NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN

Goals / Strategic Objectives / Interventions / Activities	BASELINE YEAR 2009 (Targets / Indicators / None)	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters: YEAR 1 (2010) Q1	Q2	Q3	Q4	YEAR 2 (2011) Q1	Q2	Q3	Q4	YEAR 3 (2012) Q1	Q2	Q3	Q4	YEAR 4 (2013) Q1	Q2	Q3	Q4	YEAR 5 (2014) Q1	Q2	Q3	Q4	YEAR 6 (2015) Q1	Q2	Q3	Q4
1. To create and sustain an enabling environment for the delivery of quality health care and development in Nigeria																											
1.1 To provide clear policy directions for health development	All stakeholders are informed regarding health development policy directives by 2011																										
1.1.1 Improved Strategic Planning at Federal and State levels	At least 3 Health Development Policies directives adopted by Kebbi State by 1st qtr 2010.																										
1.1.1.1 The policy and strategic leadership of the State Ministry of Health will be strengthen through an integrated organizational change and development programme which will incorporate the re-orientation and strengthening of human resource capacities.	Organizational change and development programme in place by 1st qtr 2010	Delay in passing National Health Bills into law	The State Ministry of Health (Hon. Commissioner and PS)	X				XX			X																
1.1.1.2 Emphasis on effective implementation of agreed plans and this will include advocacy at State Level in support of policy development and implementation.	At least 3 advocacy visits at state and 1 visit to each of the 21 LGAs and outcomes	Inability to meet commitment	State Ministry of Health/Stakeholders (Reps of traditional leaders, religious leaders, WHO, UNICEF others)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1.1.1.3 Development of evidence based, costed and prioritized strategic health plans.	Kebbi state strategic plan developed and costed by 4th quarter 2009	All input for evidence based, costed and prioritized strategic health plan is made available	State Ministry of Health/Stakeholders (Reps of traditional leaders, religious leaders, WHO, UNICEF others) supported by Kebbi State Consultant	X			X	X			X	X			X	X			X	X			X	X	X			X
1.1.1.4 Optimization of the contribution of Stakeholders in development of Strategic Health Plans	All stakeholders contributed to development of kebbi state strategic health plan by 4th qtr 2009	Commitment of Stakeholders to the development of the Strategic health plan	Steering committee chaired by the Hon Commissioner of health				X				X				X				X				X				X
1.1.1.5 Review, Adaptation, Printing & Dissemination of existing State Health Policies	At least 3 State health policies printed and disseminated by 2nd qtr 2010	Availability of existing state health policies and budget release	Hon. Commissioner of Health				X	X	X	X	X	X			X					X				X			
1.1.2																											
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Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
																								841,254,500
																								8,684,000
																								8,684,000
X			X			X																		2,273,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1,585,000
X			X	X			X	X			X	X			X	X			X	X			X	2,203,000
			X				X				X				X				X				X	387,000
			X	X	X	X	X	X				X				X				X				2,226,000
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Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1.1.3.5																											
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1.1.5.4																											
1.1.5.5																											
1.2 To facilitate legislation and a regulatory framework for health development	Health Bill signed into law by end of 2009																										
1.2.1 Strengthen regulatory functions of government	Percentage of regulatory bodies functioning and the number of policies implemented by 4th quarter 2010																										
1.2.1.1 Strengthening capacity of State Government in setting standards and ensuring compliance of quality service delivery	quarterly orientation workshops and monthly monitoring and supervisory visits conducted by 2010	Timely release of funds budgetted	SMoH/Dev Partners/Stakeholders				X				X	X			X	X			X	X			X	X			X
1.2.1.2 State Ministry of Health will adopt public/private partnership policies and plans in line with the National policy on PPP	Public /private /partnership policies and plans adopted by kebbi state by 2nd qtr 2010	Availability of Public/Private Partnership policies	SMoH/FMOH								X																
1.2.1.3 Technical support from State Ministry of Health on implementation of Strategic Plans to ensure that regulatory functions of Local Government is strengthened and set standards are delivered and monitored	1. At least 2 trainings conducted on implementation of the strategic plans 2. Reports of quarterly supportive supervisory visits to the LGAs by 2010	Timely provision of technical support by SMoH	SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1.2.1.4 Kebbi State government will collaborate with Private Sector to improve their health delivery system through joint continuous professional development, supportive supervision and generation of public health information and intelligence.	Percentage of private health service providers collaborating with the State by 2010	Appropriate mechanism for collaboration is put in place	SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1.2.1.5 Out-sourcing of some components of health service delivery to the private sector	number and type of key health services that are out sourced to private sector by 4th quarter of 2010	Outsourced services is backed with necessary logistics	SMoH				X	X		X		X		X		X		X		X		X		X		X	
1.2.2																											
1.2.2.1																											
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Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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																								642,689,500
																								642,689,500
		X				X	X			X	X			X	X			X	X				X	8,735,000
						X																		1,912,500
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	5,196,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	12,796,000
		X	X		X		X		X		X		X		X		X		X		X			614,050,000
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Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder/ Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
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1.3 To strengthen accountability, transparency and responsiveness of the national health system	80% of States and the Federal level have an active health sector 'watch dog' by 2013																										
1.3.1 To improve accountability and transparency	Number of Guidelines and Reporting Procedures Institutionalised by 4th quarter 2010																										
1.3.1.1 Institutionalize demand for accountability, transparency and responsiveness of National Health System through effective decentralization of the decision making process in the Health Sector	Number of communities demanding for documented report/feedback by 4th quarter 2010	decision making process in the health sector effectively decentralised	Stakeholders	X	X	X	X		X		X		X		X		X		X		X		X		X		X
1.3.1.2 Institute Stakeholder's Dialogue at State and LGAs levels and feedback forum for enlisting input into health sector decision making.	Number of meetings held with Stakeholders, minutes and decisions reached by 3rd quarter 2010	Stakeholders forum in place and functional	SMoH	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1.3.1.3 Creating platforms for interaction and collaboration with health sector advocacy groups, empowering beneficary communities through sensitization to manage and oversee their health projects and programmes.	Number of meetings held with health sector advocacy groups by 4th quarter 2010	Platforms for interaction and collaboration in place and active	SMoH/Dev. Part/CDC	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1.3.1.4 Promote emergence of independent health sector watch dogs.	Number of independent monitoring groups in place by 2010	Health sector watch dogs are available and active	Stakeholders/Dev Part/NGOs/CBOs/CDCs/ WDCs/VDCs				X	X		X		X		X		X		X		X		X		X		X	
1.3.1.5 State Ministry of Health to support the process of improving access to information required for yearly joint review of health sector and put such information in the public domain.	Number of health Journals, Newsletters Periodicals and Reports produced by the State by 2010	Kebbi State health information readily accessible and in public domain	SMoH				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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																								30,737,000
																								30,697,000
X	X	X	X		X		X		X		X		X		X		X		X		X		X	1,854,000
X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3,881,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8,145,000
			X	X		X		X		X		X		X		X		X		X		X		4,842,000
			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	11,975,000
																								40,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																			
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None																										
1.3.2 To improve administrative process of timely release of funds	percentage of timely quarterly fund released in 2010																										
1.3.2.1 Timely submission of planned quarterly activities and budgets		Planned quaterly activities and budgets are submitted timely	SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1.3.2.2 Follow up on submissions to ensure timely approval as well as release of funds and logistics		Timely approvals and release of funds and logistics	SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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1.4 To enhance the performance of the national health system	1. 50% of States (and their LGAs) updating SHDP annually 2. 50% of States (and LGAs) with costed SHDP by end 2011																										
1.4.1 Improving and maintaining Sectoral Information base to enhance performance	Number of Health Information System to be strengthen by 2010																										
1.4.1.1 Expansion and Deepening of analytical work at State level required in understanding health sector performance and in driving improvement and reforms.	Number of Health personnel trained in Data Management and Software by 1st Quarter 2010	Capacities for analytical work available	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	40,500
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																								159,144,000
																								106,716,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	5,184,000
X		X		X		X		X		X		X		X		X		X		X		X		83,572,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	11,990,000

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None																										
1.4.1.2 In conjunction with development partners, a prioritized list of areas for further analytical work will be out-source to universities, health institutions, private sector research firms and research institutes e.g. Needs Analysis.	Number of Prioritized Areas out-sourced by 2nd Quarter 2010	Prioritized list of areas for further analysis is outsourced to relevant institutions	SMoH/Partners	X		X		X		X		X		X		X		X		X		X		X		X	
1.4.1.3 Linkage with relevant areas in the research and health information system of this framework.	Number of researches carried out supported with evidence from the Health Information System by 4th Quarter 2010	Research is linked to HIS of this framework	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1.4.1.4																											
1.4.1.5																											
1.4.2 Identifying and using common indicators	Number of Indicators identified by 1st Quarter 2010.																										
1.4.2.1 Train health workers on the indicators	Number of Health Workers trained on the use of Indicators by 1st Quarter 2010.	Number of indicators to be reported on are defined	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1.4.2.2 Workshops on the importance of record keeping	Number of Workshop and Personnel trained on record keeping by 1st Quarter 2010	Training budget on record keeping is released in a timely manner	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1.4.2.3 Timely collection and submission of complete reports	Number of reports submitted timely (monthly/quarterly)	Complete reports are collected and submitted timely	SMoH/LGAs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1.4.2.4 Utilization of data on monthly basis to plan/strategise and improve performance	Number of health facilities (HFs) using data to improve performance through informed decision making by 2nd quarter 2010	Availability of data for planning, strategising and informed decision	SMoH/LGAs/HFs		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1.4.2.5																											
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Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
																								-
																								-
																								56,420,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	25,458,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	7,898,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	18,162,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6,920,000
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Goals / Strategic Objectives / Interventions / Activities	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder/ Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
	Targets / Indicators / Nose			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2. To revitalize integrated service delivery towards a quality, equitable and sustainable healthcare																											
2.1 To ensure universal access to an essential package of care	Essential Package of Care adopted by all States by 2011																										
2.1.1 To review, cost, disseminate and implement the minimum package of care in an integrated manner	Number of LGAs delivery service using the Minimum Healthcare Package by 4th qtr 2011																										
2.1.1.1 Strengthen specific communicable and non-communicable disease programmes		Case definition of diseases are properly understood by care givers and minimum care package is available	SMoH/LGAs/CDCs	X		X		X		X	X	X		X		X		X		X		X		X		X	
2.1.1.2 Provision of Standard Operating Procedures (SOPs) and guidelines for service delivery at all levels.		Availability of SOPs and guidelines for service delivery	SMoH/LGAs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.1.1.3 Print and distribute materials on minimum package of care to all LGAs and institutions		Timely release of funds budgetted	SMoH	X	X			X	X			X	X			X	X			X	X			X	X		
2.1.1.4 provide all essentials for implementation of minimum package of care		All essentials are provided for implementation of minimum package	SMoH/LGAs/Partners	X	X	X	X	X	X	X	X		X	X			X	X			X	X			X	X	
2.1.1.5 supportive supervision to ensure integration of services		Timely Provision of necessary logistics	SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.1.2 To strengthen specific communicable and non communicable disease control programmes	Number of communicable and non communicable disease programmes strengthened by 2nd qtr 2010																										
2.1.2.1 strengthen routine immunization		Availability of RI plans	SMoH/PHCDA/LGAS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.1.2.2 strengthen HIV/AIDs, STI and TBL programmes		Avialability of HIV/AIDs, STI and FBL plans	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.1.2.3 Combat malaria		Avalability of malaria control plan	SMoH/RBM/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.1.2.4 collaborate with other agencies on water and sanitation		Availability of plans	SMoH/Partners	X		X		X		X		X		X		X		X		X		X			X		X
2.1.2.5 collaborate with other agencies on IEC		Availability of action plans	SMoH/stakeholders	X	X	X	X	X	X			X	X			X	X			X	X			X	X		
2.1.3 To make Standard Operating procedures (SOPs) and guidelines available for delivery of services at all levels	Percentage of health facilities delivering services in accordance with SOPs and guidelines 4th quarter 2010 to 2015																										
2.1.3.1 identify and list standard operating procedures available for specific service areas and those that need to be provided		All service areas are identified	SMoH/partners	X				X				X				X				X				X			
2.1.3.2 Estimation of quantity of SOPs to be printed and distributed		Estimation and forecasting properly done	SMoH/partners	X				X				X				X				X				X			
2.1.3.3 Training on the use of SOPs by Health Workers (HW)		relevant health workers are trained on use of SOPs	SMoH/partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.1.3.4 Supportive supervision to ensure the use of SOPs and guidelines		Timely release of funds budgetted and vailability of integrated check list	SMoH/partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.1.3.5																											
2.1.4																											
2.1.4.1																											
2.1.4.2																											
2.1.4.3																											
2.1.4.4																											

