# **Kano State**



# **Guidelines for Consolidated Work Plan Basic Education and Primary Healthcare**

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## **Abbreviations and Acronyms**

Acronyms	Full Meaning
AOP	Annual Operational Plan
BED	Basic Education
BPS	Budget Policy Statement
CoA	Chart of Account
FSP	Fiscal Strategy Paper
KPI	Key Performance Indicator
LG	Local Government
LGC	Local Government Council
MDAs	Ministries, Departments and Agencies
MS	Microsoft
MTEF	Medium-Term Expenditure Framework
MTSS	Medium-Term Sector Strategy
NCoA	National Chart of Account
NGF	Nigeria Governors Forum
PHC	Primary Health Care
SESS	State Education Sector Strategy

## 1.0 Introduction

The Annual Consolidated Work Planning Guidelines provide a step-by-step guide to assist the state Education and Health sectors in the preparation and consolidation of workplans for Basic Education (BED) and Primary Health Care (PHC). It provides a standardised approach to support resource allocation, ensuring that planning and budgeting processes are efficient, transparent, and accountable. By following this guideline, Kano State Education and Health sectors can align their programmes and projects within these critical sectors with the state's strategic priorities, funding framework, and operational plans.

BED is considered a sub-sector within the broader Education Sector. PHC is considered a sub-sector within the broader Health Sector.

The Guidelines are expected to support better coordination in planning and budgeting, enhance financial discipline, and ensure the effective allocation of resources to improve basic education and primary healthcare outcomes in Kano State. The consolidated workplans developed through this process will serve as essential tools for monitoring progress, evaluating impact, and fostering accountability in the delivery of BED and PHC services.

The Annual Work Planning template is an MS Excel-based template that was adopted by the state to produce the consolidated workplan for the BED sub-sector of Education and PHC sub-sector of the 'Health' sector.

The Consolidated Annual Work Plan shall:

- support better coordination in planning and budgeting, leading to more effective programme implementation in the basic education and primary health sub-sectors.
- Promote fiscal discipline, ensuring that resources are allocated efficiently and used effectively.
- Enhance monitoring, evaluation, and accountability in the delivery of basic education and primary health care services.

The Guideline has been designed to:

- 1. Guide the preparation of comprehensive and consolidated workplans that integrate all programmes and projects related to basic education and primary health care.
- 2. Provide a comprehensive framework for the preparation of annual budgets at both the state and local government levels for BED and PHC.
- 3. Ensure alignment with the State Education and Health Sector Strategy and Annual Operational Plan (AOP), which is developed post-budget approval, to maintain policy coherence and sector-wide coordination during budget execution.
- 4. Ensure BED and PHC budgets are prepared within the envelope/ceiling for the two subsectors.
- 5. Ensure compliance with the National Chart of Accounts (NCoA), including the economic and programme segments.
- 6. Include recurrent costs for frontline workers, specifying salary, benefits, and recruitment expenses, and indicating whether the Local Government Council (LGC) or the State Government will provide funding.

- 7. Prioritise capital investments based on clear criteria, including investment management guidelines (see Annex 1),
- 8. The capital investment budget shall clearly show geotagging using the NCOA location codes and ensure adherence to costing standards, and physical and fiscal reporting requirements (see Annex 2).
- 9. Enable the identification of the timing of each activity, which will support the development of cash planning and annual operation plans (AOP) once the budget is approved.

The relevant State and LG Ministries, Departments and Agencies (MDAs) should work collaboratively to prepare their work plans as part of the annual budget process, as the expenditure line items and allocations in the consolidated work plan will be the same as the corresponding items and expenditures in the annual budget.

The instructions in sections 2 and 3 below guide the use of the MS Excel template that supports the development of the work plan. Section 4 provides guidance on how the work plans for BED and PHC should be used to support the development of annual budget proposals, both by the relevant state MDAs and the local government. As noted above, Annexes 1 and 2 provide further guidance on the prioritisation of public investment and guidance on reporting.

