

**MINISTRY OF HEALTH YENAGOA, BAYELSA STATE**

**CONSOLIDATED BUDGET EXECUTION REPORT FOR 2017  
FINANCIAL YEAR FOR PRIMARY HEALTH CENTRES  
(PHCs)/DEPARTMENT IN BAYELSA STATE**

**MINISTRY OF HEALTH, YENAGOA BAYELSA STATE**  
**2017 CONSOLIDATED BUDGET EXECUTION REPORT FOR**  
**PRIMARY HEALTH CARE CENTRES (PHCs)/DEPARTMENT**

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**1.0 INTRODUCTION**

Budget execution is a critical aspect of fiscal operations of government. Therefore, a consolidated budget execution report in this case entails a combined budget implementation report for utilization of estimated and actually utilized funds for different health activities cutting across all the Primary Health Care Centres and Entities in Bayelsa State.

Basically, an established consolidated budget execution report is a cardinal requirement to account for the use of government Health-Care funds and grants in the implementation of Primary Health-Care activities in the State. The focal point of preparing this report is to ensure financial accountability and transparency in the management and utilization of funds for the designated health purposes and activities in terms of realizing set goals and deliverables. Furthermore, the need to comply with the Fiscal Responsibility Act of government is imperative.

As you are aware, **the Saving One Million Lives (SOML) Program for Results** provides funds' support and intervention from the World Bank to States through the Federal Government as incentive for improved health performance and outcome under the various **Disbursements Linked Indicators (DLIs)**. These funds are additional funds and grants to the State Government in leveraging the State's own efforts in health service delivery for achievement of efficient and effective health performance. This remarkable development strengthens the role of the State Government and promotes the attainment of its social objectives through execution of various health programmes to improve the overall health and wellbeing of the people in the State.

The review period of this report is 2017 financial year which has an operational cut-off period in the accounts.

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The basis of this report is anchored on relevant financial information which was derived from the 2017 consolidated financials for the PHCs/Entities in Bayelsa State. Also, financial data were obtained from the 2017 work-plan financial estimates and actual expenditure profile of the SOML Program for Result for the various chains of health activities in the State.

It is pertinent to State that as required by the SOML Program, health expenditures can be classified into the following headings:

**Category A:** Compensation of Employees which includes Salaries & Allowances.

**Category B:** Goods and Services such as Expenditure for drugs and medical commodities and operational expenses.

**Category C:** Investment (Capital Expenditure) on health activities.

In addition, the summary and full breakdown of planned and actual expenditures for 2017 are stated in the appendices' section. It is important to state that all expenditure classifications mentioned above are complementary in nature and not isolated for the attainment of the desired health objectives. The main emphasis is to ascertain the aggregate financial effect of health-care funds utilized on different health activities for effective performance and outcome.

Furthermore, some performance management and statistical techniques in the areas of budgetary analysis, tabular presentation, percentages and charts/graphs are used to analyze and evaluate the planned and actual expenditures in order to ascertain the aggregate effect of funds utilization on the various health activities in Bayelsa State.

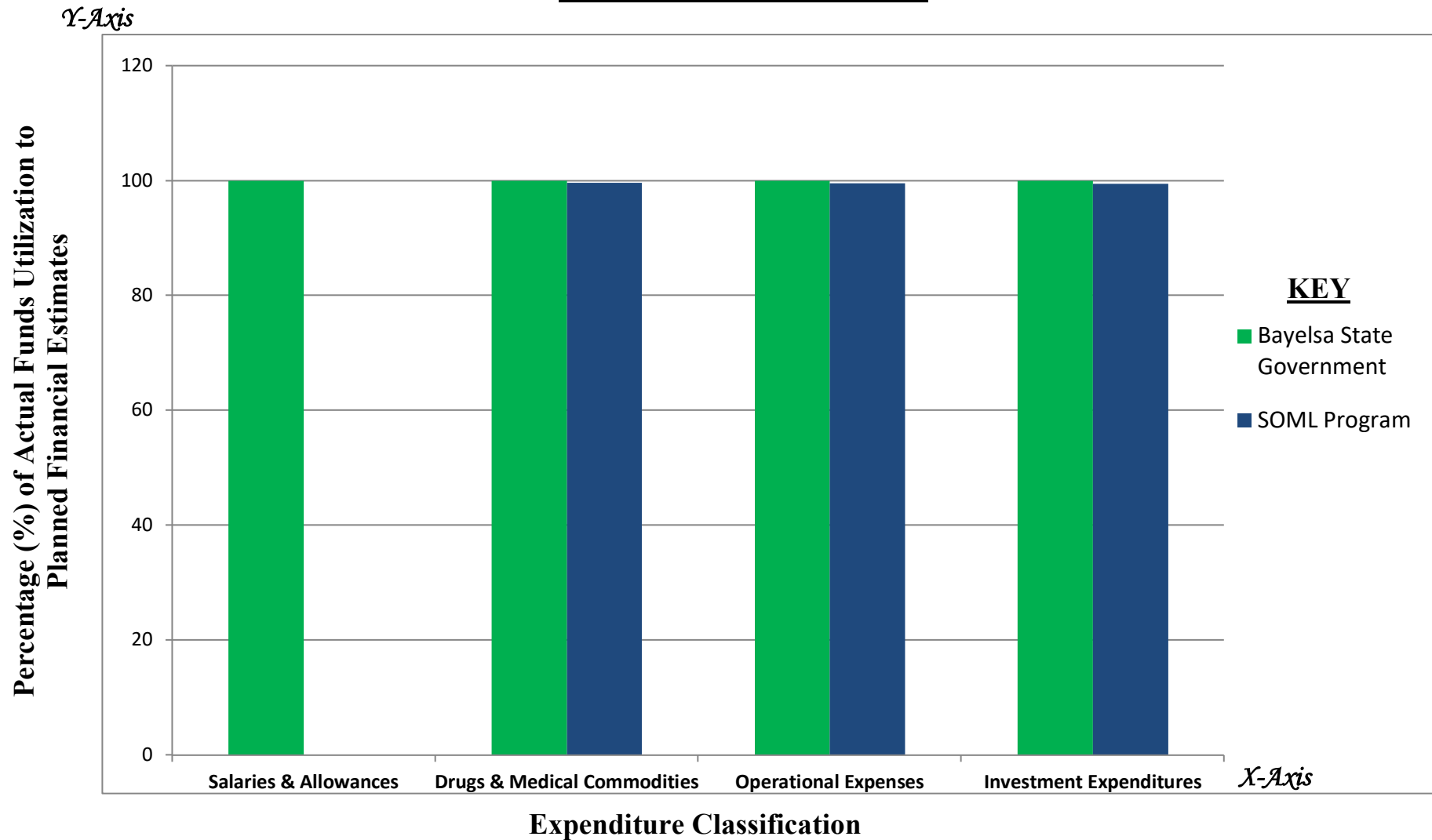
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**1.1 – TABLE 1 BAYELSA STATE GOVERNMENT/SOML PROGRAM FUNDS UTILIZATION**  
**AND PERFORMANCE ANALYSIS FOR PHCs/ENTITIES FOR 2017**