Timeframe in quarters																										Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
																									1,310,810,000
X		X		X		X	X	X		X		X		X		X		X		X		X			1,425,600,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		23,404,000
X	X			X	X			X	X			X	X			X	X			X	X				4,804,000
X	X	X	X	X	X	X	X		X	X			X	X			X	X			X	X			53,970,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		3,040,000
																									388,252,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		38,352,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		144,040,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		113,800,000
X		X		X		X		X		X		X		X		X		X				X		X	62,770,000
X	X	X	X	X	X			X	X			X	X			X	X			X	X				29,298,000
																									7,440,000
X				X				X				X				X				X					-
X				X				X				X				X				X					-
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		3,110,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		4,342,000
																									-
																									-
																									-
																									-
																									-
																									-
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																									-
																									-
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																									-

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder/ Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None																										
2.1.4.5																											
2.1.5																											
2.1.5.1																											
2.1.5.2																											
2.1.5.3																											
2.1.5.4																											
2.1.5.5																											
2.2 To increase access to health care services	50% of the population is within 30mins walk or 5km of a health service by end 2011																										
2.2.1 To improve geographical equity and access to health services	1. Increase by 30% number of communities accessing services within 5km in LGAs by the 4th Quarter 2010.																										
2.2.1.1 Mapping of Health facilities, establishing GIS for all health facilities in the State as well as developing criteria for citing of new health facilities at State and LGAs levels.	-	All health facilities are mapped with GIS established	SMoH/Stakeholders	X	X	X	X	X				X				X				X				X			
2.2.1.2 Upgrade and refurbish all sub-standard facilities especially at PHCs level		Budget is released in a timely fashion for upgrade and refurbishment	SMoH/Stakeholders	X	X	X	X			X				X				X				X				X	
2.2.1.3 Adherence to guidelines stipulating standards for access and linkages of different levels of care		Guidelines are adhered to	SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2.1.4 Develop and implement guidelines for out-reach services and provide budget lines for maintenance of health facilities		Guidelines are implemented and budgets are released	SMoH/LGAs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2.1.5 Establish and implement guidelines for task shifting as well as strengthen the use of telemedicine.		task shifting guidelines are implemented and telemedicine	SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2.2 To ensure availability of Essential Drugs and equipment at all levels	1. System established to procure and distribute essential drugs by 2nd quarter 2010 2. Equipments procured and distributed in line with essential care package by 4th quarter 2010																										
2.2.2.1 Review of Essential Drug List	-	Availability of essential drug list	SMoH/stakeholders	X		X		X		X		X		X		X		X		X		X		X		X	
2.2.2.2 Establishing a system to ensure procurement and distribution of essential drugs on sustainable basis at State and LGAs levels.		Sustainable system of procurement and distribution established	SMoH/stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2.2.3 Develop/review equipment lists for different levels of health facilities in line with the essential package of care.		Equipment list reviewed appropriately in line with essential package of care	SMoH/stakeholders	X	X			X	X			X	X			X	X			X	X			X	X		
2.2.2.4 Procure and distribute equipment based on need.		Equipment is procured and distributed	SMoH/stakeholders		X	X	X		X	X	X		X	X	X		X	X	X		X	X	X		X	X	X
2.2.2.5																											
2.2.3 To establish a system for the maintenance of equipment at all levels	Number of LGAs in the state implementing the National Health Equipment Policy by 3rd quarter of 2010																										
2.2.3.1 Adapt, Disseminate and Implement the National Health Equipment Policy		Availability of funds and National Health Equipment Policy	SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2.3.2 Create budget lines for the maintenance of equipment and furniture at all levels		Availability of maintenance budgets	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Timeframe in quarters																										Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS	
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
																									-
																									-
																									-
																									4,454,922,000
																									82,996,000
X	X	X	X	X				X				X				X				X					8,282,000
X	X	X	X			X				X				X				X					X		38,820,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		3,024,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		32,870,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		-
																									4,108,875,000
X		X		X		X		X		X		X		X		X		X		X		X			3,155,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		3,115,710,000
X	X			X	X			X	X			X	X			X	X			X	X				4,500,000
	X	X	X		X	X	X		X	X	X		X	X	X		X	X	X		X	X	X		978,710,000
																									-
																									219,898,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		5,100,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		10,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		190,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		2,130,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		11,850,000

Goals / Strategic Objectives / Interventions / Activities	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters: YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Targets																										
	Indicaters																										
	None																										
2.2.3.3 Establish medical equipment and hospital furniture maintenance workshops across the State		Availability of skilled personnel for effective management of medical equipment and hospital furniture workshop	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2.3.4 Explore Public-Private Partnership in maintenance of medical equipment and hospital furniture.		Availability of MOU for effective public/private partnership	SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2.3.5 Provision of Tracking System to ensure all maintenance are carried out as at when due		Tracking system is in place	SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2.4 To strengthen referral systems	1. Network linkages mapped for 2 way referral systems by 3rd quarter 2010 2. Percentage of health facilities within the LGAs monitored on referral outcomes by 4th quarter 2010.																										
2.2.4.1 Mapping Network linkages for two-way referral systems in line with National standards, with implementation guidelines for all cases such as emergency obstetric care, complicated malaria, road traffic accident etc.		Network linkages for Two-way referralsystems Mapped	SMoH/LGAs/CDC	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2.4.2 Establish transportation, communication and other logistics for referrals to ensure effective referrals.		Transportation, communication and other logistics established	SMoH/LGAs/CDC/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2.4.3 Establish System to monitor referral outcomes		Monitoring system for referral outcome established	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2.4.4 Establish and implement guideline for two-way referral		Guideline implemented	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2.4.5																											
2.2.5 To foster collaboration with the private sector	Number of meetings held and reports submitted per quarter 3rd quarter 2010 to 4th quarter 2015																										
2.2.5.1 Mapping of all categories of private health care providers by operational level and location.		All categories of private health care providers mapped	SMoH				X	X	X	X	X		X				X				X				X		
2.2.5.2 Develop guidelines and standards for regulation of their practice		Guidelines and standards developed	SMoH/Stakeholders			X	X				X				X				X				X				X
2.2.5.3 Develop guidelines for partnership, training and out-sourcing of services		Guidelines for partnership, training and out-sourcing developed	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2.5.4 Develop and implement joint performance monitoring mechanism for private sector		Joint performance monitoring mechanism developed and implemented	SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2.5.5 Adopt and implement National Policy on traditional medicine at all levels		Availability of National policy on Traditional medicine	SMoH/LGAs/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.3 To improve the quality of health care services	50% of health facilities participate in a Quality Improvement programme by end of 2012																										
2.3.1 To strengthen professional regulatory bodies and institutions	Percentage of health facilities and institutions accessed using quality improvement criteria by 2012																										
2.3.1.1 Support implementation of operational guidelines of all regulatory bodies at State and LGAs levels.		Availability of operational guidelines of regulatory bodies	SMoH	X	X	X	X	X	X	X	X	X	X	X	X			X					X				X
2.3.1.2 Build capacity of regulatory staff to monitor compliance of providers to the regulatory guidelines.		provision of funds for capacity building	SMoH/Partneers	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.3.1.3 Create budget lines and provide necessary resources.		Availability of funds and Necessary resources	SMoH/Partneers	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.3.1.4 Strengthen regular monitoring exercises with appropriate documentation and feedback.		Availability of monitoring logistics	SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.3.1.5 Empower regulators through provision of necessary security		Security is provided	SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.3.2 To develop and institutionalise quality assurance models	Number of quality assurance models adopted and institutionalised by 4th Quarter 2010																										

Timeframe in quarters																												Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
																									27,774,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		1,440,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		16,500,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		8,602,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		1,232,000
																									-
																									24,998,000
			X	X	X	X	X		X				X				X					X			5,470,000
		X	X				X				X				X				X				X		735,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		2,835,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		3,238,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		10,340,000
																									60,872,000
																									16,988,000
X	X	X	X	X	X	X	X	X	X	X	X			X				X				X			2,690,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		4,090,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		-
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		5,238,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		5,000,000
																									13,922,000
X																									4,225,000
X	X	X	X		X	X	X		X	X	X		X	X	X		X	X	X		X	X	X		5,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		-
																									2,500,000

