

# **JIGAWA STATE HEALTH SECTOR**

## **2024 – 2026 MEDIUM-TERM SECTOR STRATEGY (MTSS)**

**SEPTEMBER, 2023**

### **Note:**

**This Report Template is for MTSS development; i.e. starting afresh to develop MTSS. For MTSS rollover, your MTSS document would have been in the format of this Template or would, at least, have contained most of the issues in this template. All you need to do will be to revise the items to reflect the changes since the MTSS was prepared and to take account of the new realities (e.g. new projects, new costs, etc.). If the Sector has carried out an Annual Sector Performance Review (ASPR), the findings and recommendations of the review will be reflected in the MTSS rollover.**

## **Foreword**

**(To be signed by the Hon Commissioner or Sector's CEO)**

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## **Acknowledgement**

**You may wish to thank key individuals, groups or agencies that have been helpful to you in preparing the MTSS; acknowledge their supports and thank them for the supports.**

## Table of Acronyms

Acronym	Definition
MTSS	Medium Term Sector Strategy
BEPD	Budget and Economic Planning Directorate
BCC	Budget Call Circular
KPI	Key Performance Indicator
MDA	Ministry, Department and Agency
SPT	Sector Planning Team
CDF	Comprehensive Development Framework
JSSHDP	Jigawa State Strategic Health Development Plan
CSOs	Civil Society Organizations
SPARC	State Partnership for accountability Responsiveness and Capability
SMOH	State Ministry of Health
SPHCDA	State Primary Health Care Development Agency
HDI	Human Capital Index
SOML	Saving one million live
AIDS	Acquired Immune Deficiency Syndrome
SACA	State Aids Coordination Agency
SASCP	State Action committee Ageist Aids
RMNCH	Reproductive and Maternal Child Health
WHO	World Health Organization
UNICEF	United Nation Children Fund
MNCH	Maternal and Newborn Child Health
PHCUOR	Primary Health Care under one Roof
JIMSO	Jigawa Medicare Supply Organization
LGA	Local Government Area
PHC	Primary Health Centre



TB	Tuberculosis
CONM	College of nursing and midwifery
MTEF	Medium Term Expenditure Framework
MSP	Minimum Service Package
OPD	Out Patient Department
SDDR	Solar Direct drive Refrigerator
PSM	
ACSM	Advocy communication and social Mobilization
M&E	Monitoring and Evaluation
FP	Family Planning
ISS	Integrated supportive supervision
OCA	
QOC	Quality of Care
RSSH	Rasheed Shekoni Specialist Hospital
CSSD	
HMIS	Health Management Information System
PLWHA	People Living with HIV/AIDS
LAN	Local Area Networking
SHT	School of Health Technology
DRF	Drugs Revolving Fund

## **Executive Summary**

As documented by this report, the health sector has just articulated the tenth round of its three-year rollover Medium-Term Sector Strategy (MTSS) 2024- 2026 taken into cognizance the seven strategic objectives of the CDF and the fifteen strategic objectives of the JSHDP II 2018 – 2022. Accordingly, the 2024 annual budget and operational plan shall be derived from the MTSS 2024–2026. The development of this MTSS document was undertaken from the 28<sup>th</sup> September to 1<sup>st</sup> October 2023. The participants comprised of members of the already formed sector planning and budget team drawn from SMOH, the Primary Health Care Development Agency, Jigawa Contributory Health Management Agency (JICHMA), the Health Training Institutions, Ministry of Budget and Economic Planning and CSOs including representative of the traditional institutions. WISH-OPTIONS (Mariestopes International) supported the conduct of the MTSS process.

The development of the MTSS was informed by the guidelines provided by the Jigawa State Ministry of Budget and Economic Planning Directorate (BEPD). The fundamental principles upon which the process was anchored include the following:

- 1) Adherence of the MTSS to the sector envelopes provided by the BEPD.
- 2) Sector-wide consultations and participation of all stakeholder groups in the process
- 3) Enhanced State ownership and alignment of the MTSS process to the CDF.
- 4) Equity in allocation of the resource and activities across facilities to reflect demand
- 5) Emphasis on a hands-on approach for the development process

The development of the MTSS 2024 - 2026 recorded an appreciable level of improvement from the previous attempt of the Sector. The project assessment process of the MTSS 2024-2026 like the previous one focussed on the Project's Contribution to the Development Objectives of Jigawa State Comprehensive Development Framework II (CDF II). The sector considers the delivery of qualitative high yielding health services targeted at members of local communities, and priorities were given to ongoing projects of 2023 budget cycle. The interventions of JSHDP 2018 – 2022 and the MTSS 2024 -2026 are currently linked to the health budget for 2024. This serves as an effective mechanism for guaranteeing transparency and accountability for public resources by all stakeholders. In addition, the costing of the MTSS 2024 – 2026 was informed by total contract sum signed with Contractors for ongoing projects, vetted Quotations and Bill of Quantities by the Due Process and Project Monitoring Bureau.

The rollover of the Health Sector MTSS 2024-2026 encountered a number of difficulties. Adherence to the timelines for the planning process was inadequate. The three-day duration allotted for the Strategy session and Costing of the MTSS was grossly unrealistic to complete the process, and this significantly affected the quality of contribution from stakeholders. The funding of the MTSS process (logistic and technical) is still very much donor dependent; the financial support from the State is very inadequate to drive the process. In addition. However, most of the problems highlighted were surmounted following deeper high level policy makers engagement.

The health Sector MDAs - SMOH, SPHCDA, College of Nursing and Midwifery, School of Health Tech, JICHMA and JICHMA, developed and costed 143 projects to improve Key Performance Indicators contained in the CDF and JSHDP 2018-2022.