## 2.0 Template Format and Structure

The Work-plan template is organised into 10 sheets, namely:

- Calibration Worksheet This is the menu worksheet, which is used to select the state, the sector, the current year, the sub-sector expenditure ceilings for the year (for the state and its local government) in question, and identification of MDAs of the subsector.
- 2. **KPI Identification Worksheet** The Key Performance Indicators (KPIs) worksheet provides the expected output of each priority, the output KPI baseline, and the output target for the work plan year.
- 3. **Project Identify-Prioritise Worksheet** This is the worksheet where all the projects are identified, and scores are assigned to each project (based on scoring criteria) to prioritise and rank projects.
- 4. **Project Costing and Activity Planning Worksheet** This is the worksheet for costing the projects by activity, highlighting the nature of the expenditure (i.e., Personnel, Other Recurrent, and Capital), and identifying the timing of each activity (monthly).
- 5. **Aggregate Costing Worksheet** Reporting worksheet that shows the aggregate costing and ceilings by main economic classification (i.e., personnel, other recurrent and capital).
- 6. **Expenditure by Programme Worksheet** Reporting worksheet that shows the spending on personnel, other recurrent, and capital for each programme and each objective.
- 7. **Expenditure by Priority Worksheet** Reporting worksheet that shows the expenditure by project ranked in order of priority based on the scoring criteria in the Project Identity-Prioritise Worksheet.
- 8. **Expenditure by MDA Worksheet** Reporting worksheet that shows the expenditure of all the MDAs (and local government) under the sector on personnel, other recurrent, and capital.
- 9. **ADMIN.C Worksheet** This worksheet is used for entering the State Administrative segment approved codes.
- 10. **PROG**.C worksheet The Admin. worksheet is used for entering the State programme segment approved codes.

**NOTE** – The cells in each worksheet are either white or blue. Users are only allowed to enter data into the blue cells. The white cells are protected to prevent damage to the background formulas. The password for unprotecting the worksheet may be provided to the users in certain circumstances (the main reason for protecting the worksheets is to avoid unintentional deletion of background formulas that are needed to generate the various reports and other calculations). Also, the orange and blue worksheets are the input worksheets; therefore, most of the cells in the worksheets are blue. The green worksheets are output or report worksheets; therefore, all the cells in the worksheets are white. The yellow worksheet (i.e., Projects by MDA/LG) is an output or report worksheet, but the only difference is that the dropdown function on cell I1 is used to select the MDA. Finally, the purple worksheet is an input worksheet for entering the 'Administrative' segment codes of the state.

## 3.0 Features and How to Use the MS Excel Template

## 3.1 Calibration Worksheet

The Calibration Worksheet is the main worksheet used to select the State, the Sub-Sector, the year the workplan is being developed for (based on the current year), the sub-sector Budget Ceilings (state and local governments), and the List of MDAs under the sector.

The Calibration Worksheet has three sections, namely

- Calibration, domestication and summary
- State and Summary Local Government Sub-Sector Ceilings
- List MDAs in the Sub-Sector
- Local Government Sub-Sector ceilings

The Calibration worksheet is shown in Error! Reference source not found. below.

Figure 1 Calibration Worksheet

Enter State	Kano							
Enter Sub-Sector (Basic Education or Primary Health)	Primary Healthcare							
Enter Sector Code (Programme Segment Level 1)	04							
Enter Current Year	2025							
Work-Plan for Year	2026							
2026 Budget Ceilings for Primary Healthcare	J	J						
Year	State Government	Local Governments	Total					
Personnel Budget Ceiling	6,896,596,000.00	276.00	6,896,596,276.00					
Other Recurrent Budget Ceiling	3,720,700,000.00	2,760.00	3,720,702,760.00					
Capital Budget Ceiling	39,885,000,000.00	27,600.00	39,885,027,600.00					
Total Sub-Sector Budget Ceiling	50,502,296,000.00	30,636.00	50,502,326,636.00					
List MDAs who contribute to Primary Healthcare Sub-Sec	tor							
LOCAL GOVERNMENTS								
052100100100 - Ministry of Health								
052100300100 - H.M.B. ( HQ and Zones)								
052100400100 - College of Nursing & Mid-Wifery Board								
052100500100 - Primary Health Care Mgt. Board (PHCMB)								
052100600100 - State Agency for Control of Aids								
052100800100 - CONTRIBUTORY HEALTH MGT								
052100900100 - KHETFUND								
052101100100 - Private Health Institutions Management Agency								
052101300100 - Drugs Management & Consumable Supply Agency (Drugs Management Agency)								

2026 Budget Ceilings for Primary Healthcare for Local G			
Local Government	Personnel Budget Ceiling	Other Recurrent Budget Ceil	Capital Budget Ceiling
Ajingi	1.00	10.00	100.00
Albasu	2.00	20.00	200.00
Bagwai	3.00	30.00	300.00
Bebeji	4.00	40.00	400.00
Bichi	5.00	50.00	500.00
Bunkure	6.00	60.00	600.00
Dala	7.00	70.00	700.00
Dambatta	8.00	80.00	800.00
Dawakin Kudu	9.00	90.00	900.00
Dawakin Tofa	10.00	100.00	1,000.00
Doguwa	11.00	110.00	1,100.00
Fagge	12.00	120.00	1,200.00

## Section 1 – Calibration Domestication Summary

The calibration domestication summary is provided in Calibration Worksheet Column B, Rows 1-5 as explained below.

