significantly to the health and wellbeing of people. Many international and regional declarations and strategies calling for national actions to invest in water and sanitation exist because the health benefits.

Water borne / related diseases contribute the highest proportion to the overall disease burden in Nigeria, with diarrheal diseases being one of the leading causes of mortality in children under five years. Access to safe water, adequate sanitation, and proper hygiene can reduce illness and death, and also impact poverty reduction and socioeconomic development. Only 61% of the households in Nigeria have access to an improved source of drinking water while only 30% of households have access to improved toilet facility (NDHS, 2013).

The Gombe State Water supply and Sanitation Agency (RUWASSA) was established on 5th October, 1999 as a water and sanitation project (WATSAN) under the office of the secretary to the State Government and it is a Multidisciplinary Organization with Six (6) Major Departments. The focus of the Agency is to provide safe, affordable, accessible and sustainable water supply, basic sanitation and hygiene facilities in rural communities and public institutions. However, on the 6th may 2016 a Bill for the establishment of the Gombe state rural water supply and sanitation agency (RUWASSA) was signed in to law. The Agency is promoting low cost options in the design and construction of Water, Sanitation and Hygiene facilities over the years as a strategy to scale up WASH coverage in the state. It has been collaborating with Federal Government, Local Governments, UNICEF, USAID, WHO, NGOs, CBOs and line Ministries in the areas of service delivery and capacity building. The State is considered among the high socio-economic burdened states, facing a lot of water and sanitation related health problems. Data available shows that the WASH coverage in Gombe state is still low as 29.8% and 32.7% of the total population have access to safe drinking water and improved sanitation respectively.

The State has a Water Supply Policy that was approved in May, 2008 aimed at improving access of communities to safe water. Through the policy the state provided four schools with 4 motorised and 2 solar boreholes as well as rehabilitated 100 hand pumps. In addition two hospitals were supported with boreholes to improve the provision of safe water to the health facilities. The SSHDP-II will strengthen water supply projects in the state.

Strategic Objective and Targets

- In order to promote universal access to safe drinking water and acceptable sanitation in Nigeria, the interventions have the following targets:

- Incidence of diseases resulting from consumption of unwholesome water and poor sanitation reduced by 50% by 2022.
- 50 % of drinking water sources assessed for quality standards
- 70% of the population have access to improved sanitation by 2022.

Interventions

- Promote the mainstreaming of water and sanitation as a health related priority programme
- Strengthen the platforms for inter-Ministerial collaboration and other Partnerships for addressing the social determinants of health
- Create awareness on Water borne disease
- Strengthen preventive, curative and rehabilitation health services for water borne diseases.

5.1.6.4 Snake Bites Morbidity and mortality

Context

Snakebite is a major neglected public health problem in rural communities of Africa and Nigeria where three most important venomous snakes **Najanigricolis (Cobra)**, **Bitisarietans(Puff Adder)** and **Echisocellatus (Carpet Viper)** are prevalent. It is also a major medical problem in rural communities of the Savannah Region of West Africa with countries such as Nigeria, Senegal, Ghana, Togo, Benin, Burkina-Faso, Niger, Mali and Cameroon being mostly affected. Saw-scaled vipers are the most leading cause of snakebite mortality and morbidity in this region followed by Cobra and Puff adders.

Nigeria has an estimated incidence of snake bites of 174 bites/100,000(1994 (Sample Epidemiological survey conducted by FMOH). The country contributes 1/5 of the burden of snake bites in the African Region, cases. An estimated 60% of deaths are caused by the most dangerous snake –the Carpet Viper. Snake bites are occurring mostly in very fertile areas of the country such as the Benue and Niger River valleys. Children, Farmers, Herdsmen and Hunters are at the greatest risk.

The vegetation, climatic conditions and encroachment of the ‘wild’ by humans due to urbanization in Gombe state has resulted in increased incidence of snake bites. A wide spectrum of snake variety is present especially around Kaltungo, DadinKowa and Shongom localities. These include the vipers; notable is *Echis ocellatus*, the elapids like the cobra and some colubrids. This observation prompted Echitab® intervention research in the 1990s. The research centre in Kaltungo transformed into a regional referral centre for snake bite research, serving Adamawa, Borno, Yobe, Bauchi, and Taraba States. Males are more predisposed to snakebites as they form more than two thirds of snake bite victims because they are the ‘bread winners’ and they spend more time on the farms. The peak incidence is highest between the months of April and October when farming activity is at its highest during the rainy season.

The Snake Research Centre in Kaltungo provides free antsnake venom to victims. This service has drastically reduced the case fatality from snakebites in the state. However, there has been perennial stockout of the drug which send clients to the open market to purchase the drug. This trend is unsafe as the quality of the drug cannot be guaranteed. The state will make concerted efforts to ensure the consistent and continuous supply of the drug to meet demand.

The strategic objective and Targets

The strategic objective is to reduce morbidity and mortality from snake bites in Nigeria. The targets of the interventions are as follows:

- i. 50% reduction in case fatality rate from snake bites by 2022
- ii. 50% reduction in the incidence of snakebites by 2022

Interventions

- 1) Promote the development and the implementation of policies, plans, legislations and regulations for the reduction of snake bites in Nigeria.
- 2) Scale up sustainable supply of anti-snake venom in Nigeria, including local production
- 3) Build capacity of health care workers on snakebite management at all levels.
- 4) Promote partnerships for national snakebite response
- 5) Scale up generation of local evidence to inform more responsive snakebite programming
- 6) Promote snakebite prevention and Control interventions.

5.1.6.5 Protect human health, environment and infrastructure from chemical hazard, medical & Bio-waste and poisoning

Context

Toxic chemicals are a significant global public health problem. About 25% of the global burden of disease in humans is thought to be linked to environmental factors, including exposures to chemicals. The production and use of chemicals continues to grow Worldwide particularly in developing countries for example, the Institute for Health Metrics and Evaluation (IHME) has estimated that in 2013 lead exposure accounted for 853 000 deaths per year, with the highest burden in low and middle income countries. (WHO, 2016) According to World Health Organization (WHO), there are ten chemicals or groups of chemicals of major public health concern namely: Lead, Air, Mercury, Asbestos, Arsenic, Cadmium, Benzene, Inadequate and excess fluoride, Dioxin and dioxin-like substances, highly hazardous pesticides.

In Nigeria, up to a million people are exposed each year to various toxic and hazardous chemicals which through ingestion and/or inhalation lead to deaths. In recent years, Nigeria has recorded “Lead poison outbreaks in Zamfara (2010) and Niger State (2015). Also the Jos Chlorine explosion was as a result of the excess Chlorine inhalation from an exploded Chlorine cylinder. (Ajijah, 2015). Recently, in Rivers State there was occurrence of black soot which made residents

restless due to the health implications". The Healthcare Systems in Nigeria does not have any Poison Information Control and Management Centres (PICMC), thus allowing toxic chemicals to remain in the realm of speculative diagnosis.

Currently, Nigeria has policies, regulations and standards related to chemical issues such as National Policy on Chemicals Management which is domiciled in Federal Ministry of Environment and the draft assessment report on Institutional capacity gaps and barriers, for implementation of the Minamata Convention on Mercury.

FMoH was instrumental to assessing the short and long term health impact of toxic chemicals and provision of expertise for treatment of people exposed to chemicals. These efforts need to be scaled up in order to substantially reduce morbidity and mortality arising from poor chemical management. Beside, Nigeria's international commitments and protocols such as the United Nations SDGs necessitate the inclusion of environmental health as a priority area of investment.

Strategic Objectives and Targets

The strategic objective is to protect human health, environment and infrastructure from chemical hazard, medical and bio waste and poisoning. The targets are:

- Mortality associated with hazardous chemicals and poisons reduced by 30% by 2022
- 70% of healthcare facilities meet the minimum standards for medical waste management".

Interventions

- Strengthen legal, regulatory framework, policies and plans for chemical hazards and poisoning, medical and Bio waste and climate change
- Scale-up advocacy, community sensitization and education on chemical wastes and poisoning, medical and Bio waste and climate change
- Build capacity of health workers for effective management of medical and Bio waste and hazardous chemicals at all levels of the health care system
- Build capacity to appropriately respond to health effects of climate change
- Deepen collaboration with relevant stakeholders on Chemicals Management, medical & Bio waste management and climate change
- Improve systems for data collection, management and utilization for chemical hazards and poisons, medical and Bio waste and climate change.

5.1.6.6 Promote optimal health and safety of workers in their work environment

Context

The health and safety of workers at their various work places have been considered in developing interventions of the SSHDP-II (208-2022). Weak regulations exist to promote optimal health and safety of workers at work places. Additionally, poor implementation of available safety regulations

has compounded the challenge. The dearth of occupational health professionals in the Nigeria and in the state could be linked to this situation.

Strategic objective and Targets

To promote optimal health and safety of workers in their work environment with targets as follows:

- 10% of workplaces have occupational health policy and procedures
- 5% increase in occupational health professionals in Gombe State.

Interventions

- Promote the development and implementation of legal, regulatory framework, policies and plans for occupational health in Nigeria
- Build capacity of health care workers to respond to occupational health needs in the country
- Scale up occupational preventive and promotive activities
- Expand access to appropriate occupational health services for health workers
- Strengthen regulation, mentoring and evaluation of occupational health services in workplace
- Promote health and safety in the workplace
- Promote collaboration between the key stakeholders (Ministry of Health, Ministry of Labour and the private sector)

5.1.7 Strengthening Primary Health Care Services and Service Delivery

5.1.7.1 Primary Health Care (PHC):

Primary health care is the level of care that is accessible to the largest population resident in the rural areas of the state and is meant to serve as the key strategy to achieving the SDG3 goal for attainment of universal health coverage. Unfortunately it is the level that has the least capacity and political commitment towards health development. The Primary Health Care facilities in the state form the entry point of the community into the State health care system. They include health centres and health clinics, maternities, dispensaries and health posts, providing general, preventive, curative, and promotive as well as pre-referral care to the population. The primary facilities are typically staffed by Nurses, Midwives, community health extension workers (CHEWs), junior CHEWs and Pharmacy Technicians, Laboratory Technicians, Medical record officers, Clerical officers, and environmental health officers. At community level frontline health workers provide basic house to house education and referral services. These include Village Health Workers, Ward Development Committees, Mothers Group etc.

The Gombe State Government, in line with the resolution 29 of the 54th National Council on Health meeting in May 2011 which approved the implementation guide on bringing PHCUOR Initiative

as part of Government's reform designed to improve Primary Health Care delivery, established the State Primary Health Care Development Agency (SPHCDA) in 2013 by an Act of the State House of Assembly and in tandem with the provisions of the National Health Act 2014. The aim is to reduce fragmentation in primary healthcare services through the promotion of integrated management systems under one Authority, with a single management body, The Agency is responsible for the management of PHC activities, LGA- Health authority, coordination of plans and budgets for PHC, as well as management of PHC Human resources. The SPHCDA advises commissioner for health and Local Government in all matters concerning PHC activities.

Challenges include Poor quality of care, inadequate skilled health workers, Gaps in provision of the Minimum Package of Care, Poor functioning of the referral system, human resource gaps in terms of numbers, skills, mix, distribution and attitude to work, limited availability and access to specialized and emergency services, fragmentation and poor integration of services, distance to health care facilities and the cost of services, limited partnership between public and private sector in service provision, inadequate funding, poor demand for services and limited investments in community mobilization and participation in health development. In addition to the foregoing, there is poor regulation of the private sector. While State Ministry of Health has a standing committee that issue licences to ensure that facilities comply with standards, monitoring of quality of services provided by the private sector is limited.

The following interventions have been undertaken to strengthen Primary health care in the state:

- The adoption of Development of the Ward Health System and Primary Health Care under One Roof by the National Primary Health Care Agency.
- Establishment of the State Primary Health Care Development Agency to enhance planning and coordination of PHC in the state
- The Saving One Million Lives Initiative and the defunct Midwives Services Scheme
- Implementation of performance based financing under Nigerian State Health Investment project (NSHIP).
- Implementation of one referral Health facility per ward
- Implementation of the Village Health Workers Scheme
- Establishment and support of WDCs in each of the 114 political wards
- Implementation of Mothers' Group activities
- Implementation of midwives mandatory rural posting for midwives graduates from the State College of Nursing and Midwifery.

Despite these efforts, the need to strengthen Health Care Services in the State for optimal service delivery in order to improve State health status is paramount.

The overall goal is to revitalize integrated service delivery towards a quality, equitable affordable and sustainable healthcare.

Strategic Objectives and Targets

- To ensure universal access to an essential package of care
- To increase access to health care services
- To improve the quality of health care services
- To increase demand for health care services
- To provide financial access especially for the vulnerable groups
- To Promote community participation
- To Strengthen the organization of PHC services at LGA level

Interventions

A description of possible activities that could contribute to the achievement of each specific objective and intervention are presented below:

- Provide Essential Health Service Package
- Determine norms and package of care at different levels and enforce referral system
- Improve geographical equity and access to health services
- Ensure availability of drugs and equipment at all levels
- Establish a system for the maintenance of health facilities and equipment at all levels
- Strengthen referral system
- Foster collaboration with the private sector
- Strengthen professional regulatory bodies and institutions:
- Develop and institutionalise quality assurance models:
- Develop and institutionalise quality assurance models:
- Institutionalize Health Management and Integrated Supportive Supervision (ISS) mechanisms
- Creating effective demand for services
- Improving financial access especially for the vulnerable groups
- Strengthening PHC at LGA level:
- Planning for delivery of health services
- Mobilizing required resources to operationalize LGA Plans
- Management of LGA health Systems to improve performance of health services
- Scaling Up implementation of Comprehensive integrated essential health services
- Increasing use of evidence from health information and operational research
- Supervision, monitoring and evaluation.

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
4.Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition															
4.1.1.a	support the exstining VHWs scheme to continue with their work	1. one day meeting for 1005 VHWs	1. one day meeting. 2. Tea Break 1500*1005*1day. 3. Lunch 1700*1005*1 day. 4.Tranport 3000*1005*2. 5. Facilitator 10000*5*1day. 6. Printing checklist 500*. 7.Fueling of vehicle for one day driver allowances 3000.	₦ 2,240,000	0	1	0	0	0	₦ -	₦ 2,240,000	₦ -	₦ -	₦ -	₦ 2,240,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.1.1.b	Organise a 3 day capacity building training on BCC and IPC for 1000 PHC staff in 11 LGAs.	One day meeting for. 1. ii Tea Break 1500*1000*1day. 2. Lunch 1700*1000*1day. 3. transport 3000*1000prs* ii*1day. 4. Public Address 10000*1day. 5. Projector 10000*1day	One day meeting for. 1. ii Tea Break 1500*1000*1day. 2. Lunch 1700*1000*1day. 3. transport 3000*1000prs* ii*1day. 4. Public Address 10000*1day. 5. Projector 10000*1day	₦ 1,240,000	0	1	0	0	1	₦ -	₦ 1,240,000	₦ -	₦ -	₦ 1,240,000	₦ 2,480,000
4.1.1.c	Scale up VHWs scheme in remaining 57 wards of the 11 LGAs	3days Training of VHW 1000	1. 3days Training of VHW 1000. 2. Tea Break 1500*1000*3 days. 3. Lunch 1700*1000*3 days. 4. Transport 3000*1000*2*3days. 5.	₦ 2,894,500	1	0	0	0	1	₦ 2,894,500	₦ -	₦ -	₦ -	₦ 2,894,500	₦ 5,789,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
			Public Address System 10000*3days. 6. Projector 10000*3days. 7. Accommodation 8000*1000*4 days. 8. DSA 3500*1000*4 dys. 9. w/s materials 1000*1000.												
4.1.1.d	Conduct intergrated supportive supervision in state and LGAs	integrated supportive supervision to 11 LGAs	1. checklist 500 copies*200. 2. Car hire 3car hre for 5days. 3. driver allowance 3000*3*5days. 4. Lunch 1700*10*5days. 6. transport	₦ 2,894,500	1	0	1	0	0	₦ 2,894,500	₦ -	₦ 2,894,500	₦ -	₦ -	₦ 5,789,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
			allowance 3000*10*5days.													
4.1.1.e	Train health workers on safer birth check list	Conduct 3 day Training for 1000 health workers on safer birth	(1). Hall hire 80000 for 3day.2. tea break ii 1500*1000*3 days. 3. lunch 1700*1000*3 days. 4. transport 3000*1000*2. 5. public address system 10000*3days. 6. projector 10000*3days. 7. accommodation 8000*1000*4 days. 8. DSA	₦ 2,894,500	0	1	0	0	0	₦ -	₦ 2,894,500	₦ -	₦ -	₦ -	₦ 2,894,500	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
			3500*1000*4 days. 9. W/S Materials 1000*1000.													
4.1.2.a	Conduct training of 550 health workers on Bemonc	Conduct 5 days training for health workers on BEMONC	1. hall hire 120000 for 5days. 2. tea break ii 1500*55*3days. 3. lunch 1700*55*3days. 4. transport 3000*55*. 5. public address system 10000*5days. 6. projector 5000*5days. 7. accommodation 8000*550*6days. 8. DSA	₦ 3,554,000	0	1	0	0	0	₦ -	₦ 3,554,000	₦ -	₦ -	₦ -	₦ 3,554,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
			3500*550*6days. 9.W/S Materials 1000*550.													
4.1.2.b	provide equipments and supply to health facilities in the state and LGAs.	procure and supply equipment to public health facilities in the state	Advert for tender, screening and award of contract	₦ 7,396,500	0	1	0	0	0	₦ -	₦ 7,396,500	₦ -	₦ -	₦ -	₦ 7,396,500	
4.1.2.c	Scale up activities of VHW in MNCH	Conduct 3 days training for 1000 VHW	(1). Training village health workers 1000 in 11LGA. (2) hire of hall for 3day. (3) allowance of village health workers for 3days. (4). Materials for the training. (5) facilitators allowance for 3days. (6) tea	₦ 2,894,500	0	1	0	0	0	₦ -	₦ 2,894,500	₦ -	₦ -	₦ -	₦ 2,894,500	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
			bread for 1000 for 3days. (7) louch 1000 for 3days (8) training manuals. (9) drivers allowance for 3days (10) re-planing meeting with louch for a day. (11). accomodation for 3days												
4.1.3.a	Engage media to mobalise/educate genaral public on ANC /hospital delivery	Organise and conduct Radio discussion on MNCH	1. Radio discussion per min. 7500*10 in different language.2. hearing of jingles on MNCH	₦ 1,679,100	0	1	0	1	1	₦ -	₦ 1,679,100	₦ -	₦ 1,679,100	₦ 1,679,100	₦ 5,037,300

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.1.3.b	Support IPs conducting advocacy visits to community leaders,	1.hall hire 80000 for one day.2. tea break 1500*50*1day. 3. lunch 1700*50day. 4. projector 1day 10000. 5. public address system 10000*1. 6. transport. 3000*50*1day.	1.hall hire 80000 for one day.2. tea break 1500*50*1day. 3. lunch 1700*50day. 4. projector 1day 10000. 5. public address system 10000*1. 6. transport. 3000*50*1day.	₦ 1,087,740	0	1	1	1	1	₦ -	₦ 1,087,740	₦ 1,087,740	₦ 1,087,740	₦ 1,087,740	₦ 4,350,960
4.1.3.c	support quartely review meetngs on MNCH	hall hire 1day 80000.2. lunch 1700*50*1day. 3. 10000*1day. 4. public address system 10000 for 1day.5.transpo rt 3000*50*1day.	hall hire 1day 80000.2. lunch 1700*50*1day. 3. 10000*1day. 4. public address system 10000 for 1day.5.transp	₦ 920,000	4	4	4	4	4	₦ 3,680,000	₦ 3,680,000	₦ 3,680,000	₦ 3,680,000	₦ 3,680,000	₦ 18,400,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		6. tea break 1500*50 1day.	ort 3000*50*1day. 6. tea break 1500*50 1day.													
4.1.4.a	To provide Essential drugs and equipments to state and LGA facilities in the state.	Essential Drugs for MNCH. magnesium sulphate oxytocin 500*100*5yrs, misoprostol 50*57*500*1yr, anti hypertensive drugs, hydrazine 350*10*22*1yr, infusion 400*50*57, calcium gluconate 250*50*57*1yr, syring and	Essential Drugs for MNCH. magnesium sulphate oxytocin 500*100*5yrs, misoprostol 50*57*500*1yr, anti hypertensive drugs, hydrazine 350*10*22*1yr, infusion 400*50*57, calcium gluconate 250*50*57*1yr, syring and	₦ 2,905,750	0	1	0	0	1	₦ -	₦ 2,905,750	₦ -	₦ -	₦ 2,905,750	₦ 5,811,500	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		needle. Equipments. Syring and needle 4000*57*1yr 2, trolley, stretcher, delivery kits, drip stand, forcep, scissors, bowel, BP Apparatus, Adult weighing scale bed and mattress.	needle. Equipments. Syring and needle 4000*57*1yr 2, trolley, stretcher, delivery kits, drip stand, forcep, scissors, bowel, BP Apparatus, Adult weighing scale bed and mattress.												
4.1.5.a	conduct 5 days update training for healthworkers on quality care for safe motherhood	hall hire 1day 80000*5days .2 . lunch 1700*550*5day . 3. projector 5000*5day. 4. public address system 10000 for 5day.5.transpo	hall hire 1day 80000*5days .2 . lunch 1700*550*5day. 3. projector 5000*5day. 4. public address system	₦ 3,267,500	0	0	1	0	0	₦ -	₦ -	₦ 3,267,500	₦ -	₦ -	₦ 3,267,500

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		rt 3000*550*2*5day. 6. tea break 1500*550*5day. 7.facilitators allowance *5*5days. 8. DSA 3500*550*5DAY.	10000 for 5day.5.transp ort 3000*550*2*5day. 6. tea break 1500*550*5day. 7.facilitators allowance *5*5days. 8. DSA 3500*550*5DAY.												
4.1.5.b	Support health workers with high level materias during ANC education during ANC visits.	Provide folic acid 1000*48*1yr. Fersolae 1000*48*1yr during ANC. 2. Health Talk. 3. urine for protein. .4. SP 800*3*57*yr.	Provide folic acid 1000*48*1yr. Fersolae 1000*48*1yr during ANC. 2. Health Talk. 3. urine for protein. .4. SP 800*3*57*yr.	₦ 3,267,500	0	1	0	0	1	₦ -	₦ 3,267,500	₦ -	₦ -	₦ 3,267,500	₦ 6,535,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.1.5.c	To commemorate MNCH week in the state and LGAs.	MNCH week. 2. bi-annual May and Nov. 3. high infant intervention. 4. nutrition screening. 5. immunization. 6. hand washing. 7. ANC. 8. Deworming 13000*50*1yr. 9. Vitamin A. Transport Allowance 3000*5days. 10. soap 600*40*1yr	MNCH week. 2. bi-annual May and Nov. 3. high infant intervention. 4. nutrition screening. 5. immunization. 6. hand washing. 7. ANC. 8. Deworming 13000*50*1yr. 9. Vitamin A. Transport Allowance 3000*5days. 10. soap 600*40*1yr	₦ 20,678,000	0	2	2	2	2	₦ -	₦ 41,356,000	₦ 41,356,000	₦ 41,356,000	₦ 41,356,000	₦ 165,424,000
4.1.7.a	Reproduce referral forms to all facility	produce*500 copies of referral forms 700*1 2.transport 3000*4*5day	produce*500 copies of referral forms 700*1 2.transport 3000*4*5day	₦ 1,366,700	0	1	0	0	1	₦ -	₦ 1,366,700	₦ -	₦ -	₦ 1,366,700	₦ 2,733,400

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.1.7.b	facilitate in house training for health care workers on hand washing technic in the heaith facility	soap 600*40*yr. 2. hands towel 300*1000*1yr. 3. hands scrupe 200*1000*1yr.	soap 600*40*yr. 2. hands towel 300*1000*1yr. 3. hands scrupe 200*1000*1yr.	₦ 3,267,500	0	1	1	0	0	₦ -	₦ 3,267,500	₦ 3,267,500	₦ -	₦ -	₦ 6,535,000
4.1.7.c	Support VHW to sensitize the communtiy on danger signs of pregnancy, labour and puerpperium and refer as appropriate.	1. hall hire 80000*1day. 2. refreshment 1500*50ppl*1day. 3. transport 3000*5p*1day.	1. hall hire 80000*1day. 2. refreshment 1500*50ppl*1day. 3. transport 3000*5p*1day.	₦ 3,267,500	0	0	2	0	1	₦ -	₦ -	₦ 6,535,000	₦ -	₦ 3,267,500	₦ 9,802,500
4.1.8.a	Procure and distribute life saving commodities LSC	Essential Drugs for MNCH. magnesium sulphate oxytocin, misoprostol, anti hypertensive drugs,	Essential Drugs for MNCH. magnesium sulphate oxytocin, misoprostol, anti hypertensive drugs,	₦ 39,556,000	0	1	1	1	1	₦ -	₦ 39,556,000	₦ 39,556,000	₦ 39,556,000	₦ 39,556,000	₦ 158,224,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		hydrazine, infusion, calcium gluconate, syring and needle. Equipments. Syring and needle, trolley, stretcher, delivery kits, drip stand, forcep, scissors, bowel, BP Apparatus, Adult weighing scale bed and mattress.	hydrazine, infusion, calcium gluconate, syring and needle. Equipments. Syring and needle, trolley, stretcher, delivery kits, drip stand, forcep, scissors, bowel, BP Apparatus, Adult weighing scale bed and mattress.													
4.4.1.a	liase with vellage health workers and other CBOs for the sensitaziitiion	1. Hall, =80000 one day 2. Tea Break 1500*1004* one day,3. Lung	1. Hall, =80000 one day 2. Tea Break 1500*1004* one day,3.	₦ 1,520,000	0	1	0	0	0	₦ -	₦ 1,520,000	₦ -	₦ -	₦ -	₦ 1,520,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	with the community	1700*1004 * one day, 4. Transport Allowances 3000*1004* one day, 5. Workshop Material 1000*1000* one day, 6.	Lung 1700*1004 * one day, 4. Transport Allowances 3000*1004* one day, 5. Workshop Material 1000*1000* one day, 6.												
4.4.1.b	five days training for staff on quality and accessible child care services	1. Hall Hire 80000*5 days, 2. Tea Break 1500*1005* 5days, 3. Lung 1700*1005* 5days, 4. Transport 3000*1005*2, 5. Public Address System 10000*5days, 6. Facilitator 10000*5*5days, 7. Accommodation	1. Hall Hire 80000*5 days, 2. Tea Break 1500*1005* 5days, 3. Lung 1700*1005* 5days, 4. Transport 3000*1005*2, 5. Public Address System 10000*5days, 6. Facilitator	₦ 1,450,000			1			₦ -	₦ -	₦ 1,450,000	₦ -	₦ -	₦ 1,450,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		on 8000*1005*6days, 8. DSA 3500*1005*6days, 9. W/S Maerials 1000*1005*1days.10 projector 10000*5days	10000*5*5days, 7. Accommaadaton 8000*1005*6days, 8. DSA 3500*1005*6days, 9. W/S Maerials 1000*1005*1days.10 projector 10000*5days												
4.4.1.c	strenghten the capacity of health workers to identfy and refer	1. Hall 80000*5days, 2. Tea Break ii 1500*55*5days , 3.Lunch 1700*55*5days , 4.Transport 3000*55*2,5. Publc Address Sytem 10000*5*days, 6.Facilator Allowances 10000*5*5days	1. Hall 80000*5days, 2. Tea Break ii 1500*55*5days, 3.Lunch 1700*55*5days, 4.Transport 3000*55*2,5. Publc Address Sytem 10000*5*day	₦ 1,920,000	0	1	0	0	0	₦ -	₦ 1,920,000	₦ -	₦ -	₦ -	₦ 1,920,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		7. Accommodation 8000*55*6days, 8. DSA 3500*55*6day, W/S Maerials 1000*55*1. 9. projector 10000*5days	s, 6.Facilator Allowances 10000*5*5days, 7. Accommaadaton 8000*55*6days, 8. DSA 3500*55*6day, W/S Maerials 1000*55*1. 9. projector 10000*5days												
4.4.5.b	Support quaterly DQA on RI data	<ul style="list-style-type: none">• Fuiling of Vehicles• Meals allowance•	<ul style="list-style-type: none">• Fuiling of Vehicles• Meals allowance•	₦ 260,000	1	1	1	1	1	₦ 260,000	₦ 260,000	₦ 260,000	₦ 260,000	₦ 260,000	₦ 1,300,000
4.4.5.c	Advocacy to relevant authourity on more focus on Routine Immunization than State	<ul style="list-style-type: none">• Fueling of vehicle• Refreshment•	<ul style="list-style-type: none">• Fueling of vehicle• Refreshment•	₦ 80,000	1	1	1	1	1	₦ 80,000	₦ 80,000	₦ 80,000	₦ 80,000	₦ 80,000	₦ 400,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	Intervention Activities														
4.4.5.d	Advocay visit to his Excellency And line ministries for incresed support for Round Immunization activities and realeese of heaith related budtget	<ul style="list-style-type: none"> Fueling of vehicl Refreshment 	<ul style="list-style-type: none"> Fueling of vehicl Refreshment 	₦ 120,000	1	1	1	1	1	₦ 120,000	₦ 120,000	₦ 120,000	₦ 120,000	₦ 120,000	₦ 600,000
4.4.5.e	Advocacate to 16 Emirs to sensitised their community to place more ephasis on RI	<ul style="list-style-type: none"> Transport Refreshment at the evnues Honararium to the Emirs 	<ul style="list-style-type: none"> Transport Refreshment at the evnues Honararium to the Emirs 	₦ 810,000	0	1	0	0	0	₦ -	₦ 810,000	₦ -	₦ -	₦ -	₦ 810,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.4.6.a	Sensitize Media houses to dedicate air time on the important of RI	<ul style="list-style-type: none"> Fueling of vehicle 	<ul style="list-style-type: none"> Fueling of vehicle 	₦ 40,000	1	0	0	1		₦ 40,000	₦ -	₦ -	₦ 40,000	₦ -	₦ 80,000
4.4.6.b	Sensitize 135 district heads in all the 11 LGAs on the important of activities RI than SIA.	<ul style="list-style-type: none"> Transport Refreshment at the evnues Honararium to the Emirs 	<ul style="list-style-type: none"> Transport Refreshment at the evnues Honararium to the Emirs 	₦ 1,600,000	0	1	0	0	0	₦ -	₦ 1,600,000	₦ -	₦ -	₦ -	₦ 1,600,000
4.4.6.c	Conduct training needs assessment. Identified personel to be train on immunization supply chain	<ul style="list-style-type: none"> Transport cost for data collection Consultant and Data collectors fees, Data analoyis & Report writing 	<ul style="list-style-type: none"> Transport cost for data collection Consultant and Data collectors fees, Data analoyis & Report writing 	₦ 1,900,000	0	0	1	0	0	₦ -	₦ -	₦ 1,900,000	₦ -	₦ -	₦ 1,900,000
4.4.6.d	Sensitization of Health Workers on improved attitude and	<ul style="list-style-type: none"> Hall hire Refreshment Transport refund 	<ul style="list-style-type: none"> Hall hire Refreshment Transport refund 	₦ 1,800,000	0	0	1	0	0	₦ -	₦ -	₦ 1,800,000	₦ -	₦ -	₦ 1,800,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	prompt filling of Data tools														
4.4.6.e	Development of Job description structure and term of referenncce that will guide ISC in the state.	<ul style="list-style-type: none"> Cost for TWGs meetings Refreshments Transport refund 	<ul style="list-style-type: none"> Cost for TWGs meetings Refreshments Transport refund 	₦ 220,000	0	0	1	0	0	₦ -	₦ -	₦ 220,000	₦ -	₦ -	₦ 220,000
4.4.7.a	Advocacy to policy makers to solicit funding for Procurement of additional Cold chain equipments (SDD)	<ul style="list-style-type: none"> Cost for TWGs meetings Refreshments Transport refund 	<ul style="list-style-type: none"> Cost for TWGs meetings Refreshments Transport refund 	₦ 220,000	1	0	0	1	0	₦ 220,000	₦ -	₦ -	₦ 220,000	₦ -	₦ 440,000
4.4.7.b	Conduct cold chain equipment assessment in	<ul style="list-style-type: none"> Fueling of vehicle Refreshment 	<ul style="list-style-type: none"> Fueling of vehicle Refreshment 	₦ 1,930,000	0	0	1	0	0	₦ -	₦ -	₦ 1,930,000	₦ -	₦ -	₦ 1,930,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	all Health Facilities														
4.4.7.c	Repair all broken down cold chain equipments and withdraw obsolete ones	Cost for maintenance and repairs	Cost for maintenance and repairs	₦ 940,000	1	1	1	1	1	₦ 940,000	₦ 940,000	₦ 940,000	₦ 940,000	₦ 940,000	₦ 4,700,000
4.4.7.d	Development of Planned Preventive Maintenance(PM) & implementation Plan	Cost for maintenance and repairs	Cost for maintenance and repairs	₦ 510,000	1	1	1	1	1	₦ 510,000	₦ 510,000	₦ 510,000	₦ 510,000	₦ 510,000	₦ 2,550,000
4.4.7.e	Identification and engagement of stand by technicians	• Deliberation meetings • •	• Deliberation meetings • •	₦ 25,000	1	0	0	0	0	₦ 25,000	₦ -	₦ -	₦ -	₦ -	₦ 25,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.4.8.a	Training and refresher trainings of health workers (LCCOs, ALCCOs, HF RI focal persons) on proper use of Temperature monitoring Devices both for transportation and storage (VMT)	<ul style="list-style-type: none"> Hall hire Refreshment Transport refund 	<ul style="list-style-type: none"> Hall hire Refreshment Transport refund 	₦ 600,000	1	1	1	1	1	₦ 600,000	₦ 600,000	₦ 600,000	₦ 600,000	₦ 600,000	₦ 3,000,000
4.4.8.b	Advocate to LGA Chairmen through the Ministry for Local Government for provision of transport/funding for vaccine pick-up from State	<ul style="list-style-type: none"> Fueling of vehicle Refreshment 	<ul style="list-style-type: none"> Fueling of vehicle Refreshment 	₦ 160,000	1	1	1	1	1	₦ 160,000	₦ 160,000	₦ 160,000	₦ 160,000	₦ 160,000	₦ 800,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.4.8.c	Advocate to policy makers and Partners for engagement of 3PL or provision of funding for vaccine distribution from the State Cold store to LGA and Health Facilities	<ul style="list-style-type: none"> Fueling of vehicle Refreshment 	<ul style="list-style-type: none"> Fueling of vehicle Refreshment 	₦ 160,000	1	1	1	1	1	₦ 160,000	₦ 160,000	₦ 160,000	₦ 160,000	₦ 160,000	₦ 800,000
4.4.8.d	Advocacy to Policy makers/partners to provide support for State Logistic Working Group operation	<ul style="list-style-type: none"> Fueling of vehicle Refreshment 	<ul style="list-style-type: none"> Fueling of vehicle Refreshment 	₦ 160,000	1	1	1	1	1	₦ 160,000	₦ 160,000	₦ 160,000	₦ 160,000	₦ 160,000	₦ 800,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.4.8.e	Quarterly Verification of data tools availability at health facilities	• Fueling of vehicle • Refreshment •	• Fueling of vehicle • Refreshment •	₦ 450,000	1	1	1	1	1	₦ 450,000	₦ 450,000	₦ 450,000	₦ 450,000	₦ 450,000	₦ 2,250,000
4.5.1.a	Advocacy /sensitization to community/religious leaders and CBOs to create awareness on adolescent health and development	Conduct one day sensitization meeting for community/religious ;leaders, CBOs, FBOs, for 50 people, hall hire, tea break, lauch and transport allowance.	Conduct one day sensisitzation meeting for community/re ligious ;leaders, CBOs, FBOs, for 50 people, hall hire, tea break, lauch and transport allowance.	₦ 360,000	1	1	1	1	1	₦ 360,000	₦ 360,000	₦ 360,000	₦ 360,000	₦ 360,000	₦ 1,800,000
4.5.1.b	Provide youth friendly centres in the state and LGAs	Provide 8 youth firendly centres in the reminaing 8 LGAs of the state, procurement and distribution of equipment, 8	Provide 8 youth firendly centres in the reminaing 8 LGAs of the state, procurement and distribution of	₦ 9,008,000	2	2	2	2	2	₦ 18,016,000	₦ 18,016,000	₦ 18,016,000	₦ 18,016,000	₦ 18,016,000	₦ 90,080,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		snookers, 8 table tennis, TV/DVD. 8 set of cushion chairs, 40 plastic chairs per site. 40 x 8 = 320, two set of curtains per site, one carpet per site, two laptops per site, proviosion of internet service per site, first aid boxes two pers site, sewing/knitting machine two per site, 16 balls per site, 8 TV stand. knitting wool 16 dozens 2 per site	equipment, 8 snookers, 8 table tennis, TV/DVD. 8 set of cushion chairs, 40 plastic chairs per site. 40 x 8 = 320, two set of curtains per site, one carpet per site, two laptops per site, proviosion of internet service per site, first aid boxes two pers site, sewing/knitting machine two per site, 16 balls per site, 8 TV stand. knitting													

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
			wool 16 dozens 2 per site													
4.5.1.c	Organise education activities for youth through rallies, road show towards positive health programs	Conduct 1 day town hall meeting for 100 youths through to sensitize them on dangers of illicit drugs. Conduct 1 day rally to commemorate with the World Drug Abuse Day., hiring of projector. 30 banners, 5000 t-shirts, facing cap 5000,	Conduct 1 day town hall meeting for 100 youths through to sensitize them on dangers of illicit drugs. Conduct 1 day rally to commemorate with the World Drug Abuse Day., hiring of projector. 30 banners,	₦ 31,165,000	1	1	1	1	1	₦ 31,165,000	₦ 31,165,000	₦ 31,165,000	₦ 31,165,000	₦ 31,165,000	₦ 155,825,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		handbills 5000, posters 10000, leaflets 10,000, hiring of hall.	5000 t-shirts, facing cap 5000, handbills 5000, posters 10000, leaflets 10,000, hiring of hall.													
4.5.2.a	Establish youth firendly unit in the 23 cottage and general hospital across the state	Hall hiring for 5 days, tea break and lunch for 48 people, training materials for 46 people, transport allowance for 46 people, facilitation allowance for 3 people, DSA for facilities and the participants, hiring of projector.	Hall hiring for 5 days, tea break and lunch for 48 people, training materials for 46 people, transport allowance for 46 people, facilitation allowance for 3 people, DSA for facilities and the participants,	₦ 1,511,000	2	2	2	2	2	₦ 3,022,000	₦ 3,022,000	₦ 3,022,000	₦ 3,022,000	₦ 3,022,000	₦ 15,110,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
			hiring of projector.													
4.5.2.b	Post training supervision.	Transport allowance for 10 people for 5 days, 50 copies of checklist	Transport allowance for 10 people for 5 days, 50 copies of checklist	₦ 260,000	1	1	1	1	1	₦ 260,000	₦ 260,000	₦ 260,000	₦ 260,000	₦ 260,000	₦ 1,300,000	
4.5.3.a	Create awareness /sensitazation to the community on the improtance of adolescents health.	Create 1 day awareness to support 100 CBOs and FBOs in the community through town hall meeting to sensitize the community on STIs and HIV, public address system , tea and lunch	Create 1 day awareness to support 100 CBOs and FBOs in the community through town hall meeting to sensitize the community on STIs and HIV, public address system , tea	₦ 640,000	2	2	2	2	2	₦ 1,280,000	₦ 1,280,000	₦ 1,280,000	₦ 1,280,000	₦ 1,280,000	₦ 6,400,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		break, transportation allowance.	and lunch break, transportation allowance.													
4.5.3.b	Strengthen prevention ,detection and management of HIVand STIs among adolescent.	Training of providers on syndromic management, STIs and HIV for 228 people in the 114 wards of Gombe state for 5 days. Hall hire for 5 days, tea break and luch for 228 people in four batches, transport allwoance for 228 people, DSA for 8 facilitators,	Training of providers on syndromic management, STIs and HIV for 228 people in the 114 wards of Gombe state for 5 days. Hall hire for 5 days, tea break and luch for 228 people in four batches, transport allwoance for 228 people, DSA for 8	₦ 7,693,000	1	1	1	1	1	₦ 7,693,000	₦ 7,693,000	₦ 7,693,000	₦ 7,693,000	₦ 7,693,000	₦ 38,465,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		hiring of projector.	facilitators, hiring of projector.													
4.5.3.c	Sensitize the community on how to prevent HIV/AIDS and STIs infection among adolescent .	Train 228 people from the already exist CBOs, FBOs and youth group for 2 days in four batches from the 114 wards of the state on dangers of HIV and how to prevent HIV/AIDS and STIs among the youths and adolescent through town hall meeting. Hall hire for 8	Train 228 people from the already exist CBOs, FBOs and youth group for 2 days in four batches from the 114 wards of the state on dangers of HIV and how to prevent HIV/AIDS and STIs among the youths and adolescent through town	₦ 4,420,000	1	1	1	1	1	₦ 4,420,000	₦ 4,420,000	₦ 4,420,000	₦ 4,420,000	₦ 4,420,000	₦ 22,100,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		days, provision of IEC materials, tea break, lunch, and transport money. DSA for 8 facilitators, hiring of projector.	hall meeting. Hall hire for 8 days, provision of IEC materials, tea break, lunch, and transport money. DSA for 8 facilitators, hiring of projector.													
4.5.4.a	Collaborate and support MOE to sensitise our adolescent on menstrual hygiene in secondary schools	Train 5 teachers in 30 secondary schools for 3 days from each senatorial district for 5 years. Hall hire for 3 days, tea and lunch break for 150 people, training materials for 150 people,	Train 5 teachers in 30 secondary schools for 3 days from each senatorial district for 5 years. Hall hire for 3 days, tea and lunch break for 150 people,	₦ 7,420,000	1	1	1	1	1	₦ 7,420,000	₦ 7,420,000	₦ 7,420,000	₦ 7,420,000	₦ 7,420,000	₦ 37,100,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		transport allowance for 150 people. Train 10 peer educators for 2 days in 30 secondaryr schools. Hall hire for 2 days, tea and lunch break for 300 people in ten batches, training materials, transport allowance for the participants and 5 facilitator allowance, hiring of projector.	training materials for 150 people, transport allowance for 150 people. Train 10 peer educators for 2 days in 30 secondaryr schools. Hall hire for 2 days, tea and lunch break for 300 people in ten batches, training materials, transport allowance for the participants and 5 facilitator allowance.													

