

KEBBI STATE GOVERNMENT



KEBBI STATE HEALTH SECTOR 2025– 2027 MEDIUM-TERM SECTOR STRATEGY (MTSS)

August 2024

Foreword

The Medium-Term Sector Strategy (MTSS) represents a process through which strategic policy priorities are determined and aligned with resource allocation, within the context of forecast information on the State's macro-economy and financial outlook. It represents medium-term expenditure estimates (3 – 5 years) that are linked to clearly defined Sector objectives, which are derived from the State's overall development goals. It aims at allocating resources towards the strategic State's goals and programmes within the constraints implied by the overall physical targets over a 3- year programme.

The health sector, like other sectors, involves the application of activity budgeting strategic prioritization and the efficiency of public expenditures. It enables effective implementation of the Completion Agenda of the State as regards the Health Sector. It also ensures that Government expenditure on the Health Sector reflects Government priorities as articulated in the Completion Agenda; wherein transparency and accountability in Government expenditure are guaranteed. MTSS also facilitates monitoring and evaluation with performance assessment of Government expenditures.

Programmes and projects elaborated in detail and costed over several years in a Medium-Term Sector Strategy (MTSS) are more likely to be feasible and completed successfully. Thus, this being the first experience in the State, we are excited at the opportunity offered by USAID's State2State Project to be the first sector in the State to pioneer this initiative. The immediate benefit is that the skills acquired by the Sector Planning Team (SPT) during the Training and Strategy Session will help in improving project planning, costing, and budgeting in the Health Sector.

Preparing the MTSS is one thing, implementing it is by far a more important deliverable. The Kebbi Health Sector, under my leadership, shall do everything possible to implement the MTSS as planned. I hereby call on all the stakeholders of the Kebbi Health Sector to please support the Government and the Sector in ensuring effective implementation of this MTSS so that the stated objectives can be optimally achieved, and the expected outcomes delivered.



Comrade Yunusa Musa Ismail
Honourable Commissioner
Ministry of Health

Table of Contents

Contents	
Foreword	i
Table of Contents	ii
List of Figures	iii
List of Tables	iii
Acknowledgments	iv
Table of Acronyms	vi
Executive Summary	vii
1.1 Motivations for Preparing the MTSS	1
1.2 Summary of the Process used for the MTSS Development	2
1.3 Summary of the sector's Programmes, Outcomes and Related Expenditures	3
1.4 Outline of the Structure of the Document	4
Chapter Two: The Sector and Policy in the State	5
2.1 A Brief Introduction to the State	5
2.2 Overview of the sector's institutional structure	5
2.3 The current situation of the sector	10
2.4 Sector Policy	11
2.5 Statement of the sector's mission, vision, and core values	12
2.6 The sector's objectives and programmes for the MTSS period	12
Chapter Three: The Development of Sector Strategy	14
3.1 Outline Major Strategic Challenges in the Sector	14
3.3 Sector Financial Resources	15
3.4 Projects Prioritisation	17

3.5	Contributions from Sector's Development Partners	18
3.6	Programme Connections Between Sectors	19
3.8	Sector's Strategic Priorities	20
3.11	Responsibilities and Operational Plan	21
Chapter Four: Expenditure Projection Process and Capital–Recurrent Expenditures Comparison		22
4.1	The process used to make Expenditure Projections	22
4.2	Capital – Recurrent Expenditures Comparison	22
Chapter Five: Annual Performance Review and Monitoring and Evaluation		23
5.1	Conducting Annual Sector Review	23
5.2	Monitoring and Evaluation of the MTSS	24
Annexes		28

List of Figures

Figure 1: M&E Process for the Health Sector	24
Figure 2: Performance Monitoring and Evaluation Framework.....	26

List of Tables

Table 1: Programmes, outcomes and cost/expenditures	3
Table 2: Summary of State Level Goals, Sector Level Objectives, Programmes and Outcomes...	13
Table 3: Goals, programmes and outcome deliverables (Results Framework)	14
Table 4: Summary of Year 2023 Sector Budget Data	16
Table 5: Summary of 2024 Sector Budget Data (Jan – June).....	17
Table 6: Personnel and Overhead Costs – Existing and Projected	17
Table 7: Grants and Development Partners' Funding	19
Table 8: Capital – Recurrent Expenditures Comparison.....	22

Annexes

Annex 1: Results of Projects Prioritisation	28
Annex 2: Summary of projects' expenditures and output measures.....	29

Acknowledgments

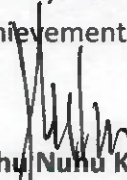
The Health Sector Planning Team (HSPT) wishes to express its profound appreciation to the Political Heads of the Sector for their unwavering support and guidance, which were instrumental in the successful preparation of this Medium-Term Sector Strategy (MTSS). Their leadership and vision have been pivotal in steering the sector towards achieving its goals.

To this end, the Team would like to place on record the unparalleled contributions of all the Accounting Officers and the Directors of Planning, Research, and Statistics in the State Health Sector. Their dedication and hard work in creating an enabling environment have been crucial for the successful preparation of this document. Their expertise and commitment to excellence have significantly enhanced the quality and comprehensiveness of the MTSS.

It is also very pertinent to recognize the Sector Champion/Expert and members of the Sector Planning Team for their untiring commitment and sacrifice. Their relentless efforts, innovative ideas, and collaborative spirit have been the backbone of this endeavor. The Team's ability to work cohesively and efficiently under tight deadlines is commendable and has been a key factor in the successful completion of this project.

The Team also sincerely appreciates the invaluable support and contributions of the United States Agency for International Development (USAID) – State Accountability, Transparency and Effectiveness (State2State) Activity and Other Development Partners in the State. Their technical assistance and resources have been instrumental in enhancing the planning and implementation processes. Additionally, the Ministry of Budget and Economic Planning and all relevant stakeholders in Kebbi State have provided essential support and collaboration, which have been vital to the success of this initiative.

Finally, and most importantly, the Team extends its heartfelt gratitude to the Almighty God for granting the wisdom, strength, and perseverance needed to complete this assignment successfully. The Team is deeply grateful for the divine guidance and blessings that have made this achievement possible.



Dr Shehu Nuhu Koko
Permanent Secretary
Ministry of Health

Table of Acronyms

Acronym	Definition
MTSS	Medium-Term Sector Strategy
BCC	Budget Call Circular
SDP	State Development Plan
STP	Sector Planning Team
MTEF	Medium-Term Expenditure Framework
HRH	Human Resources for Health
USAID	United States Agency for International Development
NPHCDA	National Primary Health Care Development Agency
SPHCDA	State Primary Health Care Development Agency
PHCUOR	Primary Health Care Under One Roof
UHC	Universal Health Coverage
HCs	Health Clinics
PHC	Primary Health Care
PHCC	Primary Health Care Centre
MHC	Maternal and Child Health
MDGs	Millennium Development Goals
SDGs	Sustainable Development Goals
NGOs	Non-Governmental Organizations
NCDs	Non-Communicable Diseases
STDs	Sexually Transmitted Diseases
SPT	Sector Planning Team
WHO	World Health Organization
LGAs	Local Government Areas

Executive Summary

This First Medium-Term Sector Strategy (MTSS) for the Kebbi State Health Sector is prepared for 2025-2027. The MTSS is to take account of development goals and strategies to better reflect the priorities of the State Government concerning the Health Sector programmes and financial commitment in the medium term. The MTSS links the State's long-term goals to utilizing its resources (annual budget) to achieve strategic results. Being a 3-year plan, the financing of projects can be spread over 3 years to make them more implementable. Therefore, this Medium-Term Sector Strategy will help Kebbi State to produce annual budgets that are more strategic, realistic, forward-looking, and policy-based during the MTSS period. It links higher-level State policies and plans to the Sector's objectives, programme, and projects; and provides the basis for preparing annual budgets, work plans, and cash projections. Projects and activities proposed in the MTSS have a direct bearing on delivering the strategic objectives of the State in the Health Sector

The MTSS was developed with support from USAID, under the State2State Programme, in partnership with the Kebbi State Government through the Ministry of Health leading the Sector in collaboration with the Ministry of Budget and Economic Planning. In the process of developing the Health Sector 2025 – 2027 MTSS document, stakeholders were drawn from relevant MDAs in the Sector, namely: The State Ministry of Health (SMOH); The State Primary Health Care Development Agency (SPHCDA); Kebbi State Contributory Health Care Management Agency (KECHEMA); Kebbi State Drug and Medical Consumables Management Agency (DMCMA); and Kebbi State Agency for the Control of Aids (KBSACA). A member of the Health Committee from the State House of Assembly and Members of the Civil Society Organizations, in particular, the Chairman of the State Nigerian Medical Association also participated. The team comprised males and females to ensure gender equity.

