Achieving measurable results for health through the National Strategic Health Development Plan 2010-2015

Country Compact between Federal Government of Nigeria and Development Partners

December 2010

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Section 1: Background

1.1 Introduction

Nigeria has the largest population in Africa, with almost one in 5 Africans being Nigerian and is highly influential across the continent. Improved health outcomes in Nigeria are critical for achieving global Millennium Development Goals (MDGs). Nigeria's Health Country Compact represents a significant and progressive step in addressing this important country's development challenges. The health sector is Nigeria's first sector to lead the way in developing a compact of mutual understanding between key stakeholders.

In recognition of its weak health system and persistently poor health outcomes, particularly for its poorest and most vulnerable population, the Federal Ministry of Health through an extensive consultation led the development of the first comprehensive and fully costed country health sector plan - the National Strategic Health Development Plan (NSHDP). By integrating the plans prepared by 36 states of the Federation and the Federal Capital Territory the NSHDP provides an overarching framework for sustained health development in Nigeria over the period 2010-2015. It specifically targets strengthening the national health system through scaling up the delivery of high impact and cost-effective health services; increasing predictable funding to health; and sustaining gains in the health sector, while providing a platform for improved donor coordination, harmonization and alignment by development partners.

The NSHDP has been developed in the Nigerian context and is in full compliance with national health policies and legislations, as well as, international declarations and goals to which Nigeria is a signatory including MDG Declaration, Ouagadougou Declaration on Primary Health Care and Health Systems Strengthening, World Health Assembly resolution (WHA62) on revitalization of Primary Health Care, the Paris Declaration on Aid Effectiveness, Accra Agenda for Action, Harmonization for Health in Africa (HHA) Action Framework and the Global IHP+ Compact.

1.2 Purpose

The Nigeria country compact reflects the mutual understandings between government and its development partners committing to implement and uphold the NSHDP by strengthening existing partnerships for better harmonization and alignment at the national and sub-national levels and to take forward the principles of IHP+, Paris Declaration, Accra Agenda for Action and HHA. The compact is intended to serve as a common document for all health partners in Nigeria and is therefore inclusive of all development partners (i.e. those active in the health sector) within the country including civil society organizations and private sector, irrespective of whether they have signed up to the IHP+ Global compact at the international level. While the Country Compact will be signed by the representatives of Federal Government and a number of

DEFINITIONS

- "Civil Society Organizations" means non-governmental organizations, faith based organizations, community based organizations and youth serving organizations working in the health sector.
- "Development partners" means any and all parities contributing to achieving the health related MDGs in Nigeria
- "Development Partners Group on Health" means the joint coordination mechanism for development partners supporting the health sector in Nigeria
- "Government Signatories" means the Federal Ministries of Health and Finance and National Planning Commission which will be signing the compact on behalf of the Nigerian Government.
- "Harmonization for Health in Africa" means the African Regional mechanisms through which collaborating partners agree to focus on providing support to countries in the Africa Regiona towards meeting the MDGs. The collaborating partners being African Development Bank, UNAIDS, UNFPA, UNICEF, WHO and World Bank.
- "Health Partners Coordination Committee" means a joint coordination committee under the Chairmanship of the Minister of Health and consisting of representatives of government departments and agencies, Heads of development partners agencies, as well as representatives of civil society organizations, private sector and professional associations.
- "Implementing Partners" means Federal, State and Local Government Ministries/Departments/Agencies, civil society organizations and private sector.
- "International Health Partnerships and related initiatives" (IHP+) means a global health partnership between different governments and developmental organizations including civil society, with the aim of supporting national processes and aligning behind country led efforts for improved health outcomes.
- "National Agency for the Control of AIDS (NACA)" means the national agency responsible for coordinating the national response to prevent and control HIV/AIDS in Nigeria.
- "National Council of Health" means the apex health policy making body of Nigeria comprised of State Commissioners for health and chaired by the Minister of Health
- "National Primary Health Care Development Agency" means the national agency responsible for coordinating the inputs for development of primary health care services in Nigeria.
- "National Health Insurance Scheme" means the scheme established by Nigeria for improving access to basic health services for all Nigerians.
- "National Primary Healthcare Development Fund" means the fund to be established by the Federal Government of Nigeria to improve delivery of primary care services to all citizens of Nigeria as stipulated in the National Health Bill.
- "National Strategic Health Development Plan (NSHDP)" means the National Health Plan of Nigeria for the period 2010-15 endorsed by the National Council on Health.

development partners at this stage, it is recognized that the state governments have made commitments to achieve the targets set in their respective strategic plans, and as stipulated in the declaration between the Federal Government and States. With attention being given by states to evidence based planning and budgeting, it is expected that the government at all levels and its partners will increasingly support initiatives that successfully demonstrate improved health outcomes.

The country compact recognizes the synergy between the Vision 20 2020, the NSHDP led by Federal and State Ministries of Health and the National Strategic Plan for HIV/AIDs 2010-15, coordinated by the Presidency through the National Agency for the Control of AIDS (NACA) in accelerating progress towards achieving the health MDGs. It is expected that the compact would further facilitate such synergy through effective coordination and collaboration.

The compact therefore provides a framework for country specific actions and increasing mutual accountability between government and its partners to the principles and approaches set out in the global IHP compact, which also reflect the goals of the Paris Declaration and Accra Agenda for Action to increase harmonization and alignment of development assistance to the sector. The partners recognize that the compact is an evolving document and will be regularly updated in response to the changing country context.

1.3 Objectives and Structure

The Nigerian Government has articulated its overarching goals for the well-being of its people in its Vision 20: 2020. Consistent with those goals, the main objective of this country compact is to provide a framework to further facilitate increased, predictable and sustainable financing from domestic and external sources in Nigeria and better aligned support to implement the NSHDP. This is expected to improve efficiency and effectiveness of governments' management and stewardship role that would enable Nigeria to accelerate progress towards achieving the Health Millennium Development Goals (MDGs).