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder/ Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2.3.2.1 Review available quality assurance models and build consensus on the models to adopt.		Appropriate quality assurance models adopted	SMoH/Partners	X																							
2.3.2.2 Develop quality assurance training modules to build capacity of both public and private health care providers, training of trainers (TOT) conducted and cascaded to other health workers		Quality assurance training modules developed	SMoH/Partners	X	X	X	X		X	X	X		X	X	X		X	X	X		X	X	X		X	X	X
2.3.2.3 Institutionalise and implement quality assurance and improvement initiatives at all levels		Quality assurance institutionalised	SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.3.2.4 Development of SERVICOM guidelines, building institutional capacity and training staff for its implementation at all levels.		Availability of SERVICOM guidelines	FMOH/SMoH																								
2.3.2.5 Provide strategies for monitoring implementation of quality of care.		Availability of monitoring strategies	SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.3.3 To institutionalize Health Management and Integrated Supportive Supervision (ISS) mechanisms	Percentage of LGAs applying Health Management and Integrated Supportive Supervision Skills by 4th quarter 2010																										
2.3.3.1 Strengthen management capabilities of health managers and health teams especially at LGAs and Ward levels through team building and leadership development programmes.		Conduct of team building and leadership development programmes	SMoH	X	X	X	X	X	X			X	X			X	X			X	X			X	X	X	X
2.3.3.2 Institutionalize comprehensive Integrated Supportive Supervision (ISS) at all levels.		Availability of comprehensive integrated supportive supervision check list	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.3.3.3 Develop capacities of programme managers at all levels on the ISS mechanisms		Trainings on integrated supportive supervision conducted	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.3.3.4 Develop ISS tools and guidelines specifying modalities and frequencies of the ISS visits at all levels.		ISS tools and guidelines developed	SMoH/Stakeholders	X	X																						
2.3.3.5 Build capacity on behavioural change communication		Timely release of funds for Behavioural change communication capacity building	SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.3.4																											
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2.3.5.5																											
2.4 To increase demand for health care services	Average demand rises to 2 visits per person per annum by end 2011																										
2.4.1 To create effective demand for services	Number of communities with functional WDCs and VDCs by 1st quarter 2011																										
2.4.1.1 Dissemination and Implementation of National Health Promotion Communication Strategy based on the National Health Promotion Policy		Availability of National Health Promotion Communication Strategy	SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.4.1.2 Provide budget lines for health promotion through behavioural change communication at all levels		Budget lines for health promotion released timely	SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2,167,000
																								25,962,000
X	X	X	X	X	X			X	X			X	X			X	X			X	X	X	X	7,990,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2,162,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	10,815,000
X	X																							2,100,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6,905,000
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																								23,185,000
																								23,185,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2,170,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	10,715,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	10,300,000
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Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None																										
2.4.1.3 Establish Programme monitoring and evaluation mechanism		Programme monitoring and evaluation mechanism established	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.4.1.4 Community mobilization for participation and ownership		Participation and ownership by communities	SMoH/LGAs/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.4.1.5																											
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2.4.5.5																											
2.5 To provide financial access especially for the vulnerable groups	1. Vulnerable groups identified and quantified by end 2010 2. Vulnerable people access services free by end 2015																										

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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																								2,000,030,500
																								2,000,030,500
X	X	X	X	X	X	X																		5,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	900,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1,051,500,000

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None																										
2.5.1 To improve financial access especially for the vulnerable groups	1. Percentage of LGAs providing free healthcare services to Vulnerable groups by 4th quarter 2010. 2. Number of LGAs with established Health financing technical working groups by 3rd quarter 2011.																										
2.5.1.1 Explore models for financial protection for the vulnerable groups (e.g. pregnant women, under fives, orphans and the aged). Such as exemption schemes vouchers, health cards, pre-payment schemes.		Vulnerable groups protected financially	SMoH/Partners	X	X	X	X	X	X	X																	
2.5.1.2 Scale up existing financial protection schemes.		Financial protection schemes scaled up	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.5.1.3 Free access to Immunization, HIV/AIDS, TB, VVF and Eye care services		Availability of Immunisation, HIV/AIDs, TBL, VVF and Eye care services	SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.5.1.4 Develop costed health financing strategic plan at State and LGAs level		Costed health financing strategic plan developed	SMoH/Partners/Stakeholders	X			X	X			X	X			X	X			X	X			X	X			X
2.5.1.5 Create health financing technical working groups at all levels		Health financing technical working groups created	SMoH			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
X			X	X			X	X			X	X			X	X			X	X			X	7,000,000
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1,100,500
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Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2.5.5.3																											
2.5.5.4																											
2.5.5.5																											
[illegible]																											
3. To plan and implement strategies to address the human resources for health needs, in order to enhance its availability as well as ensure equity and quality of health care																											
3.1 To formulate comprehensive policies and plans for HRH for health development	All States and LGAs are actively using adaptations of the National HRH policy and Plan by end of 2015																										
3.1.1 To develop and institutionalize the Human Resources Policy framework	1. State adaptation and implementation of HRH Policy and Plans by 2nd Quarter 2011 2. Percentage of LGAs that have adapted and institutionalized HRH policy and plan by 3rd Quarter 2011.																										
3.1.1.1 Adaptation of HRH policy and plan by the State and LGAs to guide human resource development			SMoH	X	X	X	X	X	X	X	X																
3.1.1.2 Develop a model to project professional staff needs for the State			SMoH	X			X	X			X	X			X	X			X	X			X	X			X
3.1.1.3 Set up committee to liase with health educational institutions to secure placement to students			SMoH	X		X	X		X	X	X		X	X	X		X	X	X		X	X	X		X	X	X
3.1.1.4 Strengthening of institutional framework for human resources management practices in health sector			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.1.1.5 Develop/adapt policy framework to guide existence of private and public practitioners at all levels of health service delivery as well as develop and implement guidelines on task shifting and establish a fora for public-private practitioners to institutionalise HRH policy reviews, supervisory and monitoring frameworks.			SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.1.2																											
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Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
																								2,846,120,831
X	X	X	X	X	X	X																		2,776,779,831
X			X	X			X	X			X	X			X	X			X	X			X	1,022,000
X		X	X		X	X	X		X	X	X		X	X	X		X	X	X		X	X	X	996,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	15,500,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	50,875,000
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Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
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3.2 To provide a framework for objective analysis, implementation and monitoring of HRH performance	The HR for Health Crisis in the country has stabilised and begun to improve by end of 2012																										
3.2.1 To mapprose the principles of health workforce requirements and recruitment at all levels	Recruitment mechanism for HRH planning and budgetting established by 1st quarter 2010.																										
3.2.1.1 Develop and streamline career pathways for all groups of health professionals in the State critically needed to bridge demand and supply creation in the health sector			SMoH	X																							
3.2.1.2 Establish and strengthen HRH capacity, SMOH & LGA Health Depts with the view to designing, implementing, evaluating and reporting HRH components			SMoH	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.2.1.3 Develop, introduce and utilize norms based on workload, service availability and health sector priorities to guide HRH planning in the state.			SMoH	X	X		X	X	X		X	X			X	X			X	X			X	X			X
3.2.1.4 Establish coordinating mechanisms for consistency in HRH planning and budgeting by ministries o/ health, Finance, education, Civil Service Commission, Regulatory bodies, Private Sector Providers, NGOs in health and other institutions			SMoH/line ministries/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.2.1.5 Review of entry criteria and admission quotas of prospective health care providers into training institutions			SMoH/Stakeholders	X			X	X			X	X			X	X			X	X			X	X			X
3.2.2																											
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Timeframe in quarters																												Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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																								-
																								459,205,000
																								459,205,000
X																								125,000,000
X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	330,000,000
X	X		X	X	X		X	X			X	X			X	X			X	X			X	7,050,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	5,130,000
X			X	X			X	X			X	X			X	X			X	X			X	2,025,000
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Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder/ Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
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3.3 Strengthen the institutional framework for human resources management practices in the health sector	1. 50% of States have functional HRH Units by end 2010 2. 10% of LGAs have functional HRH Units by end 2010																										
3.3.1 To establish and strengthen the HRH Units	1. Establishment of HRH Unit by SMOH Planning Dept. by 1st Quarter 2010 2. Percentage of LGAs with established HRH Units by 3rd quarter 2010																										
3.3.1.1 Create/strengthen HRH Unit in the Health Planning Dept. at State Ministry of Health.			SMoH	X	X	X																					
3.3.1.2 Development of guidelines and training programmes in human resources for health planning and management for State and LGA HRH Units to enhance the HRH managers.			SMoH		X	X	X	X	X	X	X	X		X		X		X		X		X		X		X	
3.3.1.3 Establish multi-sectoral HRH system for planning, management and development at State & LGA levels			SMoH	X	X	X																					
3.3.1.4 Provision of equipments and materials e.g. Computers, Photocopiers, Scanner, Printer and other accessories.			SMoH/Partners				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.3.1.5																											
3.3.2																											
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Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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																								115,636,000
																								115,636,000
X	X	X																						36,543,000
	X	X	X	X	X	X	X	X		X		X		X		X		X		X		X		24,200,000
X	X	X																						42,793,000
			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	12,100,000
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Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
3.3.3.2																											
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3.3.5.5																											
3.4 To strengthen the capacity of training institutions to scale up the production of a critical mass of quality, multipurpose, multi skilled, gender sensitive and mid-level health workers	One major training institution per Zone producing health workforce graduates with multipurpose skills and mid-level health workers by 2015																										
3.4.1 To review and adapt relevant training programmes for the production of adequate number of community health oriented professionals based on state priorities	1. Number of facilities with adequately trained health personnel at LGA levels by 2012.																										
3.4.1.1 Provision of Teaching Aids, Books and Training equipment to State School of Nursing & Midwifery and School of Health Technology.			SMoH	X	X			X	X			X	X			X	X			X	X			X	X		
3.4.1.2 Establish programme to fund in-service training, human capital capacity building and continuing professional development.			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.4.1.3 Establish a process and financial resources to sponsor candidates and bond them to return to serve for an agreed period after training			SMoH	X		X	X	X		X	X	X		X	X		X	X	X	X		X	X	X		X	X
3.4.1.4 Rationalize and align supply of health workforce to the priority of the health sector			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.4.1.5 Create a State Database of human resources for health			SMoH/Partners		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.4.2 To strengthen health workforce training capacity and output based on service demand	At least 50% of workforce adequately trained/re-trained based on service demand by 4th quarter of 2013.																										
3.4.2.1 Develop and provide job descriptions and specifications for all categories of health workers			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.4.2.2 SMOH to collaborate with Federal Institutions located in the State to leverage available human resource as to expand service coverage and quality			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.4.2.3 Design and embark on a campaign to encourage the diaspora trained health professionals to return to the service to strengthen the human resource availability in the country			SMoH	X	X	X	X	X	X	X	X	X	X	X	X			X	X			X	X			X	X
3.4.2.4 Sensitization, Counselling and Motivation of students to read health related courses and promotion of Midwifery service Scheme and Community Midwifery Programme			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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																								-
																								-
																								2,591,130,000
																								2,157,130,000
X	X			X	X			X	X			X	X			X	X			X	X			194,150,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1,625,150,000
X		X	X	X		X	X	X		X	X	X		X	X	X		X	X	X		X	X	306,450,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3,000,000
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	28,390,000
																								434,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	25,000,000
X	X	X	X	X	X	X	X	X	X	X	X			X	X			X	X			X	X	310,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	80,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	30,000,000
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Goals		BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder/ Responsibility	Timeframe in quarters																							
					YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objectives		Targets																										
Interventions		Indicators																										
Activities		None																										
3.4.2.5	Support design and implementation of special training programmes aimed at producing adequate cadres of health professionals in critical areas of need			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.4.3																												
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3.5	To improve organisational and performance-based management systems for human resources for health	50% of States have implemented performance management systems by end 2012																										
3.5.1	To achieve equitable distribution, right mix of the right quality and quantity of human resources for health	1. Number of facilities with adequately trained health personnel at State and LGA levels by 3rd quarter 2012.																										
3.5.1.1	Develop and refine recruitment selection and development of competent and capable staff to reflect organization's objectives and needs			SMoH	X	X	X	X	X	X	X	X	X	X	X													
3.5.1.2	Drawing up of plan to equitably re-distribute staff between rural and urban areas and at the different levels of health care system in relation to needs			SMoH	X	X	X	X	X	X	X	X	X	X	X	X												
3.5.1.3	Use of intra and extra mural private practice services to improve underserved areas and provision of incentives for health workers in under served areas.			SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.5.1.4	Encourage in-service training and continuing education as well as mandatory rotation of health workers to under served rural areas e.g. through NYSC schemes for doctors, pharmacists, and appropriate schemes for midwifes and nurses			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.5.1.5	Establish performance based incentives			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.5.2	To establish mechanisms to strengthen and monitor performance of health workers at all levels	Percentage of communities with increased access to Healthcare delivery and feedback by 4th quarter 2011.																										