EXPENDITURE CLASSIFICATION	PLANNED FINANCIAL ESTIMATE (RELEASED)	ACTUAL FINANCIAL UTILIZATION	PERCENTAGE (%) OF FUND UTILIZATION	REMARK/SOURCE OF FUND
<b>A. <u>COMPENSATION OF EMPLOYEES:</u></b>	<b>₦</b>	<b>₦</b>		
Salaries & Allowances	1,295,441,780.00	1,295,441,780.00	100%	Bayelsa State Government
<b>B. <u>GOODS &amp; SERVICES:</u></b>				
<b>B1. Drugs &amp; Medical Commodities</b>	40,247,210.00	40,247,210.00	100%	Bayelsa State Government
Drugs & medical Commodities	156,401,100.00	155,785,546.04	99.61%	SOML Program
<b>SUB-TOTAL FOR B1</b>	<b>196,648,310.00</b>	<b>196,032,756.04</b>	<b>99.69%</b>	
<b>B2. Operational Expenses</b>	24,383,161.00	24,383,161.00	100%	Bayelsa State Government
Operational Expenses	228,547,328.00	227,427,303.99	99.51%	SOML Program
<b>SUB-TOTAL FOR B2</b>	<b>252,930,489.00</b>	<b>251,810,464.99</b>	<b>99.56%</b>	
<b>SUB-TOTAL FOR B (B1 + B2)</b>	<b>449,578,799.00</b>	<b>447,843,221.03</b>	<b>99.61%</b>	
<b>C. <u>INVESTMENTS (CAPITAL EXPENDITURE)</u></b>				
Investment	3,801,369,041.00	3,801,369,041.00	100%	Bayelsa State Government
Investment	76,085,572.00	75,650,385.00	99.43%	SOML Program
<b>SUB-TOTAL FOR C</b>	<b>3,877,454,613.00</b>	<b>3,877,019,426.00</b>	<b>99.99%</b>	
<b>GRAND TOTAL (A+B+C)</b>	<b>5,622,475,192.00</b>	<b>5,620,304,427.03</b>	<b>99.96%</b>	

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**FIGURE 1.2      A MULTIPLE-BAR CHART**



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**COMMENTS:**

**Figure 1.2** is a Multiple-Bar Chart which shows in a group form the percentage of planned/budgeted funds actually utilized for the different classifications of health expenditures and activities for 2017 financial year.

It is pertinent to state that through the State Government 2017 annual budget, provisions and allocations were made for compensation of employees in terms of salaries and allowances. The **100%** attainment indicates that the Government released the employees funds as budgeted for the period under review. This is a measure of the remarkable achievements of the social and welfare objectives of government towards workers.

Furthermore, the actual fund utilization in the **SOML** Program indicates a very high performance and outcome in achieving the program objectives.

The highlights of financial performance indices for health expenditure in the SOML Program for 2017 are as follows:

Drugs & Medical Commodities	<b>99.61%</b>
Operational Expenses	<b>99.51%</b>
Investment Expenditure	<b>99.43%</b>



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**1.3 ANALYSIS OF BAYELSA STATE GOVERNMENT PRIMARY HEALTH CARE FUNDING AND EXPENDITURES FOR 2017**