The Health Sector Planning Team (SPT) adopted a programmatic approach in developing this MTSS plan. This approach involved a strategic arrangement of individual and interlinked projects that will achieve medium-term outcomes and impact. Table 1 presents five (5) key Programmes with six (6) key outcomes, which the Health Sector plans to implement during the medium-term (2025 – 2027). The Programs include: Streamlining and modernizing existing regulations Decentralized Health Services Delivery; Development of Health Information System Infrastructure; Development of Human Resources for Effective Healthcare Delivery; and Research Support and Resources. The attendant outcomes of the respective Programs and the estimated costs or expenditures on the respective Programs were also presented in Table 1.

In accordance with the National Health Policy, the goal is to pursue a decentralized and integrated health system that addresses the provision of primary health care services that are “promotive, curative, preventive and rehabilitative.” The following are therefore the Sector’s strategic priorities:

- To create an enabling environment and better regulatory framework to encourage, among others, private sector participation;
- To decentralize the health care system to improve management and ensure community participation in the planning and administration of health activities;
- To focus on preventive health service with an emphasis on the major elements of the Primary Health Care System and targeted interventions to convert the spread of HIV/AIDs and specific diseases;
- To introduce a strong health management information system to ensure systematic planning and monitoring including surveillance and control of major diseases;
- To improve human resources for health in mix and number;
- To develop health infrastructure and provision of equipment and drugs;
- To foster more effective and efficient collaboration, and coordination with all stakeholders and in the health sector as well as ensure a closer partnership with International Development Partners and NGOs;
- To attain public sector spending to a minimum of 15% in line with the 2003 Abuja declaration; and
- To introduce community operational Research for Health.

The Health Sector is majorly funded through budget allocations from the State Government for its capital and recurrent costs. The total cost for the programmes in the MTSS years is **N19,823,112,904** for 2025; **N12,232,344,880** for 2026; and **N15,027,722,904** for 2027. The costs are balanced with the capital ceiling provided for the Sector in line with the MTEF (2025-2027) for the respective years as there were negligible differences between the Indicative Budget Ceiling and Total Cost as shown in Table 1.

At the beginning of each MTSS year, a programme of work (work plan) would be prepared to ensure compliance with funds releases. Every sub-sector must submit its programmes, projects, and activities proposal, giving priority to ongoing activities, programmes, and projects to ensure the completion of all projects as ranked in the MTSS Project prioritization in Annex 1. The Department of Planning Research and Statistics (DPRS) of the Ministry of Health would lead the technical monitoring and evaluation of programmes and projects implementation in the Sector. This shall be structured based on the listed Key Performance Indicators (KPIs) as shown in Annex 2. This requires setting aside resources for the process. The monitoring of projects and

programmes for the Sector would be carried out in a system process and also in conjunction with the M&E Department of the State Ministry of Planning and Budget.

Critical Success Factors (CSFs) for the implementation of the MTSS include adequate releases of budgetary provision as guided by the MTEF to be able to deliver on the Sector's strategic objectives and programmes; and a strong commitment to performance monitoring for learning to improve programme delivery and accountability for the use of resources.

Chapter One: Introduction

1.1 Motivations for Preparing the MTSS

The Medium-Term Sector Strategy (MTSS 2025-2027) for Kebbi State's Health Sector articulates the State Government's planning strategies regarding the Health Sector Programs and financial commitment in the medium term. The document is subject to review annually, using the Annual Sector Performance Review (ASPR) Tools, at the end of each financial/budgetary year to make it reflect the extant situation of the Sector.

This MTSS is aimed at harmonizing the Programs and strategies of the Sector, taking cognizance of the available limited resources of the Health Sector based on the focus and aspiration of the current government. This MTSS also sets out the medium-term strategic actions that the Health Sector shall take to contribute to the achievement of the strategic goals of the State, as set out in the Kebbi State Development Plan.

This document links the State's long-term goals to how it can utilize its resources (annual budget) to achieve strategic results. Being a 3-year plan, the financing of projects can be spread over 3 years to make them more implementable, with the prospect of abandonment of project activities as a result of the shortage of funds grossly reduced. Therefore, this Medium-Term Sector Strategy for the Health Sector will help Kebbi State to produce annual budgets that are more strategic and realistic. It links the higher-level State policies and plans with sector strategies and budgets, and provides the basis for preparing annual budgets, work plans, and cash projections. Projects and activities proposed in the MTSS have a direct bearing on delivering the strategic goals of the State on health and well-being.

In summary, the key motivations for preparing the MTSS are to:

- Enable effective implementation of the State Development Plan;
- Make budgeting meaningful by ensuring that government expenditures reflect government priorities as articulated in the State Development Plan;
- Promotes transparency and accountability in government expenditure; and
- Facilitate monitoring evaluation and performance assessment of government expenditures.

1.2 Summary of the Process used for the MTSS Development

The process of developing the Kebbi State MTSS was participatory. A cross-section of stakeholders with varied but relevant knowledge and experiences in the State were involved. The responsibility of the management, implementation, monitoring, and evaluation of the plan will also take the same approach. Managing the plan's execution process shall take five (5) critical areas into consideration, namely: performance targets and indicators, M& E framework, implementation coordination, cost and financial implications, the State implementation committee, and the policy and strategic framework.

The process of developing the Medium-Term Sector Strategy for the Kebbi State Health Sector entails:

- Establishing a multi-disciplinary team of Sector officials (from all the agencies in the health Sector), as well as some representatives of the legislative arm (State Assembly), the Sector MTSS Development Team is referred to as the Sector Planning Team. The Team. Was trained on how to develop the Medium-Term Sector Strategy (MTSS). Reviewed international, national and State policies that affect the Sector. These include reviewing of the existing Sustainable Development Goals (SDGs), especially goal 3,
- Carried out a critical evaluation of the Sector to establish what the strategic challenges of the Sector are, and generally to know what the Sector's needs are, and to plan appropriate responses.
- Developed an outline suite of Programs and projects to address the identified strategic challenges of the Sector. Received expenditure ceilings from the State Planning Commission in the Annual Budget Call Circular. The Sector's proposed spending was developed within the limits of the given expenditure ceilings.
- Prioritized the list of projects based on rankings established from the set criteria. The criteria included: 1) an assessment of the contributions of the respective projects to the achievement of the goals of the State development Plan, 2) the importance of the project to the State, and 3) whether the project had already started and how much of it remained outstanding. Fully involved the major stakeholders within the Sector in the area of Programs and strategies development.
- Costed the projects while paying attention to the resource limit set in the Annual Budget Call Circular. Established a framework for monitoring performance (performance indicators). Collated, synergized and developed the document for subsequent review by the Consultant.
- Drafted the MTSS document with support from USAID State2State Program Obtained the appropriate approval for the MTSS from the Hon. Commissioner overseeing the Sector

In the course of developing this document, a few challenges were encountered in the following areas:

- ❖ **Data collection difficulties:** This challenge was due to poor record-keeping systems and data quality. Thus, relying on one or a few persons made it difficult to review information for completeness and obtain missing data.
- ❖ **Interference with primary assignments of committee members:** This challenge was due to the competing engagement of participants. It was observed that during the training session with the SPT, a few officers had to leave the training for some hours to attend to office matters. Thus, leading to a loss of concentration.
- ❖ **Difficulties in Costing the associated projects:** This challenge was due to inherently different processes, procedures, and structures of the projects. Thus, it is difficult to break the cost elements into components to ensure proper cost estimation.

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

The Kebbi State Health Sector SPT adopted a programmatic approach in developing this MTSS plan. This approach involves a strategic arrangement of individual and interlinked projects that will achieve medium-term outcomes and impact. Table 1 presents the Programs the Health Sector plans to implement within the medium-term (2025 – 2027). The associated outcomes of the respective Programs and the estimated costs or expenditures based on the capital expenditure components of the respective Programs are also presented.

Table 1: Programmes, outcomes and cost/expenditures

Programme	Outcome	Budgeted Expenditure		
		2025	2026	2027
Streamline and modernize existing regulations	Improved regulatory effectiveness	1,000,925,000	596,161,000	245,439,470
Decentralized Health Services Delivery	Increased access to local health services	4,824,209,904	2,316,833,540	4,685,667,470
Development of Health Information System Infrastructure	Improved health decisions based on quality data	2,463,728,000	1,407,277,740	1,056,790,814
Development of Human Resources for Effective Healthcare Delivery	Increased number of healthcare professionals	200,000,000	170,000,000	390,000,000
	Improved health Infrastructure	11,324,250,000	7,730,572,000	8,634,225,150
Research Support and Resources	Strengthened research infrastructures	10,000,000	11,500,000	15,600,000
Total Cost		19,823,112,904	12,232,344,880	15,027,722,904
Indicative Budget Ceiling		19,823,163,253	12,232,394,851	15,027,733,178
Indicative Budget Ceiling Less Total Cost		50,349	49,971	10,274

1.4 Outline of the Structure of the Document

This MTSS document is structured into five chapters as follows:

Chapter 1: Introduction: The chapter sets out the justifications for MTSS and the motivation for preparing the MTSS document; it provides a brief description of the process used for developing the MTSS; and it provides a summary of the sector's objectives and related expenditures over the MTSS period.