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
			hiring of projector.													
4.5.4.c	Provide IEC materials in our schools on reproductive health e.g Distribution of Manuals	Reprint 10,000 manuals in 5 years in all the state secondayr schools. Produce 100,000 leaflet, 10,000 posters and 10,000 handbills.	Reprint 10,000 manuals in 5 years in all the state secondayr schools. Produce 100,000 leaflet, 10,000 posters and 10,000 handbills.	₦ 18,000,000	1	1	1	1	1	₦ 18,000,000	₦ 18,000,000	₦ 18,000,000	₦ 18,000,000	₦ 18,000,000	₦ 90,000,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.5.5.a	Advocacy visit to the Commissioner for Education on scaling up of adolescent and reproductive health education in the school curriculum.	Advocacy kits which includes leaflet and transport allowance for 10 people.	Advocacy kits which includes leaflet and transport allowance for 10 people.	₦ 30,000	1	1	1	1	1	₦ 30,000	₦ 30,000	₦ 30,000	₦ 30,000	₦ 30,000	₦ 150,000
4.5.5.b	Training of teachers on adolescent sexual and reproductive health.	Training and re-training of teachers on adolescent and reproductive health for 2 days . Hall hiring, tea and lunch break for 300 teachers, hiring of projector.	Training and re-training of teachers on adolescent and reproductive health for 2 days . Hall hiring, tea and lunch break for 300 teachers, hiring of projector.	₦ 2,190,000	1	1	1	1	1	₦ 2,190,000	₦ 2,190,000	₦ 2,190,000	₦ 2,190,000	₦ 2,190,000	₦ 10,950,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.5.5.c	Provision of IEC materials.	Produce 300 copies of manual, 10,000 leaflet, 10,000 handbills. Hiring of projector.	Produce 300 copies of manual, 10,000 leaflet, 10,000 handbills. Hiring of projector.	₦ 13,010,000	1	1	1	1	1	₦ 13,010,000	₦ 13,010,000	₦ 13,010,000	₦ 13,010,000	₦ 13,010,000	₦ 65,050,000
4.5.5.d	Post training supervision.	Transport allowance, checklist for 10 people	Transport allowance, checklist for 10 people	₦ 30,000	4	4	4	4	4	₦ 120,000	₦ 120,000	₦ 120,000	₦ 120,000	₦ 120,000	₦ 600,000
4.5.6.a	Sensitize and Support CBOs, FBOs on the dangers of drug abuse	Town hall meeting, hall hiring, lunch and transport for 228 people for 1 day. Transport allowance for participants, 10 facilitators.	Town hall meeting, hall hiring, lunch and transport for 228 people for 1 day. Transport allowance for participants, 10 facilitators.	₦ 5,379,000	1	1	1	1	1	₦ 5,379,000	₦ 5,379,000	₦ 5,379,000	₦ 5,379,000	₦ 5,379,000	₦ 26,895,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.5.6.b	Develop and airing of jingles in Radio on drug abuse in the Local languages	GMC, Amana, Progress, Ray Power in 10 local languages.	GMC, Amana, Progress, Ray Power in 10 local languages.	₦ 200,000	4	4	4	4	4	₦ 800,000	₦ 800,000	₦ 800,000	₦ 800,000	₦ 800,000	₦ 4,000,000
4.5.6.c	Provide IEC materials on illicit drug abuse in schools	Produce 300 copies of manual, 10,000 leaflet, 10,000 handbills and 10,000 posters to be distributed across the state.	Produce 300 copies of manual, 10,000 leaflet, 10,000 handbills and 10,000 posters to be distributed across the state.	13150000	1	1	1	1	1	₦ 13,150,000	₦ 13,150,000	₦ 13,150,000	₦ 13,150,000	₦ 13,150,000	₦ 65,750,000
4.5.7.a	Conduct training of health workers posted to school health services on adolescent health	Train 250 health workers for 3 days in the school health services program. Hiring of hall, tea and lunch break, 10 facilitators,	Train 250 health workers for 3 days in the school health services program. Hiring of hall, tea and lunch	5560000	1	1	1	1	0	₦ 5,560,000	₦ 5,560,000	₦ 5,560,000	₦ 5,560,000	₦ -	₦ 22,240,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	Development Programs	transport allowance for participants, provide training materials, hiring of projector.	break, 10 facilitators, transport allowance for participants, provide training materials, hiring of projector.												
4.5.7.b	Support the institution to supply essential drugs needed	Support PTA to provide essential drugs and consumables in schools. Arrange meeting with the PTA members for 1 day.	Support PTA to provide essential drugs and consumables in schools. Arrange meeting with the PTA members for 1 day.	720000	0	1	0	0		₦ -	₦ 720,000	₦ -	₦ -	₦ -	₦ 720,000
4.5.7.c	Undertake quarterly Supervision / Inspection of food Vendors	Sensitize schools vendors on food handling, personal hygiene for 1	Sensitize schools vendors on food handling, personal	500000	1	1	1	1	1	₦ 500,000	₦ 500,000	₦ 500,000	₦ 500,000	₦ 500,000	₦ 2,500,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	and School Premises	day in all secondary schools. Transport allowance for 5 facilitators	hygiene for 1 day in all secondary schools. Transport allowance for 5 facilitators												
4.5.7.d	Facilitate bi-annual deworming of students in schools	Support PTA to provide deworming drugs.	Support PTA to provide deworming drugs.	50000	0	1	0	1		₦ -	₦ 50,000	₦ -	₦ 50,000	₦ -	₦ 100,000
4.5.7.e	Organise health promotion through healths talk in schools	Organize health talks on various topics during assembly e.g importance of handwashing, personal hygiene, sleeping under mosquito net, environmental sanitation, sexual and	Organize health talks on various topics during assembly e.g importance of handwashing, personal hygiene, sleeping under mosquito net, environmental sanitation, sexual and	600000	1	1	1	1		₦ 600,000	₦ 600,000	₦ 600,000	₦ 600,000	₦ -	₦ 2,400,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		reproduction health.	reproduction health.													
4.6.1.a	Scale up baby friendly hospital Initiatives (BFHI) to all the health facility across the state..	(1) Training materials @ 1000 x 50 participants (2) Hall hiring @ 45,000x2days (3) Allowances for participants @ 5,000 x 50 x 2days. (4) Lunch @1,700 x55personsx2days (5) Two tea break @3,000x 55 x2days. (6) facilitators allowance @5,000x3x2days	(1) Training materials @ 1000 x 50 participants (2) Hall hiring @ 45,000x2days (3) Allowances for participants @ 5,000 x 50 x 2days. (4) Lunch @1,700 x55personsx 2days (5) Two tea break @3,000x 55 x2days. (6)	118700	2	2	2	2	2	₦ 237.400	₦ 237.400	₦ 237.400	₦ 237.400	₦ 237.400	₦ 1.187.000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
			facilitators allowance @5,000x3x2 days													
4.6.1.b	Conduct quarterly sensitization meeting on BFHI(Infant and young child feeding(IYCF) and Maternal Nutrition	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5person sx11outings	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5person sx11outings	418000	1	1	1	1	1	₦ 418,000	₦ 418,000	₦ 418,000	₦ 418,000	₦ 418,000	₦ 2,090,000	
4.6.1.c	Support gate keepers to engage pregnant and Breastfeeding women on improving	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3)	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3)	418000	1	1	1	1	1	₦ 418,000	₦ 418,000	₦ 418,000	₦ 418,000	₦ 418,000	₦ 2,090,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	maternal and child nutrition	facilitators allowance @ 5,000x5person sx11outings	facilitators allowance @ 5,000x5perso nsx11outings												
4.6.1.d	Establish Baby creaches at 22 pilot health facilities across the state.	(1) Renovation of propose creetch room at the health facilities @150,000x24f acilities (2) Purchase Bed @20,000x5x24 (3) Matras @7,000x5x24 (4) Bedsheets @2,000x120 (5) Towels, Soaps, detergent @2,500x24cen ters (6) Buckets, Ketles, Jogs, Cups, Plates, Spoons	(1) Renovation of propose creetch room at the health facilities @150,000x24facilities (2) Purchase Bed @20,000x5x24 (3) Matras @7,000x5x24 (4) Bedsheets @2,000x120 (5) Towels, Soaps, detergent @2,500x24c enters (6) Buckets,	7278000	0	1	0	0	0	₦ -	₦ 7,278,000	₦ -	₦ -	₦ -	₦ 7,278,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		@3,000x24 (7) Children Toys @5,000x24	Kettles, Jogs, Cups, Plates, Spoons @3,000x24 (7) Children Toys @5,000x24												
4.6.2.a	Support on the job training for facility incharges for promotion of early Initiation of (EBF within 30min-1hr of Birth	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5person sx11outings	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5perso nsx11outings	363000	2	2	2	2	2	₦ 726,000	₦ 726,000	₦ 726,000	₦ 726,000	₦ 726,000	₦ 3,630,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.6.2.b	Organise sensitization meeting with Community members for promotion of exclusive breastfeeding in the state.	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5person x11outings	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5person x11outings	363000	3	3	3	3	3	₦ 1,089,000	₦ 1,089,000	₦ 1,089,000	₦ 1,089,000	₦ 1,089,000	₦ 5,445,000
4.6.2.c	Organise bi-annual meeting of Breastmilk Substitute (BMS) to review progress in BMS CODE Compliance in the state..	(1) Hall hiring @ 45,000x1day (2) transport allowance for participants @ 3,000 x 40 x 1day (3) Lunch @1,700 x40x1day (4) Tea break @1,500x 40 x1day	(1) Hall hiring @ 45,000x1day (2) transport allowance for participants @ 3,000 x 40 x 1day (3) Lunch @1,700 x40x1day (4) Tea break @1,500x 40 x1day	293000	2	2	2	2	2	₦ 586,000	₦ 586,000	₦ 586,000	₦ 586,000	₦ 586,000	₦ 2,930,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.6.2.d	Conduct monitoring of (BMS) CODE compliance with NAFDAC etc.s	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5personsx11outings (4) printing of checklist @1,000x120copies	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5personsx11outings (4) printing of checklist @1,000x120copies	450000	2	2	2	2	2	₦ 900,000	₦ 900,000	₦ 900,000	₦ 900,000	₦ 900,000	₦ 4,500,000
4.6.3.a	Reactivate 165 mother to mother support groups on promotion of Community Infant and Young child Feeding (CIYCF) at least 3	(1) Training materials @ 1000 x 1,650 participants (2) Hall hiring @ 45,000x2days (3) transport allowance for participants @ 3,000 x 1,650 x 2days. (4)	(1) Training materials @ 1000 x 1,650 participants (2) Hall hiring @ 45,000x2days (3) transport allowance for participants @ 3,000 x	748000	0	1	0	0	0	₦ -	₦ 748,000	₦ -	₦ -	₦ -	₦ 748,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	community of 45 groups per ward in all the 11 LGAs.	Lunch @1,700 x1,655x2days (5) Two tea break @2,000x1,655 x2days. (6) facilitators allowance @5,000x5x2days	1,650 x 2days. (4) Lunch @1,700 x1,655x2days (5) Two tea break @2,000x1,655 x2days. (6) facilitators allowance @5,000x5x2days												
4.6.3.b	Conduct Training 1,650 of mother-mother support groups for Community Infant and Young child Feeding (CIYCF) on promotion of exclusive breastfeeding	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5person x11outings	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5person x11outings	3178700	0	2	0	0	0	₦ -	₦ 6,357,400	₦ -	₦ -	₦ -	₦ 6,357,400

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	and complementary feeding in the state.														
4.6.3.c	Monitor Community Infant and Young child Feeding (CIYCF) support groups in the state	(1) Hall hiring @ 45,000x1day (2) transport allowance for participants @ 3,000 x 40 x 1day (3) Lunch @1,700 x40x1day (4) Tea break @1,500x 40 x1day	(1) Hall hiring @ 45,000x1day (2) transport allowance for participants @ 3,000 x 40 x 1day (3) Lunch @1,700 x40x1day (4) Tea break @1,500x 40 x1day	365000	0	2	2	2	2	₦ -	₦ 730,000	₦ 730,000	₦ 730,000	₦ 730,000	₦ 2,920,000
4.6.3.d	Conduct bi-annual meeting of Community Infant and Young child Feeding (CIYCF)	Conduct bi-annual meeting of Community Infant and Young child Feeding (CIYCF)	Conduct bi-annual meeting of Community Infant and Young child Feeding (CIYCF)	905000	0	2	2	2	2	₦ -	₦ 1,810,000	₦ 1,810,000	₦ 1,810,000	₦ 1,810,000	₦ 7,240,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	support groups in the state.	support groups in the state.	(CIYCF) support groups in the state.												
4.6.4.a	Organised meeting with state committee of food and nutrition (SCFN for Procurement of micronutrient powder for children with moderate acute malnutrition for 55 CMAM centers in the state.	(1) Hall hiring @ 45,000x1day (2) transport allowance for participants @ 3,000 x 35 x 1day (3) Lunch @1,700 x35x1day (4) Tea break @1,500x 35 x1day	(1) Hall hiring @ 45,000x1day (2) transport allowance for participants @ 3,000 x 35 x 1day (3) Lunch @1,700 x35x1day (4) Tea break @1,500x 35 x1day	261500	0	2	2	2	2	₦ -	₦ 523,000	₦ 523,000	₦ 523,000	₦ 523,000	₦ 2,092,000
4.6.4.b	Monitor the distribution of the micronutrient powder and record keeping	(1) Fueling of 1 car for monitoring and supervision @ 5,000x11 (2) printing of	(1) Fueling of 1 car for monitoring and supervision @ 5,000x11	246500	0	4	4	4	4	₦ -	₦ 986,000	₦ 986,000	₦ 986,000	₦ 986,000	₦ 3,944,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	at the health facilities.	check list @300x100 (3) Facilitators allowance @5,000x3x11 (4) Drivers allowance @3,000x1x11	(2) printing of check list @300x100 (3) Facilitators allowance @5,000x3x11 (4) Drivers allowance @3,000x1x11												
4.6.5.a	Scale up of Community Management of Acute Malnutrition (CMAM) to all the remaining 7 LGAs in the state.	(1) procure RUTF @ 18,500x 50 carton per LGA (2) procure Routine Drugs for CMAM Sites @ 150,000X 11 LGA (3) procure utensils for cooking @ 75,000x55 sites (4) weighing scales ,	(1) procure RUTF @ 18,500x 50 carton per LGA (2) procure Routine Drugs for CMAM Sites @ 150,000X 11 LGA (3) procure utensils for cooking @ 75,000x55 sites (4)	17687500	0	4	0	0	0	₦ -	₦ 70,750,000	₦ -	₦ -	₦ -	₦ 70,750,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		temometers @ 60,000.(5) WASH hard wire @ 30,500x55 sites.	weighing scales , temometers @ 60,000.(5) WASH hard wire @ 30,500x55 sites.													
4.6.5.b	Train and re-training of health facility workers on Community Management of Acute Malnutrition (CMAM)	(1) Training materials @ 1000 x 68 participants x 4 batches (2) Hall hiring @ 45,000x5days x 4batches (3) transport allowance @ 5,000 x 68 x5days x 4batches (4) Lunch @1,700 x 73 x5days x 4batches (5) Two tea break @2,000x 73 x5days x	(1) Training materials @ 1000 x 68 participants x 4 batches (2) Hall hiring @ 45,000x5days x 4batches (3) transport allowance @ 5,000 x 68 x5days x 4batches (4) Lunch @1,700 x 73 x5days x 4batches (5) Two tea break	1387400	0	2	0	2	0	₦ -	₦ 2,774,800	₦ -	₦ 2,774,800	₦ -	₦ 5,549,600	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		4batches (6) x facilitators allowance @5,000x 5persons x5days 4batches	@2,000x 73 x5days x 4batches (6) x facilitators allowance @5,000x 5persons x5days x 4batches													
4.6.5.c	Train and re-training of Community Volunteers (CV) on Community Management of Acute Malnutrition (CMAM)	(1) Training materials @ 1000 x 68 participants x 4 batches (2) Hall hiring @ 45,000x5days x 4batches (3) transport allowance @ 5,000 x 68 x5days x 4batches (4) Lunch @1,700 x 73 x5days x 4batches (5) Two tea break @2,000x 73	(1) Training materials @ 1000 x 68 participants x 4 batches (2) Hall hiring @ 45,000x5days x 4batches (3) transport allowance @ 5,000 x 68 x5days x 4batches (4) Lunch @1,700 x 73 x5days x 4batches (5) Two tea	1387400	0	2	0	2	0	₦ -	₦ 2,774,800	₦ -	₦ 2,774,800	₦ -	₦ 5,549,600	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		x5days x 4batches (6) facilitators allowance @5,000x 5persons x5days x 4batches	break @2,000x 73 x5days x 4batches (6) facilitators allowance @5,000x 5persons x5days x 4batches												
4.6.5.d	Organise community mobilization and Sensitization on malnutrition and preventive measures across the state..	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5personsx11outings	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5personsx11outings	363000	0	4	4	4	4	₦ -	₦ 1,452,000	₦ 1,452,000	₦ 1,452,000	₦ 1,452,000	₦ 5,808,000
4.6.5.e	Provide support for community volunteers to conduct	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for	677400	0	4	4	4	4	₦ -	₦ 2,709,600	₦ 2,709,600	₦ 2,709,600	₦ 2,709,600	₦ 10,838,400

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	community mobilization, sensitization, identification of SAM cases and referrals as well as tracking of defaulters	1person @3,000x11outings (3) facilitators allowance @ 5,000x5person sx11outings	1person @3,000x11outings (3) facilitators allowance @ 5,000x5person sx11outings												
4.6.5.f	Organize bi-annual review meetings for all CMAM sites, SCs, LGA focal persons and state team.	(1) Hall hiring @ 45,000x1day (2) transport allowance for participants @ 5,000 x 78 x 1day (3) Lunch @1,700 x82x1day (4) Tea break @1,500x 82 x1day (5) facilitators allowance @5,000x5pers onsx1day	(1) Hall hiring @ 45,000x1day (2) transport allowance for participants @ 5,000 x 78 x 1day (3) Lunch @1,700 x82x1day (4) Tea break @1,500x 82 x1day (5) facilitators allowance @5,000x5pers onsx1day	677400	0	4	4	4	4	₦ -	₦ 2,709,600	₦ 2,709,600	₦ 2,709,600	₦ 2,709,600	₦ 10,838,400

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.6.5.g	Organize bi-annual review meetings for the health workers and head of volunteers of CMAM site, LGA focal persons and state team	(1) Hall hiring @ 45,000x1day (2) transport allowance for participants @ 5,000 x 66 x 1day (3) Lunch @1,700 x70x1day (4) Tea break @1,500x 70 x1day (5) facilitators allowance @5,000x4pers onsx1day	(1) Hall hiring @ 45,000x1day (2) transport allowance for participants @ 5,000 x 66 x 1day (3) Lunch @1,700 x70x1day (4) Tea break @1,500x 70 x1day (5) facilitators allowance @5,000x4pers onsx1day	619000	0	2	2	2	2	₦ -	₦ 1,238,000	₦ 1,238,000	₦ 1,238,000	₦ 1,238,000	₦ 4,952,000
4.6.6.a	Strengthen the Inpatient care to accomodate patient that need special care like HIV AIDS.	(1) Purchase of essential drugs @120,000x12 SCs (2) purchase of thermometer, weighing scale, weighing pants	(1) Purchase of essential drugs @120,000x12 SCs (2) purchase of thermometer, weighing	73440	0	2	2	2	1	₦ -	₦ 146,880	₦ 146,880	₦ 146,880	₦ 73,440	₦ 514,080

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		etc @60,000 x 12 SCs	scale, weighing pants etc @60,000 x 12 SCs												
4.6.6.b	Train and re-training of health workers for Management of Severe Acute Management (SAM) with complications..	(1) Training materials @ 1000 x 25 participants (2) Hall hiring @ 45,000x2days (3) transport allowance for participants @ 3,000 x 25 x 2days. (4) Lunch @1,700 x30x2days (5) Two tea break @2,000x 30 x2days. (6) facilitators allowance @5,000x5x2days	395200	2	2	2	2	2	₦ 790,400	₦ 790,400	₦ 790,400	₦ 790,400	₦ 790,400	₦ 3,952,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
			@5,000x5x2 days													
4.6.6.c	Support on the job training and monitoring of inpatient activities.	(1) Fueling of 1 car for monitoring and supervision @ 5,000x11 (2) printing of check list @300x100 (3) Facilitators allowance @5,000x3x11 (4) Drivers allowance @3,000x1x11	(1) Fueling of 1 car for monitoring and supervision @ 5,000x11 (2) printing of check list @300x100 (3) Facilitators allowance @5,000x3x11 (4) Drivers allowance @3,000x1x11	246000	4	4	4	4	4	₦ 984.000	₦ 984.000	₦ 984.000	₦ 984.000	₦ 984.000	₦ 4.920.000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
4.6.6.d	Conduct research on nutritional status and impact of nutrition programmes in the state	(1) Hiring of Consultant @30,000 per day x15days (2) Accommodation for consultant @12,000 x 1 x 15 days. (3) printing of tools and photo-copies @50x500 (4) Reimbursement of local transport for consultant @30 per KM x700KM .(5) Car hiring @20,000 x 15days (6) Printing of survey documents @1,000x200 copies	(1) Hiring of Consultant @30,000 per day x15days (2) Accommodation for consultant @12,000 x 1 x 15 days. (3) printing of tools and photo-copies @50x500 (4) Reimbursement of local transport for consultant @30 per KM x700KM .(5) Car hiring @20,000 x 15days (6) Printing of survey documents	350000	0	1	1	1	1	₦ -	₦ 350,000	₦ 350,000	₦ 350,000	₦ 350,000	₦ 1,400,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
			@1,000x200 copies												
4.6.7.a	Carry out analysis of locally available food in the communities	(1) Fueling of 1 car @ 5,000x11 (2) printing of check list @300x100 (3) Facilitators allowance @5,000x3x11 (4) Drivers allowance @3,000x1x11	(1) Fueling of 1 car @ 5,000x11 (2) printing of check list @300x100 (3) Facilitators allowance @5,000x3x11 (4) Drivers allowance @3,000x1x11	256000	1	1	1	1	1	₦ 256,000	₦ 256,000	₦ 256,000	₦ 256,000	₦ 256,000	₦ 1,280,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
4.6.7.b	Train dietician on ways of preparing and preserving varieties of nutritious food and food demonstrations in 3 senatorial districts	(1) Training materials @ 1000 x 33 participants (2) Hall hiring @ 45,000x2days (3) Allowances for participants @ 3,000 x 33 x 2days. (4) Lunch @1,700 x37x2days (5) Two tea break @2,000x 37 x2days. (6) facilitators allowance @5,000x3x2days	(1) Training materials @ 1000 x 33 participants (2) Hall hiring @ 45,000x2days (3) Allowances for participants @ 3,000 x 33 x 2days. (4) Lunch @1,700 x37x2days (5) Two tea break @2,000x 37 x2days. (6) facilitators allowance @5,000x3x2 days	429000	1	1	0	1	0	₦ 429,000	₦ 429,000	₦ -	₦ 429,000	₦ -	₦ 1,287,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.6.7.c	Promote school and home grown gardens	(1) Purchase of varieties of seeds for 22 pilot schools @ 30,000 (2) Fueling of 1 car @ 5,000 x11outings (3) facilitators allowance @ 5,000x3person sx11outings (4) drivers allowance @3,000x1x11 outings (5) refreshment for @1,500x50persons x22schools	(1) Purchase of varieties of seeds for 22 pilot schools @ 30,000 (2) Fueling of 1 car @ 5,000 x11outings (3) facilitators allowance @ 5,000x3person sx11outings (4) drivers allowance @3,000x1x11 outings (5) refreshment for @1,500x50persons x22schools	484000	4	4	4	4	4	₦ 1,936,000	₦ 1,936,000	₦ 1,936,000	₦ 1,936,000	₦ 1,936,000	₦ 9,680,000
4.6.7.d	conduct quarterly monitoring and evaluation of school feeding programs	(1) Fueling of 1 car for monitoring and supervision @ 5,000x11 printing of	(1) Fueling of 1 car for monitoring and supervision @ 5,000x11	283000	4	4	4	4	4	₦ 1,132,000	₦ 1,132,000	₦ 1,132,000	₦ 1,132,000	₦ 1,132,000	₦ 5,660,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		check list @300x100 (3) Facilitators allowance @5,000x3x11 (4) Drivers allowance @3,000x1x11	(2) printing of check list @300x100 (3) Facilitators allowance @5,000x3x11 (4) Drivers allowance @3,000x1x11													
4.6.8.a	Provide Vit A , Iron and Folic Acid Supplementation for Pregnant and Lactating Women at health facility level across all the 11 LGAs.	(1) Purchase of Vit A @10,000x11 cartons (2) purchase of Iron @10,000x11 (3) purchase of Folic Acid @10,000x11 (4) logistics for procurement process @100,000	(1) Purchase of Vit A @10,000x11 cartons (2) purchase of Iron @10,000x11 (3) purchase of Folic Acid @10,000x11 (4) logistics for procurement process @100,000	323000	2	2	2	2	2	₦ 646,000	₦ 646,000	₦ 646,000	₦ 646,000	₦ 646,000	₦ 3,230,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
4.6.8.b	Monitor the distribution of supplements and strengthen record keeping at health facility.	(1) Fueling of 1 car for distribution of commodities @ 5,000x11 (2) Fueling of 1 car for monitoring and supervision @ 5,000x11 (3) printing of check list @300x500 (4) printing of record register @1200x230 (5) Facilitators allowance @5,000x3prsx 11 (6) Drivers allowance @3,000x11	(1) Fueling of 1 car for distribution of commodities @ 5,000x11 (2) Fueling of 1 car for monitoring and supervision @ 5,000x11 (3) printing of check list @300x500 (4) printing of record register @1200x230 (5) Facilitators allowance @5,000x3prsx 11 (6) Drivers allowance @3,000x11	743000	2	2	2	2	2	₦ 1,486,000	₦ 1,486,000	₦ 1,486,000	₦ 1,486,000	₦ 1,486,000	₦ 7,430,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
4.6.9.a	Facilitate the formation of support groups for improving nutrition among adolescents and women of reproductive age in all the 114 wards across all LGAs in the state.	(1) Fueling of 1 car for facilitators planning meetings at the community @ 5,000 x3days (2) drivers allowance for 1person @3,000x3days (3) Allowances for facilitators @ 5,000x5x3days	(1) Fueling of 1 car for facilitators planning meetings at the community @ 5,000 x3days (2) drivers allowance for 1person @3,000x3days (3) Allowances for facilitators @ 5,000x5x3days	99000	0	2	0	0	0	₦ -	₦ 198,000	₦ -	₦ -	₦ -	₦ 198,000	
4.6.9.b	Train all 114 wards adolescents and women of reproductive age support groups for improving nutritional	(1) Training materials @ 1000 x 5,130 participants (2) Hall hire in a school @ 20,000x40days (3) Allowances for	(1) Training materials @ 1000 x 5,130 participants (2) Hall hire in a school @ 20,000x40days (3) Allowances	9471500	0	2	0	2	0	₦ -	₦ 18,943,000	₦ -	₦ 18,943,000	₦ -	₦ 37,886,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	status at their locality	participants @ 3,000 x5,135x2days. (4) Lunch @1,700 x5,135x2days (5) Two tea break @2,000x5,135 prsx2days. (4) facilitators allowance @5,000x5prsx40	for participants @ 3,000 x5,135x2day s. (4) Lunch @1,700 x5,135x2day s (5) Two tea break @2,000x5,135 prsx2days. (4) facilitators allowance @5,000x5prsx40												
4.6.9.c	Organize quarterly awareness campaigning on the use of locally available Nutritious food for adolescents and Women of Reproductive Age	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5person sx11outings	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5perso nsx11outings	363000	2	2	2	2	2	₦ 726,000	₦ 726,000	₦ 726,000	₦ 726,000	₦ 726,000	₦ 3,630,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
4.6.9.d	Monitor and support the groups to carry out their responsibilities at the ward level.	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5personsx11outings	(1) Fueling of 1 car @ 5,000 x11outings (2) drivers allowance for 1person @3,000x11outings (3) facilitators allowance @ 5,000x5personsx11outings	363000	2	2	2	2	2	₦ 726,000	₦ 726,000	₦ 726,000	₦ 726,000	₦ 726,000	₦ 3,630,000
4.6.9.e	Facilitate home gardening to adolescent and women of reproductive age in the community	(1) Purchase of varieties of seeds for distribution to women at the community @ 55,000 (2) Fueling of 1 car @ 5,000 x11outings (3) facilitators allowance @ 5,000x5personsx11outings (4) drivers	(1) Purchase of varieties of seeds for distribution to women at the community @ 55,000 (2) Fueling of 1 car @ 5,000 x11outings (3) facilitators allowance @ 5,000x5personsx11outings (4) drivers	440000	2	2	2	2	2	₦ 880,000	₦ 880,000	₦ 880,000	₦ 880,000	₦ 880,000	₦ 4,400,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		allowance @3,000x1x11 outings	allowance @3,000x1x11 outings													
4.6.10.a	Organise awareness campaing for the elderly group in all the state for proper Nutritional diet in cognisance with their Age.	1) Fuelling of vehicle @ 5,000 for 1day x11days(2) refreshment for 500persons @ 500 x1 x11 days.(3) drivers allowance @ 3000 x1 x 11days (4) purchest of variety of nutritional foods for demonstration @5000x1dayx 11 LGAs. (5)Facilitators	1) Fuelling of vehicle @ 5,000 for 1day x11days(2) refreshment for 500persons @ 500 x1 x11 days.(3) drivers allowance @ 3000 x1 x 11days (4) purchest of variety of nutritional foods for demonstration @5000x1day	319000	2	2	2	2	2	₦ 638,000	₦ 638,000	₦ 638,000	₦ 638,000	₦ 638,000	₦ 3,190,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		allowance @ 5000x 3person x 11days.	x11 LGAs. (5)Facilitators allowance @ 5000x 3person x 11days.													
										₦ 161,172,800	₦ 398,903,670	₦ 272,589,120	₦ 276,235,320	₦ 259,712,230	₦ 1,368,613,140	
5.Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS) And Neglected Tropical Diseases																
5.1.1.a	Strengthen the Inpatient care to accommodate patient that need special care like HIV AIDS.	procurement of chemicals /sprayers , training of spray operators, personnel for house numbering, supervisors	procurement of chemicals /sprayers, training of spray operators, personnel for house numbering, supervisors	19,780,000	1	1	1	1	1	₦ 19,780,000	₦ 19,780,000	₦ 19,780,000	₦ 19,780,000	₦ 98,900,000		

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		I for GPs house numbering, supervisors														
5.1.1.b	Train and re- training of health workers for Management of Severe Acute Management (SAM) with complications..	procurement of chemicals/sprayers, training of spray operators, personnel for GPs house numbering, supervisors	procurement of chemicals/sprayers,training of spray operators, personnel for GPs house numbering, supervisors	₦ 9,143,000	1	1	1	1	1	₦ 9,143,000	₦ 9,143,000	₦ 9,143,000	₦ 9,143,000	₦ 9,143,000	₦ 45,715,000	
5.1.1.c	Support on the job training and monitoring	procurement of LLINs, Distribution, allowance	procurement of LLINs, Distribution, personnel allowance	₦ 62,525,600	4	4	4	4	4	₦ 250,102,400	₦ 250,102,400	₦ 250,102,400	₦ 250,102,400	₦ 250,102,400	₦ 1,250,512,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	of inpatient activities.	personnel allowance													
5.1.1.d	Conduct research on nutritional status and impact of nutrition programmes in the state	Motivation allowance for WDCs	Motivation allowance for WDCs	₦ 1,140,000	4	4	4	4	4	₦ 4,560,000	₦ 4,560,000	₦ 4,560,000	₦ 4,560,000	₦ 4,560,000	₦ 22,800,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.1.1.e	0	•Conduct 8 no. advocacy, stakeholder engagement and sensitization to 30 persons at State, LGA and community levels •5 days 18 nos. Training of 22,093 (Health workers, Community Coordinators, Town Announcers, Household Mobilizers, DP Distributors, DP Security Personnel and Cultural Troupes) on LLIN campaign implementation •Undertake LLIN mass	8 no. advocacy, stakeholder engagement and sensitization to 30 persons at State, LGA and community levels •5 days 18 nos. Training of 22,093 (Health workers, Community Coordinators, Town Announcers, Household Mobilizers, DP Distributors, DP Security Personnel and Cultural Troupes) on LLIN campaign implementation	245,973,000	₦ 1	1	1	1								

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		ers, Household Mobilizers, DP Distributors, DP Security Personnel and Cultural Troupes) on LLIN campaign implementation •Undertake LLIN mass replacement campaign (Macro and micro planning	replacement campaign (Macro and micro planning activities, monitoring and supervision, printing and distribution of data collection tools, logistics, •Conduct 5 nos. Post campaign surveys •Conduct 20 nos. routine distribution of LLINs (3 days quarterly Monitoring and Supervision of distribution of Malaria commodities by 46 persons, Engage Third party Logistics													

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		activities, monitoring and supervision, printing and distribution of data collection tools, logistics, •Conduct 5 nos. Post campaign surveys •Conduct 20 nos. routine distribution of LLINs (3 days quarterly	companies for last mile distribution of LLIN and other Malaria commodities) •Promote LLIN use through community sensitization across the 23 LGAs											

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Monitoring and Supervision of distribution of Malaria commodities by 46 persons, Engage Third party Logistics companies for last mile distribution of LLIN and other Malaria commodities) •Promote LLIN use through														

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		community sensitization across the 23 LGAs														
5.1.2.a		Funds,transports	Funds,transports	₦ 2,000,000	1	1	1	1	1	₦ 2,000,000	₦ 2,000,000	₦ 2,000,000	₦ 2,000,000	₦ 2,000,000	₦ 10,000,000	
5.1.2.b	Train dietician on ways of preparing and preserving varieties of nutritious	Sensittization meeting	Sensittization meeting	₦ 2,916,575	0	1	0	0	0	₦ -	₦ 2,916,575	₦ -	₦ -	₦ -	₦ 2,916,575	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	food and food demonstrations in 3 senatorial districts															
5.1.2.c	Promote school and home grown gardens	Refreshment and transport refund	Refreshment and transport refund	₦ 320,000	0	1	0	0	0	₦ -	₦ 320,000	₦ -	₦ -	₦ -	₦ 320,000	
5.1.2.d	conduct quarterly monitoring and evaluation of school feeding programs	Transport and refreshment	Transport and refreshment	₦ 810,000	1	1	1	1	1	₦ 810,000	₦ 810,000	₦ 810,000	₦ 810,000	₦ 810,000	₦ 4,050,000	
5.1.3.a	Provide Vit A, Iron and Folic Acid Supplementation for Pregnant and Lactating	Hall, Tea/Lunch, Facilitators, Materials, Microscopes	Hall, Tea/Lunch, Facilitators, Materials, Microscopes, DSA Honorarium	₦ 800,000	2	2	2	2	2	₦ 1,600,000	₦ 1,600,000	₦ 1,600,000	₦ 1,600,000	₦ 1,600,000	₦ 8,000,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	Women at health facility level across all the 11 LGAs.	pes, DSA Honorarium														
5.1.3.b	Monitor the distribution of supplements and strengthen record keeping at health facility.	Hall, Tea/Lunch, Facilitators, Materials, Microscopes, DSA Honorarium	Hall, Tea/Lunch, Facilitators, Materials, Microscopes, DSA Honorarium	₦ 19,280,000	2	2	2	2	2	₦ 38,560,000	₦ 38,560,000	₦ 38,560,000	₦ 38,560,000	₦ 38,560,000	₦ 192,800,000	
5.1.4.a	Facilitate the formation of support groups for improving nutrition among adolescents and women	<ul style="list-style-type: none">RefreshmentHall hiringTransport refund	<ul style="list-style-type: none">RefreshmentHall hiringTransport refund	₦ 730,000	0	1	0	1	0	₦ -	₦ 730,000	₦ -	₦ 730,000	₦ -	₦ 1,460,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	of reproductive age in all the 114 wards across all LGAs in the state.														
5.1.4.b	Train all 114 wards adolescents and women of reproductive age support groups for improving nutritional status at their locality	<ul style="list-style-type: none"> Hall hire Refreshment, workshop materials Honorarium for facilitators, DSA for facilitators and transport for participants 	<ul style="list-style-type: none"> Hall hire Refreshment, workshop materials Honorarium for facilitators, DSA for facilitators and transport for participants 	₦ 930,000	0	1	0	1	0	₦ 930,000	₦ -	₦ 930,000	₦ -	₦ 1,860,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.1.4.c	Organize quarterly awareness campaing on the use of locally available Nutritous food for adolecents and Women of Reproducti ve Age	<ul style="list-style-type: none">Refresh mentFueling	<ul style="list-style-type: none">RefreshmentFueling	₦ 85,000	2	2	2	2	2	₦ 170,000	₦ 170,000	₦ 170,000	₦ 170,000	₦ 170,000	₦ 850,000	
5.1.4.d	Monitor and support the groups to carry out their responsibilities at the ward level.	<ul style="list-style-type: none">Refresh mentStipend	<ul style="list-style-type: none">RefreshmentStipend	₦ 120,000	2	2	2	2	2	₦ 240,000	₦ 240,000	₦ 240,000	₦ 240,000	₦ 240,000	₦ 1,200,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.1.4.e	Facilitate home gardening to adolescent and women of reproductive age in the community	<ul style="list-style-type: none">RefreshmentStipend	<ul style="list-style-type: none">RefreshmentStipend	₦ 592,000	2	2	2	2	2	₦ 1,184,000	₦ 1,184,000	₦ 1,184,000	₦ 1,184,000	₦ 5,920,000		
5.1.5.a	Organise awareness campaigning for the elderly group in all the state for proper Nutritional diet in cognisance with their Age.	Funds,transports	Funds,transports	₦ 121,311,490	2	2	2	2	2	₦ 242,622,980	₦ 242,622,980	₦ 242,622,980	₦ 242,622,980	₦ 1,213,114,900		
5.1.5.b	0	Funds,transports, personnel	Funds,transports ,personel	₦ 1,000,000	2	2	2	2	2	₦ 2,000,000	₦ 2,000,000	₦ 2,000,000	₦ 2,000,000	₦ 10,000,000		

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.1.6.a		Funds, transports, personnel	Funds, transports, personnel	₦ 1,271,320	2	2	2	2	2	₦ 2,542,640	₦ 2,542,640	₦ 2,542,640	₦ 2,542,640	₦ 2,542,640	₦ 12,713,200	
5.1.6.b		procurement of LLINs, Distribution, personnel allowance	procurement of LLINs, Distribution, personnel allowance	₦ 62,525,600	2	2	2	2	2	₦ 125,051,200	₦ 125,051,200	₦ 125,051,200	₦ 125,051,200	₦ 125,051,200	₦ 625,256,000	
5.1.6.d	Conduct indoor residual spray in 3 LGAs[IRS]	Conduct indoor residual spray in 3 LGAs[IRS]	Conduct indoor residual spray in 3 LGAs[IRS]	₦ 1,900,000	2	2	2	2	2	₦ 3,800,000	₦ 3,800,000	₦ 3,800,000	₦ 3,800,000	₦ 3,800,000	₦ 19,000,000	
5.1.6.e	Seasonal arviciding of gutters and breeding sites of mosquitots in all LGAs in the state	• Transport • Purchase of chemicals and allowances • Allowances	• Transport • Purchase of chemicals and allowances • Allowances	₦ 1,600,000	1	1	1	1	1	₦ 1,600,000	₦ 1,600,000	₦ 1,600,000	₦ 1,600,000	₦ 1,600,000	₦ 8,000,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		allowances • Allowances														
5.1.7.a	Monthly environmental sanitation in all 114 wards in state	Monthly environmental sanitation in all 114 wards in state	Monthly environmental sanitation in all 114 wards in state	₦ 1,252,560	1	1	1	1	1	₦ 1,252,560	₦ 1,252,560	₦ 1,252,560	₦ 1,252,560	₦ 1,252,560	₦ 6,262,800	
5.1.7.b	Conduct scale up replacement LLINs campaign with 1,840,000 LLINs for the households in Gombe state	Conduct scale up replacement LLINs campaign with 1,840,000 LLINs for the households in Gombe state	Conduct scale up replacement LLINs campaign with 1,840,000 LLINs for the households in Gombe state	₦ 6,252,560	1	1	1	1	4	₦ 6,252,560	₦ 6,252,560	₦ 6,252,560	₦ 25,010,240	₦ 50,020,480		