Specifically, the Country Compact provides a framework that sets out the shared vision, principles and commitments that underpins the relationship between the Government and its Development Partners, by establishing:

a. Guiding principles and implementation modalities that will be observed between different tiers of Government and Development Partners to achieve the health MDGs and the health sector goals of Vision 20 2020;

b. Specific commitments by the Government signatories;

c. Specific commitments by the Development Partner signatories;

d. A collective target for financing the NSHDP and commitment to jointly address the identified financing gaps (Annex I) with an emphasis on delivering results;

e. Commonly accepted arrangements for monitoring and addressing issues related to the implementation of this compact as reflected in the indicators for monitoring and implementation of the compact (Annex II); and

f. Key indicators and targets for the NSHDP by 2011; 2013 and 2015 (Annex III).

The country compact is expected to result in;

i. Increased acknowledgement of the NSHDP as the overarching national health plan for Nigeria;
ii. Enhanced focus on achievement of MDGs and Vision 20 2020 results;
iii. More predictable and sustainable financing of the NSHDP from both domestic and external resources used more efficiently and effectively;
iv. Improved harmonization of domestic and external resources for achieving results;
v. Strengthened coordination between government ministries, departments and agencies, civil society organizations and development partners; and
vi. Enhanced transparency and mutual accountability of different tiers of government and its partners.

1.4 Guiding principles for cooperation between government and its partners

a. The compact will follow the established global principles of one-plan, one-budget, one M&E framework based on the NSHDP and National Results Matrix using existing financing arrangements.

b. The compact will use the existing coordination structures for the health sector (Annex IV) with the National Council on Health functioning as the apex body and the Health Partners Coordination Committee (HPCC) as the coordinating body chaired by the Honorable Minister for Health with members comprising of representatives from Ministries of Health and Finance, the National Planning Commission, MDG office, civil society and private sector and heads of Missions/Agencies. The HPCC will have attendant linkages to the disease-specific or issues-specific coordination groups serving as the technical arms of HPCC.

c. The three core principles for leveraging funds for the implementation of the NSHDP will be:

- Optimizing the effectiveness of existing investments in health sector spending;
- Ensuring all additional investments in the health sector from government and development partners have a strong results focus; and
- Promoting effective risk pooling mechanisms.

d. The compact will support a Joint Annual Review which will be both backward and forward looking. This review will be informed by an independent annual performance report on mutually acceptable set of indicators derived from the National Results Matrix disaggregated by states (Annex V). It will define sector priorities, activities and resources for the next financial year.

e. The compact complements bilateral agreements/arrangements between the government and relevant partners, but is not intended as an international treaty or

a binding legal agreement. The parties to the compact will, to the extent possible under their statutory frameworks, refrain from setting conditions in future bilateral arrangements/agreements which deviate from this compact. The existing bilateral arrangements/agreements, will remain, however, all parties of such agreements are encouraged to increasingly harmonize and align with principles of the compact.

f. The compact will facilitate new partners to join at any time subject to their commitment to the NSHDP aspirations.
g. The partners recognize that the compact is an evolving document and will be regularly updated in response to the changing country context

1.5 Relation to Other Agreements on Official Development Assistance

The Compact provides an over-arching framework for health aid coordination in Nigeria and complements existing specific agreements/frameworks listed below;

a. The National Partnership on Health: A Declaration on Mutual Accountability for Improved and Measureable results in Nigeria signed by the President and Vice President of the Federal Republic of Nigeria with the Executive Governors of all States on Feb 2010.
b. The National Health Bill 2008 to be endorsed by the President of the Federal Republic of Nigeria
c. Joint Financing Arrangement between NACA, its Funding Partners and the Federal Government of Nigeria represented by the Ministry of Finance April 2010.
d. United Nations Development Assistance Framework II. September 2008
e. The goals, objectives and principles of Nigeria's Official Development Assistance (ODA) Policy of 2007, National Planning Commission
f. All Development Partners' specific ODA agreements signed with the National Planning Commission and Ministry of Finance.

Section 2: Management of Development Assistance

The guiding principles in the earlier section and aid management procedures described in this section of the Compact are in support of Nigeria's Official Development Policy of 2007 and the Vision 20: 2020 strategies. The signatories to the compact commit to assist the Government of Nigeria at all levels in implementing the principles and procedures of the Compact, while the non-signatories, when entering into future agreements with the Government for development assistance in the health sector, will support country strategies and priorities as specified in the NSHDP. Consistent with the Paris Declaration on Aid Effectiveness and Accra Agenda for Action, Partners commit to progressively move towards using national systems and procedures, to the extent permitted under their respective legal and policy frameworks and while recognizing global efforts towards the gradual harmonization of different partners' policies, as and when the implementing entities at different levels of government demonstrate the capacity to implement mutually acceptable standards and processes.

2.1 Preferred financing arrangements for the health sector

a. Existing arrangements will be used for financing the implementation of the costed strategies within the NSHDP including technical assistance. These arrangements include:

- Government financing at all levels including support for innovations linked to results by government and nongovernment entities;
- Donor financing provided directly to the government or to government ministries, departments and agencies at different levels to be used and accounted for by each implementing entity;
- Donor financing for donor executed activities and support through CSOs and Private Sector.

b. Additional financing for the health sector will have a stronger focus on results and the National Results Matrix will serve as the basis for innovations in health financing including results based financing, conditional cash transfers and performance based contracts.

2. 2 Responsibilities for mobilizing and managing resources for NSHDP

All partners supporting the country compact will support Government efforts to mobilize additional resources – both domestic and external - for the NSHDP and enhance aid effectiveness by building country capacities for efficient use of resources provided to the health sector.