The cost of the MTSS for the entire health sector for 2024, 2025 and 2026 is NGN33, 939,481,010, NGN 25,175,204,273 and NGN 24,634,124,273 respectively. The values were determined by the aggregated cost of capital projects proposed by the Ministry of Health, State Primary Health Development Agency, JICHMA, State College of Nursing and Midwifery Nursing (Birnin-Kudu, Hadejia and Babura) and College of Health Sciences and Technology Jahun.

The development of the 2024-2026 MTSS from the State Strategic Health Development Plan 2018 to 2022 demonstrates the JSG commitment to sustain the ongoing health reform process. It is therefore pertinent that the SMOH should as next steps articulate the 2024 annual operational plan that would outline the various activities and their timelines. It is also a priority for the sector to disseminate the MTSS 2024 -2026 widely to all stakeholders to enable the commencement of the implementation. Most important is the urgent need to develop monitoring plan for the MTSS and update the result matrix of the Strategic Development Plan.

# **Chapter One: Introduction**

## **1.1 Objectives of the MTSS Document**

The Jigawa State Economic Planning and Fiscal Responsibility Law No. 6 of 2009) – the precursor to the MTEF – MTSS Reform stated the importance of the development of MTEF as one of the Public Expenditure Reforms introduced several years ago to improve the quality and effectiveness of the annual planning and budget processes in the State. The Law provides that “...the Medium-Term Expenditure Framework shall be the basis for the preparation of the annual estimates of revenue and expenditure

It also provides that that sectoral and compositional distribution expenditure estimates are “consistent with the medium-term developmental priorities... (and) the socioeconomic development objectives of the state contained in the relevant policy documents

The objective of the MTSS is to Ensure that the Planning and Budget Processes are pursued within a Framework that support Strategic Prioritization and Rational Resources Allocation in accordance with the overall Development Policy Objectives of the State.

## **1.2 Summary of the Process used for the MTSS Development**

The rollover MTSS 2024 -2026 development process was based on the guidelines provided by the Jigawa State Directorate of Budget and Economic Planning. The fundamental principles upon which the process was anchored include the following:

- 1) Adherence of the MTSS to the sector envelopes (MTEF) provided by the Ministry of Economic Planning.
- 2) Sector-wide consultations and participation of all stakeholder groups in the process
- 3) Review of the current MTSS 2023 – 2025
- 4) Enhanced State ownership and alignment of the MTSS process to distinctive features of the CDF II and SSHDP II.
- 5) Equity in allocation of the resource and activities across facilities to reflect demand
- 6) Emphasis on a hands-on approach for the development process
- 7) Consideration of issues of Gender and Social Inclusion

The rollover of the 2024 -2026 MTSS for the health sector was conducted from 28<sup>th</sup> September to 1<sup>st</sup> October 2023. Personalities that participated in the process comprised of members of the already established Sector Planning Cell drawn from SMOH, State Primary Health Care Development Agency, State Contributory Healthcare Management Agency, the Health Training Institutions, Traditional Leaders Forum, Civil Society Organizations, Development Partners (UNICEF, WISH, PERL ARC, Lafiya Project, A360) and Sector Desk Officers (SDOs) from the Budget and Economic Planning Directorate (BEPD).

The steps followed in the rollover of the MTSS 2024 – 2026 include the following:

- **Step 1: Review and Preparation**
  - i. Revitalizing and Training of Sector Planning Cell
  - ii. Identify and review existing policy statements
  - iii. Gather existing data and information to be used in strategy development
  - iv. Receive information on indicative envelopes
  - v. Conduct review of existing budgetary commitments
- **Step 2: Strategy Sessions**
  - i. Review and agree Policy Outcomes based on the reviews
  - ii. Develop strategies for achieving Outcomes, taking into account existing commitments
  - iii. Agree initiatives to deliver Outcomes
  - iv. Prioritize initiatives and projects within resource envelope
- **Step 3: Documentation and agreement:**
  - i. Costing/Phasing of initiatives over three-year horizon
  - ii. Fit into prospective resource envelopes based on costing and Prioritisation
  - iii. Agree emerging sector Strategy at ministerial level
  - iv. Write final MTSS or medium term sector framework document

The first step of the MTSS rollover process was the review of the sector wide performance assessment conducted in July 2023. As anticipated, a number of the key performance issues responsible for the low health outcomes in the State emerged.

With a clear description of the prevailing sectoral demands, technical sessions on the concept of result-based management was conducted as a planning tool to ensure that activities and resources of the 2024 - 2026 are effectively tailored to address identified health needs. Accordingly, the review of the result matrix of the Jigawa State strategic health development plan II 2018 -2022 against which performance is measured, revealed that it had not been updated, thus making it very challenging to associate the MTSS progress with State and National benchmarks.

As stated above, the equitable distribution of resources was a key consideration in the Prioritisation process. The criteria used for selecting initiatives to be funded within the provided envelopes include:

- Rapid, Sustainable & Private Sector Driven Economic Growth.
- Human Capital Development & Improvement in the Human Development Index (HDI).
- Economic Empowerment, Social Inclusion & Poverty Reduction (Youths, Women & Vulnerable Groups).
- Critical Infrastructures Developed for Pro-Poor Economic Growth
- Cohesion and Harmony Across the Social Strata.
- Security of Lives & Property.
- Strong Governance Reforms to Deepen Transparency, Accountability, Effectiveness of Public Institutions & Improved Public Service Delivery.
- Project Status (Ongoing/New)
- Likelihood of completion not later than 2026

- Nature of Project (Developmental/Administrative)

The listed criteria were ranked on the scale of one to three for each initiative, with three being the most desirable score. The average score for each initiative served as the basis to shortlist the likely initiatives to be funded in 2023 within the sector envelope provided by Directorate of Budget and Economic Planning.