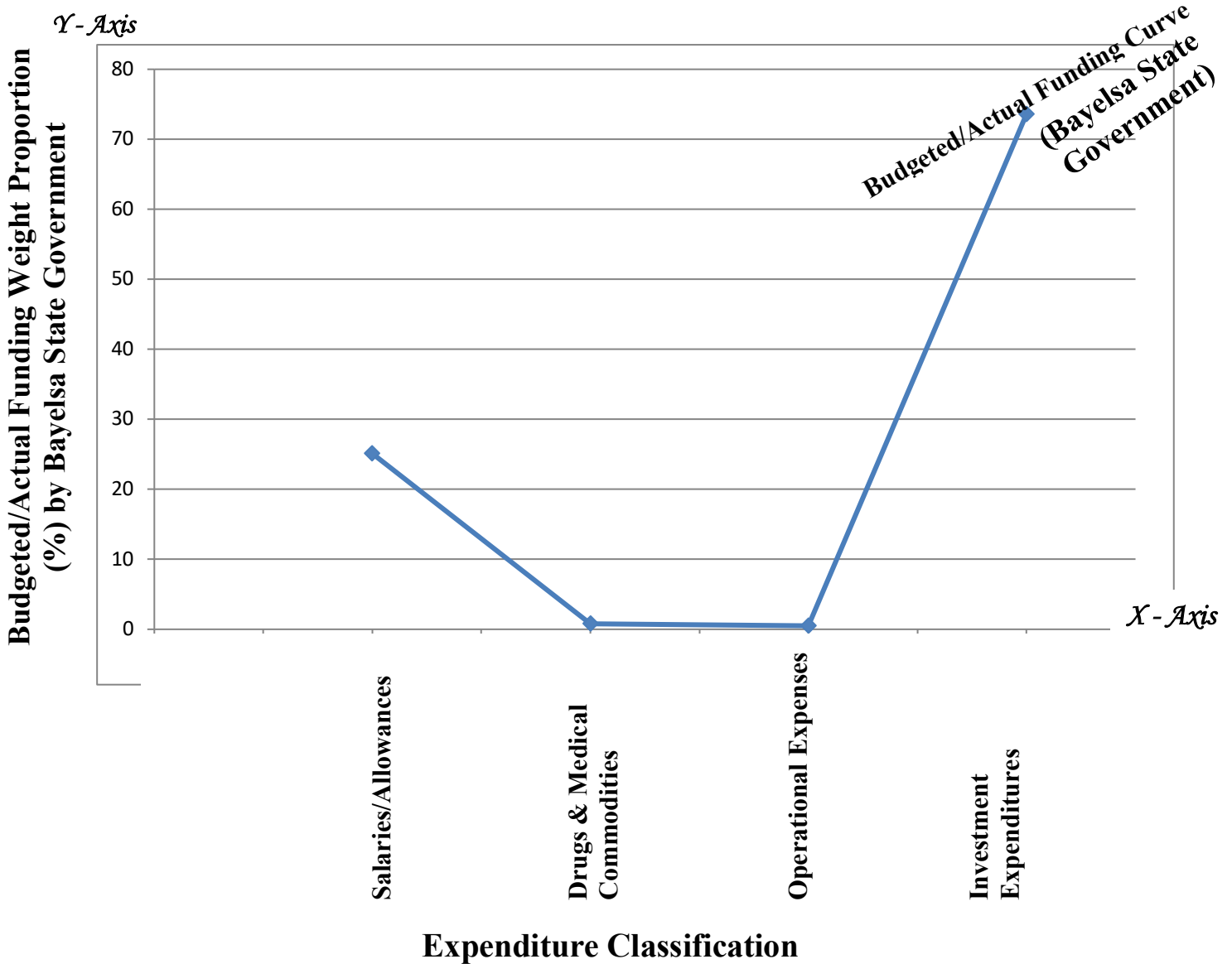
Through the 2017 Annual Health Budget of the Bayelsa State Government, activities and provisions were made by the government for employees' compensations in the areas of salaries/allowances. Also, expenditures for goods and services in terms of drugs, medical commodities and consumables were budgeted. Furthermore, budgetary allocations were made for capital expenditures in terms of increase in fixed assets. The funding of Primary Health Care activities by the State Government were extracted from the consolidated financial statements for PHCs/Entities for 2017. Therefore, the budgeted/actual health expenditures for 2017 were analyzed as follows:

**1.3 TABLE 2: ANALYSIS OF BUDGETED/ACTUAL FUNDING OF PRIMARY HEALTH CARE ACTIVITIES BY BAYELSA STATE GOVERNMENT FOR 2017**

<b>EXPENDITURE CLASSIFICATION</b>	<b>BUDGETED/ACTUAL FUNDING</b>	<b>FUNDING WEIGHT PROPORTION</b>
<b>A. <u>COMPENSATION OF EMPLOYEE:</u></b>	<b>₦</b>	<b>%</b>
Salaries/Allowances	<b>1,295,441,780</b>	<b>25.1%</b>
<b>B. <u>GOODS &amp; SERVICES:</u></b>		
Drugs & Medical Commodities	40,247,210	0.8%
Operational Expenses	24,385,161	0.5%
<b>SUB-TOTAL FOR B</b>	<b>64,630,371</b>	<b>1.3%</b>
<b>C. INVESTMENT (Capital Expenditures)</b>	<b>3,801,369,041</b>	<b>73.6%</b>
<b>GRAND TOTAL</b>	<b>5,161,441,192</b>	<b>100%</b>

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**FIGURE 1.4: GRAPHICAL ANALYSIS OF BUDGETED/ACTUAL FUNDING OF PRIMARY HEALTH ACTIVITIES FOR 2017 BY THE STATE GOVERNMENT**



**COMMENTS ON FIGURE 1.4:**

From the Graph, the State Government Investments in Health Activities for 2017 assumed the highest percentage of **73.6%**. Drugs & Medical Commodities was **0.8%** of the total health care funding by the State Government.