Chapter Two: This chapter reviewed the Health Sector and Policy in the State. This chapter begins with a brief introduction to the State and outlines an overview of the Sector's institutional structure. Highlights the current situation of the Sector, and provide a summary of the Health Sector policy. Highlights statement of the Sector's mission, vision, and core values, presents the Sector's objectives, and Programs for the MTSS period.

Chapter Three: This chapter presents the development of Sector strategy, outlines the major strategic challenges in the Sector; the Health Sector financial resources, prioritized projects, shows the contributions from the Sector's Development Partners, outlines the Health Sector's strategic priorities, outlines of key strategies of the Sector, presents the results Framework and show the responsibilities and operational plan of the Sector.

Chapter Four: This chapter presents the expenditure projection process and capital – recurrent expenditures comparison, the chapter also shows the process used to make expenditure projections and shows the capital–recurrent expenditures comparison.

Chapter Five: This chapter is about the annual performance review, monitoring, and evaluation; conducting the annual Sector performance review and describing the mechanism for the monitoring and evaluation of the MTSS for the Sector.

Chapter Two: The Sector and Policy in the State

2.1 A Brief Introduction to the State

Kebbi State is one of the seven states in the North West geopolitical zone of Nigeria, it was established in 1991 from the then Sokoto State. It has a total of 21 LGAs and 225 political wards. The state has a 2006 census population of 3,238,628, which amounted currently to the projected population of 5,610,700 in 2024. The 21 LGAs and 225 political wards were spread traditionally into four (4) Emirate Councils namely Argungu Emirate, Gwandu Emirate, Yauri Emirate, and the Zuru Emirate.

The state consists mainly of tribes from Hausas, Fulani, Kabawa, Dakarkari, Fakkawa, Gungawa, and Kambarawa, with farming and fishing being the major occupations.

Kebbi State also shares international borders with Niger republic in the North and Benin republic in the North western part, while in the South it shares borders with Niger state and in the East, with Sokoto and Zamfara States.

2.2 Overview of the sector's institutional structure

The Health Sector has an administrative structure approved by the Office of Head of Service with established directorates and agencies to effectively discharge its mandates. The Sector comprises of Ministry and Agencies namely: Kebbi State Ministry of Health, Kebbi State Primary Health Care Development Agency, Kebbi State Contributory Healthcare Management Agency; Kebbi State Agency for the Control of AIDs; and Kebbi State Drugs, Medicine and Consumable Management Agency. The key mandates and functions of the Ministry and its agencies are described as follows:

Ministry of Health: The Kebbi State Ministry of Health is the mother and supervisory Ministry for the Kebbi State health system in the State. The core mandate of the Ministry is to improve the healthcare delivery system in the State.

State Primary Health Care Development Agency: The State Primary Health Care Development Agency (SPHCDA), is responsible for the management of PHCs in the State. This initiative by the State Government aims to reposition the PHC system in Kebbi State, which is in line with the National Primary Health Care Development Agency (NPHCDA) policy of the 'Bringing Primary Health Care under one roof' policy (PHCUOR). The purpose is to integrate the management of PHC and address the challenges of structural and management fragmentation in the health sector.

Kebbi State Contributory Health Care Management Agency: The Kebbi Contributory Healthcare Management Agency (KECHEMA) Law, No.002 of 2018 established the Kebbi

Contributory Healthcare Scheme (KECHES) to ensure the attainment of Universal Health Coverage in Kebbi State. The agency's mission is to ensure that all Residents of Kebbi State have access to needed health services of good quality at an affordable cost without the risk of financial hardship linked to paying for care. While pursuing its objective of ensuring that all people in Kebbi State have access to good healthcare services.

Kebbi State Drug and Medical Consumables Management Agency: The Kebbi State Drug and Medical Consumables Management Agency (DMCMA) was established to enhance the management and distribution of drugs and medical consumables within Kebbi State. The agency's primary objectives include ensuring the availability, quality, and affordability of essential medicines and medical supplies. This initiative aims to improve healthcare delivery across the state by addressing issues related to drug shortages, counterfeit medications, and inefficient supply chains.

Kebbi State Agency for the Control of Aids: The Agency is charged with the responsibility of coordinating multi-sectoral response to the HIV/AIDS epidemic at the state level. SACA is empowered to implement HIV prevention and treatment initiatives, significantly contributing to Nigeria's overall HIV strategy. KBSACA plays crucial roles in coordinating the multi-sectoral response to HIV/AIDS at the state level across Line Ministries (Ministry of Health, Ministry of Women Affairs, Ministry of Youth and Sports, Ministry of Education, and Ministry of Information), Implementing Partners, Civil Society Organizations, Committee Based Organizations and Private Health Sector). The Agency also facilitates planning, budgeting, and implementation of HIV/AIDS intervention ensuring alignment with the National Agency for the Control of Aids (NACA).

The table below is a presentation of Kebbi State Health workforce data based on the State HRH data collection:

Table 2: Summary of the sector's workforce

S/No	Cadre	Female	Male	Total
1	Administrative Professional	711	1,494	2,205
2	Audiologist	3	2	5
3	Biochemist	1	2	3
4	Chartered Chemist		2	2
5	Chiropractor	1		1
6	Community Health Extension Worker	685	895	1,580
7	Community Health Officer	25	51	76
8	Dental Technician	13	38	51
9	Dentist		4	4
10	Dispensing Optician	13	5	18

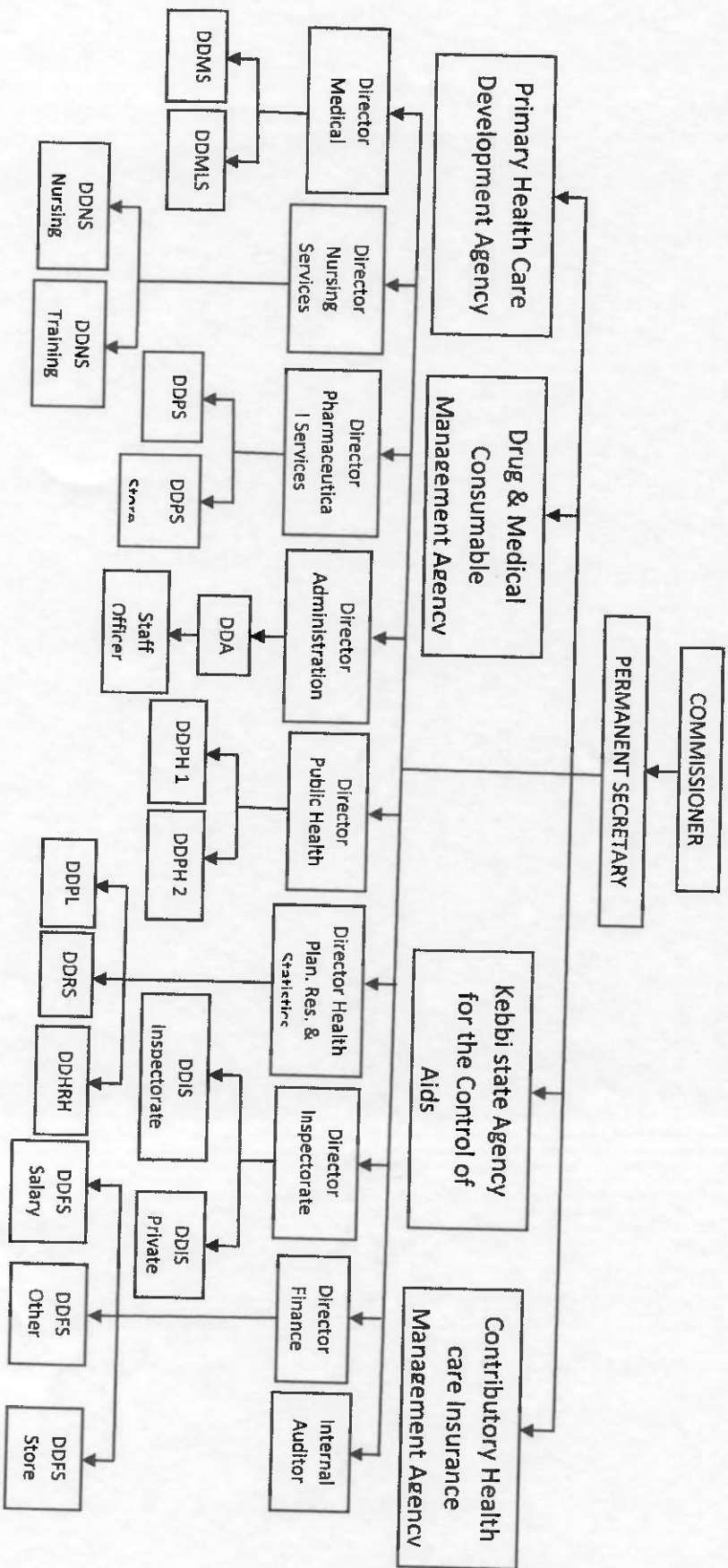
11	Environment Health Officer		2	2
12	Environmental Health Assistant	1	1	2
13	Environmental Health Officer	351	960	1,311
14	Environmental Health Superintendent	2	1	3
15	Environmental Health Technician	8	15	23
16	Financial Professional	18	54	72
17	Health Educator	40	49	89
18	Health Information Management	1	2	3
19	Health Information Manager	106	162	268
20	Health Information Officer	1		1
21	Health Professional Associate	915	1,442	2,357
22	Health Records Officer	42	103	145
23	Junior Community Health Extension Worker	286	247	533
24	Medical Doctor	15	93	108
25	Medical Laboratory Assistant	25	40	65
26	Medical Laboratory Scientist	44	93	137
27	Medical Laboratory Technician	225	391	616
28	Medical Radiographer		1	1
29	Medical Specialist - Anaesthesia		1	1
30	Medical Specialist - Dental Surgery		4	4
31	Medical Specialist - Obstetrics & Gynaecology	1	3	4
32	Medical Specialist - Ophthalmology	1		1
33	Medical Specialist - Paediatrics		2	2
34	Medical Specialist - Pathology		2	2
35	Medical Specialist - Psychiatry		1	1
36	Medical Specialist - Public Health Practitioner		3	3
37	Medical Specialist - Radiology		2	2
38	Medical Specialist - Radiology Technician	3	5	8
39	Medical Specialist - Surgery		7	7
40	Medical Specialist- Oncologist		1	1
41	Midwife	130	1	131
42	Nurse	646	390	1,036
43	Nursing Officer	14	12	26
44	Nutrition and Dietician	2	1	3
45	Occupation Therapist		1	1
46	Optometrist	3	1	4
47	Osteopath		2	2
48	Pharmacist	31	46	77
49	Pharmacy Technician	54	136	190
50	Physiotherapist	3	9	12
51	Physiotherapy Technician	1		1
52	Primary HealthCare Tutor	4	14	18