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.1.7.d	procurement and distribution of 23 microscopes for secondary health facilities	<ul style="list-style-type: none">Procurement of 23 MicroscopesDistribution and maintenance	<ul style="list-style-type: none">Procurement of 23 MicroscopesDistribution and maintenance	₦ 2,525,600	1	0	0	0	0	₦ 2,525,600	₦ -	₦ -	₦ -	₦ -	₦ 2,525,600	
5.1.7.e	procurement and distribution of 636,663 kits [RDTs] for PHC facilities in the state	<ul style="list-style-type: none">Procurement of RDT kits and distribution	<ul style="list-style-type: none">Procurement of RDT kits and distribution	₦ 3,525,600	1	1	1	1	1	₦ 3,525,600	₦ 3,525,600	₦ 3,525,600	₦ 3,525,600	₦ 3,525,600	₦ 17,628,000	
5.1.8.d	Training of laboratory scientist on microscopy for detection of	perdiem, vehicle and fuelling, drivers allowance	perdiem, vehicle and fuelling, drivers allowance, complete coverage, news	₦ 80,000	2	2	2	2	2	₦ 160,000	₦ 160,000	₦ 160,000	₦ 160,000	₦ 160,000	₦ 800,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	malaria parasites	e, complete coverage, news coverage, pamphlets	coverage, pamphlets												
5.1.8.e	Training of health workers on RDTs for confirmation of malaria	Hall, refreshment, Transport allowance T shirts and F Caps, Banners, Roll up banners, and F Caps, Banners, Roll up banners, Posters vehicle and fuelling, Media Van, projector, refreshments, honourarium, drama trups, traditional entertainers, video and photograph, press men, public address system	Hall, refreshment, Transport allowance T shirts and F Caps, Banners, Roll up banners, Posters vehicle and fuelling, Media Van, projector, refreshments, honourarium, drama trups, traditional entertainers, video and photograph, press men, public address system	1,665,000	1	1	1	1	1	₦ 1,665,000	₦ 1,665,000	₦ 1,665,000	₦ 1,665,000	₦ 8,325,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		ents, honourarium, drama trups, traditional entertainers, video and photograph, press men, public address system														
5.2.1.a	Strengthen state laboratory networks	Train Lab Focal person on AFB / GeneXpert , and ethics on infection control	Train Lab Focal person on AFB / GeneXpert , and ethics on infection control	₦ 2,750,000	1	1	1	1	1	₦ 2,750,000	₦ 2,750,000	₦ 2,750,000	₦ 2,750,000	₦ 2,750,000	₦ 13,750,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.2.1.b	Strengthen and maintain TB laboratory infrastructure at all levels	Conduct need assessment of existing 34 AFB microscopy centres and 7 GeneXpert sites, provide basic renovations and Microscopes replacement, procure additional microscopes and GeneXpert machines	Conduct need assessment of existing 34 AFB microscopy centres and 7 GeneXpert sites, provide basic renovations and Microscopes replacement, procure additional microscopes and GeneXpert machines	₦ 275,000	1	1	1	1	1							
										₦ 275,000	₦ 275,000	₦ 275,000	₦ 275,000	₦ 275,000	₦ 1,375,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		machines														
5.2.1.c	Strengthen laboratory quality management system	Conduct a 2-day quarterly meeting of AFB and GeneXpert lab staff in the state to review performance, including EQA, key challenges and ways forward.	Conduct a 2-day quarterly meeting of AFB and GeneXpert lab staff in the state to review performance, including EQA, key challenges and ways forward. Provide training of Lab staff on quality management of TB labs.	₦ 8,750,000	1	1	1	1	1	₦ 8,750,000	₦ 8,750,000	₦ 8,750,000	₦ 8,750,000	₦ 8,750,000	₦ 43,750,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Provide training of Lab staff on quality management of TB labs.														
5.2.1.d	improve quality Labs mentoring and supportive supervision	conduct monthly lab mentoring and supportive supervision, including DQA,	conduct monthly lab mentoring and supportive supervision, including DQA,	₦ 150,000	1	1	1	1	1	₦ 150,000	₦ 150,000	₦ 150,000	₦ 150,000	₦ 150,000	₦ 750,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.2.2.a	scale up multi-disease education campaign designed to educate the public on TB and Leprosy	continue awareness creation and sensitization on TB and leprosy, availability of TB and leprosy services, and diagnosis and treatment for both diseases are free, Yearly marking of world TB Day with advocacy visits, Debate and Quiz by Secondary school pupils	continue awareness creation and sensitization on TB and leprosy, availability of TB and leprosy services, and diagnosis and treatment for both diseases are free, Yearly marking of world TB Day with advocacy visits, Debate and Quiz by Secondary school pupils	₦ 875,000	1	1	1	1	1							
		• An hour long interactive Radio and Television Program in Local TV and Radio stations														
										₦ 875,000	₦ 875,000	₦ 875,000	₦ 875,000	₦ 875,000	₦ 4,375,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		y visits, Debate and Quiz by Secondary school pupils • An hour long interactive Radio and Television Program in Local TV and Radio stations														
5.2.3.a	promote support for service integration and improved service linkages	provide DOTS training for ART sites staff, provision of	provide DOTS training for ART sites staff, provision of additional Gene Xpert machines and microscopes to	₦ 2,150,000	1	1	1	1	1	₦ 2,150,000	₦ 2,150,000	₦ 2,150,000	₦ 2,150,000	₦ 2,150,000	₦ 10,750,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	and referrals	additional Gene Xpert machines and microscopes to ART sites for TB diagnosis and treatment	ART sites for TB diagnosis and treatment												
5.2.3.b	scale up capacity building of healthcare workers on HIV screening among TB patients	provide training of GHWs on TB/HIV diagnosis and management services	provide training of GHWs on TB/HIV diagnosis and management services	₦ 1,250,000	1	1	1	1	1	₦ 1,250,000	₦ 1,250,000	₦ 1,250,000	₦ 1,250,000	₦ 6,250,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
5.2.3.c	Improve drugs and logistics management for Anti-TB for HIV patients	provide training of DOT providers on logistics management for ANTI-TB and ARVs for TB/HIV co-infected	provide training of DOT providers on logistics management for ANTI-TB and ARVs for TB/HIV co-infected	₦ 1,250,000	1	1	1	1	1	₦ 1,250,000	₦ 1,250,000	₦ 1,250,000	₦ 1,250,000	₦ 6,250,000	
5.2.4.a	scale up availability of quality paediatric TB services and pediatric anti-TB drugs	provide support for scale up of contacts tracing of new smear positive TB patients, training of HCWs on pediatric TB diagnosis and treatment	provide support for scale up of contacts tracing of new smear positive TB patients, training of HCWs on pediatric TB diagnosis and treatment	₦ 7,850,000	1	1	2	1	1	₦ 7,850,000	₦ 15,700,000	₦ 7,850,000	₦ 7,850,000	₦ 47,100,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		on pediatric TB diagnosis and treatment														
5.2.4.b	to scale up the intermittent preventive therapy (IPT) for all eligible children according to national guidelines	scale up availability of Isoniazid for intermittent preventive therapy (IPT) for children	scale up availability of Isoniazid for intermittent preventive therapy (IPT) for children	₦ 850,000	1	1	2	1	1	₦ 850,000	₦ 850,000	₦ 1,700,000	₦ 850,000	₦ 850,000	₦ 5,100,000	
5.2.4.c	Procurement of additional chest x ray	provide additional chest x ray support for children below the age of 15 years,	provide additional chest x ray support for children below the age of 15 years,	₦ 750,000	1	1	3	1	1	₦ 750,000	₦ 750,000	₦ 2,250,000	₦ 750,000	₦ 750,000	₦ 5,250,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		of 15 years,														
5.3.1.a	Training of Key population peer Educators (20 per LGA) on MPPI	<ul style="list-style-type: none">"a) Conduct a 3 days meeting with 30 persons to revise and update the MMPI toolsb)Conduct 5 days training of 460 Key population peer Educators (20 per LGA) on MPPI	<ul style="list-style-type: none">"a) Conduct a 3 days meeting with 30 persons to revise and update the MMPI toolsb)Conduct 5 days training of 460 Key population peer Educators (20 per LGA) on MPPI	₦ 5,279,300	0	1	0	0	0							
										₦ -	₦ 5,279,300	₦ -	₦ -	₦ -	₦ 5,279,300	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		LGA) on MPPI														
5.3.1.b	Develop a One stop shop to promote access to HIV prevention services,	• 5 days Training for 30 CSO to develop a One stop shop to promote access to HIV prevention services, HTS and HIV for key populations	• 5 days Training for 30 CSO to develop a One stop shop to promote access to HIV prevention services, HTS and HIV for key populations and vulnerable populations.	₦ 2,435,420	0	1	0	0	0	₦ -	₦ 2,435,420	₦ -	₦ -	₦ -	₦ 2,435,420	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		ns and vulnerable populations.														
5.3.1.c	On the Job training on HIV.AIDS	5days residential training, 2 persons each from 1070 PHCs, 49 secondary facilities and 536 private health facilities.	5days residential training, 2 persons each from 1070 PHCs, 49 secondary facilities and 536 private health facilities.	₦ 396,170	0	0	0	0		₦ -	₦ -	₦ -	₦ -	₦ -	₦ -	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.3.1.d	Reproduce and distribute Zip-Up plus Manual to schools"	• "a) Train 3000 teachers (2 per school) for 6 days to implement FLHE b) Reproduce and distribute 2000 copies to 1000 newly activated FLHE schools with teachers Hand Book d) Reproduce and distribute 10,000 copies of Zip-Up plus Manual to 490 schools" • support HIV interventions for Intravenous drug users and adolescents in collaboration with the Ministry of youth and sport		₦ 5,462,000	1	0	0	0								
										₦ 5,462,000	₦ -	₦ -	₦ -	₦ -	₦ 5,462,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		ce and distribute 10,000 copies of Zip-Up plus Manual to 490 schools"														
		• support HIV interventions for Intravenous drug users and adolescents in collaboration with the Ministry of youth and sport														

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.3.1.e	To scale up X-ray support for TB diagnosis in children	1 day monthly M and E meeting of 35 persons 3 days quarterly DQA exercises 20 person conduct 3 days annual response review meeting with 35 persons 1 day quarterly TWG meeting with 35 persons	1 day monthly M and E meeting of 35 persons 3 days quarterly DQA exercises 20 person conduct 3 days annual response review meeting with 35 persons 1 day quarterly TWG meeting with 35 persons	₦ 1,472,000	1	1	1	1	1	₦ 1,472,000	₦ 1,472,000	₦ 1,472,000	₦ 1,472,000	₦ 1,472,000	₦ 7,360,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.3.2.b	Quarterly referral coordinators meetings	conduct 1day quarterly referral coordinators meetings for 49 persons to include hall, teabreak& lunch, meeting materials and transportation	conduct 1day quarterly referral coordinators meetings for 49 persons to include hall, teabreak& lunch, meeting materials and transportation	₦ 1,321,200	0	0	0	1	0							
		conduct 1 day non-residential orientation on test and treat protocols for 3 health care workers from 49 comprehensive to include hall for 3 batches, teabreak& lunch, meeting materials, transportation and 2 facilitators fees								₦ -	₦ -	₦ -	₦ 1,321,200	₦ -	₦ 1,321,200	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		and treat protocols for 3 health care workers from 49 comprehensive to include hall for 3 batches, teabreak & lunch, meeting materials , transportation and 2 facilitator s fees													

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
5.3.2.d	Training on ART decentralization and management of adverse drug reactions	conduct 2 no 5 day training on ART decentralization and management of adverse drug reactions for 120 staff	conduct 2 no 5 day training on ART decentralization and management of adverse drug reactions for 120 staff	₦ 3,830,420	0	1	0	0	0	₦ 3,830,420	₦ -	₦ -	₦ -	₦ -	₦ 3,830,420
5.3.3.a	Integrations of PMTCT, RH/FP services	Conduct 6 days residential training workshop for 1,044 HCWs in 2 batches (522	• Conduct 6 days residential training workshop for 1,044 HCWs in 2 batches (522 batch) on the need for integrations of PMTCT, RH/FP services during ANC/PNC and Immunization	₦ 4,410,900	0	1	0	0	0	₦ 4,410,900	₦ -	₦ -	₦ -	₦ -	₦ 4,410,900

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		batch) on the need for integrations of PMTCT, RH/FP services during ANC/PNC and Immunization visits in all eMTCT sites	visits in all eMTCT sites													
5.3.3.b	Procurements of Male and Female Condoms	Procurement of 1,500,000 Male and female condoms and lubricants	Procurement of 1,500,000 Male and female condoms and lubricants	₦ 75,000,000	1	1	1	1	1	₦ 75,000,000	₦ 75,000,000	₦ 75,000,000	₦ 75,000,000	₦ 75,000,000	₦ 375,000,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.3.3.c	Monthly supportive supervision to 522 eMTCT sites	a) Conduct 1-day monthly supportive supervision to 522 eMTCT sites to ensure implementation of option B+ and test and treat by 50 ;pers	a) Conduct 1-day monthly supportive supervision to 522 eMTCT sites to ensure implementation of option B+ and test and treat by 50 ;pers	₦ 6,000,000	0	0	1	0	0	₦ -	₦ -	₦ 6,000,000	₦ -	₦ -	₦ 6,000,000	
5.3.3.d	eMTCT training workshop	a) Conduct 2 days non residential Training w/shop for 1250 mentor mothers (2 per eMTCT site) c) Conduct 1 day	a) Conduct 2 days non residential Training w/shop for 1250 mentor mothers (2 per eMTCT site) c) Conduct 1 day	₦ 71,072,500	0	1	0	0	0	₦ -	₦ 71,072,500	₦ -	₦ -	₦ -	₦ 71,072,500	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		for 1250 mentor mothers (2 per eMTCT site) c) Conduct 1 day Quarterly review meetings with 1250 mentor mothers in batches 23 LGAs	Quarterly review meetings with 1250 mentor mothers in batches 23 LGAs													
5.3.3.e	Training and re-training for 100 EID focal persons in public and private	a) Conduct 3-day re-training for 100 EID focal	a) Conduct 3-day re-training for 100 EID focal persons in public and private secondary healthcare	₦ 4,491,400	0	1	0	0	0	₦ -	₦ 4,491,400	₦ -	₦ -	₦ -	₦ 4,491,400	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	secondary healthcare facilities on EID sample collection, storage and handling annually.	persons in public and private secondary healthcare facilities on EID sample collection, storage and handling annually. c)	facilities on EID sample collection, storage and handling annually. c)												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.3.4.a		Conduct quarterly follow up with health care facilities for 10 persons to ensure all negative HIV are link to prevention through referral to relevant partn Conduct quarterly follow up with health care facilities for 10 persons to ensure all HIV positive are link to treatment through referrals within DOTS and ART unit Conduct 5 days training of 10 Key Population (KP) led/KP friendly CBOs (5 persons per CBO) on	Conduct quarterly follow up with health care facilities for 10 persons to ensure all negative HIV are link to prevention through referral to relevant partn Conduct quarterly follow up with health care facilities for 10 persons to ensure all HIV positive are link to treatment through referrals within DOTS and ART unit Conduct 5 days training of 10 Key Population (KP) led/KP friendly CBOs (5 persons per CBO) on	₦ 1,150,400	1	0	0	0	0							

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		for 10 persons to ensure all HIV positive are link to treatment through referrals within DOTS and ART unit Conduct 5 days training of 10 Key Population (KP) led/KP friendly CBOs (5 persons per CBO) on referrals	referrals and linkages												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		and linkages														
5.3.5.a	Advocacy Meetings	1. Advocacy meeting to promote voluntary blood donation through sensitization of	1. Advocacy meeting to promote voluntary blood donation through sensitization of community/ religious leaders, student Union and school management etc. 60 persons, one	₦ 336,840	0	1	0	1	0	₦ -	₦ 336.840	₦ -	₦ 336.840	₦ -	₦ 673.680	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		community/religious leaders, student Union and school management etc. 60 persons, one day meeting non-residential 2.Quarterly radio/TV programs of 20 minutes each week, one quarter per year and jingles throughout (linked to advocacy and social mobilisation activities above). 3. Production of 500 hard copies of jingles to create awareness.(linked to advocacy and social mobilisation activities above)														

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		per year and jingles throughout (linked to advocacy and social mobilisation activities above). 3. Production of 500 hard copies of jingles to create awareness.(linked to advocacy and social mobilisation)														

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		on activities above)														
5.3.5.c	Strengthened Blood Bank	1. Register all service providers offering blood banking. 2. Conduct incidence operational research. 1 consultant 15 field officers for 3 days in the 3 Senatorial zone 1 consulta	1. Register all service providers offering blood banking. 2. Conduct incidence operational research. 1 consultant 15 field officers for 3 days in the 3 Senatorial zone	₦ 320,000	1	1	0	0	0							
										₦ 320,000	₦ 320,000	₦ -	₦ -	₦ -	₦ 640,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		nt 15 field officers for 3 days in the 3 Senatorial zone													
5.3.6.a	Domestication of National policy on Health care waste management, National policy on Infection prevention and control, National Injection. safety and health care waste management	1.Conduct 3-day meeting to review and adapt the National policy on Health care waste management, National policy on Infection prevention and control, National Injection. safety and health care waste management guidelines and standard operating procedures.	1.Conduct 3-day meeting to review and adapt the National policy on Health care waste management, National policy on Infection prevention and control, National Injection. safety and health care waste management guidelines and standard operating procedures.	₦ 892,000	0	0	1	0	1						
										₦ -	₦ 892,000	₦ -	₦ 892,000	₦ 1,784,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	guidelines and standard operating procedures	National Injection. safety and health care waste management guidelines and standard operating procedures. 2.Print and distribute 2,000 copies of the policy. (Activity cost linked to Activity 1.1.1a)	2.Print and distribute 2,000 copies of the policy. (Activity cost linked to Activity 1.1.1a)													

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.3.6.c	Procurement of consumables for HIV and TB screening and testing	a) Procure and distribute 2140 Lab. coats, 1070 cartons of hand gloves, 50,000 cartons of Syringes, 1070 carton of cotton wool, 1070 cartons of Jik, 1070 cartons of methylated spirit ,	a) Procure and distribute 2140 Lab. coats, 1070 cartons of hand gloves, 50,000 cartons of Syringes, 1070 carton of cotton wool, 1070 cartons of Jik, 1070 cartons of methylated spirit , 1070 packs of biohazard bags, 1070 sharp bins, 1070 carton of hand sanitizers and 1070 lid bins	₦ 20,000,000	1	1	1	1	1							
										₦ 20,000,000	₦ 20,000,000	₦ 20,000,000	₦ 20,000,000	₦ 100,000,000		

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		1070 packs of biohazard bags, 1070 sharp bins, 1070 carton of hand sanitizers and 1070 lid bins													
5.3.7.b	Monthly meetings for HIV support groups	a)Conduct a 1-day non-residential monthly meetings for 49 persons from HIV support group	a)Conduct a 1-day non-residential monthly meetings for 49 persons from HIV support group	₦ 275,086	12	0	0	0	12	₦ 3,301,032	₦ ,	₦ ,	₦ ,	₦ 3,301,032	₦ 6,602,064

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.3.7.c	Advocacy/sensitization meetings	1. Advocacy/sensitization meetings with management of institutions, health facility and HIV prevention service providers (15 persons for 2 days in 3 batches yearly at state and LG level). 2.	1. Advocacy/sensitization meetings with management of institutions, health facility and HIV prevention service providers (15 persons for 2 days in 3 batches yearly at state and LG level). 2.	₦ 504,210	1	0	0	0	3	₦ 504,210	-	-	-	₦ 1,512,630	₦ 2,016,840	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.3.8.a	Procurement of Rapid Test Kits	Procurement of Rapid Test Kits @ 400 per test Procurement of testing consumables (needles, gloves etc) @ 3000 per 1000	Procurement of Rapid Test Kits @ 400 per test Procurement of testing consumables (needles, gloves etc) @ 3000 per 1000	₦ 4,030,000	1	1	1	1	3	₦ 4,030,000	₦ 4,030,000	₦ 4,030,000	₦ 12,090,000	₦ 28,210,000		
5.3.8.d	Procurement of Laboratory chemistry reagents for patients follow-up	Procurement of Laboratory chemistry reagents for patients follow-up @ ave. of 2000 DBS Kits for	Procurement of Laboratory chemistry reagents for patients follow-up @ ave. of N48800 per 100 qqt (2230 annually) Procurement of 2000 DBS Kits for	₦ 55,048,800	1	0	0	0	0	₦ 55,048,800	₦ -	₦ -	₦ -	₦ -	₦ 55,048,800	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		N48800 per 100 qqt (2230 annually) Procurement of 2000 DBS Kits for EID @ 9500 unit cost Procurement of 2000 quantity of PCR reagents @ N18000 unit cost To be costed under the OHT	EID @ 9500 unit cost Procurement of 2000 quantity of PCR reagents @ N18000 unit cost To be costed under the OHT												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.3.9.b	Design and implement needs assessment	2 days meeting for 10 persons to develop Research protocol b)Train 12 Research Assistants on the methodology and questionnaire administration for 3 days non residential. c) Conduct	2 days meeting for 10 persons to develop Research protocol b)Train 12 Research Assistants on the methodology and questionnaire administration for 3 days needs assessment by 12 RA	₦ 1,348,822	0	1	0	0	0							
									₦ -	₦ 1,348,822	₦ -	₦ -	₦ -	₦ 1,348,822		

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		a 3 days needs assessment by 12 RA														
5.3.9.c	Mapping of HIV/AIDS key populatio	a) Conduct a 10 day field work to Update mapping & size estimation of key population (60 people to carry out the size estimation b) Conduct a day meeting to validate and dessiminate the mapping and size		₦ 5,122,750	0	1	0	0	0							
										₦ 5,122,750	₦ -	₦ -	₦ -	₦ 5,122,750		

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		n;20-PWID,20-MSM,20-FSW) b) Conduct a day meeting to validate and dessiminate the mapping and size estimation among 45 stakeholders	estimation among stakeholders 45													

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.3.10.a	Development and production of Posters	• "a)3 day meeting of 20 persons to Develop, produce and distribute 1,000 copies of posters to policy makers and community leaders	• "a)3 day meeting of 20 persons to Develop, produce and distribute 1,000 copies of posters to policy makers and community leaders	₦ 1,160,308	1	0	0	0	0	₦ 1,160,308	₦ -	₦ -	₦ -	₦ -	₦ 1,160,308	
5.3.10.c	Production and airing Of Radio Jingle	• Weekly Production and airing Of Radio Jingle • Weekly Production and airing Of TV jingles • Conduct annual	• Weekly Production and airing Of Radio Jingle • Weekly Production and airing Of TV jingles • Conduct annual	₦ 2,960,000	1	0	0	0	0	₦ 2,960,000	₦ -	₦ -	₦ -	₦ -	₦ 2,960,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		airning of TV jingles Conduct annual World AIDS Day celebration	World AIDS Day celebration												
5.4.1.a	Education and Information through Airing of Jingles	<ul style="list-style-type: none"> Weekly Production and airning Of Radio Jingle Weekly Production and airning of TV jingles Printing of 2000 copies of posters Printing 	<ul style="list-style-type: none"> Weekly Production and airning Of Radio Jingle Weekly Production and airning of TV jingles Printing of 2000 copies of posters Printing of 5000 handbills 	₦ 2,960,000	1	0	0	0	0						
									₦ 2,960,000	₦ -	₦ -	₦ -	₦ -	₦ 2,960,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		of 5000 handbills													
5.5.1.a	Development of IEC materials on NTD	1 conduct 5 days planning Meeting with 20 persons 2 provide 5 no. logistic support for 46 persons to 23 LGAs for comm. Sensitization/ focus group discution 3 Develop, Print and disseminate 15000 IEC Material, annually		₦ 3,650,000	0	1	0	0	0						
									₦ -	₦ 3,650,000	₦ -	₦ -	₦ -	₦ 3,650,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		discussion 3 Develop, Print and disseminate 15000 IEC Material, annually														
5.5.1.b	Advocacy Visit	1 Conduct 20 no. advocacy visit to 20 relevant stakeholders 2 provide advocacy kits (T-Shit, face-cap,) and light refreshm	1 Conduct 20 no. advocacy visit to 20 relevant stakeholders 2 provide advocacy kits (T-Shit, face-cap,) and light refreshments for 500 persons	₦ 1,780,000	0	1	0	0	0							
									₦ -	₦ 1,780,000	₦ -	₦ -	₦ -	₦ -	₦ 1,780,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		ents for 500 persons														
5.5.2.a	To scale up X-ray support for TB diagnosis in children	A 2 days training of 21 Clinician and 1031 Health workers on mass drug administration and early case detection of NTDs	A 2 days training of 21 Clinician and 1031 Health workers on mass drug administration and early case detection of NTDs	₦ 3,132,400	0	1	0	0	0	₦ -	₦ 3,132,400	₦ -	₦ -	₦ -	₦ 3,132,400	
5.5.2.b	Training of State NTD team	1-A 2 day planning meeting with 20 NTD staffs	1-A 2 day planning meeting with 20 NTD staffs and 7 DMA staff 2-A 1 day training	₦ 517,750	0	1	1	1	1	₦ -	₦ 517,750	₦ 517,750	₦ 517,750	₦ 517,750	₦ 2,071,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		and 7 DMA staff 2-A 1 day training of 23 State NTD team and 92 LGA NTD teams on NTD preventive chemotherapy services and management	of 23 State NTD team and 92 LGA NTD teams on NTD preventive chemotherapy services and management												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.5.2.c	NTD preventive chemotherapy package	1. A 1 day training of 893 health workers in 21 LGAs (43 per LGA) 2. A 1 day training of 13,000 comm implementers in 255 ward (51 per ward) on integrate distribution of NTD preventive chemotherapy packages 3. Distribution of the packages by 18,000 comm implementers	1. A 1 day training of 893 health workers in 21 LGAs (43 per LGA) 2. A 1 day training of 13,000 comm implementers in 255 ward (51 per ward) on integrate distribution of NTD preventive chemotherapy packages 3. Distribution of the packages by 18,000 comm implementers	₦ 5,416,300	0	1	0	0	0							
										₦ -	₦ 5,416,300	₦ -	₦ -	₦ -	₦ 5,416,300	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		packages 3. Distribution of the packages by 18,000 community implementers												
5.5.3.a	Implementation of NTD activities	A 3 days planning meetings for 18 persons with appropriate stakeholders for implementation activities	₦ 324,000	0	1	1	1	1	₦ 324,000	₦ 324,000	₦ 324,000	₦ 324,000	₦ 324,000	₦ 1,296,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.5.4.a	Case management of NTDs	1) A 1 day planning meetings with 12 persons	1) A 1 day planning meetings with 12 persons 2) A 2 day training of 19 persons on implementation survey for case management of NTDs in 15 secondary health facilities to reduce morbidity in the state	₦ 325,500	0	1	1	1	1							
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NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
5.5.5.a	NTD Training	Conduct 1 day training of 30 SNTD staffs, 1 day training for 2,500 LGA teams and Teachers in 15 LGAs (166 per LGA), 1 day training for 1,031 Health workers in 21 LGA (49 per LGA)	Conduct 1 day training of 30 SNTD staffs, 1 day training for 2,500 LGA teams and Teachers in 15 LGAs (166 per LGA), 1 day training for 1,031 Health workers in 21 LGA (49 per LGA)	₦ 8,865,000	0	1	0	0	0							

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
5.5.7.a	Stakeholders forum	A 2 days planning meetings for collaboration with 18 persons from appropriate stakeholders for implementation	A 2 days planning meetings for collaboration with 18 persons from appropriate stakeholders for implementation	₦ 108,000	0	1	1	1	1	₦ 108,000	₦ 108,000	₦ 108,000	₦ 108,000	₦ 432,000	
5.5.7.b	Implementation of NTD	A 1 day planning meetings for collaboration with 32 persons for school base implementation	A 1 day planning meetings for collaboration with 32 persons for school base implementation of NTDs programme	₦ 276,000	0	1	1	1	1	₦ 276,000	₦ 276,000	₦ 276,000	₦ 276,000	₦ 1,104,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		ntation of NTDs programme														
5.5.8.a	Capacity Building of Research Advisory Committee on Operations Research	A 3 days capacity building of 18 Operations Research Advisory Committee on NTD impact assessment.	A 3 days capacity building of 18 Operations Research Advisory Committee on NTD impact assessment.	₦ 343,100	0	1	1	1	1	₦ -	₦ 343,100	₦ 343,100	₦ 343,100	₦ 343,100	₦ 1,372,400	
5.5.8.b	Planning Meeting	1) A-3 days planning meetings with 21 persons from	1) A-3 days planning meetings with 21 persons from FMOH,Partners, state NTDs staffs 2) A- 2 days	₦ 6,140,000	0	1	0	0	0	₦ -	₦ 6,140,000	₦ -	₦ -	₦ -	₦ 6,140,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		FMOH, Partners, state NTDs staffs 2) A- 2 days training of 5 lab scientists and 10 lab technician	training of 5 lab scientists and 10 lab technician												
									₦ 1,167,389,290	₦ 1,226,419,917	₦ 1,110,983,290	₦ 1,097,209,330	₦ 1,126,414,632	₦ 5,728,416,459	
6.Non-Communicable Disease, Care of The Elderly, Mental Health, Oral Health, Eye Healthcare															
6.1.7.a	Conduct a research to determine the prevalence and	Conduct a research to determine the	Conduct a research to determine the prevalence and mortality due to NCDs	₦ 1,280,000	0	1	0	0	0	₦ -	₦ 1,280,000	₦ -	₦ -	₦ -	₦ 1,280,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	mortality due to NCDs	prevalence and mortality due to NCDs														
6.1.7.b	Institutionalised NCDs data review and procure ICT equipment for improve reporting system for good record keeping	Institutionalised NCDs data review and procure ICT equipment for improve reporting system for good record keeping	1.2labtops computers*300,000*2, 2.2mordems@10,000*2 3.2flashdrive#4000*2 4.1printer#50000 5,1photocopier@250000	₦ 2,450,000	1	0	0	0	0	₦ 2,450,000	₦ -	₦ -	₦ -	₦ -	₦ 2,450,000	2,450,000
6.1.7.c	stakeholders engagement and awareness	stakeholders engagement and awareness	stakeholders engagement and awareness creation on NCDs	₦ 420,000	1	1	1	1	1	₦ 420,000	₦ 420,000	₦ 420,000	₦ 420,000	₦ 420,000	₦ 2,100,000	2,100,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	creation on NCDs	creation on NCDs														
6.1.7.d	develop and adapt policy and guidelines on NCDs	develop and adapt policy and guideline s on NCDs	Logistics for advocacy to executive governor, legislators, one day workshop to sensitise Traditional Leaders, religious leaders, and community influencers, printing of advocacy tools,	₦ 3,280,000	1	0	0	0	0	₦ 3,280,000	₦ -	₦ -	₦ -	₦ -	₦ -	3,280,000
6.1.7.e	intensify mobilization on community members, CBOs on NCDs services	intensify mobilization on community members , CBOs on NCDs services	organise 5-days workshop for development of policies/guideline on cancer, Hypertention, Diabetes, SCD, Airway disease etc. printing and dissemination	₦ 895,000	1	1	1	1	1	₦ 895,000	₦ 895,000	₦ 895,000	₦ 895,000	₦ 895,000	₦ -	4,475,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
6.2.1.a	Conduct baseline surveys on the health of the elderly	Conduct baseline surveys on the health of the elderly	1.Transport10pple@5000*10 2.Hall hiring@35000,3.PA @ 20000	₦ 2,110,000	0	1	0	0	0	₦ -	₦ 2,110,000	₦ -	₦ -	₦ -	₦ 2,110,000	
6.2.1.b	Development of Advocacy Kits	Development of Advocacy Kits	1transport.30persons@5000*30 2.15 Glucometers@12000, 3.15 BP apparatus 15*15000	₦ 1,100,000	1	1	0	0	0	₦ 1,100,000	₦ 1,100,000	₦ -	₦ -	₦ -	₦ 2,200,000	
6.2.1.c	Community awareness on prevention and control of NCDs	Community awareness on prevention and control of NCDs	1.posters 5000@1200 each 2. flip chart 5000 @ 1200 each 3.Banners 2000 @ 3500 each	₦ 460,000	2	2	2	2	2	₦ 920,000	₦ 920,000	₦ 920,000	₦ 920,000	₦ 920,000	₦ 4,600,000	
6.2.1.d	develop and adapt policy and guidelines on NCDs	develop and adapt policy and guideline	develop and adapt policy and guidelines on NCDs	₦ 1,900,000	0	1	0	0	0	₦ -	₦ 1,900,000	₦ -	₦ -	₦ -	₦ 1,900,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		s on NCDs														
6.2.1.e	Media campaigns using clear, consistent and coherent messages to educate public and specific population groups on the national recommendations of diet, physical activity, other risk factors.	Media campaigns using clear, consistent and coherent messages to educate public and specific population groups on the national recommendations of diet, physical activity, other	Media campaigns using clear, consistent and coherent messages to educate public and specific population groups on the national recommendations of diet, physical activity, other risk factors.	₦ 2,110,000	0	1	0	0	0							
										₦ 2,110,000	₦ -	₦ -	₦ -	₦ -	₦ -	2,110,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		risk factors.														
6.2.2.a	organize state fora for NCDs patients on the importance of continuous exercise, dieting and medication	organize state fora for NCDs patients on the importance of continuous exercise, dieting and medication	organize state fora for NCDs patients on the importance of continuous exercise, dieting and medication	₦ 730,000	0	1	0	0	0	₦ 730,000	₦ -	₦ -	₦ -	₦ -	₦ 730,000	
6.2.2.b	support street rallies on the awareness of NCDs	support street rallies on the awarene	support street rallies on the awareness of NCDs	₦ 900,000	0	1	0	0	0	₦ 900,000	₦ -	₦ -	₦ -	₦ -	₦ 900,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		ss of NCDs														
6.2.2.c	Implement policies, plans, standards and guidelines that promote physical activity and the production and consumption of healthy diets	Implement policies, plans, standards and guidelines that promote physical activity and the production and consumption of healthy diets	Implement policies, plans, standards and guidelines that promote physical activity and the production and consumption of healthy diets	₦ 13,200,000	0	1	1	1	0							
										₦ -	₦ 13,200,000	₦ 13,200,000	₦ 13,200,000	₦ -	₦	39,600,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
6.2.2.d	Provide basic Training of healthcare workers to provide preventive activities(Awareness and Screening)	Provide basic Training of healthcare workers to provide preventive activities(Awareness and Screening)	1. trained 2 health workers each in 625 health facilities (1250 persons) 2. hiring hall @ 50000 2. tea break 1500*1250 persons 3. lunch 2000*1250 persons 4.training materials 1000per person*1250 5. transport @ 5000*1250 6. facilitators 10000*2	₦ 2,925,000	0	1	0	1	0	₦ -	₦ 2,925,000	₦ -	₦ 2,925,000	₦ -	₦	5,850,000
6.2.3.a	Provision of basic screening equipments and consumables	Provision of basic screening equipments and consumables	1. VP apparatus 50*15000 2. Glomono meter 50*20000	₦ 1,750,000	1	0	1	0	1	₦ 1,750,000	₦ -	₦ 1,750,000	₦ -	₦ 1,750,000	₦	5,250,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
6.2.3.b	Ensure availability and potency of the treatment drugs in all facility at all times.	Ensure availability and potency of the treatment drugs in all facility at all times.	supply of NCDs drugs @ 500000*4	₦ 500,000	4	4	4	4	4	₦ 2,000,000	₦ 2,000,000	₦ 2,000,000	₦ 2,000,000	₦ 2,000,000	₦	10,000,000
6.2.3.c	Conduct Health education to all the NCDs patients at all level	Conduct Health education to all the NCDs patients at all level	Conduct Health education to all the NCDs patients at all level	₦ 525,000	1	1	1	1	1	₦ 525,000	₦ 525,000	₦ 525,000	₦ 525,000	₦ 525,000	₦	2,625,000
6.2.4.a	support NCD Associations/Clubs through health education on dieting,	support NCD Associations/Clubs through health education on	support NCD Associations/Clubs through health education on dieting, exercise and rehabilitations at all level through round table meeting	₦ 162,000	2	2	2	2	2	₦ 324,000	₦ 324,000	₦ 324,000	₦ 324,000	₦ 324,000	₦	1,620,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	exercise and rehabilitations at all level through round table meeting	dieting, exercise and rehabilitations at all level through round table meeting														
6.2.4.b	Support the commemoration of International annual NCDs weeks	Support the commemoration of International annual NCDs weeks	Support the commemoration of International annual NCDs weeks	₦ 162,000	1	1	1	1	1	₦ 162,000	₦ 162,000	₦ 162,000	₦ 162,000	₦ 162,000	₦	810,000
6.2.4.c	Develop and disseminate of guidelines and SOPs for the	Develop and disseminate of guidelines and SOPs for the	Develop and disseminate of guidelines and SOPs for the	₦ 1,179,000	0	1	0	0	1	₦ -	₦ 1,179,000	₦ -	₦ -	₦ 1,179,000	₦	2,358,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	managem nt of NCDs	manage ment of NCDs														
6.2.4.d	Create a State Oral Health Database	Create a State Oral Health Databas e	Create a State Oral Health Database	₦ 1,179,000	1	0	0	1	0	₦ 1,179,000	₦ -	₦ -	₦ 1,179,000	₦ -	₦ 2,358,000	
6.2.5.a	Print,and dessiminat e Policy and guidelines on Oral health care at all levels.	Print,and dessiminat e Policy and guideline s on Oral health care at all levels.	Print,and dessiminate Policy and guidelines on Oral health care at all levels.	1,125,000.00	1	1	1	1	1	₦ 1,125,000	₦ 1,125,000	₦ 1,125,000	₦ 1,125,000	₦ 1,125,000	₦ 5,625,000	
										₦ 16,130,000	₦ 33,805,000	₦ 21,321,000	₦ 23,675,000	₦ 9,300,000	₦ 104,231,000	
7.General And Emergency Hospital Services																

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
7.1.1.a	Advocate to the government to facilitate the passage of the SHA	1)conduct 1 day annual advocacy visit to the state house of assembly by 10 people. 2) fuel bus at 5,000/day x 2	1)conduct 1 day annual advocacy visit to the state house of assembly by 10 people. 2) fuel bus at 5,000/day x 2	₦ 100,000	0	2	0	0	0	₦ -	₦ 200,000	₦ -	₦ -	₦ -	₦ 200,000	
7.1.1.b	Facilitate the implementation of the state health development plan	1)conduct 1 day annual advocacy visit to the state house of assembly by 10 people. 2) fuel bus at	1)conduct 1 day annual advocacy visit to the state house of assembly by 10 people. 2) fuel bus at 5,000/day x 2	₦ 120,000	0	1	1	0	0	₦ -	₦ 120,000	₦ 120,000	₦ -	₦ -	₦ 240,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		5,000/day x 2														
7.1.1.c	Provide logistics for the activities of state private hospital registration and regualtion authority for better and effective service delivery.	1) 2 laptops at 150,000/unit x 2) 2 printers at 50,000/unit x 2, 3) 2 modems at 12,000/unit x 2	1) 2 laptops at 150,000/unit x 2) 2 printers at 50,000/unit x 2, 3) 2 modems at 12,000/unit x 2	₦ 424,000	0	1	0	0	0	₦ -	₦ 424,000	₦ -	₦ -	₦ -	₦ 424,000	
7.1.1.d	Support health workers to implement the state SOPs on	conduct 3 days training for 30 people. Hall hire at 35,000/day x 3. tea break at 1,500/person for 31	conduct 3 days training for 30 people. Hall hire at 35,000/day x 3. tea break at 1,500/person for 31	₦ 722,100	0	1	0	0	0	₦ -	₦ 722,100	₦ -	₦ -	₦ -	₦ 722,100	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	family planning	at 35,000/day x 3. tea break at 1,500/person for 31 pple x 2. lunch break at 1,700/person for 31 pple x 3. facilitator at 10,000/day x 3. transport at 5,000/person for 30 pple.	pple 3 x 2. lunch break at 1,700/person for 31 pple x 3. facilitator at 10,000/day x 3. transport at 5,000/person for 30 pple.													
7.1.1.e	Re print and distribute the SOPs to	1)printing of 1000 copies at 800/copy	1)printing of 1000 copies at 800/copy 2) transport at	₦ 83,000	0	4	0	0	0	₦ -	₦ 332,000	₦ -	₦ -	₦ -	₦ 332,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	public and private health facilities	2) transport at 5000/person for 3 pple x1	5000/person for 3 pple x1													
7.1.2.d	Sensitize private hopsital and clinics to provide and improve oral health services.	1.visit to NYSC secretariat , fuel car at 3,000/day x 8	1.visit to NYSC secretariat , fuel car at 3,000/day x 8	₦ 24,000	0	2	2	2	2	₦ -	₦ 48,000	₦ 48,000	₦ 48,000	₦ 48,000	₦ 192,000	
7.1.3.b	Train Health care Workers to provide minimum Oral health service package at all levels	1.Fueling of vehicle for 6days AT 5,000/DAY,2) Lunch for 7 pple at 1,700/person for 6days	1.Fueling of vehicle for 6days AT 5,000/DAY,2) Lunch for 7 pple at 1,700/person for 6days	₦ 1,622,400	0	4	4	4	4	₦ -	₦ 6,489,600	₦ 6,489,600	₦ 6,489,600	₦ 6,489,600	₦ 25,958,400	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
7.1.4.a	Conduct research and survey to determine prevalence and incidences of oral disease among the community	1.) printing of 1000 flow charts at 800/unit, 1000 educational pictures at 800/unit, 2) Transport for 9 pple at 5,000/day x 9. 3).Lunch for 9 pple at 1,700/ person x 9	1.) printing of 1000 flow charts at 800/unit, 1000 educational pictures at 800/unit, 2) Transport for 9 pple at 5,000/day x 9. 3).Lunch for 9 pple at 1,700/ person x 9	220300	0	1	1	1	1							