The health sector MTSS process was supported by WISH (Options) and PERL ARC.

### 1.3 Summary of the sector's Programmes, Outcomes and Related Expenditures

**Table 1: Programmes, Expected Outcomes and Proposed Expenditures**

Programme	Expected Outcome	Proposed Expenditure		
		2024	2025	2026
1. Establishment of Operational Research Unit	Human Capital Development & Improvement in the Human Development Index (HDI).	5,000,000	44,000,000	4,000,000
2. Malaria Control Booster Programme	Human Capital Development & Improvement in the Human Development Index (HDI).	10,000,000	245,610,000	245,610,000
3. HIV/AIDS Control Complementary Programme	Human Capital Development & Improvement in the Human Development Index (HDI).	10,000,000	43,200,000	43,200,00
4. Leprosy Referral and TB Hospital Hadejja	i. Human Capital Development & Improvement in the Human Development Index (HDI). ii. Cohesion and Harmony Across the	30,000,000	119,850,272	179,775,408

	Social Strata			
5. Health Management Information Database Development	Critical Infrastructures Developed for Pro-Poor Economic Growth	14,000,000	40,250,000	40,500,000
6. Improvement of General Hospitals	i. Human Capital Development & Improvement in the Human Development Index (HDI). ii. Critical Infrastructures Developed for Pro-Poor Economic Growth	1,419,164,000	5,258,894,140	3,249,762,000
7. Ophthalmic Unit in some General Hospitals	i. Human Capital Development & Improvement in the Human Development Index (HDI). ii. Critical Infrastructures Developed for Pro-Poor	20,000,000	20,000,000	20,000,000

	Economic Growth			
8. Psychiatric Hospital Kazaure	Human Capital Development & Improvement in the Human Development Index (HDI).	5,000,000	30,000,000	30,000,000
9. Primary Eye Care Oncherciasis		15,000,000	15,000,000	15,000,000
10. Free Maternal and Child Health Programmes in PHC Centre	Human Capital Development & Improvement in the Human Development Index (HDI).	122,000,000	150,000,000	150,000,000
11. Basic Healthcare Provision Fund program	Human Capital Development & Improvement in the Human Development Index (HDI).	1,249,000,000	1,249,000,000	1,249,000,000
12. Establishment of Occupational Health unit at SMOH	Human Capital Development & Improvement in the Human Development Index (HDI).	5,000,000	5,000,000	5,000,000
13. Jigawa State Drug Management Agency (JIMSO)	Critical Infrastructures Developed for Pro-Poor Economic Growth	44,000,000	20,000,000	20,000,000
14. Establishment of New General Hospital Birnin Kudu and Specialists Hospital at Hadejia and Kazaure	i. Critical Infrastructures Developed for Pro-Poor Economic Growth.	750,000,000	1,000,000,000	1,000,000,000



	ii. Human Capital Development & Improvement in the Human Development Index (HDI).			
15. Free Maternal and Child Health Programme in Secondary Hospitals	Human Capital Development & Improvement in the Human Development Index (HDI).	780,000,000	780,000,000	780,000,000
16. State Contributory Health Insurance Programme/SDGs Supported Community Health Insurance Counterpart Funding	Human Capital Development & Improvement in the Human Development Index (HDI).	240,000,000	250,000,000	250,000,000
17. College of Nursing and Midwifery Birnin Kudu	Human Capital Development	112,000,000	120,000,000	120,000,000
18. School of Health Technology, Jahun	Human Capital Development	50,000,000	60,000,000	60,000,000
19. School of Nursing, Hadejia	Human Capital Development	30,000,000	30,000,000	30,000,000

20. School of Midwifery Babura Project	Human Capital Development	350,000,000	200,000,000	200,000,000
21. JIMSO Medical and Drugs Supplies (Drug Revolving Fund Operations)	Human Capital Development & Improvement in the Human Development Index (HDI).	74,000,000	74,000,000	74,000,000
22. Infectious Diseases Hospital	Human Capital Development & Improvement in the Human Development Index (HDI).	100,000,000	100,000,000	100,000,000
23. Rasheed Shekoni Specialist Hospital	Human Capital Development & Improvement in the Human Development Index (HDI).	10,000,000	10,000,000	10,000,000
24. Establishment of Private Health Institutions Agency	Human Capital Development & Improvement in the Human Development Index (HDI).	52,400,000	52,400,000	52,400,000
25. Establishment of Hospital Services Management Board	Human Capital Development & Improvement in the Human Development Index (HDI).	52,400,000	52,400,000	52,400,000
26. Sexual Assault Referral Centre (SARC)	Human Capital Development & Improvement in the Human Development Index (HDI).	10,000,000	10,000,000	10,000,000

27. Upgrading of Primary Health Centres	Critical Infrastructures Developed for Pro-Poor Economic Growth	876,800,000	4,605,000,000	3,100,000,000
28. Primary Health Care Programmes and Projects	Human Capital Development & Improvement in the Human Development Index (HDI).	40,000,000	969,640,000	969,640,000
29. Supplemental Immunization Activities	Human Capital Development & Improvement in the Human Development Index (HDI).	50,000,000	630,000,000	630,000,000
30. Food and Nutrition (Health) Programme Activities	Human Capital Development & Improvement in the Human Development Index (HDI).	160,000,000	210,000,000	210,000,000
31. Family Planning Services	Human Capital Development & Improvement in the Human Development Index (HDI).	60,000,000	60,000,000	60,000,000
Etc.				
Total Cost		33,939,481,010	25,175,204,273	24,634,124,273
Indicative Budget Ceiling		17,857,000,000		
Indicative Budget Ceiling – Total Cost		-16,082,481,010		

#### 1.4 Outline of the Structure of the Document

**Describe the sequence of chapters, briefs of what each chapter is about and briefly explain the logic of its layout. For example:**

**This MTSS report is in five chapters as follows:**

**Chapter One:** is introduction. It summarizes the key objectives of the MTSS document; the process used for the development of the MTSS; and the sector's programmes, expected outcomes and related expenditures. The chapter ends with an outline of the structure of the MTSS document.