The FMOH, NPHCDA, NHIS or any other agency at federal, state and LGA levels designated as the primary recipient or implementing agency for support under the NSHDP would be responsible for the implementation of activities and will be accountable to report expenditure and performance as specified in the relevant bilateral agreements/arrangements which the parities, to the extent possible, will harmonize with

the compact. A sustained dialogue will be maintained with the National Planning Commission, Ministry of Finance and respective committees of the Senate and House or their equivalents at State and LGA levels on aspects of implementation requiring specific attention.

2.3 Roles of the Health Partners Coordination Committee and Development Partners group on Health

The HPCC will serve as a consultative and advisory forum of all key stakeholders in the health sector including the government. Its purpose is to improve coordination within the sector and support wider stakeholder engagement. The HPCC will also provide a platform for alignment of partner support for the prioritized activities. The HPCC will participate in the review and assessment of annual health plan performance and development of new plans responsive to implementation experiences and evolving needs. It will also facilitate assessment and building robust information on public expenditure on health at including undertaking of periodic National Health Accounts.

The Development Partners Group on Health will support Nigeria to strengthen its health systems based on principles of Primary Health Care as stipulated in the World Health Report 2008, and improve health outcomes through regular consultation, coordination and sharing lessons learnt and good practices for informed policy making. This will serve as a forum for improved coordination of financial and technical assistance to improve Nigerian Health System. The chair of the development partner group on HIV/AIDS is a member of this group to strengthen the linkages.

Section 3: Governments' Commitments

Recognizing that development partners' willingness to give assurances of longer term financial support depends on mutual confidence in the transparency, predictability and efficiency of governments' planning and budgeting systems and processes, Government will:

3.1. **Ensure that the National Strategic Health Development Plan (NSHDP) is implemented effectively in line with the objectives and targets set under the MDGs and Vision 20 2020.** Enhance measures and mechanisms required to achieve the NSHDP targets taking into account the implementation capacities and projections of the available resource envelope. Strengthen monitoring and evaluation systems that will objectively assess the performance and widely disseminate the achievement of the targets set by states.

3.2 **Meet its commitment to increase domestic resources to implement the NSHDP.** Governments at the Federal, State and LGAs will optimize the effectiveness of existing investments while striving to increase budget allocations to health from the present level as specified by the National Partnership on Health Declaration (February 2010) Strengthen mechanism to reduce out of pocket expenditures on health by the poor through appropriate risk pooling. Undertake regular public expenditure reviews and periodic National Health Accounts to further inform budgetary and planning process as well as resource mobilization for NSHDP. This will ensure progress towards predictable and sustainable investments to achieve the NSHDP targets.

3.3 **Facilitate preparation of results oriented annual operational plan at Federal and State levels.** Facilitate stronger results focus in the state plans matching the current health needs and implementation capacities though organizing timely annual stakeholder consultations at the zonal level.

3.4. **Ensure adequate capacity to implement the plans at all levels**. Undertake assessment of managerial capacity needs to facilitate the implementation of the plans including innovations in financing. Develop and implement a prioritized capacity building plan targeting all tiers of government.

3.5. **Implement the budget in a manner consistent with the priorities of the NSHDP.** Monitor the budget implementation at least on a quarterly basis and provide feedback to all the relevant stakeholders on any envisaged major changes to priorities and budget allocations during the course of the financial year. The multi-year and annual budgets will capture governments' budgetary estimates as well as donor funds, even in instances with parallel donor procedures. Undertake regular public expenditure reviews and periodic National Health Accounts to further inform budgetary and planning process as well as resource mobilization for NSHDP.

3.6. **Continue to improve the quality of public financial management and procurement systems.** Strengthen capacities at federal, state and LGA levels for financial management and procurement. Implement comprehensive reforms in public

Section 4: Development Partner Signatories' Commitments

The Development Partners will continue to align their support to Government led efforts by working towards common missions, monitoring and evaluation and reporting arrangements to minimize transaction costs and enhance government ownership. The development partners working on Health will progressively:

4.1. **Support the NSHDP as the core strategy for achieving the MDGs.** Facilitate the government to scale-up evidence based interventions of NSHDP through support for annual operational plans at federal and state levels including specific actions to ensure pro poor and results focus.

4.2. **Provide more predictable financing.** Commit to increasingly complement domestic resources for the implementation of the NSHDP to reduce the financing gap between the funds currently available and additional funds required to scale-up efforts required for delivering evidence based interventions and strengthen health systems.

4.3. **Enhance mutual accountability for results.** In collaboration with government undertake a joint annual review to comprehensively assess policies, strategies, performance and capacity needs in line with the NSHDP. This would include review of past performance and determine future health priorities. The partners will support the government's efforts to ensure an inclusive process and to inform budget preparation for the subsequent fiscal year.

4.4. **Use the National Results Matrix as the common results framework for the health sector.** Commit to progressively use the NSHDP results framework as the basis for monitoring and review of the implementation of the partner support.

4.5. **Work towards strengthening country fiduciary systems.** Support government's efforts to improve public procurement and financial management systems in line with the principles of the Paris Declaration on Aid effectiveness.

4.6. **Support government's effort to enhance transparency and accountability.** Strive to enhance transparency in budget preparation and execution at all levels. Catalyze government's engagement with the Civil Society groups as envisaged in the NSHDP for providing external oversight.

4.7. **Coordinate Technical Assistance (TA) to support implementation of the NSHDP.** Provide demand driven TA to the Government focusing on capacity building at federal, state and LGA levels to develop country systems to meet the short, medium and long term TA needs. Commit to participate in the development of an annual TA plan through a consultative process and use such support as for in-country and regional capacity building.