- Cell B1 Select from the dropdown options the name of your State (for example, Kano)
- Cell B2 select the sub-sector
- Cell B3 the NCOA programme segment sector code for the overarching sector will be automatically generated
- Cell B4 Select from the dropdown options the current year (which is the current year the plan is being prepared, for example, 2024)
- Cell B5 The work-plan year will automatically populate based on the year selected in Cell B4

## Section 2 - Sector Budget Ceilings

Medium-Term Sector Strategy (MTSS) aims at allocating resources towards strategic government goals/objectives and programmes within the constraints implied by the overall fiscal targets over three years. The Sub-Sector Budget Ceiling section calculates the total costs (personnel, overhead, and capital expenditure) of the projects for each MTSS year to ensure that the costs are within the allotted budget ceiling.

- The MTSS period years will automatically populate cells B8, C8, and D8 based on the year selected in Cell B4.
- Enter the indicative ceiling of the sector as provided in the Fiscal Strategy Paper (FSP) and Budget Policy Statement (BPS) as follows:
  - Personnel Budget Ceiling in cells B9, C9, and D9
  - Other Recurrent Budget Ceiling in cells B10, C11, and D11
  - Capital Budget Ceiling in cells B12, C12, and D12
- The total budget ceiling will automatically be calculated in cells B13, C12, and D13.

### Section 3 - MDA in Sector

A sector, as explained in the main document, is a discrete area of government business under which key outcomes are defined, but it may well include the work and outputs of more than one Ministry, Department and Agency (MDA). The MDAs under the sector are selected using the dropdown on blue cells. The drop-down (i.e., MDAs) is generated from Admin. Worksheet. Any MDA that is not selected in the Calibration worksheet will not be available in the dropdown lists in the subsequent worksheets.

## Section 4 – Local Governments and their ceiling for each main classification of expenditure

The local governments are automatically populated based on the selection of the state. For each local government, the sub-sector ceiling for Personnel, Other Recurrent and Capital Expenditure should be entered.

## 3.2 KPI Identification Worksheet

The Key Performance Indicator (KPI) worksheet provides the expected output of each Programme, the output KPI baseline, and the output target of each of the Priorities of the sub-sector.

The KPI Identification Worksheet has six sections, namely

- Priority Area
- Linkage to Sector programme
- Expected Output
- Output Key KPI column
- Output KPI Baseline columns
- Output Target column

The KPI Identification worksheet is shown in Figure 2 below.

## Figure 2 KPI Identification Worksheet

Kano State Government Primary Healthcare Sub-Sect							
Identify Primary Healthcare Sub-Sector Priorites	Linkage to Sector Programme	Expected Output	Output KPI	Output KPI Baseline		Output Targets	
Identity Pliniary Healthcare Sub-Sector Priorites	Linkage to Sector Programme	Expected Output	Output KP1	Value	Year	2026	
aa			percentage increase in infrastructure in health services delivery	N/A	N/A	20%	
bb			percentage increase in infrastructure in health services delivery	N/A	N/A	20%	
сс		Enhance the adequate and affordable medicine in health services in the state	100% increase	N/A	N/A	20%	

## Section 1 - Priority Area

Enter the priority area for the sub-sector.

## Section 2 - Programme Column

The corresponding Sector Programme should be selected and correctly link the sub-sector priority to the most appropriate sector programme.

## Section 3 - Expected Output

Enter the expected output of each programme in column C. Note that the output is the direct result of the programme.

## Section 4 - Output Key KPI column

Enter the output KPI for the output of each programme in column D. The KPI is a numerical measure of the output.

## Section 5 - Output KPI Baseline columns

Enter the output baseline value of each programme in column E and the year the baseline was collected in column F. The baseline value is the existing output of the programme.

## Section 6 - Output Targets columns

Enter the targets for the workplan year in question.

## 3.3 Project Identify-Prioritise Worksheet

This is the worksheet where all the projects are identified, and scores are assigned to each project (based on scoring criteria) to prioritise and rank projects. It should be noted that projects relate to both capital expenditure and recurrent expenditure. A project is a way of grouping expenditures that relate to an output.