**Chapter Two: The Sector and Policy in the State**

- i) A brief introduction of the State**
- ii) Overview of the Sector's Institutional Structures**
- iii) current situation in the Sector**
- iv) Summary of the review of sector policies**
- v) Statement of the Sector's Mission, Vision and Core Values**
- vi) Sector's Objectives and programmes for the MTSS period**

**Chapter Three: The Development of Sector Strategy**

- i) Outline major strategic challenges**
- ii) Resources constraints**
- iii) Projects prioritization**
- iv) Personnel and Other Recurrent Costs: Existing and Projections**
- v) Contributions from Partners**
- vi) Cross-Cutting issues**

**Chapter Four: Three Year Expenditure Projections**

- i) Process used to make expenditure projections**
- ii) Outline expenditure projections**

**Chapter Five: Monitoring and Evaluation**

- i) Conducting Annual Performance Evaluation Report**
- ii) Organizational Arrangements**

## **Chapter Two: The Sector and Policy in the State**

### **2.1 A Brief Introduction to the State**

Recognizing the increasing demand for quality and affordable health services, the sector is committed to aligning with national health policies and international conventions. The Jigawa state government embarked on a reform agenda to confront the challenges besetting the health sector. Within this context, the Jigawa State Comprehensive Development Framework (CDF) was developed in 2009 and revised 2017. The revised Strategic Health Development Plan II 2018 – 2022, which was derived from the CDF II and national framework, has provided the road map for the achieving universal health coverage, realization of the health components of the CDF and health related Sustainable Development Goals.

The CDF II has seven strategic objectives as follows:

1. Rapid, Sustainable & Private Sector Driven Economic Growth
2. Human Capital Development in the Human Capital Index (HDI)
3. Economic Empowerment, Social inclusion & Poverty Reduction (Youths, Women & Vulnerable Groups)
4. Critical Infrastructures Developed for Pro-Poor Economic Growth
5. Cohesion and Harmony Across the Social Strata
6. Security of Lives & Property
7. Strong Governance Reforms to Deepen Transparency, Accountability, Effectiveness of Public Service Delivery.

The JSSHDP 2018 – 2022 provided the framework for the development of the first three-year Medium-Term Sector Strategy (MTSS) 2019 -2021 and this was a rollover MTSS 2023-2025 aimed at addressing the current challenges besetting the health sector within the limits of available resource envelopes. The health sector designed the MTSS to guide the development of the annual budget and operational plans of the Health Sector Ministry, Departments and Agencies (MDAs).

Furthermore, the health sector is articulating this round of its three-year renewable MTSS 2023- 2025 across the fifteen strategic goals of the JSSHDP II 2018 – 2022. In developing this MTSS document the sector is being guided by the seven strategic objective of the CDF II.

### **2.2 Overview of the Sector's Institutional Structure**

The responsibility of the Health Sector is to advise government on policy formulation, regulations and implementation of health and health related activities in the State. The functions of the SMOH include policy formulation and regulations, resource mobilization, human resource development and management, social protection of the underprivileged and external relations. It supervises the delivery of secondary and tertiary health care services to ensure improvement of the health status of the people of the state in a sustainable manner, through improved accessibility to affordable and qualitative healthcare services; reduction in health and disease burden among the people; and other targeted intervention programmes specifically aimed at the attainment of the health-related SDGs.

The Commissioner for Health heads the SMOH supported by Permanent Secretary, and a team of Directors responsible for major departments (Administration & Finance, Planning Research & Statistics, Hospital Services, Pharmaceutical Services, Medical Services, Nursing Services and Public Health Services).

In addition, the Ministry provides oversight functions to State Primary Health Care Development Agency (SPHCDA), College of Nursing and Midwifery (Birnin-Kudu, Hadejia and Babura), School of Health Technology, Rasheed Shekoni Specialist Hospital, Jigawa Pharmaceutical Limited (Ji-Pharma Ltd), Jigawa State Contributory Health Management Agency (JICHMA) and the private health institutions.

The SPHCDA is responsible for supervising the effective and efficient delivery of services at primary health care facilities through the 27 LGA PHC Offices.

The health training institutions are responsible for training of middle level health workers in the State.

JICHMA is responsible to provide sustainable social security intervention that will improve accessibility to healthcare services easier by residents of the State.

JIMSO is responsible for the supply of quality and affordable drug and medical consumable in the State.

The Civil Society Organizations are responsible for demand creation for health services.

## **2.3 The Current Situation in the Sector**

**Use this section as a situation analysis, describing essentially the level and quality of the service provided by your sector. Include relevant information from research and data/statistics surveys. What are the key challenges faced by the Sector? Include data tables, annexes, pictures and graphs as required. (We suggest you place most of the data in Annexes rather than making this section excessively long). Number the tables, graphs and annexes you have added serially, taking into account the tables already in this report template.**

## **2.4 Summary of the MTSS Rollover Process**

The development of the MTSS 2023-2025 followed the same pattern with the previous MTSS development process for the Sector. Although, this year's MTSS template comes with addition of some information on project location, project status and timeline for the project completion.