Section 5: Monitoring on implementation of the compact

The HPCC will serve as the main oversight and steering body for monitoring the implementation of the Compact. It will specifically review:

a. At least quarterly, whether signatories are on track with their commitments to support implementation of the NSHDP.
b. At least annually, whether Government has met its commitments with respect to the implementation of NSHDP including achievement of the results. This will be based on the evidence from the annual review meetings and NSHDP reviews and from quarterly and annual budget implementation reports, including information on resources used and outputs achieved.
c. At least annually, whether Government and its Partners have met their mutual commitments to finance and support the implementation of the NSHDP. This will include following the participatory processes set out in the fiscal calendar, following the specified reporting arrangements, public expenditure and public finance management reviews, and any other reviews to be carried out by the government and its partners.
d. At least annually, report to National Council on Health on the implementation progress of the NSHDP

A detailed list of Indictors with targets for monitoring the implementation of the Country Compact is annexed which align with the MDG indicators and will serve as the tool to assess whether Government and its Partners were able to meet their commitments while informing on the overall performance of the compact. The HPCC will ensure that the annual report summarizing the implementation progress of the compact will be widely disseminated within the country and shared with all stakeholders including the global IHP+ executive team and HHA Steering Group.

Section 6: Consultations

The Government and its Partners will work in a spirit of openness, transparency and consultation. Effective information sharing and dialogue are crucial in building and sustain confidence and trust among signing parties. If any issues arise concerning the implementation of the principles and understandings described in this Compact, signatories will engage in dialogue to resolve the issue. The HPCC and HHA/IHP+ joint missions offer opportunity to identify and address potential problems and minimize unilateral actions.

In the event that Government or one or more partner(s) is not able to meet its commitments, the HPCC will convene a special meeting to discuss and find mutually acceptable solutions to address the situation, in the subsequent planning year.

Section 7: Modifications/Termination of the Compact

Any modifications to the Compact may only be made with the written consent of the signatories, as well as an acceptance of such modifications between Government and its Partners through an endorsement by the HPCC.

Any Signatory has the option of terminating its participation in the compact by giving 60 days advance notice in writing.

Section 8: Signatories to the Compact

The principles set out in this Country compact are consistent with the NSHDP and its results framework and monitoring process. The partners will strive to work in a harmonized manner in support of the country led effort to achieve the health MDGs and the National Targets set under Vision 20 2020. Given this common understanding on the aforementioned principles, we, the following government bodies and development partners endorse the country compact:

LIST SIGNATORIES TO NIGERIA'S COUNTRY COMPACT

A. Government

ORGANIZATION	NAME OF SIGNATORY	DESIGNATION	SIGNATURE & DATE
Federal Ministry of Health	PROF. C.O. ONYEBUCHI CHUKWU	Honourable Minister	16.12.10
Federal Ministry of Finance		Honourable Minister	
National Planning Commission	Shamsuddeen Usman	Honourable Minister	16/12/10

B. Development partners in alphabetical order

ORGANIZATION	NAME OF SIGNATORY	DESIGNATION	SIGNATURE & DATE
African Development Bank (ADB)			
Canadian International Development Agency (CIDA)			
UK Department for International Development (DFID)			
EC Delegation in Nigeria			
Joint UN Programme on AIDS (UNAIDS)	DR. KWAME AMPOMAH	COUNTRY COORDINATOR	20.12.10
United Nations Population Fund (UNFPA)	LAWSON Agchi	Representative	16.12.10
United Nations Children Fund (UNICEF)	Suomi Sakai	Representative	16.12.10
Rotary International			
World Health Organization (WHO)	PETER ERIKI	REPRESENTATIVE	
World Bank (WB)			

C. Statements/Letters of Support to Nigeria's Country Compact and its process (to be attached)

- United States Agency for International Development (USAID)
- Japanese International Cooperation Agency (JICA)
- GAVI Alliance for International Development (GAVI),
- Global Fund for AIDS, Tuberculosis and Malaria (GFATM),
- Bill and Melinda Gates Foundation
- Clinton Foundation
- Other global initiatives operational in the country (.... pls specify)

ANNEXURE (some available and others to be developed)

- **Annex I: Estimated cost of NSHDP**
- **Annex II: Indicators for monitoring the implementation progress of the compact**
- **Annex III: Key results of National Health Plan and M& E systems**
- **Annex IV: Schematic diagram for the Coordination Mechanism**
- **Annex V: Outline for Joint Annual Health Review**
- **Annex VI: NSHDP Results Matrix**

Annex I: Estimated Cost of the NSHDP (from the Plan)

Priority Area	US$	Percent
Leadership And Governance For Health	183 914 685	0,69 %
Health Service Delivery	12 975 047 689	48,68 %
Human Resources For Health	11 097 841 997	41,64 %
Financing For Health	1 459 843 402	5,48 %
National Health Information System	277 367 996	1,04 %
Community Participation And Ownership	159 420 543	0,60 %
Partnerships For Health	170 016 518	0,64 %
Research For Health	329 654 407	1,24 %
Total	26 653 107 239	100,00 %

Annex II: Indicators for monitoring the compact implementation

Draft metrics for monitoring compact commitments			
Principles	Try to keep under **ten** indicators, with matching Government and DP metrics		
	Must be an important issue and can be measured reasonably easily		
	Could consider creating a composite measure with some of the indicators		
		DPs	**Government**
			already in NSHDP results matrix
measures of commitments to contribute towards implementation of the plan			
one plan	1		national health bill passed; % states adopting national health bill
	2	% DP participation in National Council of Health meetings and other major FMOH meetings e.g Joint Annual Review	Evidence of participation of key parliamentary health committees in National Council of Health meetings and other major FMOH meetings e.g Joint Annual Review
	3	increased % of DPs providing support to state level reference groups, and doing so in a coordinated way	% of national and state reference groups constituted as planned (including civil society), and are operational
	4	% DPs engaged in comprehensive overviews of activities in specific priority health areas and geographic areas	organization of comprehensive overviews of govt and DP activities in specific priority health areas and geographic areas
	5		All states and LGAs are actively using adaptations of the National HRH policies by end 2015
	6	DPs operational plans in specific states are consistent with state operational plans based on NSHDP	A mechanism to promote synergies between the FMOH reference group and the 'integration of service delivery group' of PHCDA is created and functioning.
	7	Coordinated DPs support capacity building to implement PSM plan - more concrete	consolidated Procurement & Supply Management plan for PHC commodities with 5 year forecast prepared
one budget / financing	8	DPs matrix maintained and expanded - including mapping of activities across states	Publication of execution of annual revenue plan (including revenue from the MDG fund and NHIS)
	9	%DPs who have provided indicative	% federal, state and LGA budget allocated to health