The prioritisation of projects is based on the following factors:

- Contribution to the Sector Objectives
- Whether the project is ongoing/perpetual or new
- The nature of the project (administrative or developmental)
- When the project is likely to be complete

Columns C to U will be completed as indicated hereunder:

- 1. Column C: Uses the drop-down to select the programme code (as entered and processed in the Sector Programmes worksheet.
- 2. Column D: Enter project name (project description). There may be more than one project under each programme. Therefore, the same programme code may be repeated in different cells under column B to accommodate multiple projects under each programme. The Project Template worksheet allows for up to 500 separate projects.
- 3. Column E: Use the drop-down to select the implementing MDA of each project, or if it is to be funded by local governments, select local government. If a project is jointly funded by the state and local government, the project should be entered in two rows, with the same scoring against the selection criteria.
- 4. Columns F to N: The sector objectives as identified in the programme segment coding will automatically populate the headings (i.e. cells F3, G3, H3, I3, J3, K3, L3, M3 and N3). Each project identified and entered in Column D will be scored based on its contribution to sector objectives. The project's contribution to a specific priority should be assigned as very strong, moderate, weak, or no contribution. Select from the dropdown the appropriate level of contribution.
- 5. Columns O to Q: The additional scoring indicators for each identified project are Project Status (i.e. is the project ongoing/perpetual or new) and Nature of the Project (i.e. developmental or administrative). Use the drop-down to select the status of the project (i.e., ongoing or new) in column O. Use the drop-down to select the nature of the project (i.e. administrative or development) in column Q. Note that all projects that are classified under

recurrent as indicated in the Project Costing worksheet should be administrative. However, for capital projects, administrative projects are the projects that support the MDA to function efficiently, such as the purchase of office furniture, fittings, vehicles, computers, etc. Development is the projects where the benefit goes directly to the general public or target beneficiaries outside the MDA, such as the purchase of hospital equipment, agricultural equipment, renovation of schools, provision of water boreholes, etc.

- 6. The total of all the scores based on entries in columns F to Q will add up in Column R and the ranking of each project will be in Column S. You are not expected to enter any data in these columns as the total score and ranking of each project will be generated automatically.
- 7. Column T Enter the physical location (i.e. Local Government) of each project using dropdown options on column T. Note that Kano State must be selected on cell B1 of the Calibration Worksheet for the local governments of the state to appear on the dropdown options.

#### 3.4 **Project Costing and Activity Planning Worksheet**

This is the worksheet for costing all projects identified and prioritised (ranked) in the Project Identify-Prioritise worksheet, activity by activity, and identifying the timing of each activity (month by month). The Project Costing worksheet has 17 columns (i.e. columns B to O), albeit some are redundant as they relate to out-years, which are not being utilised in the annual work-planning process. The Project Costing worksheet is shown in Figure 3 and below.

Figure 3 Projects Costing and Activity Planning worksheet - Costings

ent Primary Healthcare Sub-Sector Work-Plan to support preparation of the 2026 Budget: Project Costing and Activity Plannin Cost per Unit (=N=)

LOCAL GOVERNMENTS 052100100100 - Ministry of Healt 00100 - CONTRIBUTOR

Figure 4 Projects Costing and Activity Planning worksheet - Activity Planning

Cano	State Government P	rimary Healthcare Sub-Sector Work-Plan t	to support preparation of the 2026 Budget: Pro	ject Costing and Activity Plannii	ng											
C (N	Programme Code	Project Name	Activities	Nature of Expenditure					A	ctivity Tim	ing by Mor	ith				
3/14	Programme Code	Project Name	Activities		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
			•	Total Costs												
1 0	health facilities	Completion, Furnishing of MNCH structures and UNICEF supported Programme Counter part Programme	project counterpart payment	Capital												
2	2 040501 - Functional Puro health facilities	Purchase of furniture for PHC Board offices	government projet	Capital												
3	policy, regulations	and 1No. Of Hilux and sistemand	project counterpart payment	Capital												
	and standards, guidelines and protocols															
	development and reviews															
4		Purchase of Equipment for DMA/Medical Store	project counterpart payment	Capital												

Column B is the serial number while information in Columns C and D (i.e. programme code and project name) are automatically uploaded from Columns C and D of the Project Identify-Prioritise worksheet.

Columns E to AF are completed as indicated below.

- 1. Column E Enter the components (i.e., activities) of each project in column E. Note that this costing sheet is not a bill of quantity, as such only seven columns are provided. So, users are to categorise the components of a project not to exceed seven.
- 2. Column F Use the drop-down to select the nature of the expenditure (i.e., personnel, other recurrent or capital). The MTSS template allows states to capture all expenditures (i.e., recurrent and capital) of the sector over the MTSS period.
- 3. Column G The implementing MDA selected in column E of the Project Identify-Prioritise worksheet will automatically upload on column G.
- 4. Columns H– Enter the unit or quantity for each component of the project for the workplan year.
- 5. Columns K Enter the cost per unit of quantity for each component of the project for the workplan year.
- 6. Columns O The budget requirement for the workplan year will automatically be calculated and uploaded in the relevant cells of column O.
- 7. Columns S to AF are used to indicate the months that the activities will take place. Insert "1" in each relevant month.