53	Prosthetic & Orthotic	1		1
54	Public Analyst	6	19	25
55	Radiographer	7	24	31
56	Records Technician	66	106	172
57	Speech Therapist	1	2	3
	Total	4,506	6,944	11,450

Distribution of Health Workforce by Cadre and sex in Kebbi State

A summary of the Sectors workforce in Table 2 shows that there are 11,450 staff with various skills and expertise across the Ministry and agencies. These staff are made up of 4,506 females and 6,944 males. The data revealed that Kebbi State has insufficient skilled health workers compared to the state population, to meet the health needs of the people. The ratio of skilled health workers to the population is significantly below the WHO's minimum threshold for a crisis points in human resources for health.

KEBBI STATE MINISTRY OF HEALTH ORGANOGRAM



2.3 The current situation of the sector

The Kebbi State Health sector operates a pluralistic health care delivery system in which both the private and public sectors co-exist in complementary manners. The public health services are organized into primary, secondary, and tertiary levels. Each associated with one of the administrative levels of government. The private health care services consist of multiple players with service providers, including orthodox private-for-profit and private not-for-profit organizations, informal sector providers such as patent medicine vendors and pharmacies, and traditional health care practitioners.

The State Primary Health Care Development Agency (SPHCDA), responsible for the management of PHCs in the State. This initiative by the State Government aims to reposition the PHC system in Kebbi State, which is in line with the National Primary Health Care Development Agency (NPHCDA) policy of the 'Bringing Primary Health Care under one roof' policy (PHCUOR). The purpose is to integrate the management of PHC and address the challenges of structural and management fragmentation in the health sector. The Agency has already taken over all PHC staff, infrastructures, and services from the 20 Local Government Councils in the State.

According to the Kebbi State Minimum Services Package as at 2023, primary level of care includes Community Level Care, Health Clinics (HCs), and Primary Health Care Centre (PHCCs). With the transfer of PHCs from the LGAs to the State in line with PHCUOR policy,, the State Government is responsible for managing primary health care (SPHCDA).

Services provided by the Sector amongst others include Reproductive Health, Maternal, New-born Child and Adolescent Health Services, Nutrition, Communicable Diseases (Malaria, Tuberculosis (Tb), Leprosy, HIV/AIDs and Sexually Transmitted Diseases(STDs) including Snakebites); Non-Communicable Diseases (NCD), Care of the Elderly, Mental Health, Oral Health, Eye Care, General Emergency Hospital Services; Health Promotion and Social/Environmental determinants of Health.

The importance of the Health Sector is to provide quality and essential healthcare services to everyone in the State ensuring that no one accessing needed health services is plunged into intractable cash difficulties. Thus, the establishment of KECHEMA is to provide the needed health services of good quality at an affordable cost without the risk of financial hardship linked to paying for care. While pursuing its objective of ensuring that all people in Kebbi State have access to good healthcare services.

The Key Challenges faced by the Health Sector are as follows.

- Inadequate human resources for health; Nurses, Pharmacists, Medical Laboratory Scientists, Medical Records Officers, Community Health Workers, etc.
- Poor infrastructure and equipment.
- High rate of staff attrition.

- ❖ Implementation of Universal Health Coverage (UHC) shall be achieved through the integration of PHC services under one authority to reduce fragmentation of management and services at the operational units.
- ❖ Revitalization of the Sector's initiative on at least one PHC fully functional in each ward to provide a good working environment.
- ❖ Adequate collaboration with Development Partners, the Federal Ministry of Health (FMH), the National Primary Healthcare Development Agency (NPHCDA), the Basic Healthcare Provision Fund Project (BHCPF) project, a robust system with the State Health Insurance Scheme (KECHEMA) to improve the health status of the people of Kebbi State resident at all levels in the areas of HIV/AIDS, tuberculosis (TB), malaria control, immunization, nutrition, measles, communicable and non – Communicable diseases, maternal and child health (MCH), adolescent health, services, etc.
- ❖ Reduction of the high rate of morbidity and mortality among pregnant women and children under the age of five (5) in the State.
- ❖ More political will and investment to ensure accessibility, affordability, and availability of healthcare services to the people.

2.4 Sector Policy

In line with the National Health Act, 2014, the Primary Health Care approach will be the focus of the State Health Care Delivery System. The primary objective of policy is therefore to improve the health status of the people of the state in a sustainable manner. This entails continuous improvement in all key health indicators in the state 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 MDGs. Also, in accordance with the National Health Policy, the goal is to pursue a decentralized and integrated health system that addresses the provision of primary health care services that is “promotive, curative, preventive and rehabilitative.” The following are the primary objectives for achieving the overall goal: -

- To create an enabling environment and better regulatory framework to encourage, among others, private sector participation.
- To decentralize the health care system to improve management and ensure community participation in the planning and administration of health activities.
- To focus on preventive health service with emphasis on the major elements of primary Health Care System and targeted interventions to convert the spread of HIV/AIDS and specific diseases.

- To introduce a strong health management information system to ensure systematic planning and monitoring including surveillance and control major diseases.
- To improve human resources for health in mix and number
- To develop health infrastructure and provision of equipment and drugs
- To foster more effective and efficient collaboration, coordination with all stakeholders and in the health sector as well as ensure a closer partnership with International Development Partners and NGOs
- To attain public sector spending to a minimum of 15% in line with the 2003 Abuja declaration, and
- To introduce community operational Research for Health

2.5 Statement of the sector's mission, vision, and core values

Vision significantly increases the life expectancy and quality of life of all Kebbi State residents.

Mission: to reduce the morbidity and mortality rates by developing and implementing appropriate policies and programs, that will strengthen the Health System to deliver quality, accessible, and affordable health services to Kebbi State residents.

Core Values: The development of this MTSS was strictly based on State socio-cultural norms and ethics. These include:

- **Accountability and Transparency:** all staff are responsible for their actions, behaviors, performance, and decisions and are thus, held accountable.
- **Teamwork:** the staff of the sector are committed to collaborating with mutual respect and collective responsibility in working together to achieve the objectives of the sector
- **Partnership and Community participation:** involvement of all stakeholders in achieving the health objective.
- **Quality of Care:** the level of health services for individuals and populations increases the likelihood of desired health outcomes thus the commitment is to providing quality health care
- **Innovativeness:** all staff to use skills and ingenuity in delivering services
- **Gender and social inclusiveness:** all individuals regardless of sex, gender, disability, ethnicity, religion, or age are allowed to participate equally and freely in health services.