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**1.5 ANALYSIS OF SOML FUNDS AND EXPENDITURES FOR 2017**

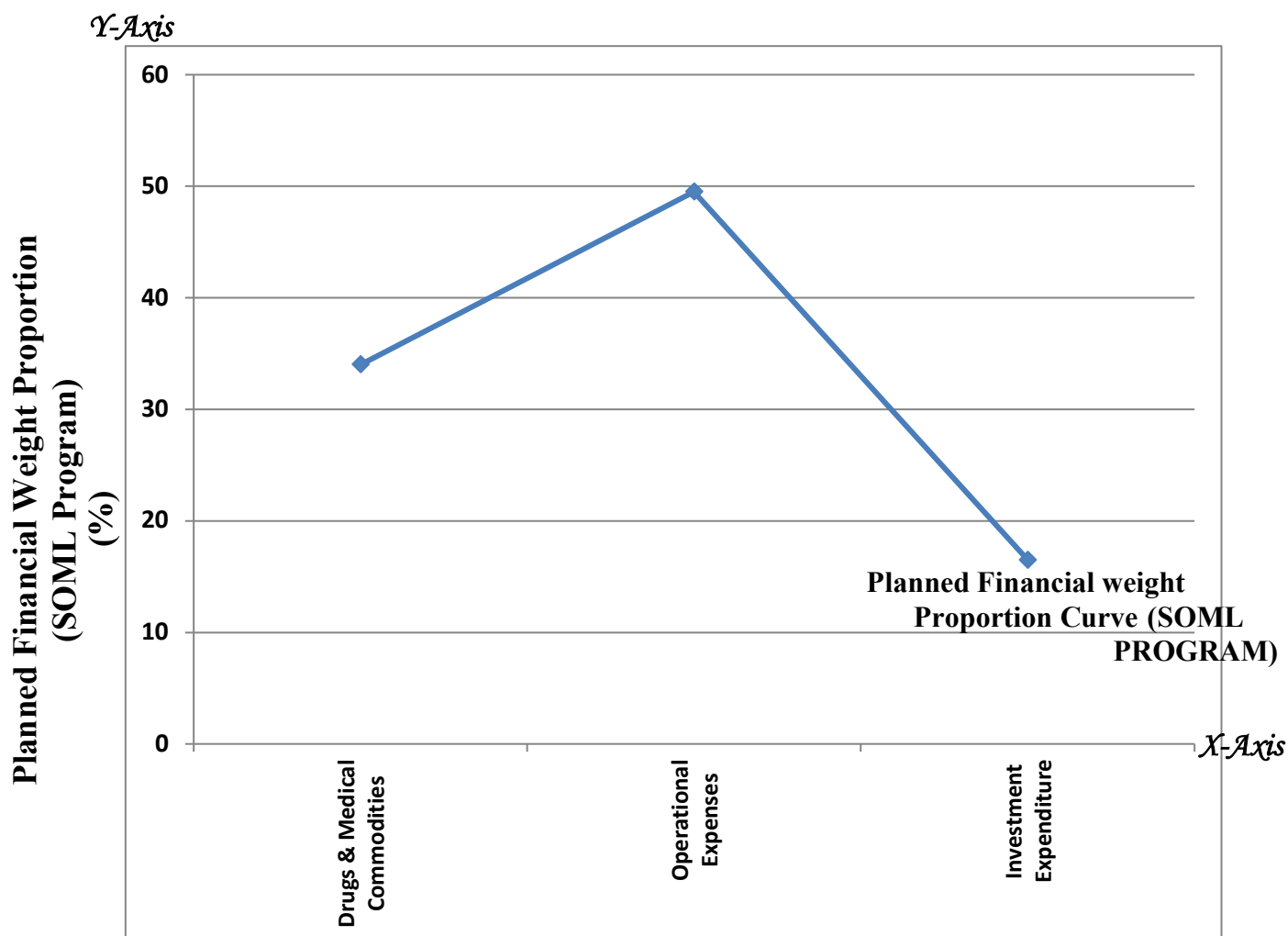
SOML funds were health support grants received from the World Bank through the Federal Government. The utilization of the planned and actual SOML Funds received for 2017 on the various health activities can be analysed on the basis of financial weight proportion under the following expenditure classifications as shown in Table 3 below;

**Table 3: ANALYSIS OF PLANNED AND ACTUAL SOML FUNDS FOR 2017**

<b>EXPENDITURE CLASSIFICATION</b>	<b>PLANNED FUNDS</b>	<b>PLANNED FINANCIAL WEIGHT PROPORTION</b>	<b>ACTUAL FUNDS UTILIZED</b>	<b>ACTUAL FINANCIAL WEIGHT PROPORTION</b>
	<b>₦</b>	<b>%</b>	<b>₦</b>	<b>%</b>
Drugs & Medical Commodities	156,401,100	33.9%	155,785,546.04	34.0%
Operational Expenses	228,547,328	49.6%	227,427,303.99	49.5%
Investment Expenditure	76,085,572	16.5%	75,650,385	16.5%
<b>TOTAL</b>	<b>461,034,000</b>	<b>100%</b>	<b>458,863,235.03</b>	<b>100%</b>

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**1.6 – FIGURE 1.5A: GRAPHICAL ANALYSIS OF PLANNED SOML FUNDS ON HEALTH ACTIVITIES FOR 2017**