The prioritization process of the MTSS 2023-2025 focused on Projects Assessment scores and ranking based on the seven strategic objectives of the CDF II, project location, project status and timeline for the project completion. This serves as an effective mechanism for guaranteeing transparency and accountability for public resources by all stakeholders.

The development of the MTSS 2023-2025 was informed by the guidelines provided by the Jigawa State Budget and Economic Planning Directorate. The fundamental principles upon which the process was anchored include the following:

- 1) Constitution of the Sector Planning Team

- 2) Training on the Rapid MTSS Rollover and Report Templates for members of SPT comprising of officials of the Sector MDAs, Development Partners and Civil Society Organizations working in the sector.
- 3) Adherence of the MTSS to the sector envelope provided by the Budget and Economic Planning Directorate.
- 4) Sector-wide consultations and participation of all stakeholder groups in the MTSS process.
- 5) Enhanced State ownership and alignment of the MTSS process to the CDF II.
- 6) Equity in allocation of the resource and activities across sector MDAs to reflect demand.
- 7) Emphasis on a hands-on approach for the development process
- 8) Issues on Gender & Social inclusion

The rollover of the Health Sector MTSS usually encountered a number of difficulties including shortage of time as well as inadequate logistics. However, the development of current MTSS these problems did not recur as the process is supported by WISH-OPTIONS and PERL-ARC.

## **2.5 Statement of the Sector’s Mission, Vision and Core Values**

**Add here the sector’s mission, vision and core values. Provide operational definitions of the core values to facilitate tracking of compliance.**

## **2.6 The Sector’s Objectives and Programmes for the MTSS Period**

**Summarize in Table 2 how the objectives you have developed for your sector over the medium term relate to the goals set at the level of Jigawa State as contained in Jigawa State’s Development Plan which is the CDF**

**Table 2: Summary of State Level Goals, Sector Level Objectives, Programmes and Outcomes**

<b>State Level Goal</b>	<b>Sector Level Objective</b>	<b>Programme</b>	<b>Outcome</b>
Human Capital Development and Improvement in the Human Development Index (HDI)	Promote universal access to comprehensive quality sexual and reproductive health services throughout life cycle and reduce maternal,	Provision of free drugs and other services to pregnant women & children U5 years as well as exemption of accident victims	Reduced maternal, neonatal and child mortality

	neonatal, child and adolescent morbidity and mortality in Nigeria	Conduct of Maternal, New-born and Child Health week	Reduced maternal, neonatal and child mortality
	To improve prevention, case detection and coordinated response for the prevention, control and management of communicable diseases and NTDs	Malaria Elimination Interventions (prevention, diagnosis, treatment, PSM, M&E and ACSM)	Reduced morbidity and mortality due malaria
		Counterpart funding for TBL Control	Reduced morbidity and mortality due TBL
		Procurement of Reagents and maintenance of laboratory equipment (HIV/AIDS)	Improved diagnostic services for HIV services
		Awareness creation, screening and procurement for Viral Hepatitis drugs and reagents	Improved access to Viral Hepatitis services
		Lid and cataract Surgeries (Primary Eye Care and Oncho)	Increased access to lid and cataract surgeries
		Counterpart funding for NTDs (Primary Eye Care and Oncho)	Improved access to NTDs services
		To improve availability and functionality of health infrastructure required to optimize service delivery at all levels and ensure equitable access to effective and responsive health services throughout the state.	Completion of Guri and Equipping of 3No General Hospitals at Garki, Gantsa and Guri (Improvement of General Hospitals)
Construction and equipping of New Orthopaedic Hospital at Gumel (Improvement of General Hospital)	Create access to orthopedic, trauma, accident and emergency services		
Construction of New Specialist Hospital at Hadejia and Kazaure	Increased access to medical specialty services		
	To reduce the burden of morbidity, mortality and disability due to non-communicable diseases	Screening and intervention of non-communicable diseases (hypertension, diabetes, cancer, mental health, oral and ear health, sickle cell)	Reduced morbidity, mortality and disability due to non-communicable diseases



**Summarize in Table 3 the objectives, programmes and outcomes deliverable of your sector over the MTSS period (2023 – 2025). These should include Key Performance Indicators (KPIs), baseline and realistic targets of the outcomes. Add rows to the table as necessary!**

**Table 3: Objectives, Programmes and Outcome Deliverable**

Sector Objectives	Programme	Outcome Deliverable	KPI	Baseline (e.g. Value of the Outcome in 2020)	Target		
					2023	2024	2025

## Chapter Three: The Development of Sector Strategy

### 3.1 Outline Major Strategic Challenges

Describe here the main challenges raised and considered during the strategy session. Some of the challenges would have been revealed by your review of high-level policy documents and situation analysis of your sector. Current challenges in the sector which you will need to develop strategies to resolve; some of them would have been mentioned in Section 2.3 above.

### 3.2 Resource Constraints

Complete tables 4 and 5 with the historical budget data of your sector. Discuss the results in the tables. Were all the budgeted funds released? If not, what has been the impact on your sector? The balance between capital and recurrent expenditure; what proportion of the approved expenditure is recurrent (Personnel + Overhead) and what proportion is Capital? Is the proportion healthy; if not, what does the Sector plan to do better in future?