2.6 The sector's objectives and programmes for the MTSS period

During the MTSS period from 2025 – 2027, the Sector will pursue 6 key programme objectives as summarised in Table 3. The expected outcomes that will provide benefits to the people of the State by implementing these key programmes are also included in the Table.

Table 3: Summary of State Level Goals, Sector Level Objectives, Programmes and Outcomes

State Level Goal	Sector Objective	Programme	Outcome	
To improve the quality of social service delivery to the people of Kebbi State	To create an enabling environment and better regulatory framework	Streamline and modernize existing regulations	Improved Regulatory Effectiveness	
	To decentralize the health care system to ensure community participation	Decentralized Health Services Delivery	Increased access to local health services	
	To strengthen the health information system to ensure systematic planning and monitoring	Development of Health Information System Infrastructure	Improved health decisions based on quality data	
	To increase human resources for health and infrastructure	Development of Human Resources for effective Healthcare Delivery		Increased number of healthcare professionals
		Infrastructure Improvement		Modernized Health Facilities
	To strengthen community operational research for health	Research Support and Resources		Strengthened research infrastructures

Table 4 provides the summary of the sector’s objectives, programmes, and outcomes deliverables over the MTSS period (2025– 2027). It describes the Key Performance Indicators (KPIs), baseline (the starting situation), and realistic targets of the outcomes over the MTSS period.

Table 4: Goals, programmes and outcome deliverables (Results Framework)

Sector Objective	Programme	Outcome Deliverable	KPI of Outcome	Baseline (e.g., Value of Outcome in 2024)	Outcome Target		
					2025	2026	2027
To create an enabling environment and better regulatory framework	Streamline and modernize existing regulations	Improved Regulatory Effectiveness	Regulatory Compliance Rate	51%	58%	65%	75%
To decentralize health care system to ensure community participation	Decentralized Health Services Delivery	Increased access to local health service	Community Health Worker Coverage	55%	70%	85%	93%
To strengthen the health information system to ensure systematic planning and monitoring	Development of Health Information System Infrastructure	Improved health decisions based on quality data	Data Accuracy and Completeness	65%	75%	85%	95%
To increase human resources for health and infrastructure	Human Resources for Health (HRH) Development	Increased Number of Healthcare Professionals	Healthcare Worker Recruitment Rates	45%	65%	75%	85%
	Infrastructure Improvement	Modernized Health Facilities	Facility Upgrade/Renovation Completion	50%	65%	75%	85%
	Research Support and Resources	Strengthened Research Infrastructure	Number of research projects initiated, completed, and published	40%	55%	65%	75%

Chapter Three: The Development of Sector Strategy

3.1 Outline Major Strategic Challenges in the Sector

There is no gain in saying that the progress and ultimate outcome of the Health Sector strategic plan revolves around strengthening the health system to scale up quality health services and sustain the gains already achieved. But at present, its capacity cannot deliver effective coverage due to its deficiency in terms of service accessibility, availability, acceptability, and quality. The ripple effect of this multifaceted deficiency is the overload of public secondary and tertiary care facilities resort by care seekers to out-of-pocket expenses on the Private Sector and unqualified formal providers, with avoidable financial burdens to the individuals and households. Other key challenges being experienced in the sectors are:

- Inadequate human resources for health; Nurses, Pharmacists, Medical Laboratory Scientists, Medical Records Officers, Community Health Workers, etc.
- Poor infrastructure and equipment.
- High rate of staff attrition.

3.2 Strategic Responses to the Challenges (i.e., Broad Sector Strategies)

The Sector intends to address the challenges identified in section 3.1 by adopting the following broad strategic responses:

- Institutionalization of free health care to pregnant women, children under 5, and aged in primary health care centers.
- Scale up enrolment of vulnerable groups in the state health insurance scheme to reduce the burden of out-of-pocket expenditure, especially among rural communities.
- Training of health workers.
- Employment of more healthcare workers and improvement of salaries and wages as well as condition of work
- Provision of health care facilities and infrastructures such as the Renovation of general hospitals and the State Teaching hospital; Furnishing/equipping of all secondary health facilities; and Purchase/supply of drugs to all hospitals/cottage hospitals.
- Advocacy to stakeholders to get buy-in.

3.3 Sector Financial Resources

Healthy citizens are critical to the development of Kebbi State, consequently, the Sector receives resources from both the Government and Development Partners. However, in Kebbi State, most of the Sector's recurrent and capital expenditures are majorly funded through budget allocations from the State Government. Tables 5 and 6 indicate poor budget performance for the sector, mainly due to poor releases of approved budgets, especially the capital component. For instance, the State allocation to health in 2023 for the capital vote was N7,685,473,888.25, representing 51.5% of the total approved budget for the Sector. Only the sum of N1,529,401,246.13 representing 19.9% was released and fully expended. Similarly, in 2024, the total approved budget for the Health Sector was N16,895,344,136.65 with the capital budget being N7,179,435,890.75 representing 42.3% of the total budget approved for the sector. This was a decline from the allocation to capital vote in 2023. Furthermore, by mid-year 2024, only 8.7% of the approved budget had been released. The poor releases of the capital component of the approved budget make it difficult to provide the necessary infrastructure needed in the Sector thus negatively impacting service delivery.

Table 7 further indicates that by mid-year, actual budget performance is very low compared with the approved recurrent budget for the Sector. So far as of mid-year 2024, the amount of budget released for Personnel and Overhead was 28.3% and 24.9% respectively. If this trend continues for the remaining half of the year, it might be difficult for the Sector to recruit adequate healthcare workers to deliver on its mandates.

Table 5: Summary of Year 2023 Health Sector Budget Data

Item	Approved Budget (N)	Amount Released (N)	Actual Expenditure (N)	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	6,065,881,313.53	5,966,283,796.10	5,966,283,796.10	98.4%	98.4%
Overhead	1,163,207,834.87	763,909,200.00	763,909,200.00	65.7%	65.7%
Capital	7,685,473,888.25	1,529,401,246.13	1,529,401,246.13	19.9%	19.9%
Total	14,929,953,036.65	8,263,151,242.23	8,263,151,242.23	55.3%	55.3%

Table 6: Summary of 2024 Health Sector Budget Data (Jan – June)

Item	Approved Budget (N)	Amount Released (N)	Actual Expenditure (N)	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	8,233,026,090.90	2,330,889,856.28	2,330,889,856.28	28.3%	28.3%
Overhead	1,474,082,155.00	366,635,000.00	366,635,000.00	24.9%	24.9%
Capital	7,179,435,890.75	624,306,093.99	624,306,093.99	8.7%	8.7%
Total	16,895,344,136.65	3,323,805,950.27	3,323,805,950.27	19.7%	19.7%

Table 7: Personnel and Overhead Costs – Existing and Projected

Cost Item	Approved 2024	Actual 2024	Projections (Over MTSS Period)		
			2025	2026	2027
Number of Staff	11,450	11,450			
Personnel Cost (N'000)	8,233,026,090.90	2,330,889,856.28	6,087,959,946	6,738,023,453	7,411,825,799
Overhead Cost (N'000)	1,474,082,155.00	366,635,000.00	3,799,366,010	1,399,171,376	1,623,038,796

3.4 Projects Prioritisation

Projects prioritization is imperative to enable the selection of priority projects that fit within the indicative budget ceilings allocated to the Sector. Therefore, the Sector reviewed and assessed 47 projects based on their contributions to the development objectives of the Kebbi State Government's Agenda as well as the Sector objectives. The projects were scored based on their potential contributions to the achievement of each of the Sector objectives and had a maximum score of 3 marks. If a project strongly contributed to the achievement of a particular objective, it was scored 3 marks; if the contribution was moderate, it was scored 2 marks; 1 mark was for low contribution and zero for non-contribution.

In addition, the projects were also assessed based on the following criteria:

- ✓ Project status – If the project is an on-going project, it was scored 3, but if it is a new project, it was scored 1.

-
- ✓ Likelihood of completion within the MTSS period - if the project can be completed in the year 2025, it was scored 3 marks; if it can be completed in 2026, it was scored 2 marks; if it can be completed in 2027, it was scored 1 mark; but if it will be completed beyond 2027, it was scored zero.
 - ✓ Nature of project – If the project is developmental, it was scored 3 marks, otherwise administrative projects were scored 1 mark.

The template used for assessing the projects automatically adds up the scores under each criterion to generate the total scores for each project. The total score was then sorted and ranked which becomes the basis for prioritization and fitting of projects into the budget ceiling. The results of the project scores and ranking are presented in Annex 1. It suffices to say that out of the 47 projects ranked, thirty-eight (38) projects are on-going and prioritized. The remaining nine (9) projects have been completed by 2024 or earlier. Therefore, they were not scored.