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				Expenditure items
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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																								-
																								-
																								221,147,000
																								107,707,000
X	X	X	X	X	X	X	X	X	X	X														2,422,000
X	X	X	X	X	X	X	X	X	X	X	X													615,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	12,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	34,500,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	118,250,000
																								53,300,000
X	X	X		X	X	X			X	X	X		X	X	X		X	X	X		X	X	X	11,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	21,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	14,600,000
		X		X		X		X		X		X		X		X		X		X		X		6,500,000
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Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder/ Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None																										
3.5.2.1 Conduct Routine re-orientation of health workforce on attitudinal change including training and retraining in Interpersonal Communication (IPC) skills and work ethics for the promotion of client satisfaction and improvement of quality of care.			SMoH/Partners	X	X	X		X	X	X			X	X	X		X	X	X		X	X	X		X	X	X
3.5.2.2 Institute system of recognition, reward and sanctions.			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.5.2.3 Establish and institutionalize framework for integrated supportive supervision with adequate committed resources for all types and levels of care providers across public and private sectors			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.5.2.4 establish mechanisms to monitor health workers performance, including use of client feedback (exit interviews).			SMoH/Partners			X		X		X		X		X		X		X		X		X		X		X	
3.5.2.5																											
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3.6 **To foster partnerships and networks of stakeholders to harness contributions for human resource for health agenda**	**50% of States have regular HRH stakeholder forums by end 2011**																										
3.6.1 To strengthen communication, cooperation and collaboration between health professional associations and regulatory bodies on professional issues that have significant implications for the health system	Percentage of LGAs with established HRH stakeholders forum by 2nd quarter 2011																										
3.6.1.1 promote intra and inter professional respect, harmony and team work among all disciplines of health care workers for optimum health service delivery			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
3.6.1.2 establish effective dialogue and complaints channels between management and staff of public and private sectors as well as HRH regulatory bodies and associations			SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.6.1.3 involvement of workers and professional groups in management teams, design and monitoring of services to enhance cooperation amongst all actors.			SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		10,200,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	11,455,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3,770,000
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Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																			
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None																										
3.6.1.4																											
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FINANCING FOR HEALTH																											
4. To ensure that adequate and sustainable funds are available and allocated for accessible, affordable, efficient and equitable health care provision and consumption at Local, State and Federal levels																											
4.1 To develop and implement health financing strategies at Federal, State and Local levels consistent with the National Health Financing Policy	50% of States have a documented Health Financing Strategy by end 2012																										

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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	X																							12,500,000
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Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																			
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4.1.1 To develop and implement evidence-based, costed health financing strategic plans at LGA, State and Federal levels in line with the National Health Financing Policy	Technical working group for health financing established by State and LGAs by 2nd quarter 2010																										
4.1.1.1 Set up technical working groups for health financing at state and LGA levels			SMoH		X																						
4.1.1.2 Capacity building for development and implementation of the strategic plan at state and LGA levels			SMoH/Partners		X	X	X	X	X	X	X	X	X	X	X	X	X			X	X			X	X		
4.1.1.3																											
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Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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																								1,185,990,000
																								1,185,990,000
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	438,010,000
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	707,500,000
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	7,300,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	33,180,000
																								-
																								-
																								-
																								-
																								-

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder/ Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4.1.5.5																											
4.2 To ensure that people are protected from financial catastrophe and impoverishment as a result of using health services	NHIS protects all Nigerians by end 2015																										
4.2.1 To strengthen systems for financial risk health protection	1. State keys into NHIS and other Health Insurance Schemes by 4th Quarter 2010. 2. Number of Health facilities registered to provide services to enrollees 2010 to 2015																										
4.2.1.1 Establish or key into existing or innovative social health insurance schemes			SMoH		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.2.1.2 Support formation of community based health insurance schemes			SMoH			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.2.1.3 support establishment of pre paid health insurance schemes			SMoH			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.2.1.4 Provide support for the effective implementation of NHIS in Kebbi State			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.2.1.5																											
4.2.2																											
4.2.2.1																											
4.2.2.2																											
4.2.2.3																											
4.2.2.4																											
4.2.2.5																											
4.2.3																											
4.2.3.1																											
4.2.3.2																											
4.2.3.3																											
4.2.3.4																											
4.2.3.5																											
4.2.4																											
4.2.4.1																											
4.2.4.2																											
4.2.4.3																											
4.2.4.4																											
4.2.4.5																											
4.2.5																											
4.2.5.1																											

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
																								-
																								-
																								-
																								-
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																								-
																								-
																								-
																								-
																								-
																								317,600,000
																								15,850,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8,000,000
X			X	X			X	X			X	X			X	X			X	X			X	7,000,000
																								-
																								-
																								-
																								391,650,000

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4.2.5.2																											
4.2.5.3																											
4.2.5.4																											
4.2.5.5																											
4.3 To secure a level of funding needed to achieve desired health development goals and objectives at all levels in a sustainable manner	Allocated Federal, State and LGA health funding increased by an average of 5% pa every year until 2015																										
4.3.1 To improve financing of the Health Sector	1. State health sector funding increased by at least 5% per annum from 2010 to 2015. 2. Number of LGAs with increased funding by at least 5% per annum from 2010 to 2015.																										
4.3.1.1 Identify, test and implement strategies with support from Federal Government for attracting alternative financial flows to the health sector			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.3.1.2 Put mechanism in place to get State Government to increase allocation to health sector to 15% of total state budget			SMoH/Partners	X			X	X			X	X			X	X			X	X			X	X			X
4.3.1.3																											
4.3.1.4																											
4.3.1.5																											
4.3.2 To improve coordination of donor funding mechanisms	Coordination structures and functions in collaboration with development partners established by 4th quarter 2010.																										
4.3.2.1 SMOH in collaboration with development partners conduct detailed assessment of cordination structures and functions			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.3.2.2 Establish effective coordination model in Ikibb State			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.3.2.3 Coordination of donors resources with that of government for health development to take the form of common basket funding			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.3.2.4																											
4.3.2.5																											
4.3.3																											
4.3.3.1																											
4.3.3.2																											
4.3.3.3																											
4.3.3.4																											
4.3.3.5																											
4.3.4																											
4.3.4.1																											
4.3.4.2																											
4.3.4.3																											

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	23,100,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	51,300,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	227,250,000
																								-
																								-
																								-

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4.3.4.4																											
4.3.4.5																											
4.3.5																											
4.3.5.1																											
4.3.5.2																											
4.3.5.3																											
4.3.5.4																											
4.3.5.5																											
4.4 To ensure efficiency and equity in the allocation and use of health sector resources at all levels	**1. Federal, 60% States and LGA levels have transparent budgeting and financial management systems in place by end of 2015** **2. 60% of States and LGAs have supportive supervision and monitoring systems developed and operational by Dec 2012**		Federal and State Governments show continuous commitment to health sector reform																								
4.4.1 To improve Health Budget execution, monitoring and reporting	Availability of audited annual reports at State and LGA levels by 4th quarter 2010 to 2015.																										
4.4.1.1 Development of State and LGA costed annual operational plans			SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.4.1.2 Build capacity in accounting and record keeping to ensure proper internal recording and accounting expenditures are maintained			SMoH/Stakeholders	X	X	X		X		X		X		X		X		X		X		X		X		X	
4.4.1.3 Periodic production of timely and detailed finacial management reports			SMoH		X		X		X		X		X		X		X		X		X		X		X		X
4.4.1.4 Entrench mechanism to increase financial transparency through development of state health accounts (SHA) and Public expenditure reviews (PER)			SMoH	X		X		X		X		X		X		X		X		X		X		X		X	
4.4.1.5 Develop and implement tracking system of health budgets			SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.4.2 To strengthen financial management skills	Percentage of personnel trained on financial management at State and LGA level by 3rd quarter 2011																										
4.4.2.1 Build capacity at State and LGA Levels in critical areas such as budgeting, planning, accounting, auditing monitoring and evaluation etc			SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.4.2.2 Carry out hands on training and competency transfer in financial management systems			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4.4.2.3																											
4.4.2.4																											
4.4.2.5																											
4.4.3																											
4.4.3.1																											
4.4.3.2																											
4.4.3.3																											
4.4.3.4																											

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	X		X		X		X		X		X		X		X		X		X		X		X	2,400,000
X		X		X		X		X		X		X		X		X		X		X		X		8,440,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	13,000,000
																								30,900,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	20,400,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	18,500,000
																								-
																								-
																								-

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																			
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None																										
4.4.3.5																											
4.4.4																											
4.4.4.1																											
4.4.4.2																											
4.4.4.3																											
4.4.4.4																											
4.4.4.5																											
4.4.5																											
4.4.5.1																											
4.4.5.2																											
4.4.5.3																											
4.4.5.4																											
4.4.5.5																											
NATIONAL HEALTH INFORMATION SYSTEM																											
5. To provide an effective National Health Management Information System (NHMIS) by all the governments of the Federation to be used as a management tool for informed decision-making at all levels and improved health care																											
5.1 To improve data collection and transmission	1. 50% of LGAs making routine NHMIS returns to State level by end 2010 2. 60% of States making routine NHMIS returns to Federal level by end 2010																										
5.1.1 To ensure that NHMIS forms are available at all health service delivery points at all levels	Number and types of NHMIS forms available at health service delivery point by 1st Quarter 2010																										
5.1.1.1 List NHMIS data collection tools (DCT) to be used			SMoH/Partners	X			X	X			X	X			X	X			X	X			X	X			X
5.1.1.2 Estimate quantity and budget for each DCT to be printed every 6 months buffer stock and reorder stock inclusive			SMoH/Partners	X		X		X		X		X		X		X		X		X		X		X		X	
5.1.1.3 Ensure release of budget and printing of adequate DCTs			SMoH	X	X		X		X		X		X		X		X		X		X		X		X		X
5.1.1.4 Allocate and distribute DCT according to forecasted usage of LGAs			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.1.1.5																											
5.1.2 To periodically review of NHMIS data collection forms	Stakeholder's forum/technical working group established at state level to recommend review of NHMIS management tools by 1st quarter 2010.																										
5.1.2.1 Establish feedback mechanism on appropriateness and user friendliness of data collection tools			SMoH	X																							
5.1.2.2 Establish mechanism for annual reviews of DCTs at state level			SMoH		X		X		X		X		X		X		X		X		X		X		X		X
5.1.2.3																											