## 3.5 Report Worksheets

The Report worksheets are where the entries and calculations in the other worksheets are aggregated in summary form. The Report worksheets are locked, and MDAs/sectors are not required to make any entry or edit any cell (except for the Projects by MDA worksheet that allows MDAs to select from the drop-down the MDA). There are five Report worksheets, and they are aimed at supporting the various MDAs and local governments in preparing the annual budget proposals.

## 3.5.1 Aggregate Costings Worksheet

The annual workplan aims to allocate resources towards strategic goals and objectives with the constraints implied by the overall fiscal targets, taking the first-year estimates from the Medium-Term Sector Strategy and using them to develop an annual forecast. The purpose of the Aggregate Costings worksheet is to monitor the total costs of the workplan against the indicated ceilings to ensure that the sector is within the indicated ceiling for each economic main classification (i.e., personnel, other recurrent, and capital).

The Aggregate Costings worksheet is shown in Figure 5 below.

Figure 5 Aggregate Costings Worksheet

Expenditure	Item	State Government	Local Governments	Total
Personnel	Ceiling	6,896,596,000.00	276.00	6,896,596,000.00
	Proposal	0.00	0.00	0.00
	Balance	6,896,596,000.00	276.00	6,896,596,000.00
Other	Ceiling	3,720,700,000.00	2,760.00	3,720,700,000.00
Recurrent	Proposal	0.00	0.00	0.00
	Balance	3,720,700,000.00	2,760.00	3,720,700,000.00
Capital	Ceiling	39,885,000,000.00	27,600.00	57,430,411,500.00
_	Proposal	0.00	0.00	0.00
	Balance	39,885,000,000.00	27,600.00	57,430,411,500.00
Total	Ceiling	50,502,296,000.00	30,636.00	68,047,707,500.00
	Proposal	0.00	0.00	0.00
	Balance	50,502,296,000,00	30,636.00	68,047,707,500,00

## **Expenditure by Programme Worksheet**

This worksheet provides a summary report of the sector expenditure by programme. The Expenditure by Programme worksheet is shown in Figure 6 below. It is similar to the equivalent report in the Nigeria Governor's Forum (NGF) Budget Consolidation template, only that, in this case, it is for a single sector.

Figure 6 Expenditure by Programme Worksheet

Programme		Programme	Total
Segment	Description	Segment	
Code		Level	2026
04	Primary Healthcare	Sector	-
0401	Effective governance of the health system	Objective	-
040101	Legal, policy, regulations and standards, guidelin	Programme	-
040102	Human and institutional capacity performance manag	Programme	-
040103	Health sector coordination mechanisms	Programme	-
040104	Integrated supportive supervision	Programme	-
0402	Community engagement and participation in health	Objective	-
040201	Community interventions	Programme	-
040202	Community structures	Programme	-
0403	Enhancement of the delivery of Essential Package of Healt		-
040301	Reproductive, maternal and neonatal health	Programme	-
040302	Child health	Programme	-
040303	Adolescent health	Programme	-
040304	Communicable diseases	Programme	-
040305	Non-communicable diseases	Programme	-
040306	Nutrition	Programme	-
040307	Emergency services	Programme	-
0404	Provision of the right number and right skill mix of compet	Objective	-
040401	Pre-service training	Programme	-
040402	HRH Performance management	Programme	-
040403	In service training (continuing education)	Programme	-
0405	Provision of adequate and modern health infrastructure for		-
040501	Functional health facilities	Programme	-
040502	Planned Preventive Maintenance (PPM)	Programme	-
040503	Facility electrification, water and sanitation	Programme	-
0406	Provision of quality, affordable, available, and safe medici		-
040601	Sustainable drug supply	Programme	-
040602	Vaccines supply chain	Programme	-
0407	Evidence generation and utilisation	Objective	-
040701	Routine information system	Programme	-
040702	Surveys and facility assessments	Programme	-
040703	Research and development (Institutional Review Boa	Programme	-
040704	Monitoring and Evaluation (M&E)	Programme	-
0408	Institution and maintenance of a responsive public health		-
040801	Integrated national disease surveillance	Programme	-
040802	Public health laboratories	Programme	-
040803	Emergency Operation Centres (EOC)	Programme	-
0409	Provision of universal health coverage and financial risk pr		-
040901	Mobilising equity contributions and vulnerable gro	Programme	-
040902	Mobilising employers' contributions to the State S	Programme	<u> </u>
0410	Not Elsewhere Classified	Objective	-
041001	Health Not Elsewhere Classified	Programme	<del>-</del>

## **Expenditure by Project Worksheet**

This worksheet provides a summary report of the subsector expenditure by project. The Expenditure by Project worksheet is shown in Figure 7 below.