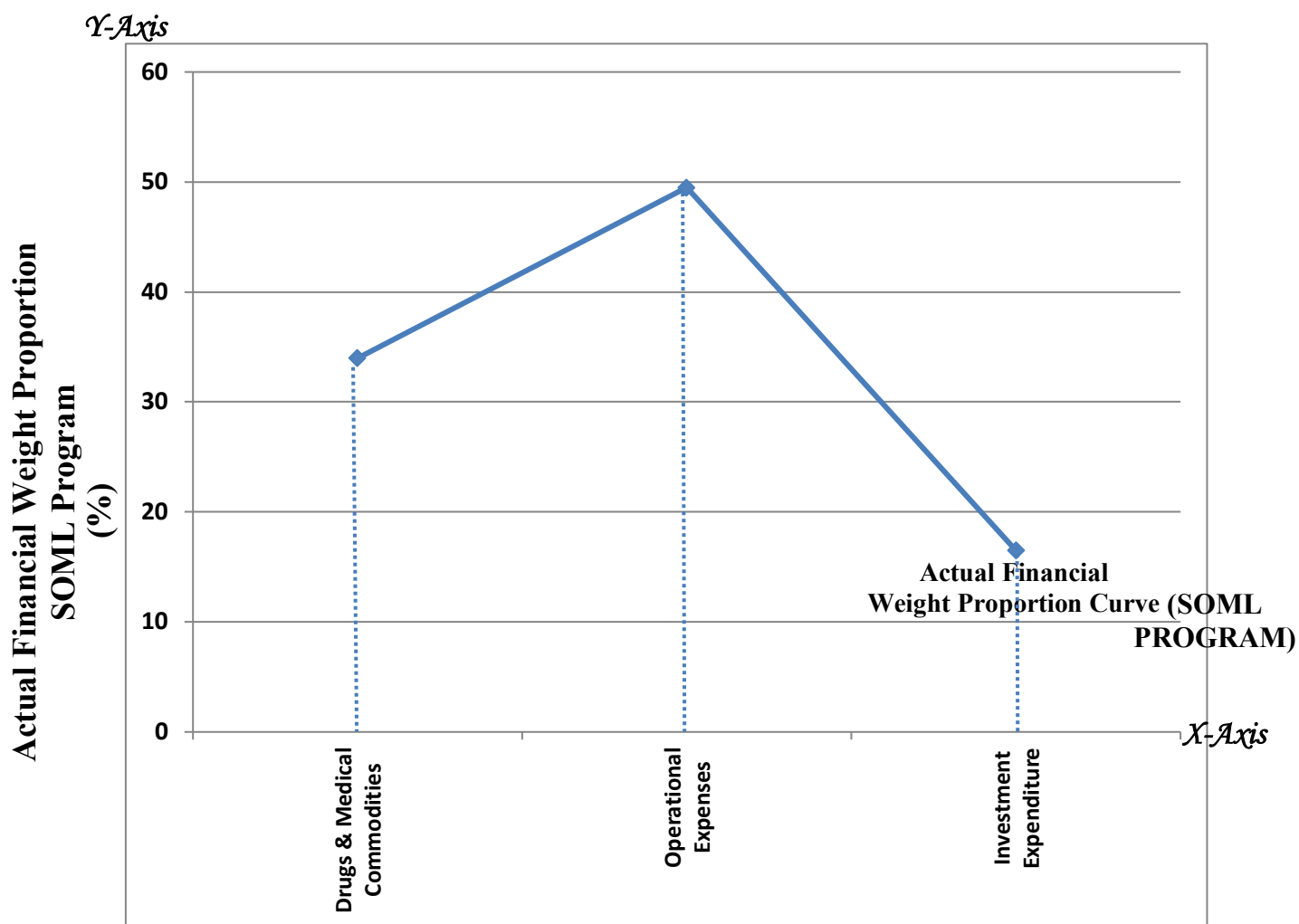


**COMMENTS:**

From **Graph 1.5A** shown above, the planned SOML Funds for Operational Expenses on health activities for 2017 assumed the highest percentage of **49.6%** of the total projected funds. The planned capital grant for investment expenditure weighted **16.5%** of the total SOML projected fund. Estimated Expenditures on Drugs and Medical Commodities weighted **33.9%** in 2017.

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**1.7 – FIGURE 1.5B: GRAPHICAL ANALYSIS OF ACTUAL UTILIZATION OF SOML FUNDS ON HEALTH ACTIVITIES FOR 2017**



**COMMENTS:**

**Graph 1.5B** also indicated that in 2017, Operational Expenses has the highest weight proportion of **49.5%** in terms of actual fund utilization. Drugs & Medical Commodities weighted **34%** of the total actual fund utilized. Actual Capital Expenditure was **16.5%** of the full actual fund utilized.

It is financially interpreted that in 2017 there was a synchronization between actual fund utilization and expected activity funds for the different components of health expenditures under the **SOML** Program.

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**1.8 AVERAGE AND TOTAL PERCENTAGE ANALYSIS OF HEALTH CARE FUNDS UTILIZATION FOR PHCs IN 2017**

<b>EXPENDITURE CLASSIFICATION</b>	<b>AVERAGE PERCENTAGE (%) OF FUND UTILIZED</b>	<b>TOTAL PERCENTAGE (%) OF FUND UTILIZED</b>
<b>A. <u>COMPENSATION OF EMPLOYEES</u></b> Salaries/Allowances	<b>100%</b>	<b>100%</b>
<b>B. <u>GOODS &amp; SERVICES</u></b> Drugs & Medical Commodities Operational Expenses	<b>99.81%</b> <b>99.76%</b>	<b>99.69%</b> <b>99.56%</b>
<b>C. <u>INVESTMENT</u></b> (Capital Expenditures)	<b>99.72%</b>	<b>99.99%</b>

**COMMENTS ON TABLE 1.8:**

Basically, salaries & allowances were budgeted and paid by the State Government to employees in the respective health institutions for their services. Therefore, **100%** payment was effected on the average and total levels in 2017.

The average and total percentages for drugs & medical commodities, operational expenses and Capital expenditure were computed based on the respective proportional funds' utilization via the State Government and SOML Program for the various health activities during the period under review.