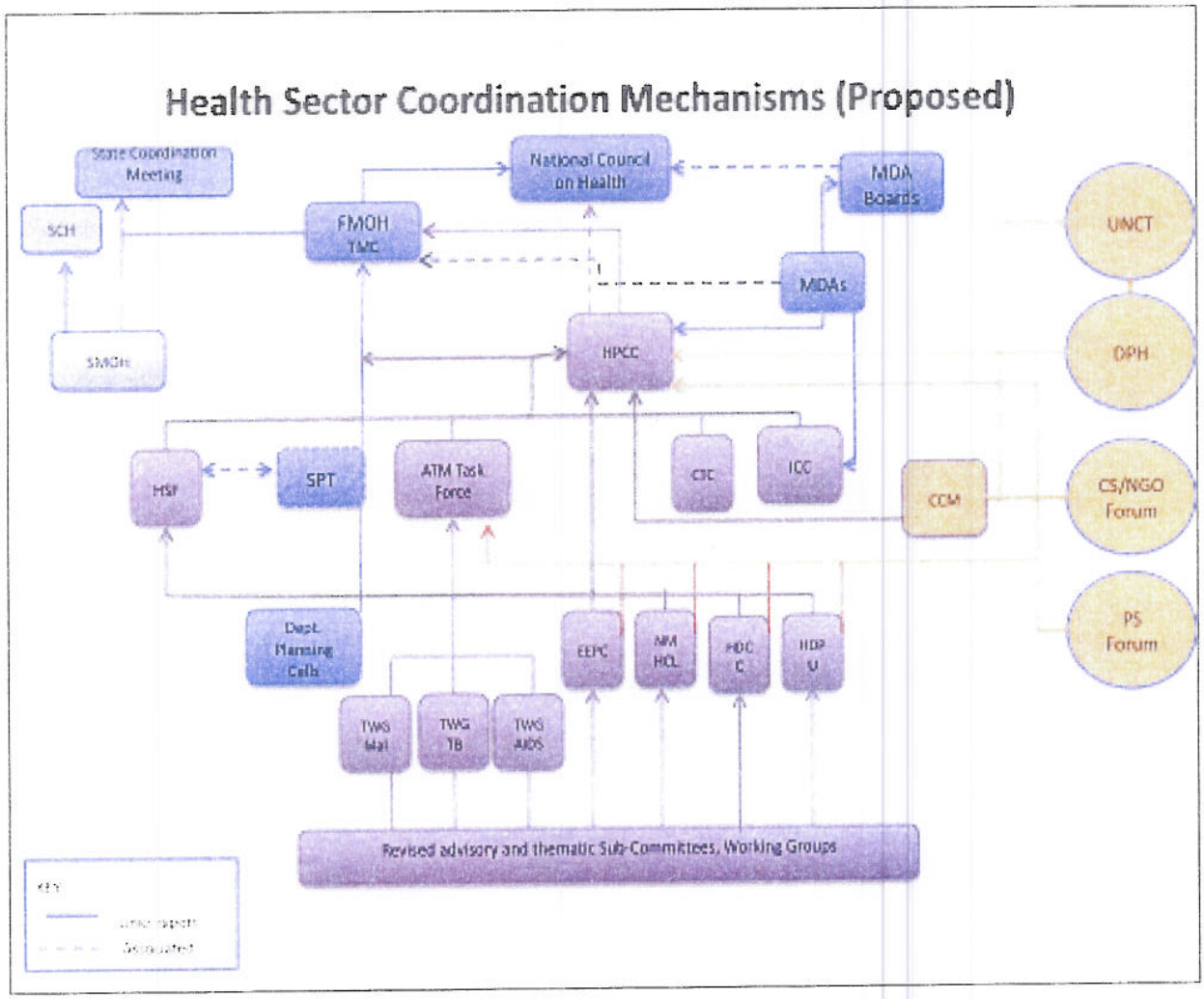
		funding commitments for at least 3 years	
	10	% DPs funds disbursed according to schedule	Publication of public expenditure reviews for Federal and 6 states; plus additional states in subsequent years
	11	allocation of donor resources according to priority areas in the plan that are underfunded, in consultation with FMOH / SMOHs	allocation of government resources in line with NSHDP priorities
	12	increased technical assistance provided for strengthening public financial management at state level	% of the states using the MTSS budgeting processes for health financing; publication of FMOH quarterly expenditure report
one M&E	**based on NHSDP M&E section and implementation modalities**		
	13	% DPs using results matrix framework for their reporting needs	% of indicators in results matrix reviewed annually
	14	% DPs (including non Abuja based ones) participating in any state mini JARS and national joint annual review - and reporting on progress against their compact commitments	Perform joint annual review (national) and % state equivalent mini annual reviews, that involve all major stakeholders including civil society and involve peer review of both plan implementation and progress on compact commitments
	15	% DPs providing support for strengthening of HMIS via M&E op plan.	% states whose routine HMIS returns meet minimum data quality requirements