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4.4.3.5																											
4.4.4																											
4.4.4.1																											
4.4.4.2																											
4.4.4.3																											
4.4.4.4																											
4.4.4.5																											
4.4.5																											
4.4.5.1																											
4.4.5.2																											
4.4.5.3																											
4.4.5.4																											
4.4.5.5																											
NATIONAL HEALTH INFORMATION SYSTEM																											
5. To provide an effective National Health Management Information System (NHMIS) by all the governments of the Federation to be used as a management tool for informed decision-making at all levels and improved health care																											
5.1 To improve data collection and transmission	1. 50% of LGAs making routine NHMIS returns to State level by end 2010 2. 60% of States making routine NHMIS returns to Federal level by end 2010																										
5.1.1 To ensure that NHMIS forms are available at all health service delivery points at all levels	Number and types of NHMIS forms available at health service delivery point by 1st Quarter 2010																										
5.1.1.1 List NHMIS data collection tools (DCT) to be used			SMoH/Partners	X			X	X			X	X			X	X			X	X			X	X			X
5.1.1.2 Estimate quantity and budget for each DCT to be printed every 6 months buffer stock and reorder stock inclusive			SMoH/Partners	X		X		X		X		X		X		X		X		X		X		X		X	
5.1.1.3 Ensure release of budget and printing of adequate DCTs			SMoH	X	X		X		X		X		X		X		X		X		X		X		X		X
5.1.1.4 Allocate and distribute DCT according to forecasted usage of LGAs			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.1.1.5																											
5.1.2 To periodically review of NHMIS data collection forms	Stakeholder's forum/technical working group established at state level to recommend review of NHMIS management tools by 1st quarter 2010																										
5.1.2.1 Establish feedback mechanism on appropriateness and user friendliness of data collection tools			SMoH	X																							
5.1.2.2 Establish mechanism for annual reviews of DCTs at state level			SMoH		X		X		X		X		X		X		X		X		X		X		X		X
5.1.2.3																											

Timeframe in quarters																										Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS	
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
																									233,105,000
																									15,348,000
X			X	X			X	X			X	X			X	X			X	X			X		355,000
X		X		X		X		X		X		X		X		X		X		X		X			5,985,000
X	X		X		X		X		X		X		X		X		X		X		X		X		8,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		1,320,000
																									-
																									34,690,000
X																									21,130,000
	X		X		X		X		X		X		X		X		X		X		X		X		13,560,000
																									-
																									-
																									-
																									26,650,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		10,480,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		6,444,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		5,735,000
																									-
																									-
																									62,748,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		24,135,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		10,433,000
X	X			X	X			X	X			X	X			X	X			X	X				34,180,000
																									-
																									-
																									34,978,000

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None																										
S.1.2.4																											
S.1.2.5																											
S.1.3 To coordinate data collection from vertical programmes	Availability of harmonized data through integrated HIS and M&E at state and LGA level by 4th quarter 2010.																										
S.1.3.1 Revive health data consultative committee at state level in collaboration with partners and other government agencies to streamline and strengthen data collection system			SMoH/Partners/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
S.1.3.2 Utilise the integrated current HIS with M&E systems to enhance coherence and complimentarity			SMoH/Partners/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
S.1.3.3 Establish and strengthen linkages and harmonised data collection mechanisms at state and support LGA levels			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
S.1.3.4																											
S.1.3.5																											
S.1.4 To build capacity of health workers for data management	Percentage of Health workers trained on Data Management at State and LGA levels from 2010 to 2015.																										
S.1.4.1 conduct comprehensive training and retraining of service providers on data collection tools, analysis and utilization of data for action in health programming and policy formulation			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
S.1.4.2 establish monitoring systems to ensure data quality			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
S.1.4.3 Recruit health information personnel			SMoH	X	X			X	X			X	X			X	X			X	X			X	X		
S.1.4.4																											
S.1.4.5																											
S.1.5 To provide a legal framework for activities of the NHMIS programme	Legal framework of NHMIS programme adopted and implemented by State and LGAs from 1st quarter 2010 to 2015.																										
S.1.5.1 Mandatory data collection and utilisation enforced as contained in draft health bill			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
S.1.5.2 Establish mechanism to enforce sanctions			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
S.1.5.3 Advocacy to policy makers			SMoH/Partners/Stakeholders	X	X	X	X	X	X	X		X		X		X		X		X		X		X		X	
S.1.5.4 Strengthening of vital registration system in the state and LGAs			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
S.1.5.5																											
S.1.6 To Improve Data Collection and Reporting	1. Percentage of facilities submitting timely and complete reports to LGAs from 3Rrd quarter 2010 to 2015 2. Percentage of LGAs submitting timely and complete reports to State from 2010 to 2015.																										
S.1.6.1 Improve data collection process and coverage			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
S.1.6.2 Device innovative strategies to collect data from all private and public health facilities and communities			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
S.1.6.3 Support National Population Census to strengthen registration of births and deaths in the state			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
S.1.6.4 Ensure availability of adequate OCT			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
S.1.6.5																											

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				Expenditure items
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3,328,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2,000,000
X	X	X	X	X	X	X	X	X		X		X		X		X		X		X		X		7,250,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	21,500,000
																								-
																								46,932,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8,310,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	31,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	5,600,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2,010,000
																								-
																								4,010,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2,050,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4,000,000
																								-
																								-
																								-
																								102,470,000
																								77,146,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6,910,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3,900,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	15,000,000
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	10,790,000
			X	X		X	X		X	X	X		X	X	X		X	X	X		X	X	X	31,000,000
																								100,326,000

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None																										
5.1.7 To ensure supportive supervision of data collection at all levels	1. Timely submission of complete monthly and quaterly reports by LGAs by 3rd quarter of 2010 2. Availability of completed supervisory checklist for all visits 1 y 4th quarter 2010																										
5.1.7.1 Provide adequate logistics to officials to supervise data collection at state and LGA levels			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.1.7.2 Provide adequate integrated and harmonised supervision checklist			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.1.7.3																											
5.1.7.4																											
5.1.7.5																											
5.2 To provide infrastructural support and ICT of health databases and staff training	ICT infrastructure and staff capable of using HMIS in 50% of States by 2012																										
5.2.1 To strengthen the use of information technology in HIS	Percentage of health institutions at LGAs and State level using Health Information Technology by 4th Quarter 2011.																										
5.2.1.1 Strengthening of information technology on HIS			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.2.1.2 Promotion of decentralised software-based systems for data collection and analysis			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.2.1.3 Establishment of public - private partnership in management of data warehouses			SMoH/Partners/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.2.1.4 Put in place mechanisms to enhance wide use of e-health data.			SMoH			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.2.1.5 Training on utilisation of e-health data, electronic management intelligent information system, websites, patient information system, drug information systems and other identified health packages			SMoH/Partners				X	X		X	X		X	X	X		X	X	X		X	X	X		X	X	X
5.2.2 To provide HMIS Minimum Package at the different levels (FMOH, SMOH, LGA) of data management	Percentage of health facilities operating minimum package of HMIS by 2nd quarter 2011																										
5.2.2.1 Definition of HIS minimum package at state and LGA levels of data management.			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.2.2.2 Provision of basic infrastructure (computers, power supply internet etc) for data storage, analysis and transmission			SMoH/Partners			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.2.2.3 Monitoring of appropriate use of computer hardwares			SMoH			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.2.2.4 Capacity building of relevant staff on database			SMoH/Partners		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.2.2.5																											
5.2.3																											
5.2.3.1																											
5.2.3.2																											
5.2.3.3																											
5.2.3.4																											
5.2.3.5																											

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1,100,000
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	83,930,000
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	10,394,000
																								-
																								-
																								-

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5.2.4																											
5.2.4.1																											
5.2.4.2																											
5.2.4.3																											
5.2.4.4																											
5.2.4.5																											
5.2.5																											
5.2.5.1																											
5.2.5.2																											
5.2.5.3																											
5.2.5.4																											
5.2.5.5																											
5.3 To strengthen sub-systems in the Health Information System	1. NHMIS modules strengthened by end 2010 2. NHMIS annually reviewed and new versions released																										
5.3.1 To strengthen the Hospital Information System	Percentage of hospitals in the state utilising Hospital Information System for informed decision by 4th quarter 2011																										
5.3.1.1 Establish Patient Information Systems at State and LGAs level			SMoH			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.3.1.2 Strengthening Patient Information Systems through capacity building			SMoH/Partners			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.3.1.3 Establish System for Mapping Disease			SMoH/Partners				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.3.1.4																											
5.3.1.5																											
5.3.2 To strengthen the Disease Surveillance System	Number of LGAs and Health Facilities submitting timely and complete weekly/monthly surveillance reports from 1st quarter 2010 to 2015																										
5.3.2.1 Regular reporting of notifiable diseases by all Health Facilities			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.3.2.2 Initiate and Strengthen Community Based Surveillance			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.3.2.3 Dissemination of guidelines to LGAs, Public and Private health facilities and case definition			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.3.2.4 Monthly review meetings			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.3.2.5																											
5.3.3																											
5.3.3.1																											

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5.2.4																											
5.2.4.1																											
5.2.4.2																											
5.2.4.3																											
5.2.4.4																											
5.2.4.5																											
5.2.5																											
5.2.5.1																											
5.2.5.2																											
5.2.5.3																											
5.2.5.4																											
5.2.5.5																											
5.3 To strengthen sub-systems in the Health Information System	1. NHMIS modules strengthened by end 2010 2. NHMIS annually reviewed and new versions released																										
5.3.1 To strengthen the Hospital Information System	Percentage of hospitals in the state utilizing Hospital Information System for informed decision by 4th quarter 2011																										
5.3.1.1 Establish Patient Information Systems at State and LGAs level			SMoH			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.3.1.2 Strengthening Patient Information Systems through capacity building			SMoH/Partners			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.3.1.3 Establish System for Mapping Disease			SMoH/Partners				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.3.1.4																											
5.3.1.5																											
5.3.2 To strengthen the Disease Surveillance System	Number of LGAs and Health Facilities submitting timely and completed weekly/monthly surveillance reports from 1st quarter 2010 to 2015																										
5.3.2.1 Regular reporting of notifiable diseases by all Health Facilities			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.3.2.2 Initiate and Strengthen Community Based Surveillance			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.3.2.3 Dissemination of guidelines to LGAs, Public and Private health facilities and case definition			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.3.2.4 Monthly review meetings			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.3.2.5																											
5.3.3																											
5.3.3.1																											