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
7.1.5.b	Review and adapt national policy and guidelines on oral health care	1. Transport for 2 pple at 5,000/person to attain their meetings . 2) provide posters at 800/copy x 1,000	1. Transport for 2 pple at 5,000/person to attain their meetings. 2) provide posters at 800/copy x 1,000	₦ 90,000	0	1	1	1	1	₦ -	₦ 90,000	₦ 90,000	₦ 90,000	₦ 90,000	₦ 360,000	
7.1.5.c	Print, and dessiminate Policy and guidelines on Oral health care at all levels	1.print IEC matrials at 800/copy x 1,000 in local languages. 2.Transport at 5,000/day x 3 for distribution	1.print IEC matrials at 800/copy x 1,000 in local languages. 2.Transport at 5,000/day x 3 for distribution	₦ 95,000	0	1	1	1	1	₦ -	₦ 95,000	₦ 95,000	₦ 95,000	₦ 95,000	₦ 380,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		y x 3 for distribution													
7.1.5.d	Advocacy	Advocacy to His Excellency. Fueling of 1 Vehicle at 3,000 x 1	Advocacy to His Excellency. Fueling of 1 Vehicle at 3,000 x 1	₦ 30,000	1	1	0	0	0	₦ 30,000	₦ 30,000	₦ -	₦ -	₦ -	₦ 60,000
7.1.5.e	Review and adapt national policy and guidelines on oral health care	1. Annual meeting with 7 lps, Hire Hall at 35,000/day x 1. Lunch at 1,700/person x 15 x 1. Transport	1. Annual meeting with 7 lps, Hire Hall at 35,000/day x 1. Lunch at 1,700/person x 15 x 1. Transport at 3,000/person x 15	₦ 105,500		1	1	1	1	₦ -	₦ 105,500	₦ 105,500	₦ 105,500	₦ 105,500	₦ 422,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		t at 3,000/person x 15													
7.1.6.c	Health Promotion	Include oral health promotion into the school curricula of primary schools	1). Print IEC materials at 800/unit x 1,000. 2). Transport for 6 people at 5,000/day	₦ 110,000	0	1	1	1	1	₦ 110,000	₦ 110,000	₦ 110,000	₦ 110,000	₦ 440,000	
7.1.6.d	Training	Training	1) hire hall at 50,000/day. 2).2 facilitator at 10,000/day x 4 x4. 3) transport at 5,000/person x 1 x132 x 4batches/ 3,000 x2	₦ 3,126,400	0	1	1	1	1	₦ 3,126,400	₦ 3,126,400	₦ 3,126,400	₦ 3,126,400	₦ 12,505,600	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
7.2.1.c	Intgrate Eye care services into ISS checklist	visit to airtel office, fuel bus at 3,000	visit to airtel office, fuel bus at 3,000	₦ 30,000	0	1	1	0	0	₦ -	₦ 30,000	₦ 30,000	₦ -	₦ -	₦ 60,000	
7.2.1.d	Institutinalize Review meetings on eye health programme	Conduct yearly eye care review meetings for 130 participants 1) hire hall at 50,000/day. 2)2 facilitator at 10,000/day x 4 x4. 3) transport at 5,000/person x 1 x132 x 4batches/ 3,000 x2	1) hire hall at 50,000/day. 2)2 facilitator at 10,000/day x 4 x4. 3) transport at 5,000/person x 1 x132 x 4batches/ 3,000 x2	₦ 3,126,400	0	1	1	1	1	₦ -	₦ 3,126,400	₦ 3,126,400	₦ 3,126,400	₦ 3,126,400	₦ 12,505,600	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		4batches / 3,000 x2														
7.2.4.b	Develop, pre-test , print and dessiminate Information ,Education and Communic ation Material on Eye health	1). Hire Hall at 50,000/day x 1. 2).Transport at 3,000/day x 30. 3).Lunch at 1,7000/pers x 30. 4). IECs materials at 800/unit x 1,000. 5) facilitator at 10,000 x 1.	1). Hire Hall at 50,000/day x 1. 2).Transport at 3,000/day x 30. 3).Lunch at 1,7000/pers x 30. 4). IECs materials at 800/unit x 1,000. 5) facilitator at 10,000 x 1.	₦ 130,000	0	1	1	1	1	₦ -	₦ 130,000	₦ 130,000	₦ 130,000	₦ 130,000	₦ 520,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
7.2.7.a	Promote, disseminate, and implement the policy document	Dessemination of policy document: 1.fuel bus at 10,000/day x 11 2).Lunch at 1,700/pres x 5.x 11 3) 4). IECs materials at 800/unit x 1,000	1.fuel bus at 10,000/day x 11 2).Lunch at 1,700/pres x 5.x 11 3) 4). IECs materials at 800/unit x 1,000	₦ 283,500	0	1	0	1	0	₦ -	₦ 283,500	₦ -	₦ 283,500	₦ -	₦ 567,000	
7.2.7.b	Conduct monitoring, evaluation and supportive supervision of the implementation of	Quarterly monitoring/supervision: 1).Lunch at 1,700/pers x 25 2).Hire Hall at 50,000/day x 1. 3) transpot 3,000 x 3, 5,000 x 20. 4)facilitator at 10,000/pers x 1	1).Lunch at 1,700/pers x 25 2).Hire Hall at 50,000/day x 1. 3) transpot 3,000 x 3, 5,000 x 20. 4)facilitator at 10,000/pers x 1	₦ 209,000	0	1	0	0	1	₦ -	₦ 209,000	₦ -	₦ -	₦ 209,000	₦ 418,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	medical emergencies including safety and quality improvement	3,000 x 3, 5,000 x 20.3)facilitator or at 10,000/pers x 1														
7.2.7.c	Establish standards of practice, develop/adapt and distributes SOPs and treatment guidelines	conduct 4 days workshop to review, adapt or develop SOPs 1) hire hall at 50,000/day. 2)2 hire hall at 10,000/day x 4 x4. 3) transport at 5,000/person x 1 x132 x 4batches/ 3,000 x2		₦ 3,126,400	0	1	1	1	1							

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Person x 1 x132 x 4batches / 3,000 x2														
7.3.1.b	Upgrade health facilities including facilities for laboratory services	Assess health facilities, determine needs, renovate structures, procure and supply equipment:	cost of assessment, advert for tender, award of contract, and supply	₦ 3,126,400	0	1	0	0	1	₦ -	₦ 3,126,400	₦ -	₦ -	₦ 3,126,400	₦ 6,252,800	
7.3.1.c	Develop other medical priority areas, recruit and deploy appropriate	Recruit and deploy trained/skilled staff: Advert, interview	1) hire hall at 50,000/day. 2) facilitator at 10,000/day x 4 x4. 3) transport at 5,000/person x 1 x132 x 4batches/ 3,000 x2	₦ 3,126,400	1	1	1	1	1	₦ 3,126,400	₦ 3,126,400	₦ 3,126,400	₦ 3,126,400	₦ 3,126,400	₦ 15,632,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																	
Priority Areas or Sub domain																	
Activities			Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
						YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	ly trained/skilled healthcare personnel to optimize medical services	, and offer															
7.3.2.a	Set up clinical governance units at state and facility levels	1. 526 Computers sets at 250,000 each	1. 526 Computers sets at 250,000 each	₦ 137,812,000	0	1	0	0	0	₦ -	₦ 137,812,000	₦ -	₦ -	₦ -	₦ 137,812,000		
7.3.2.c	Hold regular review meetings of the healthcare providers and QA officers on service quality	Monthly review meetings : 1.Print 1000 posters.a t 1200 each 2. Tansport for 6 people at 5.000/pe	cost of hall hire, tea breaks, lunch, transport, projector, PAS	₦ 1,230,000	0	1	0	0	0	₦ -	₦ 1,230,000	₦ -	₦ -	₦ -	₦ 1,230,000		

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	improvements	Person x 1 day													
7.4.2.b	Train and re-train health workers on IPC, medical waste segregation and management, and surveillance	Training of health workers on general emergencies	1). Transport at 6,000/pers x 2.2) accommodation at 6,000/pers x 2 x 1.	₦ 24,000	0	0	1	0	1						
										₦ -	₦ 24,000	₦ -	₦ 24,000	₦ 48,000	
7.4.4.a	Printing and dissemination of plan	1. Print 100 copies of Plan II at 1,500/copy. 2 Transport at 3,000/pers	1. Print 100 copies of Plan II at 1,500/copy. 2 Transport at 3,000/pers for 3 people to Distribute Plan.	₦ 159,000	0	1	0	0	0						
										₦ 159,000	₦ -	₦ -	₦ -	₦ 159,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		rs for 3 people to Diistribut e Plan.														
7.5.3.a	Establish mechanism for communication with all public laboratories in the state	1). Hire Hall at 35,000 x 1 2). Lunch at 1,700 x 10. 3)Transp ort at 3,000 x 10	1). Hire Hall at 35,000 x 1 2). Lunch at 1,700 x 10. 3)Transport at 3,000 x 10	₦ 82,000	0	1	1	1	1	₦ -	₦ 82,000	₦ 82,000	₦ 82,000	₦ 82,000	₦ 328,000	
7.5.4.b	Conduct annual laboratory quality assessment	1.transport at 5,000 x 5 x 15. 2) lunch at 1,700 x 5 x 15	1.transport at 5,000 x 5 x 15. 2) lunch at 1,700 x 5 x 15	502500	0	1	1	1	1	₦ -	₦ 502,500	₦ 502,500	₦ 502,500	₦ 502,500	₦ 2,010,000	
7.5.4.c	Constitute intergrated supportive supervision	1. transport at 5,000 x 3 people 2.	1. transport at 5,000 x 3 people 2. lunch at 1,700 x 3 people. 3.DSA at 6,000 x 3 people	38100	0	1	0	0	0	₦ -	₦ 38,100	₦ -	₦ -	₦ -	₦ 38,100	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	team at all levels	lunch at 1,700 x 3 people. 3.DSA at 6,000 x 3 people														
7.5.4.d	Strengthen regular reviews to conform with national standard	1.Hire Hall at 50,000 for 1 day,) transport at 3,000 x 10 people 3).Lunch at 1,700 x 10 people.	1.Hire Hall at 50,000 for 1 day,) transport at 3,000 x 10 people 3).Lunch at 1,700 x 10 people.	97000	0	1	1	1	1	₦ -	₦ 97,000	₦ 97,000	₦ 97,000	₦ 97,000	₦ 388,000	
7.5.5.a	Strengthen regular reviews to conform with national standard	1).Hire Hall AT 50,000 for 1 day, 2) Lunch AT 1,700 X 10 people. 3) transport at 3,000 x 10 pple	1).Hire Hall AT 50,000 for 1 day, 2) Lunch AT 1,700 X 10 people. 3) transport at 3,000 x 10 pple	97000	0	1	1	1	1	₦ -	₦ 97,000	₦ 97,000	₦ 97,000	₦ 97,000	₦ 388,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		3) transport at 3,000 x 10 pple														
7.5.5.b	Strengthen regular reviews to conform with national standard	1) Hall at 50,000 x 1 day, 2) transport at 3,000 x 10 people 3).Lunch at 1,700 10 pple	1) Hall at 50,000 x 1 day, 2) transport at 3,000 x 10 people 3).Lunch at 1,700 10 pple	97000	0	1	0	1	0	₦ -	₦ 97,000	₦ -	₦ 97,000	₦ -	₦ 194,000	
									₦ 3,156,400	₦ 165,385,600	₦ 20,746,500	₦ 20,953,000	₦ 23,931,900	₦ 234,173,400		
8.Health Promotion And Social determinants of Health (Environmental Health)																

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
8.1.1.a	Review , adapt and develop protocol on appropriate disposal of dead bodies eg Ebola,Cholera,Lassa fever etc.	(1)Domestication of National Environmental Health practice Act 2016 (2)printing of the 40 copies of act16 @2500 each (3) stakeholder sensitization/innuguration meeting 35 persons for one day (4) hiring of hall @35,000 (5) lunch and tea break @3,200 for 37 persons (6) hiring of two consultants @10,000 each (7) transportation for 35 persons @ 3,000 each (8) workshop material @1,000 for 35 persons (9) honouronium for two consultants @ 20,000 each (10) transportation for		₦ 473,400	1	1	1	1	1							

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		hall @35,000 (5) lunch and tea break @3,200 for 37 persons (6) hiring of two consultants @10,000 each (7) transportation for 35 persons @ 3,000 each (8) workshop material @1,000 for 35 persons (9)	two consultants @10,000 each													

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		honourium for two consultants @ 20,000 each (10) transportation for two consultants @10,000 each														
8.1.1.e	Keep Gombe Clean	Organize one day Rally to sensitize the gweneral public on the Importance of Hygiene Environmental	Organize one day Rally to sensitize the gweneral public on the Importance of Hygiene Environmental	₦ 1,300,000	1	1	1	1	1							
										₦ 1,300,000	₦ 1,300,000	₦ 1,300,000	₦ 1,300,000	₦ 1,300,000	₦	6,500,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
8.1.4.a	Hand Washing Day Celebrations	• support one day hand wash awareness campaign in 114 wards (1) 20 facilitators DSA @5,000 each for 114 days (2) fueling and driver's allowance @8,000 per day for 114 days (3) refreshment (snacks) @500 each for 70 persons for 114 days (4) purchase of soap two cartons @8,000 (5) purchase of 120 buckets@400 each (6) purchse of 120 towel @150 each (7) printing of hygiene promotion posters on hand wash 5,000 copies @200 each (8) 20 face cap@ 400 (9)	• support one day hand wash awareness campaign in 114 wards (1) 20 facilitators DSA @5,000 each for 114 days (2) fueling and driver's allowance @8,000 per day for 114 days (3) refreshment (snacks) @500 each for 70 persons for 114 days (4) purchase of soap two cartons @8,000 (5) purchase of 120 buckets@400 each (6) purchse of 120 towel @150 each (7) printing of hygiene promotion posters on hand wash 5,000 copies @200 each (8) 20 face cap@ 400 (9)	₦ 8,756,000	0	1	1	1	1							
										₦ 8,756,000	₦ 8,756,000	₦ 8,756,000	₦ 8,756,000	₦ 8,756,000	₦	35,024,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	(snacks) @500 each for 70 persons for 114 days (4) purchase of soap two cartons @8,000 (5) purchase of 120 buckets @400 each (6) purchse of 120 towel @150 each (7) printing of hygiene promotio	20 T-shirt @1,500 (10) posters@500													

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		n posters on hand wash 5,000 copies @200 each (8) 20 face cap@ 400 (9) 20 T-shirt @1,500 (10) 5,000 posters @50														
		•														
		•														

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
8.1.4.b	Awareness Campaign	• support one day awareness campaign at local govt level to educate communities in 114 wards to owns household lantries (1) DSA for 20 facilitators @5,000 each for 114 days (2) fueling and driver's allowance @8,000 for 114 days (3) refreshment @ 500 each for 70 persons for 114 days • •	• support one day awareness campaign at local govt level to educate communities in 114 wards to owns household lantries (1) DSA for 20 facilitators @5,000 each for 114 days (2) fueling and driver's allowance @8,000 for 114 days (3) refreshment @ 500 each for 70 persons for 114 days • •	₦ 16,302,000	0	1	1	1	1							
									₦ -	₦ 16,302,000	₦ 16,302,000	₦ 16,302,000	₦ 16,302,000	₦ 16,302,000	₦	65,208,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		allowance @8,000 for 114 days (3) refreshment @ 500 each for 70 persons for 114 days														
8.1.5.a	Monthly Sanitation in Work Places	•strengthening monthly environmental sanitation in workplaces 20 persons from each of the 5 groups (1) fueling of 5 vehicles @5,000 (2) printing of 60 banners @2,500 each (3) radio and television jingles (60 second)	₦ 831,000	0	1	1	1	1		₦ 831,000	₦ 831,000	₦ 831,000	₦ 831,000	₦		3,324,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		groups (1) fueling of 5 vehicles @5,000 (2) printing of 60 banners @2,500 each (3) radio and television jingles (60 second) @21,000 250,000 per annual (4) sanitary materials e.g. 50 wheelbarrow	@21,000 250,000 per annual (4) sanitary materials e.g. 50 wheelbarrow @5,000 each, 50 shovels @3,000 each, 40 Rakes @2,000 each, 500 brooms @200 each, 40 cutlasses @100 each, 40 hoe @300 each (5) refreshment @1,500 for 100 persons •													

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		@5,000 each, 50 shovels @3,000 each, 40 Rakes @2,000 each, 500 brooms @200 each, 40 cutlasses @100 each, 40 hoe @300 each (5) refreshment @1,500 for 100 persons														
8.1.5.b	Trucks and Vehicles for Sanitary	• Routine maintane	• Fueling and servicing of every trucks and vehicles	₦ 4,600,000	0	1	0	1	1	₦ -	₦ 4,600,000	₦ -	₦ 4,600,000	₦ 4,600,000	₦	13,800,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	Inspection/ Equipment s	nce of Trucks and Vehicles • Procurement of Boots and Rain coats and Protective gadgets and wears for Santary Inspection • Snacks allowances	• Hiring of casual laborers • Procurement of Protective wears and gadgets and snacks allowances													

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
8.1.5.e	Institutionalize Public Health Laboratory to investigate Epidemics and Disease Outbreaks	Set up a Robust Public Health Laboratory and Training of key technical officers on use of equipments and Instruments and Investigation Equipments	Procurement of Laboratory Equipments; Procurement of Computers, Instruments and Furnitures and Laboratory Reagents	₦ 4,800,000	0	1	1	0	0	₦ -	₦ 4,800,000	₦ 4,800,000	₦ -	₦ -	₦ 9,600,000	
8.1.6.a	Curriculum Review	•support one day meeting of 50 man committee on curriculum	•support one day meeting of 50 man committee on curriculum review ; (1) Hall hire @35,000 (2)Refreshment for 50 persons @3,200	₦ 645,000	0	1	0	0	0	₦ -	₦ 645,000	₦ -	₦ -	₦ -	₦ 645,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		m review ; (1) Hall hire @35,000 (2)Refreshment for 50 persons @3,200 (3) Transport for 50 participants @3,000 each	(3) Transport for 50 participants @3,000 each													
8.1.6.b	Scientific Conference	• Support participation of EHOs/EHT/EHAs to attend National and International	Transport; DSA, Conference Registration fees	₦ 1,400,000	1	1	1	1	1	₦ 1,400,000	₦ 1,400,000	₦ 1,400,000	₦ 1,400,000	₦ 1,400,000	₦ 7,000,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Conference each Year														
8.1.7.e	Environmental Monitoring	Conduct Environmental Monitoring and Surveillance to determine disease prevalence and set monitoring mechanism to track disease outbreaks	Cost for equipments; cost for local transport, cost for orientation, cost of engagement of Consultants and procurement of devixes/Equipments	₦ 3,200,000	0	1	0	1	0							

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
8.2.1.b	Drilling Sites of	• one day town hall sensitazation meetings with 50 drillers on the important of choosing drilling site to avoid contermi nation (1) hiring hall @35,000 (2) hiring of 3 facilitator s @10,000 (3) printing of IEC	• one day town hall sensitazation meetings with 50 drillers on the important of choosing drilling site to avoid contermination (1) hiring hall @35,000 (2) hiring of 3 facilitators @10,000 (3) printing of IEC materials @200 each for 5,000 copies (4) tea breaks/lunch @3,200 for 50 persons (5) transportation for 50 persons @3,000 each (6) transportation for 3 facilitators @10,000 each (7) driver's allowance @3,000 (8) fueling @5,000	₦ 1,942,200	0	1	1	1	1							
										₦ -	₦ 1,942,200	₦ 1,942,200	₦ 1,942,200	₦ 1,942,200	₦ 7,768,800	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		materials @200 each for 5,000 copies (4) tea breaks/ lunch @3,200 for 50 persons (5) transportation for 50 persons @3,000 each (6) transportation for 3 facilitators @10,000 each (7) driver's allowanc	•												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		e @3,000 (8) fueling @5,000														
8.2.1.c	Food processing	• one day sensitazation meeting with 40 environm ental health officers on food processi ng premises (1) hiring of hall @35,000 (2) tea breaks and lunch @3,200	• one day sensitization meeting with 40 environmental health officers on food processing premises (1) hiring of hall @35,000 (2) tea breaks and lunch @3,200 each for 44 persons (3) printing of agenda@ 50 each for 55 copies (4) hiring of 4 facilitators @10,000 each (5) transportation for 40 participants @3,000 each (6) transportation for 4 facilitators @10,000	₦ 386,550	0	1	1	1	1							

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		each for 44 persons (3) printing of agenda @ 50 each for 55 copies (4) hiring of 4 facilitators @10,000 each (5) transportation for 40 participants @3,000 each (6) transportation for 4	(7) allowance and fueling @8,000 • •													

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		facilitators @10,000 (7) driver's allowance and fueling @8,000													
8.2.1.d	Conduct Operations Research	Conduct at least 2 Research Per year	Cost for data collection, Cost for Consultant ; cost for data analysis, cost for technical report writing, cost for printing and dissemination of research findings and Publication	₦ 1,600,000	2	2	2	2	2	₦ 3,200,000	₦ 3,200,000	₦ 3,200,000	₦ 3,200,000	₦ 16,000,000	
8.2.3.b	Monthly Sanitation Exercise	Supervision of End of Month's Sanitation Exercise	Cost for local running for Inspection and supervision during Monthly Sanitation Exercise; Cost for trucks to evaluate	₦ 850,000	12	12	12	12	12	₦ 10,200,000	₦ 10,200,000	₦ 10,200,000	₦ 10,200,000	₦ 51,000,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
			Solid waste after sanitation													
8.2.3.c	Strenghten Routine House to House Inspection by EHOs	Conduct House to House Inspection and abatement of Nuisance	Logisitics for House to House Inspection; Printing of Abatement Notice; Printing of Inspection Forms; Follow up of notices for abatement of Nuisance	₦ 850,000	3	3	3	3	3	₦ 2,550,000	₦ 2,550,000	₦ 2,550,000	₦ 2,550,000	₦ 2,550,000	₦ 12,750,000	
8.2.3.e	Capacity building/Mandatory Continuous Education Program - Thematic Areas	Continuos Mandatory Progeram Thematic Areas by Environ mental Health Council of	Registrattion for 4 days MCEP Themtaic Areas/ training for 350 EHOs /EHTs/EHAs for 15 EHOs/EHTs/EHAs per Thematic and Twice Per Year	₦ 500,000	2	2	2	2	2	₦ 1,000,000	₦ 1,000,000	₦ 1,000,000	₦ 1,000,000	₦ 1,000,000	₦ 5,000,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Nigeria (EHORE CON)														
8.3.3.b	Domesticat e National Regulation on Food Hygiene and Sanitation in the state	• one day sensitaz ation meeting on the promotio n of safe water and sanitatio n in 114 wards for 114 days (1) refreash ment for 70 persons @3,200 (2) DSA for 20 facilitator s	• one day sensitization meeting on the promotion of safe water and sanitation in 114 wards for 114 days (1) refreashment for 70 persons @3,200 (2) DSA for 20 facilitators @5,000 for 114 days (3) driver's allowance and fueling @8,000 (4) printing of posters on water and sanitation @ 200 for 5,000 copies • •	₦ 37,948,000	0	1	0	0	0	₦ -	₦ 37,948,000	₦ -	₦ -	₦ -	₦ 37,948,000	37,948,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		@5,000 for 114 days (3) driver's allowance and fueling @8,000 (4) printing of posters on water and sanitation @ 200 for 5,000 copies • •														
8.3.4.a	Domesticat e National Regulation on Water Safety	• strengthening of NAFDAC and public health	• strengthening of NAFDAC and public health departments, MWR,MOEN to domesticate national regulation on water safety in	₦ 337,400	0	1	0	0	0	₦ -	₦ 337,400	₦ -	₦ -	₦ -	₦	337,400

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	departm ents, MWR,M OEN to domestic ate national regulatio n on water safety in Gombe (1)hiring of hall for one day @35,000 (2) refreash ment for 42 persons @ 3,200 each (3) transport ation for 40 persons	Gombe (1)hiring of hall for one day @35,000 (2) refreashment for 42 persons @ 3,200 each (3) transportation for 40 persons @3,000each (4) hiring of 2 facilitators @10,000 each (5) transportation for 2 facilitators @10,000 (6) driver's allowance and fueling @8,000 • •													

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		@3,000each (4) hiring of 2 facilitators @10,000 each (5) transportation for 2 facilitators @10,000 (6) driver's allowance and fueling @8,000														
8.4.1.b	Adapt and develop policies and regulation to reduce mortality due to	• strengthening of NAFDAC and public health	• strengthening of NAFDAC and public health departments, MWR,MOEN to domesticate national regulation on water safety in	₦ 1,137,401	0	0	1	0	0	₦ -	₦ -	₦ 1,137,401	₦ -	₦ -	₦ -	1,137,401

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	snake bite in the state	departments, MWR,MOEN to domestic ate national regulation on water safety in Gombe (1)hiring of hall for one day @35,000 (2) refreashment for 42 persons @ 3,200 each (3) transportation for 40 persons @3,000each (4) hiring of 2 facilitators @10,000 each (5) transportation for 2 facilitators @10,000 (6) driver's allowance and fueling @8,000														

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		@3,000each (4) hiring of 2 facilitators @10,000 each (5) transportation for 2 facilitators @10,000 (6) driver's allowance and fueling @8,000														

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
8.4.1.d	Conduct public awareness campaign on policies and laws regarding snake bites in the state	<ul style="list-style-type: none">strengthening of NAFDAC and public health departments, MWR,MOEN to domesticate national regulation on water safety in Gombe (1)hiring of hall for one day @35,000 (2) refreshment for 42 persons @ 3,200 each (3) transportation for 40 persons @3,000each (4) hiring of 2 facilitators @10,000 each (5) transportation for 2 facilitators @10,000 (6) driver's allowance and fueling @8,000		₦ 1,374,030	1	0	0	0	0							
										₦ 1,374,030	₦ -	₦ -	₦ -	₦ -	₦ -	1,374,030

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		persons @ 3,200 each (3) transportation for 40 persons @3,000each (4) hiring of 2 facilitators @10,000 each (5) transportation for 2 facilitators @10,000 (6) driver's allowance and fueling @8,000														

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand (₦)	Total
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
8.4.1.e	Procure adequate specified specific and polyvalent anti snake venom to health facilities across the state	Procure adequate specified specific and polyvalent anti snake venom to health facilities across the state	Procure adequate specified specific and polyvalent anti snake venom to health facilities across the state	₦ 1,374,030	1	0	0	1	0	₦ 1,374,030	₦ -	₦ -	₦ 1,374,030	₦ -	₦ 2,748,060	
8.4.2.a	Establish anti snake venom production centre in collaboration with federal MOH, Pharmaceutical companies, partner	Establish anti snake venom production centre in collaboration with federal MOH, Pharmaceutical	Establish anti snake venom production centre in collaboration with federal MOH, Pharmaceutical companies, partner agencies etc.	₦ 6,174,030	0	1	1	0	0	₦ -	₦ 6,174,030	₦ 6,174,030	₦ -	₦ -	₦ 12,348,060	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	agencies etc.	companies, partner agencies etc.													
									₦ 22,871,460	₦ 106,045,580	₦ 60,452,581	₦ 57,515,180	₦ 52,941,150	₦	299,825,951

CHAPTER 6: STRATEGIC PILLAR THREE

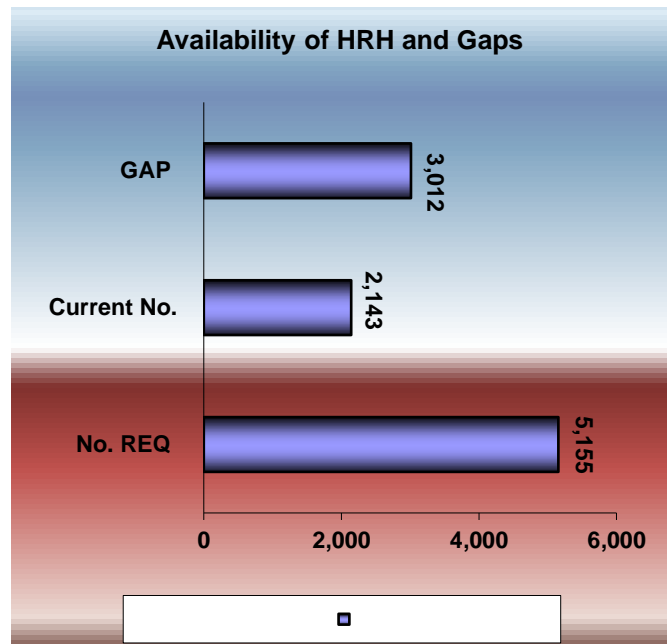
STRENGTHENED HEALTH SYSTEM FOR DELIVERY OF PACKAGE OF ESSENTIAL HEALTH CARE SERVICES

6.1 Human Resources for Health

Context

The size, distribution and skill mix of health personnel of a health system significantly influence its impact on health outcomes. However, the number of health staff in the state is inadequate to meet the State health needs. The total number of health personnel by professional category as at 2015 is shown in table 13. There has been a high attrition rate not captured and represented here.

The Government has done much in the development of Human Resources for Health in Gombe with the development of appropriate legislations and policies. The State Health Act 2014 (Section 5) also provides enablement for HRH development in the State. The SMOH has developed policies such as the State Human Resources for Health Policy (SHRHP) and State Human Resources for Health Strategic Plan 2015-2020 (SHRHSP). Both the SHRHP and SHRHSP provide guidelines for the State and the LGAs, in the development of their respective policies and plans. In line with the policy provisions, LGAs, are expected to establish HRH units in their respective PHC units. A State Task Shifting and Task Sharing (TSS) Policy with Standard Operating Procedures has also been developed by the SMOH.



Furthermore, a State Human Resources for Health Information System (SHRHIS) is currently undergoing development as its core component. The SHRHIS is to inform efficient performance of HRH management functions such as forecasting, recruitment, deployment, retention, motivation and performance management; while the Registry project is to enable tracking and accounting for health workers. The SHRHIS is to be extended to the LGAs level. In terms of other physical facilities, the State has 3 Health training institutions (College of Medicine, College of Nursing & Midwifery and College of Health Sciences & Technology.) which are all undergoing the last phase of accreditation.

The management and development of human resources for health remains a major challenge to the implementation of health sector reforms in the State, leading to poor staffing needs assessment, utilization and coordination at state and local levels. In addition, discrepancies in salaries, allowances, incentives and other conditions of service lead to high attrition of health workers.

The Human Resource situation in Gombe is depicted by category in table 13.

Table 13: Table 1413: Public Sector Human Resource Availability in Gombe State 2016 (State/LGAs only)

Health Categories	Workers	Year	No	Density/ 100,000 population of 3,341,591	Ratio
Doctors		2016	193	5.77	1:17,331
Dentists		2016	2	0.06	1:666,666
Optometrist		2016	1	0.0	1:3,341,591
Nurses/Midwives		2016	816	24.45	1:4166
Dental Nurses		2016	1	0.0	1:3,341,591
Radiographers		2016	9	0.27	1:370,370
Pharmacists		2016	56	1.67	1:59,880
Pharmacy Technicians		2016	34	1.0	1:91771
Physiotherapists		2016	20	0.62	1:159,392
Community Health Officers		2016	67	2.0	1:50,000
CHEW		2016	615	18.40	1:5434
JCHEWs		2016	375	11.22	1:8912
Medical Lab Scientists		2016	80	2.40	1:41,666
Medical Lab. Technicians		2016	32	0.96	1:104,166
Medical Lab. Assistants		2016	11	0.33	1:303,030
Environ. Health Officers		2016	62	1.85	1:54,054
Environ. Health Technicians		2016	152	4.54	1:22,026
Environ. Health Assistants		2016	79	2.36	1:42372

Health Records Officers	2016	24	0.79	1:126,582
Dental Therapists	2016	11	0.33	1:303,030
Dental Technologists	2016	13	0.39	1:256,410
Dental Health Technicians	2016	9	0.27	1:370,370
Biomedical technicians	2016	3	0.090	1:1,111,111
Health Workers Categories	Year	No Registered	Density/ 100,000 population	Ratio
Doctors	2015	249	8.2	1:12,162
Dentists	2015	12	0.4	1:252371
Optometrist	2015	4	0.1	1:757114
Nurses/Midwives	2015	816	26.9	1:3,711
Dental Nurses		1	0.0	1:3,028,458
Radiographers	2015	14	0.46	1:216,318
Pharmacists	2015	65	2.14	1:46,591
Pharmacy Technicians	2015	33	1.0	1:91771
Physiotherapists	2015	19	0.62	1:159,392
Community Health Officers	2015	109	3.59	1:27,784
CHEW	2015	992	32.75	1:3,052
JCHEWs	2015	625	20.63	1:4,845
Medical Lab Scientists	2015	139	4.58	1:21,787
Medical Lab. Technicians	2015	37	1.22	1:81,850
Medical Lab. Assistants	2015	71	2.34	1:42654
Environ. Health Officers	2015	67	2.21	1:45,200
Environ. Health Technicians	2015	213	7.03	1:14,218
Environ. Health Assistants	2015	240	7.92	1:12,618
Health Records Officers	2015	48	1.58	1:63,092
Dental Therapists	2015	11	0.36	1:275,314
Dental Technologists	2015	17	0.56	1:178,144
Dental Health Technicians	2015	9	0.29	1:336,498

Biomedical technicians	2015	3	0.1	1:1,009,486
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Source: Gombe State Ministry of Health HRH Unit data.

6.1.1. Geographical distribution of HRH in Gombe State

The geographical distribution is skewed in favour of urban areas and secondary health care facilities. The uneven distribution of health workers is more pronounced with respect to some categories of workers; including medical doctors, being the most unevenly distributed and found mostly in secondary health care facilities run by state government, whereas primary levels of care run by local government do not have them and are unable to leverage these health workers in secondary facilities to support their health care service delivery. Most of the primary health facilities at LGA levels in the state do not have competent health workers in adequate numbers to deliver the minimum package of care.

Table 15:

DISTRIBUTION OF HEALTH WORKERS ACROSS SECONDARY AND TERTIARY HEALTH FACILITIES AS AT DEC 2016

NAME OF HEALTH FACILITY	DOCTOR	NURSE	MIDWIFE	N/MIDWIFE	PHARM ACIST	PHARM TECH	PHARM ASST	MED.LAB. SCIENTIST	MED. LAB TECH	MED.	CHO	CHEW	JCHEW	EHO	EHT	EHT	EHA	DENTAL	RADIOGRAPH ARS	NON SKILL	TOTAL
COTT.H BIRI	1	3	1	1	1	0	0	2	0	0	0	1	2	0	3		0	0	0	4	5
																			0	4	
COTT.H HINNA	1	6	1	4	0	1	0	1	1	1	0	4	1	1	7		2	0	0	6	1
													0						8	0	
COTT.H TUMU	1	7	1	1	0	0	0	1	1	0	0	0	5	0	3		2	0	0	5	7
																			2	4	
COTT.H KURI	1	5	2	1	0	1	2	0	1	1	6	2	6	0	1		0	0	0	5	9
															0				9	7	
COTT.H M/SIDI	1	8	2	0	0	2	3	1	1	0	0	3	2	1	2		4	0	0	4	7
																			5	5	
COTT.H PINDIGA	1	7	3	1	0	0	1	1	0	1	0	3	5	0	5		0	0	0	4	7
																			4	2	
COTT.H BOJUDE	1	9	9	0	0	1	0	0	1	0	0	5	6	0	6		7	0	0	6	1
																			3	0	
COTT.H PUTOKI	1	4	4	-		1						1	6		4		1			3	6
																			7	0	
COTT.H TULA	1	7	1	1		1		1	1	1		5	6		5		4			3	7
																			7	0	
COTT.H BAM	1	8	3	0	0	1	0	1	2	1	0	4	4	0	3		2	0	0	7	1
																			1	0	
GEN.H	5	2	2	8	2	2	0	3	1	3	0	2	1	1	0		1	1	1	43	10
		5																		2	

NAME OF HEALTH FACILITY	DOCTOR	NURSE	MIDWIFE	N/MIDWIFE	PHARM ACIST	PHARM TECH	PHARM ASST	MED.LAB. SCIENTIST	MED. LAB TECH	MED.	CHO	CHEW	JCHEW	EHO	EHT	EHT	EHA	DENTAL	RADIOGRAPH ARS	NON SKILL	TOTAL
BAJOG A																					
GOEN. H BILLIRI	3	43	1	32	1	2	0	5	1	2	1	8	2	3	1	3		0	0	46	153
GEN.H DUKKU	4	22	1	6	0	1	0	3	1	1	1	2	2	1	1	1		0	1	42	87
GEN.H NAFAD A	1	17	2	2	0	1	0	2	2	0	0	0	0	0	0	0		0	1	75	103
GEN.H KUMO	4	12	1	28	0	2	4	6	2	3	8	4	2	1	2	6		0	0	86	169
GEN,H TALASS E	3	14	1	2	0	1	1	2	1	0	0	2	4	0	5	2		0	0	37	173
GEN.H KASHE RE	4	11	1	7	0	1	0	2	1	1	1	2	2	0	0	8		1	0	66	104
GEN.H DEBA	3	16	3	4	0	1	2	4	0	2	0	2	4	1	4	3		0	1	54	104
GEN H. KALTU N	8	14	3	33	0	2	3	5	2	4		7	2	3	3	0		2	2	72	161
SSHG	59	30	37	140	7	3	3	23	8	1	7	45	18	0	3	2		9	0	90	461
IDH ZAM	1	16	0	6	0	1	0	4	1	0	0	2	0	1	1	0		0	1	30	64

NAME OF HEALTH FACILITY	DOCTOR	NURSE	MIDWIFE	N/MIDWIFE	PHARM ACIST	PHARM TECH	PHARM ASST	MED.LAB. SCIENTIST	MED. LAB TECH	MED.	CHO	CHEW	JCHEW	EHO	EHT	EHT	EHA	DENTAL	RADIOGRAPH ARS	NON SKILL	TOTAL
FTHG	194	178	64	82	22	2	0	71	26	18	0	63	95	8	14	16		5	9	674	1541
TOTALS	259	453	134	359	33	26	19		53	40	24	162	172	21	76	57		18	16	1768	3834

Source: Gombe state Ministry of Health HRH Unit data, 2016

6.1.2. Human Resource Recruitment, deployment, Retention, Motivation and Welfare

While Gombe state has made progress in development of human resource, major challenges remain. Embargo on employment across the state has militated against employment of even staff trained by the state. Deployment and retention of health workforce in rural areas remain major challenges, as incentives to get people to work in rural areas are insufficient. Emigration of skilled workforce is a major problem in the state. Salary levels, poor condition, rural posting, career growth and opportunities for further training are key factors contributing to HRH attrition from the state to tertiary institutions despite incentives provided by the State government e.g. hazard allowance, rural posting allowance, and call duty allowance/shift duty allowance.

Table 16 Human Resource in Training

Cadre of Personnel	Number of Students on Training
Doctor	401.00
Pharmacist	170.00
Pharmacy Technicians	-
Lab Scientist s	41.00
Lab Technicians	-
Physiotherapist	18.00
Radiographers	39.00
Radiographer Technicians	-
Dental Therapists	33.00
Dental Technicians	22.00
Nurses/Midwife (Basic)	284.00
Nurses (Bsc.)	67.00
Total on In-service Training	1,075.00

Source: Gombe state Ministry of Health HRH Unit data, 2017

In recent times, inter-professional tensions have marred effort at team work, and the incessant industrial unrest resulting in perineal closure of health facilities militates against meeting the health needs of consumers of the service. Towards mitigating severe shortages of skilled workers in critical areas, the state leveraged the federal government intervention with special schemes such as the Midwives Service Scheme (MSS) and SURE-P which were aimed at ensuring availability of nurses and midwives to provide maternal and child health services, especially skilled birth attendance in underserved areas of the state. The task shifting policy, recently developed is also aimed at devolution of service provision to lower level cadres that can be trained to provide such service, aimed at increasing service provision. The overall goal is to ensure that all people, in all places have access to skilled health workers who are well equipped, motivated, and supported to meet their needs. In the succeeding parts of this section, interventions have been developed for various aspects of HRH including workforce planning and management each with specific interventions and targets.

6.1.3. Coordination and Partnership for HRH Development

Strategic Objective and Targets

The strategic objective of interventions for coordination and partnership for HRH development is to ensure effective coordination and partnership for institutional strengthening for HRH development and management

- All states are implementing HRH policies and strategic plans

Interventions

- Strengthen institutional capacities of HRH coordinating structures
- Strengthen coordination of public, private, regulatory, Health workforce association and development partners at all levels (HRH stakeholders)
- Enhance funding for HRH development for the current and future needs

6.1.4. Adequacy of Numbers of skilled Health workers

Strategic objective and Targets

The strategic objective of the interventions is to ensure the production of adequate numbers of qualified health workers. The targets for the plan period are:

- At least all of health training institutions are accredited by the relevant regulatory institution.

Interventions

- Strengthen quality assurance of HRH training institutions esp. for producing frontline health workers
- Strengthen the mechanisms for HRH training institutions, regulatory bodies and other stakeholders to increase health workforce production
- Improve gender sensitivity in the training of health work force for all cadres at all levels

6.1.5. M&E of HRH

Strategic objective and Targets

The strategic objective is to ensure the development of monitoring and evaluation system for HRH . The targets are:

- SMOH and the eleven (11) LGAs will have functional HRHIS
- 100% of LGAs with HRHIS are producing annual HRH review report

Interventions

- Strengthen HRHIS (including HRH Registry) at Local levels.
- Strengthen mechanisms for annual HRH reviews and reporting for evidence and decision making at the State and local levels.
- Improve the production of HRH research evidence through monitoring and evaluation mechanisms

6.1.6. Effective Workforce management

Strategic objective and Targets

The strategic objective is to ensure effective health workforce management through retention, deployment, work condition, motivation and performance management with the following targets:

- Health worker attrition rate reduced by 50% in all state health facilities.
- At least 60% of health facilities at all levels have the appropriate skill mix of health providers.

Interventions

- Strengthen mechanism for deployment and retention of HRH at all levels "

- Improve HRH performance management systems at all levels
- Scale-up task shifting and task sharing policy implementation with required guidelines.