3.5 Contributions from Sector's Development Partners

The Health Sector receives funding outside the State's budgetary allocation. Table 8 indicates that the Sector is expecting funds from the BHCPF for the year 2025. The government is expected to contribute an average of N4,041,000,000 as counterpart funds for the same period. Other types of support are provided by international agencies like UNICEF, WHO, USAID, and other development partners but their monetary value cannot be provided as they are programme and or project-based. Though many development agency interventions have been recorded in the Sector, the budget for these interventions was not within the reach of the SPT. As such for the purpose of this MTSS, it is assumed that the Sector will be partly funded by the State Government, contributions from the Federal Government, and support from the development partners.

Table 8: Grants and Development Partners' Funding

Source / Description of Grant	Amount Expected (N)			Counterpart Funding Requirements (N)		
	Year 2025	Year 2026	Year 2027	Year 2025	Year 2026	Year 2027
Primary Healthcare Under One Roof (Local government grants)	1,060,000,000	1,060,000,000	1,060,000,000	0	0	0
National Health Insurance Scheme (NHIS - KECHEMA)	1,300,000,000	1,500,000,000	1,800,000,000	171,466,008	150,329,889	500,749,269
National Health Insurance Scheme (NHIS - PHCDA)	1,263,000,000	1,389,000,000	1,510,000,000	0	0	0
USAID Support for Human Resource for Health (HRH)	320,000,000	120,000,000	75,000,000	0	0	0
EatSafe Nigeria Project (GAIN)	43,000,000	37,000,000	16,000,000	0	0	0
USAID State2State	55,000,000			0	0	0

3.6 Programme Connections Between Sectors

Health has a central position in the development Agenda through SDG 3, Health development is key to attaining Sustainable Development Goals (SDGs) and is directly linked to over a dozen targets in other goals related to urban health, equal access to treatments, and non-communicable diseases, among others. The SDGs represent a unique opportunity to promote public health through an integrated approach to public policies across different sectors (the Health in All approach defined by the WHO). For example, better education for girls (goal 4.1) in Africa would improve maternal health (goal 3.1); tackling child malnourishment (goal 2.2) would have a great impact on child health (goal 3.2); and ensuring access to safe water (6.1) or tackling ambient air pollution (11.6) will evidently have a direct impact on several SDG3 targets. On the other hand, using coal to improve energy access (goal 7), would have a negative impact on health. However, programmes undertaken by the Sector greatly connect to other sectors' growth and performance such as Agriculture, Education, and Governance.

3.7 Identification and Treatment of Cross-Cutting Projects

The Sector is having some cross-cutting projects like the Project on Recruitment of more Health workers which will require efforts from the Ministry of Higher Education to achieve results. Other Cross-Cutting Issues include:

-
- Construction, Renovation, and Upgrading of Health Facilities (Both Primary and Secondary).
 - Health Promotion and Education

The cross-cutting projects will be discussed with the Ministry of Budget and Economic Planning which is leading the State development plan for coordination on how the projects are to be treated and presented in the MTSS report. Meetings will need to be arranged between the relevant sectors to discuss and agree on the Sector that is best suited to handling the respective projects. Budgeting between the relevant sectors must also be coordinated to ensure that the cross-cutting issues are considered and not duplicated across Sectors.

3.8 Sector's Strategic Priorities

For the MTSS period 2025 – 2027, the Sector will prioritize the following strategies for the stated strategic objectives to be achieved. The key planned strategies are:

- Institutionalization of free health care to pregnant women, children under 5, and aged in primary health care centers.
- Scale up enrolment of vulnerable groups in the state health insurance scheme to reduce the burden of out-of-pocket expenditure, especially among rural communities.
- Training of health workers.
- Employment of more healthcare workers and improvement of salaries and wages as well as condition of work.
- Provision of health care facilities and infrastructures such as the Renovation of general hospitals and the State Teaching hospital; Furnishing/equipping of all secondary health facilities; and Purchase/supply of drugs to all hospitals/cottage hospitals.

3.9 Outline of Key Strategies

The cost of the projects prioritised (see Annex 1) and fitted into the budget ceilings of the Sector. The costs were arrived at, using a detailed costing template. The template requires a breakdown of each project into component units and cost using the unit cost drivers of the component. Unit costs were sourced from historical records of the Sector. Where appropriate, standard costs were equally used particularly, where there were no historical costs. The summary of the project's expenditures for the period of MTSS is presented in Annex 2.

3.10 Results Framework

The outcome Results Framework is presented in Table 3, while the output Results Framework is presented in Annex 2 with the Summary of project expenditures and output measures to track the performance of delivery during the implementation of the MTSS. These are what the strategies are expected to achieve with their corresponding costs and the ministry or agency that is responsible. These provide the results frameworks that will be used to monitor and evaluate the results of the MTSS during the annual review to inform decisions on which projects will be prioritized and rollover to the following year and projects that will be dropped based on the annual performance report. This is important for resource allocation to capital projects in the State and ensuring that projects are completed on time and not abandoned. This will help Kebbi State to implement a performance-based budget and allow for efficiency in the provision of capital projects and value for money.

3.11 Responsibilities and Operational Plan

The MTSS document is expected to support the preparation of the Annual Budget for the Health Sector. The constituent Agencies of the Sector have specific responsibilities for implementing this MTSS based on their specific mandates. Each of the Ministry, Department, and Agency are adequately equipped to effectively deliver on projects assigned to it. A comprehensive Harmonized Operational Plan will be developed when this MTSS has been translated into the 2025 budget and the budget has been approved.

A Harmonized Operational Plan will be developed by the Ministry of Health after this MTSS has been translated into budget and specific budgets have been approved for the respective projects. The plan will set out the following information among others:

- **Activities:** Specific activities and tasks to be undertaken in executing each project:
- **Responsibilities:** The person to perform or be responsible for the performance of the activities and tasks,
- **Timeline:** When each activity or task will start and when it will finish
- **Expected Output:** The deliverable after each activity or task has been completed.
- **Reporting:** The reports to be prepared by the person responsible (e.g. progress report), periodicity of the reports and the distribution of the reports; and
- **CSFs:** Critical success factors for the performance of each activity or task.

Following the consideration and approval of the Harmonized Operational Plan by the Honourable Commissioner, Ministry of Health the plan will become the main reference document for the actions to be undertaken in the Health Sector in the medium-term. The operational plan will also serve as a veritable reference document for performance Monitoring and Evaluation.

Chapter Four: Expenditure Projection Process and Capital– Recurrent Expenditures Comparison

4.1 The process used to make Expenditure Projections

In costing the projects and strategies adopted in this plan, the SPT adopted some basic rules and assumptions. Some of the key rules of thumb and costing assumptions made in working out the proposed costs of the projects in this MTSS include experience of expenditure and recent estimates. All costing adhered to two basic rules namely, using the minimum reasonable cost and extending the costing over the three-year time frame of the MTSS.

In making the expenditure projections, the Sector Planning Team conducted a review of the Sector's budget implementation capacity with the view to identifying the key success stories, major upsets, and learning points for the future. The review was completed together with the budget holders and the Sector Planning Team (SPT). This section sets out the highlights of the review.

4.2 Capital – Recurrent Expenditures Comparison

Table 9 indicates that in Kebbi State, the projected capital to recurrent expenditure ratios are slightly skewed towards capital expenditure in 2025 with capital expenditure being 51.0% of Capital expenditure. However, from 2026 to 2027, the project capital expenditure truly reflects the objective of the sector as more investment is committed to capital expenditure in the ratio of 67% in 2026. Though it declined to 60% in 2027, it is 9% higher than the 2025 capital expenditure. If this trajectory of capital expenditure is maintained, then the health sector will be able to contribute significantly to the overall goal of improving the quality of social service delivery to the people of Kebbi State.

Table 9: Capital – Recurrent Expenditures Comparison

Year	Personnel Expenditure (N' 000)	Overhead Expenditure (N' 000)	Capital Expenditure (N' 000)	Ratio of Capital to Recurrent Expenditure
Projected 2025	8,233,026,090.90	1,474,082,155.00	19,823,163,253	49:51
Projected 2026	6,738,023,453	1,399,171,376	12,232,394,851	33:67
Projected 2027	7,411,825,799	1,623,038,799	15,027,733,178	40:60

Chapter Five: Annual Performance Review and Monitoring and Evaluation

5.1 Conducting Annual Sector Review

The Sector strategies shall be implemented within a robust M&E framework and structure to ensure that it delivers best value as well as required outcomes for the citizens. This chapter outlines the general framework to ensure an outcome-based MTSS implementation for the Health Sector. The framework shall allow the Sector to report service performance to citizens and the Government.