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
																								-
																								35,575,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	21,900,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	7,670,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3,700,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6,300,000
																								-
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																								34,280,000
																								25,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	14,000,000

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5.3.3.2																											
5.3.3.3																											
5.3.3.4																											
5.3.3.5																											
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5.3.5.2																											
5.3.5.3																											
5.3.5.4																											
5.3.5.5																											
5.4 To monitor and evaluate the NHMIS	NHMIS evaluated annually																										
5.4.1 To establish monitoring protocol for NHMIS programme implementation at all levels in line with stated activities and expected outputs	NHMIS monitoring protocol established at all levels and minutes/reports of all meetings/ monitoring visits available from 1st quarter 2010 to 2015																										
5.4.1.1 Provision and timely availability of logistics materials (vehicles and/or motorcycles)			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.4.1.2 Use of HMIS field monitoring instrument at all levels			SMoH/Partners/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.4.1.3 Use of HIS quality assurance manual at each level of health care delivery			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.4.1.4 Quarterly HIS Review Meetings at State level			SMoH/Partners/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.4.1.5																											
5.4.2 To strengthen data transmission	1. Percentage of facilities within the LGA submitting complete report on time to the LGA. 2. Number of LGA submitting complete reports on time to the State from 2010 to 2015																										
5.4.2.1 Strengthening Data Analysis			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.4.2.2 Dissemination of Health Information			SMoH		X		X		X		X		X		X		X		X		X		X		X		X
5.4.2.3																											

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3,900,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6,900,000
																								-
																								5,400,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3,900,000
	X		X		X		X		X		X		X		X		X		X		X		X	1,500,000
																								-
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Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5.4.2.4																											
5.4.2.5																											
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5.4.3.5																											
5.4.4																											
5.4.4.1																											
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5.4.4.4																											
5.4.4.5																											
5.4.5																											
5.4.5.1																											
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5.4.5.3																											
5.4.5.4																											
5.4.5.5																											
5.5 To strengthen analysis of data and dissemination of health information	1. 50% of States have Units capable of analysing health information by end 2010 2. All States disseminate available results regularly																										
5.5.1 To institutionalise data analysis and dissemination at all levels	Number of bulletins, periodicals and annual reports produced yearly by the State from 2010 to 2015																										
5.5.1.1 Institutionalize human capacities for appropriate data analysis and dissemination of information			SMoH			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.5.1.2 Institutionalize and Strengthen human capacities for appropriate informed decision making and programming			SMoH/Partners	X		X		X		X		X		X		X		X		X		X		X		X	
5.5.1.3 Production of Periodic Health Data Bulletin and Annual Report by Dept. of Planning, Research & Statistics at State level			SMoH		X		X		X		X		X		X		X		X		X		X		X		X
5.5.1.4																											
5.5.1.5																											

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder/ Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5.4.2.4																											
5.4.2.5																											
5.4.3																											
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5.4.5.3																											
5.4.5.4																											
5.4.5.5																											
5.5 To strengthen analysis of data and dissemination of health information	1. 50% of States have Units capable of analysing health information by end 2010 2. All States disseminate available results regularly																										
5.5.1 To institutionalize data analysis and dissemination at all levels	Number of bulletins, periodicals and annual reports produced yearly by the State from 2010 to 2015																										
5.5.1.1 Institutionalize human capacities for appropriate data analysis and dissemination of information			SMoH			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5.5.1.2 Institutionalize and Strengthen human capacities for appropriate informed decision making and programming			SMoH/Partners	X		X		X		X		X		X		X		X		X		X		X		X	
5.5.1.3 Production of Periodic Health Data Bulletin and Annual Report by Dept. of Planning, Research & Statistics at State level			SMoH		X		X		X		X		X		X		X		X		X		X		X		X
5.5.1.4																											
5.5.1.5																											

Timeframe in quarters																												Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
																								17,175,000
																								17,175,000
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	5,975,000
	X		X		X		X		X		X		X		X		X		X		X			8,000,000
X		X		X		X		X		X		X		X		X		X		X		X		3,200,000
																								-
																								-
																								-

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																			
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None																										
5.5.2																											
5.5.2.1																											
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5.5.5.3																											
5.5.5.4																											
5.5.5.5																											
COMMUNITY PARTICIPATION AND OWNERSHIP																											
6. To attain effective community participation in health development and management, as well as community ownership of sustainable health outcomes																											
6.1 To strengthen community participation in health development	All States have at least annual Fora to engage community leaders and CBOs on health matters by end 2012																										
6.1.1 To provide an enabling policy framework for community participation	1. Percentage of communities with community development committees (CDC) within the LGAs in the State 1st quarter 2010 2. Minutes of meetings held from 2010 to 2015																										

Timeframe in quarters																												Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
																								-
																								-
																								-
																								212,585,000
																								50,830,000
																								20,930,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	10,930,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1,000,000
																								-
																								-
																								-
																								29,900,000
X																								6,500,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	15,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8,400,000
																								-
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Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
6.1.1.1 Provide enabling policy environment to foster effective community participation in health actions.			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.1.1.2 Dissemination of policy on community participation section of the National Health Policy			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.1.1.3																											
6.1.1.4																											
6.1.1.5																											
6.1.2 To provide an enabling implementation framework and environment for community participation	1. Percentage of communities with community development committee (CDC) within the LGAs 1st quarter 2010 2. Minutes of meetings held from 2010 to 2015																										
6.1.2.1 Update and Adapt existing guidelines for establishing Community structures for Health Development activities			SMoH	X																							
6.1.2.2 Develop and utilize participatory tools and approches to enhance community involvement in Planning, Management, Monitoring and Evaluation of Health Intentions			SMoH/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.1.2.3 Establish Inter-Sectoral Stakeholder's Committees involving community representatives at all levels so as to enhance collaboration.			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.1.2.4																											
6.1.2.5																											
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Timeframe in quarters																												Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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																								-
																								-
																								114,650,000
																								114,650,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	37,500,000
X	X	X	X	X																				1,600,000
X				X	X			X			X	X			X	X			X	X			X	2,950,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	12,700,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	58,900,000
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Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
6.1.5.5																											
6.2 To empower communities with skills for positive health actions	All States offer training to FBOs/CBOs and community leaders on engagement with the health system by end 2012																										
6.2.1 To build capacity within communities to 'own' their health services	Percentage of WDCs/CDCs/FBOs/CBOs and VDCs trained and type of training conducted from 2010 to 2015																										
6.2.1.1 Empower communities with health knowledge and capacity in management, implementation, and basic interpretation of health data to enable communities to actively participate in health actions.			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.2.1.2 Define key roles and functions of community stakeholders and structures			SMoH	X	X	X	X	X																			
6.2.1.3 Development, Upgrading and Modification of existing participatory tools for mobilizing communities in planning & management			SMoH/Partners/Stakeholders	X			X	X				X			X	X			X	X			X	X			X
6.2.1.4 Identification and mapping out of key community stakeholders and resources with community assessment of capacity needs			SMoH/Partners/Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.2.1.5 Re-orientation of community development communities and community based-health providers on their roles and responsibilities and resources mobilized and allocated for funding community activities.			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.2.2																											
6.2.2.1																											
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6.2.4.5																											
6.2.5																											

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
																								-
																								-
																								-

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
6.2.5.1																											
6.2.5.2																											
6.2.5.3																											
6.2.5.4																											
6.2.5.5																											
6.3 To strengthen the community - health services linkages	50% of public health facilities in all States have active Committees that include community representatives by end 2011																										
6.3.1 To restructure and strengthen the interface between the community and the health services delivery points	Number of health facilities development community meetings held and minutes of meetings available from 1st quarter 2010 to 2015.																										
6.3.1.1 Review and Access the level of linkages of existing health delivery structures with the community			SMoH/Partners	X	X			X	X			X	X			X	X			X	X			X	X		
6.3.1.2 Provide technical guidance and support to community stakeholders for the development of guidelines for strengthening community health services linkages.			SMoH/Partners	X	X	X	X	X	X		X		X		X		X		X		X		X		X		X
6.3.1.3 Re-structuring of Health Delivery Structures to ensure adequate promotion of community participation in health development			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.3.1.4 Promotion and facilitation of exchange of experiences between community development committees			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.3.1.5																											
6.3.2																											
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6.3.4.1																											
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Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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																								-
																								-
																								-
																								67,700,000
																								67,700,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	23,000,000
X	X	X	X	X	X		X		X		X		X		X		X		X		X		X	5,200,000
X		X		X		X		X		X		X		X		X		X		X		X		14,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	20,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	5,500,000
																								-
																								-
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																								-

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																											
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
6.3.4.3																											
6.3.4.4																											
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6.3.5.1																											
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6.3.5.5																											
6.4 To increase national capacity for integrated multisectoral health promotion	50% of States have active intersectoral committees with other Ministries and private sector by end 2011																										
6.4.1 To develop and implement multisectoral policies and actions that facilitate community involvement in health development	Percentage of communities with inter-sectoral committees and minutes of meetings held from 1st quarter 2010 to 2011.																										
6.4.1.1 Utilisation of approved and acceptable approaches, people and systems in Health Development by Community involvement			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.4.1.2 Advocacy to Community Gate-Keepers to increase their awareness on community participation and health promotion.			SMoH/Partners	X	X	X	X	X	X		X		X		X		X		X		X		X		X		X
6.4.1.3 Support the development and implementation of Community Health Development Programmes			SMoH	X		X		X		X		X		X		X		X		X		X		X		X	
6.4.1.4 Formulate action plans to facilitate the development of Health promotion capacities at Community levels.			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.4.1.5 Support LGAs and Communities to link health with other sectors using the Health Promotion Guidelines.			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.4.2																											
6.4.2.1																											
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Timeframe in quarters																												Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
																								-
																								-
																								-

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																			
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
6.4.3.5																											
6.4.4																											
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6.4.5.4																											
6.4.5.5																											
6.5 To strengthen evidence-based community participation and ownership efforts in health activities through researches	Health research policy adapted to include evidence-based community involvement guidelines by end 2010																										
6.5.1 To develop and implement systematic measurement of community involvement	Percentage of communities with documented impact assessment and lessons learnt by 4th quarter 2010 to 2015.																										
6.5.1.1 Adapt local models to establish simple mechanisms to support communities to measure impact and document lessons learnt.			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6.5.1.2 Support the dissemination of best practices from specific community level approaches, methods and initiatives, and findings to enhance knowledge sharing amongst stakeholders.			SMoH			X	X	X	X		X		X		X		X		X		X		X		X		X
6.5.1.3																											
6.5.1.4																											
6.5.1.5																											
6.5.2																											
6.5.2.1																											
6.5.2.2																											
6.5.2.3																											
6.5.2.4																											
6.5.2.5																											
6.5.3																											
6.5.3.1																											