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**2.0 JUSTIFICATION FOR PREPARATION OF A CONSOLIDATED BUDGET EXECUTION REPORT**

The following reasons necessitate the preparation of a consolidated Budget Execution Report:

- (i.) To ensure financial transparency and accountability in the use and management of public funds.
- (ii.) To ascertain the level of implementation of government programmes in terms of economy, efficiency and effectiveness.
- (iii.) To evaluate the impacts of government fiscal policy on health operations and other activities.
- (iv.) To determine the level of compliance with the Fiscal Responsibility Act of Government.
- (v.) To facilitate the monitoring and control of the consolidated budget performance for operating entities and institutions in the State.
- (vi.) To comply with the financial management and performance requirements of International Finance Institutions, e.g. World Bank, IMF, ADB, UNICEF etc.

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**3.0 DISBURSEMENT LINKED INDICATORS (DLIs)**

The five (5) Disbursement Linked Indicators (DLIs) under the SOML Program for Results are stated as follows:

- (i.) Increasing the utilization of High Impact Reproductive And Child Health and Nutrition Interventions.
- (ii.) Increasing the Quality of High Impact Reproductive and Child Health And Nutrition Interventions.
- (iii.) Improving monitoring and Evaluation of Systems and Data Utilization.
- (iv.) Increasing Utilization And Quality of maternal And Child Health Interventions through Private Sector Innovation.
- (v.) Enhancing Transparency in Management And Budgeting for PHCs.



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**4.0 ROLES OF THE STATE GOVERNMENT IN THE SOML PROGRAM FOR RESULT**

The following are the roles and responsibilities of the State Government in the SOML Program for Results;

- (i.) Creation of awareness of the SOML Program for Results and earnings/fund support of the State Government.
- (ii.) Coordination/establishment of Implementation structure in the following areas;
  - Formulation of a common goal.
  - Identification of teams and definition of roles.
  - Planning and implementation.
  - Continuous program advocacy/communication.
  - Appointment of a competent and qualified state program manager.
- (iii.) Preparation of Plans for use of initial investment funds and future program funds.
- (iv.) Execution of performance management system.
- (v.) Tracking and improving the quantity and quality of SOML related services.
- (vi.) Continuous engagement of relevant partners and NGOs in the State concerning the implementation of SOML Program for Results.
- (vii.) Establishment of State Primary Health Care Development Agency.
- (viii.) Initiate Programs that will purposely curb health system weaknesses, such as the introduction of the Social Health Insurance Scheme in the State.
- (ix.) Encouraging opportunities for Public Private Partnership (PPP).
- (x.) Ensuring inter-working relationship among different structures in the State responsible for SOML Key indicators.

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**5.0 FINDINGS**

- (i.) The Health budget of 2017 for the Primary Health Care Centres/Entities in Bayelsa State was well executed.
- (ii.) It was found that the Bayelsa State Government has immensely invested in the Primary Health Care Sector of the State in view of Comparative Financial Analysis of health activities conducted in the State overtime.
- (iii.) The **Saving One Million Lives (SOML) Program for Result** has greatly improved the health-care delivery in the State in the areas of Safe-motherhood initiative, immunization and other health performance measures.
- (iv.) It was found that Primary Health Care activities can be classified into the following expenditure headings;
  - A. Compensation of Employees:** Salaries/Allowances.
  - B. Goods & Services:** Drugs & Medical Commodities and Operational Expenses.
  - C. Investment:** (Capital Expenditures).
- (v.) It was found that funds utilized on health expenditures were based on planned/budgeted activities which were duly approved and executed.
- (vi.) During the period under review, there was proper monitoring and control of Health Expenditures by the Bayelsa State Government.

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**6.0 RECOMMENDATIONS AND CONCLUSION**

In the light of the above stated findings, the following recommendations are made;

- (i.) In view of the enormous financial investment by the State Government say **91.8%** in the State Primary Health-Care Sector, the government is commended to maintain the trend in order to continuously improve the health-care delivery in Bayelsa State.
- (ii.) Owing to the success of the **SOML Program for Result** in the State in terms of realizing the health outcomes and deliverables for 2017, the government may continue the efforts of partnering/collaborating with other international donor institutions to enhance the sources of off-shore financing for health activities in Bayelsa State.
- (iii.) The continuous training and re-training of accounts and finance officers in the State Health Institutions is imperative in order to maintain and analyse up to date financial records on various chains of health activities.
- (iv.) Financial expenditures on health activities be always categorized into salaries/allowances, drugs and medical commodities, operational expenses and Capital Expenditure for effective financial analysis.
- (v.) The excellent Health-Budget monitoring and control efforts by the Bayelsa State Government be sustained for continuous and critical performance evaluation of the State Primary Health Care Sector.

It is important to state that the financial analysis and statistics for 2017 showed that the consolidated budget execution for chains of designated health activities indicated a favourable and high performance outcome. This is a remarkable development in the financial accountability and transparency for effective operation of Primary Health-Care Centres and Entities in Bayelsa State.

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**7.0 APPENDICES:**

**7.1 – Appendix 1: Statement Of Budgeted/Actual Salaries & Allowances for**  
**Employees in PHCs for Eight (8) LGAs & State PHC Department for 2017**

<b>ENTITIES</b>	<b>BUDGETED/ACTUAL AMOUNT (₦)</b>
8 LGAs	1,277,441,780
State PHC Department	18,000,000
<b>Total</b>	<b>1,295,441,780</b>

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**7.2 – Appendix 2: Schedule of Consolidated Budgeted/Actual Expenditure**  
**for Drugs & Medical Commodities for All PHCs in 8 LGAs & State**  
**PHC Department In 2017**

<b>EXPENDITURE</b>	<b>AMOUNT FOR 8 LGAs/PHCs</b>	<b>AMOUNT FOR STATE PHC DEPARTMENT</b>	<b>TOTAL AMOUNT</b>
Consumables	1,458,675	–	1,458,675
Purchase of Drugs	8,415,535	30,000,000	38,415,535
<b>Total</b>	<b>9,874,210</b>	<b>30,000,000</b>	<b>39,874,210</b>