**Table 4: Summary of 2021 Budget Data**

Item	Approved Budget (N'000) in 2021	Amount Released (N'000) in 2021	Actual Expenditure (N'000) in 2021	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	6,350,381,000	6,350,381,000	6,350,381,000	100%	100%
Overhead	2,619,144,000	2,619,144,000	2,619,144,000	100%	100%
Capital	12,299,402,000	9,723,600,000	9,723,600,000	79%	79%
Total	21,268,927,000	18,693,125,000	18,693,125,000	88%	88%

**Table 5: Summary of 2022 Budget Data (Up to August)**

<b>Item</b>	<b>Approved Budget (N'000) in 2022</b>	<b>Amount Released (N'000) in 2022 (Up to August)</b>	<b>Actual Expenditure (N'000) in 2022 (Up to August)</b>	<b>Amount Released as % of Approved</b>	<b>Actual Expenditure as % of Releases</b>
<b>Personnel</b>	<b>11,455,126,000</b>				
<b>Overhead</b>	<b>4,319,666,000</b>				
<b>Capital</b>	<b>12,678,200,000</b>				
<b>Total</b>	<b>28,452,992,000</b>				

### **3.3 Projects Prioritization**

**Complete Table 6 with the results of your projects prioritization and described how you have prioritized your projects; what criteria were used, how was the scoring done, etc.? Also explain why the prioritization was necessary and how you plan to use the results of your prioritization exercise.**

**Table 6: Summary of Projects Review and Prioritization (Ongoing, Existing & New Projects)**

HEALTH SECTOR Medium Term Sector Strategy (MTSS) 2023 - 2025			MDA:																
S/N	Project Code	Project Name	Project's Contribution to State Development Plan Objectives								Project Status (Ongoing = 3; New = 1)	Likelihood of completion not later than 2025 (2023 = 3; 2024 =	Nature of Project (Developmental = 3; Administrative = 1)	Total Score	Project Ranking	Physical Location: Local Government/ Statewide	Project Status (Ongoing/ New)	Timelines	
			Rapid, Sustainable & Private Sector Driven Economic Growth.	Human Capital Development & Improvement in the Human	Economic Empowerment, Social Inclusion & Poverty Reductio	Critical Infrastructures Developed for Pro- Poor Economic	Cohesion and Harmony Across the Social Strata.	Security of Lives & Property.	Strong Governance Reforms to Deepen Transparency, Accountability.	0								Commencemen t Year	Expected Year of Completion
1		Completion of Guri and Equipping	2	2	2	2	2	2	2	2	3	3	3	23	1	State Wide	Ongoing	2019	2023
2		Provision of free drugs and other	2	2	2	2	2	2	2	2				14	2				
3		Renovation/improvement of the	2	2	2	2	2	2	2	2				14	2				
4		Construction of additional 90No L1	2	2	2	2	2	2	2	2				14	2				
5		Construction and Furnishing of	2	2	2	2	2	2	2	2				14	2				
6		Upgrading of 8No PHCs/CH to	2	2	2	2	2	2	2	2				14	2				
7		Procurement of medical	2	2	2	2	2	2	2	2				14	2				
8		Completion and equipping of	2	2	2	2	2	2	2	2				14	2				
9		Conduct of MNCH week	2	2	2	2	2	2	2	2				14	2				
10		Procurement of RUTF, F75 and	2	2	2	2	2	2	2	2				14	2				
11		Construction and equipping of 3	2	2	2	2	2	2	2	2				14	2				
12		Establishment of Drug	2	2	2	2	2	2	2	2				14	2				
13		Provision and Maintenance of	2	2	2	2	2	2	2	2				14	2				
14		Construction of Admin Block at	2	2	2	2	2	2	2	2				14	2				
15		Purchase of drugs and medical	2	2	2	2	2	2	2	2				14	2				
16		Support Family Planning/Child	2	2	2	2	2	2	2	2				14	2				
17		Departmental supervision (PHCDA	2	2	2	2	2	2	2	2				14	2				
18		Expected fund from BHCPF for all	2	2	2	2	2	2	2	2				14	2				

19		25% Counterpart funding for all	2	2	2	2	2	2	2					14	2				
20		Construction and equipping of	2	2	2	2	2	2	2					14	2				
21		Establishment of Occupational	2	2	2	2	2	2	2					14	2				
22		Construction and Furnishing of	2	2	2	2	2	2	2					14	2				
23		Renovation of 1 story building	2	2	2	2	2	2	2					14	2				
24		Furnishing of 500 seat capacity	2	2	2	2	2	2	2					14	2				
25		Establishment of School of	2	2	2	2	2	2	2					14	2				
26		Upgrading of Miga PHC to General	2	2	2	2	1	2	2					13	26				
27		Construction of New Specialist	2	2	2	2	2	2	1					13	26				
28		Construction of New Specialist	2	2	2	2	2	2	1					13	26				
29		Procurement Hospital Equipment	2	2	2	2	2	2	1					13	26				
30		Support to Supplementary	2	2	2	2	2	2	1					13	26				
31		Establishment of College of Health	1	2	2	2	2	2	2					13	26				
32		Establishment of Training Centre	2	2	2	2	2	1	2					13	26				
33		Construction and Furnishing of	2	2	2	2	1	2	2					13	26				
34		Establishment of Private Health	2	2	2	2	1	2	2					13	26				
35		COPREP World Bank supported	2	2	2	1	2	2	2					13	26				
36		Phase II renovation and	2	2	1	2	2	2	1					12	36				