6.1.7. Effective Workforce planning

Strategic objective and Targets

The strategic objective is to strengthen Health workforce planning for effective management:

- SMOH, 11 local governments have harmonized HRH Annual Operational Plan

Interventions

- Improve capacity for HRH planning at all levels
- Strengthen mechanisms for HRH joint planning at primary, secondary levels

6.2 Health Infrastructure

Context

Health Infrastructure comprises buildings, both medical & non-medical equipment, furniture and hospital plant; communications (ICT equipment); and ambulatory facilities (ambulances, cars, pick-up vans, trucks, etc.) as required for healthcare delivery at different levels.

The State has 616 health facilities with (592)96.1% being Primary Healthcare Centres, (23) 3.7% secondary, (1) 0.2% Tertiary facilities (SPHCDA, 2016). The table below shows the breakdown of health facilities.

Table 16: Distribution of Health Facilities in Gombe State by ownership and level of care

Description	Public	Private	Total
PHC	592	0	592
Secondary Health Facilities	23	68	91
Tertiary Health Facilities	1	0	1
Total	616	68	684

Source: MOH/SPHCDA, 2016

The breakdown indicates a ratio of 1 healthcare facility to 5,439 populations in Gombe State. However, the distribution is skewed towards the urban areas.

However, about 50% of these facilities (particularly PHCs) are in different states of dysfunctionality ranging from dilapidation, lack of water and electricity. The secondary levels also suffer from obsolete and non-functional equipment due to lack of maintenance. In 2014 (SMOH) the State Ministry of Health developed basic equipment requirements for essential/minimum health care package across the two tiers i.e. primary, and secondary

The State Government planned to have one functional Primary Healthcare (PHC) centre per ward to serve as a referral centre to facilitate the provision of universal health coverage to over its 3,225, 382 million citizens. Challenges include untimely release of funds for infrastructural development, non-involvement of community/users of the health facilities in the management of the facilities, inadequate infrastructural facilities (water, electricity, roads and irregular maintenance of the equipment in the health facilities, and inadequate health workers.

The State has set the following infrastructural priorities relating to health sector; minimal number of PHCs linked to contiguous secondary health facilities in each LGA, States having functional secondary Health Facilities in each LGA with qualified personnel and the establishment of a strong referral system to a contiguous to secondary health facility.

Strategic Objective, Specific Objectives/ Targets

The strategic objective is to improve availability and distribution of functional health facilities and equipment to ensure equitable access to health services in the state.

- To establish one functional PHC centre (facility renovation, power supply, toilets and water amenities) in 80% of Wards in Local Government Areas by 2022.
- To increase availability of appropriate equipment at all levels of healthcare services to 60% by 2022.
- To establish the state Health Equipment Policy by 208-2022.

Interventions

- Strengthen legal, policy and institutional frameworks and coordinating mechanisms for health infrastructure planning and maintenance in the state.
- Promote the establishment of quality standards for health infrastructure for all levels of the health care system in the state.
- Scale-up the provision of equipment and other health infrastructure in line with established standards appropriate for the different levels of health care institutions.
- Strengthen the monitoring of health infrastructure, including inventories and performance
- Strengthen capacities and partnerships for health infrastructure maintenance and management

- To strengthen partnerships between Equipment Manufacturers/ Suppliers and government at all levels for technology transfer/training/ maintenance agreements.
- Scale up training of Biomedical Engineers and Planned Preventive Maintenance (PPM) in order to increase stock availability.
- Accelerate the revitalization of primary health infrastructure for improved access to health service
- Improve primary and secondary levels infrastructure to support referrals systems.

6.3 Medicines, Vaccine and Other Commodities and Supplies

Context

Access to essential medicines is critical to achieving universal health coverage. It is one of the WHO key building blocks of a strong health system. The primary goal is to ensure **commodity security**. This is a situation where essential medicines are available, affordable, and people are able to choose, obtain and use high quality medicines and medical supplies, as at when needed. The supply chain activities include; product selection, quantification, procurement, warehousing, transportation, storage and rational use, among others.

Gombe state government is aware that optimal management of state's essential drugs and commodities supply chain requires the development of an effective information system for facilitation and coordination of these interrelated functions at the two tiers of government as well as, efficient procurement procedures and controls. To this effect, the state government has continued to make concerted effort towards ensuring availability of essential drugs and commodities in the state through effective supply chain, formulation of policies and issuance of guidelines.

Many challenges still exist which stifle the health products management practices and the health commodities supply chain in the state. These include:

- Poor funds allocation for medicines and commodities.
- Lack of transparency and accountability in commodities utilization.
- High prices of health commodities which lead to low spending on pharmaceuticals and vaccines as a proportion of health expenditure.
- Inefficient transportation system; Transporters are largely untrained and the transportation network is poor.
- Inadequate warehouses which do not meet the minimum standards.
- Inefficient supply chain system and a death of skilled personnel at all levels of the supply chain.

- Lack of effective control systems which allow an indiscriminate influx of donated medicines, vaccines and other supplies contravenes state guidelines that lead to expiries and wastages.
- Poor infrastructure to support ICT and automation of the information system.
- Stock-outs of essential supplies
- Uninformed drug use leading to increasing prevalence of drugs resistance.

Strategic Objective and Targets

The strategic objective is to strengthen the provision and use of affordable, accessible and quality medicines, vaccines, and other health commodities and technologies at all levels of health care.

The targets of the interventions in this plan period are as listed:

- To strengthen the state logistic management coordinating Unit [LMCU]
- To establish a medicine and therapeutic committee at the state and facility levels.
- To increase the public awareness by 25% and understanding on drugs resistance through effective communication, education and training by 2022.
- To strengthen the state cold chain system to be functioning at 70% by 2022.To ensure continuous supply of health commodities in the state.
- To increase the routine immunization and supplementary immunization activities [SIAs] coverage to 60% in the state by 2022.
- To ensure compliance to the state strategic health plan to 80% by 2022.

Interventions

- Strengthen the development and implementation of policies and plans for drugs, vaccines, commodities in the state.
- Strengthen coordination of structures to ensure accessibility to medicines, vaccines, commodities through the logistics management and coordinating unit[LMCU]
- Strengthen procurement system to ensure local content (at least 40%) and commodity security on a sustainable basis at all levels.
- Strengthen integrated supply chain management system and quality assurance mechanisms for medicines, vaccines, commodities and other functional logistics management information system (LMIS)
- Strengthen rational drugs use and commodities in the state.
- Strengthen existing systems for management of biological and non-biological wastes including expiries of medicines, vaccines and other health commodities at all levels.
- Strengthen the development and incorporation of traditional medicine in the state healthcare delivery system.
- To involve the community, traditional and religious leaders in planning, implementation and evaluation of immunization activities at all level.

6.4 Health Information

Context

Gombe State adopted the revised 2013 Health Information System (HIS) policy which provides the framework for effective data collection, collation, analysis, storage, dissemination and use at different levels in the state. The recently concluded HIS Strategic Plan 2016-2022 was guided by the HIS Policy.

The fragmented and weak health information system in the state is hampered with numerous vertical programmes, which are mostly Donor driven. Routine data completion rate and timeliness is 67.2%(National DHIS 2016). Although the state has 68 private health facilities, very few capture their data into the HMIS. Generally, poor data quality still persists at all levels. Although there is an established data flow system, there is no systematic process of routine analysis of submitted HMIS data and feedback to health institutions.

The foregoing issues and the low utilization of health data by policy makers has limited the use of HMIS data as a management tool for health planning and improvement of health outcomes. In addition, other challenges include; weak M & E mechanism at all levels; inadequate trained human resource and equipment at state and LGA levels. The duplication of data collection tools and DHIS2.0 are good examples of lack of standardized indicators as a challenge. Also there is reluctance in the use of the adopted National tools by some of the Development Partners and the programmes they support (including programmes within the SMoH) as well as inactive Health Data Consultative committee forum which have compounded the situation.

Strategic Objective and Targets

The State HIS strategic plan objective is to enhance availability and timely data for decision making and effective planning. The definite targets are:

- From 67.2% to 90% of all health facilities (public and private) generating and transmitting routine HMIS data by 2022
- 60% improvement from 40% in data quality by 2022
- improve the use of the health Information System software (DHIS) in data management at State and LGA levels
- 30% increase in data analysis by 2022
- 30% increase data dissemination and use by 2022
- 40% Improvement in M&E of HIS by 2022.

Interventions

Coordination and strengthening institutional framework at state and LGA levels "

- Improve integration of existing surveillance systems and diseases registries into the state health information system
- Capacity building to generate, transmit, analyse and utilize routine health data, from all health facilities, including private health facilities
- Improve the mechanism of data sharing amongst stakeholders at all levels
- Strengthen monitoring and supervision of MIS performance at all levels.

Recommendation

- Reactivation of the HDCC forum
- Training and re – training of M&E/Record officers
- Provision of data tools, power back-ups, IEC materials and funds for supportive supervision.

6.5 Research for Health

Context

Research and Development is critical for innovative and sustainable development of the health sector. Evidence-based policy and decision making at the State and Local Government level can be enhanced through the availability of research findings. There are institutions involved in health research such as Gombe State University, Federal Teaching Hospital, College of Nursing and Midwifery, College of Health Sciences and Technology Kaltungo. Most of the researches conducted in these institutions are meant to fulfill academic or professional requirements with the exception of a few that are operational research as well as a few clinical trials. In addition some of the researches are also carried out by donors to generate baseline data before undertaking an intervention. A major challenge with researches conducted is the weak linkages between health research and community needs as well as use of research findings for evidence-based policy making in health at all levels.

Two functional Research ethics committees exist at the Federal Teaching Hospital Gombe and the State Ministry of Health. These committees have responsibility for review and approve any health research to be conducted in the state. Guidelines are provided to intending researchers to comply with in order to protect human subjects and to ensure added value to the health sector.

This plan will encourage and support health research activities in the state and promote the generation, dissemination and utilization of research findings for evidence-based decision making at management and operational levels.

Strategic objective and Targets

The strategic objective of health research is to strengthen research and development to significantly contribute to the overall improvement of State health system performance.

The targets include:

- At least 20% implementation of the Research Part of the National Health Act achieved by 2022.
- Strengthened Capacities of providers, training Institutions and the Communities to promote, undertake and utilise research for evidence-based policy making in health at all levels.
- At least 20 % of health research institutions meet national standards by 2022.
- 5% of health research is responsive to jointly set Gombe State health priorities/agenda.
- At least 2.5% budgetary support to health research Institutions and providers.
- At least 50% of health institutions at various levels of government spend a minimum of 2% of their health budgets for health research and at least 5% of external aid for health projects and programmes to research and development.

Interventions

- Strengthen coordination and regulatory mechanisms for health research and development in line with the National Health Act 2014
- Strengthen the development and implementation of the state research agenda
- Increase resource mobilization and allocation for research activities at all levels in line with National Council on Health resolutions
- Strengthen the capacity of health research institutions in the state (Federal Teaching Hospital, Gombe State University, CON&M, CHS&T.) to contribute to evidence-based decision making and R&D
- Strengthen institutions and systems at all levels for the promotion, regulation and ethical oversight of essential state health research.
- Enhance strategic partnerships with other relevant organizations, institutions, private sector in promotion of health research and utilization.
- Promote mechanisms for the dissemination and utilisation of research findings to inform effective policy-making, programming and health practice and overall economic development.

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
9.Human Resource for Health															
9.1.1.a	Improve the capacity of HRH on Human Resource Management (HRM)	1.Train 140 persons in 3 batches for 3 days (to include all facility management team (including the HMIS Officer/ HRH Desk Officers) at all levels on HRM	Invitation letters @ 3000 Communication @ 2000 Hiring of hall @ 50,000X9 days Accommodation @ 48,000X140 lunch @ 4,500X140 2 teabreaks@1,000X140X3 days Per Diems@15000X140 Transport @ 3000X140 Training materials@ 1000 X140 Total= 11,310,000	1131000	1	0	0	0	0	₦ 1,131,000	₦ -	₦ -	₦ -	₦ -	₦ 1,131,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
9.1.1. b	Strengthen coordination between stakeholders (IPs, CSOs, MDAs, Professional Bodies) on HRH	1. Strengthen co-ordination meteeng among stalkholders on HRH for 1 day for 50 participants.	Invitation letters @ 3000 Communication @ 2000 Hiring of hall @ 50,000X1 day Lunch @ 1,500X50 1 teabreak @1,000X50 Transport @ 3000X50 Total for 2 Quarters= 330,000X2=N660,000	660,000.00	0	1	0	0	0	₦ -	₦ 660,000	₦ -	₦ -	₦ -	₦ 660,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
9.1.1.c	Support the organization of TWG quarterly review meeting for the review,update,produce and implement HRH policies.	Organization of TWG quarterly review meeting	Invitation letters @ 3000 Communication @ 2000 Hiring of hall @ 50,000X5 days Lunch @ 1,500X35X5 days teabreak @1,000X35X5 days Transport @3000X35X5 days Total for 2 Quarters= 330,000X2=N660,000	511,666.00	1	1	0	0	0	₦ 511,666	₦ 511,666	₦ -	₦ -	₦ -	₦ 1,023,332

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (202 1)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
9.1.1.d	Develop HRH strategic and annual operational plans from the State Strategic Health Development Plan - 2018-22; ensuring a link between production pipeline and current/future HRH needs across all levels.	Develop a 2 Year State wide HRH Operational plan	Invitation letters @ 3000 Communication @ 2000 Hiring of hall @ 50,000X2 days Accommodation @ 36,000X35 Lunch @ 3000X35 2 teabreaks@1,000X 35X2 days Per Diems@10000X35 Transport @ 3000X35 Total for 2 years= 2,065,500X2=4,131, 000	1131000	1	0	0	0	0	₦ 1,131,000	₦ -	₦ -	₦ -	₦ -	₦ 1,131,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
9.1.1. e	Operationalization of HRH Operational Plan (AOP)	Develop Quarterly Work plans from the AOP for implementation	See Budget Per Activity in the main plan	0	0	0	0	0	0	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
9.1.2. a	Intensify Supportive Supervision by Top Management	Contious Monthly Top Management level Supportive Supervision	Fueilling of vehicles and snacks @ 6000 per person per day	1,200,000.00	1	1	0	0	0	₦ 1,200,000	₦ 1,200,000	₦ -	₦ -	₦ -	₦ 2,400,000
9.1.2. b	Staff Mentorship by Top Management	Routine Mentoring visits to health Institutions	Fueilling of vehicles and snacks @ 6000 per person per day	1,000,000.00	1	1	0	0	0	₦ 1,000,000	₦ 1,000,000	₦ -	₦ -	₦ -	₦ 2,000,000
9.1.2. c	training of HRH Managers on supportive supervision skills	1.Training of HRH managers on ISS skills for 3 days 2,Invitation letters 3,Hiring of hall 4 lunch teabreaks 5 1.Training of HRH managers on ISS skills for 3 days 2,Invitation letters 3,Hiring of hall 4 lunch teabreaks 5 Training materials		1,200,000.00						₦ -	₦ -	₦ -	₦ -	₦ -	₦ -

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		Transportation 6 Training materials													
9.1.2.d	quarterly ISS visits to health facilities	planning meetings, per diem, transport,	Fuelling of vehicles and snacks @ 6000 per person per day	1,400,000.00	0	1	0	0	0	₦ -	₦ 1,400,000	₦ -	₦ -	₦ -	₦ 1,400,000
9+344:352.1.2.e	Training of HRH TWG members on Human resource management	Training of 25 HRH TWG members on HRH management in Bauchi for 3 days. (a) DSA for 25 persons at 6000 x 5days (b) transport at N20 per KM x 25 persons x 308km (c)	Training of 25 HRH TWG members on HRH management in Bauchi for 3 days. (a) DSA for 25 persons at 6000 x 5days (b) transport at N20 per KM x 25 persons x 308km (c) lunch @ 1700 x 25 x 3 days (d) teabreaks x 2 @ 1500 x 25 x 3 days (e) hotel	1,269,000,000.00	0	1	0	0	0	₦ -	₦ 1,269,000,000	₦ -	₦ -	₦ -	₦ 1,269,000,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		lunch @ 1700 x 25 x 3 days (d) teabreaks x 2 @ 1500 x 25 x 3 days (e) hotel accomodn @17000 x 25 x 5 days (f) 3 resource persons from FMOH Abuja	accomodn @17000 x 25 x 5 days (f) 3 resource persons from FMOH Abuja												
9.1.3. b	Training of HRH TWG members on Human resource management	Training of 25 HRH TWG members on HRH management in Bauchi for 3 days. (a) DSA for 25 persons at 6000 x 5days (b) transport at N20 per KM x 25 persons x	Training of 25 HRH TWG members on HRH management in Bauchi for 3 days. (a) DSA for 25 persons at 6000 x 5days (b) transport at N20 per KM x 25 persons x 308km (c) lunch @ 1700 x 25 x 3 days (d) teabreaks x 2 @ 1500 x 25 x 3	1,269,000,001.00	0	1	0	0	₦ -	₦ 1,269,000,001	₦ -	₦ -	₦ -	₦ 1,269,000,001	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		308km (c) lunch @ 1700 x 25 x 3 days (d) teabreaks x 2 @ 1500 x 25 x 3 days (e) hotel accomodn @17000 x 25 x 5 days (f) 3 resource persons from FMOH Abuja												
9.1.3.c	Conduct Quartely meeting and share information	Conduct Quartely meeting and share information (a),Invitation letters (b),Hiring of hall (c) lunch (e) Transportation	₦ 560,000.0	2	2	2	2	2	₦ 1,120,000	₦ 1,120,000	₦ 1,120,000	₦ 1,120,000	₦ 1,120,000	₦ 5,600,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		(f)Training materials												
9.2.1. a	Review update produce, and implement HRH policies	Implementation of HRH policy	₦ 32,000	1	1	0	0	0	₦ 32,000	₦ 32,000	-	-	-	₦ 64,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
			N 200 *35= 7000 (b),Hiring of hall N 40.000*1 (c) lunch N 1700*35 = 59500 (d) teabreaks 1500*35=N52500 (e) Transportation 3000*35 =105000 (f)Training materials 1000*35=35000												
9.2.1. b	Support the Health training Institutions, health facilities , etc with the devt of their annual operational plans for HRH	(1)Advocacy ministry of Health/GSPHC DA to increase budgetry allocation to HRH UNIT (2) Followup to the state house of assemble for the scalingup of the increased	(1)Advocacy ministry of Health/GSPHCDA to increase budgetry allocation to HRH UNIT (2) Followup to the state house of assemble for the scalingup of the increased budgetry allocation (a)fuelling 2 vehicles @ N5000	₦ 150,000	1	1	0	0	0	₦ 150,000	₦ 150,000	₦ -	₦ -	₦ -	₦ 300,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	budgetary allocation (a) fuelling 2 vehicles @ N5000 =N10000 (B) snacks N1000*12 person =N12000 (A) fuelling of 1 vehicles@ 5000, provision snacks for 5person @ 1000 =5000	*2 =N10000 (B) snacks N1000*12 person =N12000 (A) fuelling of 1 vehicles@ 5000, provision snacks for 5person @ 1000 =5000												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
9.2.1.c	Advocate for Timely Release of funds	(1)Advocacy ministry of GSPHCDA to increase budgetry allocation to HRH UNIT (2) Followup to the state house of assemble for the scalingup of the increased budgetry allocation (a)fuelling 2 vehicles @ N5000 (B) snacks N1000*12 person =N12000 (A)fueling of 1 vehicles@	₦ 32,000	1	1	0	0	0	₦ 32,000	₦ 32,000	-	-	-	₦ 64,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		5000, provision snacks for 5person @ 1000 =5000													
9.2.1.d	Ensure adequate provision of budgetary allocation for HRH	Top policy level advocacy to the State House of Assembly and continuous advocacy until budgetary allocation achieved	₦ 120,000	1	1	0	0	0	₦ 120,000	₦ 120,000	-	-	-	₦ 240,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
			Advocacy to house of assembly 8 person Two vehicles fueling 5000 x 2 x 2days ,Lunch 1700 x 8 x 2days =27200												
9.2.1.e	Advocacy to government to enhance HRH development	Advocacy visit	advocacy to government 6 person 2 vehicle@ 5000 x 2days=20000 ,Lunch 1700 x 6 x 2 days =20400	₦ 20,400	1	1	1	1	1	₦ 20,400	₦ 20,400	₦ 20,400	₦ 20,400	₦ 20,400	₦ 102,000
9.2.2.a	Advocacy to IPs for intervention	Round table discussions with IPs working in Gombe state health sector to review areas of HRH support	Advocacy to IPs 6 person 2 vehicles fueling @5000 x 2 x 2days =20000 ,Lunch 1700 x6 x2days =20400	₦ 40,400	1	0	1	1	0	₦ 40,400	₦ -	₦ 40,400	₦ 40,400	₦ -	₦ 121,200

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
9.2.2. b	Advocate for creation HRH budget line and Timely Release of funds	(1)Advocacy ministry to MOH/GSPHCD A to increase budgetry allocation to HRH UNIT (2) Followup to the SSG, HOS, MOEP, SHoA for the scalingup of the increased budgetry allocation (a)fuelling 2 vehicles @ N5000 *2 =N10000 (B) snacks N1000*12 person =N12000 (A)fueling of 1 vehicles@ 5000,provision snacks for 5person @ 1000 =5000	₦ 32,000	1	1	1	1	1	₦ 32,000	₦ 32,000	₦ 32,000	₦ 32,000	₦ 32,000	₦ 160,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
9.2.2.c	Advocate for Timely Release of funds	(1)Advocacy ministry of GSPHCDA to increase budgetry allocation to HRH UNIT (2) Followup to the state house of assemble for the scalingup of the increased budgetry allocation (a)fuelling 2 vehicles @ N5000 (a)fuelling 2 vehicles @ N5000 (B) snacks N1000*12 person =N12000 (A)fueling of 1 vehicles@	(1)Advocacy ministry of GSPHCDA to increase budgetry allocation to HRH UNIT (2) Followup to the state house of assemble for the scalingup of the increased budgetry allocation (a)fuelling 2 vehicles @ N5000 *2 =N10000 (B) snacks N1000*12 person =N12000 (A)fueling of 1 vehicles@ 5000,provision snacks for 5person @ 1000 =5000	₦ 43,000	1	1	1	1	1						
									₦ 43,000	₦ 43,000	₦ 43,000	₦ 43,000	₦ 43,000	₦ 215,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		5000, provision snacks for 5person @ 1000 =5000													
9.2.3. a	Ensure adequate provision of budgetry allocation for HRH	Ensure adequate provision of budgetry allocation for HRH 1. Advocacy to MOH/GSPHCDA for budgetry increase to HRH 8 persons ,Two vehicles Fueling 5000x 2 HRH 8 persons ,Two vehicles Fueling 5000x 2 Advocacy to house	₦ 56,000	1	1	1	1	1	₦ 56,000	₦ 56,000	₦ 56,000	₦ 56,000	₦ 56,000	₦ 280,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority domain	Areas	or Sub													
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		x2days=20000 , Lunch 1700 x 8 x2 =27200 (2) Advocacy to house of assembly 8 person Two vehicles fueling 5000 x 2 x 2days ,Lunch 1700 x 8 x 2days =27200													
9.2.3. d	Advocacy to government enhance development to HRH	advocacy to government 6 person 2 vehicle@ 5000 x 2days=20000 ,Lunch 1700 x 6 x 2 days =20400	advocacy to government 6 person 2 vehicle@ 5000 x 2days=20000 ,Lunch 1700 x 6 x 2 days =20400	₦ 1,040,000	1	1	1	1	₦ 1,040,000	₦ 1,040,000	₦ 1,040,000	₦ 1,040,000	₦ 1,040,000	₦ 5,200,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
9.2.3.e	Advocacy to IPs for intervention	Advocacy to Ips 6 person 2 vehicles fueling @5000 x 2 x 2days =20000 ,Lunch 1700 x6 x2days =20400 =40400	Advocacy to Ips 6 person 2 vehicles fueling @5000 x 2 x 2days =20000 ,Lunch 1700 x6 x2days =20400 =40400	₦ 40,400	1	1	1	1	1	₦ 40,400	₦ 40,400	₦ 40,400	₦ 40,400	₦ 40,400	₦ 202,000
9.3.1.a	Insitutionalize Residency Program to promote speciality	Residency Program	Payment of allowances to Residence Doctors and Administrative running cost	₦ 3,000,000	12	12	12	12	12	₦ 36,000,000	₦ 36,000,000	₦ 36,000,000	₦ 36,000,000	₦ 36,000,000	₦ 180,000,000
9.3.1.d	Insitutionalize speciality	State Level MSS Scheme	Payment of allowances to MSS Staff and Administrative running cost	₦ 1,200,000	12	12	12	12	12	₦ 14,400,000	₦ 14,400,000	₦ 14,400,000	₦ 14,400,000	₦ 14,400,000	₦ 72,000,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (202 1)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
9.3.1. e	Establishment of e-liabrary facilities in the schools of nursing and health sciences and technology	Subscribe for e-library services, Suscribe for ELMS portal services	conduct MDAs to develop HRH strategic plan (a) Distribution of Invitation letters @ 100x30=3000 for 1 day (b),Hiring of hall @50000 per day for 1 day (c) lunch @ 1700 per person for 1day x 30 persons =51000(d) teabreaks@ 1500 for 30 (e) Transportation for 30 person 3000 per person x1 day (f)Training materials @ 1000x 30 foriday	₦ 232,000	0	1	0	0	0						
										₦ -	₦ 232,000	₦ -	₦ -	₦ -	₦ 232,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
9.3.2. a	Provision of free wifi and e-learning mgt system for students and tutors	Provision of wifi for both admin and students use	Procurement of 2 Wifi @ 35000 each; Cost for Installation and maintenance @ 22000; cost for monthly subscription @ 18000 monthly	₦ 408,000	2	2	2	2	2	₦ 816,000	₦ 816,000	₦ 816,000	₦ 816,000	₦ 816,000	₦ 4,080,000
9.3.2. b	Set up a coordination mechanism	Set up a coordination mechanism	Biannual coordination meeting, refreshment, hall hire, transport refund	₦ 280,000	4	4	4	4	4	₦ 1,120,000	₦ 1,120,000	₦ 1,120,000	₦ 1,120,000	₦ 1,120,000	₦ 5,600,000
9.3.2. c	Provide additional infrastructure to accommodate more students in training institutions	Additional hostel, classroom, library building, OSCE halls and auditorium in COHST/CONM	Additional hostel, classroom, library building, OSCE halls and auditorium in COHST/CONM	₦ 642,000	1	1	0	0	0	₦ 642,000	₦ 642,000	-	-	-	₦ 1,284,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
9.3.3. a	Provide additional teaching aids	Vidieo simulations and games, models, instruments and projectors in COHST/CONM	Vidieo simulations, MAMA NATALIE, BABY NATALIE, and games, models, instruments and projectors in COHST/CONM	₦ 1,000,000	0	1	0	0	0	₦ -	₦ 1,000,000	₦ -	₦ -	₦ -	₦ 1,000,000
9.3.3. b	Review of institutional training curriculum	Support COHST to upgrade its curriculum to incooperate TSTS policy, Support tutors training on additional skills for TSTS implementation	Cost for workshops, refreshments, transport, printing and photocopies, allowances, consultant professional fees	₦ 2,500,000	0	1	0	0	0	₦ -	₦ 2,500,000	₦ -	₦ -	₦ -	₦ 2,500,000
9.3.3. c	Support/improve students welfare	Sports and recreational activities e.g students	Sports and recreational activities e.g students	₦ 2,200,000	1	0	0	0	0	₦ 2,200,000	₦ -	₦ -	₦ -	₦ -	₦ 2,200,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		commonrooms, sports facilities	commonrooms, sports facilities												
9.3.3.d	Gender Analysis required	Conduct gender gap analysis	Consultancy fees, cost for data collection, cost for data analysis, cost for report writing and cost for dissemination	₦ 1,400,000	1	0	0	0	0	₦ 1,400,000	₦ -	₦ -	₦ -	₦ -	₦ 1,400,000
9.4.1.a	review and discuss findings from the educator and tutor training needs assessment (TNA) and discuss way forward.	Attend National level TNA meeting in Abuja	TNA meeting in Abuja to be attended by 3 persons from Gombe State SPIC (a) DSA @ 8000 x 3 x 6 days (b) transport @ N20 per km x 1200km (c) lunch @ 1700 x 3 x 6 days (d) teabreak @ 1500 2 times dly x 3 x 6 days (e)	₦ 498,600	0	1	0	0	0	₦ -	₦ 498,600	₦ -	₦ -	₦ -	₦ 498,600

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		workshop materials @ 500 x 3 persons												
Develop a NPHTI TWG-approved training plan and manuals to build the capacity of educators and tutors at COHST Kaltungo	development of training manuals @ 560960	review of curriculum by a committee of 10 people at Jewel hotel kaltungo (a) workshop materials @200x10=2000 (b) DSA @ 6000x10 persons x 6 days=360000. (c) accomodn @6000x10x6 days= 360000 (d)Hiring of hall @50000 per day for 5 days=250000 (e) lunch @ 1700 per person for 5days x 10 persons =	₦ 1,072,000	1	0	0	0	0	₦ 1,072,000	₦ -	₦ -	₦ -	₦ -	₦ 1,072,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		85000 (f) teabreak @ 1500 for 10persons x 5 days=75000 (g) Transportation @3000x10 persons x 5 days= 300000.												
Link up with training institutions on health to increase health work force	Advocacy to training institution ,Fact finding committee to three trainig institutions in the state 15 persons 1 vehicles @ 5000 x3days =15000 , Lunch 1700 x15 x3 =76500	Review the institutional training curriculum to reflect the state priorities 1.Advocacy visit to the training institution 10 persons x 2days 2.fueling of two vehicles x2days@ 5000x4=20000 3. Lunch 1700x8=13600=33600 (b) Stalkeholders meeting 16 persons accomodation	₦ 264,000	1	0	0	0	0	₦ 264,000	-	-	-	-	₦ 264,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		10x16x2nights =320000, Lunch 1700x16x2days 54400, Teabreak 1500x16x2days =48000 Training materials 1000x16 =16000 ,Transport 5000x16 =80000												
Procure, Distribute, manage, track and report use of NPHTI furniture required to maintain/achieve accreditation.	procure classroom and office furniture for the COHST kaltungo	Training of 37 CHEW Tutors and preceptors on the reviewed CHEW curriculum based on the TSTS policy for 5 days (a), Invitation letters for 37 tutors @ #10 each (b), Hiring of hall @50000 x 5days (c) lunch @ 1700 x 37 x 5days (d) teabreaks @1500 each x 37 x 5 days (e)	₦ 192,100	0	0	1	0	0	₦ -	₦ -	₦ 192,100	₦ -	₦ -	₦ 192,100

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		Transportation @ 3000 each x												
NPHTI-sponsored pedagogical techniques training	Participate in NPHTI pedagogical techniques training or coaching activities.	Training of 37 tutors and educators on pedagogical skills for 5 days (a), Invitation letters for 37 tutors @ #10 each (b), Hiring of hall @50000 x 5days (c) lunch @ 1700 x 37 x 5days (d) teabreaks @1500 each x 37 x 5 days (e) Transportation @ 3000 each x 5days x 37 (f)	₦ 642,000	0	0	1	0	0	₦ -	₦ -	₦ 642,000	₦ -	₦ -	₦ 642,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (202 1)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
)Training materials @ 500 x 37												
	Participate in NPHTI-sponsored pedagogical techniques training-of-trainer (TOT) events.	Conduct TOT SPIC for Members on pedagogical skills	TOT of 6 number SPIC Members on pedagogical skills for 5 days in Abuja (a) DSA @ 15000 x 6 x 6 days (b),Hiring of hall @50000 x 5days (c) lunch @ 1700 x 6 x 5days (d) teabreaks x 2 @1500 each x 37 x 5 days (e) Transportation @ 20000 each x 6 persons	₦ 642,000	1	1	0	0	0	₦ 642,000	₦ 642,000	₦ -	₦ -	₦ -	₦ 1,284,000
	Develop and implement action plans to integrate new pedagogical knowledge and skills into existing	meeting of 31 tutors and 6 SPIC Members on pedagogical skills for 5 days (a),Invitation letters for 37	Employment of consultant to (a) design and install the software @ 1000000 (b) maintainance and update and training	₦ 1,500,000	0	1	0	0	0	₦ -	₦ 1,500,000	₦ -	₦ -	₦ -	₦ 1,500,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (202 1)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	teaching and learning practices.	tutors @ #10 each (b),Hiring of hall @50000 x 5days (c) lunch @ 1700 x 37 x 5days (d) teabreaks @1500 each x 37 x 5 days (e) Transportation @ 3000 each x	of HRH unit staff on operation of the HRMIS @ 1500000												
	Procure, Distribute, manage, track, and report use of procured scientific textbooks and reference materials for libraries required to maintain/achieve accreditation	procurement of hard cover books and ebooks etc for the COHST Kaltungo and monitoring its use	Data collection from all levels through electronic means (a) money for data =N1500	₦ 1,100,000	1	1	0	0	0	₦ 1,100,000	₦ 1,100,000	₦ -	₦ -	₦ -	₦ 2,200,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
procure, Distribute, manage, track and report use of procured teaching and learning aids required to maintain/achieve accreditation	procurement of robotics, models, and other learning materials for the COHST Kaltungo.	NPHTI M&E meeting in Abuja to be attended by 3 persons from Gombe State SPIC (a) DSA @ 8000 x 3 x 6 days (b) transport @ N20 per km x 1200km (c) lunch @ 1700 x 3 x 6 days (d) teabreak @ 1500 2 times dly x 3 x 6 days (e) workshop materials @ 500 x 3 persons	₦ 482,100	1	1	0	0	0	₦ 482,100	₦ 482,100	-	-	-	₦ 964,200
HRH strategic plan to evaluate the level of implementation	Review HRH strategic plan to evaluate the level of implementation	conduct Mid term evaluation for 2 days (a) Distribution of Invitation letters @ 100x30=3000 for 1 day (b),Hiring of hall @50000 per day for 1 day (c) lunch @ 1700 per person for	₦ 939,700	0	0	1	0	0	-	-	₦ 939,700	-	-	₦ 939,700

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		1day x 30 persons =51000(d) teabreaks@ 1500 for 30 (e) Transportation for 30 person 3000 per person x1 day (f)Training materials @ 1000x 30 foriday												
Developed training curricula prior to roll out.	Review and discuss newly developed training curricula prior to roll out.	review of curriculum by a committee of 10 people at Jewel hotel kaltungo (a) workshop materials @200x10=2000 (b) DSA @ 6000x10 persons x 6 days=360000. (c) accomodn @6000x10x6 days= 360000 (d)Hiring of hall @50000 per day for 5 days=250000	₦ 1,283,000	0	1	0	0	1	₦ -	₦ 1,283,000	₦ -	₦ -	₦ 1,283,000	₦ 2,566,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		(e) lunch @ 1700 per person for 5days x 10 persons = 85000 (f) teabreak @ 1500 for 10persons x 5 days=75000 (g) Transportation @3000x10 persons x 5 days= 300000.												
Review of institutional training curriculum	Conduct 2 days workshop to review institutional training curriculum	Review the institutional training curriculum to reflect the state priorities 1.Advocacy visit to the training institution 10 persons x 2days 2.fueling of two vehicles x2days@ 5000x4=20000 3. Lunch 1700x8=13600=336	₦ 708,000	0	1	0	0	0	₦ -	₦ 708,000	₦ -	₦ -	₦ -	₦ 708,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		00 (b) Stakeholders meeting 16 persons accommodation 10x16x2nights =320000, Lunch 1700x16x2days 54400, Teabreak 1500x16x2days =48000 Training materials 1000x16 =16000 ,Transport 5000x16 =80000												
Participate in training activities to orient educators and tutors to newly adapted pre-service training curricula	Participate in training activities	Training of 37 CHEW Tutors and preceptors on the reviewed CHEW curriculum based on the TSTS policy for 5 days (a), Invitation letters for 37 tutors @ #10 each (b), Hiring of hall @50000 x 5days (c) lunch @ 1700 x 37 x	₦ 1,137,800	0	1	0	0	0	₦ -	₦ 1,137,800	₦ -	₦ -	₦ -	₦ 1,137,800

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		5days (d) teabreaks @1500 each x 37 x 5 days (e) Transportation @ 3000 each x												
Establish HRMIS database software at state level	Procure and install HRMIS database software at state level	Employment of consultant to (a) design and install the+C66:C76 software @1000000 (b) maintainance and update and training of HRH unit staff on operation of the HRMIS @ 1500000	₦ 750,000	1	0	1	0	0	₦ 750,000	₦ -	₦ 750,000	₦ -	₦ -	₦ 1,500,000
Institutionalize HRH at State and LGA Levels	Train data base desk officers in state and LGA.	training of 25 desk officers and their deputies on HRMIS Gombe for 3 days. (a) DSA for 25 persons at 6000 x	₦ 500,000	0	1	0	1	0	₦ -	₦ 500,000	₦ -	₦ 500,000	₦ -	₦ 1,000,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		5days (b) transport at N20 per km x 148 km x 25 (c) lunch @ 1700 x 25 x 3 days (d) teabreaks x 2 @ 1500 x 25 x 3 days (e) hotel accom @15000 x 25 x 5 days (f) 3 resource persons from Gombe state university												
NPHTI-sponsored activities	Participate in NPHTI-sponsored activities to review and discuss findings from M&E capacity needs assessment activities and discussions	NPHTI M&E meeting in Abuja to be attended by 3 persons from Gombe State SPIC (a) DSA @ 8000 x 3 x 6 days (b) transport @ N20 per km x 1200km (c) lunch @ 1700 x 3 x 6 days (d) teabreak @ 1500 2 times dly x 3	₦ 2,869,300		1	0	0	0	₦ -	₦ 2,869,300	₦ -	₦ -	₦ -	₦ 2,869,300

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	about the way forward.	x 6 days (e) workshop materials @ 500 x 3 persons												
HRH Database operations	Train SMOH management and HRH unit on operations of database	training of 20 persons on HRMIS Gombe for 3 days. (a)transport at N3000 daily x 20x3days (b) lunch @ 1700 x 20 x 3 days (c) teabreaks @ 1500 x 20 x 3 days (d) 3 resource persons from Gombe state university	₦ 1,869,300	0	1	0	0	0	₦ -	₦ 1,869,300	₦ -	₦ -	₦ -	₦ 1,869,300

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
HRH data collection from all secondary health facilities	HRH data collection from all secondary health facilities	Data collection from all levels through electronic means (a) money for data =N1500	₦ 1,500	1	1	1	1	1	₦ 1,500	₦ 1,500	₦ 1,500	₦ 1,500	₦ 1,500	₦ 7,500	
meeting of SMOH management on HRMIS analysis	Hold a management meeting comprising of SMOH management on HRMIS analysis	meeting of 20 Members to deliberate on findings for 1 day (a),Hiring of hall @50000 x 5days (b) lunch @ 1700 x 20 x 5days (c) teabreaks @1500 each x 20 x 5 days (e) Transportation @ 3000 each	₦ 1,120,000	0	1	0	0	0	₦ -	₦ 1,120,000	₦ -	₦ -	₦ -	₦ 1,120,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
Carry out annual analysis of health work force data	Situation analysis of the Gombe health workforce	Consultant's fees @45000X10 Accommodation @15000X12 Consultant's Per Diems @8000X12 Air Travel (Round trip) @70,000 Ground Travel @20000 Enumerator's Fees @10,000X3X5days Enumerator's Transportation @3000X3X5 days Enumerator's Meals @5000X3X5 days Field VisitTransport (All Parties)@10,000X7 days Data Analysis@100,000 Total=1,256,000X2=2,512,000	₦ 1,256,000	1	1	0	0	0	₦ 1,256,000	₦ 1,256,000	₦ -	₦ -	₦ -	₦ 2,512,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (202 1)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	Print and disseminate Health Workfoce situation Analysis Report	Gombe health workforce Situation Analysis report printed and disseminated	Printing of the HRH SA@1200X200 Dissemination will take place during the annual coordination meetings	₦ 870,000	1	1	1	1	1	₦ 870,000	₦ 870,000	₦ 870,000	₦ 870,000	₦ 870,000	₦ 4,350,000
	Improve the capacity of 11 LGA HRH Desk Officers and their Deputies on Human Resource Management (HRM)	1.Train 25 persons for 3 days at the LGA level on HRM	Invitation letters @ 3000 Communication @ 2000 Hiring of hall @ 50,000X3 days Accommodation @ 48,000X25 lunch @ 4,500X25 teabreaks@1,000X 25X3 days Per Diems@15000X25 Transport @ 3000X25 Training materials@ 1000 X35 Total=	₦ 2,300,000	0	1	0	0	0	₦ -	₦ 2,300,000	₦ -	₦ -	₦ -	₦ 2,300,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
Mentorship of HRH Desk Officers at all level	Mentoring Visits, at least one 1 month	Cost for transport and refreshment	₦ 300,000	1	1	1	1	1	₦ 300,000	₦ 300,000	₦ 300,000	₦ 300,000	₦ 300,000	₦ 1,500,000	
Task specific life saving skills training for health tutors and preceptors	Conduct trainings on task specific life saving skills to health tutors and preceptors	training of 25 tutors and preceptors on TSTS additional task in reviewed curriculum in Jewel hotel Gombe for 3 days. (a) DSA for 25 persons at 6000 x 5days (b) transport at N20 per km x 148 km x 25 (c) lunch @ 1700 x 25 x 3 days (d) teabreaks x 2 @ 1500 x 25 x 3 days (e) hotel accom @15000 x 25 x 5 days (f) 3 resource persons from FTH and SSH Gombe	₦ 1,190,000	1	0	0	0	0	₦ 1,190,000	-	-	-	-	₦ 1,190,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
Emergency Obstetric Care or Newborn training	Conduct trainings on Emergency Obstetric Care or Newborn	training of 250 Service Providers in Jewel hotel Gombe for 3 days. (a) DSA for 25 persons at 6000 x 5days (b) transport at N20 per km x 148 km x 25 (c) lunch @ 1700 x 25 x 3 days (d) teabreaks x 2 @ 1500 x 25 x 3 days (e) hotel accom @15000 x 25 x 5 days (f) 3 resource persons from FTH and SSH Gombe	₦ 1,100,000	1	1	0	0	0	₦ 1,100,000	₦ 1,100,000	₦ -	₦ -	₦ -	₦ 2,200,000
ensure regular supportive supervision/joint mentoring visits to health facilities	quarterly visit to health facilities by a combined team of supervisors from	quarterly visit to health facilities by a combined team of supervisors from SMOH/SPHCDA/lps (a) perdiem @ N10000 each x 30 x	₦ 320,000	4	4	4	4	4	₦ 1,280,000	₦ 1,280,000	₦ 1,280,000	₦ 1,280,000	₦ 1,280,000	₦ 6,400,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		SMOH/SPHCD A/lps	5days (b) car hire @ N30000 per team x 9 teams												
	Review of HRH systems at State and LGA levels	Conduct a review of HRH systems at State and LGA levels	assessment visits to State and LGAs by a team of 22 for 2 days by each team (a) transport to LGAs @ 3000 X 22 X 2 days (b) stationaries @1000 each X 22	₦ 154,000	1	1	0	0	0	₦ 154,000	₦ 154,000	₦ -	₦ -	₦ -	₦ 308,000
	Undertake analysis of work load of health workers at health facility levels using work load indicators of staffing needs and methodology	Health work force analysis conducted	Consultancy fees, cost for data collection, cost for data analysis; cost for transportation, cost for report writing; cost for data collectors	₦ 310,000	1	1	1	1	1	₦ 310,000	₦ 310,000	₦ 310,000	₦ 310,000	₦ 310,000	₦ 1,550,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	Profile the existing health work force to establish , overview and carry out baseline of the total number of health workers in the State	baseline conducted	Consultancy fees, cost for data collection, cost for data analysis; cost for transportation, cost for report writing; cost for data collectors	₦ 800,000	1	1	0	0	0	₦ 800,000	₦ 800,000	₦ -	₦ -	₦ -	₦ 1,600,000
	Stateholders Engagement	Engage with relevant decision makers at state &LGA levels i.e appointment of HRH desk officers, furnishing and equipping the HRH offices, etc	3 days meeting; hall hire; refreshment; transport refund, logisitics; workshop materials	₦ 250,000	0	1	0	0	1	₦ -	₦ 250,000	₦ -	₦ -	₦ 250,000	₦ 500,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
Hold semiannual meetings of HRH desk officers with the State HRH Officer	organise and Facilitate semiannual meetings of HRH desk officers with the State HRH Officer	Hall hire, transport refund, refreshment, workshop materials;	₦ 1,100,000	2	2	2	2	2	₦ 2,200,000	₦ 2,200,000	₦ 2,200,000	₦ 2,200,000	₦ 2,200,000	₦ 11,000,000
									₦ 78,049,466	₦ 2,626,699,067	₦ 62,213,500	₦ 60,189,700	₦ 61,182,300	₦ 2,888,334,033
10.Health Infrastructure														