The production of the Annual or Quarterly Performance Report and the conduct of the Performance Management Review shall enhance our accountability to citizens on account of its delivery against its set policy goals and targets. Performance management of public expenditure ensures a strengthening of the social contract between the Kebbi State Government and the citizens.

The rendering of account on how the Sector is performing in terms of delivering outcomes for citizens and the highlighting of the challenges faced by the Government e.g. inadequate resources enhances the prospects of citizens' appreciation of their obligations towards the administration i.e. payment of taxes and performance of other civic duties. As the focus of the Government's programs shifts more towards the delivery of outcomes for citizens and the implementation of a performance monitoring regime, the Health Sector shall focus service delivery strategies on activities that produce the best results for citizens.

The framework, including its prescribed timetable, will allow future service delivery planning and MTSS development and revisions to inform annual budget preparations and resource allocations for the Sector. This is expected to enhance the prospects of resources being allocated to service delivery strategies with the best chance of delivering the best outcomes for more citizens. This further ensures that service delivery planning becomes more evidence-based. In capturing and reporting on service performance data, future revisions of the sectors' MTSS will become more evidence-based and influenced by data on current service delivery levels.

5.2 Monitoring and Evaluation of the MTSS

The department of Health Planning, Research and Statistics of the Ministry of Health shall lead the technical monitoring and evaluation of programmes and projects implementation in the Health Sector. This shall be structured and routine and based on the listed key Performance indicators (KPIs). This requires setting out resources for the process. It also requires getting the required checklists ready from the plan in force. The monitoring of projects and programmes for the Health Sector would be carried out in a systematic process as shown in Figure 1.

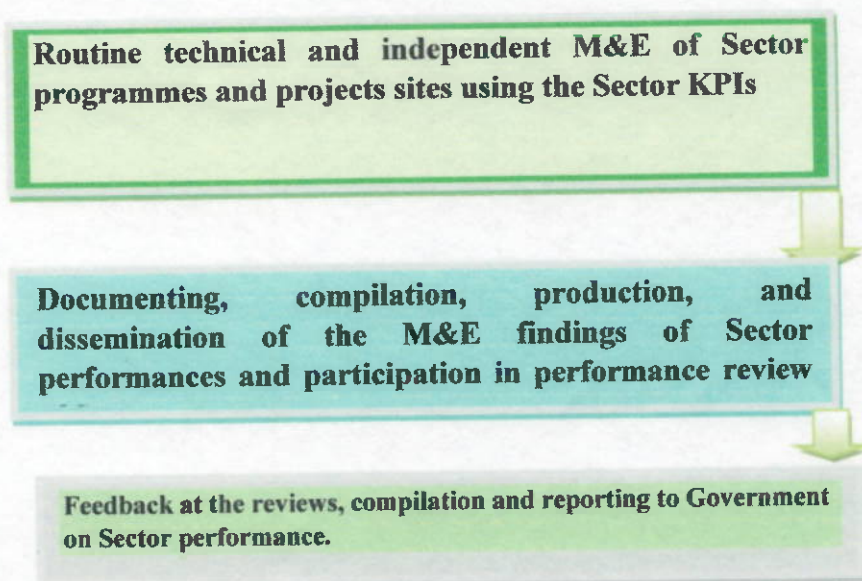


Figure 1: M&E Process for the Health Sector

The Annual Sector *Performance Review and Reporting* is adapted after that of the State as developed by the Ministry of Economic Development. The Performance Management Review and Report process shall:

- Review sectors' service delivery performance.
- Report to citizens on the service delivery performance of the Sector.
- Analyze current service delivery strategies to determine whether they are achieving the Government's desired outcomes; and
- Following the review, the **Health Sector** shall have the evidence and basis to revise service delivery strategies to make them more effective for delivering better performance results and outcomes for citizens.

The Annual Performance Reporting and Review shall require the Health Sector to annually capture, document, and report on the performance of the Sector's public service delivery system thus:

- Annually measure the Sector's service delivery performance against the established Key Performance Indicators and targets.
- Using traffic lighting or other convenient system to show the outcome of the assessments; such an assessment will show whether the State's performance against a particular Key Performance Indicator is either good, average, or in need of improvement.
- Report to citizens on the service delivery performance of the Sector.
- Analyze current service delivery strategies to determine whether they are achieving the Government's desired outcomes; and
- Through the review process, identify and recommend changes to the public service delivery system – procedures, processes, deliverables – that are required for service performance to be improved; and
- To revise its annual Sector plans (MTSS) and resource allocations (Budgets) in a way that provides more and important public services to citizens.

The outlined Performance Monitoring and Evaluation framework shall be followed across this Sector. The process entails continuing data generation from routine and institutional M&E of on-going projects and programmes by the Health Sector MDAs. There shall also be one or two Annual Performance reviews accompanied by a report written by the Commissioner. The Performance Report and its contents shall be subjected to an "independent" validation prior to publication and dissemination to the general public. Independent and technical review and validation shall be carried out by the Kebbi State Ministry of Budget and Economic Planning.

The Department of Health Planning, Research and Statistics of the Ministry of Health shall develop detailed KPIs and other M&E indicators and routinely collate, analyze, and report M&E information for informed management decisions to guide implementation and adjustment of plans and for the annual performance reporting of this Sector strategy as in the results framework of section. The scheme for this process is as in the State M&E framework outlined in Figure 2.

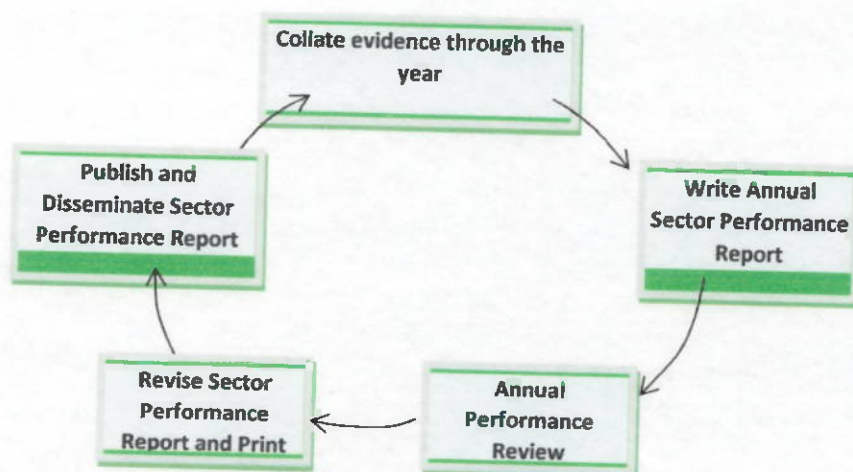


Figure 2: Performance Monitoring and Evaluation Framework

In both cases of monitoring and evaluation, however, a uniform KPI shall be employed and deployed against identical Sector targets as contained in this document.

The Implementation of the annual Performance Reporting and Review shall involve all of the following persons and committees.

- i. **The Sector's MDAs** –are responsible for delivering public services and generating, and collating performance data for the Sector.
- ii. **Universal Health Coverage Technical Working Group** – the Universal Health Coverage Technical Working Group would be effective for this monitoring and coordination by providing information and technical support to the MDAs and the Report Drafting Team.
- iii. **A Performance Management Report Drafting Team** – comprising 10 members drawn from the Permanent Secretary or Directors of the Sector and some senior technical officers from the Ministry of Budget and Economic Planning. The representatives from the Ministry shall include a Planning Officer and a Budget analysis. The team shall be chaired by an Officer of the rank of a Director from one of the Sector's MDAs. The team shall be responsible for analyzing the relevant performance data and thereafter writing the Performance Management Report; and
- iv. **A Performance Management Report Committee** – responsible for the high-level facilitation of the Performance Management Report and Review process that will be necessary, especially with respect to negotiating for required resources from senior management of the Sector's MDAs. The team shall additionally be responsible for the first-line review and approval of the draft report.
- v. **Members of Civil Society Organizations and of the public** who are clients of services of the sectors.