Timeframe in quarters																												Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
																									-
																									-
																									-

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions	Indicators																										
Activities	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
6.5.3.2																											
6.5.3.3																											
6.5.3.4																											
6.5.3.5																											
6.5.4																											
6.5.4.1																											
6.5.4.2																											
6.5.4.3																											
6.5.4.4																											
6.5.4.5																											
6.5.5																											
6.5.5.1																											
6.5.5.2																											
6.5.5.3																											
6.5.5.4																											
6.5.5.5																											
PARTNERSHIP FOR HEALTH																											
7. To enhance harmonized implementation of essential health services in line with national health policy goals																											
7.1 To ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance of the health sector	1. FMOH has an active ICC with Donor Partners that meets at least quarterly by end 2010 2. FMOH has an active PPP forum that meets quarterly by end 2010 3. All States have similar active committees by end 2011																										
7.1.1 To promote Public Private Partnerships (PPP)	1. Availability of adapted PPP Policy at State level by 4th quarter 2010. 2. Number of MOUs signed 1st quarter 2010 to 2015 3. Availability of minutes of meetings held from 1st quarter 2010 to 2015																										
7.1.1.1 Adapt operated National PPP Policy with a view to leverage technical and financial resources as well as improve management approaches for improve delivery of health care services.			SMoH	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
7.1.1.2 Develop strategies for implementing PPP initiatives in line with adapted National Policy and PPP Units at all levels to promote, oversee and monitor PPP initiatives.			SMoH/Partners	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
7.1.1.3 Undertake and establish mechanisms for engaging private sector' such as contracting-in out-sourcing, leasing, concessions, social marketing, franchising mechanism and provision incentives (e.g. health communities or technical support at no cost)			SMoH	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
7.1.1.4 Explore other options that encourage the private sector to set up health facilities in rural & under-served areas.			SMoH	x	x			x		x		x			x		x		x		x		x		x		x
7.1.1.5 Establish joint monitoring visits by public and private care providers with adequate feedback			SMoH/Stakeholders	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Timeframe in quarters																												Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	90,430,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	15,000,000
X	X		X		X		X		X		X		X		X		X		X		X		X	171,050,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	15,040,000
																								30,590,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	17,000,000
X																								4,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	10,500,000
X	X	X	X																					8,000,000
																								-
																								32,000,000
X																								32,000,000
																								-
																								-
																								-
																								-
																								158,190,000
X	X		X	X		X	X	X		X	X	X		X	X	X		X	X	X		X	X	25,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	26,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	18,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	23,600,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	85,500,000
																								190,090,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	18,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objectives	**Targets**																										
Interventions	**Indicators**																										
Activities	**None**																										
7.1.2 To institutionalise a framework for coordination of Development Partners	Development Partners Coordination Committee established by 1st Quarter 2010.																										
7.1.2.1 Institutionalize framework for the alignment and harmonization of development partner's support			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.1.2.2 Establishment of Development Partners Forum comprising of only Health Development Partners at State level as single entry point for engaging with partners.			SMoH	X																							
7.1.2.3 Strengthening of Health Partners Coordinating Committee (HPCC) as a Government Co-ordinating body with all other health development partners.			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.1.2.4 Establishment of similar mechanisms for resource coordination through common basket funding models such as joint funding agreement, sector wide approaches and sectoral multi-donor budget support.			SMoH	X	X	X	X																				
7.1.2.5																											
7.1.3 To facilitate inter-sectoral collaboration	Inter-Sectoral Committee established by 1st Quarter 2010.																										
7.1.3.1 Establish Inter-Sectoral Ministerial forum at all levels to facilitate Inter-Sectoral collaboration involving all relevant MDAs directly engaged in the implementation of specific health programmes - such as Environment in Malaria Control & Prevention, Agriculture in Nutrition Programmes, Water Resources in Control of Water Borne or related diseases, Women Affairs in Maternal, Newborn and Child Health and Information and Behaviour Change Communication (BCC) programmes.			SMoH/Line ministries	X																							
7.1.3.2																											
7.1.3.3																											
7.1.3.4																											
7.1.3.5																											
7.1.4 To engage professional groups	Number and types of Services provided by professional groups from 2010 to 2015																										
7.1.4.1 Promotion of effective partnership with professional groups through joint setting standards of training by health institutions, subsequent practice and professional competency assessment.			SMoH/Professional gps	X	X			X	X		X	X	X		X	X	X		X	X	X		X	X	X		X	X
7.1.4.2 Engage professional groups in planning, implementation, monitoring and evaluation of health plans and programmes.			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.1.4.3 Promote effective communication to facilitate relationships between professional groups and LGAs			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.1.4.4 Strengthen collaboration between Government and professional groups to advocate for increase coverage of essential interventions, particularly increased funding			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.1.4.5 Promote linkages with academic institutions to undertake research, education and monitoring through existing network			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.1.5 To engage with communities	1. Number of IEC materials made available, media engagement, community dialogues, sensitization meetings by 4th quarter 2010. 2. Number of community development project undertaken from 2010 to 2015																										
7.1.5.1 Improve availability of information to communities, in a form that is readily accessible and useful through proper culturally appropriate and gender sensitive dissemination channels.			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.1.5.2 Information packages for community consumption should include rights of beneficiaries, means of accessing care at health facilities and minimum standards of quality health services.			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.1.5.3 Develop indicators on health systems performance at State, LGAs and Facilities to improve transparency and accountability of government to its citizens.			SMoH/Partners	X	X	X	X	X			X	X			X	X			X	X			X	X			X
7.1.5.4 Institute mechanisms for competition between LGAs and Facilities for satisfactory performance in delivery of community support programmes for health.			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.1.5.5 Build capacity of communities to prevent and manage priority health conditions through appropriate self mediated mechanisms such as behaviour change communication, social marketing, public awareness campaign, information, education and communication resources (IEC).			SMoH/Partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Timeframe in quarters																												Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
X	X	X	X	X			X	X			X	X			X	X			X	X			X	11,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	35,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	44,000,000
																								130,300,000
X	X	X	X	X	X	X	X	X		X		X		X		X		X		X		X		30,000,000
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	15,500,000
X	X	X	X	X	X		X	X		X		X		X		X		X		X		X		22,730,000
X	X	X	X	X	X	X	X	X	X		X		X		X		X		X		X		X	42,000,000
			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	11,000,000
																								-
																								-
																								-

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objectives	Targets																										
Interventions	Indicators																										
Activities	None																										
7.1.6 To engage with traditional health practitioners (THP)	1. Number and types of trainings conducted for traditional health practitioners from 3rd quarter 2010 to 2015. 2. Number of meetings held with traditional health practitioners from 2010 to 2015.																										
7.1.6.1 Seek to have better understanding of traditional health practices and support research activities to gain more insight and evaluate them.			SMoH	X	X	X	X	X	X	X	X	X		X		X		X		X		X		X		X	
7.1.6.2 Organize traditional medicine practitioners into bodies/organizations that are easy to regulate and actually regulate their practice.			SMoH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.1.6.3 Train traditional health practitioners to improve their skills to know their limitations and ensure their use of referral system.			SMoH	X	X	X	X	X	X		X	X		X		X		X		X		X		X		X	
7.1.6.4 Where applicable, seek the cooperation of traditional practitioners in promoting health programmes in such priority areas as nutrition, environmental sanitation, personal hygiene, immunization and family planning.			SMoH/THP	X	X	X	X	X	X	X	X	X	X		X		X		X		X		X		X		X
7.1.6.5 Adopt traditional practices and technologies of proven value into State Healthcare System and discourage those that are harmful.			SMoH				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7.2																											
7.2.1																											
7.2.1.1																											
7.2.1.2																											
7.2.1.3																											
7.2.1.4																											
7.2.1.5																											
7.2.2																											
7.2.2.1																											
7.2.2.2																											
7.2.2.3																											
7.2.2.4																											
7.2.2.5																											
RESEARCH FOR HEALTH																											
8. To utilize research to inform policy, programming, improve health, achieve nationally and internationally health related development goals and contribute to the global knowledge platform																											
8.1 **To strengthen the stewardship role of governments at all levels for research and knowledge management systems**	1. ENHR Committee established by end 2009 to guide health research priorities 2. FMOH publishes an Essential Health Research agenda annually from 2010																										
8.1.1 Adapt health research policies at State levels and health research strategies at State and LGA levels	Availability of State health research policy by 2nd quarter 2010																										
8.1.1.1 Make available draft Health Research policy at state level			SMoH	X	X																						
8.1.1.2 Adaption of finalised health research Policy by Federal level at state level through a technical working group			SMoH			X	X																				
8.1.1.3 Establish Health Research steering committee to drive and monitor research activities at state level			SMoH				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Timeframe in quarters																												Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
X	X																							30,000
		X	X																					7,470,000
			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	10,000,000
			X		X		X		X		X		X		X		X		X		X		X	14,550,000
			X	X		X		X		X		X		X		X		X		X		X		14,000,000
																								50,030,000
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	44,450,000
			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	16,200,000
			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	30,800,000
					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8,400,000
																								-
																								93,290,000
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4,500,000
				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	38,500,000
				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4,500,000
					X		X	X		X	X	X			X	X		X	X		X	X		35,000,000
																								-
																								82,000,000
			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3,000,000
				X	X			X	X			X	X			X	X			X	X			18,000,000
				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		47,000,000
																								-
																								-
																								583,100,000
X			X	X			X	X			X	X			X	X			X	X			X	300,000,000
				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	145,000,000
			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8,250,000