37	Establishment of Special Care	1	2	1	2	2	2	2					12	36				
38	Construction and Equipping of	2	2	2	1	2	2	1					12	36				
39	Renovation and improvement of	2	2	1	2	2	2	1					12	36				
40	Counterpart funding for TBL	1	2	2	2	2	2	1					12	36				
41	Transition Plan for College of	2	2	2	2	1	1	2					12	36				
42	Procurement for Primary Health	2	2	2	0	2	2	2					12	36				
43	Support Routine Immunization -	2	2	2	1	2	1	2					12	36				
44	Rehabilitation of existing 2No	2	2	1	2	2	2	1					12	36				
45	State Equity Contribution	2	2	2	0	2	2	2					12	36				
46	Expected formal Sector	2	2	2	0	2	2	2					12	36				
47	Supply of 12No Generators to all	2	2	1	2	2	2	1					12	36				
48	Contruction and equipping	2	2	2	2	1	1	2					12	36				
49	Sexual Assult Referral Centre	1	2	2	1	2	2	2					12	36				
50	Establishment of Hospital Services	2	2	2	2	2	0	2					12	36				
51	Establishment of DRF Unit in the	2	2	2	2	2	0	2					12	36				
52	Operation of Emergency	1	2	1	2	2	2	2					12	36				
53	Procurement of Equipment for	2	2	2	1	1	1	2					11	53				
54	Maternal and Neonatal Emergency	2	2	2	0	2	2	1					11	53				
55	Sustainability of FYP for students at	2	2	2	0	2	1	2					11	53				
56	Conduct of Operational Research	2	2	2	1	1	1	2					11	53				
57	Procurement and installation of	1	1	2	2	2	2	1					11	53				

58	Upgrade of Molecular Laboratory	2	1	1	2	2	2	1					11	53				
59	Equipping of Science Laboratory at	2	2	1	1	1	2	2					11	53				
60	Installation of solar street light in	1	2	1	2	2	2	1					11	53				
61	Construction of 4 Apartment	1	2	1	2	2	2	1					11	53				
62	Procurement of drug for Rapid	2	2	2	0	2	2	1					11	53				
63	Government Contribution to	2	2	2	0	2	1	2					11	53				
64	HRH Intergrated Supportive	2	2	1	0	2	2	2					11	53				
65	Construction of 1No additional 52	2	2	1	1	1	2	1					10	65				
66	Rollout of Masaki Nutrition	1	2	2	0	2	2	1					10	65				
67	Construction of drainages and	1	2	2	2	1	1	1					10	65				
68	Malaria Elimination Interventions	2	2	2	0	2	2	0					10	65				
69	Maternal, Perinatal Death	1	2	0	1	2	2	2					10	65				
70	Community Engagment - Jakadan	2	2	2	0	2	1	1					10	65				
71	Screening and intervention of non	1	2	2	0	2	2	1					10	65				
72	Construction of 1No Female	1	2	1	2	1	2	1					10	65				
73	Provision of solar lightening	2	2	1	1	1	2	1					10	65				
74	Procurement of 6 Ambulances	1	2	1	1	2	2	1					10	65				
75	Procurement of 6No Operation	2	2	2	1	1	1	1					10	65				
76	Construction of 4No Block	1	1	1	2	1	2	2					10	65				
77	Provision of Solar Security	2	2	1	1	1	2	1					10	65				
78	Procurement of 1NO 100KVA	2	1	1	2	1	2	1					10	65				



79	Provision of Solar Street light ( to	1	1	1	2	1	2	2					10	65				
80	Expansion of Free MNCH services	2	2	2	0	2	1	1					10	65				
81	Domestication of NTSTS Policy	2	2	2	0	2	0	2					10	65				
82	Procurement of endoscopy	1	2	1	1	2	2	0					9	82				
83	Upgrading of School of Health	2	2	1	0	1	1	2					9	82				
84	Curtailing Drug Abuse and Task	1	1	2	0	2	2	1					9	82				
85	Construction of Perimeter Wall	1	1	1	2	1	2	1					9	82				
86	Provision of critical support	1	2	2	0	2	1	1					9	82				
87	Quality of Care Programme	1	2	1	1	2	1	1					9	82				
88	Establishment of Planned	1	2	2	1	1	1	1					9	82				
89	State Emergency Maternal and	1	2	1	1	2	0	2					9	82				
90	Counterpart funding for NTDs	1	2	2	0	1	1	1					8	90				
91	Lid and cataract Surgeries (Primary	1	2	2	0	1	1	1					8	90				
92	i.Procurement and Installation of	2	2	1	0	1	2	0					8	90				
93	Quarterly Integrated Supportive	2	2	0	0	2	0	2					8	90				
94	Patient Focus Quality Assurance	1	2	1	0	2	0	2					8	90				
95	Provision of water supply in 200	2	2	1	1	1	0	1					8	90				
96	Construction and furnishing of	2	1	1	2	1	1	0					8	90				
97	Integrated Distribution of Public	2	1	1	0	1	2	1					8	90				
98	Construction of 1No. New	1	1	1	2	1	1	1					8	90				
99	Construction of Linkage roads at	1	1	1	2	1	1	1					8	90				
100	Equipping of 3No. Basic Sciences	2	1	1	1	1	0	2					8	90				

101	Establishment of Family Health	1	2	2	0	2	0	1					8	90				
102	State Counterpart funding to	0	1	1	0	1	2	2					7	102				
103	Operations of Infectious Disease	2	2	1	0	1	1	0					7	102				
104	Procurement and installation of	1	1	1	1	1	2	0					7	102				
105	Quarterly Performance Review (	2	2	1	0	1	0	1					7	102				
106	Construction, equipping of Library	2	1	0	2	1	0	1					7	102				
107	Construction of School of Nursing	1	1	1	2	1	0	1					7	102				
108	Printing of Free MNCH Data tools	1	2	1	0	1	1	1					7	102				
109	Rasheed Shekoni Specialist	1	1	1	1	1	1	1					7	102				
110	Construction of 1 block of male	1	1	1	1	1	1	1					7	102				
111	Construction of 5No. additional	1	1	1	1	1	1	1					7	102				
112	Construction of 90No Health Posts	1	1	1	2	0	1	0					6	112				
113	Provision of NHMIS and LMIS data	2	2	1	0	1	0	0					6	112				
114	Establishment of IT Centre at	2	2	1	0	1	0	0					6	112				
115	Construction of Drainages at SHT,	1	2	0	1	0	2	0					6	112				
116	Procurement of Reagents and	1	1	2	0	1	1	0					6	112				
117	Awareness creation, screening and	1	1	2	0	1	1	0					6	112				
118	Procurement of 500No mattresses	1	1	1	0	1	1	1					6	112				
119	Conferences and workshops fees	1	2	0	0	1	0	2					6	112				
120	Construction of 2No Sporting	1	1	1	1	0	0	1					5	120				
121	Reproductive Health Services	1	1	1	0	0	1	1					5	120				
122	Supply of books and reading	1	2	0	0	1	0	1					5	120				

