



KANO STATE

IMMUNIZATION BUDGET ACCOUNTABILITY

ANNUAL SCORECARD 2025



**AFRICA HEALTH
BUDGET NETWORK**



ABOUT THE SCORECARD

The Africa Health Budget Network (AHBN), in collaboration with the African Field Epidemiology Network (AFENET) with support from GAVI, is implementing the Zero Dose Learning Hub (ZDLH) in Nigeria targeting Kano, Borno, Bauchi, and Sokoto States to address zero-dose immunization gaps. AHBN component of the ZDLH focuses on reaching missed communities through Advocacy, Stakeholder Engagement, Budget Tracking, and Accountability to improve immunization coverage.

To ensure the accountability is entrenched, ZDLH and its partners have developed a comprehensive ZDLH Accountability Scorecard for Immunization Budget Tracking, Accountability, and Sustainability at the sub-national level. The scorecard is designed to measure and track progress and performance aimed at increasing and sustaining Routine Immunization (RI) coverage to reduce zero-dose children. For operational purposes, Gavi defines zero-dose children as those who have not received the first dose of Penta 1 (or DPT1).

The scorecard is structured into three categories: budget summary, health financing and accountability & service delivery and transparency. Data collection covered desk review, secondary analysis of existing budget data, key informant interview and exit interviews at the facilities. The scorecard data are being scored as dark green (target achieved), light green (demonstrated achievement), amber (progressive achievement), red (no achievement), where data is not available the indicator is scored as black.

The ZDLH Accountability Scorecard serves as a vital tool for tracking state government and partner commitments, with respect to financial and non-financial performance. The scorecard provides actionable insights for improved decision-making, with recommendations for advocacy to be led by the ZDLH Community of Practice (CoP) members, state level CSOs, professional bodies and the media. Its implementation will enhance transparency, strengthen immunization systems, and drive sustainable progress in reducing zero-dose children at the sub-national level.

The ZDLH acknowledges and deeply appreciates the contributions of the Kano State Primary Health Care Management Board (KNSPHCMB) for actively participating in the development process of this scorecard and for providing access to accurate data that enriched its quality and relevance.

KANO STATE

Immunization Budget Accountability Scorecard 2025

BUDGET SUMMARY AMOUNT (NGN)

Indicators	2 0 2 3	2 0 2 4	2 0 2 5
Total Annual State Budget in Absolute Figure	268,197,731,000	437,338,312,787	935,133,792,206
Total Approved Health Budget for State in Absolute Figure	39,552,151,119	72,001,932,297	109,751,402,976
Total Budget Allocated to PHC Agency by State in Absolute Figure	4,378,417,920	7,118,094,234	11,709,260,945
Total Budget Allocated to Immunization Services by State in Absolute Figure	556,588,686	528, 013,782	1,434,431,185
Absolute Amount contributed by the (MoU) partners in the immunization basket fund	556,588,686	0.00	579,189,848
Absolute amount of government contribution to the basket fund	0.00	528, 013,782	500,000,000
Absolute BHCPF received by the state PHCMB from NPHCDA	1,091,828,164	832,085,264	705,862,500
Absolute amount allocated by the state as 25% counterpart fund for BHCPF	75,187,500	75,187,500	1,000,000,000
Absolute amount received by the BHCPF implementing PHCs from the SPHCMB	300,750,000	300,750,000	300,750,000
Absolute amount received by BHCPF implementing PHCs as DFF from NPHCDA	0.00	0.00	291,126,000

KANO STATE

Immunization Budget Accountability Scorecard 2025

HEALTH FINANCING AND ACCOUNTABILITY

Indicators	Score		
	2023	2024	2025
Proportion of approved State budget allocated to the health sector	14.74%	16.4%	11.7%
Proportion of health sector budget released by State government quarterly	12.7%	41.9%	
Proportion of the annual approved state immunization budget released into the basket fund	0.00%	50%	63.28%
Proportion of MoU partners annual allocation released into the immunization basket fund	100%	0.00%	100%
Timely contribution of the MoU basket fund by state government			
Timely contribution of the basket fund by partners			
Proportion of fund from the basket fund account disbursed for immunization	50%	80%	100%
Proportion of the state 25% counterpart funds released for BHCPF in State	100%	100%	100%
Proportion of BHCPF disbursed through the SPHCMB to PHC facilities	27.5%	36.1%	100%

Definition of Keys

Target Achieved
(Sustainable)

Demonstrated Achievement
(On-track)