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**7.3 – Appendix 3: Statement of Consolidated Operational Expenses for All PHCs in the 8 LGAs & State PHC Department for 2017**

<b>EXPENDITURE</b>	<b>AMOUNT FOR 8 LGAs/PHC (₦)</b>	<b>AMOUNT FOR STATE PHC DEPARTMENT</b>	<b>TOTAL AMOUNT (₦)</b>
Training	849,000	–	849,000
General Health & Admin.	478,000	–	478,000
Overhead & Maintenance of Health Facilities	19,559,661	3,000,000	22,559,661
Ambulatory Expenses	373,000	–	373,000
Other Expenses	496,500	–	496,500
<b>Grand Total</b>	<b>21,756,161</b>	<b>3,000,000</b>	<b>24,756,161</b>

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**7.4 – Appendix 4: Schedule of Consolidated Investment (Non-Current Assets)**  
**for All PHCs in The 8 LGAs & State PHC Department for 2017**

S/N	INVESTING ACTIVITIES	AMOUNT (₦)
1.	Increase in Building & Property	2,768,419,531
2.	Increase in Plant & Equipment	539,295,120
3.	Increase in Furniture & Fittings	80,142,650
4.	Increase in other Fixed Assets	413,511,740
	<b>Total</b>	<b>3,801,369,041</b>

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**7.5 – Appendix 5: Schedule of Planned Expenditures for Drugs And**  
**Medical Commodities in The SOML Program for Result for 2017**

<b>S/N</b>	<b>ACTIVITY NO.</b>	<b>ACTIVITIES/EXPENSE DETAILS</b>	<b>AMOUNT (₦)</b>
1.	1.2	Quarterly Distribution of Vaccines	12,000,000
2.	2.2	Immunization outreach programme	6,600,000
3.	3.5	Quarterly outreach for LLIN hang up and keep up	1,188,000
4.	3.7	World Malaria Day Expenses	3,257,500
5.	3.8	Malaria Control Activities	392,000
6.	8.7	Validation Expenses for Monitoring & Supervision of Drug distribution/Health Programme Reporting	660,000
7.	3.1	LLINS needs for LGA	2,130,400
8.	3.3	Supply of LLINs to Public Health facilities	27,968,200
9.	6.1	Procurement of Drugs and Medical Commodities – Choloheidine, Oxytodue, Delivery Kits to PHCs	36,500,000
10.	6.3	Safemotherhood Expenses	7,125,000
11.	6.6	Transfers for SBA Commodities/Skilled Birth Delivery	15,000,000
12.	7.5	Pushing Vitamin A Capsules to the distribution points	330,000
13.	9.2	Procurement & distribution of essential drugs/Equipments to PHCs	26,250,000
14.	10.1	Immunization materials & Vitamin A Supplementation	6,250,000
15.	10.5	Procurement of tablets and installation of app	10,750,000
<b>TOTAL</b>			<b>156,401,100</b>



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**7.6 – Appendix 6: Statement of Planned Operational Expenses in The SOML Program for Result for 2017**

<b>S/N</b>	<b>ACTIVITY NO.</b>	<b>ACTIVITY/EXPENSE DETAILS</b>	<b>AMOUNT (₦)</b>
1.	1.3	Assessment/Repairs/Maintenance of Cold Chain Equipment	8,924,000
2.	1.4	Fueling/Maintenance of Cold Store Generators (State & LGAs)	4,548,000
3.	3.6	Sensitization Meeting with Community based opinion leaders	555,000
4.	3.9	Repair and Maintenance of RBM Vehicle	395,500
5.	4.3	Activation of PMTCT Sites	1,336,000
6.	4.4	Quarterly ISS visits to facilities	8,016,000
7.	4.5	Quarterly DQA to facilities	8,016,000
8.	4.6	EID Support Services – Client tracking engagement of mentor mothers’ orientation of Health workers	17,360,000
9.	5.1	Quarterly Advocacy visit to stakeholders	10,858,000
10.	5.2	Monthly Review & tap mile distribution to all service providers	5,367,000

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**7.6 – Appendix 6: Statement of Planned Operational Expenses in**  
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11.	5.3	Conduction of Quarterly outreach programme in each LGA	6,240,000
12.	5.5	Monthly supportive supervisory visits to facilities for data retrieval, collection, and collation	5,568,000
13.	6.5	Conduction of quarterly outreach services	5,460,000
14.	7.1	Mapping & Identification of Distribution points	9,721,000
15.	7.3	Supportive Supervisory visits for Data Retrieval, Collection & Collation	2,784,000
16.	7.4	Conduction of Quarterly Outreach Activities	5,820,000
17.	8.2	Data Quality Assurance (DQA) Activities	4,146,000
18.	8.4	Data Reporting Facilitation By Health Facilities	6,000,000
19.	8.5	Monitoring & Evaluation of Health Facilities	2,520,000
20.	8.6	Integrated Health Data Team Meeting	1,200,000
21.	9.3	Commemoration of MNCH Week (I & II Round)	6,925,000
22.	9.4	Commemoration of MNCH Week (2 <sup>nd</sup> Round)	6,925,000
23.	10.2	Designation, Development, Air Jingles/Adverts on Maternal & Child Health Activities	6,320,000
24.	10.3	Monthly TCG Meetings	3,972,000
25.	10.4	Logistics & Miscellaneous Expenses	13,967,428