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
10.1.1.a	Hold Meetings twice a year with first line MDAs Saddle with procurement responsibilities in the State.	1. Hire Hall at N35,000. 2. Lunch at N1700 for 15 people for 1 day .3 .Refershment 1500 for 15 people for 1 day. 4.Stationeries/ Workshop Material 1500 for 15 people for 1 day. 5.Despatch and Transportation 1000 for 15 person.	1. Hire Hall at N35,000. 2. Lunch at N1700 for 15 people for 1 day .3 .Refershment 1500 for 15 people for 1 day. 4.Stationeries/ Workshop Material 1500 for 15 people for 1 day. 5.Despatch and Transportation 1000 for 15 person.	₦ 12,300	2	2	2	2	2	₦ 24,600	₦ 24,600	₦ 24,600	₦ 24,600	₦ 24,600	₦ 123,000
10.1.2.a	Print and circulate Approved State DueProcess guide lines to Hospitals.	1.Print 100 copies of Gombe State approved Due process guideline booklets to Hospitals at 6500. 2. Transportation to despatch Staff to all Hospitals in the State at at N25,000	1.Print 100 copies of Gombe State approved Due process guideline booklets to Hospitals at 6500. 2. Transportation to despatch Staff to all Hospitals in the State at at N25,000	₦ 325,000	1	1	0	0	0	₦ 325,000	₦ 325,000	₦ -	₦ -	₦ -	₦ 650,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
10.1.3.a	Undertake Mapping and review of infrastructural needs of all health institutions across the state	1. Provide transportation,2. fuelling at N25,000. 3. Lunch @ N1700 x 8 x4 days. 4.Materials@ N1000x8x2 days.5 Local running/ N1000X8 X2 days 6. Production of report N55,000 and BOQ to Ministry for action,.	1. Provide transportation,2. fuelling at N25,000. 3. Lunch @ N1700 x 8 x4 days. 4.Materials@ N1000x8x2 days.5 Local running/ N1000X8 X2 days 6. Production of report N55,000 and BOQ to Ministry for action,.	₦ 205,000	1	1	0	0	0	₦ 205,000	₦ 205,000	-	-	-	₦ 410,000
10.1.3.b	Incorporate cost into Ministry annual capital expenditure budget for 2018	Hold Bilateral Meeting with Ministry of Finance quarterly every year as follows:1. Hall Hire@ N35,000. 2.Lunch @N1700x10x1 day.3. Refreshment @ N1500X10X1day.	Hold Bilateral Meeting with Ministry of Finance quarterly every year as follows:1. Hall Hire@ N35,000. 2.Lunch @N1700x10x1 day.3. Refreshment @ N1500X10X1day.	₦ 87,000	1	1	1	1	1	₦ 87,000	₦ 87,000	₦ 87,000	₦ 87,000	₦ 87,000	₦ 435,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		4.Stationeries @N1000X10X1day. 5 Local running @ N1000X10X1 day	4.Stationeries @N1000X10X1day. 5 Local running @ N1000X10X1 day												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority domain	Areas	or	Sub domain												
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
10.1.3.c	Undertake Repairs of the existing 4 G Hospitals Annually	1. Obtain His Excellency's approval 2. Place advertisement for pre-qualification of interested companies as follows: Advert 50,000 in one National daily. 2.. Hall Hire N35000X1 day2..3. Invite prequalified companies,4. Lunch@ N1700x20 x1day.5 Refersment@ N1500X20.6. Stationeries @N1000x20x1day. 6Media Coverage@N25,00 07. Report Production@	1. Obtain His Excellency's approval 2. Place advertisement for pre-qualification of interested companies as follows: Advert 50,000 in one National daily. 2.. Hall Hire N35000X1 day2..3. Invite prequalified companies,4. Lunch@ N1700x20 x1day.5 Refersment@ N1500X20.6. Stationeries @N1000x20x1day. 6Media Coverage@N25,00 07. Report Production@	₦ 291,698,300	0	1	0	0	0						
									₦ -	₦ 291,698,300	₦ -	₦ -	₦ -	₦ 291,698,300	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority domain	Areas	or Sub													
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		25,000. <u>TENDER</u> Hall Hire N35000X1 day2..3. Invite prequalified companies,4. Lunch@ N1700x20 x1day.5 Refershment@ N1500X20.6.Stationeries @N1000x20x1day. 6Media Coverage@N25,0007. Report Production@ 25,000r approval.. Recpmmend for award at N519,000,000 X4	25,000. <u>TENDER</u> Hall Hire N35000X1 day2..3. Invite prequalified companies,4. Lunch@ N1700x20 x1day.5 Refershment@ N1500X20.6.Stationeries @N1000x20x1day. 6Media Coverage@N25,0007. Report Production@ 25,000r approval.. Recpmmend for award at N519,000,000 X4												

[illegible]

		07. Report Production@ 25,000 recommend fo approval for the purchase of 40Theatre Beds @ N3,700,000 each, 20(250kva) Generators. @ N9,000,000 each, 20 Aneasthetic Machines @ N2,000,000 each, Six (6) Dialysis Machines @ 40,000,000 each, Six (6)Mobile X-ray Machine @ N12,000,000 each, Twenty (20) Scanning Machines @ N2,500,000 each, One 1() MRI X-ray machine @ 265,000,000	07. Report Production@ 25,000 recommend fo approval for the purchase of 40Theatre Beds @ N3,700,000 each, 20(250kva) Generators. @ N9,000,000 each, 20 Aneasthetic Machines @ N2,000,000 each, Six (6) Dialysis Machines @ 40,000,000 each, Six (6)Mobile X-ray Machine @ N12,000,000 each, Twenty (20) Scanning Machines @ N2,500,000 each, One 1() MRI X-ray machine @ 265,000,000												
10.1.3.e	Undertake expansion of School of Health Technology Klatungo	1.Contract awarded at the Contract sum of N85,750,000. Paid N17,000,000. Balance=N68,750,000.	1.Contract awarded at the Contract sum of N85,750,000. Paid N17,000,000. Balance=N68,750,000.	₦ 493,483,000	1	0	0	0	0	₦ 493,483,000	₦ -	₦ -	₦ -	₦ -	₦ 493,483,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority domain	Areas	or	Sub domain												
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
10.1.3.f	Undertake expansion of School of Nursing and Midwifery Gombe	Obtain His Excellency's approval. 2. Place advertisement for pre-qualification of interested companies as follows: Advert 50,000 in one National daily. 2.. Hall Hire N35000X1 day .3. Invite prequalified companies,4. Lunch@ N1700x20 x1day.5 Refersment@ N1500X20.6. Stationeries @N1000x20x1day. 6Media Coverage@N25,000. 07. Report Production@	Obtain His Excellency's approval. 2. Place advertisement for pre-qualification of interested companies as follows: Advert 50,000 in one National daily. 2.. Hall Hire N35000X1 day .3. Invite prequalified companies,4. Lunch@ N1700x20 x1day.5 Refersment@ N1500X20.6. Stationeries @N1000x20x1day. 6Media Coverage@N25,000. 07. Report Production@	₦ 151,340,000	0	1	0	0	0	₦ -	₦ 151,340,000	₦ -	₦ -	₦ -	₦ 151,340,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		25,000. TENDER Hall Hire N35000X1 day..3. Invite prequalified companies,4. Lunch@ N1700x20 x1day.5 Refershment@ N1500X20 .Stationeries @N1000x20x1day. 6Media Coverage@N25,000. Report Production@ 25,000r approval.. Recommend for award of Contract for the Construcion of additional Male Hostel at the Contract sum of N45,00,0000, Construction of	25,000. TENDER Hall Hire N35000X1 day..3. Invite prequalified companies,4. Lunch@ N1700x20 x1day.5 Refershment@ N1500X20 .Stationeries @N1000x20x1day. 6Media Coverage@N25,000. Report Production@ 25,000r approval.. Recommend for award of Contract for the Construcion of additional Male Hostel at the Contract sum of N45,00,0000, Construction of												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority domain	Areas	or	Sub												
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (R)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (R)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (R) (2018)	YEAR 2 Cost (R) (2019)	YEAR 3 Cost (R) (2020)	YEAR 4 Cost (R) (2021)	YEAR 5 Cost (R) (2022)		
		School e-Library at N38,000,000..3 Procure School Cyber at N5,000,000	School e-Library at N38,000,000..3 Procure School Cyber at N5,000,000												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority domain	Areas or Sub														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
10.1.3.g	Construct New State Ministry of Health Administrative Headquarters.	1. Obtain His Excellency's approval 2. Place advertisement inviting interested companies Place advertisement in any national daily @N50,000. 2.. Hall Hire N35000X1 day..3. Invite prequalified companies and give 4. Lunch@ N1700x20 x1day .5 Refreshment@ N1500X20.6. Stationeries @N1000x20x1day. 6Media Coverage@N25,000. 7. Report Production@ 25,000. TENDER	1. Obtain His Excellency's approval 2. Place advertisement inviting interested companies Place advertisement in any national daily @N50,000. 2.. Hall Hire N35000X1 day..3. Invite prequalified companies and give 4. Lunch@ N1700x20 x1day .5 Refreshment@ N1500X20.6. Stationeries @N1000x20x1day. 6Media Coverage@N25,000. 7. Report Production@ 25,000. TENDER	₦ 120,000	1	1	1	1	1	₦ 120,000	₦ 120,000	₦ 120,000	₦ 120,000	₦ 120,000	₦ 600,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Hall Hire N35000X1 day 2. Invite prequalified companies , 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20. 6.Stationeries @N1000x20x1day. 6.Media Coverage@N25,00 07.7. Report Production@ 25,000 recommend for approval for the construction of MOH Hqtrs at the Contract sum of N145,000,000.	Hall Hire N35000X1 day 2. Invite prequalified companies , 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20. 6.Stationeries @N1000x20x1day. 6.Media Coverage@N25,00 07.7. Report Production@ 25,000 recommend for approval for the construction of MOH Hqtrs at the Contract sum of N145,000,000.												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority domain	Areas	or	Sub domain												
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
10.1.3.i	Construct New accommodation for health managers at Secondary and Primary Health care levels.	Obtain His Excellency's approval. 2. Place advertisement inviting interested companies in any national daily @N50,000. 2..Pre-qualification as follow: Hall Hire N35000X1 day. 3. Invite prequalified companies 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20.6.Stationeries @N1000x20x1day 7.Media Coverage@N25,00 07. Report Production@ 25,000. TENDER	Obtain His Excellency's approval. 2. Place advertisement inviting interested companies in any national daily @N50,000. 2..Pre-qualification as follow: Hall Hire N35000X1 day. 3. Invite prequalified companies 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20.6.Stationeries @N1000x20x1day 7.Media Coverage@N25,00 07. Report Production@ 25,000. TENDER	₦ 630,338,000	0	1	0	0	0						
									₦ -	₦ 630,338,000	₦ -	₦ -	₦ -	₦ -	₦ 630,338,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Hall Hire N35000X1 day 2. Invite prequalified companies , 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20. 6.Stationeries @N1000x20x1day. 6.Media Coverage@N25,00 07.7. Report Production@ 25,000 recommend for approval for the construction of Three Bedroom 10 in number @ N34,000,000 each, Two Bedrooms 10 in number @ 29,000,000 each,	Hall Hire N35000X1 day 2. Invite prequalified companies , 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20. 6.Stationeries @N1000x20x1day. 6.Media Coverage@N25,00 07.7. Report Production@ 25,000 recommend for approval for the construction of Three Bedroom 10 in number @ N34,000,000 each, Two Bedrooms 10 in number @ 29,000,000 each,												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
10.1.3.j	Renovate the existing accommodation in Secondary and Primary Health facilities in the State.	Obtain His Excellency's approval. 2. Place advertisement inviting interested companies in any national daily @N50,000. 2..Pre-qualification as follow: Hall Hire N35000X1 day. 3. Invite prequalified companies 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20.6.Stationeries @N1000x20x1day 7.Media Coverage@N25,00 07. Report Production@ 25,000. TENDER	Obtain His Excellency's approval. 2. Place advertisement inviting interested companies in any national daily @N50,000. 2..Pre-qualification as follow: Hall Hire N35000X1 day. 3. Invite prequalified companies 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20.6.Stationeries @N1000x20x1day 7.Media Coverage@N25,00 07. Report Production@ 25,000. TENDER	₦ 630,338,000	0	1	0	0	0						
									₦ -	₦ 630,338,000	₦ -	₦ -	₦ -	₦ -	₦ 630,338,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Hall Hire N35000X1 day 2. Invite prequalified companies , 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20. 6.Stationeries @N1000x20x1day. 6.Media Coverage@N25,00 07.7. Report Production@ 25,000 recommend for approval for the construction of Three Bedroom 10 in number @ N34,000,000 each, Two Bedrooms 10 in number @ 29,000,000 each,	Hall Hire N35000X1 day 2. Invite prequalified companies , 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20. 6.Stationeries @N1000x20x1day. 6.Media Coverage@N25,00 07.7. Report Production@ 25,000 recommend for approval for the construction of Three Bedroom 10 in number @ N34,000,000 each, Two Bedrooms 10 in number @ 29,000,000 each,												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
10.1.4.a	Constitute and support a committee to Develop a comprehensive Equipment Infrastructure register of Health facilities.	Inaugurate a committee and Provide Lunch @ N1700X25X1 day. 2. Stationeries for 24 people at 1000 each.	Inaugurate a committee and Provide Lunch @ N1700X25X1 day. 2. Stationeries for 24 people at 1000 each.	₦ 66,500	1	0	0	0	0	₦ 66,500	₦ -	₦ -	₦ -	₦ -	₦ 66,500

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
10.1.4.b	Provide Personel and Project Vehicle TOYOTA HILUX 4 BY 4 for Monitoring of Health infratructure	1Place advert in any National daily@50,000 2.conduct free qualification event as follows 3. Hall Hire N35000X1 day 4.Lunch@ N1700x20 x1day.5 Refershment@ N1500X20.6.Stationeries @N1000x20x1day.7 Media Coverage@N25,000. Report Production@ 25,000. TENDER Hall Hire N35000X1 day..2. Invite prequalified companies,3. Lunch@ N1700x20 x1day.4	1Place advert in any National daily@50,000 2.conduct free qualification event as follows 3. Hall Hire N35000X1 day 4.Lunch@ N1700x20 x1day.5 Refershment@ N1500X20.6.Stationeries @N1000x20x1day.7 Media Coverage@N25,000. Report Production@ 25,000. TENDER Hall Hire N35000X1 day..2. Invite prequalified companies,3. Lunch@ N1700x20 x1day.4	₦ 202,229,700	1	1	0	0	0	₦ 202,229,700	₦ 202,229,700	₦ -	₦ -	₦ -	₦ 404,459,400

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Refershment@ N1500X20.5.Stationeries @N1000x20x1day. 6 Media Coverage@N25,00 07. Report Production@ 25,000 approval.. Recommend for the award of contract for the procurement of project vehicle TOYOTA Hilux model 4 by 4 at the contract sum of 22,000,000	Refershment@ N1500X20.5.Stationeries @N1000x20x1day. 6 Media Coverage@N25,00 07. Report Production@ 25,000 approval.. Recommend for the award of contract for the procurement of project vehicle TOYOTA Hilux model 4 by 4 at the contract sum of 22,000,000												
10.1.4.c	Establish Project implementation units in the Ministry.	1. Place advert in any National daily@50,000 2.conduct free qualification event	1. Place advert in any National daily@50,000 2.conduct free qualification event	₦ 940,000	1	0	0	0	0	₦ 940,000	₦ -	₦ -	₦ -	₦ -	₦ 940,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		as follows 3. Hall Hire N35000X1 day 4.Lunch@ N1700x20 x1day.5 Refershment@ N1500X20.6.Stationeries @N1000x20x1day. 7 Media Coverage@N25,000. Report Production@ 25,000. TENDER Hall Hire N35000X1 day..2. Invite prequalified companies,3. Lunch@ N1700x20 x1day.4 Refershment@ N1500X20.5.Stationeries @N1000x20x1day. 6 Media	as follows 3. Hall Hire N35000X1 day 4.Lunch@ N1700x20 x1day.5 Refershment@ N1500X20.6.Stationeries @N1000x20x1day. 7 Media Coverage@N25,000. Report Production@ 25,000. TENDER Hall Hire N35000X1 day..2. Invite prequalified companies,3. Lunch@ N1700x20 x1day.4 Refershment@ N1500X20.5.Stationeries @N1000x20x1day. 6 Media												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Coverage@N25,000. Report Production@ 25,000 Recommend for the approval of award for the Construction of a Two office block for projecion implementation unit in the MOH HQ of 3 staff s (1 Builder, 1 Architect & 1 QS at the contract sum of 13,500,000, Procure 3 Office Tables at the sum of 250,000, 9 Chairs at 150,000, 3 Laptops ,at 750,000 and 1 Printer at 50,000	Coverage@N25,000. Report Production@ 25,000 Recommend for the approval of award for the Construction of a Two office block for projecion implementation unit in the MOH HQ of 3 staff s (1 Builder, 1 Architect & 1 QS at the contract sum of 13,500,000, Procure 3 Office Tables at the sum of 250,000, 9 Chairs at 150,000, 3 Laptops ,at 750,000 and 1 Printer at 50,000												
10.1.6.a	Identify and sign MOU with an established Private Manufacturer	1.Invite and hold Meeting with identified	1.Invite and hold Meeting with identified	₦ 169,200	0	1	0	0	0	₦ -	₦ 169,200	₦ -	₦ -	₦ -	₦ 169,200

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	of Medical Suppliers for partnership.	Manufacturer. 2. Provide accomadate for Two guest for two days at 10,000 each, Feeding for two guest for two days at tea break 1500x2x2days each, lunch 1700 x2x2days Transportation of Two Guest to and fro abuja -Gombe at 30per km x 600kmx 2 x 4 for two guest. Refreshment during meeting for Eleven members at 1500 x 11. Staioneries at 1000x11 and report/agreement bidding at 10,000.	Manufacturer. 2. Provide accomadate for Two guest for two days at 10,000 each, Feeding for two guest for two days at tea break 1500x2x2days each, lunch 1700 x2x2days Transportation of Two Guest to and fro abuja -Gombe at 30per km x 600kmx 2 x 4 for two guest. Refreshment during meeting for Eleven members at 1500 x 11. Staioneries at 1000x11 and report/agreement bidding at 10,000.												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
10.1.6.b	Strengthen Partnership agreement with Manufacturers for the Maintenance of Hospital Equipments.	1.Strengthen bilateral meeting once a year with manufacturers.2. Provide accomadate for Two guest for two days at 10,000 each, Feeding for two guest for two days at tea break 1500x2x2days each, lunch 1700 x2x2days Transportation of Two Guest to and fro abuja -Gombe at 30per km x 600kmx 2 x 4 for two guest. Refreshment during meeting for Eleven members at 1500 x 11.	1.Strengthen bilateral meeting once a year with manufacturers.2. Provide accomadate for Two guest for two days at 10,000 each, Feeding for two guest for two days at tea break 1500x2x2days each, lunch 1700 x2x2days Transportation of Two Guest to and fro abuja -Gombe at 30per km x 600kmx 2 x 4 for two guest. Refreshment during meeting for Eleven members at 1500 x 11.		₦ 141,300	0	1	0	1	1						
		</														

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority domain	Areas	or	Sub domain												
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
10.1.7.a	Sign MOUs and agreement with some selected Universities and Recognised Medical Equipments Manufacturers for the training of the State Biomedical Engineers and Techniceint for increased Stock availability.	1.Constitute a Committee , inaugurate to Strengthen bilateral meeting once a year with manufacturers.2. Provide accomadate for four guest for two days at 10,000 each, Feeding (Lunch) for four guest for two days at 1700 each meal, tea break 1500x4x2days , Transportation for four Guest to and fro abuja -Gombe at 30per km x 600kmx 4 x 4 for four guest. Refreshment during meeting for Eleven members at 1500 x	1.Constitute a Committee , inaugurate to Strengthen bilateral meeting once a year with manufacturers.2. Provide accomadate for four guest for two days at 10,000 each, Feeding (Lunch) for four guest for two days at 1700 each meal, tea break 1500x4x2days , Transportation for four Guest to and fro abuja -Gombe at 30per km x 600kmx 4 x 4 for four guest. Refreshment during meeting for Eleven members at 1500 x	₦ 276,300	0	1	0	1	1	₦ -	₦ 276,300	₦ -	₦ 276,300	₦ 276,300	₦ 828,900

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority domain	Areas or Sub														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		11. Stationeries for 11 at 1000x11	11. Stationeries for 11 at 1000x11												
10.1.7.b	Provide Scholarship programm for all cadre of Biomedical Engineers/ Technicent and others.	1. Sponsor 5 staff annually for training and pay tuition fee at 250,000 each.	1. Sponsor 5 staff annually for training and pay tuition fee at 250,000 each.	₦ 1,250,000	0	1	0	0	0	₦ -	₦ 1,250,000	₦ -	₦ -	₦ -	₦ 1,250,000
10.1.7.c	Constitute a Committee to design on the job program for Staff training to enhance capacity.	1.Constitute and inaugurate a committee and provide as follows.(Lunch)/ refreshment for 20 people @ 1500 each x 1day. Stationeries for 20 people at 1000	1.Constitute and inaugurate a committee and provide as follows.(Lunch)/ refreshment for 20 people @ 1500 each x 1day. Stationeries for 20 people at 1000	₦ 50,000	0	0	0	1	0	₦ -	₦ -	₦ -	₦ 50,000	₦ -	₦ 50,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority domain	Areas	or	Sub domain												
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
10.1.8.a	Construct additional 3 New Primary Health care facilities.	Obtain His Excellency's approval 2. Place advertisement inviting interested companies in any national daily @N50,000. 2..Pre-qualification as follow: Hall Hire N35000X1 day. 3. Invite prequalified companies 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20.6.Stationeries @N1000x20x1day 7.Media Coverage@N25,000. Report Production@ 25,000. TENDER	Obtain His Excellency's approval 2. Place advertisement inviting interested companies in any national daily @N50,000. 2..Pre-qualification as follow: Hall Hire N35000X1 day. 3. Invite prequalified companies 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20.6.Stationeries @N1000x20x1day 7.Media Coverage@N25,000. Report Production@ 25,000. TENDER	₦ 1,222,316,000	0	0	0	1	0					₦ 1,222,316,000	₦ 1,222,316,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Hall Hire N35000X1 day 2. Invite prequalified companies , 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20. 6.Stationeries @N1000x20x1day. 6.Media Coverage@N25,00 07.7. Report Production@ 25,000 recommend for approval for the construction of Three PHCs at a contract sum of 174,000,000 each.	Hall Hire N35000X1 day 2. Invite prequalified companies , 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20. 6.Stationeries @N1000x20x1day. 6.Media Coverage@N25,00 07.7. Report Production@ 25,000 recommend for approval for the construction of Three PHCs at a contract sum of 174,000,000 each.												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
10.1.8.b	Advocate for Increase LGA budgetary allocation on Health 2018 .	1.Constitute a Committee and inaugurate Hall hire @ 35000, Refreshment @ 1500x 15 x 1day Stationeries @ 1000 x 15	1.Constitute a Committee and inaugurate Hall hire @ 35000, Refreshment @ 1500x 15 x 1day Stationeries @ 1000 x 15	₦ 72,500	0	1	1	1	₦ -	₦ 72,500	₦ 72,500	₦ 72,500	₦ 72,500	₦ 72,500	₦ 290,000
10.1.8.c	Identify companies, institutions, and Telecom Org for Social resposibility .	1.Constitute a Committee and inaugurate, provide vehicle and fueling @ 50,000	1.Constitute a Committee and inaugurate, provide vehicle and fueling @ 50,000	₦ 50,000	0	0	1	1	₦ -	₦ -	₦ 50,000	₦ 50,000	₦ 50,000	₦ 50,000	₦ 150,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
10.1.9.a	Pocurement of 20 fully equip ambulances with life serving gargets in all G Hs in the State.	Obtain His Excellencys approval 2. Place advertisement inviting interested companies in any national daily @N50,000. 2..Pre-qualification as follows: Hall Hire N35000X1 day. 3. Invite prequalified companies 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20.6.Statio neries @N1000x20x1day 7.Media Coverage@N25,00 0. Report Production@ 25,000. TENDER	Obtain His Excellencys approval 2. Place advertisement inviting interested companies in any national daily @N50,000. 2..Pre-qualification as follows: Hall Hire N35000X1 day. 3. Invite prequalified companies 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20.6.Station eries @N1000x20x1day 7.Media Coverage@N25,00 0. Report Production@ 25,000. TENDER	₦ 21,000,00 0	0	1	0	0	0	₦ -	₦ 21,000,0 00	₦ -	₦ -	₦ -	₦ 21,000,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Hall Hire N35000X1 day 2. Invite prequalified companies , 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20. 6.Stationeries @N1000x20x1day. 6.Media Coverage@N25,00 07.7. Report Production@ 25,000 recommend for approval for the procurement of 20 Hospital Ambulances fully equipped with livesaving gadgets @ the contract sum of 19,000,000 each	Hall Hire N35000X1 day 2. Invite prequalified companies , 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20. 6.Stationeries @N1000x20x1day. 6.Media Coverage@N25,00 07.7. Report Production@ 25,000 recommend for approval for the procurement of 20 Hospital Ambulances fully equipped with livesaving gadgets @ the contract sum of 19,000,000 each												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
10.1.9.b	Construct a comprehensive ambulance Bay on five major Federal highways in the State.	Obtain His Excellency's approval 2. Place advertisement inviting interested companies in any national daily @N50,000. 2..Pre-qualification as follows: Hall Hire N35000X1 day. 3. Invite prequalified companies 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20.6.Stationeries @N1000x20x1day 7.Media Coverage@N25,000. Report Production@ 25,000. TENDER	Obtain His Excellency's approval 2. Place advertisement inviting interested companies in any national daily @N50,000. 2..Pre-qualification as follows: Hall Hire N35000X1 day. 3. Invite prequalified companies 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20.6.Stationeries @N1000x20x1day 7.Media Coverage@N25,000. Report Production@ 25,000. TENDER	₦ 453,880,000	0	0	1	0	0						
									₦ -	₦ -	₦ 453,880,000	₦ -	₦ -	₦ 453,880,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Hall Hire N35000X1 day 2. Invite prequalified companies , 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20. 6.Stationeries @N1000x20x1day. 6.Media Coverage@N25,00 07.7. Report Production@ 25,000 recommend for approval for the construction of 5 Ambulance bay on 5 Federal highways in the state0 @ the contract sum of 9,000,000 each.	Hall Hire N35000X1 day 2. Invite prequalified companies , 4. Lunch@ N1700x20 x1day .5 Refershment@ N1500X20. 6.Stationeries @N1000x20x1day. 6.Media Coverage@N25,00 07.7. Report Production@ 25,000 recommend for approval for the construction of 5 Ambulance bay on 5 Federal highways in the state0 @ the contract sum of 9,000,000 each.												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																	
Priority Areas or Sub domain																	
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)		
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)			
10.1.9.c	Provide customized GSM line of MTN, AIRTEL, GLO to Staff working on Five Federal High Roads	Provide 50 handset with customize line @5000each	Provide 50 handset with customize line @5000each		₦ 250,000	0	1	0	0	0	₦ -	₦ 250,000	₦ -	₦ -	₦ -	₦ 250,000	
10.1.9.d	Establish a well equip referral Desk office in all Secondary and PHCs in the State.	Support hospitals to establish desk office @ 70,000 at each hospital	Support hospitals to establish desk office @ 70,000 at each hospital		₦ 1,000,000	0	1	0	0	0	₦ -	₦ 1,000,000	₦ -	₦ -	₦ -	₦ 1,000,000	
											₦ 697,480,800	₦ 2,380,864,900	₦ 454,234,100	₦ 1,223,137,700	₦ 771,700	₦ 4,756,489,200	
11.Medicines, Vaccines and Other Health Technologies and Supplies																	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
11.1.2.a	Training on Vaccine Technology	Conduct the training in 3 batches of 40 participants for 3 days (per batch),(by 2 facilitators).Hall @ 3000 x 3 days, Training materials @ 500 x 40, Teabreak @1500 x 42 x3days, Lunch @ 2000 x42 x3 days Accommm.@ 6000 x 42 x 3 days, Perdiem @ 3000 x 40 x 3 days Transport @ 5000 x 40, Honorarium @ 20000 x 2 , Facilitators transport @ 20000 x 2.	Conduct the training in 3 batches of 40 participants for 3 days (per batch),(by 2 facilitators).Hall @ 3000 x 3 days, Training materials @ 500 x 40, Teabreak @1500 x 42 x3days, Lunch @ 2000 x42 x3 days Accommm.@ 6000 x 42 x 3 days, Perdiem @ 3000 x 40 x 3 days Transport @ 5000 x 40, Honorarium @ 20000 x 2 , Facilitators transport @ 20000 x 2.	₦ 1,987,000	0	1	0	1	1	₦ -	₦ 1,987,000	₦ -	₦ 1,987,000	₦ 1,987,000	₦ 5,961,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
11.1.2. b	Procure of Equipments	Procure and distribute equipments	1. Advertisement. 2. Prequalification. 3. Tendering. 4. Award of contract. 5. Procurement of the Laptops and assessories. (Media @ 10000, Newspapers @ 30000, 25 laptop @ 200000 each, 25 Modem @ 10000, 25 Antivirus @ 10000, 25 Flash drive @ 10000.) Hall @ 30000.	₦ 5,820,000	0	0	0	0	0	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -
11.1.2. c	Conduct regular staff Annual Performance Appraisal in the state	Conduct the supportive supervision visits in batches of 10 facilities for 5 days (per batch). (5 supervisors per team). Car hire @	Conduct the supportive supervision visits in batches of 10 facilities for 5 days (per batch). (5 supervisors per team). Car hire @	₦ 190,000	0	0	2	1	2	₦ -	₦ -	₦ 380,000	₦ 190,000	₦ 380,000	₦ 950,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
			30000 x 5 days , Perdiem @ 6000 x 5, Lunch @ 2000 x 5.	30000 x 5 days , Perdiem @ 6000 x 5, Lunch @ 2000 x 5.												
11.1.4. a	Adapt and desemininate National guideline for procurement systems.	1.Adaption and deseminination meeting 2. Printing of 1000 @ 500 per copy of the guideline 3. Distribution of the 1000 copies. Hall @ 30000, Teabreak @ 1000 x 20 x 2, Lunch @ 1500 x 20 , Transport @ 3000 x 20..	1.Adaption and deseminination meeting 2. Printing of 1000 @ 500 per copy of the guideline 3. Distribution of the 1000 copies. Hall @ 30000, Teabreak @ 1000 x 20 x 2, Lunch @ 1500 x 20 , Transport @ 3000 x 20..	₦ 660,000	0	1	0	0	0	₦ -	₦ 660,000	₦ -	₦ -	₦ -	₦ 660,000	
11.1.4. c	Train HRH managers on existing HRH policies and strategies (including task shifting and sharing policy; gender policy, in-service training policy, recruitment, retention, and other policy documents) in line with the national	1.Advertisement. 2. Prequalification. 3.Tendering. 4.Award of contract. .(Media @ 10000 ,Newspapers @ 30000. Contract	1.Advertisement. 2. Prequalification. 3.Tendering. 4.Award of contract. .(Media @ 10000 ,Newspapers @ 30000. Contract	₦ 5,070,000	0	1	0	0	0	₦ -	₦ 5,070,000	₦ -	₦ -	₦ -	₦ 5,070,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (202 1)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	policies and increase access to these policies and plans in the state	value @ 5000000 , Hall @ 30000)	value @ 5000000 , Hall @ 30000)												
11.1.4. d	To strengthen HRH units/departments at state and LGA level	1. Advocacy to HE,Chairman house committee on health,CSOs and Min. of Finance for more funds to DRF scheme..	1. Advocacy to HE,Chairman house committee on health,CSOs and Min. of Finance for more funds to DRF scheme..	₦ 75,000	1	1	1	1	1	₦ 75,000	₦ 75,000	₦ 75,000	₦ 75,000	₦ 75,000	₦ 375,000
11.1.4. e	Sponsor HRH managers to attend HRH conferences and workshops	1.Advertisement. 2. Prequalification. 3.Tendering. 4.Award of contract. .(Media @ 10000 ,Newspapers @ 30000, 3 trucks @ 23,000000 each , Hall @ 30000)	1.Advertisement. 2. Prequalification. 3.Tendering. 4.Award of contract. .(Media @ 10000 ,Newspapers @ 30000, 3 trucks @ 23,000000 each , Hall @ 30000)	₦ 69,070,00 0	0	1	0	0	0	₦ -	₦ 69,070,0 00	₦ -	₦ -	₦ -	₦ 69,070,000
11.1.5. a		1.Print 20000 copies of ICC@ 1100 . 20000 copies of Bin cards @ 100 and 10000 copies of RIRV @ 500.. This	1.Print 20000 copies of ICC@ 1100 . 20000 copies of Bin cards @ 100 and 10000 copies of RIRV @ 500.. This	₦ 900,000	0	1	1	1	1	₦ -	₦ 900,000	₦ 900,00 0	₦ 900,000	₦ 900,00 0	₦ 3,600,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		is conducted yearly. Starting from year 2.	is conducted yearly. Starting from year 2.												
11.1.5. b		Conduct the training in batches of 100 participants for 2 days (per batch).To be conducted by 2 facilitators. 6 times over a period of 5years .(Hall @ 30000 x 2, training materials @ 500 x 100, Tea break @ 1000 x 102 x 2, Lunch@ 1500 x 102 x 2 ,Accomm. @ 6000 x 102 x 2 , Perdiem @ 3000 x100 x2, Transport. @ 3000 x 100 x2 ,	Conduct the training in batches of 100 participants for 2 days (per batch).To be conducted by 2 facilitators. 6 times over a period of 5years .(Hall @ 30000 x 2, training materials @ 500 x 100, Tea break @ 1000 x 102 x 2, Lunch@ 1500 x 102 x 2 ,Accomm. @ 6000 x 102 x 2 , Perdiem @ 3000 x100 x2, Transport. @ 3000 x 100 x2 ,	₦ 3,164,000	0	1	1	2	2	₦ -	₦ 3,164,000	₦ 3,164,000	₦ 6,328,000	₦ 6,328,000	₦ 18,984,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Honorarium @ 20000 x 2 and Facilitators Transport. @ 20000 x 2.)	Honorarium @ 20000 x 2 and Facilitators Transport. @ 20000 x 2.)												
11.1.5.c	Crete a HRH joint platform for HRH managers	Conduct the supportive supervision visits in batches of 10 facilities for 5 days (per batch).By a team of 5 supervisors.(Carhire @ 30000 x 5, Perdiem @ 6000 x 5 , Checklist @ 2000 x 5 , Lunch @ 2000 x 5	Conduct the supportive supervision visits in batches of 10 facilities for 5 days (per batch).By a team of 5 supervisors.(Carhire @ 30000 x 5, Perdiem @ 6000 x 5 , Checklist @ 2000 x 5 , Lunch @ 2000 x 5	₦ 200,000	0	0	1	2	2	₦ -	₦ -	₦ 200,000	₦ 400,000	₦ 400,000	₦ 1,000,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
11.1.7. a	Develop state health Strategic Infrastructural implementation Plan	Quarterly 1 day collaboration meetings. For 20 participants.(1. Hall hiring for 1 day @ 30000 . 2. Distribution of invitation letters. 3. Teabreak @ 1000 x 20 and Lunch @ 1500 x 20 and Transport @ 3000 x 20.).	Quarterly 1 day collaboration meetings. For 20 participants.(1. Hall hiring for 1 day @ 30000 . 2. Distribution of invitation letters. 3. Teabreak @ 1000 x 20 and Lunch @ 1500 x 20 and Transport @ 3000 x 20.).	₦ 140,000	0	4	4	4	4	₦ -	₦ 560,000	₦ 560,000	₦ 560,000	₦ 560,000	₦ 2,240,000	
11.1.7. b	Print and distribute the developed document	Bi -annual 1 day collaboration meetings for 20 participants.(1. Hall hiring for 1 day @ 30000 . 2. Distribution of invitation letters. 3. Teabreak @ 1000 x 20 and Lunch @ 1500 x 20 and	Bi -annual 1 day collaboration meetings for 20 participants.(1. Hall hiring for 1 day @ 30000 . 2. Distribution of invitation letters. 3. Teabreak @ 1000 x 20 and Lunch @ 1500 x 20 and	₦ 140,000	0	2	2	2	2	₦ -	₦ 280,000	₦ 280,000	₦ 280,000	₦ 280,000	₦ 1,120,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Transport @ 3000 x 20.).	Transport @ 3000 x 20.).												
11.1.8. a	Develop or Adapt Standards/ Guidelines/SOPs on infrastrure Management	Quaterly 1 day collaboration meetings. For 20 participants.(1. Hall hiring for 1 day @ 30000 . 2. Distribution of invitation letters. 3. Teabreak @ 1000 x 20 and Lunch @ 1500 x 20 and Transport @ 3000 x 20.).	Quaterly 1 day collaboration meetings. For 20 participants.(1. Hall hiring for 1 day @ 30000 . 2. Distribution of invitation letters. 3. Teabreak @ 1000 x 20 and Lunch @ 1500 x 20 and Transport @ 3000 x 20.).	₦ 140,000	0	4	4	4	₦ -	₦ 560,000	₦ 560,000	₦ 560,000	₦ 560,000	₦ 2,240,000	
11.1.8. b	Print and distribute the document to all facilities	Bi -annual 1 day collaboration meetings for 20 participants.(1. Hall	Bi -annual 1 day collaboration meetings for 20 participants.(1. Hall	₦ 140,000	0	2	2	2	₦ -	₦ 280,000	₦ 280,000	₦ 280,000	₦ 280,000	₦ 1,120,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		hiring for 1 day @ 30000 . 2. Distribution of invitation letters. 3. Teabreak @ 1000 x 20 and Lunch @ 1500 x 20 and Transport @ 3000 x 20.).	hiring for 1 day @ 30000 . 2. Distribution of invitation letters. 3. Teabreak @ 1000 x 20 and Lunch @ 1500 x 20 and Transport @ 3000 x 20.).												
									₦ 75,000	₦ 82,606,000	₦ 6,399,000	₦ 11,560,000	₦ 11,750,000	₦ 112,390,000	
12.Health Information System															
12.1.1.a	Reactivation and holding of regular health data consultative committee(HDCC) Meting	DSA, Transportation hiring of hall, Workshop Materials, Refreshment.	DSA, Transportation hiring of hall, Workshop Materials, Refreshment.	₦ 420,000	4	4	4	4	₦ 1,680,000	₦ 1,680,000	₦ 1,680,000	₦ 1,680,000	₦ 1,680,000	₦ 8,400,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
12.1.1.b	Complete the incorporation of vertical programme data in to NHMIS System	1)1 day Meeting with 25 State, LGA M&E officers and M&E officers of vertical programme officer. 2) Hiring of Hall. 3) Tea break,4) Group Lunch and 5) transport allowances	1)1 day Meeting with 25 State, LGA M&E officers and M&E officers of vertical programme officer. 2) Hiring of Hall. 3) Tea break,4) Group Lunch and 5) transport allowances	₦ 202,500	0	1	1	1	1	₦ -	₦ 202,500	₦ 202,500	₦ 202,500	₦ 202,500	₦ 810,000
12.1.1.c	Support private sectors to data generation	1) monthly data collection/mentoring visit to all facilities in each LGA. 2) Transport allowances to each LGA. 2) Transport allowances to	1) monthly data collection/mentoring visit to all facilities in each LGA. 2) Transport allowances to each LGA. 2) Transport allowances to each M&E officer for 7days	₦ 321,000	0	1	0	0	0	₦ -	₦ 321,000	₦ -	₦ -	₦ -	₦ 321,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		each M&E officer for 7days													
12.1.1.d	Establish and Maintain Centralised Health Data Bank in SMoH	1) 1 day meeting with 24 SmoH Staff and M&E officers from vertical programmes, 2) Hall, 3) Tea break, 4) Group Lunch, 5) Transport allowances	1) 1 day meeting with 24 SmoH Staff and M&E officers from vertical programmes, 2) Hall, 3) Tea break, 4) Group Lunch, 5) Transport allowances	₦ 196,000	0	0	1	0	0	₦ -	₦ -	₦ 196,000	₦ -	₦ -	₦ 196,000
12.1.1.e	Establish and centralized Health data Bank at LGAs level	1) 1 day meeting with 14 PHC Staff and M&E officers from vertical	1) 1 day meeting with 14 PHC Staff and M&E officers from vertical programmes in each LGA, 2) Hall, 3) Tea	₦ 1,441,000	0	0	0	1		₦ -	₦ -	₦ -	₦ 1,441,000	₦ -	₦ 1,441,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		programmes in each LGA, 2) Hall, 3) Tea break, 4) Group Lunch, 5) Transport allowances	break, 4) Group Lunch, 5) Transport allowances												
12.1.2.a	Conduct on the Job trainings on NHMIS data tools all staff of the LGA and Facility levels	1) 2 days training of 205 Health facility Staff per each Senatorial District 2) Hall, 3) Tea break, 4) Group Lunch, 5) Workshop Materials, 6) Transport allowances, 7) Facilitators allowances, 8) facilitators	1) 2 days training of 205 Health facility Staff per each Senatorial District 2) Hall, 3) Tea break, 4) Group Lunch, 5) Workshop Materials, 6) Transport allowances, 7) Facilitators allowances, 8) facilitators Transport allowances.	₦ 5,208,900	0	1	1	1	1	₦ -	₦ 5,208,900	₦ 5,208,900	₦ 5,208,900	₦ 5,208,900	₦ 20,835,600