**** Once the basic set of indicators has been developed, a clear understanding of how to measure them will be needed***

Annex III: Key results of National Health Plan and M& E systems

	Key NSHDP Indicators and Targets				
S/N	Indicator	Baseline		Targets	
			2011	2013	2015
1.	Life expectancy at birth	47 years	55 years	63 years	70 years
2.	Under-five mortality rate	157/1000 LBs (NDHS, 2008)	130/1000 LBs	103/1000 LBs	75/1000 LBs
3.	Infant mortality rate	75 (NDHS, 2008)	60/1000 LBs	45/1000 LBs	30/1000 LBs
4.	Proportion of 1 year old immunized against measles	41.4 (NDHS 2008)	60%	80%	95%
5.	Prevalence of children under five years of age who are underweight	27.1 (NDHS, 2008)	24%	20%	17.90%
6.	Percentage of children under 5 sleeping under insecticide-treated bed nets	5.5 (NDHS, 2008)	24%	42%	60%
7.	Maternal mortality ratio	545/100,000 LBs (NDHS 2008)	409/100,000 LBs	273/100,000 LBs	136/100,000 LBs
8.	Adolescents Birth Rates	126 per 1000	114/ 1000	102/1000	90/1000
9.	HIV prevalence among population aged 15-24 years	4.2 (SS)	3.2%	2.1%	1%

Annex IV: Proposed schematic diagram for the Coordination Mechanism*



*undergoing review

Annex V: Outline for Joint Annual Review

The National Strategic Health Development Plan and the Draft Country Compact envisages Joint Annual Reviews to monitor the progress towards achieving the annual targets as presented in the National Results Matrix of the plan as well as monitoring the commitments by government and partners in the IHP+ Compact. The Joint Annual review will be conducted by government with the support of partners and stakeholders within the framework of the HPCC and will be based upon at least 6 state reviews in the first year. The main review will be preceded by a technical Review, which goes through the important reports and strategies to highlight issues and options to be tabled in the main review meeting. The Joint Annual Review will take place in November of each year to align with the budget cycle and to provide input to the annual planning process.

The first Joint Annual Review will take place 11 months after the commencement of the NSHDP implementation and it is proposed to concentrate on planning and processes. This will involve a critical review of operational plans, MTSS process and capacity assessments, while also utilizing the output/findings of the Annual facility and household survey. The subsequent reviews will review in greater details the progress towards achievement of the annual targets as well as commitments made by government and partners in the IHP+ Compact.

The main objectives of the Review are therefore to review progress in implementation of the NSHDP/SSHDP, to share important developments, and to agree upon specific priorities for next planning and budgeting period. The review shall;

1. Review reports from key technical areas.
2. Review progress, constraints and resource mobilization including finance
3. Examine the epidemiological situation
4. Review the progress on implementation of milestones(result matrix) in the National Plan
5. Review the fulfillment of commitments in the compact
6. Assess structural, policy and legal environment and achievements
7. Identify and agree on main priorities and a minimum number of milestones for the coming period

Expected Outputs: The final output of the Review Process will be a Main Report, which captures the proceedings of the Review, conclusions reached and milestones agreed for the two years ahead. The Main Report should follow the outline;

1) Situation analysis;
   a. Reporting health indicators aiming at reflecting health systems impact on health
2) Health service delivery;
   a. Reporting progress on output indicators concentrated around the minimum package of care.
3) Health system strengthening:
   a. Reporting on progress on Governance and Leadership
   b. Reporting on progress on Human Resources
   c. Reporting on progress on Financing

d. Reporting on progress on Health Information Systems
e. Reporting on progress on Partnerships building
f. Reporting on progress on Community Participation
g. Reporting on progress on Research

4) Constraints and bottlenecks
5) Way forward

The process to undertake the review will be into four stages as follows:

1) **Field visits**

This activity has strong linkages with the Annual facility and household surveys, as they will be complementary to provide qualitative and quantitative data and information on the health sector performance within the course of a year. Field visits will be conducted to assess progress and key issues relating to state and LGA response looking at the prospects and challenges as well as suggesting the way forward. There should be a team of independent consultants to carry out the study. The study will specifically look into the following areas: Service delivery, financing, planning, budgeting, auditing, institutional arrangements and roles.

2) **Desk reviews**

Desk reviews should be performed on areas covering; Structural, Policy and Legal Environment, Financial and Resource Mobilization, Epidemiological Situation and Trends, as well as progress of milestones in the result matrix. It would draw from available technical resource materials resulting from routine and survey data.

3) **Technical review**

A technical review will be convened in preparation for the Annual Joint Review meeting using reports from the desk reviews and field visits to highlight several aspects of the implementation progress. A technical committee chaired by an independent consultant will be formed to guide the process and give credibility to the process. The Technical Review will include technical staff from GON, Development Partners and civil society who are responsible for and/or bring expertise to discussions around the technical components of the implementation of NSHDP. The Technical Review meeting should result in a short report summarizing the findings and recommendations of the Technical Review and of the different working groups/studies.

4) **Main Joint Annual Review**

A 2 day main review will invite a wide range of stakeholders in the health sector. The participants will be briefed about major strategic developments that have emerged during the past years. Conclusions of the technical review meeting will be presented. The main review will discuss these findings and agree on a statement to describe the progress on the implementation of the NSHDP. Finally, the Review will agree on priorities and on the milestones to be achieved by the following Joint Annual Review.