Progressive Achievement

No Achievement

Data not Available

KANO STATE

Immunization Budget Accountability Scorecard 2025

SERVICE DELIVERY AND TRANSPARENCY

Indicators	S c o r e		
	2023	2024	2025
Proportion of under-one children (infants) who received Penta 1 in BHCPF implementing facilities in zero-dose affected LGAs		51.4%	70%
Proportion of under-one children (infants) who received Penta 3 in BHCPF implementing facilities in zero dose affected LGAs		49.5%	67.8%
Percentage of care-givers interviewed and satisfied with immunization services received in the BHCPF implementing facility at zero dose affected LGAs		93.3%	97%
Proportion of BHCPF designated PHCs benefiting from DFF directly from the NPHCDA gateway			100%
Active participation of state level CSOs during the government convened regular meetings of RI Technical Working Group (Former SERICC)			
Active participation of state level CSOs during the state immunization taskforce			

Definition of Keys

Target Achieved
(Sustainable)

Demonstrated Achievement
(On-track)

Progressive Achievement

No Achievement

Data not Available

DISCUSSION PAGE

In 2025, Penta 1 coverage stood at 70%, while Penta 3 coverage reached 67.8%, resulting in a drop-out rate of 2.2%. This minimal drop-out is attributed to strengthened vaccination services, effective demand creation strategies targeting zero-dose children, and intensified defaulter tracking and advocacy efforts. These combined interventions have contributed to improved continuity in immunization uptake and completion of the Penta vaccination schedule.

In 2025, the absolute amount of BHCPF funds received by the State PHCMB from NPHCDA was ₦705 million, out of this amount ₦300 million was disbursed to Primary Health Care Centers (PHCs,) for strengthening immunization sessions, cold chain maintenance, etc.

Total Budget Allocated to Immunization Services by State has seen an increase from ₦528 million in 2024 to ₦1.4 billion in 2025. This improvement can be attributed to enhanced participation and advocacy of Community of Practice (CoP) members in immunization activities, such as participation in Immunization working group meetings.

KEY RECOMMENDATIONS FOR ACTION

1

The State Government is commended for the timely contribution and disbursement of MoU basket funds to the tune of ₦1.4 billion in support of immunization activities. Community of Practice (CoP) members are encouraged to actively track these funds and engage relevant stakeholders to ensure transparent, efficient utilization and sustained improvements in service delivery at the facility level.

2

State Ministry of Budget and Planning should strengthen data transparency by leveraging existing platforms, including government websites, to regularly publish timely and comprehensive quarterly budget performance reports. This will enhance public access to information, support independent tracking, and promote accountability in resource allocation and service delivery.

3

The receipt of ₦291 million as Direct Facility Funding (DFF) by BHC PF-implementing PHCs from the NPHCDA was commendable and reflects progress in strengthening facility-level financing. Community of Practice (CoP) members are encouraged to intensify advocacy with the State Government and actively track the utilization of these funds to ensure they are applied transparently and effectively to improve service delivery at the facility level.

4

The State Government is commended for achieving high Penta 1 (70%) and Penta 3 (68%) coverage rates. Sustained commitment is required to maintain improvement of the uptake level in 2026 and beyond through continued investment, effective service delivery, and strengthened follow-up mechanisms.

5

In comparison the health sector budget in 2023, 2024, and 2025 has increased allocation consistently to the tune of ₦39 billion, ₦72 billion and ₦109 billion respectively. This translates to better health outcomes over the years, and progress needs to be sustained through strategic engagement of trained Community of Practice members, media and NGOs.