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assuptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		Transport allowances.													
12.1.2.b	Conduct Sensetizations meetings at all levels on importance of Health data in decision making	1) 1 day sensetization meeting of 40 SMoH staff, LGA M&E and LGA PHC Coordinators	1) 1 day sensetization meeting of 40 SMoH staff, LGA M&E and LGA PHC Coordinators	₦ 300,000	0	1	1	1	1	₦ -	₦ 300,000	₦ 300,000	₦ 300,000	₦ 300,000	₦ 1,200,000
12.1.2.c	Strengthen the faculty for Health Information Courses at College of Health Sciences and Technology Kaltungo	1) On-Job Train for 1 Health Information Faculty staff for 2 weeks, 2) Course fee, 3) Transport, 4) DSA, 5)	1) On-Job Train for 1 Health Information Faculty staff for 2 weeks, 2) Course fee, 3) Transport, 4) DSA, 5) Accommodation	₦ 424,000	0	1	1	1	1	₦ -	₦ 424,000	₦ 424,000	₦ 424,000	₦ 424,000	₦ 1,696,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		Accommodation													
12.1.2.d	Training of 4 SMOH staff on Health Information at Tertiary Institution (HND/BSc)	1) 3 SMOH staff to attend 1 year HND training, 2) 2 SMOH staff to attend 3 year BSc training on Health Information, 3) School Fees, 4) transport, 5) Books allowances	1) 3 SMOH staff to attend 1 year HND training, 2) 2 SMOH staff to attend 3 year BSc training on Health Information, 3) School Fees, 4) transport, 5) Books allowances	₦ 1,100,000	0	1	1	1	1	₦ -	₦ 1,100,000	₦ 1,100,000	₦ 1,100,000	₦ 1,100,000	₦ 4,400,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
12.1.2.e	Procure and installation of ICT Materials (Computers, Modem, Antivirus, flash drives etc)	1) Procure 13 Computers, Modems, Flash Drives, Antivirus, 2) write letter to Invite QSL from 3 persons, 3) Selection of the winner, 4) award of contract	1) Procure 13 Computers, Modems, Flash Drives, Antivirus, 2) write letter to Invite QSL from 3 persons, 3) Selection of the winner, 4) award of contract	₦ 1,443,000	0	1	0			₦ -	₦ 1,443,000	₦ -	₦ -	₦ -	₦ 1,443,000
12.1.3.a	Create Username and Password to access DHIS2.0 website	1) Create Password and Usernames to 13 persons, 2) Internet Services	1) Create Password and Usernames to 13 persons, 2) Internet Services	₦ -	0	1	0	0	0	₦ -	₦ -	₦ -	₦ -	₦ -	₦ -

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
12.1.3.b	Conduct Training on the up graded guide line on disease Surveillance to State and LGA officers	<ul style="list-style-type: none">• 2days training of 200 medical records officers on IDSR reporting template and DHIS software in 3 batches• Transport, Teabreak, Lunch, workshop materials, Facilitators Fee, Facilitators Transport allowances and Hall Hiring•	<ul style="list-style-type: none">• 2days training of 200 medical records officers on IDSR reporting template and DHIS software in 3 batches• Transport, Teabreak, Lunch, workshop materials, Facilitators Fee, Facilitators Transport allowances and Hall Hiring•	₦ 2,840,000	0	1	1	1	1	₦ -	₦ 2,840,000	₦ 2,840,000	₦ 2,840,000	₦ 2,840,000	₦ 11,360,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
12.1.3.c	Print Disease Surveillance working tools	1). Print 2 booklets per Health facility for 616 HF	1). Print 2 booklets per Health facility for 616 HF	₦ 3,696,000	0	1	0	1	0	₦ -	₦ 3,696,000	₦ -	₦ 3,696,000	₦ -	₦ 7,392,000
12.1.3.d	Conduct four (4) Sensitization of the Community to participate in disease surveillance activities at LGA level	1) 1 day Sentsetization meeting for 1000 persons in 3 Senatorial, 2) tea break, 3) group lunch and 4) Transport allowances	1) 1 day Sentsetization meeting for 1000 persons in 3 Senatorial, 2) tea break, 3) group lunch and 4) Transport allowances	₦ 7,010,000	0	1	1	1	1	₦ -	₦ 7,010,000	₦ 7,010,000	₦ 7,010,000	₦ 7,010,000	₦ 28,040,000
12.1.3.e		1) 1 day Sentsetization meeting for 1000 persons in 3 Senatorial, 2) tea break, 3) group lunch and 4) Transport allowances	1) 1 day Sentsetization meeting for 1000 persons in 3 Senatorial, 2) tea break, 3) group lunch and 4) Transport allowances	₦ 7,010,000	0	1	1	1	1	₦ -	₦ 7,010,000	₦ 7,010,000	₦ 7,010,000	₦ 7,010,000	₦ 28,040,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority	Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Transport allowances													
12.1.4.a	Produce Health data bulletin	1) Print 150 copies of Health Bulletin @ 4500 each	₦ 675,000	0	1	1	1	1	₦ -	₦ 675,000	₦ 675,000	₦ 675,000	₦ 675,000	₦ 2,700,000	
12.1.4.b	Conduct two (2) training on data analysis at LGAs level	1) 2days Training of 11 LGA M&E officers, 4 SMOH Staff and 5 SPHCDA Staff on data analysis, 2) Hall, 3) Tea break, 4) Group Lunch, 5) Transport Allowances,	₦ 244,000	0	1	0	1	0	₦ -	₦ 244,000	₦ -	₦ 244,000	₦ -	₦ 488,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		6) Workshop Materials													
12.1.4.c	Develop Bi Annual Scorecards/Action points	1) 1day meeting with 50 stakeholders, 2) Hall, 3) Tea break, 4) Group Lunch, Transport allowances	₦ 365,000	0	2	2	2	2	₦ -	₦ 730,000	₦ 730,000	₦ 730,000	₦ 730,000	₦ 730,000	₦ 2,920,000
12.1.4.d	Print and dissemination Scorecards to key stakeholders	1) print 80 copies of Scorecards @ 300 each	₦ 24,000	0	1	1	1	1	₦ -	₦ 24,000	₦ 24,000	₦ 24,000	₦ 24,000	₦ 24,000	₦ 96,000
12.1.4.e		1) print 7,000 copies of 14 different types of daily registers and Monthly Summary forms @ 3500 per copy	₦ 24,500,000	0	1	1	1	1	₦ -	₦ 24,500,000	₦ 24,500,000	₦ 24,500,000	₦ 24,500,000	₦ 24,500,000	₦ 98,000,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
12.1.5.a	Print and Distribute NHMIS data tools	1) print 7,000 copies of 14 different types of daily registers and Monthly Summary forms @ 3500 per copy	1) print 7,000 copies of 14 different types of daily registers and Monthly Summary forms @ 3500 per copy	₦ 522,500	0	0	1	0	0	₦ -	₦ -	₦ 522,500	₦ -	₦ -	₦ 522,500
12.1.5.b	Strengthen M & E systems at state and LGAs	1) 5 days Training on Monitoring and Evaluation for 15 State/LGA M&E officers, 2) Hall, 3) Tea break, 4) group Lunch, 5) Workshop Materials, 6) Transport allowances, 7)	1) 5 days Training on Monitoring and Evaluation for 15 State/LGA M&E officers, 2) Hall, 3) Tea break, 4) group Lunch, 5) Workshop Materials, 6) Transport allowances, 7) Nata allowances	₦ 990,000	0	1	0	0	0	₦ -	₦ 990,000	₦ -	₦ -	₦ -	₦ 990,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Nata allowances													
12.1.5.c	Conduct facility mapping both state and LGAs	1) Facility Mapping of the existing Health facilities in the State, 2) Transport allowances, 3) NATA for 3 SMoH and SPHCDA	₦ 462,000	1	2	2	1	1	₦ 462,000	₦ 924,000	₦ 924,000	₦ 462,000	₦ 462,000	₦ 3,234,000	
12.1.5.d	Conduct Quarterly visits to Health facilities to ensure that data are collected	1) 7 days Monthly data collection visit to all the Health Facilities in each LGA by M&E officers, 2) Transport allowances, 3) NATA	₦ 462,000	0	4	4	4	4	₦ -	₦ 1,848,000	₦ 1,848,000	₦ 1,848,000	₦ 1,848,000	₦ 7,392,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assuptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
									₦ 2,142,000	₦ 61,170,400	₦ 55,194,900	₦ 59,395,400	₦ 54,014,400	₦ 231,917,100	
13.Research for Health															
13.1.1.a	Support 1-day monthly meeting of HREC members to review research protocols	identify lead consultant, 1(a) Support 2day review meeting for 20 participants non residential (b)Lunch &Tea break with water @3200 x2days for 22 persons(c)Transportation for 22 Participants@3000 x2days(d) Participants@3000 x2days(d)	identify lead consultant, 1(a) Support 2day review meeting for 20 participants non residential (b)Lunch &Tea break with water @3200 x2days for 22 persons(c)Transportation for 22 Participants@3000 x2days(d) Materials for training@1000 x20	₦ 20,000	12	12	12	12							
									₦ 240,000	₦ 240,000	₦ 240,000	₦ 240,000	₦ 240,000	₦ 1,200,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	Materials for training@1000 x20 persons(2)2 day meeting to develop the SOP as in 1a,b,c &d above..(4)Printing of 200 copies of SOP at 1500 per copy(5)1 day Dessimination meeting for 50 persons rates for lunch,teabreak & transportation as in 1a,b,c above.(6) Hall &Projector f at	persons(2)2 day meeting to develop the SOP as in 1a,b,c &d above..(4)Printing of 200 copies of SOP at 1500 per copy(5)1 day Dessimination meeting for 50 persons rates for lunch,teabreak & transportation as in 1a,b,c above.(6) Hall &Projector f at 55000 per day x5days...													

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumption s (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (202 1)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		55000 per day x5days...													
13.1.1.b	Support training of members by NHREC for National registration	Training of HREC members by HREC Once in every 3 Years	Bio Ethics Training	₦ 4,300,000	0	1	0	0	1	₦ -	₦ 4,300,000	₦ -	₦ -	₦ 4,300,000	₦ 8,600,000
13.1.1.c	Strengthen the research unit in the Planning Dept of the SMOH	Support 6 days mandatory capacity building for 11HREC members outside Gombe Town(1) Facilitors fees @ 60,000 per person x 6days,x4 persons. (2)DSA for Facilitators @ 18,000 per day	Support 6 days mandatory capacity building for 11HREC members outside Gombe Town(1) Facilitors fees @ 60,000 per person x 6days,x4 persons. (2)DSA for Facilitators @ 18,000 per day x 8 days(3)Accommodation for Facilitators and Participants@	₦ 2,160,000	0	1	0	1	0	₦ -	₦ 2,160,000	₦ -	₦ 2,160,000	₦ -	₦ 4,320,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	x 8 days(3)Accommodation for Facilitators and Participants@ 25,000 per day per8daysx15 participants(4)Lunch and Tea break @ 4500x15 personsx6days(5)Transportation for participants(4)Lunch and Tea break @ 4500x15 personsx6days (5)Transportation for Participants@8000 per personsx15persons(6)Hall for 6days @50000. (7)Air tickets(to and fro) for 4persons @ 54,000 (8) Materials and logistics lumpsum @100,000	25,000 per day per8daysx15 participants(4)Lunch and Tea break @ 4500x15 personsx6days(5)Transportation for Participants@8000 per personsx15persons(6)Hall for 6days @50000. (7)Air tickets(to and fro) for 4persons @ 54,000 (8) Materials and logistics lumpsum @100,000												

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		Materials and logistics lumpsum @100,000													
13.1.1.d	Develop and implement operational research agenda for all health interventions of public health relevance in the state	(1) 1day monthly meeting for 11 HRECMembers to review research protocols(2) Hall for day meeting at 35,000(3) Lunch &Tea break for 11 persons@3200 (4)Honorarium @10000 for 11 members(5)Transport within Gombe for 1 day	₦ 1,423,200	4	4	4	4	4	₦ 5,692,800	₦ 5,692,800	₦ 5,692,800	₦ 5,692,800	₦ 5,692,800	₦ 28,464,000	

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		meeting@3000												
13.1.1.e	Institutionalize HREC secretariate at SMOH	Procurement process at 100,000 for the furnishing and equipping of the unit e.g Tables, chairs, 3laptops, 3printers, 2photocopiers and 3 moderns..	₦ 2,387,000	0	3	0	0	0		₦ 7,161,000	₦ -	₦ -	₦ -	₦ 7,161,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
13.1.2.a	Develop and print and disseminate HREC Standard Operating Procedures (SOP)	(1) 2 days meeting for 30persons on operational research agenda for all health interventions of public health relevance in the state (2) Hall for 2days at 35,000(3) Printing of 100 copies (4)lunch &Teabreak @4500 x30persons x2days(5) Transport for 30 participants(6) Materials for workshop @1000x30 participants.(7) consultants 2@30000x2days	₦ 1,600,000	0	1	0	0	0							
										₦ 1,600,000	₦ -	₦ -	₦ -	₦ -	₦ 1,600,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II														
Priority Areas or Sub domain														
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		@1000x30 participants.(7) consultants 2@30000x2days												
13.1.2.b	Training of Key technical persons on Qualitative and Quantitative Research Research	Develop and Print 1000copies of assessment toolst@850000 with consultancy fee,(2)Train and transport 25persons @20000 per day per person.for 7day	₦ 3,475,000	0	1	1	0	0		₦ 3,475,000	₦ 3,475,000	-	₦ -	₦ 6,950,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
13.1.2.d	Conduct Operations Research	Develop and implement operational research agenda	Develop and implement operational research agenda	₦ 1,640,000	0	1	1	1	1	₦ -	₦ 1,640,000	₦ 1,640,000	₦ 1,640,000	₦ 1,640,000	₦ 6,560,000
13.1.3.a	HREC Oversight Functions	Regular monitoring of Ongoing research in the States as stated in the time lines of the Protocols reviewed	Fueling of vehicles and snakes allowances	₦ 35,000	12	12	12	12	12	₦ 420,000	₦ 420,000	₦ 420,000	₦ 420,000	₦ 420,000	₦ 2,100,000
13.1.3.b	Establish health research grants in the State	Establish health research grants in the State	Establish health research grants in the State	₦ 500,000	0	1	0	0	0	₦ -	₦ 500,000	₦ -	₦ -	₦ -	₦ 500,000
13.1.3.c	Mobilize extra funds from Private sector and Foundations (Social Coporate	Mobilize extra funds from Private sector and Foundations	Mobilize extra funds from Private sector and Foundations (Social Coporate	₦ 500,000	1	1	1	1	1	₦ 500,000	₦ 500,000	₦ 500,000	₦ 500,000	₦ 500,000	₦ 2,500,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assuptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	Responsibilities /CSR)	(Social Coporate Responsibilitie s /CSR)	Responsibilities /CSR)												
13.1.5.a	Establish forum of stakeholders bi-annually to identify State research priorities	Support 1day bi-annual meeting for 50 participants(2) Hall for 70,000 per day	Support 1day bi-annual meeting for 50 participants(2) Hall for 70,000 per day	₦ 445,000	0	2	2	2	2	₦ -	₦ 890,000	₦ 890,000	₦ 890,000	₦ 890,000	₦ 3,560,000
13.1.5.b	Support CSOs, HCWs, Academic Institutions , LGA to undertake research in key issues	Identify 2 Facilitators to Develop modules (2) conduct 2 days training meetings for 30 participants(3) Hall per day at 35000..	Identify 2 Facilitators to Develop modules (2) conduct 2 days training meetings for 30 participants(3) Hall per day at 35000..	₦ 800,000	1	0	0	0	0	₦ 800,000	₦ -	₦ -	₦ -	₦ -	₦ 800,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assuptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
13.1.5.c	Conduct annual review meetings of health research institutions in the State to review performance and identify gaps	Support a day meeting for 30 participants to review performance and identify gaps.	Support a day meeting for 30 participants to review performance and identify gaps.	₦ 285,000		1	1	1	1	₦ -	₦ 285,000	₦ 285,000	₦ 285,000	₦ 285,000	₦ 1,140,000
13.1.6.a	Publish Quarterly Research Finding in International Journals and Website	Public Quarterly Research Finding in International Journals and Website	Public Quarterly Research Finding in International Journals and Website	₦ 80,000	0	2	2	2	2	₦ -	₦ 160,000	₦ 160,000	₦ 160,000	₦ 160,000	₦ 640,000
13.1.7.a	Print and disseminate research findings on journals and website	Print and disseminate research findings on journals and website	Print and disseminate research findings on journals and website	₦ 300,000		1	1	1	1	₦ -	₦ 300,000	₦ 300,000	₦ 300,000	₦ 300,000	₦ 1,200,000
13.1.7.b	Develop M&E Framework in Policies, Program and Practice	Develop M&E Framework in Policies, Program and Practice	Develop M&E Framework in Policies, Program and Practice based	₦ 3,027,680	0	1	0	0	0	₦ -	₦ 3,027,680	₦ -	₦ -	₦ -	₦ 3,027,680

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	based on research findings	Practice based on research findings	on research findings												
13.1.8.a	Identify the office(2)Furnish and equip the library for e services ..	Identify the office(2)Furnish and equip the library for e services ..	Identify the office(2)Furnish and equip the library for e services	₦ 1,256,000	0	1	0	0	0	₦ -	₦ 1,256,000	₦ -	₦ -	₦ -	₦ 1,256,000
										₦ 7,652,800	₦ 33,607,480	₦ 13,602,800	₦ 12,287,800	₦ 14,427,800	₦ 81,578,680

CHAPTER 7: STRATEGIC PILLAR FOUR

PROTECTION FROM HEALTH EMERGENCIES

Context

Public health emergency is the occurrence of imminent threat of an illness or health condition caused by bio-terrorism, epidemic or pandemic disease or novel and highly infectious agents or biological toxins (WHO, Health emergency 2007).

Gombe State has designated isolation units located at state specialist hospital and general hospital Zambuk for containment of public health emergencies. These facilities require comprehensive upgrade to serve the emergency needs within the state health care system. The establishment of a standard and functional laboratory service for public health emergencies will be a decision in the right direction to support the management of health emergencies. Additionally, the need to strengthen the collaboration between health sector and related emergency institutions such as SEMA and NEMA as well as promoting public education on health emergencies is paramount.

Challenges concerning health emergencies preparedness in the state include the lack of Standard laboratory with the capacity for quick emergency preparedness and response, poor Surveillance Alert System in the State, inadequate Skilled Human resource at all levels in the area of public health, influx of Internally Displaced Persons (IDPs) as a result of insurgency and stigmatisation among the health workers.

The Specific goal of the planned interventions is to significantly reduce the incidence and impact of public health emergencies in the State.

Strategic objective/Targets

The strategic objective of the interventions is to reduce incidence and impact of public health emergencies in the State. The targets are:

- Morbidity and mortality from public health emergencies reduced by 50% by 2022.
- At least 50% of all health facilities in the State participate in disease surveillance and reporting Using IDSR tools.
- At least 30% of the population is covered with surveillance alert systems
- Proportion of Responses to all confirmed epidemics that fall within the 24 - 48 hour window increased to 50% by 2022.
- Proportion of road traffic accidents that fall within the 1-hour window (golden hour) increased to 50% by 2022.

Strategic interventions

- Promote the development and implementation of legal, regulatory framework, policies and plans for emergency preparedness at all levels
- Promote an integrated State disease surveillance system in line with national disease surveillance system and IDSR (Integrated Disease surveillance and response)
- Establish comprehensive public health laboratory in the state.
- Intensified public education and awareness creation on public health emergencies
- Promote access to comprehensive services for the prevention, treatment and impact mitigation of public health emergencies
- Promote disease surveillance activities at all levels of the health care system
- Build human resource capacity with equitable distribution across the levels of health care system.in response to public health emergencies.
- Strengthen coordination mechanisms for public health emergencies at all levels
- Promote community participation in disease surveillance activities.

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumptio ns (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (20 21)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
14.Public Health Emergencies: Preparedness and Response															
14.1.1.a	Reactivate Rapid Respond Team for disease emergencies in the state	One day meeting with RRT members (14) and 4 representatives from IPs	One day meeting with RRT members (14) and 4 representatives from IPs	₦ 147,000	1	0	0	0	1	₦ 147,000	₦ -	₦ -	₦ -	₦ 147,000	₦ 294,000
14.1.1.b	Review and reprint 500 copies of National IDSR technical guidelines	Printing and Distribution 500 copies	Printing and Distribution 500 copies	₦ 1,553,000	0	1	0	0	0	₦ -	₦ 1,553,000	₦ -	₦ -	₦ -	₦ 1,553,000
14.1.1.c	Develop criteria for researchers in the state	Two days meeting to build the criteria by 12 subv. Members	Two days meeting to build the criteria by 12 subv. Members	₦ 114,000	0	1	0	0	0	₦ -	₦ 114,000	₦ -	₦ -	₦ -	₦ 114,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
14.1.1.d	Developing and printing of protocols for handling Viral Haemorrhagic fevers in state and LGA level (500 copies)	Develop, print and distribute 500 copies	Develop, print and distribute 500 copies	₦ 2,044,000	0	1	0	0	0	₦ -	₦ 2,044,000	₦ -	₦ -	₦ -	₦ 2,044,000
14.1.2.a	Provision of computer sets for IDSR data management in state and LGAs	1.Purchase 12 computer laptops 2.Instaling softwares 3.Purchase 12 printers 4.purchase 24 rims of A4 papers	1.Purchase 12 computer laptops 2.Instaling softwares 3.Purchase 12 printers 4.purchase 24 rims of A4 papers	₦ 1,494,000	0	1	0	0		₦ -	₦ 1,494,000	₦ -	₦ -	₦ -	₦ 1,494,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumptio ns (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (20 21)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
14.1.2 .b	Training of one facility based Health worker from all primary and secondary HFs in the state on IDSR system for 3 days/ year	Training of one facility based Health worker from all primary and secondary HFs in the state on IDSR system for 3 days/ year	1.Hall hire 2.Teabrek and group lunch for forty participants, four facilitators and two secretariats (fourty six people) for three days 3. Transport for forty six people 4. DSA for forty six people 5. Workshop materials for forty six people 6. Facilitation allowances	₦ 1,066,600	0	1	1	1	1	₦ -	₦ 1,066,600	₦ 1,066,600	₦ 1,066,600	₦ 1,066,600	₦ 4,266,400
14.1.2 .c	Carry out quarterly surveillance supervision to health facilities across the state	Surveillance visit to 11 LGAs by surveillance team. Car service !5000, 4000 diy fuelling two	Surveillance visit to 11 LGAs by surveillance team. Car service !5000, 4000 diy fuelling two vehicles for 10 working days, transport	₦ 355,000	1	4	4	4	4	₦ 355,000	₦ 1,420,000	₦ 1,420,000	₦ 1,420,000	₦ 1,420,000	₦ 6,035,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumptio ns (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (20 21)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		vehicles for 10 working days, transport allowances for team members	allowances for team members													
14.1.2.d	Develop and produce standard case definitions of epidemic prone diseases	Develop print and distribute 500 copies each of the 6 priority diseases	Develop print and distribute 500 copies each of the 6 priority diseases	₦ 178,000	0	1	1	1	1	₦ -	₦ 178,000	₦ 178,000	₦ 178,000	₦ 178,000	₦ 178,000	₦ 712,000
14.1.2.e	Strengthen Planning Department of the SMOH for study and implimentation of research results	Additional computer set for research activities	Additional computer set for research findings/ implementation	₦ 345,000	0	0	1	0	0	₦ -	₦ -	₦ 345,000	₦ -	₦ -	₦ -	₦ 345,000
14.1.3.a	Advocacy visit to Hon. Com for Health for the Provision of	Advocacy visit to Hon. Com. For Health	Advocacy visit to Hon. Com. For Health	₦ 36,000	0	1	1	0	0	₦ -	₦ 36.000	₦ 36.000	₦ -	₦ -	₦ -	₦ 72,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	internet facilities linking 22 laboratories in the state														
14.1.3 .b	support the provision of adequate reagents to 22 laboratories in the state	Transpot fee for collecting reagents outside state * 4qtr	Transpot fee for collecting reagents outside state * 4qtr	₦ 57,000	0	4	4	4	4	₦ -	₦ 228,000	₦ 228,000	₦ 228,000	₦ 228,000	₦ 912,000
14.1.3 .c	Facilitation of data collection and harmonization for meetings for laboratories in the state (public and private)	One day meeting with both public and private Lab. Rep (32) participants	One day meeting with both public and private Lab. Rep (32) participants	₦ 192,000	0	4	4	4	4	₦ -	₦ 768,000	₦ 768,000	₦ 768,000	₦ 768,000	₦ 3,072,000
14.1.3 .d	Advocate for the provision of alternative power supply to public	Advocacy visit to Hon. Com. For Health	Advocacy visit to Hon. Com. For Health	₦ 36,000	0	1	1	1	1	₦ -	₦ 36,000	₦ 36,000	₦ 36,000	₦ 36,000	₦ 144,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	laboratories in the state														
14.1.4.a	Develop/ produce posters and leaflets on epidemic prone diseases	Develop, print and distribute 5000 different copies	Develop, print and distribute 5000 different copies	₦ 780,000	0	1	1	1	1	₦ -	₦ 780,000	₦ 780,000	₦ 780,000	₦ 780,000	₦ 3,120,000
14.1.4.b	Announcements in faith houses, markets and schools including radio and TV on the occurrence, prevention and control of epidemic prone diseases	One Radio slot/ week/ month for one year, one TV slot/ week/ month for one year, announcements through town announcer once in a month for one year	One Radio slot/ week/ month for one year, one TV slot/ week/ month for one year, announcements through town announcer once in a month for one year	₦ 288,000	0	1	1	1	1	₦ -	₦ 288,000	₦ 288,000	₦ 288,000	₦ 288,000	₦ 1,152,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumptio ns (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (20 21)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
14.1.4 .c	Create awereness on snake bite in the communities	Organize a community sensitization meeting with community leaders on snake bite in 114 wards of the state	Organize a community sensitization meeting with community leaders on snake bite in 114 wards of the state	₦ 351,000	0	2	2	2	2	₦ -	₦ 702,000	₦ 702,000	₦ 702,000	₦ 702,000	₦ 702,000	₦ 2,808,000
14.1.5 .a	Advocatcy to VDCs and WDCs for the rehabilitation of road networks linking communities to health facilities	Advocacy visit to WDCs in 114 wards	Advocacy visit to WDCs in 114 wards	₦ 609,000	0	1	1	1	1	₦ -	₦ 609,000	₦ 609,000	₦ 609,000	₦ 609,000	₦ 609,000	₦ 2,436,000
14.1.5 .b	Pre-positioning of emergency drugs and consumables for management of health emergencies in	Emergency money to be cash in safe	Emergency money to be cash in safe	₦ 4,000,000	1	1	1	1	1	₦ 4,000,000	₦ 4,000,000	₦ 4,000,000	₦ 4,000,000	₦ 4,000,000	₦ 4,000,000	₦ 20,000,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	Emergency Operation Centres (3)														
14.1.6.a	State Monthly disease surveillance review meetings with LGAs and IPs	Monthly review meetings 12 months/ year for 45 participants/4 facilitators 1 secretariat. Hall hire 40000, Lunch 2000/ person/50 for one day, logistics 5000, printing reports for the meeting 17500	Monthly review meetings 12 months/ year for 45 participants/4 facilitators 1 secretariat. Hall hire 40000, Lunch 2000/ person/50 for one day, logistics 5000, printing reports for the meeting 17500	₦ 207,000	12	12	6	6	6	₦ 2,484,000	₦ 2,484,000	₦ 1,242,000	₦ 1,242,000	₦ 1,242,000	₦ 8,694,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
14.1.6 .b	One day awareness meetin on IDSR for facility staff and community leaders	Meeting with 50 facility I/Cs and 50 community leaders/ 3 facilitators and 2 seretariats. Hall 40000, Lunch 2000/ petson/ day for 105 person, printing papers	Meeting with 50 facility I/Cs and 50 community leaders/ 3 facilitators and 2 seretariats. Hall 40000, Lunch 2000/ petson/ day for 105 person, printing papers	₦ 845,500	0	2	2	2	2	₦ -	₦ 1,691,000	₦ 1,691,000	₦ 1,691,000	₦ 1,691,000	₦ 6,764,000
14.1.7 .a	Retraining facility staff on emergency situations/ management	Two days training of 516 persons one from each facility	Two days training of 516 persons one from each facility	₦ 3,210,000	0	1	0	0	0	₦ -	₦ 3,210,000	₦ -	₦ -	₦ -	₦ 3,210,000
14.1.7 .b	Deploy designated staff to epidemiology unit for easy	Plan process for a transfer, paper, printing(AA4)	Plan process for a transfer, paper, printing(AA4)	₦ 27,000	0	1	1	1	1	₦ -	₦ 27,000	₦ 27,000	₦ 27,000	₦ 27,000	₦ 108,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II																
Priority Areas or Sub domain																
Activities		Cost inputs/Assu mptions (Sub-activities)	Cost inputs/Assumptio ns (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (20 21)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
	response to any emergency situation															
14.1.7 .c	Suppor the training of community informants on first aid management of emergencies	Train 114 comm informants one from each ward (3 days)	Train 114 comm informants one from each ward (3 days)	₦ 963,000	0	1	1	1	1	₦ -	₦ 963,000	₦ 963,000	₦ 963,000	₦ 963,000	₦ 963,000	₦ 3,852,000
14.1.7 .d	Refresher training for LGA DSNOs state team on surveillance of emergencies	Retraining LGA DSNOs (11) and state team 14 for 2 days	Retraining LGA DSNOs (11) and state team 14 for 2 days	₦ 205,000	1	1	1	1	1	₦ 205,000	₦ 205,000	₦ 205,000	₦ 205,000	₦ 205,000	₦ 205,000	₦ 1,025,000
14.1.8 .a	Support RRT members in quarterly meetings and responding to public health	Four RRT quarterly meetings in a yr	Four RRT quarterly meetings in a yr	₦ 72,000	0	4	4	4	4	₦ -	₦ 288,000	₦ 288,000	₦ 288,000	₦ 288,000	₦ 288,000	₦ 1,152,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	emergency situation in state and LGAs														
14.1.8 .b	Establish referral linkages for public health emergencies	Print and distribute two way referral directorate to primary and secondary HFs	Print and distribute two way referral directorate to primary and secondary HFs	₦ 43,000	0	1	1	1	1	₦ -	₦ 43,000	₦ 43,000	₦ 43,000	₦ 43,000	₦ 172,000
14.1.8 .c	Provide/ improve logistic support for coordination of response to public health emergencies	Logistic support for each member of RRT	Logistic support for each member of RRT	₦ 460,000	1	1	1	1	1	₦ 460,000	₦ 460,000	₦ 460,000	₦ 460,000	₦ 460,000	₦ 2,300,000
14.1.9 .a	Advocate the communities to participate into surveillance activities from the grass root	Advocacy to community leaders in LGAs (11)	Advocacy to community leaders in LGAs (11)	₦ 262,000	0	1	1	0	0	₦ -	₦ 262,000	₦ 262,000	₦ -	₦ -	₦ 524,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	(community level)														
14.1.9 .b	Support community informants to keep responding to emergencies	Incentives to community informants at ward level (114)	Incentives to community informants at ward level (114)	₦ 11,400	0	12	12	12	12	₦ -	₦ 136,800	₦ 136,800	₦ 136,800	₦ 136,800	₦ 547,200
14.1.9 .c	Mobilize community members for Active case search of priority diseases and reporting.	Mobilizing communities in 114 wrds for active search	Mobilizing communities in 114 wrds for active search	₦ 409,000	0	1	1	0	0	₦ -	₦ 409,000	₦ 409,000	₦ -	₦ -	₦ 818,000
										₦ 7,651,000	₦ 25,495,400	₦ 16,183,400	₦ 15,131,400	₦ 15,278,400	₦ 79,739,600

CHAPTER 8: STRATEGIC PILLAR FIVE

PREDICTABLE FINANCING AND RISK PROTECTION

8.1 Health Financing

Context

Adequate funding is key to providing quality health care services. The removal of financial barriers to access by putting in place financing mechanism that removes financial barriers to access influences optimal utilization of the health care services. Health care financing in Gombe State is through the State budgetary allocation, donor funding, out-of-pocket payments, and health insurance. The health expenditure of Gombe State in 2016 is low at 4.3% when compared to the Abuja Declaration target of 15% (Organisation African Unity, 2001).

A major weakness of the State health financing system is the poor functioning health financing building block as discussed below:

8.1.1. Weak institutional structure and policy environment for health financing

Gombe State government made effort to key into the Nigeria Health Insurance Scheme (NHIS) as a way of expanding financing health care for its populace. Effort made to adapt the national health financing strategy by setting up of a Technical Working Group (TWG) committee in 2002 to review the modalities for its implementation. This effort has not produced a final health financing strategy. Currently, a Desk Officer for the NHIS is designated and domiciled in the State Ministry of Health. However, institutional framework to guide the development and implementation of health financing strategy in the state is lacking.

8.1.2. Low government health spending

The government health expenditure as a proportion of the total general government expenditure measures the extent to which government takes responsibility for the financing of health services. Gombe State government release for health financing in the period 2010-2015 is only 4.3% of the state total budget. This is a far cry from the recommended 15% by the Abuja Declaration.

8.1.3. Very high levels of out-of-pocket spending

Ensuring financial risk protection through pre-payment risk pooling financing mechanism that eliminates out-of-pocket health expenditure is one of the key strategies for attaining universal coverage (being one of the targets of SDG3). Gombe State high out-of-pocket expenditure (OOPE) poses a barrier to accessing health services, thereby fueling inequity in health outcomes and further exposing the already poor to impoverishment and financial devastation.

8.1.4. Low level of coverage of health insurance and other pre-payment and financial risk protection mechanisms

Presently, in Gombe State only few (private and NGOs) have prepaid health care through social and voluntary private insurance. Whereas the NHIS and private insurance has gained sufficient traction in providing coverage to federal public sector workers, their families and workers of large private organizations, the state government is yet to key into the social health insurance scheme.

The community-based health insurance scheme aimed at addressing the needs of the comparatively poorer 70% Nigerians in the informal sector and rural areas remain prostrate, leaving majority of Nigerians without any form of coverage. The situation is not different in Gombe State; the scheme is yet to take any meaningful steps for the informal and rural populace. This situation has made the aspiration for universal health coverage (UHC) difficult to attain in the State.

8.1.5. Poor resource mobilization

The public health sector, of Gombe State relies solely on government & donor funding with little or no effort for mobilization from other sources. Many opportunities exist for increased domestic funding of health such as corporate social responsibility funds, health impact bond, taxes, VAT, mandatory health insurance, philanthropy; these remain grossly underexploited.

The state does not have a resource mobilization plan for health financing. Efforts are ongoing by Gombe State government to improve financing for health and scale up financial risk protection for the populace.

8.1.6. Allocative Inefficiency

Gombe state ministry of budget monitors and reports (Annual Report on Gombe State Budget Performance) on general expenditures in the state including health expenditures. This system is not adequate for providing proper insight into health financing. Assessing the efficiency of resource use is therefore challenging leading to lack of transparency and leakages. Health care resource allocation in Gombe State is below the recommended 15% of total state budget as only 4.3% was allocated in the five year period of 2010-2015 plan.

8.1.7. Purchasing Services

The implementation of the free drugs policy for all pregnant women who attend ANC and deliver in the secondary facilities is one way to support health financing in the state. However, this policy does not extend to primary facilities and therefore exclude the largest population in the rural areas. Better health financing strategies should be developed and instituted in line with the national health financing strategy to increase the level of funding to the health sector. In order to make purchasing strategic and to be in line with international evidence, there is a need to ensure that Gombe State government keys into a large monopolist (e.g. the National Health Insurance Fund) to purchase health services for the entire populace. There is need to develop a State financing strategy consistent with the national health financing strategy.

Strategic Objectives and Targets

The strategic objective of Health financing in the NHSDP II is to ensure adequate and sustainable funding that will be efficiently and equitably used to provide quality health services and ensure financial risk protection in access to health services for all Nigerians, particularly the poor and most vulnerable population. The targets for the plan period are:

- 70% of States and FCT have functional Healthcare Financing Equity & Investment Units by 2022
- 70% of States and FCT have functional Healthcare Financing Equity & Investment TWGs by 2022
- National Health financing policy approved and adopted by FMOH
- 70% of States and FCT have approved Health Financing Policy & Strategy by 2019
- FMOH, SMOH, & FCT HHSS have approved investment cases for UHC priorities by 2022
- FMOH has institutionalized routine NHA; 70% of States and FCT that have updated SHA
- Increase funding to PHC from 21% to 35% of health spending
- Increase percentage of health budget to at least 15% of General Government Budget
- 30% of Nigerian population covered by any risk protection mechanisms
- 50% of states reduce OOP by 50%"
- 40% of Health MDAs and service delivery points have PBF as provider payment mechanism
- Nigeria HTA Agency established
- Federal and 36 States + FCT producing Health Accounts annually.

- 70% of States with functional PFM Systems.

Strategic Interventions

The Strategic Interventions for the period shall be in four broad areas.

- Strengthen Governance and Coordination for actualizing stewardship and ownership of Health Financing reforms.
- Increase sustainable and predictable funding for health
- Enhance financial risk protection through pooled funds at federal and state levels
- Enhance strategic purchasing of Health Services at all levels.