Figure 7 Expenditure by Project Worksheet

					Project	Location	Project Status	Budget Requirement for Plan (N) - Personnel	Budget Requirement for Plan (N) - Other Recurrent	Budget Requirement for Plan (N) - Capital	Budget Requirement fo Plan (N) - Total
S/N	Programme Code and Description	Project Name	Implementation MDA	Project Score Rankin		LGA(s)	(Ongoing/ New)		2026	2026	2026
Total	otal Budget Requirement										
1	040601 - Sustainable drug supply	Purchase of Working Cold Room (Solar)	052100600100 - State Agency for Control of Aids	Development	31	1	Very Strong	0	0	0	
2	040102 - Human and institutional capacity performance management	Personnel Cost of PHC Workers	052100500100 - Primary Health Care Mgt. Board (PHCMB)	Administrative	31	1	Very Strong	0	0	0	
3	040501 - Functional health facilities	Routine Maintenance of PHCs	052100500100 - Primary Health Care Mgt. Board (PHCMB)	Administrative	31	1	Very Strong	0	0	0	
4	040501 - Functional health facilities	Completion, Furnishing of MNCH structures and UNICEF supported Programme Counter part Programme	LOCAL GOVERNMENTS	Development	30	4	Very Strong	0	0	0	
5	040501 - Functional health facilities	Purchase of furniture for PHC Board offices	052100100100 - Ministry of Health	Development	30	4	Very Strong	0	0	0	
6	040101 - Legal, policy, regulations and standards, guidelines and protocols development and reviews	Purchase of Motor Vehicles 1No. Of 18 Seater and 1No. Of Hilux	052100800100 - CONTRIBUTORY HEALTH MGT	Development	30	4	Very Strong	0	0	0	
7	040601 - Sustainable drug supply	Purchase of Medical equipments for PHCs	052101300100 - Drugs Management & Consumable Supply Agency (Drugs Management Agency)	Development	29	7	Very Strong	0	0	0	
8	040601 - Sustainable drug supply	Purchase of medical Equipment to meet the standard of MSP	052100100100 - Ministry of Health	Development	28	8	Moderate	0	0	0	
9	040501 - Functional health facilities	Purchase of Equipment for DMA/Medical Store	052100500100 - Primary Health Care Mgt. Board (PHCMB)	Development	26	9	Moderate	0	0	0	
10	DATEST Contribution down march.	Procurement of au albu Control lab. equipt	OCCUPATION OF THE PARTY HEAVY CARE MAY BEAUT (DUCME)	Davelonment	21	10	Monk	0	0	0	

## 3.5.2 Expenditure by MDA Worksheet /Local Governments (collectively)

This worksheet provides a summary report of the sub-sector expenditure by MDA. The worksheet provides a summary of expenditure for each MDA under the sub-sector. The Expenditure by Project worksheet is shown in Figure 8 below.

Figure 8 Expenditure by MDA Worksheet

Administrative Segment Code	MDA Name	Personnel Expenditure 2026	Other Recurrent Expenditure 2026	Capital Expenditure 2026	Total Expenditure 2026	
Total		1,000,000.00	6,000,000.00	8,480,000,000.00	8,487,000,000.00	
052100100100	Ministry of Health	0.00	0.00	8,030,000,000.00		
052100300100	H.M.B. ( HQ and Zones)	0.00	0.00	0.00	0.00	
052100400100	College of Nursing & Mid-Wifery Board	0.00	0.00	0.00	0.00	

#### Projects by MDA Worksheet / Local Governments (collectively)

This worksheet provides a detailed report of the projects for each MDA under the sub-sector. The worksheet provides details of the project for each MDA under the sector across the main classification (i.e., personnel, other recurrent and capital). It also includes the monthly work plan for each activity. As mentioned earlier, you should use the drop-down in cell F1 to select the MDA.

## 3.6 COA Worksheets

**ADMIN.C Worksheet -** The Kano State approved 'Administrative segment codes' will be posted on this worksheet. Note that this worksheet will be populated before working on the Calibration worksheet.

**PROG.C Worksheet -** The approved programme segment codes of the state will be posted on this worksheet. Note that this worksheet will be populated before working on the Calibration worksheet.