HEALTH FINANCING AND ACCOUNTABILITY

Indicators	Scoring Sheet				Data Source
	Target Achieved (Sustainable)	Demonstrated Achievement (On-track)	Progressive Achievement	No Achievement	
Proportion of approved State budget allocated to the health sector.	15% of state budget allocated to health sector	10% - 14.9% of state budget allocated to health sector	5 -9.9% of state budget allocated to health sector	Less than 5% of state budget allocated to health sector	State Approved Supplementary Budget
Proportion of health sector budget released by State government quarterly	80% or more of the total health budget was released	70% - 79.9% of the total health budget was released	50-69.9% of the total health budget was released	Less than 50% of the total health budget was released	State Budget Performance Report
Proportion of the annual approved state immunization budget released into the basket fund	80% of the annual approved state immunization budget released into the basket fund	79.9% - 60% of the annual state immunization budget released into the basket fund	69.9%-50% of the annual state immunization budget released into the basket fund	Less than 50% of the annual state immunization budget released into the basket fund	Council Memo
Proportion of MoU partners annual allocation released into the immunization basket fund	35% or more of MoU partners contributions in the PHC budget	20%-34.9% of MoU partners contributions in the PHC budget	10 - 19.9% of MoU partners contributions in the PHC budget	Less than 10% of MoU partners contributions in the PHC budget	MoU Review 111
Proportion of Timely contribution of the MoU basket fund by state government	If the state contribution is made in the first quarter	If the state contribution is made in the 2nd and 3rd quarter	If the state contribution is made in the forth quarter	If no contribution is made by the state across all the quarters	MoU Review 111
Proportion of Timely contribution of the basket fund by development partners	If the development partners contribution is made first quarter	If the development partners contribution is made 2nd and 3rd	If the development partners contribution is made forth quarter	If no contribution is made by the partners across all the quarters	MoU Review 111
Proportion of fund from the basket fund account disbursed for immunization	80% or more of the basket fund was disbursed for immunization and PHC	70% - 79.9% of the basket fund was disbursed for immunization and PHC	50-69.9% of the basket fund was disbursed for immunization and PHC	Less than 50% of the basket fund was disbursed for immunization and PHC	Council Memo
Proportion of the state 25% counterpart funds released for BHCPF in State	80% or more of the state counterpart funds released for BHCPF	70% - 79.9% of the state counterpart funds released for BHCPF	50-69.9% of the state counterpart funds released for BHCPF	Less than 50% of the state counterpart funds released for BHCPF	BHCPF 1.0
Proportion of BHCPF disbursed through the SPHCMB to PHC facilities	80% or more of the BHCPF disbursed through the SPHCMB gateway to PHC facilities	70% - 79.9% of the BHCPF disbursed through the SPHCMB to PHC facilities	50-69.9% of the BHCPF disbursed through the SPHCMB to PHC facilities	Less than 50% of the BHCPF disbursed through the SPHCMB to PHC facilities	BHCPF 1.0

SERVICE DELIVERY AND TRANSPARENCY

Indicators	Scoring Sheet				Data Source
	Target Achieved (Sustainable)	Demonstrated Achievement (On-track)	Progressive Achievement	No Achievement	
Proportion of under-one children (infants) who received Penta 1 in BHCPF implementing facilities in zero-dose affected LGAs	80% or more under-one children received Penta 1	60-79.9% under-one children received Penta 1	50-69.9% under-one children received Penta 1	Less than 50% under-one children received Penta 1	DHIS2
Proportion of under-one children (infants) who received Penta 3 in BHCPF implementing facilities in zero dose affected LGAs	80% or more under-one children received Penta 3	60-79.9% under-one children received Penta 3	50-69.9% under-one children received Penta 3	Less than 50% under-one children received Penta 3	DHIS2
Utilization status of the BHCPF at the implementing facility in zero dose affected LGAs in relation to immunization	80% or more utilization achievement from report	60 - 79.9% utilization achievement from report	50 - 69.9% utilization achievement from report	Less than 50% utilization achievement from report	Secondary analysis of state level BHCPF report
Percentage of care-givers satisfied with immunization services received in the BHCPF implementing facility of zero dose affected LGAs	80% or more of enrollees satisfied with at least 4 of the six criteria	60 - 79.9% of enrollees satisfied with at least 4 of the six criteria	50 - 69.9% of enrollees satisfied with at least 4 of the six criteria	Less than 50% of enrollees satisfied with at least 4 of the six criteria	Enrollee interview
Proportion of BHCPF designated PHCs benefiting from DFF directly from the NPHCDA gateway	100% of BHCPF designated PHCs are benefiting from DFF directly from the NPHCDA	80% - 99.9% of BHCPF designated PHCs are benefiting from DFF directly from	50% - 79.9% of BHCPF designated PHCs are benefiting from DFF directly from	Less than 50% of BHCPF designated PHCs are benefiting from DFF directly from	Data not available
Timely contribution of the MOU basket fund by state government	Four quarters contributed timely	Three quarters contributed timely	Two quarters contributed timely	One or zero quarters contributed timely	State budget performance report
Active participation of state level CSOs during the government convened regular meetings of RI Technical Working Group (Former SERICC)	In every meeting, at least two state-level CSOs in participation	In every meeting, at least one state-level CSO in participation	Irregular state level CSOs participation	No state level CSO participation	Attendance sheet and pictures
Active participation of state level CSOs during the state immunization taskforce	In every meeting, at least two state-level CSOs in participation	In every meeting, at least one state-level CSO in participation	Irregular state level CSOs participation	No state level CSO participation	Attendance sheet and pictures