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assump tions (Sub-activities)	Cost inputs/Assumpti ons (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
15.Health Financing															
15.1.1.a	Advocate to the state Ministry of Health and Finance for increase of budgetary allocation to 15% inline with Abuja Declaration	Transport for Team 10 Members @3000x3= 60000, Refreshment for Team 10 members @2000x3= 40,000, Media Coverage 5000 for 3pers x3=45,000; production of advocacy materials 10000	Transport for Team 10 Members @3000x3= 60000, Refreshment for Team 10 members @2000x3= 40,000, Media Coverage 5000 for 3pers x3=45,000; production of advocacy materials 10000	₦ 150,000	1	1	1	1	1	₦ 150,000	₦ 150,000	₦ 150,000	₦ 150,000	₦ 150,000	₦ 750,000
15.1.1.b	Revitalise health insurance scheme to provide for health	1) Stakeholder meeting with 25 person for 1 day, 2) Hall hire at 40000 for 1 day, 3) Tea break at	1) Stakeholder meeting with 25 person for 1 day, 2) Hall hire at 40000 for 1 day, 3) Tea break at 1500 for	₦ 159,000	0	4	0	0	0	₦ -	₦ 636,000	₦ -	₦ -	₦ -	₦ 636,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	insurance services across the 11 LGA's	1500 for 25 person for 1 day, 4) Lunch at 1700 for 25 person, 5) Transport allowance for 25 person at 3000.	25 person for 1 day, 4) Lunch at 1700 for 25 person, 5) Transport allowance for 25 person at 3000.												
15.1.1.c	Advocate to the SEC and GSHA for the domestication of the National health Act in the state to provide for health services for resident of Gombe state	Transportation for 15 members @3000x4= 180,000, Refreshment @2000x15x4= 120,000, Media 3x5000x4= 60000	Transportation for 15 members @3000x4= 180,000, Refreshment @2000x15x4= 120,000, Media 3x5000x4= 60000	₦ 90,000	0	1	1	1	1	₦ -	₦ 90,000	₦ 90,000	₦ 90,000	₦ 90,000	₦ 360,000
15.1.1.d	Conduct stakeholder meeting for the creation of basket fund for	one day stakeholder meeting: 1) Renting of Hall 40,000, 2) Transport	1) Renting of Hall 40,000, 2) Transport allowance for 30 persons for 1 days x3000= 90,000; 3)	₦ 735,000	0	1	0	0	0	₦ -	₦ 735,000	₦ -	₦ -	₦ -	₦ 735,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	RI and Nutrition services	allowance for 30 persons for 1 days x3000= 90,000; 3) Lunch and Tea break 3500x30= 105,000	Lunch and Tea break 3500x30= 105,000												
15.1.1.e	Develop or Domestic, print and disseminate the state financing health policy and strategy	4 days workshop for the developmeent and production of the state financing health policy and strategy: 1) Hall hire for 5 days x10000= 500,000, 2) tea break for 5 days x 30x1500x2= 450,000 , 3) Lunch for 30 person x2000x5=	1) Hall hire for 5 days x10000= 500,000, 2) tea break for 5 days x 30x1500x2= 450,000 , 3) Lunch for 30 person x2000x5= 300,000, work shop materials 1000x30= 30,000, printing of documents 3000x30= 90,000, hotel accomodation for 30 pplex6	₦ 4,259,000	0	1	0	0	0	₦ -	₦ 4,259,000	₦ -	₦ -	₦ -	₦ 4,259,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		300,000, work shop materials 1000x30= 30,000, printing of documents 3000x30= 90,000, hotel accomodation for 30 pplex6 x10,000=1,800,000; perdiem for 30 participants 6000 x7= 1,260,000, mileage 30 x30 155x2= 279,000	x10,000=1,800,000; perdiem for 30 participants 6000 x7= 1,260,000, mileage 30 x30 155x2= 279,000												
15.1.2.a	Conduct Quaterly meeting with partners, MOH and agencies to strenthen Coordination frame work	1) Hall hire for each quarter 4*4=16*40000=, 2) Lunch for 25pers*1700*16, 3) Tea break 25pers*1500*16,	1) Hall hire for each quarter 4*4=16*40000=, 2) Lunch for 25pers*1700*16, 3) Tea break 25pers*1500*16,	₦ 645,000	0	4	4	4	4	₦ -	₦ 2,580,000	₦ 2,580,000	₦ 2,580,000	₦ 2,580,000	₦ 10,320,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
	around Health care financing	4) Transport 25*3000*16	4) Transport 25*3000*16												
15.1.2.b	Conduct capacity building for TWG members of health care financing	1) Hall hire at 40000*4, 2) Lunch 30pres *2000*4, 3) Tea break 30 pers *1500*4*2, 4) Work shop material 30pers*1000*4, 5) Accomodation for 30pers*10000*4*5, 6) Perdiem for 30 pers*6*6000*4, 7) transport for 30pers*30*2*15 5, 8) Facilitators 3*10000*5*4	1) Hall hire at 40000*4, 2) Lunch 30pres *2000*4, 3) Tea break 30 pers *1500*4*2, 4) Work shop material 30pers*1000*4, 5) Accomodation for 30pers*10000*4*5, 6) Perdiem for 30 pers*6*6000*4, 7) transport for 30pers*30*2*155, 8) Facilitators 3*10000*5*4	₦ 3,094,000	0	1	0	0	0	₦ -	₦ 3,094,000	₦ -	₦ -	₦ -	₦ 3,094,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
15.1.2.c	Improve coordination of donor funding /Private Sector to compliment the state efforts	3 days coordination meeting: 1) Hall at 40000*8, 2) media coverage 2 pers at 5000*8, 3) Lunch/tea break at 5000*25*8, 4) Accomodation for 4 nights*25*8, 5) Material at 1000*25*8, 6) Transport at 30*25*2*192, 7) perdiem at 6000*5*25	1) Hall at 40000*8, 2) media coverage 2 pers at 5000*8, 3) Lunch/tea break at 5000*25*8, 4) Accomodation for 4 night*25*8, 5) Material at 1000*25*8, 6) Transport at 30*25*2*192, 7) perdiem at 6000*5*25	₦ 2,247,000	0	1	0	0	0	₦ -	₦ 2,247,000	₦ -	₦ -	₦ -	₦ 2,247,000
15.1.3.a	adapt the National health financing policy and strategy	1) Hall hire at 80000*5, 2) Lunch/tea break at 5000pers*30pers*s5)	1) Hall hire at 80000*5, 2) Lunch/tea break at 5000pers*30pers* 5) Acoomodation for 30pers at	₦ 2,965,600	1	0	0	0	0	₦ 2,965,600	₦ -	₦ -	₦ -	₦ -	₦ 2,965,600

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		Acoomodation for 30pers at 10000*6night, 4) Tranportation at 30*192*2*30, 5) Tranportation at 30*192*2*30, 5) workshop material at 1000*30*,	10000*6night, 4) Tranportation at 30*192*2*30, 5) workshop material at 1000*30*,												
15.1.4.c	stakeholders bi-annually forum to identify state research Priorities	1)Office laptop*3*750000 , 2) 1 printer at 100000, 3) 1 photocoyer at 100000, 4) office equipmet 100000, 5) software for data base 1 for 150000, 6) internet connectivity (Router) *1*100000	1)Office laptop*3*750000, 2) 1 printer at 100000, 3) 1 photocoyer at 100000, 4) office equipmet 100000, 5) software for data base 1 for 150000, 6) internet connectivity (Router) *1*100000	₦ 1,100,000	0	2	2	2	2	₦ -	₦ 2,200,000	₦ 2,200,000	₦ 2,200,000	₦ 2,200,000	₦ 8,800,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
15.1.4.d	Support CSOs,HCWs,Academic Institutions,LGAs to undertake research on key issues	Support CSOs,HCWs,Academic Institutions,LGAs to undertake research on key issues	research grant	₦ 200,000	0	2	2	2	2	₦ -	₦ 400,000	₦ 400,000	₦ 400,000	₦ 400,000	₦ 1,600,000
15.1.4.e	conduct annual review meeting of health research institutions in the state to review performance and identify gaps.	One day annual review meeting on research: 1) Hall hire at 40000*8, 2) Lunch/ tea break at 3500*30pers*1days*8, 3) Transport at 3000*30pers*1day*8, 4) Copy of document 100 each*8*200	1) Hall hire at 40000*8, 2) Lunch/ tea break at 3500*30pers*1days*8, 3) Transport at 3000*30pers*1day*8, 4) Copy of document 100 each*8*200	₦ 255,000	0	2	2	2	2	₦ -	₦ 510,000	₦ 510,000	₦ 510,000	₦ 510,000	₦ 2,040,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
15.2.4.a	Support the development of a resource mobilization plan and production	a) 3 day Meeting to develop plan by 30 person day @12000 per person b) printing of 100 copies @ 1000 per copy c) 1 day dissemination meeting with 25 persons @ 6500 persons	a) 3 day Meeting to develop plan by 30 person day @12000 per person b) printing of 100 copies @ 1000 per copy c) 1 day dissemination meeting with 25 persons @ 6500 persons	₦ 622,500	0	1	0	0	0	₦ -	₦ 622,500	₦ -	₦ -	₦ -	₦ 622,500
15.2.4.b	Engage stakeholder to support the coordination of legal framework	a) conduct meeting with 30 persons to discuss coordination of legal framework @4000 per person b) Monthly support stakeholder	a) conduct meeting with 30 persons to discuss coordination of legal framework @4000 per person b) Monthly support stakeholder implementing legal framework	₦ 140,000	0	1	1	0	0	₦ -	₦ 140,000	₦ 140,000	₦ -	₦ -	₦ 280,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities	Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)	
				YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)		
		implementing legal framework @20000 per month for 3 month	@20000 per month for 3 month												
15.3.2.a	Adapt NHIS Bill inline with 1999 law of NHIS to suit the SSHIS for 3 days	1. Development of Draft bill 2. conduct a one day advocacy visit to the Legislature for 10 persons 3. Hold a 3days retreat with NHIS, SMOH Staff, legislature, CSOs and Community leaders for @80520 far pers for 30 people 4)Hall hire @ 80000 for 3days	1. Development of Draft bill 2. conduct a one day advocacy visit to the Legislature for 10 persons 3. Hold a 3days retreat with NHIS, SMOH Staff, legislature, CSOs and Community leaders for @80520 far pers for 30 people 4)Hall hire @ 80000 for 3days	₦ 2,655,600	0	1	0	0	0	₦ -	₦ 2,655,600	₦ -	₦ -	₦ -	₦ 2,655,600

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
15.3.2.b	Hold 2day meeting to inaugurate a committee that will harmonize the National policy to SSHIS	1)Two days meeting to harmonized National health policy@72420 far person for 30people 2) Printing of 500 copies of the guidelines at 200 3) Hall hire @60000 for 2day	1)Two days meeting to harmonized National health policy@72420 far person for 30people 2) Printing of 500 copies of the guidelines at 200 3) Hall hire @60000 for 2day	₦ 2,392,600	0	1	0	0	0	₦ -	₦ 2,392,600	₦ -	₦ -	₦ -	₦ 2,392,600
15.3.3.a	Conduct biannual health financing training for technical staff.	1) Hall hire at 40000*8, 2) Facilitator allowance 2pers at 10000*8 frequency, 3) Lunch for 20 pers at 1700*8 frequency, 4)Tea break for 20pers at	1) Hall hire at 40000*8, 2) Facilitator allowance 2pers at 10000*8 frequency, 3) Lunch for 20 pers at 1700*8 frequency, 4)Tea break for 20pers at 1500*8 frequency, 5) Transport	₦ 184,000	0	2	2	2	2	₦ -	₦ 368,000	₦ 368,000	₦ 368,000	₦ 368,000	₦ 1,472,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assump tions (Sub-activities)	Cost inputs/Assumpti ons (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (20 18)	YE AR 2 (20 19)	YE AR 3 (20 20)	YE AR 4 (20 21)	YE AR 5 (20 22)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
		1500*8 frequency, 5) Transport allowance for 20pers at 3000 *8 frequency	allowance for 20pers at 3000 *8 frequency												
15.4.1.a	adapt of decentralised facility financing for accountability and result in State Health Sector	1) Hold 1 day Meeting @6500persons for 30person*8 2) Hall hire 40000*8	1) Hold 1 day Meeting @6500persons for 30person*8 2) Hall hire 40000*8	₦ 235,000	0	2	2	2	2	₦ -	₦ 470,000	₦ 470,000	₦ 470,000	₦ 470,000	₦ 1,880,000
15.4.4.a	collection quataly data of health care financing expenditure both state and LGAs	1) Transportation@ 7000 far pers*6*16 2) Printing of 20 check list @ 200 far copy *16	1) Transportation@ 7000 far pers*6*16 2) Printing of 20 check list @ 200 far copy *16	₦ 46,000	0	2	2	2	2	₦ -	₦ 92,000	₦ 92,000	₦ 92,000	₦ 92,000	₦ 368,000

NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II															
Priority Areas or Sub domain															
Activities		Cost inputs/Assumptions (Sub-activities)	Cost inputs/Assumptions (Sub-activities)	Unit Cost (₦)	Quantities/Frequencies per annum					Total Cost Per annum					Grand Total (₦)
					YE AR 1 (2018)	YE AR 2 (2019)	YE AR 3 (2020)	YE AR 4 (2021)	YE AR 5 (2022)	YEAR 1 Cost (₦) (2018)	YEAR 2 Cost (₦) (2019)	YEAR 3 Cost (₦) (2020)	YEAR 4 Cost (₦) (2021)	YEAR 5 Cost (₦) (2022)	
15.4.4.b	Inaugurate and support health care financing tracking team	1) Advocate for support to partners 2) Logistic to track health expenditure @ 10000/6pers *16	1) Advocate for support to partners 2) Logistic to track health expenditure @ 10000/6pers *16	₦ 60,000	0	2	2	2	2	₦ -	₦ 120,000	₦ 120,000	₦ 120,000	₦ 120,000	₦ 480,000
															₦ 47,957,300

CHAPTER 9

RESOURCE REQUIREMENT

9.1 Human Resources

Human Resources for Health (HRH) comprise of a mix of skilled trained health providers in the public and private sector (doctors, nurses/midwives, pharmacists, technicians, public health officers, community health officers, community health extension workers, environmental health officers etc), unskilled and informal health workers including community – based health care providers e.g. traditional healers, and volunteers, who play complementary roles in health care delivery. In line with the national health policy, the management of public sector Human Resources for Health in the state lies with the two tiers of Government, State & LGAs. The State has 20 different categories of health workers that provide various services in the health care delivery system.

The reviewed performance of the 2010 – 2015 State strategic health development indicated that, while progress has been made in the development of human resource major gaps exists in the areas of manpower requirement especially with regards to skilled staff. This is further compounded by the embargo on employment across the State. The increasing number of private clinics has overstretched staff requirement with the resulting engagement of non-registered professionals with consequent quackery impersonation.

Based on the stakeholder consensus building at the planning workshop, the State will require various categories of personnel with appropriate projected numbers as detailed in table below:

Table Human Resources Requirement

	No. REQ	Current No.	GAP
DOCTORS	344	140	204
NURSE/MID	1,200	837	363
CHEW	980	559	421
JCHEW	1,411	375	1,036
EHO	610	34	576
PHARMACIST	60	32	28
PHARM TECH	58	30	28
MED REC	114	-	114
LAB TECH	38	30	8
MED LAB SCI	86	44	42
PHYSIOTHERAPIST	69	20	49
RADIOGRAPHERS	67	8	59
RADIOGRAPHER TECHNICIANS	58	12	46
DENTAL THERAPIST	30	11	19
DENTAL TECH	30	11	19

Source: Gombe State Ministry of Health HRH Unit data.

9.2 Physical/Materials

The provision of adequate infrastructure contributes significantly to improved human health as well as decreased burden of diseases. However, health care infrastructure has many components: physical facilities that make care accessible; laboratory, trainings and basic equipment's without which service provision will become inadequate. Aside the facilities and equipment, more than 40% of the estimated cost would be needed for the procurement, storage and distribution of essential drugs, commodities and laboratory consumables.

The Ministry of health headquarter building is in a dilapidated form and will require extensive renovation to provide a conducive working environment for effective coordination of health care services. Furthermore, Parastatals and directorates and divisions in the Ministry of Health are housed in rented facilities hence the needs for construction of a Ministry of Health headquarter to accommodate these directorates and divisions.

In view of the forgoing the following physical materials will be required for the effective coordination of health care delivery:

- i. Construction and maintenance of State Ministry of Health headquarter
- ii. Support and maintenance of all physical structures including secondary and primary care facilities, training institutions.
- iii. State Primary Health Care Development Agency (GoSPHCDA)
- iv. A State Hospital Services Management Board
- v. A vaccine development centre and pharmaceutical factory
- vi. An infectious disease Control Agency and Infectious disease Hospital

9.3 Financial

Despite the increase in budgetary allocation in the past, releases have not matched appropriation. The expenditure of the State in 2016 is low at 4.3% when compare to Abuja declaration target of 15%. This situation is expected to improve considering the existing financial support through PHC under one roof program, Performance based financing, Saving One Million lives project and other donor funded programs. This will in turn help o control endemic conditions like acute severe malnutrition, vaccine responsive diseases, diarrhoeal diseases, malaria, and acute childhood illnesses. Budgetary allocations would be required for environmental sanitation, vector control, safe water supply, and nutritional intervention. In addition, funds should be allocated for health research.

The proportion of the State budget allocated to the health sector has consistently increased from 6.38% in 2006 to almost 15% in 2009. This remarkable achievement which is indicative of increased Leadership commitment to providing health services in the state needs to be sustained.

CHAPTER 10

FINANCING THE SSHDP –II (208-2022)

10.1 Estimated Cost of the priority areas

The total amount required for the successful implementation of the SSHDP – II 208-2022 estimated during the development of the plan is **NGN 16,062,542,365** Sixteen billion, sixty-two million, five hundred and forty-two thousand, three hundred and sixty-five naira only with the costs per priority area as follows:

S/N	Priority Intervention Areas	Cost
1.	Leadership and Governance	NGN 82,207,200.00
2.	Community Participation and Ownership	NGN 8,297,100.00
3.	Partnerships for Health	NGN 38,372,202.00
4.	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	NGN1,368,613,140
5.	Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS) And Neglected Tropical Diseases	NGN 5,728,416,459
6.	Non-Communicable Disease, Care of The Elderly, Mental Health, Oral Health, Eye Healthcare	104,231,000
7.	General and Emergency Hospital Services	NGN 234,173,400
8.	Health Promotion and Social determinants of Health (Environmental Health)	NGN 299,825,951
9.	Human Resource for Health	2,888,334,033
10.	Health Infrastructure	NGN 4,756,489,200
11.	Medicines, Vaccines and Other Health Technologies and Supplies	NGN 112,390,000
12.	Health Information System	NGN 231,917,100
13.	Research for Health	NGN 81,571,680
14.	Public Health Emergencies: Preparedness and Response	NGN 79,739,600
15.	Health Financing	NGN47,957,300
	Total Estimated Cost	NGN 16,062,542,365

10.2 Assessment of the Available & Projected Fund

The projected available funds of NGN 16,062,542,365. are derived from various sources including State government as the primary source, Federal government, LGAs, donor agencies, private sector, NGOs, CSOs & Philanthropists and Out-Of-Pocket (OOP) expenses. The cost per thematic area per year is presented as follows:

S/ N	Priority Intervention Area	Total Amount (=N=)	Annual requirement				
			2018	2019	2020	2021	2022
1	Leadership and Governance	82,207,200	20,211,800	23,133,600	13,653,600	12,841,600	12,366,600
2	Community Participation and Ownership	8,297,100	3,304,300	3,377,800	300,000	300,000	1,015,000
3	Partnerships for Health	8,292,100	3,304,300	3,377,800	300,000	300,000	1,015,999
4	Reproductive, Maternal, New born, Child, Adolescent Health Services & Nutrition	38,372,202	9,757,800	15,402,002	7,244,800	3,524,800	2,448,800
5	Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS) And Neglected Tropical Diseases	5,728,416,459	1,167,389,290	1,226,419,917	1,110,989,290	1,097,209,330	1,126,414,632
6	Non-Communicable Disease, Care of The Elderly, Mental Health, Oral Health, Eye Healthcare	140,237,000	16,130,000	33,805,000	21,321,000	23,675,000	9,300,000

S/ N	Priority Intervention Area	Total Amount (=N=)	Annual requirement				
			2018	2019	2020	2021	2022
7	General And Emergency Hospital Services	234,173,400	3,156,400	165,385,600	26,745,500	20,953,000	23,931,900
8	Health Promotion And Social determinants of Health (Environmental Health)	299,825,951	22,871,460	106,045,580	60,452,581	57,515,180	52,941,150
9	Human Resource for Health	2,888,334,033	78,049,466	2,626,699,067	62,213,500	60,189,700	61,182,300
10	Health Infrastructure	4,756,489,200	697,480,800	2,380,864,900	454,234,100	1,22,137,700	771,700
11	Medicines, Vaccines and Other Health Technologies and Supplies	112,390,000	75,000	82,606,000	6,399,000	11,560,000	11,750,000
12	Health Information System	231,917,100	2,142,000	6,170,400	55,194,900	59,395,400	54,014,400
13	Research for Health	81,578,680	7,652,800	33,607,480	13,602,800	12,287,800	14,427,800
14	Public Health Emergencies: Preparedness and Response	79,739,600	7,651,000	25,495,400	16,183,400	15,131,400	15,275,400
15	Health Financing	47,957,300	2,965,600	23,761,700	6,980,000	6,980,000	6,980,000
	TOTAL ESTIMATED COST	14,738,227,325	2,042,142,016	6,756,152,246	1,855,814,471	1,381,863,210	1,531,318,681

10.3 Determination of the Financing Gap

The deficit is N 30,559,765,661.32; the shortfall is as a result of inadequate allocation. The wide gap between available funds and projected funds is due to plan to execute capital projects, train the much-needed human resource and massively recruit personnel to manage the health system. The current allocation to health is far less than the minimum National and WHO recommended

allocation of 5% to the health sector. The current strategic plan SSHDP –II 2018-2022 has an expansion of priority areas from 8 to 15 which has direct implication for additional funding. The present allocation of 4.3% to health sector is still below the recommended 15% Abuja declaration.

10.4 Description of ways of closing the financing gaps

The following are suggested ways of mobilizing additional resources to close the financial gap in this plan:

- 10.4.1 Increased health budgetary allocation by the State government
- 10.4.2 Organize international development funding in to common basket facility for effective and efficient use of resource.
- 10.4.3 Strengthened Public Private Partnership (PPP) for health care funding.
- 10.4.4 Strengthened coordination of partners and local NGOs in the implementation of health programs.
- 10.4.5 Leverage resources from implementing partners and CSOs
- 10.4.6 Mobilization of resources and funds from communities, National Health Insurance Scheme (NHIS) and Community Health Insurance Scheme (CHIS).
- 10.4.7 Increase Federal government physical support for high impact intervention

CHAPTER 11

IMPLEMENTATION FRAMEWORK

11.1 Structure/Roles/Inter-relations

11.1.1 Structure

The structure for the implementation of this plan is depicted at various levels including the State ministry of Health, State primary health care development agency, LGAs, ward/communities, Training institutions and Private sector/CSOs. The following sections describe respective roles at various levels.

11.1.2 Role of SMOH

The State Ministry of Health shall provide the overall leadership and oversight function for the implementation of the SSHDP- II 208-2022. The ministry of health shall be responsible for the following:

- Health Policy/plan formulation, legislation and direction
- Coordination, resource mobilization, fosters partnership and supervision of health programs.
- Regulatory functions, including quality assurance (setting of standards for personnel, infrastructure and services for registration of both public and private health institutions operating in the State), monitoring and evaluation.
- Development and implementation of strategies for Health Sector Reform, including promotion of public-private partnership in health.
- Development of capacity for generation and utilization of evidence-based data and information for health policy, strategy and plan development/implementation (Health Management Information System).
- Health manpower development (medical, nursing and allied training institutions) and planning including enhancement of human resource, administrative and financial management capacity of health and health-related professionals.
- Designing and implementation of capital projects at the secondary facilities as well as provision of equipment and staffing at the secondary health facilities.
- Provide technical assistance to all research institutions/academia, agencies, civil societies, CBOs and private institutions in the state towards the implementation of the strategic plan.

11.1.3 Role of SPHCDA

The SPHCDA is the organ responsible for primary health care in the State. Therefore, the following will be their roles for the successful implementation of this plan:

- Promote and monitor the implementation of health plans in the state primary health care system
- Provide strategic technical support for the implementation of priority primary health care components
- Mobilize resource within state, nationally and internationally in support of the implementation of the plan at Primary Health Care level.
- Ensure effective implementation and supervision of all primary health care activities as well as monitoring for the maintenance of minimum acceptable standard
- Mobilize communities for effective involvement and participation
- Strengthen referral and linkage at communities and PHC level
- Develop data base for effective planning, implementation and supervision of all primary health care activities for the period of implementation of the plan.
- Provide appropriate staff training and re-training of all primary health care providers in the state, including the communities.
- Facilitate and support collaboration and partnership with other sectors at all levels
- Provide and maintain all infrastructure and equipment
- Ensure the implementation of all relevant primary health care policies

11.1.4 LGAs

Local Government areas provide the necessary infrastructure, personnel and an enabling environment for health care delivery at the primary health care level. The Political head of all LGAs is the Executive Chairman. The LGAs have direct responsibility for developing and implementing Annual Operational Plans (AOP) based on the strategic plan. They will be responsible for providing health related data to the SPHCDA.

11.1.5 Wards/Communities

At the ward and family levels, Families will be mobilized to adopt positive health actions Knowledge Attitude and practice (KAP) through Behavioural Change Communication (BCC), the agents of mobilization in the community being traditional rulers who mediate between the health sector and traditional institutions. The solution to crises in the health sector is benchmarked on mass education/ literacy, public awareness, girl child education and female empowerment. The traditional institution forms the thrust of family education and awareness and is able to reach out to all members of the community through its hierarchy. A heterogeneous mixed of traditional rulers, registered and accredited traditional medical

practitioners and preventive health practitioners will sustain BCC and adoption of health seeking behavior.

11.1.6 Roles of Training Institutions

The roles of institutions will be to mass produce the HRH needs in the state for the full implementations of the Health Sector response in line with the State Strategic Health Development Plans. Some of the available training institutions in the state will partner for HRH needs. These include Federal Teaching Hospital, College of Medicine, College of Nursing and Midwifery Gombe, College of Health Sciences and Technology Kaltungo and two private health institutions (College of Hygiene). Gombe State Ministry of Health has eleven General Hospitals, one Specialist Hospital and ten Cottage Hospitals to ensure quality service delivery in the State.

11.1.7 Private Sector & CSOs

Civil society organizations and the private sector (both Profit oriented and the not for profit organization). These initiate and coordinate BCC related concepts and programs. CSOs liaise with the MoH, Agencies and LGA health departments to harmonize mass enlightenment programs in all-embracing manner to ensure equitable health improvement.

11.1.3 Inter-relations

The State ministry of health has the overall responsibility for health policies in the State. Therefore, it will consult with SPHCDA and other stakeholders in this direction. While the SPHCDA take responsibility for implementation at primary health care level to ensure it operates within the policy framework established by the State ministry of health. The Ministry of Economic Planning is the first entry point to the donors and implementing partners in the State where memorandum of understanding (MOU) between the State and partners is first signed. The second point of entry is the mother ministry; Ministry of health where Donor agencies and implementing partners sign another MOU and commences partnership with all stakeholders including the SPHCDA, LGAs, local NGOs, CSOs and community.

11.2 Implementation

The following steps will be taken to ensure successful implementation of the plan:

11.2.1 Printing and Dissemination of SSHDP- II 208-2022

The finalized plan will be printed and disseminated at a State wide stakeholder forum. The purpose is to ensure availability and to identify and recognize critical roles and buy in by various stakeholders in the implementation of plan.

11.2.2 Operationalization of the SSHDP- II 208-2022

Stakeholders will be oriented on the use of the plan during a formal workshop. The workshop will build the capacity of participants to identify appropriate activities relevant to areas of their operations from the plan and be able to develop appropriate operational plans.

11.2.3 Development of Annual Operational Plans

The various State implementing organs such as (SMOH, SPHCDA, LGAs, Agencies, Implementing Partners, CSOs, and Health Institutions) will be supported to develop and derive their annual operational plans (AOPs) from the SSHDP- II 208-2022. These plans will guide the implementation of health care services as provided in the plan.

11.2.4 Quarterly Work plans

The various departments at the State and LGA levels as well as the community level will derive their quarterly work plans from the Annual operational plans for implementation.

11.2.5 Supportive supervision and monitoring

Routine and periodic Supportive supervision and monitoring will be strengthened to ensure quality service provision and effective implementation strategic plan. The M&E unit at various levels will track and report progress that will inform decision making and improvement on the level of implementation of the plan.

11.2.6 Performance review

Bi-annual performance review meetings will be held at State level to review the level of implementation of the plan, identify challenges and to develop action plans to address them.

11.2.7 Midterm evaluation of SSHDP- II 208-2022

Midterm evaluation of the performance of the plan will be undertaken in 2019 the result of this exercise will inform the necessary adjustment in the plan for better performance. An external consultants will be engaged to undertake this exercise.

11.2.8 End term evaluation of SSHDP- II 208-2022

At the end of the planned period and external consultant will be engaged to evaluate the performance of the plan. Outcome will inform the development of next strategic plan.

CHAPTER 12

MONITORING AND EVALUATION (M&E)

12.1 Proposed Mechanisms for Monitoring and Evaluation (M&E)

As a major component of the State strategic plan, Monitoring and Evaluation (M&E) plan set targets and appropriate indicators to track performance. The Health Data Consultative Committee (HDCC) also known as the M&E TWG will be supported to lead the process of monitoring and supervision of the implementation of the strategic plan through their quarterly performance review meetings. The M & E system will provide data needed to guide planning, coordination and implementation of the State Strategic health development plan – II 208-2022. In addition, various stakeholders in the implementation of the strategic plan will also use the M&E plan in the implementation of their activities.

Research and evaluation which constitute part of the inputs into M&E will be conducted periodically. The State Health Research Ethics Committee (HREC) will ensure that appropriate health research activities are carried out by ensuring compliance with the provisions.

The result matrix which was developed by consensus during the planning workshop contain selected indicators, data collection plan, data flow, dissemination plan and proposed monitoring plan that will guide the outcome of the implementation. The matrix has explicit targets set at mid-term and end-line evaluation which will inform the assessment and evaluation of the plan.

12.2 Costing the M&E Component and Plan

The M&E component of the plan was costed at the strategic plan development workshop by stakeholders. The total cost for the successful implementation of the M&E plan will be 15% of the total cost of the plan which will be equivalent to **NGN 2,409,381,354.75**. This fund will be made available to support the implementation of the plan. Government will leverage resources from donor agencies, implementing partners, private sector and CSOs in supporting the implementation of the M&E Plan.

CHAPTER 13

CONCLUSION

The purpose of the State Strategic Health Development Plan (SSHDP) – II 208-2022 is to provide an organized, structured and coordinated system for the delivery of health care services in the State in order to avoid duplication of efforts and achieve the desired synergy for effective and efficient delivery of health care services. The vision is to guarantee a healthy and productive State. The following strategic interventions and strategic areas were outlined to achieve the goals of Gombe SSHDP – II 208-2022; Leadership & Governance, Community Participation, Partnership for Health, RMNCAH & Nutrition, Communicable Disease, Non-Communicable Disease, General & Emergency Hospital Services, Health Promotion and Social determinants, Human Resource for Health, Health Infrastructure, Medicines, Vaccines and Other Health Technologies and Supplies, Health Information System, Research for Health , Protection from health emergencies and risks and Health Financing.

All health agencies, departments, Parastatals, 11 LGAs, private sector, CSOs, IPs and other stakeholders are expected derive their Annual Operational Plans (AOP) from the SSHDP-II (208-2022). For each of the 15 priority areas there is guidance on goals, strategic objectives, targets and interventions. Specific activities should be derived from the plan, costed and monitored over time.

Internal and external performance reviews would be carried by the SMOH as indicated in the M & E plan.

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Appendices/Annex – I

MEMBERSHIP OF THE TWG FOR THE DEVELOPMENT OF THE GOMBE STATE
STRATEGIC HEALTH DEVELOPMENT PLAN 2

S/N	Name	Designation	Remark
1.	Laraba Ahmed Kawo	Perm. Sec. SMOH	Chairperson (SMOH)
2.	Abdu Usman	DPRS	Member (SMOH)
3.	Muhd Inuwa Ahmed Umar	DD. HRH/M&E SMOH	Secretary (SMOH)
4.	Abrahams kudi	DDHS	Member (SMOH)
5.	Mrs Florence Iekki	DNS	Member (SMOH)
6.	Pharm Jalo Muhd	DDPS	Member (SMOH)
7.	Saba'atu E. Danladi	State Planning /M&E Consultant	Member (SSHDP Consult)
8.	Mr. Jonna Lah	State Costing Consultant	Member (SSHDP Consult)
9.	Maryam Abubakar	DD PHC	Member (SPHCDA)
10	Muhd Auwal Ibrahim	DDP	Member (SMOH)
11	Seth Dogonbaya	DDRS	Member (SMOH)
12	Dr Karatu	State Epidemiologist	Member (SMOH)
13	Epics Idi	HMIS officer/Mamaye Evidence Cmtee	Member (SMOH)
14	Shadrack Kambel	ICT	Secretariat- SMOH
15	Ibrahim Yunusa	ICT	Secretariat-SMOH
16	Jaribson Jared	SSHDP	SSHDP Secretariat-SMOH
17	Yaya Hammari	Chairman SPHCDA	Member (SPHCDA)
18	Esther Noel	RH - SPHCDA	Member (SPHCDA)
19	Sulaiman Briyel	DO – Health Accounts	Member (SPHCDA)
20	Elizabeth Zakari	Occupational Health - SPHCDA	Member (SPHCDA)
21	Rejoice Bala	FP - SPHCDA	Member (SPHCDA)
22	Linda Kalaye	IMCI - SPHCDA	Member (SPHCDA)

23	Moses Sambo Khalil	Communicable Disease - SPHCDA	Member (SPHCDA)
24	Yusuf Saidu	Head of Medical Record FTH	Member (Ter. Institution)
25	Lami Jibrin	Sch Health Services - SPHCDA	Member (SPHCDA)
26	Musa Ibrahim Kuna	SIO - SPHCDA	Member (SPHCDA)
27	Rabi Abubakar	IYCF - SPHCDA	Member (SPHCDA)
28	Zakari Modi	DD DS	Member (SMOH)
29	Salihi Adamu	HRH/M&E - SPHCDA	Member (SPHCDA)
30	Aishatu Haruna	Head of Strategic Planning - SPHCDA	Member (SPHCDA)
31	Isa kaltungo	Assistant M&E SMOH	Member SMOH
32	Nasiru Bappayo Muhammed	procurement officer	Member SMOH
33	Aishatu Abdulsalam	MCH - SPHCDA	Member (SPHCDA)
34	Sulaiman Mamman	Nutrition - SPHCDA	Member (SPHCDA)
35	Danjuma Muhammed	ONCHO - SPHCDA	Member (SPHCDA)
36	Ahmed Audu	Secretary Mamaye Evidence for Action	Member (SPHCDA)
37	Hauwa M.A. Lauco	Adolescent Health - SPHCDA	Member (SPHCDA)
38	Umar Musa Dirri	Rep of PHC Coordinators	Member (SPHCDA)
39	Edward Elisha	Malaria Focal Person –SPHCDA	Member (Progrm SPHCDA)
40	Dr. Mustapha	Prog. Manager TBL - SPHCDA	Member (Progrm SPHCDA)
41	Dr. Suraj Abdulkarim	Project Manager (PM) GomSACA	Member (Progrm SMOH)
42	Umar A Rambai	SO SMOH	Member (SMOH)
43	Provost CONM	Pre-service Health Institution	Member (Ter. Inst)
44	Provost CHT KLT	Pre-service Health Institution	Member (Ter. Inst)
45	Sani Adamu Jauro	AONN	Member (CSO)

46	Dr Sambo Sanusi Abubakar	NMA	Member (Prof. Ass)
47	Mrs Bathsheba	NANNM	Member (Prof. Ass)
48	Phanuel Danborn	Rep of Forum of M&E Officers	Member (SPHCDA)
49	Alhassan Yahya	MNCH Coalition	Member (Coalition)
50	Justina Muazu Adamu	AGM Mobilisation & Hygiene	Member (RUWATSAN)
51	Dr James E. Madi	Director Hospital Services.	Member (SMOH)
52	Sadik Kashere	Private Hospitals Board	Member (SMOH)
53	Usman Jingi	HMIS SPHCDA	Member (SPHCDA)
PARTNERS			
54	Dr. Mahmood Sai'du	State coordinator WHO	Member (Partner)
55	Emily Madina	State Coordinator CIHP	Member (Partner)
56	Akpan Effiong	SCI	Member (Partner)
57	regiana	Mamaye	Member (Partner)
58	Mr Sheye	GOSAM	Member (Partner)
59	Mr Kolo	pact	Member(partner)
60		Pathfinder	Member(partner)

Appendices/Annex – II List of Stakeholders during SSHDP Development & Costing Workshop In December 208

List of Participants for Gombe SSHDP Meeting (December 208)

S/ N	NAME	S E X	ORGANIS ATION	DESIGN ATION	GSM	EMAIL
1	ABDU USMAN	M	SMOH	DPRS	08064847126	abdunanipore@gmail.com ;
2	MOHAMMED JINGU U.	M	GSPHCCD A	HMIS	08065738583	jingiusman@gmail.com
3	MANJI E. RENSHWAT	M	Pact-Gombe	Institution al Strengthen ing Advisor	08038351235	mrenshwat@pactworld.org
4	FLORENCE. Y.LEKKE	F	SMOH	DDNS	07036014900	fyusuflekke@yahoo.com
5	JONAH LAH	M	CONSULT ANT		08023049126	jomahlah@yahoo.co.uk
6	JARIBSON JARED	M	HSDP		08033559686	jjmballos@yahoo.com
7	RABI .A. ABUBAKAR	F	GSPHCHD	IYCF Cord.	08035732062	rabubakarz@yahoo.com
8	MOHAMMED JALO	M	SMOH	DDPS	08036048208	jalomohd@gmail.com
9	UMAR .A. RAMBI	M	SMOH	SO	08062889193	
10	ABRAHAM KUDI	M	SMOH	DDHS (Nursing)	08062845646	buroayima2@gmail.com
11	TITUNUWA DOGONBAYE	S. M	SMOH	DDP	08177513748	tdogonbaya@gmail.com
12	ZACHARY MODI	M	SMOH	DDD	08080330167	modezak2@gmail.com
13	YUSUF SAIDU	M	FTH GOMBE	HoD HIM	08028440807	yusaid882@yahoo.com
14	USMAN UMAR	M	MOH	HRH	07066360494	
15	SHADRACK KAMBEL	M	SMOH	SDDP	08128867006	skjessuz23@gmail.com

16	MOSES K.SAMBO	M	SMOH	DDPH	08039124240	ksambomoses58@gmail.com
17	YAYA HAMMARI	M	SPHCDA	BOARD CHAIRMAN	08034593934	alhassany8@gmail.com
18	LAMI JIBRIN SULEMAU	F	SPHCDA	CCHO	08039583399	lamijibrinsukaimen@gmail.com
19	AISHA HARUNA	F	SPHCDA	HoP, RB	07061664040	indo1553@gmail.com
20	MOH'D AWAL IBRAHIM	M	SMOH	DDP	08023747597	awalm455@gmail.com
21	JUSTINA MUA'ZU. A.	F	RUWASSA	AGM	08020862916	fellymolshende@gmail.com
22	LAMI YUGUDA	F	GSPHCDA	CCHO	08066931790	yugudalami02@gmail.com
23	ABUBAKAR SADIQ ISA	M	SMOH	Sec PH	08034257561	sadiqisa88@gmail.com
24	LAMIDO .M. ABBA	M	CHT KALTUGO	Deputy Provost	08060918614	lamidomabba@yahoo.com
25	SADIQ .B. USMAN	M	GSPHCDA	I&E	08167158170	
26	SALIHI .A. ADAMU	M	GSPHCDA	HRH	08036909712	chittaje2014@gmail.com
27	DANLADI SULE	M	SMOH	DSNO	08028578007	suledanladi2@gmail.com
28	ABUBAKAR ALKALI	M	GSPHCDA	DAHDO	08083652987	abubakaralkali2@gmail.com
29	AMINA NUHU	F	GSPHCDA	DMCH	07067735141	nuhuamina342@gmail.com
30	DANJUMA MOHAMMED	M	GSPHCDA	ONCHO	08036126672	jumagombe@yahoo.co.uk ;
31	MOHAMMED .A. EL-NAFATI	M	GOMSACA	CMO	08039400004	melnafz2@gmail.com
32	ALHASSAN YAHYA	M	MNCH-COLIATION	Chairman	07065540179	alhasany8@gmail.com
33	HABILA FELIX GAMBO	M	GSPHCDA	DPRS	07038298677	gambofelix@yahoo.com
34	LINDA I. KALAYE	F	GSPHCDA	IMCI		
35	MARYAM SHEHU ABUBAKAR	F	GSPHCD	DDPHC	08022024100	asasuyali@gmail.com

36	BATH SHEBA .J.KALAH	F	NANNM	NANNM Chairpers on	08036465415	shebakalah@gmail.com
37	BARDE MAGAJI ROBERT	M	CONSULT ANT	Secretariat	08065308454	magajibarde@gmail.com
38	HASSAN .M. DAWAKI	M	CONM	Dep. Registrar	08028181130	magajinrafi200@gmail.com
39	SULIEMAN ALIYU	M	SMOH	NHA Desk Officer	08068164358	suliemانبirysel@gmail.com
40	LARABA AHMED KAWU	F	SMOH	PS	08035977230	addabebingombe@gmail.com
41	SANI ADAMU JAURO	M	AKHCI	DG	08068164358	heartforchildren2014@gmail.com
42	UMAR MUSA DIRRI	M	SPHCDA	PHCC	08092189888	sdimumar@gmail.com
43	PANUEL DANBORNO	M	SPHCDA	M&E	08035409710	panueldanboruo@gmail.com
44	DR SAMBO SANUSI .A	M	Nig. Medical Assoc.	Sec NMA	08082886769	sanlcoje@yahoo.com
45	SANI HUSSAINI	M	SMOH		08036801702	sanihussaini@gmail.com
46	SABA'ATU .E. DANLADI	F	L. CONSULT ANT		08037439790	sabaatu71@yahoo.com
47	IBRAHIM YUNUSA	M	SMOH	ICT	08137352744	ibyunus@gmail.com
48	NASIRU AHMAD BAPPAH	M	SMOH	Cashier	08063661601	nasirahmadbappah@gmail.com
49	ALIYU G WAZIRI	M	SMOH	M&E Assistant	08167645969	
50	AKPAN EFFIONG	M	SCI		08037648577	akpaneffiong20@yahoo.com
51	NASIRU BAPPAYO	M	SOML		08035872122	dukkunasirub@gmail.com
52	DR ZAINAB S. GARBA	F	SMOH	MO	08036473693	zainabg19@gmail.com
53	REJOICE BALA	F	GSPHCDA	FP Coord.		
54	UWANI UMAR	F	GSPHCDA	RI M&E	08032985726	uwaniumar1960@gmail.com

Appendices/Annex – III List of Stakeholders during Validation Meeting - March 2018