Annex VI: National Health Plan Results Framework

NSHDP National Result Framework						
OUTCOME	INDICATORS	SOURCE OF DATA	Baseline	Target		
			2008/9	2011	2013	2015
OVER-ARCHING GOAL: To significantly improve the health status of Nigerians through the development of a strengthened and sustainable health care delivery system	1. Life expectancy at birth	NDHS /MICS	47 years	55 years	63 years	70 years
	2. Under-5 mortality rate	NDHS/MICS	157/1000 LBs (NDHS, 2008)	130/1000 LBs	103/1000 LBs	75/1000 LBs
	3. Infant mortality rate	NDHS/MICS	75 (NDHS, 2008)	60/1000 LBs	45/1000 LBs	30/1000 LBs
	4. Proportion of 1 year old immunized against measles	NDHS/MICS/Health Facility Surveys	41.4 (NDHS 2008)	60%	80%	95%
	5. Prevalence of children under – 5 years of age who are underweight	NDHS/MICS/Health Facility Surveys	27.1 (NDHS, 2008)	24%	20%	17.90%
	6 Percentage of children under - 5 sleeping under insecticide-treated bed nets	NDHS/MICS	5.5 (NDHS, 2008)	24%	42%	60%
	7. Maternal mortality ratio	1) Develop demographic surveillance sites (DHSS) 2) Expert Committee on mortality estimation	545/100,000 LBs (NDHS 2008)	409/100,000 LBs	273/100,000 LBs	136/100,000 LBs
	8. Adolescents Birth Rates	NDHS/Maternal Death Audits	126/1000	114/1000	102/1000	90/1000
	9. HIV prevalence among population aged 15-24 years	HMIS, Disease surveillance	4.2% (ANC Sentinel Survey)	3.2%	2.1%	1%
PRIORITY AREA 1: LEADERSHIP AND GOVERNNANCE FOR HEALTH						
NSHDP GOAL: To create and sustain an enabling environment for the delivery of quality health care and development in Nigeria						
1. Improved strategic health plans implemented at Federal and State levels 2. Transparent and accountable health systems management	10. National Health Act gazetted.	Government gazette	N/A	2010	-	-
	11. Percentage of State adopting the National Health Bill (in their LGAs)	SMOH annual reports	0	25	50	75%
	12. Percentage of States executing more than 70% of the annual non-personnel budget	1. Federal and State Accountants General Reports				
		2. Federal and States Auditors General Reports	0%	30%	55%	80%
		3. Federal and State Public Expenditure Reviews				
	13. Percentage of Federal and States/FCT with published annual Health Watch Reports	Health Watch Reports,	N/A	33%	66%	100%

NSHDP National Result Framework						
OUTCOME	INDICATORS	SOURCE OF DATA	Baseline	Target		
			2008/9	2011	2013	2015
STRATEGIC AREA 2: HEALTH SERVICES DELIVERY						
NSHDP GOAL: To revitalize integrated service delivery towards a quality, equitable and sustainable healthcare						
3. Universal availability and access to an essential package of primary health care services focusing in particular on vulnerable socio-economic groups and geographical areas. 4. Improved quality of primary health care services 5. Increased use of primary health care services	14. Percentage of wards with a functioning public health facility providing minimum health care package according to quality of care standards.	NPHCDA Survey Report	No baseline	25%	55%	80%
	15. Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	NDHS/MICS/NARHS	22.2% (female) 32.6% male (NDHS 2008)	50%	76%	100%
	16. Percentage of HIV infected pregnant women who receive ARV prophylaxis to reduce the risk of MTCT.	NDHS/MICS/NARHS	TBD	30%	60%	90%
	17. Proportion of population with advanced HIV infection and access to antiretroviral drugs	NARHS	No baseline	20%	40%	60%
	18. Prevalence of tuberculosis	Sentinel/Health Facility Surveys	No Baseline	NA. Planned National TB prevalence survey to begin by end of 2010 and conclude in 3rd quarter, 2011	1%	0.50%
	.19 Proportion of tuberculosis cases cured under directly observed treatment short course	Quarterly and annual NTBLCP reports	71% cure rates and 82% treatment success rate (2008)	85%	85%	85%
	20. TB Case Detection Rate under directly observed treatment short course	Annual NTBLCP Report; National Statistical Data Report	31% (2008)	50%	70%	70%
	21. Malaria incidence among under-5 children	NDHS /MICS/ Sentinel Surveys	16% (NDHS 2008)	10%	7%	5%
	22. Percentage of women with pregnancy within the last 2 years who received intermittent preventive treatment for malaria	NDHS, HMIS, MICS	18% (NDHS, 2008)	38%	60%	80%
	23. Proportion of 12-23 months-old children fully immunized	NDHS/MICS/Immunization coverage surveys	22.7 (NDHS, 2008)	47	71%	95%
	24. Percentage of children 6-59 months receiving Vitamin A supplements twice a year	NDHS/MICS/Immunization coverage surveys	83% (Immunization coverage surveys May 2009)	90%	95%	100%

NSHDP National Result Framework						
OUTCOME	INDICATORS	SOURCE OF DATA	Baseline	Target		
			2008/9	2011	2013	2015
	25. Percentage of children under 6 months exclusively breastfed	NDHS	13% (NDHS, 2008)	25%	38%	50%
	26. Percentage of under- 5 children sleeping under ITN in the previous night.	NDHS	5.5 (NDHS, 2008)	30%	55%	80%
	27. Percentage of children under - 5 with suspected pneumonia receiving appropriate treatment from a health provider	NDHS/ Sentinel Surveys/ Health Facility Surveys	22.5% - ARI (NDHS, 2008	43%	63%	80%
	28. Percentage of newborns and mothers visited within 72 HOURS of delivery by a skilled health care provider	MICS/NDHS/Sentinel Surveys	No baseline	15%	35%	50%
	29. Prevalence of malaria in children under-5 years of age*	MICS/NDHS/Sentinel Surveys/ Health Facility Surveys	15.9% (NDHS 2008)	12%	8%	5%
	30. Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	NDHS 2008/MICS/ Sentinel Surveys/ Health Facility Surveys	33.2% (NDHS 2008)	50%	65%	80%
	31. Number of new wild poliovirus cases	WHO Global Update	382 (WHO Global Update Oct 28, 2009)	150	50	0
	32. Unmet need for Family Planning	MICS/NDHS	21% (NDHS 2008)	18%	12%	10%
	33. Contraceptive prevalence rate (Modern)	NDHS/MICS	9.7 (NDHS, 2008)	20%	26%	30%
	34. Percentage of pregnant women MAKING ATLEAST 4 ANC visits according to standards	NDHS/MICS	44.8% (NDHS 2008)	60%	70%	80%
	35. Proportion of births attended by skilled health personnel	NDHS/ Sentinel Surveys/ Health Facility Surveys	38.9 (NDHS, 2008)	50%	70%	85%
	36. Proportion OF HEALTH CARE FACILITIES PROVIDING Basic Emergency Obstetric Care Services	EOC Survey/ Sentinel Surveys/ Health Facility Surveys	TBD	10%	20%	25%
	37. Case Fatality rate among women with obstetric complications in EmOC facilities	EOC Survey (Facility Service Statistics)	TBD	25%	10%	1%
	38. Health facilities experiencing stock-outs of key tracer health commodities within the last one month	NHMIS/ Sentinel Surveys/ Health Facility Surveys	TBD	80%	40%	<10%

