

ANNEX: Supporting Information Requested from the States and FCT for Verification of Year Zero (2025) Results of the HOPE-Governance Program

<i>Result Areas</i>	<i>Information Requested</i>
<p>DLR2.1 State adopts comprehensive guidelines for the preparation and submission of a consolidated work plan for the state BED budget by March 31st, 2025.</p> <p>Guidelines The approved guidelines should, at a minimum, mandate the consolidated work plans to:</p> <ol style="list-style-type: none"> 1. Align with or be based on the State Education Sector Strategy (SESS) and reflect all programs/projects related to basic education in the state. 2. Projected funding envelope/ceiling for the basic education sector. 3. Align with the State chart of accounts expenditure classifications and program segment 4. Reflect recurrent costs associated with frontline workers – salaries, benefits, recruitment – noting which funding source will cover (LG or state) 5. Capital: include prioritization criteria, investment management guidelines, geotagging, adherence to costing standards, physical and fiscal reporting 	<ol style="list-style-type: none"> i. Uniform Resource Locator (URL) of Published Guidelines that are signed and dated by the commissioner for Education. ii. Official circular mandating the Guidelines, if issued separately. iii. State Education Sector Strategy or MTEF to establish that the guidelines will have a planning foundation
<p>DLR 2.2: State adopts comprehensive guidelines for preparation and submission of consolidated work plan for budget by March 31st, 2025.</p> <p>Guidelines The approved guidelines should at a minimum mandate the consolidated work plans to:</p> <ol style="list-style-type: none"> i. Align with or be based on the State Health Sector Annual Operational Plan (AOP) and reflect all programs/projects related to the healthcare sector in the state ii. Projected funding envelope/ceiling for the healthcare sector. iii. Align with the chart of accounts, expenditure classifications, and program segment iv. Reflect recurrent costs associated with frontline workers – salaries, benefits, recruitment – noting 	<ol style="list-style-type: none"> i. Uniform Resource Locator (URL) of Published Guidelines that is signed by the commissioner for Health. ii. Official circular mandating the Guidelines, if issued separately. iii. State Health Annual Operational Plan (AOP) to establish that the guidelines will have a planning foundation. <p>RESPONSES</p> <ol style="list-style-type: none"> <i>i. The Federal Ministry of Health (FMoH) developed a National Annual Operational Plan portal for Federal Ministry of Health, States and FCT for the development of AOP. The AOP is an online platform: www.aoptool.com</i> <i>ii. The projected funding envelope / ceiling for the FCT Health Sector 2026 AOP is Distribution of 2026 AOP Cost by Implementing Level/Structure HSES – Boards, Department & Agencies(BDAs) N83,740,025,396.00 Area Councils Health Depts. & 62 BHCPF- supported PHC</i>

<p>which funding source will cover (LG or state)</p> <p>v. Capital: include prioritization criteria, investment management guidelines, geotagging, adherence to costing standards, physical and fiscal reporting.</p>	<p><i>facilities(consolidated) is N7,949,040,300.00</i></p> <p><i>Total Estimated AOP Cost is N91,689,065,696.00</i></p> <p><i>iii. The AOP tool also has a budget module where all planned activities are linked to the budget lines</i></p>
<p>DLR 2.3: Local governments adopt harmonized budget guidelines/chart of accounts.</p> <p>1. Verify the structure of the local government CoA conforms to the approved NCoA structure.</p> <p>2. Verify that classification codes conform to the approved classification codes of the NCoA.</p> <p>3. Verify the CoA issued by the Accountant-General in the state.</p>	<p>i. Uniform Resource Locator (URL) of Published circular addressed to the Local Government treasurers and the Auditor General of the Local government that is signed by the State Accountant General or the Commissioner of Finance regarding the adoption of NCoA in preparation of Local Government Areas/Councils (LGA/Cs') budget and financial accounts.</p> <p>ii. URL of LGCs audited Financial statement for year 2024 to verify adoption of NCoA.</p>
<p>DLR 4.1: State publishes FY25 citizens' budget for basic education and primary healthcare by February 28, 2025.</p> <p>Citizens' budget published online means that the State government shall present the annual budget in a summarized but comprehensible manner for citizens and posted on the State website(s) no later than February 28, 2025. The form and general content of the citizens' budget shall be in line with the format provided by the Open Government Partnership Office of the Federal Government of Nigeria. The minimum required budget information to be contained in the Citizens Budget are:</p> <p>1) the sources of revenues;</p> <p>2) domestic and foreign grants, domestic and foreign loans, and other financing sources;</p> <p>3) total expenditure by functions of government (CoFOG) segment with identifiable functions for basic education and primary healthcare</p> <p>4) total expenditure by health policy (Programme) segment with identifiable programmes for basic education and primary healthcare</p> <p>5) functions and programmes linked to their respective economic classifications;</p> <p>6) the budget framework, including total revenue and grants, total expenditures, budget deficit, budget financing, and</p>	<p>i. Uniform Resource Locator (URL) of Published 2025 Citizens' budget.</p> <p>ii. URL of the State's 2025 Appropriation Law to verify values in the annual budget framework.</p>