-
- vi. **Chairman House committee on Health** and Honorable member of the State House of Assembly (SHA).
 - vii. **And the technical Evaluation Team of the Kebbi State Ministry of Budget and Economic Planning.**

Annex 2: Summary of projects' expenditures and output measures

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value In 2021)	Output Target				Project's Budget Code	MDA Responsible Agency
			2025	2026	2027				2020	2021	2022	2027		
Improved regulatory effectiveness	Support to Primary Healthcare Ward Health System		45,000,000	65,250,000	94,612,500	42 Health care ward Health System strengthened	No of WDC meetings conducted	-	10	22	10	04050123001201	Primary Health care Development Agency	
	Provision of Counterpart Funding - Special Intervention Fund		100,000,000	120,000,000	13,000,000	1	No of Partners received counter part	-	1	-	-	04300123000501	Ministry of Health	
	Provision for the implementation of Health Care Under One Roof Special Intervention Project		785,925,000	410,911,600	137,826,970	80 %	Percentage of health centers integrated	5%	15%	35 %	25 %	04100123000301	Primary Health care Development Agency	
	Purchase of 2no. Toyota Hilux Vehicle for Logistics Management Coordinating Unit (LMCU)		70,000,000	0	0	2 Toyota Hilux purchased	No of Vehicles purchased	-	2	-	-	04060223000104	Ministry of Health	
	Purchase of 5no. Set of Dental Chairs for General Hospitals in Arungu, Yauri, Zurru, Koko and Sir Yahaya Memorial		30,000,000	0	0	5 Sets of Dental chairs purchased	No of Dental Chairs Purchased	-	5	-	-	04050123000504	Ministry of Health	
	Purchase of Equipment & Consumables to Sir-Yahaya Memorial Hospital B/Kebbi		150,000,000	100,000,000	310,000,000	1	No of Equipment and consumable purchased	-	-	1	-	04050123000904	Ministry of Health	
	Provision for Drug Revolving Fund Programme		500,000,000	0	0	1	Percentage of Seed funds release	-	1	-	-	04050123000204	Ministry of Health	
	Provision for Nutrition Intervention Programme/Health Promotion and Social determinants of Health		64,420,000	75,000,000	70,000,000	1	No of No. of Nutrition and Promotion Program conducted	-	-	1	-	04030623000104	KBSPHCDA	
	Provision for health commodities for the Family Planning (Child Spacing) Program		112,517,984	93,176,076	77,955,311	100 women reached	No of women reached with Child spacing commodities	1	40	40	20	04030123000401	KBSPHCDA	
	Purchase of Free Maternal and Child Health Care kits for		154,950,000	130,400,000	520,000,000	100 Hospital reached	No of Gen. Hosp. reached with health kits	-	30	20	50	04030123000104	Ministry of Health	

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)				Output	Output KPI	Base Line (i.e. Output Value In 2021)	Output Target				Project's Budget Code	MDA Responsibility	
			2025	2026	2027					20	202	2027				
Improved health decisions based on quality data	Secondary Health Facilities across the state															
	Provision for the Control and Neglected Tropical Diseases Programme		64,500,000	40,000,000	75,500,000	100 Activities conducted	No of Program conducted	-	45	25	30	04030723000204	Ministry of Health			
	Purchase of HIV/AIDS Testing Kits across the State		322,500,000	50,000,000	210,000,000	100 Testing kits purchased	No of Kits Purchased	1	40	20	40	04030423000104	Ministry of Health			
	Provision for Bi-Annual Maternal, Neonatal and Child Health Week		227,250,000	221,415,000	468,205,725	100 Activities Conducted	No of program conducted	-	30	20	50	04010123000201	KBSPHCDA			
	25% of Basic Health Care Provision Counter part Funds to KECHEMA		171,466,008	150,329,889	500,749,269	1	No of Counter part Release	-	-	-	-	04050123000104	KECHEMA			
	BHCPE Grant for Enrollment of vulnerable in the State		687,675,472	511,457,057	757,519,327	1	No of Lives enroll in the scheme	-	30%	40%	30%	04090224000104	KECHEMA			
	Purchase of Test Kit and consumables for HIV/AIDS Control Programme		50,000,000	55,000,000	60,000,000	165 Test Kits purchased	No. of Test Kits purchased	-	50	55	60	04030423000204	KBSACA			
	Purchase of Epidemic Control Kits		30,000,000	20,000,000	30,000,000	40 Control Kits purchased	No of Kits Procured	-	10	15	15	04030723000104	Ministry of Health			
	Provision of Free Maternal and Child Health Care (IMOP)		1,413,389,000	474,690,000	540,802,988	1	No. of outreaches conducted	-	30%	40%	30%	04030123000201	KBSPHCDA			
	Provision of Commodities (including nutrition commodities) for Effective Maternal & Child Health Service Delivery at the PHC level		442,694,400	290,820,346	1,011,274,825	1	Percentage of commodities distributed to PHCs	-	30%	40%	30%	04030123000301	KBSPHCDA			
	Provision of commodities for Supplementation Immunization Activities		402,857,040	104,545,172	53,160,025	1	No/Percentage of children reached	-	-	-	-	04080123000101	KBSPHCDA			
	Production of Data Capturing Tools (Health Management Information System) at HQ		2,450,000,000	1,400,000,000	1,050,000,000	32 Data Tools Produced	No of Data tools Produced	-	20	10	2	04070423000104	Ministry of Health			

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)				Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsibility
			2025	2026	2027	2020				2021	2022	2027		
Increased number of healthcare professionals	Provision for Computerization of Health Management Information System		13,728,000	7,277,740	6,790,814	26 sets of Computers provided	No of computer sets/accessories provided in SPHCDA and 21 LGAs	-	10	10	6	04100123000401	KBSPHCDA	
	Implementation of Cancer Programme/Non Communicable diseases, mental health, oral health and eye health		200,000,000	170,000,000	390,000,000	1 Perimeter fencing constructed at CMS	No of perimeter fence/security wiring is provided at CMS	-	1	-	-	04030523000204	Ministry of Health	
	Purchase of Medical Equipment to Kebbi State Teaching Hospital		20,000,000	0	0	No. of Equipment Purchased for KSTH	No. of Equipment Purchased for KSTH	-	-	-	-	04050123000304 - Functional health facilities	Ministry of Health	
	Purchase/Supply/Replacement of Hospital Equipment across the State		200,000,000	150,000,000	0	1	No. of Equipment Purchased	Installation of C-T Scan machine Completed	-	1	-	-	04050123000604	Ministry of Health
	Completion of Installation of CT-SCAN Machine at Kebbi State Teaching Hospital		40,000,000	0	0	1	1	1	1	-	-	-	04050123000604	Ministry of Health
	Renovation and purchase of equipment for Tuberculosis Treatment Unit at Argungu General Hospital		20,000,000	0	0	1	1	1	1	-	-	-	04050123001004	Ministry of Health
	Furnishing of Isolation Centre/Molecular Lab/IDH at Kebbi State Teaching Hospital		50,000,000	5,000,000	5,000,000	1	1	1	1	-	-	-	04030723000304	Ministry of Health
	Expansion of Medical Store Birnin Kebbi		70,000,000	0	0	1	1	1	1	1	1	-	04060123000304	Ministry of Health
	Construction of Two Zonal Medical Warehouses in Yauri and Zuru		100,150,000	0	0	1	1	1	1	-	-	-	04060124000104	Ministry of Health
	Rehabilitation of 29 General Hospitals Structure across the State		1,560,000,000	460,000,000	960,000,000	29	29	29	29	1	1	-	04050123000804	Ministry of Health
Purchase of 3no. Toyota Hilux 1No JB Seater and		355,000,000	0	0	3	3	3	3	-	-	-	04010123000101	KBSPHCDA	

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Budgeted Expenditure / Cost (N)			Output	Output KPI	Base line (i.e. Output Value In 2021)	Output Target			Project's Budget Code	MDA Responsibility
			2025	2026	2027				2025	2026	2027		
	Ino Toyota Vaccine van for the PHCDA												
	Purchase of 3 No. Toyota Hilux for KECHEMA		291,000,000	0	0	3 Toyota Hilux purchased	3 No. Toyota Hilux purchased for kechemia	-	3	-	-	04010124000104	KECHEMA
	Rehabilitation of 5 No. Zonal Offices (Argungu, B/Kebbi, Jega, Yauri & Zuru)		75,000,000	0	0	5 Zonal Offices rehabilitated	No. of newly established rehabilitation center, GH Elet	-	5	-	-	04010124000204	Ministry of Health
	Public Health Emergencies: Preparedness and Response Interventions		50,000,000	40,000,000	30,000,000	4	No of Emergency Responses Conducted	-	2	1	1	04030723000404	Ministry of Health
	Provision for Procurement and Rehabilitation of Cold Chain Equipment (CCE)		173,100,000	80,572,000	144,225,150	1	No. of Cold Equipment Procured and Rehabilitated	-	-	-	-	04050123001301	KBSPHCDA
	Upgrade/Renovation of Ward Health Facilities in three Senatorial Districts in Kebbi State		8,220,000,000	7,000,000,000	7,500,000,000	2	No. of PHC upgraded and renovated in 3 Senatorial District	-	-	-	-	04050123001401	KBSPHCDA
Strengthened research infrastructures	Provision for Research and Development of Health related issues		10,000,000	11,500,000	15,600,000	1	No of Research Conducted	-	1	-	-	04070323000104	Ministry of Health
Total			19,823,112,904	12,232,344,880	15,027,722,904								