## 4.0 Application of the Sub-Sector Workplan to the Annual Budget

The consolidated annual workplans for basic education (BED) or primary healthcare (PHC) ensure that the education and health sectors' objectives and programmes in the State Development Plan are elaborated in the State Education Sector Strategy (SESS) and Health Sector Strategy (as well as Health Sector Annual Operational Plan) and operationalised in the annual budget.

The consolidated annual work plan for BED or PHC are prepared as part of the budgeting process for the State and its Local Government Councils. Section 2 of the Fourth Schedule of the 1999 Constitution, as amended, provides that the functions of an LGC shall include the participation of such council in the government of a state, as the provision and maintenance of primary, adult and vocational education, the provision and maintenance of health services, amongst others.

The consolidated annual workplan for BED or PHC brings together the state's resources and its LGCs, as will be appropriated in the fiscal year's budgets. The consolidated annual plans for BED or PHC ensure harmonious planning for BED or PHC as provided in Section 2 of the Fourth Schedule of the Constitution.

The consolidated annual workplan will provide context for the objectives, programmes and priorities within the State Development Plan and the Local Governments' Plans while ensuring that the Education or Health sector objectives and programmes are seamlessly reflected in the budgets of the State and LGCs.

The consolidated annual work plan for BED will be developed by the Education Sector MDAs in collaboration with the Education Department in the LGCs, with support from the Ministry of Planning & Budget. Also, the consolidated annual work plan for PHC will be developed by the Health Sector MDAs in collaboration with the Health Department in the LGCs with support from the Ministry of Planning & Budget.

The consolidated annual workplan reflects fully the objectives and programmes in the Sector Strategies (Education and Health) while combining the policies and goals in the State Development Plan with the prioritisation provided in the Sector Strategies (Education and Health) due to the available resources provided for the sectors particularly BED or PHC sub-sectors through the Medium-Term Expenditure Framework/Fiscal Strategy Paper (MTEF/FSP).

In conclusion, the programmes, projects and costs (including recurrent expenditures) in the consolidated annual work plans for BED and PHC must be consistent with the corresponding budget of the Sector MDAs and LGCs, respectively.

## **Annex 1 – Public Investment Management Guidelines**

#### 1.0 Introduction

Public investment, or public capital expenditure, is spending by the State and LGCs on the creation of fixed, or long-term assets. The classic examples for the BED and PHC sub-sectors are spending on physical assets such as classrooms, health facilities, school desks, hospital equipment, etc.

## 2.0 Public Investment Management Guidelines

## 2.1 Justification for Setting Guidelines

Effective and efficient public investment management is one of the important prerequisites for achieving and maintaining seamless BED and PHC services and improving the quality of human capital. The guidelines for achieving effective and efficient public investment management for the BED or PHC sub-sectors are discussed hereunder.

## 2.2 Setting Annual and Medium-Term Expenditure Ceiling

The State Ministry of Finance and the Ministry of Planning & Budget, in line with the provisions of the state's Public Financial Management Law, Kano, will prepare its MTEF/FSP, setting the overall resource available to the state from all sources and the ceiling for main sectors and sub-sectors (i.e., BED or PHC). For BED or PHC, the MTEF/FSP will provide the resources from development partners (for example, aids, grants), loans from foreign and domestic sources and private sector and public organisations' aid and grants, etc, indicating the non-discretionary funding to BED and PHC. The MTEF/FSP will also set the resources available to the LGCs from Federation Account transfers, the LGCs' share of IGR, and the ceilings for BED and PHC. Through the MTEF/FSP, the total resources available for the State and LGCs' capital projects for each fiscal year for BED or PHC are set.

## 2.3 Identifying all Projects under Programmes

The BED or PHC team will identify all the projects under each programme to achieve the sector objectives. This stage is very crucial and will be performed by experts in the sector to ensure that all projects are identified.

## 2.4 Defining the Scope and Feasibility of Projects

This stage will provide a clear scope of the project, the feasibility of implementing the project, as well as the duration for completion of the project. Each project should be loosely costed to ascertain the likely cost outlay that will be used for budgeting. Also, the recurrent (i.e., personnel, operations, etc) implications of the project will be identified and costed.

## 2.5 Selecting the Capital Projects

The consolidated annual work plan combines ambition and realism, and plots priorities, deliverables and costs. The resource constraints may mean that not all the projects identified will be included in the consolidated work plan and annual budget. Therefore, there may be a need to select projects to be included in the consolidated work plan and annual budget through a prioritisation process. The prioritisation criteria are as follows: -

- Contribution to the sector objectives
- Whether the project is ongoing/perpetual or new
- The nature of the project (administrative or developmental)
- When the project is likely to be completed

A detailed discussion on the application of these criteria has been exhaustively discussed in Section 3.3.