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26.	10.6	Independent Supervision and Performance Management	10,672,000
27.	2.1	Biannual Training for HCW and Community Volunteers	11,080,000
28.	2.3	Planned Mentoring of Health Workers on session	2,132,000
29.	3.2	Sensitization of Heads of facilities	3,580,400
30.	3.4	Job Training on Malaria & Malaria Commodities Handling	2,052,000
31.	4.1	Training of relevant Health Workers	3,340,000
32.	4.2	Training of relevant Health Workers Non-IP Supported sites	3,340,000
33.	5.4	Quarterly Training of SDP and LGA focal persons	4,284,000
34.	6.2	Refresher Training of Midwives & Division Staff	6,560,000
35.	6.4	Quarterly Training of HCW	7,635,000
36.	7.2	Orientation & Mentoring of focal persons for distribution points	10,120,000
37.	8.3	Training & Retraining of M/E and Record Officers	10,808,000
		<b>GRAND TOTAL</b>	<b>228,547,328</b>

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**7.7 – Appendix 7: Schedule of Planned Investment (Capital Expenditure)**  
**in The SOML Program for Results for 2017**

<b>S/N</b>	<b>ACTIVITY NO.</b>	<b>ACTIVITIES/EXPENSE DETAILS</b>	<b>AMOUNT (₦)</b>
1.	1.1	Procurement of Cold Equipment	10,000,000
2.	8.1	Procurement of Computers	4,700,000
3.	8.8	Procurement of Project Vehicles	24,635,572
4.	9.1	Development/Refurbishment of PHC facilities	36,750,000
	<b>TOTAL</b>		<b>76,085,572</b>

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**7.8 – Appendix 8: Schedule of Actual Expenditure for Drugs & Medical Commodities in The SOML Program for Results for 2017**

S/N	DETAILS OF ACTIVITIES	AMOUNT (₦)
1.	Procurement of tablets & Solar Panels	14,918,400
2.	Procurement of Oxytocin Injection	3,250,000
3.	Procurement of umblicare gel	800,000
4.	Distribution of essential drugs & medical Equipment to Health facilities	3,740,000
5.	LLINS Distribution for MNCHW	1,050, 000
6.	Tele-clinical Health Support	11,192,235.04
7.	Procurement of essential medicine	15,750,000
8.	Procurement of Commodities	8,885,911
9.	World Malaria Day Event	3,525,000
10.	2 <sup>nd</sup> round National Immunization	3,088,000
11.	Safe Motherhood Event	3,900,000
12.	Supply of Delivery Kits	22,000,000

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**7.8 – Appendix 8: Schedule of Actual Expenditure for Drugs & Medical Commodities in The SOML Program for Results for 2017**

<b>S/N</b>	<b>DETAILS OF ACTIVITIES</b>	<b>AMOUNT (₦)</b>
13.	Supply of Insecticide Mosquito Nets	24,035,000
14.	Vitamin A Supplementation	6,500,000
15.	HIV Testing for MNCHW	4,000,000
16.	Distribution of Mema Kits for MNCHW	1,970,000
17.	HIV Testing	660,000
18.	World Breast Feeding Event	1,980,000
19.	Screening of Children eyes/provision of eye glasses & other consumables	5,575,000
20.	Intensification of routine Immunization activities	1,960,000
21.	Procurement of HIV Test Kits & Consumables	7,720,000
22.	Routine Immunization (March 18)	4,634,000
23.	Routine Immunization (April 18)	4,634,000
	<b>TOTAL</b>	<b>155,785,546.04</b>

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**7.9 – Appendix 9: Summarized Statement of Actual Operational Expenses in The SOML Program for Results for 2017**

S/N	EXPENSE CLASSIFICATION	AMOUNT (₦)
1.	Advertisement of Publicity	6,975,999.99
2.	Communication & Data Expenses	837,500
3.	Consultancy & General Training Expenses	25,121,250
4.	Fuelling & Generator Expenses	3,421,500
5.	Meetings & Entertainment	3,358,500
6.	Mobilization, Supervision & Data Collection	28,630,040
7.	Programme logistics & organizing expenses	71,993,689
8.	Repairs, vehicles & office maintenance expenses	8,939,500
9.	Stationeries, printing, photocopy & related expenses	8,130,100
10.	Transportation & distribution expenses	6,033,500
11.	Training Cost	63,985,725
	<b>TOTAL</b>	<b>227,427,303.99</b>

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**8.0 – Appendix 10 (10a): Schedule of Actual Investments (Capital Expenditure)  
in The SOML Program for Result for 2017**

S/N	DETAILS OF ACTIVITIES	AMOUNT (₦)
1.	Laptop & Accessories SOML Office	2,628,000
2.	Refurbishment, furniture & Equipment	2,932,250
3.	2 Toyota Hilux	38,388,000
4.	Laptops	2,000,000
5.	Website Procurement	876,750
6.	Basic Equipment & Materials for PHC	10,980,000
7.	Laptops for program officers	3,320,000
8.	I Projector & FAS	400,000
9.	Purchase of Internet Wifi Printer	475,000
10.	Installation of Vaccine Refrigerators	5,400,000
11.	Installation of Vaccine Refrigerators	3,600,000
12.	Generator Battery	18,000
13.	Bills boards production & Installation	2,680,000
14.	Computer Purchased	55,000
	<b>SUB-TOTAL</b>	<b>73,757,000</b>
<b>(10B) STATEMENT OF SHORT-TERM CAPITAL EXPENDITURE FOR 2017</b>		
	Stocks – Consumables (Cerelec)	<b>1,893,385</b>
	<b>GRAND TOTAL FOR CAPITAL EXPENDITURE</b> <b>(10A + 10B)</b>	<b>75,650,385</b>



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