NSHDP National Result Framework						
OUTCOME	INDICATORS	SOURCE OF DATA	Baseline	Target		
			2008/9	2011	2013	2015
	39. Reduction in Case Fatality rate resulting from epidemic outbreaks/emergencies	National IDSR System	No Baseline	60%	80%	100%
PRIORITY AREA 3: HUMAN RESOURCES FOR HEALTH						
NSHDP GOAL: To plan and implement strategies to address the human resources for health needs in order to ensure its availability as well as ens equity and quality of health care						
6. The Federal government implements comprehensive HRH policies and plans for health development	40. Percentage of wards that have appropriate HRH complement as per service delivery norm (urban/rural).	NPHCDA Survey	No baseline	20%	40%	>60%
7. All States and LGAs are actively using adaptations of the National HRH policy and plan for health development by end of 2015	41. Proportion of Health Professionals per population	NHMIS/HRHIS	TBD	1:2000	1:1000	>1:500
PRIORITY AREA 4: FINANCING FOR HEALTH						
NSHDP GOAL 4 : To ensure that adequate and sustainable funds are available and allocated for accessible, affordable, efficient and equitable hea care provision and consumption at Local, State and Federal Levels						
8. Health financing strategies implemented at Federal, State and Local levels consistent with the National Health Financing Policy	42. Percentage of federal, state and LGA budget allocated to the health sector.	Federal and State review PER/NHA	TBD	5%	10%	15%
9. The Nigerian people, particularly the most vulnerable socio-economic population groups, are protected from financial catastrophe and impoverishment as a result of using health services	43. Proportion of Nigerians falling into the bottom 2 quintiles covered by any risk-pooling mechanisms	Federal and State review PER/NHA	TBD	5%	10%	30%
	44. Out-of pocket expenditure as a Percentage of total health expenditure	NHA	67.2% (2006 – NHA 2003-2005)	65%	60%	<50%
PRIORITY AREA 5: NATIONAL HEALTH INFORMATION SYSTEM						
NSHDP GOAL 5: To provide an effective National Health Management Information System (NHMIS) by all the governments of the Federation to t as a management tool, including Monitoring & Evaluation, for informed decision-making at all levels and improved health care						
10. National health management information system and sub-systems provides public and private sector data to inform health plan development and implementation at Federal, State and LGA levels	45. Percentage of States whose routine HMIS returns meet minimum requirement for data quality standard	State reports/Integrated Disease Surveillance System	TBD	40%	60%	80%
	46. Percentage of States that timely submit disease surveillance reports	Federal reports/Integrated Disease Surveillance System	TBD	40%	60%	80%
	47. Percentage of Federal and State plans and strategies that are based on routine HMIS data to improve coverage and quality of high impact interventions	Rapid Annual Household and Facility Surveys (TBD)	No baseline	40%	60%	80%

NSHDP National Result Framework						
OUTCOME	INDICATORS	SOURCE OF DATA	Baseline	Target		
			2008/9	2011	2013	2015
PRIORITY AREA 6: COMMUNITY PARTICIPATION AND OWNERSHIP						
NSHDP GOAL 6: To attain effective citizen participation in the development, management and monitoring of health policy and services						
11. Strengthened community participation in health development	48. Percentage States with evidence-based policy and implementation framework for community participation in health	Policy and Implementation Framework	None in place	40%	60%	80%
12. Increased capacity for integrated multi-sectoral health promotion	49. Proportion of public health facilities having active committees (at least 4 meetings per year) that include community representatives	Health Facilities Survey (TBD)	TBD	40%	60%	80%
	50. Percentage States with civil society organizations involved in the development, monitoring and review of MTSS		TBD	40%	60%	80%
PRIORITY AREA 7: PARTNERSHIPS FOR HEALTH						
NSHDP GOAL 7: To enhance harmonized implementation of essential health services in line with national health policy goals.						
13. Functional multi partner and multi-sectoral participatory mechanisms at Federal and State levels contribute to achievement of the goals and objectives of the NSHDP.	51. Proportion of states implementing at least 4 new PPP initiatives per year.	Federal and state PPP reports	No baseline	15%	30%	50%
	52. Percentage of states with standards and mechanisms for graded accreditation of private providers in place	State reports	No baseline	30%	60%	80%
	53. Percentage of Federal and State multi-sectoral and development partner meetings held according to extant coordination mechanism	Federal and state MOH reports	TBD	40%	70%	90%
PRIORITY AREA 8: RESEARCH FOR HEALTH						
NSHDP GOAL 8: To utilize research to generate knowledge to inform policy, improve health, achieve nationally and internationally health-related development goals and contribute to the global knowledge platform.						
14. Research and evaluation create knowledge base to inform health policy and programming.	54. Percentage of health budget spent on health research and evaluation at federal level	FMOH report	TBD	0.50%	1%	2%
	55. Proportion of research and evaluation studies undertaken on identified critical areas in the NSHDP framework.		TBD	20%	40%	60%