# 2.6 Developing Project Executing Plan, Technical and Engineering Design and Specification

On passage of the annual budget, the implementing MDAs or LGC will develop a comprehensive project execution plan. The MDAs or LGCs will collaborate with technical departments to develop

detailed technical designs and specifications for the project. No capital execution will commence without a project execution plan, detailed technical design, specifications and bill of quantities.

## 2.7 Transparent Procurement Process

The procurement process for all capital projects will be in line with the State Public Procurement Law, Kano and Procurement Guidelines. Implementing MDAs and LGCs must adhere strictly to the requirements provided in the Public Procurement Law and Procurement Guidelines.

## 2.8 Capital Project Implementation Monitoring

The selected suppliers and/or contractors must exercise due diligence in executing each capital project. The suppliers and/or contractors will execute the projects in line with the technical design and specification, using standard quality products. Implementing MDAs or LGCs will ensure that supervision and monitoring systems are in place to ensure the effective execution of capital projects. Also, the monitoring process described in Annex 2 should be activated and implemented to ensure that the outputs provided in the consolidated workplan are achieved.

## 3.0 Operationalising the Use of Public Investment

The recurrent (i.e., personnel, operations, etc) implications of each project will be identified and costed at the stage of defining the scope and feasibility of each project. All capital investments must be operationalised once completed to commence delivery of services. The costs provided in the workplan will be utilised by the implementing MDA or LGC to operationalise the use of the investment. The corresponding recurrent costs will be included in subsequent years' annual work plan and budget of the implementing MDA or LGC and form part of the consolidated work plan for BED or PHC.

## **Annex 2 - Physical and Fiscal Reporting**

## 1.0 Introduction

As required by the Public Investment Management Guidelines provided in Annex 1, the following reporting requirements are introduced for all expenditures provided in the BED and PHC consolidated work plan and budget:

- Fiscal budget performance report, and
- Physical budget execution report.

## 2.0 Fiscal Budget Performance Report

The purpose of fiscal budget performance reporting is to ascertain the actual performance numbers achieved for expenditure at the end of every month, quarter, or financial year for BED and PHC. In other words, a fiscal budget performance report compares how close the consolidated workplan and budget expenditures for BED and PHC were to the actual fiscal budget performance.

Each MDA or LGC will produce a quarterly fiscal budget performance report of BED or PHC within four weeks of the end of the quarter. The fiscal budget performance report of BED or PHC will include variances, reasons for the major variances, and measures to be taken to maintain and/or ensure that the budget is implemented as intended. All MDAs and LGCs will forward their respective fiscal budget performance report of BED or PHC to the Ministry of Education or the Ministry of Health. The Ministry will consolidate all the fiscal budget performance reports to generate the consolidated BED or PHC quarterly fiscal performance reports. Thereafter, the reports will be published on the State website.

At the end of the year, the Ministry of Education or the Ministry of Health will consolidate the individual MDAs and LGCs' quarterly fiscal budget performance reports to the BED or PHC annual fiscal budget performance report within four weeks of the end of the financial year. The fiscal annual budget performance report for BED or PHC will show how much the approved budget was consistent with the implemented budget; how much the objectives of the budget were realised; and lessons learned. The State MDAs and LGCs will adopt the State MS Excel Quarterly Budget Performance Templates for preparation and consolidation of the fiscal budget performance reports.

## 3.0 Physical Budget Performance Report

The physical budget performance monitoring will be conducted to determine how the public investments or capital expenditure projects are being implemented. The monitoring and reporting will address the following questions:

- Is the public investment or capital project currently being implemented as intended?
- Are the right resources acquired at the best cost? (measure of input Economy and value for money)
- Do outputs or milestones from any given activity achieve the set objectives and intended target groups? (a measure of output achievement).
- Are minimum reasonable resources used to achieve maximum possible output? (a measure of productivity Efficiency).
- Are the projects being implemented targeted at solving specific problems relating to the BED and PHC goals of the state?

Non-state actors (public) will be involved in monitoring the public investment or capital expenditure projects' execution to ensure transparency and accountability. The public views are reflected in the consolidated workplans for the BED and PHC. The public should, therefore, be given every opportunity to participate directly in different stages of the public investment or capital expenditure projects' execution.

The Ministry of Education or the Ministry of Health will adopt the state-approved project execution reporting templates for BED and PHC physical monitoring and reporting.