123	Procurement of drugs for	1	1	1	0	2	0	0					5	120				
124	Upgrading of electronic Health	0	1	1	1	0	1	0					4	124				
125	Quarterly HMIS Review (PHCDA	1	1	1	0	0	0	1					4	124				
126	Construction of 3No Incinerator	1	1	0	0	0	1	0					3	126				

**Improvement in the business environment and investment climate by building an investor-friendly climate; stimulating investments into productive sectors.**

### 3.4 Personnel and Overhead Costs: Existing and Projections

Complete Table 7 with the approved 2022 budgeted figures (approved and actual) for your sector's personnel and overhead; as well as what you project the figures to be for each of the MTSS years of 2023 – 2025. Justify your projections for personnel and overhead.

**Table 7: Personnel and Overhead Costs: Existing and Projected**

Expenditure Head	2022 (N'000)		Projections (N'000)		
	Approved	Actual (By March)	2023	2024	2025
Personnel Cost					
Overhead Cost					
<b>Total Cost (N)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### 3.5 Contributions from our Partners

Describe here what is known about the likely activities of partners in the sector. This could include donors, Development Partners, NGOs, private agencies, religious organizations, etc. This could include formal understandings of shared responsibilities between government and the private sector in a PPP agreement. Complete table 8 for all applicable grants and donor funding (or any adapted variant of the table). If the donor fund is in foreign currency, convert it to Naira using the exchange rate provided by BEPD.

**Table 8: Grants and Donor Funding**

Source / Description of Grant	Amount Expected (N'000)			Counterpart Funding Requirements (N'000)		
	2023	2024	2025	2023	2024	2025


### **3.6 Cross-Cutting Issues**

**Briefly describe here how you have treated the cross-cutting issues in your sector; e.g. gender, social inclusion, sustainability and cross-sectors issues (e.g. Projects which cut across more than one sector).**

### **3.7 Outline of Key Strategies**

**Complete Table 9 to describe the main strategies and core activities of your sector's MTSS. This is the Logframe discussed previously. The table could be completed in Excel format, copied and inserted in the report. The instructions for completing the Table are as follows:**

- **Column 1: Add the outcomes developed for each programme (As in Tables 2 and 3 above).**
- **Column 2: Add all projects that will be implemented in relation to the respective programmes; i.e. projects that will be implemented in order to deliver the expected outcomes. If the number of projects or activities is more than the number of rows provided in the Logframe Table, add more rows.**
- **Columns 3 – 5: Record the proposed expenditure for each project. The proposed expenditure will be derived through costing of the projects.**
- **Column 6: Indicate the output expected from each project. An output is what you expect to get from spending money on a particular project. For example, if the project is “Construct a block of six classrooms at Aiyegun School”; then the output to be expected after the project has been executed is “A block of six classrooms constructed at Aiyegun School”.**
- **Column 7: Output KPI is how would we know whether or not the specified output is delivered.**
- **Column 8: The value of the output during the base year; e.g. 2018 (the baseline value).**
- **Columns 9 – 11: The quantities of the output that will be delivered in each of the MTSS year (2020 – 2022).**
- **Column 12: Specify the MDA in your sector that is responsible for implementing the project and delivering the associated output.**

**Table 9: Summary of projects' expenditures and output measures (The Logframe)**

Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2018)	Output Target			MDA Responsible
		2023	2024	2025				2023	2024	2025	
<b>Total</b>											

### **3.8 Justification**

**Briefly describe the justification for the strategies chosen; especially how you used the results of your projects prioritisation to bring your proposed expenditures within the indicative budget issued to your sector by the BEPD.**

### **3.9 Responsibilities and Operational Plan**

**Make a reference to the organisational responsibilities for implementing the strategic plan as indicated in the last column of Table 9. You do not have to provide an operational plan in this MTSS document. But you may use this sub-section to identify this need and comment on the ways in which this has already been thought about in your planning; as well as how you plan to develop it later.**



## **Chapter Four: Three Year Expenditure Projections**

### **4.1 The process used to make Expenditure Projections**

**Describe some of the key rules of thumb and costing assumptions made in working out the proposed costs of the projects in this MTSS. Provide details of the costing as an Annex.**

### **4.2 Outline Expenditure Projections**

**Describe the main features of Tables 7 and 9; especially the balance between capital and recurrent expenditure; what proportion of the total proposed expenditure is recurrent (Personnel + Overhead as in Table 7) and what proportion is Capital as in Table 9? Is the proportion healthy; if not, what does the Sector plan to do better in future?**

## **Chapter Five: Monitoring and Evaluation**

### **5.1 Conducting Annual Sector Performance Review**

**What form will the annual performance review take? When will it be performed and what process will it involve? How will the results be used in making revisions to this MTSS next year? The M&E Unit of the BEPD should be able to support sectors in writing this section.**

### **5.2 Organisational Arrangements**

**Describe outline responsibilities for monitoring work. Who will collect data, and who will perform the analysis? How will the results be reported? What will the results be used for?**