<p>financing gap; 7) breakdown of expenditures by sectors/ministry; 8) list of large capital projects and their geolocations in each state. 9)The citizen’s budget shall cover the entire State budget, but must, in addition, provide more details, in line with the enhanced budget disaggregation provided for the basic education and primary health care sectors.</p>	
<p>DLR 5.1</p> <ul style="list-style-type: none"> i. Baseline exercise mapping the number and duty stations of basic education teachers across the state, ii. A multi-year costed deployment plan to address the staffing gap, completed and published by March 31, 2025. 	<ul style="list-style-type: none"> 1. Uniform Resource Locator (URL) of Published report of mapping exercise that is approved by the Commissioner of Education. 2. Uniform Resource Locator (URL) of Published Multi-year costed plan that is also approved by the commissioner or Permanent Secretary of the Ministry of Education. 3. Nominal Payroll information to authenticate the number of teachers on board as at the date of baseline used in the report. 4. Payroll data for the relevant period showing the names, ranks/functions and duty stations of officers for validation of the existence of the persons. The list will show the names, qualifications, experience, positions/functions, duty station, and date of commencement of duty of the staff 4. Data source of assumed Teacher to Student ratio, Student Population, number of schools in urban and rural areas, rate of attrition, costing rates and other assumptions used to establish the staffing gap.
<p>DLR 5.2 Mapping the number and duty stations of PHC workers in the state and multi-year costed Primary Health Care workers recruitment plan to address staffing gap completed & published by Mar. 31, 2025.</p> <p>Mapping number and duty station of primary healthcare workers means a clearly articulated manpower plan showing the current staffing positions in the primary healthcare sector showing at a minimum –</p> <ul style="list-style-type: none"> i. The personnel list of all primary healthcare workers in the primary healthcare facilities receiving direct facility financing (DFF) from the Basic Health Care Provision Fund (BHCPF). ii. The list will show the names, qualifications, experience, positions/functions, duty station, and date of commencement of duty of the staff. iii. Forecasting: Determination of primary healthcare workers leaving service in the next 4 years. Assessment of the future workforce requirements based on 	<ul style="list-style-type: none"> 1. Uniform Resource Locator (URL) of Published report of mapping exercise that is approved by the Commissioner of Health. 2. Uniform Resource Locator (URL) of Published Multi-year costed manpower plan that is also approved by the commissioner or Permanent Secretary of the Ministry of Health. <i>The multi-year costed plan for the PHCs in the Area Councils is imbedded in the FCT Primary Health Care Board Five (5) years Human Resources for Health Recruitment plan for 2025 -2029. Attached doc</i> <p style="text-align: center;">www.aoptool.com</p> <ul style="list-style-type: none"> 3. Nominal Payroll information to authenticate the number of Primary Health care workers engaged in all PHCs as at the date of baseline used in the report. <i>The PHCs Nominal payroll and number of PHCs workers information can only be provided at the Area Council levels</i> 4. Payroll data for the relevant period showing the names, ranks/functions and duty stations of officers for validation of the existence of the persons: <ul style="list-style-type: none"> i. The personnel list of all primary healthcare workers in the

<p>population density, urban vs rural ratio, gender distribution, and specific staffing requirements across all the primary healthcare facilities in the state.</p> <p>iv. The current staffing position in all the primary healthcare facilities, showing gaps.</p> <p>v. Identifying the skills and number of primary healthcare workers needed in each facility.</p> <p>vi. The actual costed recruitment and deployment plan, i.e. what gaps they plan to fill over the next 4 years, how they plan to fill them (recruitment of what type and redeployment of what type), and what it will cost.</p> <p>vii. Strategy for sourcing and recruiting new primary healthcare workers to fill the identified gaps, including whether to hire internally, externally, or through a combination of both.</p>	<p>primary healthcare facilities receiving direct facility financing (DFF) from the Basic Health Care Provision Fund (BHCPF).</p> <p><i>The Personnel list of PHC workers receiving DFF from BHCPF program can be gotten from the Quarterly Business Plan of the 62 PHCs receiving funds from the Program but the facilities have been increased to 124 PHCs with 2 Facilities per Ward also giving them the room to engage on contract staff based on need at the facilities. As such the payment for the personnel can be gotten from the individual PHC Quarterly Business plan</i></p> <p>ii. The list will show the names, qualifications, experience, positions/functions, duty station, and date of commencement of duty of the staff.</p> <p><i>The document requested for in this regard can be gotten from the Area Council Service Commission given the fact that are responsible for the recruitment of personnel at the Area Council level</i></p> <p>4. Data source of assumed minimum requirement for urban and rural PHCs, LGA/C Population, number of PHCs in urban and rural areas, rate of attrition, costing rates and other assumptions used to establish the staffing gap.</p> <p><i>The FCT health system is organized into three tiers of care - Primary, Secondary, Tertiary, and comprises both public and private providers. In addition, services are delivered by non-governmental organizations (NGOs), faith-based institutions, and traditional health care centres, operating on either a profit or non-profit basis. Public facilities account for the majority of health service utilization.</i></p> <p><i>The health system is supported by a network of 1,203 accredited health facilities, distributed as follows:</i></p> <ul style="list-style-type: none"> • <i>Primary health facilities (370): 94 privately owned and 276 publicly owned</i> • <i>Secondary health facilities (826): 803 privately owned and 23 publicly owned</i> • <i>Tertiary health facilities (7): 4 privately owned and 3 publicly owned</i> <p>5. Copy of the State Annual Operational Plan for Primary Health care for evaluating reasonableness of assumptions made in the mapping exercise.</p> <ul style="list-style-type: none"> • <i>The Health Sector AOP includes all activities for Primary Health Care facilities in the 6 Area Council of FCT</i>
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