Goals		BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives		Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions		Indicators																										
Activities		None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
8.1.1.4	Identify Health Research Strategies for Kebbi state			SMoH/Partners				X		X		X		X		X		X		X		X		X		X		X
8.1.1.5	Prioritise Health research needs of Kebbi state			SMoH				X	X		X		X		X		X		X		X		X		X		X	
8.1.2	To establish and or strengthen mechanisms for health research at all levels	1. A Research Unit established in DPRS of SMOH by 2011 2. Availability of research guidelines by 4th quarter 2010																										
8.1.2.1	Establish research divisions and units in Kebbi state MOH DPRS and build capacity to coordinate and carry out research			SMoH			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.1.2.2	Strengthen research Capacity of DPRS of SMOH to provide technical assistance to LGAs DPRS			SMoH/Partners				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.1.2.3	Ensure coordinated implementation of Essential National Health Research guidelines as it applies to Kebbi State			SMoH				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.1.2.4	Set up a forum between researchers and communities			SMoH						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.1.2.5																												
8.1.3	To institutionalise processes for setting health research agenda and priorities	1. Guidelines for collaborative health research developed by 1st quarter 2011. 2. Number of researches supported by 4th quarter 2011.																										
8.1.3.1	Establish functional institutional structures for research and/or strengthen existing institutions			SMoH			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.1.3.2	Expansion of health research agenda to include broad and multidimentional determinants of health and ensure cross linkages			SMoH/Partners					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.1.3.3	Develop guidelines for collaborative research at State level			SMoH					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.1.3.4	support the development of collaborative research proposals and their implementation between governments and public and private health research organisations			SMoH						X		X	X		X	X	X			X	X		X	X		X	X	
8.1.3.5																												
8.1.4	To promote cooperation and collaboration between Ministries of Health and LGA health authorities with Universities, communities, CSOs, DPS, NDHR, NIPRD, development partners and other sectors	1. Health Research Officer's Forum established and report of research findings from 4th quarter 2010 to 2015.																										
8.1.4.1	Establish a forum of health research officers at kebbi SMOH and promote same at LGAs			SMoH				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.1.4.2	Convene multistakeholders forum to identify research priorities and harmonise research efforts			SMoH					X	X			X	X			X	X			X	X			X	X		
8.1.4.3	Support the development of collaborative research proposals and their implementation between governments and public and private health research organisations			SMoH					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
8.1.4.4																												
8.1.4.5																												
8.1.5	To mobilise adequate financial resources to support health research at all levels	1. Percentage of fund allocated to research from 2010 to 2015 2. Number of researches funded by organizations, agencies and individuals from 2010 to 2015																										
8.1.5.1	Allocate at least 2% of SMOH budget to health research			SMoH	X			X	X			X	X			X	X			X	X			X	X			X
8.1.5.2	deployment of funds for health research in a targeted manner while expanding beneficiaries of funding to public and non public health research organisations including individuals			SMoH					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.1.5.3	Explore opportunities for accessing funds from bilateral and multilateral organizations, research funding agencies and through North - South and South - South collaboration			SMoH/Partners				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.1.5.4	establish credible and transparent independent funding agency			SMoH				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.1.5.5																												

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	48,930,000
																								-
																								51,540,000
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	12,000,000
				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	12,840,000
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	26,600,500
																								-
																								-
																								609,825,000
																								202,154,000
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	94,654,000
				X				X				X				X				X				6,000,000
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	58,500,000
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	43,000,000
																								-
																								217,375,000
			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	56,250,000
			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	46,000,000
			X		X	X	X		X		X	X		X	X	X		X	X	X			X	28,000,000
	X				X				X				X				X				X			86,125,000
																								-
																								44,300,000
			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	18,300,000
					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	12,000,000
						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	14,000,000
																								-
																								-
																								146,000,000

Goals	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
				YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Strategic Objectives	Targets			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Interventions	Indicators																										
Activities	None																										
8.1.6 To establish ethical standards and practise codes for health research at all levels	Ethical Review Committee established and availability of research guidelines by 1st quarter 2011.																										
8.1.6.1 Establish and or strengthen health research ethical mechanisms, guidelines and ethical review committees			SMoH/Partners			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.1.6.2 Monitoring and evaluation systems to regulate research and use of research findings at state and LGAs			SMoH/Partners					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.1.6.3 Strengthening of mechanisms in secondary health and educational institutions			SMoH			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.1.6.4																											
8.1.6.5																											
8.2 To build institutional capacities to promote, undertake and utilise research for evidence-based policy making in health at all levels	FMOH has an active forum with all medical schools and research agencies by end 2010																										
8.2.1 To strengthen identified health research institutions at all levels	Number of health research institutions supported by the State from 4th quarter 2010 to 2015.																										
8.2.1.1 Strengthen identified health research institutions. Public, private and all organisations undertaking health research			SMoH			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.2.1.2 Conduct periodic capacity assessment of all health research organisations and institutions			SMoH/Partners					X				X				X				X				X			
8.2.1.3 Development and implementation measures to address identified research capacity gaps and weaknesses by state government, development partners and health research organisations/institutions			SMoH/Partners/Stakeholders			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.2.1.4 Development and implementation of resource mobilization strategies targeting the private sector, foundations and individuals for health research			SMoH			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.2.1.5																											
8.2.2 To create a critical mass of health researchers at all levels	Number of individual and health personnel trained on health research from 2011 to 2015.																										
8.2.2.1 Create a critical mass of adequate and qualified human resources for health research in conjuction with training institutions.			SMoH					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.2.2.2 Develop appropriate training interventions for research based on identified needs			SMoH					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.2.2.3 Provision of competitive research grant for prospective researchers			SMoH					X		X	X	X		X		X	X		X	X	X		X	X	X		X
8.2.2.4 Award of PhD studentship scholarships to motivate increased PhD training in health in tertiary institutions			SMoH			X				X				X				X				X				X	
8.2.2.5																											
8.2.3 To develop transparent approaches for using research findings to aid evidence-based policy making at all levels	Number of health policies formulated based on research findings from 2010 to 2015.																										
8.2.3.1 Evolve mechanism for translating research findings into policies in order to achieve evidence-based policy formulation			SMoH					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.2.3.2 Establish close liaison and linkages between research users and researchers			SMoH							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.2.3.3 Involvement of stakeholders including research producers in policy making consultations			SMoH								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.2.3.4																											
8.2.3.5																											
8.2.4 To undertake research on identified critical priority areas	Number and types of priorities health researches conducted from 2010 to 2015.																										
8.2.4.1 Systematic researches on estimation of different diseases bi-annually			SMoH/Partners			X		X		X		X		X		X		X		X		X		X		X	

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
		X		X		X		X		X		X		X		X		X		X		X		22,000,000
			X		X		X		X		X		X		X		X		X		X		X	34,000,000
		X		X		X		X		X		X		X		X		X		X		X		33,000,000
			X		X		X		X		X		X		X		X		X		X		X	57,000,000
																								-
																								-
																								-
																								-
																								-
																								-
																								-
																								31,700,000
																								17,700,000
			X	X																				5,700,000
				X		X		X		X		X		X		X		X		X		X		12,000,000
																								-
																								-
																								-
																								14,000,000
			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	14,000,000
				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-
																								-
																								-
																								-
																								-
																								-
																								-

Goals		BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives		Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions		Indicators																										
Activities		None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
8.2.4.2	Studies on Human resources for health bi-annually			SMoH/Partners				X		X		X		X		X		X		X		X		X		X		X
8.2.4.3	Bi-annual studies on health delivery system			SMoH/Partners			X		X		X		X		X		X		X		X		X		X		X	
8.2.4.4	Studies on financial risk protection, equity, efficiency and value of different health financing mechanisms bi-annually			SMoH/Partners				X		X		X		X		X		X		X		X		X		X		X
8.2.4.5																												
8.2.5																												
8.2.5.1																												
8.2.5.2																												
8.2.5.3																												
8.2.5.4																												
8.2.5.5																												
8.3	To develop a comprehensive repository for health research at all levels (including both public and non-public sectors)	1. All States have a Health Research Unit by end 2010 2. FMOH and State Health Research Units manage an accessible repository by end 2012																										
8.3.1	To develop strategies for getting research findings into practices	1. GRISP established by 4th quarter 2010 2. Percentage of research findings translated into strategic plan from 2010 to 2015																										
8.3.1.1	Establish getting research findings into strategic plan (GRISP)			SMoH				X	X																			
8.3.1.2	Institute biannual health research policy forums			SMoH					X		X		X		X		X		X		X		X		X		X	
8.3.1.3																												
8.3.1.4																												
8.3.1.5																												
8.3.2	To evolve mechanisms to ensure that funded researches produce new knowledge required to improve the health systems	Number of needs assessment, operations research and impact assessment conducted 1st quarter 2011 to 4th quarter 2015																										
8.3.2.1	Conduct needs assessment and operations research to identify required health research gaps			SMoH/Partners				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.3.2.2	Collaboration of government with public, and non public research organisations/institutions in the conduct of operations research thereby addressing gaps in research capacity in government institutions			SMoH/Partners					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.3.2.3																												
8.3.2.4																												
8.3.2.5																												
8.3.3																												
8.3.3.1																												
8.3.3.2																												

Timeframe in quarters																												Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
																								-
																								-
																								-

Goals / Strategic Objectives / Interventions / Activities	BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
	Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
	Indicators																										
	None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
8.3.3.3																											
8.3.3.4																											
8.3.3.5																											
8.3.4																											
8.3.4.1																											
8.3.4.2																											
8.3.4.3																											
8.3.4.4																											
8.3.4.5																											
8.3.5																											
8.3.5.1																											
8.3.5.2																											
8.3.5.3																											
8.3.5.4																											
8.3.5.5																											
8.4 To develop, implement and institutionalize health research communication strategies at all levels	A national health research communication strategy is in place by end 2012																										
8.4.1 To create a framework for sharing research knowledge and its applications	1. Framework for sharing research findings/knowledge established and number of reports shared with stakeholders by 4th quarter 2011. 2. Number of conferences and workshops organized and attended from 2nd quarter 2011 to 4th quarter 2015.																										
8.4.1.1 Development of a framework for sharing research findings/knowledge at all levels			SMoH							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.4.1.2 Convene annual health conferences, seminars and workshops at state and LGA levels on key thematic areas (health financing, human resources for health, MDGs, health research etc)			SMoH		X	X			X	X			X	X			X	X			X	X			X	X	
8.4.1.3 International collaboration on State research agenda			SMoH/Partners					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.4.1.4 Participation in international conferences on health and mainstream best practices at state and lga levels			SMoH						X	X	X	X		X		X		X		X		X		X		X	
8.4.1.5 Publish research findings in academic journals			SMoH								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.4.2 To establish channels for sharing of research findings between researchers, policy makers and development practitioners	Research Dissemination Committee (RDC) established by 3rd quarter 2010.																										
8.4.2.1 Development of researchers capacity by government and development partners/donors to effectively produce policy briefs targeted at informing policy makers, scientific and non scientific audiences			SMoH/Partners	X	X	X																					
8.4.2.2 Conduct inventory of national journals according to areas of priority			SMoH	X	X																						
8.4.2.3 Selection of national journals on the basis of their ability to address issues related to the Essential National Health Research (ENHR) principles.			SMoH/Partners			X	X																				

Goals		BASELINE YEAR 2009	RISKS AND ASSUMPTIONS	Stakeholder Responsibility	Timeframe in quarters																							
Strategic Objectives		Targets			YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)			
Interventions		Indicators																										
Activities		None			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
8.4.2.4	Publication of high quality journal by government and donors support, following a review of editorial boards, establishing appropriate linkages between editors of national journals and reputable publishers			SMoH							X	X																
8.4.2.5	Wide dissemination of selected national journals to all state holders at federal, state and lga levels			SMoH								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8.4.3																												
8.4.3.1																												
8.4.3.2																												
8.4.3.3																												
8.4.3.4																												
8.4.3.5																												

Timeframe in quarters																								Classification No.
YEAR 1 (2010)				YEAR 2 (2011)				YEAR 3 (2012)				YEAR 4 (2013)				YEAR 5 (2014)				YEAR 6 (2015)				EXPENDITURE ITEMS
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	28,300,000
																								-
																								-
																								-